How Covid-19 Has Exacerbated Healthcare Disparities Among BIPOC

S. Michelle Ogunwole, MD
@DrChelleMD
Goals of the Session

- Describe racial disparities in COVID-19 health outcomes
- Evaluate drivers of COVID-19 related health and healthcare disparities
- Discuss emerging information about COVID-19 and the importance of continued vigilance
"Pandemics reveal the true state of a society. Ours has come up badly wanting."

COVID-19: A MAGNIFIER OF SOCIAL INEQUALITY

The coronavirus pandemic has magnified health and wealth inequality, raising important questions about ethics and the priorities of public policy interventions.
Road Map: 3 Phases of Disparities Research

**Detecting**
- Define health disparities
- Define vulnerable populations
- Measure disparities in vulnerable populations
- Consider selection effects and confounding factors

**Understanding**
- Identifying determinants of health disparities at the following levels:
  - Patient / individual
  - Provider
  - Clinical encounter
  - Health care system

**Reducing**
- Intervene
- Evaluate
- Translate and disseminate
- Change Policy
Early on, many states missing race/ethnicity data on COVID-19 cases

Data from the COVID Tracking Project as of 5 p.m. on May 6. For states that reported both race and ethnicity data, race data was used.
States that have released breakdowns of Covid-19 data by race in the testing category (as of July 4th)

4 States:
- Delaware
- Illinois
- Kansas
- Nevada

This map shows the U.S. states that have released COVID-19 data by race, broken down into three critical categories: confirmed cases, deaths, and testing.

Source: coronavirus.jhu.edu/data/racial-data-transparency
States that have released breakdowns of Covid-19 data by race in the confirmed cases category (as of July 4th)

47 States:
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- North Carolina
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

This map shows the U.S. states that have released COVID-19 data by race, broken down into three critical categories: confirmed cases, deaths, and testing.

Source: coronavirus.jhu.edu/data/racial-data-transparency
States that have released breakdowns of Covid-19 data by race in the death category (as of July 4th)

45 States:
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Nevada
- New Hampshire
- New Jersey
- New York
- North Carolina
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

This map shows the U.S. states that have released COVID-19 data by race, broken down into three critical categories: confirmed cases, deaths, and testing.

Source: coronavirus.jhu.edu/data/racial-data-transparency
Aggregated death rates from COVID-19 across all states and the District of Columbia have reached new highs for all groups:

- The latest overall COVID-19 mortality rate for Black Americans is 2.3 times as high as the rate for Whites and Asians, and 2.2 times as high as the Latino rate.

<table>
<thead>
<tr>
<th>Race</th>
<th>Death Rate</th>
<th>Per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1 in 3,800</td>
<td>26.2</td>
</tr>
<tr>
<td>Latino</td>
<td>1 in 3,550</td>
<td>28.2</td>
</tr>
<tr>
<td>Indigenous</td>
<td>1 in 2,775</td>
<td>36.0</td>
</tr>
<tr>
<td>Black</td>
<td>1 in 1,625</td>
<td>61.6</td>
</tr>
<tr>
<td>Indigenous</td>
<td>1 in 2,775</td>
<td>36.0</td>
</tr>
<tr>
<td>White</td>
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<tr>
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<td>36.0</td>
</tr>
</tbody>
</table>
COVID-19 deaths per 100K people of each group, through June 9, 2020

* Includes all available data from Washington D.C., and the 50 states. Users are cautioned that the Indigenous rate is calculated from just 21 reporting states. States employ varying collection methods regarding ethnicity data. Denominator is built from data aggregated from each state aligned with their method.
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  - Provider
  - Clinical encounter
  - Health care system

Reducing
- Intervene
- Evaluate
- Translate and disseminate
- Change Policy
Racial Disparities in Chronic Disease

Older African Americans and Latinos are More Likely to Have Chronic Conditions

Figure 1
Proportion of adults age 50 and older with chronic conditions* by race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>77</td>
</tr>
<tr>
<td>Latino</td>
<td>68</td>
</tr>
<tr>
<td>White</td>
<td>64</td>
</tr>
<tr>
<td>Asian American</td>
<td>42</td>
</tr>
</tbody>
</table>

* Diagnosed with one of seven chronic conditions: asthma, cancer, heart disease, diabetes, high blood pressure, obesity, or anxiety/depression.


D.C.’s at risk adults under age 65 by underlying health condition and race

- Asthma
- Diabetes
- Obesity
- Chronic lung disease
- Serious heart condition

Population

Source: CDC’s 2018 Behavioral Risk Factor Surveillance System data
Chronic conditions in patients hospitalized with COVID-19

The Centers for Disease Control and Prevention analyzed a sample of patients hospitalized with COVID-19 across 14 states in March and found many had underlying health problems.

<table>
<thead>
<tr>
<th>At least one chronic condition</th>
<th>All patients</th>
<th>Patients age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>49.7%</td>
<td>72.6%</td>
</tr>
<tr>
<td>Obesity</td>
<td>48.3%</td>
<td>41%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>28.3%</td>
<td>31.3%</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>27.8%</td>
<td>50.8%</td>
</tr>
<tr>
<td>Asthma</td>
<td>17%</td>
<td>12.9%</td>
</tr>
<tr>
<td>COPD</td>
<td>10.7%</td>
<td>22.6%</td>
</tr>
</tbody>
</table>

# Social Determinates of Health

## Social and Economic Factors Drive Health Outcomes

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Food security</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Food</td>
<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Education</td>
<td>Stress</td>
<td>Quality of care</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td>Higher education</td>
<td>Exposure to violence/trauma</td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td>Zip code / geography</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Health Outcomes:** Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Racism

Figure 1. The discrimination iceberg. Adapted from Asian American Communities and Health: Context, Research, Policy and Action (14) and reprinted with permission from Jossey-Bass, Inc., a subsidiary of John Wiley & Sons, Inc.

Source: https://blogs.umass.edu/comm397s-jsaxe/class-map-youth-systemic-racism/
Racial Wealth Inequality Is Rampant In The U.S.
Median household wealth by race/ethnicity in the United States (1983–2024)

Source: Prosperity Now & Institute For Policy Studies
Racism

https://blogs.umass.edu/comm397ss-jsaxe/class-map-youth-systemic-racism/
The Pandemic is not over: here is what we know
INCREASE IN NEW CASES

SOURCE: JOHN HOPKINS CSSE

COVID-19
World’s worst outbreaks

World’s Worst Outbreaks
Places with the most new coronavirus cases per million residents, last seven days

<table>
<thead>
<tr>
<th>Location</th>
<th>Cases per Million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>3.3k</td>
</tr>
<tr>
<td>Florida</td>
<td>2.7k</td>
</tr>
<tr>
<td>South Carolina</td>
<td>2.3k</td>
</tr>
<tr>
<td>Bahrain</td>
<td>2.2k</td>
</tr>
<tr>
<td>Louisiana</td>
<td>2.0k</td>
</tr>
<tr>
<td>Qatar</td>
<td>1.8k</td>
</tr>
<tr>
<td>Oman</td>
<td>1.7k</td>
</tr>
<tr>
<td>Alabama</td>
<td>1.7k</td>
</tr>
<tr>
<td>Nevada</td>
<td>1.7k</td>
</tr>
<tr>
<td>Mississippi</td>
<td>1.7k</td>
</tr>
<tr>
<td>Texas</td>
<td>1.6k</td>
</tr>
<tr>
<td>Georgia</td>
<td>1.6k</td>
</tr>
<tr>
<td>Panama</td>
<td>1.5k</td>
</tr>
<tr>
<td>Tennessee</td>
<td>1.5k</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>1.5k</td>
</tr>
<tr>
<td>California</td>
<td>1.4k</td>
</tr>
<tr>
<td>Arkansas</td>
<td>1.3k</td>
</tr>
<tr>
<td>Armenia</td>
<td>1.3k</td>
</tr>
<tr>
<td>Idaho</td>
<td>1.3k</td>
</tr>
<tr>
<td>Kuwait</td>
<td>1.2k</td>
</tr>
<tr>
<td>Brazil</td>
<td>1.2k</td>
</tr>
<tr>
<td>Utah</td>
<td>1.2k</td>
</tr>
<tr>
<td>Chile</td>
<td>1.2k</td>
</tr>
<tr>
<td>South Africa</td>
<td>1.0k</td>
</tr>
<tr>
<td>North Carolina</td>
<td>1.0k</td>
</tr>
</tbody>
</table>

Note: Bars with similar labels may be different lengths due to rounding.
The US is not Like Other Developed Nations

New confirmed cases per million residents, previous seven days

Europe includes all countries fully in Europe, regardless of E.U. status.
Covid-19’s case fatality rate increases with age, according to China’s data

*Estimated case fatality risk in Hubei, China, January-February 2020*

**Case fatality ratio***

- 0-9: 0.01%
- 10-19: 0.02%
- 20-29: 0.09%
- 30-39: 0.18%
- 40-49: 0.40%
- 50-59: 1.3%
- 60-69: 4.6%
- 70-79: 9.8%
- 80+: 18%

*Among all symptomatic and asymptomatic infections

Source: Adjusted age-specific case fatality ratio during the Covid-19 epidemic in Hubei, China, January and February 2020, medRxiv
New trend: increase in cases among younger people
Young + Chronic Disease + Social Risk
Long road ahead: Stay Vigilant!
Masks reduce coronavirus infections

Many researchers now believe the virus can spread not only by coughing or sneezing but by simply breathing, talking or singing. Masks have been shown to reduce the chances of both types of transmission.

<table>
<thead>
<tr>
<th>Particle size</th>
<th>In micrometers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>0.1</td>
</tr>
</tbody>
</table>

Not wearing a mask

Wearing a mask

Source: American Association for the Advancement of Science

MICHELLE GUERRERO U-T

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Tweet

Keisha Lance Bottoms @KeishaBottoms

COVID-19 has literally hit home. I have had NO symptoms and have tested positive.

5:45 PM · Jul 6, 2020 · Twitter for iPhone

3.9K Retweets 8K Likes
THE THM

- Racial disparities in COVID-19 exist: BIPOC are at highest risk of infection and death

- The root cause of racial disparities are rooted in social and structural inequity

- The Pandemic is NOT OVER:
  - Wear a mask, wash your hands, avoid large gatherings if you can
  - Ask for help
Trauma Informed Care in a Time of Crisis

Danica Love Brown, MSW, CAC III, PhD
(Choctaw Nation of Oklahoma)
Behavioral Health Manager
Northwest Portland Area Indian Health Board
Mental Health Gender and Race Disparities Among US Adults, 2015

17.9% of adults reported having a mental, behavioral, or emotional disorder in 2015

21.5% of women reported having a disorder

14.3% of men reported having a disorder

American Indian/Alaska Natives reported the highest prevalence of mental health disorders at 21.2%

12% Asian

14.5% Hispanic

19.3% White

15.4% Black

Source: JAMA, www.jamanetwork.com

Figure 2. Cost is the most commonly reported barrier to using mental health services.

Annual average percent of adults with any mental illness who had an unmet need for services, by reason for unmet need and race/ethnicity, 2008-2012

* Indicates significant difference by race/ethnicity

Figure 1. Among low-income adults with a mental illness, whites use mental health services more than those who are black or Hispanic.

Annual average percent of adults with any mental illness who used mental health services, by race/ethnicity and poverty status, 2008-2012

Source: Substance Abuse and Mental Health Services Administration, 2014

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Trauma Informed Care

• TIC is a strengths-based service delivery approach that is rooted in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and clients.

• Hopper, Bassuk, & Olivet, 2010
Principles of Trauma Informed Care

- TRAUMA
- LANGUAGE ACCESS & CULTURAL SENSITIVITY
- SAFETY
- TRUSTWORTHINESS
- CHOICE
- COLLABORATION
- EMPOWERMENT
Trauma

• Is an extraordinary psychological experience caused by treats to life and body or personal encounters with violence or death
• Disasters: natural
• Atrocities: human
Types of Trauma

• Acute trauma
• Repetitive trauma
• Complex trauma
• Developmental trauma
• Vicarious trauma
• Cultural, Historical and/or Intergenerational trauma
Many of your emotional triggers came from when you were so young that the part of your brain that records memories wasn’t even formed. This is why you might not be able to access the memory of the trauma. But the body remembers, in your muscles, tissue, bones and especially spine.
Mechanisms by Which Adverse Childhood Experiences Influence Health and Wellbeing Throughout the Lifespan

- Early Death
- Disease and Disability
- Adoption of Health-risk Behaviors
- Social, Emotional, and Cognitive Impairment
- Disrupted Neurodevelopment
- Adverse Childhood Experience

Death
Conception
Stress
ANCIENT SURVIVAL RESPONSES TO LIFE THREATENING CIRCUMSTANCES

- What is your go to survival response?

Physical Indications of Fight or Flight Response

- dilated pupils
- pale or flushed skin
- trembling
- rapid heart beat and breathing
What do we do?

• Increase Sense of Safety
  • Reduce anxiety with healthy actions that make you feel safer.

• Stay Connected
  • Seek support from family, friends, mentors, clergy, and those who are in similar circumstances.
  • Be flexible and creative in accessing support via phone, email, text messaging, and video calls

• Improve Your Sense of Control and Ability to Endure
  • Accept circumstances that cannot be changed and focus on what you can alter.
    • Modify your definition of a "good day" to meet the current reality of the situation.

• Cultivate Ways to be More Calm
  • Mindfulness can be really helpful to reset your nervous system

• Remain Hopeful

• U.S. Department of Veterans Affairs, PTSD: National Center for PTSD
BREATHING EXERCISE
FOR RELAXATION #1

INHALE
THROUGH NOSE

Perform for
2 to 5 Minutes

Instagram: @elevatevibe
Summary

• Trauma-informed care begins with understanding the trauma-informed brain.

• Prevalence of traumatic histories is very high among individuals involved with mental health, social service, substance-use, & criminal justice systems.

• Trauma-anchored responses are learned adaptations for survival.

• Re-experiencing & re-enactment is frequent in service settings and is out of the individual’s awareness.

• Key to successful interventions is reduction of possible reminders/threat cues.
Contact Us

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Alexandria, VA 22314

• For certificates of attendance please email mhalpern@mhanational.org
• We do NOT offer CEUs