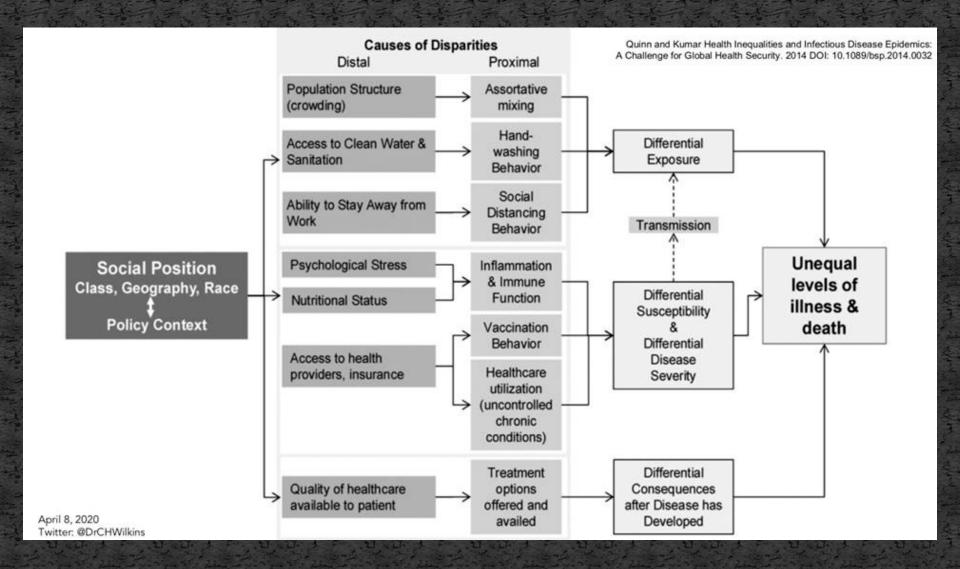
COVID and Disparities

Channing E. Tate, MPH, PhD(c)



COVID and Race Disparities

• States:

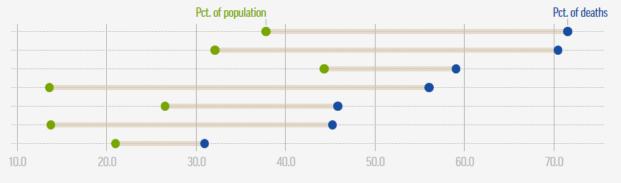
- Illinois: 43% of deaths AA, 15% of population
- Michigan: 40% of deaths AA, 14% of population
- Louisiana: 70% of deaths AA, 33% of population
 - Data from State Health Departments

COVID-19 has disproportionately affected black people

African Americans account for more than 40% of COVID-19 deaths in the U.S. where the race of victims has been made publicly known. Data from states, cities and counties show black people are regularly overrepresented compared to their share of the population:

When the race of COVID-19 fatalities were known in states, black people accounted for:

Mississippi (48 of 67 deaths)
Louisiana (361 of 512 deaths)
Dist. of Columbia (13 of 22 deaths)
Michigan (298 of 531 deaths)
Alabama (17 of 37 deaths)
Illinois (129 of 285 deaths)
North Carolina (13 of 42 deaths)



COVID and Race Disparities

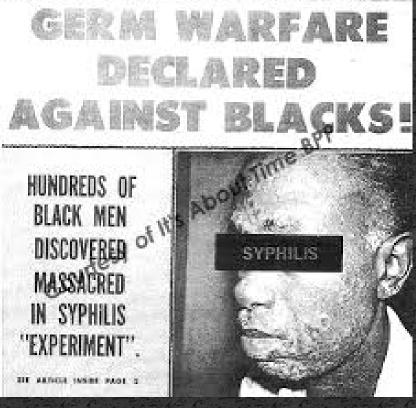
- Workers:
 - Food workers
 - Greely, CO, Sioux Falls, SD, & Columbus Junction, IA meat packing plants-Closed indefinitely



"There may be significantly more individuals at the plant who are carrying the virus but may either by asymptomatic, not tested, or afraid to come forward as they are not eligible for sick pay."-Kim Cordova-President of United Food and Commercial Workers Local 7 Union

- Historical examples:
 - Tuskegee Syphilis Experiment





- Historical examples:
 - Henrietta Lacks





- Historical examples:
 - Katrina





- Mistrust healthcare
 - 45% AAs report mistrust providers vs. 34% of Whites¹
- Some mistrust in healthcare explained by prior experiences of racism²
 - eg: Tuskegee, Jim Crow & Katrina
- Overall only 31% of Americans trust public health officials to be transparent³

^{1.}Halbert CH, Armstrong K, Gandy OH, Shaker L. Racial Differences in Trust in Health Care Providers. *Arch Intern Med.* 2006;166(8):896–901. doi:10.1001/archinte.166.8.896

^{2.} Armstrong, Katrina, et al. "Prior experiences of racial discrimination and racial differences in health care system distrust." *Medical Care* 51.2 (2013): 144. 3. SteelFisher, Gillian K., Robert J. Blendon, and Narayani Lasala-Blanco. "Ebola in the United States—public reactions and implications." *New England Journal of Medicine* 373.9 (2015): 789-791.

COVID Exacerbation of Mistrust



What Can You Do?

- We can't fix structural racism and inequity right now
- How to build trust?
 - Communication
 - Compassion
 - Empathy
 - Active listening
 - Spend appropriate time with the patient and family
 - Transparency



The Doctor, 1891 Sir Luke Fildes