

COVID Conversations – Health Inequities

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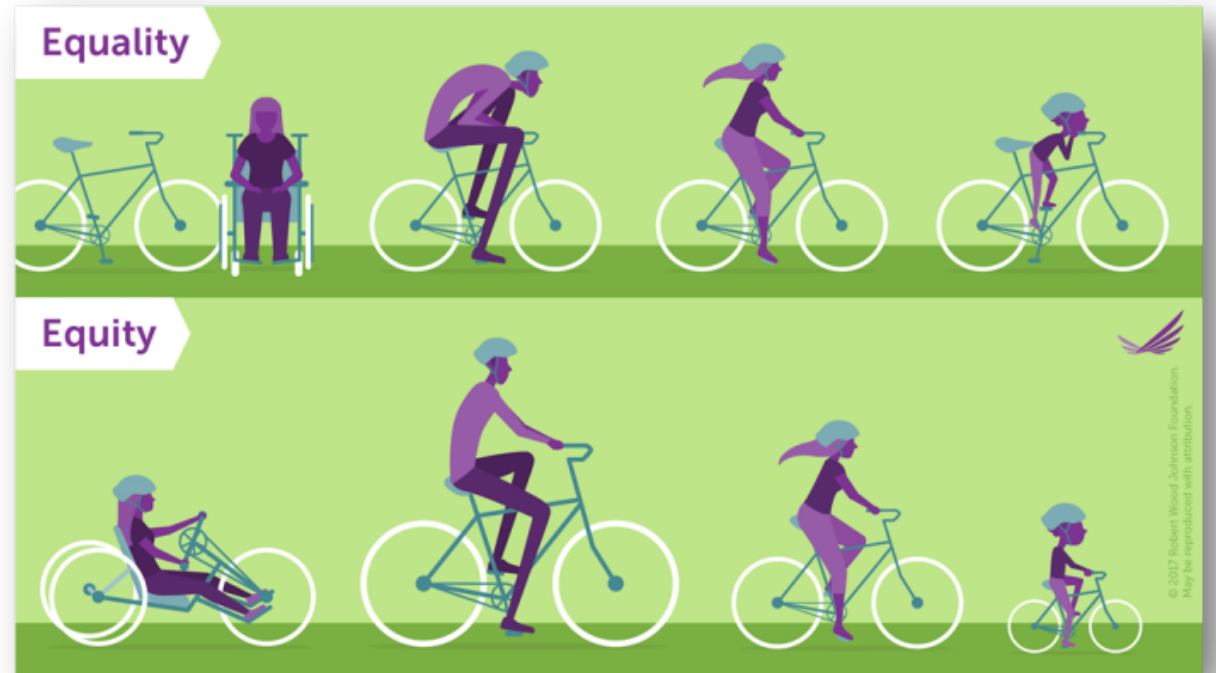
General Pediatrics & Hospital Medicine

Objectives

- Illustrate the degree to which one's context influences their experience with COVID-19
- Provide local data on the COVID-19 epidemic
- Consider ways to equitably respond to COVID-19

Equity vs. Equality

- **Equity** is “absence of avoidable or remediable differences among groups of people”
- Care often **equal** even if risk differs → avoidable outcome differences (**disparities**)
- Equitable care matches need to resource (targeting social determinants of health)



Who even has a bicycle right now?

New York Times – COVID19 and inequities

Mutually reinforcing poverty-disease cycle:

“These things are so **interconnected** ... **Pre-existing social vulnerabilities** only get **worse following a disaster**, and this is such a perfect example of that.”

– Nicole Errett

This is Times Square –
What about other parts of New York?



NAACP – Equity implications of COVID-19

1. Increased **racism** and **stigmatization**
2. Certain populations at an **added risk of exposure** and other impacts
3. Social distancing as **privilege**
4. Impact on **census** and **voting**
5. Increased exposure to **toxic cleaning chemicals**
6. School closure ramifications –**confined spaces**, more **food and housing insecurity**
7. There is a **lack of accessibility** to testing kits
8. Risk to **human and civil rights** (quarantine policies)
9. More **restrictive immigration** policies and practices
10. Denial and **misinformation** worsen the outbreak

COVID-19 and disparities nationally

Black people account for:

13%
of the US
population



vs.



24%
of deaths
where race is known


Why? CDC explanations:

1. Living conditions
2. Work circumstances
3. Underlying health conditions
4. Differential access to care

This means Black people are dying at a rate **nearly 2 times higher** than their population share.

<https://covidtracking.com/race> (The Atlantic) and
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

COVID-19 and disparities state by state

State		African American % of population	African American % of cases	African American % of deaths
Ohio		12	28	17
New York		14	Not reported	25
Michigan		14	37	42
Illinois		14	22	30
Georgia		31	43	49
Minnesota		6	29	8
Kentucky		8	14	17

Ahmaud Arbery, George Floyd, Breonna Taylor

COVID-19 and disparities locally (Cincinnati)

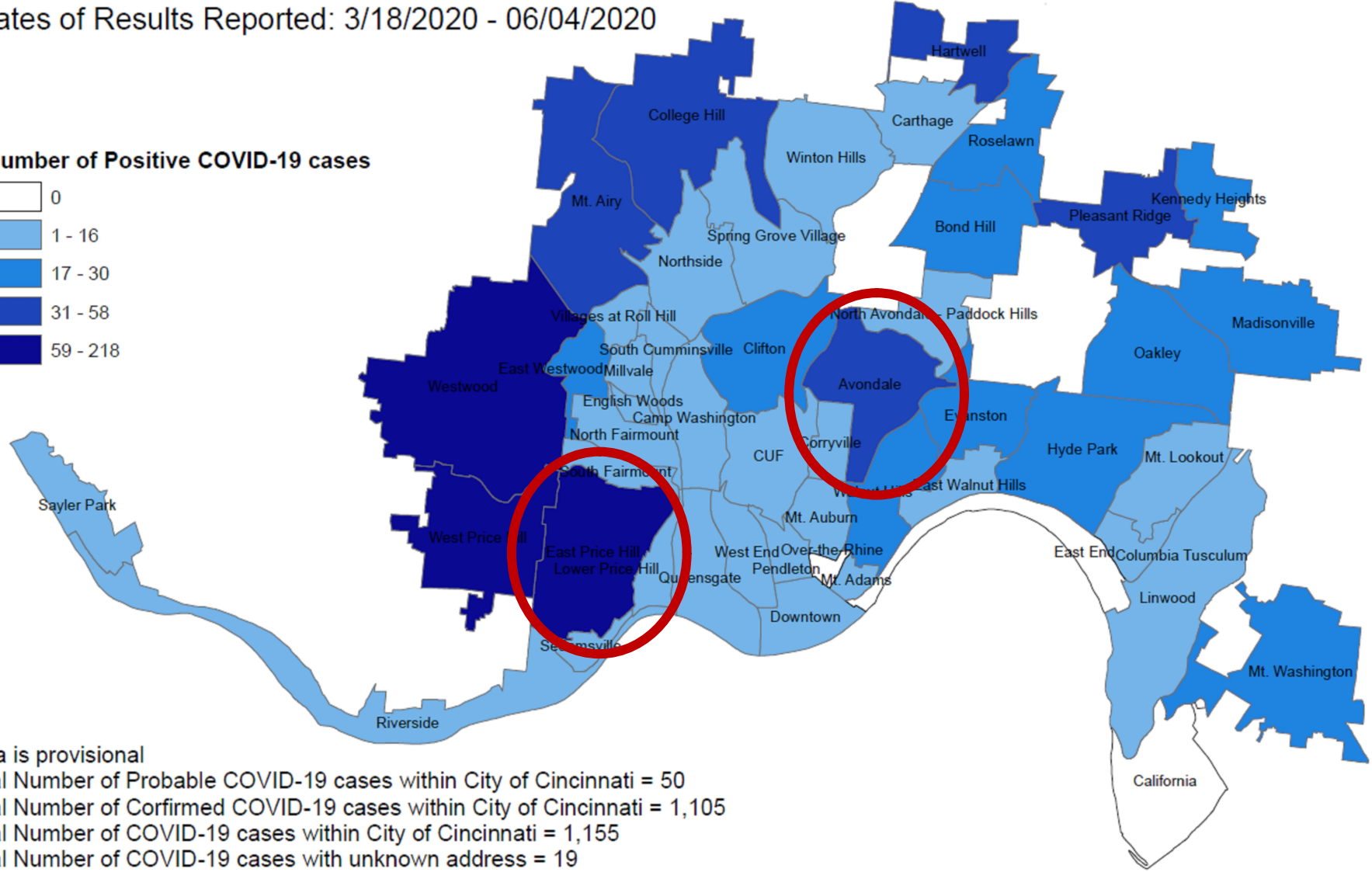
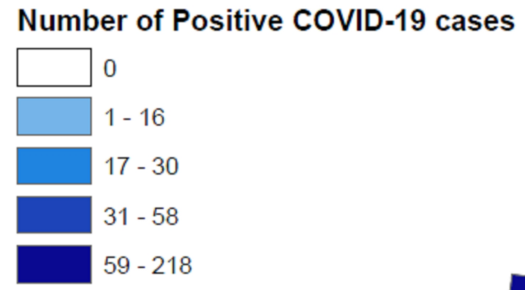
Race/ethnicity	% of population N=302,615	% of cases N=1,174	% of deaths N=54
Black	40	32	44
Hispanic	4	17	0
White	51	28	39

COVID-19 is disproportionately affecting individuals of African American race and Hispanic/Latinx ethnicity across the country and here in Cincinnati

City of Cincinnati Positive COVID-19 Cases By Neighborhood



Dates of Results Reported: 3/18/2020 - 06/04/2020



Number of positive cases (as of 6/4), c/o Cincinnati Health Commissioner Melba Moore

Data is provisional
Total Number of Probable COVID-19 cases within City of Cincinnati = 50
Total Number of Confirmed COVID-19 cases within City of Cincinnati = 1,105
Total Number of COVID-19 cases within City of Cincinnati = 1,155
Total Number of COVID-19 cases with unknown address = 19
Residential addresses were determined by Ohio Disease Reporting System



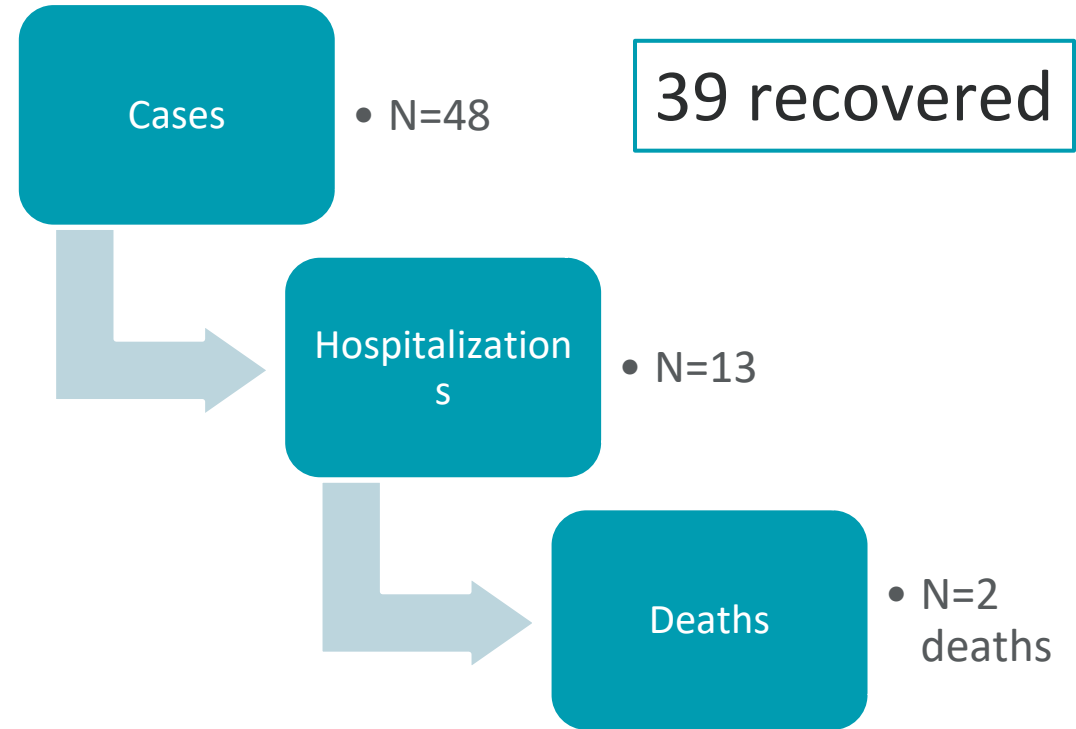
Avondale and COVID-19 (as of 6/8)

- 11 male, 37 female
- 27 black, 3 Hispanic, 14 white, 4 other/unknown
- 21 cases for those > 60 years
- No cases for those < 20 years
- #5 among city neighborhoods

Poverty rate = 44%

Median income = \$19,738

Percentage non-white = 90%



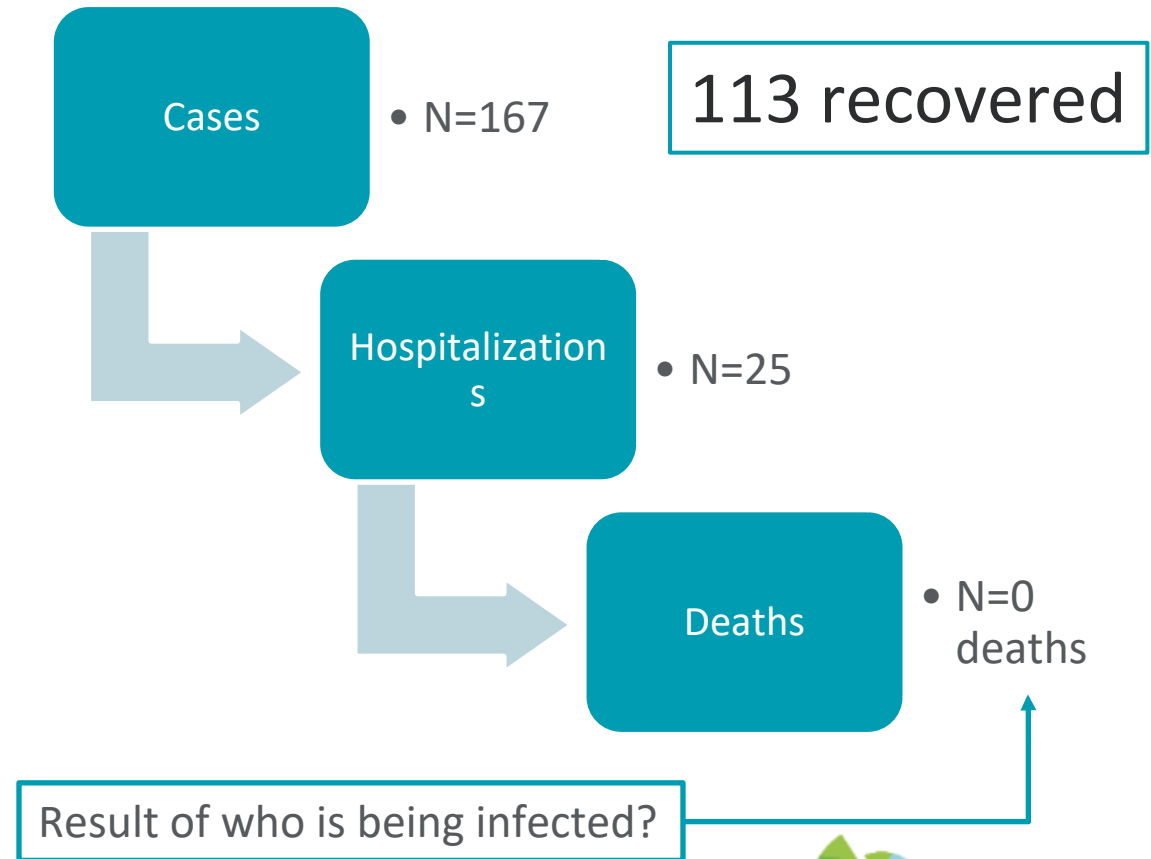
East/Lower Price Hill and COVID-19 (as of 6/8)

- 90 male, 77 female
- 18 black, 94 Hispanic, 27 white, 28 other/unknown
- 12 cases for those > 60 years
- 13 cases for those < 20 years
- #2 among city neighborhoods

Poverty rate = 47%

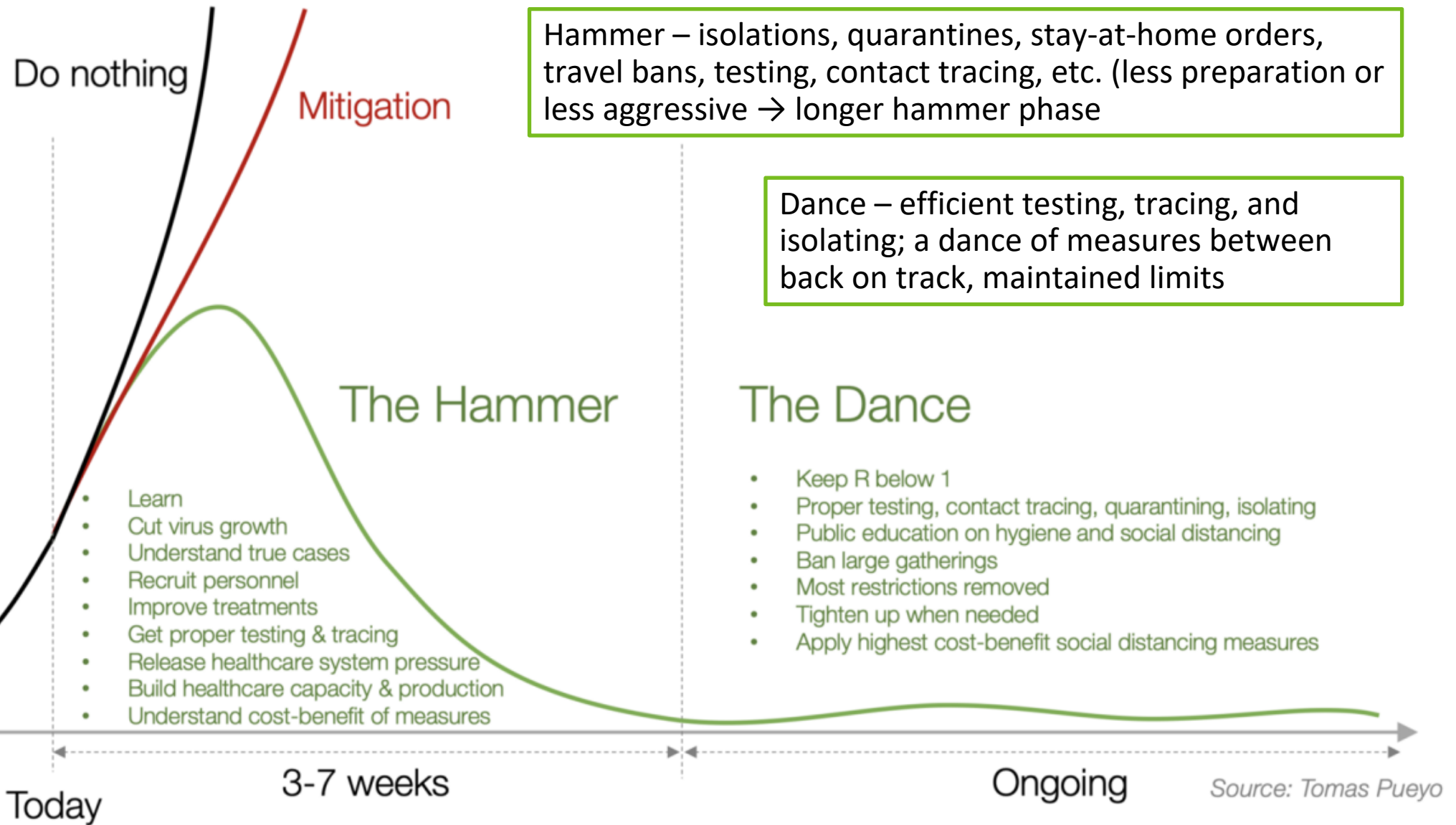
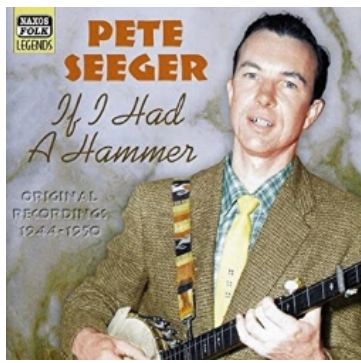
Median income = \$25,906

Percentage non-white = 54%



Getting COVID-19 under control

- Requires nonpharmaceutical interventions (NPI) based on testing, tracing, and treating (or isolating/quarantining)
- Recommended testing at a rate to achieve a positive result 5% of the time
- Currently in Hamilton County, positive tests by race:
 - White ~5%
 - Black/African American ~10%
 - Hispanic/Latinx ~25%
- **How do we control COVID-19 equitably?**



Hammer – isolations, quarantines, stay-at-home orders, travel bans, testing, contact tracing, etc. (less preparation or less aggressive → longer hammer phase)

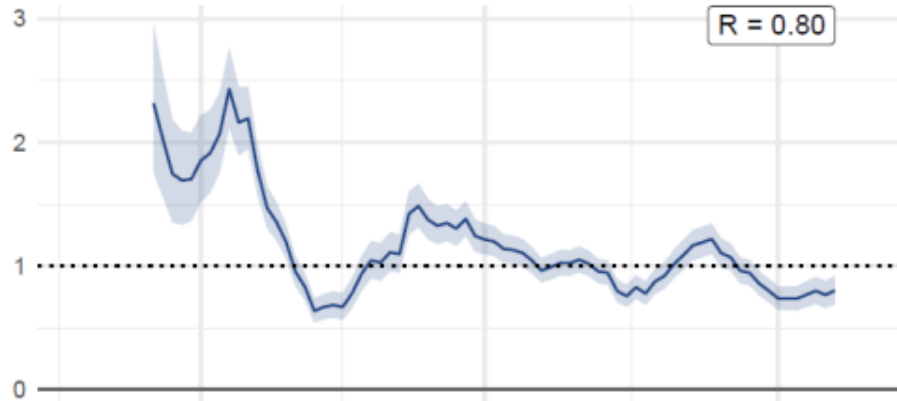
Dance – efficient testing, tracing, and isolating; a dance of measures between back on track, maintained limits

<https://medium.com/@tomaspueyo/coronavirus-the-hammer-and-the-dance-be9337092b56>

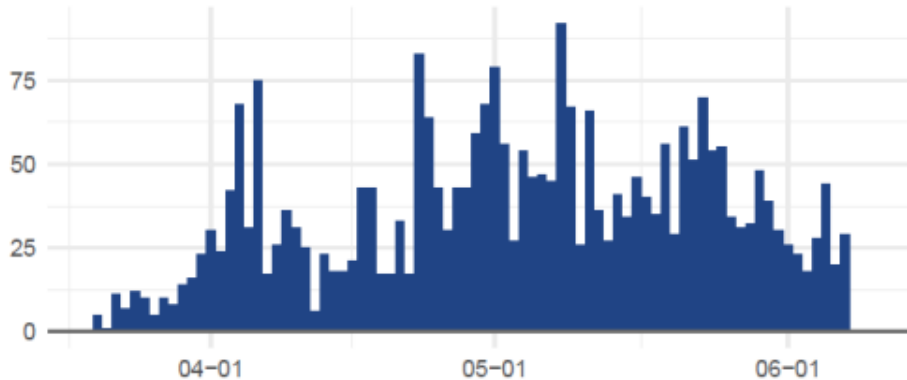
Using data to track COVID-19 status in our region

Hamilton County, Ohio

Estimated R

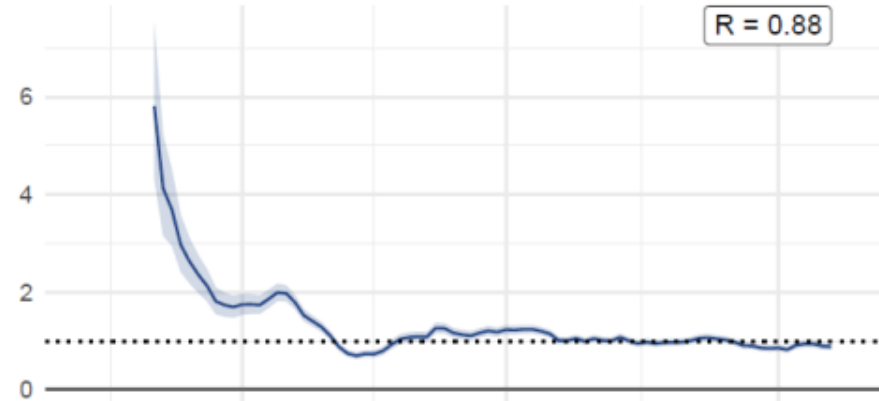


Daily incidence

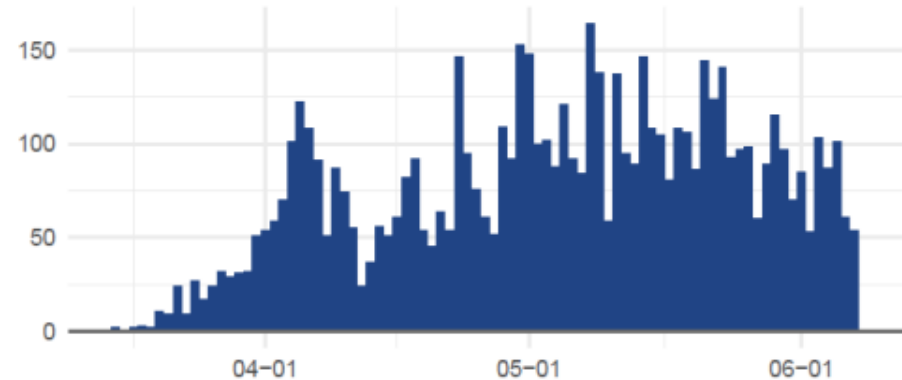


14 county area

Estimated R



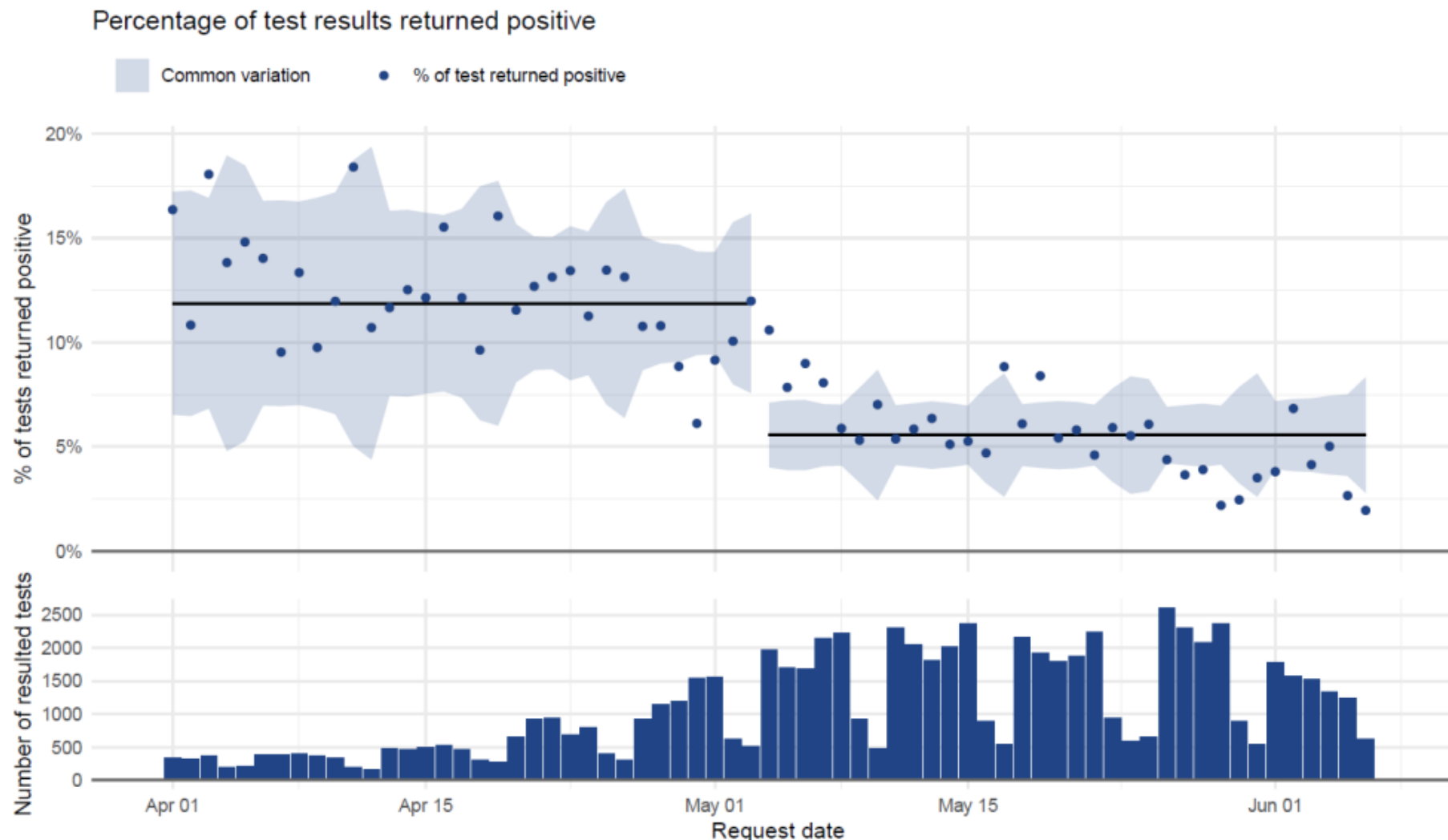
Daily incidence



**R = the number
of people to
whom an
infected
individuals
transmits the
disease**

Data from The New York Times, based on reports from state and local health agencies.
Pulled on: 2020-06-08. <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>

Using data to track COVID-19 status in our region

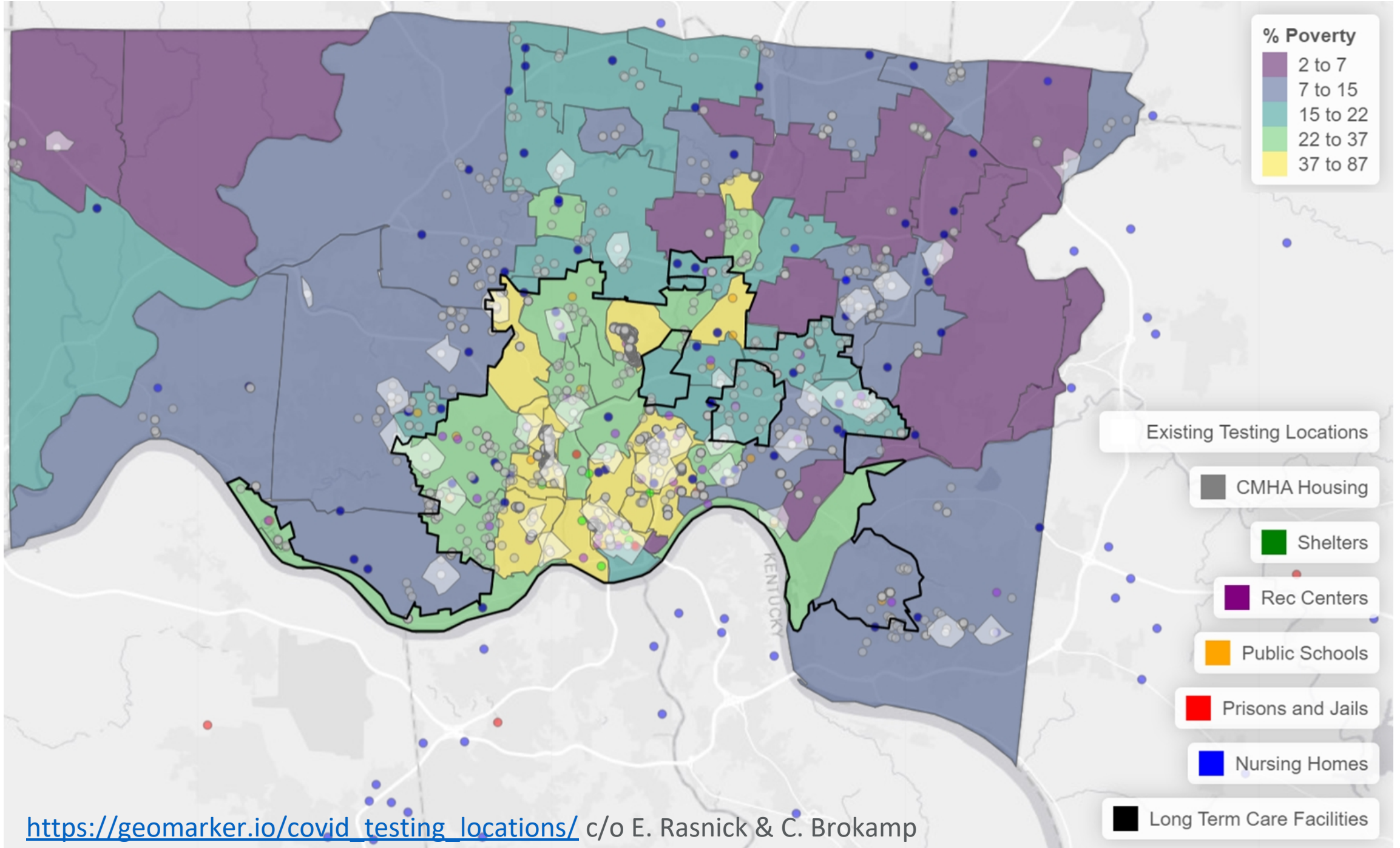


Source: The Health Collaborative data as of 06/08/2020.

**Recall the
differences in
positive rates by
race and ethnicity**

**Optimizing testing
availability and
access**





NAACP – What else can we do?

1. Change **narrative**
2. Increase **access** to childcare, healthcare and humane, sanitary living conditions
3. Paid **leave system** for all
4. Extend data collection period for **census, voting** hours (mail-in)
5. Increase the stringency of the **Toxic Substances Control Act**
6. Advocate for **food and housing assistance**
7. Prioritize **vulnerable** groups/populations for testing
8. Establish and enforce a **Quarantine Bill of Rights**
9. Repeal travel ban and restrictions healthcare to **immigrants**
10. Litigation against **willful misleading** of the public for political gain

What do families suggest is more important now than it was pre-COVID?

- Focus on **equity**
- Strong, **trusted partnerships** built on **social connectedness**
- **Trusted messaging**
- Reliable, easy, safe **access**
- Ability to meet **basic needs**
- **Racism** as a powerful social determinant of health
- Real-time, transparent **sharing of data**

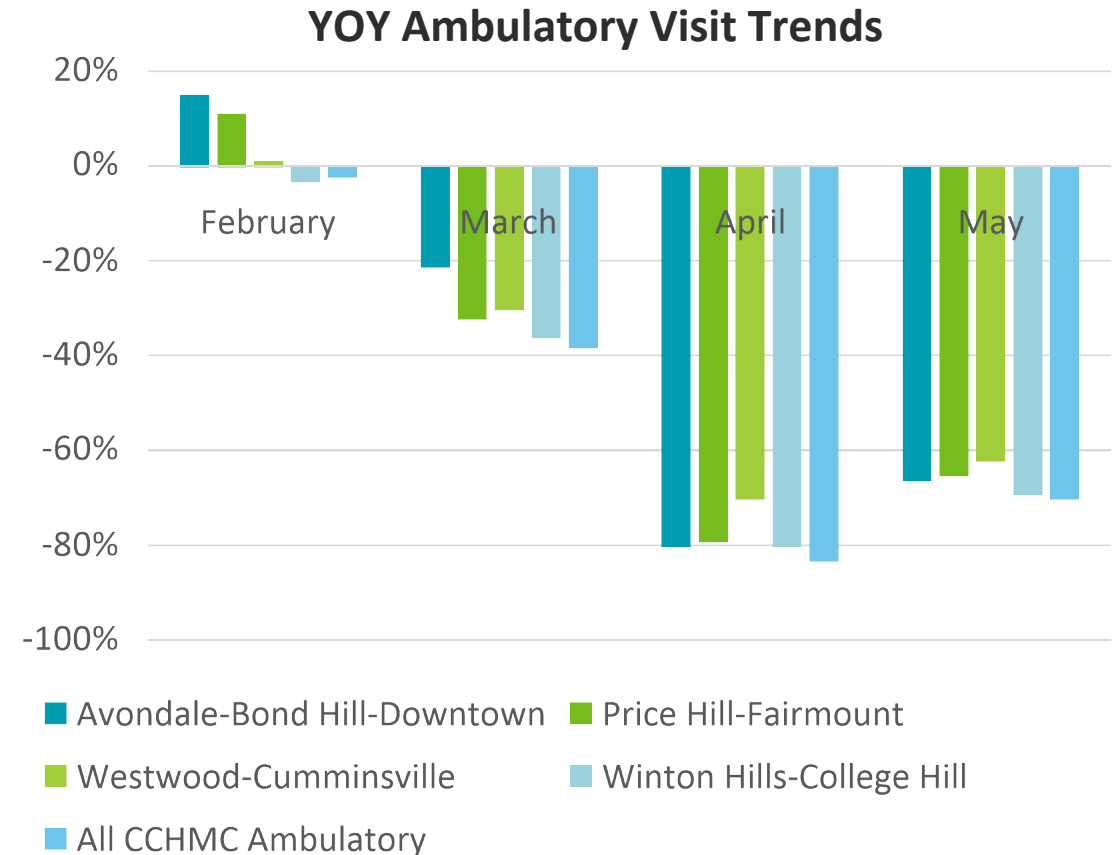
Our local approaches - messaging

- Videos, infographics, on topics like:
 - COVID-19 General Questions
 - COVID-19 Children Mental Health
 - COVID-19 and social distancing across age groups (newborn, child, teen)
 - Importance of well child care
 - Legal aid resources
- Nearly all materials in at least English and Spanish



Equity-oriented measurement strategies

- Stratify key local measures by race, ethnicity, language, poverty
 - Tests, positives, deaths
 - Tracing, treating, isolating, quarantining
 - Patient-family experience
 - Return to care
- Preliminary example measures relevant to response and recovery (year-over-year ambulatory visit trends)



Proactive outreach

- Outreach to Spanish-speaking families, those recently in ED/UC to address:
 - Hygiene supplies, basic needs
 - Isolation, depression
 - Food insecurity
 - Information about COVID-19, preventive care
- Rapid telehealth scale up to expand access cognizant of technology limitations



Action to address social needs

- Screening for COVID-19 related social needs across settings
 - Primary care: in person, telehealth
 - Inpatient: hospital medicine
- Responses to increased needs
 - Produce pop-ups in partnership with Freestore Foodbank
 - Legal Aid and new opportunities to assist support families via new policies
 - Basic needs bundles inpatient, ambulatory, community
- Cross-divisional learning via Health Equity Collaborative
 - Asthma, Trauma, Diabetes, Sickle Cell, Adolescent Medicine

Racism is a public health crisis

SCIENCE

Public Health Experts Say the Pandemic Is Exactly Why Protests Must Continue

Slate

By SHANNON PALUS

JUNE 02, 2020 • 7:18 PM

THE CORONAVIRUS CRISIS

Protesting Racism Versus Risking COVID-19: 'I Wouldn't Weigh These Crises Separately'

June 1, 2020 • 4:46 PM ET

n p r

133rd General Assembly
Regular Session
2019-2020

S. C. R. No. 14

Senators Craig, Williams

Cosponsors: Senators Thomas, Antonio, Maharath, Schuring, Sykes, Fedor,
Yuko

A CONCURRENT RESOLUTION

To declare racism a public health crisis and to ask the
Governor to establish a working group to promote
racial equity in Ohio.

1
2
3

<https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA133-SCR-14>

Racism is a powerful social determinant



“It is a gut-wrenching consequence of what we in the public health community know all too well — and a reality that people of color are confronted with every day: **Racism is a public health crisis**. That reality is apparent not just in the police brutality that disproportionately claims the lives of Black Americans, but in the legacy of slavery and discrimination that persists in countless social determinants of health.”

– Dr. Michelle Williams, Dean of the Harvard School of Public Health

Acknowledgements

I am privileged to be able to present this work, but I acknowledge the countless contributions coming from many incredibly dedicated individuals across the medical center and in partnership with many across our community.

Discussion

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