Health Equity and COVID-19: Tracking and Taking Action to Address Disparities

Health Equity Solutions

SHADAC

Thursday, May 7, 2020

A grantee of the Robert Wood Johnson Foundation

www.shvs.org
About State Health and Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University’s Woodrow Wilson School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Questions? Email Heather Howard at heatherh@Princeton.edu.

Support for this webinar was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.
Housekeeping Details

All participant lines are muted. If at any time you would like to submit a question, please use the Q&A box at the bottom right of your screen.

After the webinar, the slides and a recording will be available at www.shvs.org.
COVID-19 Resources for States

State Health and Value Strategies has created an accessible one-stop source of COVID-19 information for states at www.shvs.org/covid19/. The webpage is designed to support states seeking to make coverage and essential services available to all of their residents, especially high-risk and vulnerable people, during the COVID-19 pandemic.
About Health Equity Solutions

**Vision**
For every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

**Mission**
To promote policies, programs, and practices that result in equitable health care access, delivery, and health outcomes for all people in Connecticut.
About SHADAC: State Health Access Data Assistance Center

- Independent center in the School of Public Health at the University of Minnesota
- Leverage federal and state data
- Provide technical assistance to states
- Conduct and translate research to inform policy
- Train researchers and policy analysts
Agenda

- Level setting
- Prevalence and incidence of health disparities in context of COVID-19 pandemic
- State tracking of COVID-19
- Taking action to address health inequities
What Is Health Equity...

Everyone has the opportunity to attain optimal health regardless of race, ethnicity, gender, income level or other social factors that create barriers to health.
Advancing Equity in the Context of COVID-19

• This pandemic is amplifying economic, health, and social disparities now and down the road

• COVID-19 is an opportunity to implement known solutions that address deep-seated inequities
COVID-19 Race/Ethnicity Data Was Scarce Initially

• As of April 14, 2020:
  – 27 states were reporting cases by race, and 21 were reporting ethnicity
  – 16 states were reporting deaths by race, and 13 were reporting deaths by ethnicity
• Advocates called for additional demographic data reporting
• CDC began reporting national data on confirmed cases by race and ethnicity as of April 17, 2020
U.S. Provisional Death Counts for Coronavirus Disease (COVID-19) as of May 1, 2020

By Race/Ethnicity

Source: National Center for Health Statistics

Distribution of COVID deaths (%)

Weighted distribution of population (%)

Non-Hispanic White: 52.1%
Non-Hispanic Black or African American: 21.2%
Asian: 6.1%
Hispanic or Latino: 16.5%
Other: 3.8%

*American Indian or Alaskan Native: 0.3% deaths, and 0.2% of population

Source: National Center for Health Statistics
State Provisional Death Counts for Coronavirus Disease (COVID-19) as of May 1, 2020

Non-Hispanic Black or African American Deaths

Source: National Center for Health Statistics

<table>
<thead>
<tr>
<th>State</th>
<th>Distribution of COVID deaths (%)</th>
<th>Weighted distribution of population (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Carolina</td>
<td>51.2</td>
<td>29.7</td>
</tr>
<tr>
<td>Florida</td>
<td>19</td>
<td>18.8</td>
</tr>
<tr>
<td>Ohio</td>
<td>12.3</td>
<td>23</td>
</tr>
</tbody>
</table>

South Carolina, Florida, Ohio.
Increasing Number of States Are Reporting COVID-19 Race/Ethnicity Data

• As of April 30, all states except for Hawaii, Montana, Nebraska, Kentucky, Nevada, and North Dakota report either COVID-19 case or mortality data by race
• Fewer states report COVID-19 data by ethnicity
• States do not all report the same race and ethnicity data categories
• Significant amount of racial/ethnicity data is missing
Other Health Equity Categories States are Reporting

- Age
- Sex
- Health Care Workers
- Congregate Living Facilities
- Underlying Conditions
- Geographic Location
Health Equity Reporting by States: COVID-19 Case Data

Number of Health Equity Categories Reported

0

Health Equity Categories

Reporting Cases by Age
- (All)
- No
- Yes

Reporting Cases by Gender
- (All)
- No
- Yes

Reporting Cases by Race
- (All)
- No
- Yes

Reporting Cases by Ethnicity
- (All)
- No
- Yes

Reporting Health Care Worker Cases
- (All)
- No
- Yes

Reporting Cases by Residence Type
- (All)
- No
- Yes

Reporting Cases by ZIP Code
- (All)
- No
- Yes

Note: Alaska and Hawaii cannot be filtered by health equity categories. Please click on those individual states to see which health equity categories they are reporting.

Source: SHADAC analysis of states' COVID-19 data reporting

Updated: 4/30/2020
Health Equity Reporting by States: COVID-19 Case Data

Number of Health Equity Categories Reported

<table>
<thead>
<tr>
<th>Reporting Cases by Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>(All)</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporting Cases by Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>(All)</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporting Cases by Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>(All)</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporting Cases by Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>(All)</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

Arizona

Reporting Cases by Age: Yes
Reporting Cases by Gender: Yes
Reporting Cases by Race: Yes
Reporting Cases by Ethnicity: Yes
Reporting Health Care Worker Cases: No
Reporting Cases by Residence Type: Child/Daycare, College/University, Correctional, Healthcare
Geographic Level of Reporting: ZIP Code

Note: Alaska and Hawaii cannot be filtered by health equity categories. Please click on those individual states to see which health equity categories they are reporting.
Source: SHADAC analysis of states’ COVID-19 data reporting.

Go to State’s COVID-19 Tracking site >

Updated: 4/30/2020
Health Equity Reporting by States: COVID-19 Death Data

Number of Health Equity Categories Reported

Note: Alaska and Hawaii cannot be filtered by health equity categories. Please click on those individual states to see which health equity categories they are reporting.
Source: SHADAC analysis of states' COVID-19 data reporting.

Updated: 4/30/2020
States Reporting Hospitalizations by Race/Ethnicity

- Arizona
- Kansas
- Massachusetts
- New Hampshire
- Ohio
- Rhode Island
- Utah
- Virginia
States Reporting Testing by Race/Ethnicity

- Delaware
- Illinois
- Kansas

**Kansas COVID-19**

Testing Rates by County

<table>
<thead>
<tr>
<th>Race</th>
<th>Persons Tested</th>
<th>Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>17,474</td>
<td>6.87</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1,820</td>
<td>8.35</td>
</tr>
<tr>
<td>Asian</td>
<td>542</td>
<td>5.05</td>
</tr>
<tr>
<td>American Indian or Alaska Na..</td>
<td>138</td>
<td>2.13</td>
</tr>
<tr>
<td>Other Race</td>
<td>1,188</td>
<td>12.90</td>
</tr>
<tr>
<td>Not Reported/Missing</td>
<td>15,616</td>
<td></td>
</tr>
</tbody>
</table>

**Ethnicity** Testing Rates per 1,000

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>People Tested</th>
<th>Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>3,633</td>
<td>10.43</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>14,819</td>
<td>5.78</td>
</tr>
<tr>
<td>Unknown or Missing</td>
<td>18,326</td>
<td></td>
</tr>
</tbody>
</table>
Best Practices for Reporting Health Equity Data

- Identify data sources
- Include detail about the scope of missing data

### Cases of COVID-19 (State of Delaware)

<table>
<thead>
<tr>
<th>RACE/ETHNICITY</th>
<th>STATE OF DELAWARE</th>
<th>NEW CASTLE</th>
<th>KENT</th>
<th>SUSSEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic Black</td>
<td>1,485 (28%)</td>
<td>785 (41%)</td>
<td>328 (40%)</td>
<td>364 (15%)</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>1,381 (26%)</td>
<td>634 (33%)</td>
<td>248 (30%)</td>
<td>494 (20%)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>1,183 (22%)</td>
<td>171 (9%)</td>
<td>106 (13%)</td>
<td>905 (37%)</td>
</tr>
<tr>
<td>Another/Multiple</td>
<td>305 (6%)</td>
<td>87 (5%)</td>
<td>34 (4%)</td>
<td>181 (7%)</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>78 (1%)</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Unknown**</td>
<td>856 (16%)</td>
<td>218 (12%)</td>
<td>107 (13%)</td>
<td>525 (21%)</td>
</tr>
</tbody>
</table>

*In order to protect privacy, no values are reported when there are fewer than 11 cases.

**This number represents cases for which the person’s race/ethnicity was unavailable or reported as unknown. These data will change as new information becomes available.
Best Practices, cont.

- Collect and report race and ethnicity data by minimum categories set forth by OMB
- Benchmark rates to the population

**Indiana COVID-19 Data Report**

<table>
<thead>
<tr>
<th>Race</th>
<th>% of Cases</th>
<th>% of Indiana population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>45.3%</td>
<td>85.1%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>14.7%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Other Race</td>
<td>14.8%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Unknown</td>
<td>23.7%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% of Cases</th>
<th>% of Indiana population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Hispanic or Latino</td>
<td>37.9%</td>
<td>92.9%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>9.3%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>52.8%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Best Practices, cont.

• Start with the data that is available now, then work toward future analyses as you are able

• Be mindful of burden on data analysts
  – Make sure visualizations require limited manual data manipulation
  – Create documentation to support data updates
# State Example: North Carolina

## NC Cases COVID-19

<table>
<thead>
<tr>
<th>Key Metrics</th>
<th>ZIP Code Map</th>
<th>By Counties/Map</th>
<th>By Age</th>
<th>By Race/Ethnicity</th>
<th>By Gender</th>
<th>Cases Over Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### By Congregate Living

### By Reporting Hospitals

### PPE

### Surveillance Report

### About the Data

<table>
<thead>
<tr>
<th>Race</th>
<th>Laboratory-Confirmed Cases</th>
<th>% Laboratory-Confirmed Cases</th>
<th>Deaths from COVID-19</th>
<th>% Deaths from COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total with known race</td>
<td>9,487</td>
<td>454</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>American Indian Alaskan Native</td>
<td>83</td>
<td>1%</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Asian</td>
<td>228</td>
<td>2%</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>3,451</td>
<td>36%</td>
<td>158</td>
<td>35%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>21</td>
<td>0%</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>White</td>
<td>4,979</td>
<td>52%</td>
<td>273</td>
<td>60%</td>
</tr>
<tr>
<td>Other</td>
<td>725</td>
<td>8%</td>
<td>15</td>
<td>3%</td>
</tr>
</tbody>
</table>
State Example: North Carolina

51% Have at least one risk factor for a severe illness from COVID

Five Key Questions State Health Officials Can Ask Right Now to Advance Health Equity During COVID-19 Response Efforts

Tekisha Dwan Everette
Executive Director
Health Equity Solutions
Equity in a Rapidly Changing Environment

• Things are changing daily with COVID-19
• States have a responsibility to care for all residents
• Sweep emergency efforts can miss vulnerable populations if clear and concerted efforts are not made to ensure equity
• One step to foster equity is to start asking (and answering) *Five Key Questions*
1) Have we identified a person or team of people to apply an equity lens to all our COVID-19 response and recovery efforts?
2) Have we identified vulnerable populations and targeted outreach and interventions specifically to those populations, employing national culturally and linguistically appropriate services standards (CLAS)?
3) Have we issued any guidelines that foster health inequity?
4) Are we collecting, analyzing, reporting, and using demographic data for COVID-19 testing, hospitalizations, and deaths?

Counts of detected COVID-19 cases by county, 03/08/2020 to 04/30/2020
5) Have we maximized existing community health and lay health worker mechanisms and funding strategies to address gaps in outreach to vulnerable populations?
Discussion

The slides and a recording of the webinar will be available at www.shvs.org after the webinar
Thank You

Tekisha Dwan
Everette
Executive Director
Health Equity Solutions
teverette@hesct.org

Emily Zylla
Senior Research Fellow
SHADAC
ezylla@umn.edu
612-624-4802

Heather Howard
Director
State Health and Value Strategies
heatherh@Princeton.edu
609-258-9709
www.shvs.org

Dan Meuse
Deputy Director
State Health and Value Strategies
dmeuse@Princeton.edu
609-258-7389
www.shvs.org