Health Lens: COVID-19 and Communities of Color

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Health equity means…

Having the conditions, resources, opportunities, and power to achieve optimal health.
US Life Expectancy by Race and Ethnicity

BLACK
76.2 YEARS

NATIVE AMERICAN
76.7 YEARS

WHITE
79.0 YEARS

LATINO
84.1 YEARS

ASIAN
88.5 YEARS

Source: Lewis, Kristen, and Rebecca Gluskin. Measuring America: Ten Years and Counting. New York: Measure of America, Social Science Research Council, 2018 using 2016 data from CDC Wonder and National Center for Health Statistics
City and Neighborhoods: NYC Example
Across Neighborhoods

BABIES AND PEOPLE ARE DYING TOO EARLY

**Infant Morality**
Rate per 1,000 live births

- 1.0-2.8
- 2.9-4.4
- 4.5-6.0
- 6.1-9.0
- Unpopulated

**Premature Mortality** (death before age 65)
Rate per 100,000 population

- 75.6-137.8
- 137.9-171.7
- 171.8-226.5
- 226.6-367.1
- Unpopulated

**Life Expectancy**
Years

- 74.1-78.7
- 78.8-80.9
- 81.0-82.9
- 83.0-
- Unpopulated

Source: NYC Dept. Health: Community Health Profiles — 2015 Atlas
Across Neighborhoods
DIFFERENCES IN HEALTH OUTCOMES

New HIV Diagnoses
Rate per 1,000 live births
- 1.0-2.8
- 2.9-4.4
- 4.5-6.0
- 6.1-9.0

Psychiatric Hospitalizations
Rate per 100,000 population
- 259-423
- 424-506
- 597-891
- 892-2,016

Avoidable Adult Diabetes Hospitalizations
Rate per 100,000 adults
- 55-163
- 164-289
- 290-470
- 471-748

Source: NYC Dept. Health: Community Health Profiles — 2015 Atlas
Across Neighborhoods
DIFFERENCES IN SOCIAL CONDITIONS

**Poverty**
Percent below federal poverty level
- 8-12
- 13-19
- 20-29
- 30-44
- Unpopulated

**Elementary School Absenteeism**
Percent of elementary students (Missing 20+ Days)
- 259-423
- 424-506
- 597-891
- 892-2,016
- Unpopulated

**Jail Incarceration**
Rate per 100,000 adults (ages 16+)
- 5-32
- 33-70
- 71-142
- 143-371
- Unpopulated

Source: NYC Dept. Health: Community Health Profiles — 2015 Atlas
**Racism is a System** of power and oppression that structures opportunities and assigns value based on race, unfairly disadvantaging people of color (racial oppression), while unfairly advantaging Whites (racial privilege & supremacy).

- Internalized
- Interpersonal
- Institutional
- Structural

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**Across Neighborhoods**

**SEGREGATION BY RACE**

Source: NYC DOHMH population estimates, matched from US Census Bureau intercensal population estimates, 2010-2013, updated June 2014

U.S. Census Bureau; American Community Survey, 2013 3-year Estimates, Table S1701; generated using American Fact Finder (http://factfinder2.census.gov/)
Black doctors face added burden in outbreak: Patient trust

Many African Americans, citing the Tuskegee study, don’t believe treatment will be equitably available. That can be deadly in a pandemic.

COVID-19 Deaths Concentrated In Milwaukee’s African American Community

Evers Calls Outbreak A ‘Crisis Within A Crisis’

By Corinne Hess
Published: Friday, March 27, 2020, 3:00pm

As Wisconsin’s COVID-19 death toll continues to rise, Milwaukee’s African American community has been hit particularly hard. Of the state’s 14 people who have died after contracting coronavirus, eight of them were African Americans living on the city’s north side, and Milwaukee appears to be the only city in the country where this is happening.

Native Americans Fight Multiple COVID-19 Crises

In addition to sharing health disparities, Tribe leaders report a new battle brewing against the federal government over reservation lands.

N. JAMYLA GIBBS/CHQ
MAR 30, 2020 6:28PM ET

Physicians’ powerful ally in patient care
Blacks, Latinx, and Native Americans are more likely to have and die from ‘underlying conditions’:

- Diabetes
- Obesity
- Hypertension
- Heart Disease
  …and at younger ages

- Lack of quality and consistent healthcare (varies regionally); lack of trust for healthcare
- Greater experience with the structural and social drivers of health inequities – low wealth, consistent and affordable housing; overcrowding housing (hard to shelter in place); lack of running water (NA)
- More likely to have service jobs
- Isolation of the elderly
- Higher rates of incarceration

Opinion

The Racial Time Bomb in the Covid-19 Crisis

Pre-existing health conditions leave one group particularly vulnerable.

By Charles M. Blow
Opinion Columnist

April 1, 2020
Myths, Confusion, Fear

- Black people are immune
- Initially a few cases on the African Continent
- Not fully appreciate the seriousness - (poor risk communication by political and health officials)

Much of this is a result of
- Crisis in national leadership and risk communication
- Invisibility of public health leadership
- Public health infrastructure fault lines – tremendous disinvestment
- Lack of investment to the Indian Health Service
- Lack of public messaging in various languages

Fears – trust and safety at health centers ICE for immigrant and Latinx communities
Concerns

- Healthcare system capacity already experiences in equities
- What happens in times of ‘rationing’ – ethical and ethics consideration
  - Physician bias
  - Discrimination
- Lack of reporting of racial and ethnic data
- Lack of use of (challenge of) language services
- Access to testing
- Burden placed upon minoritized and marginalized physicians
  - Wellness, burnout, financial
- Volatility of reservation establishment (8B to tribal govt and 150B all tribes)
- Ultimately access to treatment and vaccines
  - Clinical trial engagement
Prioritizing Equity: The Experience of Physicians of Color and COVID-19

Thursday, April 2, 2020
7 pm ET

Guests:

Aletha Maybank, MD, MPH
Chief Health Equity Officer
American Medical Assoc.
Mentor

Oliver Brooks, MD
President
National Medical Assoc.

Patrice Harris, MD, MA
President
American Medical Assoc.

Elena Rios, MD, MSPH
President & CEO
National Hispanic Medical Assoc.

Siobhan Wescott, MD, MPH
Assoc. of American Indian Physicians representative
American Medical Assoc.

Winston Wong, MD, MS, FAAFP
Chairman
National Council on Asian Pacific Islander Physicians
Physicians’ powerful ally in patient care