

Partnering to Advance Health Equity

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Health disparities that existed long before COVID-19 have amplified during the pandemic [1,2], especially for racial and ethnic minority populations. Inequities in social determinants of health (SDOH) increase the risk of severe illness (such as hospitalization, intubation) and death from COVID-19 [3]. The health inequities exposed and exacerbated by COVID-19 underscore the importance of collecting race, ethnicity, and sociodemographic-stratified data to inform priorities and decision making [4]. Few studies have examined the sociodemographic factors that increase risk of severe illness for COVID-19, in part because many data sources are missing or lack quality data on crucial variables including race, ethnicity, disability, income, region, veteran status, or other demographic variables [5].

There is need for valid data on race, ethnicity, and (SDOH) Unfortunately, our understanding of the underlying factors that can explain the inequitable burden of the pandemic is limited. This context is especially crucial when interpreting data on racial and ethnic COVID-19 disparities. An absence or inaccurate understanding of SDOH such as income level, housing, homelessness, education, access to healthy food and health care, living conditions, and household size may greatly limit our ability to detect the role of these factors and others in COVID-19 disparities and identify actionable solutions [6].

In response to the calls for action to advance equitable data efforts, the FDA Office of Minority Health and Health Equity (OMHHE) launched the Enhance Equity Initiative (EEI) in 2021. OMHHE's EEI supports research to increase data available on diverse groups including, but not limited to, ethnicity, race, age, disability, SDOH, and geography; supports research projects and communication resources to enhance equity in clinical trials by supporting efforts to advance diversity in clinical trials and equity of voices by amplifying FDA's communication and engagement with diverse groups and to understand diverse patient perspectives, preferences and unmet needs [7]. Through this initiative, the FDA OMHHE has partnered with several diverse organizations to strengthen and advance COVID-19 health equity regulatory science research.

An example includes OMHHE and Veterans Health Administration collaborative project to increase the understanding of underlying factors that impact the inequitable burden of the pandemic on racial and ethnic minorities. This project will also explore the use of real-world data (RWD) and real-world evidence (RWE) on COVID-19 treatment and associated outcomes among racial and ethnic minority groups based on SDOH. Since 2003, the VHA has used the Office of Management and Budget (OMB) Directive, "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity [8]." The VHA adheres to standard practices that result in the collection of high-quality, self-reported race and ethnicity data resulting in >90% of

the more than 9 million veterans served by the VHA annually since FY2015 having a standard usable race variable [9]. Additional SDOH data, accessible through the VHA, can yield valuable insight that is often absent, including information on housing and food insecurity, household size, and rural/urban geographic residence [10,11]. Leveraging national VHA data and advanced analytic methods to understand which factors, or combination of factors (SDOH), are associated with COVID-19 therapeutics/treatments, morbidity, and mortality among minority veteran populations increases our ability to detect and understand disparities and allows for more effective tailoring of health services delivery.

A first step towards promoting equity in action is to gather the data necessary to inform that effort. By fostering new partnerships between federal agencies, academic and research partners, state, local, and community and advocacy groups, and other stakeholders, data can be leveraged to attain new insights to support understanding outcomes by demographic data including, but not limited to, race, ethnicity, age, disability, and geography among others. By advancing equity we can create opportunities for the benefit of all.

Note: The views expressed, and the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by FDA/HHS, or the U.S. Government.

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Conflicts of interest

None

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