

### Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/covid-19-frontlines/combating-disparities-in-a-pandemic-a-look-at-nyc-the-epicenter-of-covid-19/11687/>

### ReachMD

www.reachmd.com  
info@reachmd.com  
(866) 423-7849

---

## Combating Disparities in a Pandemic: A Look at NYC, the Epicenter of COVID-19

Dr. Birnholz:

Coming to you from the ReachMD studios, this is *COVID-19: On the Frontlines*. I'm Dr. Matt Birnholz, and on this episode, we'll hear from Dr. Linda Rogers, the Clinical Director of the Adult Asthma Program and a pulmonologist at the Icahn School of Medicine and the Mount Sinai National Jewish Health Respiratory Institute. Dr. Rogers is here to share with us the health disparities she's seen during the COVID-19 pandemic. Let's hear from her now.

Dr. Rogers:

I'm living and working and practicing medicine, including pulmonary medicine, here in New York City, and we're really currently just coming out of the other side of the height of the COVID pandemic, and one of the things that was distressing to all of us were some of the socioeconomic and healthcare disparities that we observed in terms of the impact of COVID on patients in our communities. Many of our hardest-hit communities were communities of lower income, including communities where there were many in minority groups who had really severe impacts, and those impacts presented in a number of ways. They presented in terms of access to care. Many of the hospitals in those communities were crowded and didn't have enough resources to contend with the epidemic, which resulted in barriers to care for patients who needed it. There were difficulties in getting information to groups. Many of the patients in those communities were essential workers in the sense that they were not able to stay home and shelter in place and were working in the community during the height of the pandemic and so were then more likely to bring COVID into their homes. And particularly, if they lived in homes where there were multiple members in the household and it was difficult to socially isolate due to having less space, there was increased likelihood of spread to family members, including vulnerable family members.

I think we as clinicians have to be really mindful of disparities that our patients live with and differences in access to care, differences in social circumstances, and really advocate for improved access to care for those patients, improved access to resources to the hospitals serving those patients, and really put our efforts into reducing healthcare disparities.

There are many things that we can do as clinicians, as hospital administrators, and as public servants in our community to try to reduce healthcare disparities, particularly those related to COVID. Here in New York, our leadership in the state and in the city brought all of our hospitals and medical leadership to the table and tried to distribute resources more equitably by taking healthcare providers from some of the better-resourced systems and sending help out to some of the systems that were really struggling in some of the harder-hit communities. In that way we were able to assist our colleagues in those hospitals. Our Department of Health also provided educational resources for families in terms of how to protect themselves in multiple languages and really did specific outreach into some of the harder-hit communities. We all can really do our part in trying to reduce some of the disparities in our healthcare system.

Dr. Birnholz:

That was Dr. Linda Rogers from the Icahn School of Medicine and the Mount Sinai National Jewish Health Respiratory Institute. To access more episodes from *COVID-19: On the Frontlines*, and to add *your* perspectives toward the fight against this global pandemic, visit us at ReachMD.com and become Part of the Knowledge. Thank you for listening.