Weekly Advisory: June 4, 2020
Building true health equity amid a global pandemic
Today’s Research Experts

Christopher Kerns
Vice President, Executive Insights
KernsC@advisory.com
@CD_Kerns

Darby Sullivan
Consultant, Health Care Advisory Board
SullivaDa@advisory.com
Coronavirus cases in the United States
Current as of June 3, 2020

Current COVID-19 cases
- At least 1,841,400 cases
- 377,881 cases in New York
- At least 106,195 deaths

Original estimates of possible effects
- 96 million cases
- 4.8 million hospitalizations
- 480,000 deaths

Worldwide daily death tolls slowly trending down

Daily coronavirus deaths (rolling 3-day average), by number of days since 3 daily deaths first recorded

<table>
<thead>
<tr>
<th>Country</th>
<th>Total deaths per million</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.K.</td>
<td>590</td>
</tr>
<tr>
<td>Italy</td>
<td>556</td>
</tr>
<tr>
<td>Sweden</td>
<td>437</td>
</tr>
<tr>
<td>France</td>
<td>432</td>
</tr>
<tr>
<td>U.S.</td>
<td>325</td>
</tr>
<tr>
<td>Germany</td>
<td>103</td>
</tr>
<tr>
<td>Russia</td>
<td>35</td>
</tr>
<tr>
<td>South Korea</td>
<td>5</td>
</tr>
</tbody>
</table>


1. Current as of 06/03/2020.

Advisory Board interviews and analysis.
Continued decline in state deaths warrants cautious optimism
But progress may be counteracted as states reopen in early June

Daily coronavirus deaths (rolling 3-day average), by number of days since 10 total deaths first recorded

<table>
<thead>
<tr>
<th>Metro Area</th>
<th>Total deaths per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston</td>
<td>701</td>
</tr>
<tr>
<td>Detroit</td>
<td>647</td>
</tr>
<tr>
<td>New York City</td>
<td>455</td>
</tr>
<tr>
<td>New Orleans</td>
<td>333</td>
</tr>
<tr>
<td>Miami</td>
<td>287</td>
</tr>
<tr>
<td>Chicago</td>
<td>190</td>
</tr>
<tr>
<td>Seattle</td>
<td>107</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>63</td>
</tr>
</tbody>
</table>

Experts divided: Could protests lead to a second wave?
Cities with mass protests may see clusters emerge, but severity is hard to predict

Ways that protests could spread Covid-19

- Public gatherings of any kind increase the risk of spread
- Protestors tend to be young, are more likely to be asymptomatic spreaders
- Protestors may forget public health safety measures in the heat of the moment
- Shouting and screaming project droplets farther
- Pepper spray and tear gas from police cause people to tear up and cough, enhancing spread

Factors mitigating a spike in new cases

- Outdoor air dilutes the virus and reduces infectious doses
- Protestors tend to be young and are less at risk of being hospitalized
- Regions that reopened economies haven’t seen a notable uptick in cases yet
- Variables that affect spread:
  - Extent of social distancing
  - Temperature and environmental conditions
  - Number of people
  - Extent of mask use
  - Effect of pepper spray and tear gas

Reduce transmission by protecting the health of protestors
Your goal: Minimize the risk of Covid-19 spread during demonstrations

Tactics hospitals can take to prevent further Covid-19 spread

1. **Coordinate supplies.** If your organization has extra supplies, donate resources like masks and hand sanitizer to activist leaders. If not, use supply chain contacts and expertise to help fill the need.

2. **Provide clinical care.** Send volunteers to offer medical treatment and first aid to protestors. Be particularly mindful of the respiratory impact of pepper spray and tear gas.

3. **Advise patients.** Encourage patients with conditions that put them at-risk for serious Covid-19 complications to avoid large gatherings and contribute in other ways, like donating.
Another death in police custody sparks national protests
Recent violence leads to civic unrest, and a spotlight on racial disparities

“Breonna Taylor shot dead by Louisville police in her own home.”
— Insider

“George Floyd death homicide, official post-mortem declares”
— BBC

“Another Black man, Tony McDade, was shot and killed by police last week”
— Rolling Stone

Black mortality in police custody

More likely for a Black person to be killed by police than it is for a white person

3x

Leading causes of death for young Black men

1. Accidental death
2. Suicide
3. Other homicides
4. Heart disease
5. Cancer
6. Use of police force

Links between violence and outcomes for Black patients

Fatal injuries increase mortality rates
Public debates on racism cause significant stress

Adverse physiological responses increase morbidity
Arrests and legal, medical, and funeral bills cause financial strain

Disparate impact of Covid-19 still a harsh reality
Outsized impact on health and economic outcomes in Black communities

Covid-19 deaths per 100,000 residents by race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Death Rate per 100,000 Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>54.6</td>
</tr>
<tr>
<td>Latinx</td>
<td>24.9</td>
</tr>
<tr>
<td>Asian</td>
<td>24.3</td>
</tr>
<tr>
<td>White</td>
<td>22.7</td>
</tr>
</tbody>
</table>

Disparate economic impacts of the pandemic

- **31%** of white Americans vs. **48%** of Black Americans had trouble affording the following due to the coronavirus:
  - Food
  - Utilities
  - Housing
  - Credit card bills
  - Health care

DATA SPOTLIGHT

2.4x Higher mortality rate for Black Americans than for white Americans

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1. Data compiled from Washington, D.C. and all 40 states that released race-specific data as of May 26, 2020.

Both crises are part of longstanding racial health inequities
Black communities experience worse health outcomes across conditions

Black Americans are more likely to have (and die from) health conditions¹

<table>
<thead>
<tr>
<th>Condition</th>
<th>Diagnosis rate</th>
<th>Mortality rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>1.2x</td>
<td>1.2x</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.6x</td>
<td>1.2x</td>
</tr>
<tr>
<td>HIV</td>
<td>8.4x</td>
<td>1.4x</td>
</tr>
<tr>
<td>Cancer²</td>
<td></td>
<td>3.3x</td>
</tr>
</tbody>
</table>

Increased likelihood of pregnancy-related death for Black patients vs. white patients

Reduced life expectancy for Black residents of Washington, DC¹

- 15 years shorter for Black men
- 9 years shorter for Black women

Source:
1. Compared to white Americans.
2. Black men die at 1.2x the rate of white men. Black women die at 1.1x the rate of white women.

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Advisory Board interviews and analysis.
Structural racism is at the root of health inequities
Covid-19 disparities are only a recent manifestation

Defining structural racism
A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.

It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time.

THE ASPEN INSTITUTE

Manifestations of structural racism amid Covid-19
Black patients are more likely to:
- Have higher rates of chronic conditions, including asthma, heart disease, and diabetes
- Live in low-income communities with restricted access to care and key social goods, like affordable, healthy food
- Hold “essential jobs” that limit the possibility of social distancing, including health care, transportation, and food supply

How to protect Black communities from further spread
Three steps hospital leaders can take today

Steps hospital leaders can take to mitigate racial disparities

Collect and share race-specific data from your Covid-19 cases
- Demonstrate the problem’s scope to staff
- Achieve leadership buy-in for further investments
- Identify hotspots to focus care

Target outreach and prevention in high-risk communities to suppress the spread
- Offer practical Covid-19 prevention advice with health literacy fundamentals in mind
- Task community partners with spreading guidance and offer excess masks/hand sanitizer
- Use CHWs and care management staff to address social needs

Double down on patient-centered principles to overcome implicit bias
- Reaffirm the importance of patient engagement practices, like motivational interviewing and shared-decision making
- Refresh inclusion & diversity training across levels
- Support staff resilience and prevent burnout

Source: "3 steps hospital leaders can take to mitigate the racial impact of Covid-19," Daily Briefing, April 2020.
The health system’s role in advancing structural change
Elevate perspective of community leaders to determine which role(s) to play

Primary roles for becoming an effective community partner

<table>
<thead>
<tr>
<th>Role</th>
<th>Funder</th>
<th>Convener</th>
<th>Expert</th>
<th>Advocate</th>
<th>Anchor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tasks</td>
<td>• Devote staff and resources</td>
<td>• Recruit parties for collaboration</td>
<td>• Contribute existing knowledge</td>
<td>• Engage policymakers</td>
<td>• Contract with local businesses</td>
</tr>
<tr>
<td></td>
<td>• Offer RFPs¹, grant-writing support</td>
<td>• Build channels for communication</td>
<td>• Conduct studies to build academic evidence base</td>
<td>• Publicize system policy positions</td>
<td>• Invest in workforce diversity, equity, and inclusion</td>
</tr>
</tbody>
</table>

Tactics to prevent police violence

- Reduce implicit bias of system-contracted security staff with regular anti-racist training
- Include police violence prevention as part of community violence prevention strategy

1. Request for proposals.
Health care leaders: This is your mandate
Here’s how to get started

**Internal steps**

- Create a safe space for staff to grieve. Offer staff an opportunity to shape your organization’s response, without burdening staff of color
- Take a strong, public stance against structural racism and police brutality
- Continue to educate yourself and your circles about structural racism and police brutality

**External steps**

- Identify how your organization has contributed to racial inequities
- Commit to long-term community involvement. Sporadic investments won’t bring meaningful results and could harm community trust
- Follow the community’s lead in planning next steps, partnering with anti-racist organizations
Recommended resources on racism and health care

Resources available through your Advisory Board membership

- Social determinants of health 101 (webinar)
- The field guide for defining providers' role in addressing social determinants of health (publication)
- Health equity 101 (webinar)
- How Rush University Medical Center is addressing the root causes of social determinants of health (videos)

External resources

For organizational leadership

- U.S. businesses must take meaningful action against racism | Harvard Business Review (article)
- 3 steps hospital leaders can take to mitigate the racial impact of Covid-19 | Advisory Board (blog post)
- Police brutality must stop | American Medical Association (press release)
- Police: sixth-leading cause of death for young Black men | University of Michigan (article)
- The New Jim Crow: Mass incarceration in the age of colorblindness | Michelle Alexander (book)
- 13th | Ava DuVernay (documentary)

On structural racism

- 1619 | The New York Times (podcast)
- A people’s history of the United States | Howard Zinn (book)
- How we fail Black patients in pain | AAMC (article)
- Black mothers keep dying after giving Birth. Shalon Irving's story explains why | NPR (podcast)

The American criminal justice system

- Police brutality must stop | American Medical Association (press release)
- Police: sixth-leading cause of death for young Black men | University of Michigan (article)
- The New Jim Crow: Mass incarceration in the age of colorblindness | Michelle Alexander (book)
- 13th | Ava DuVernay (documentary)
Your top resources for COVID-19 readiness

**CDC and WHO Guidelines**
Compiles evidence-based information on hospital and personnel preparedness, COVID-19 infection control recommendations, clinical guidelines, and case trackers

**Coronavirus scenario planning**
Explores twelve situations hospital leaders should prepare for and helps hospital leadership teams pressure test the comprehensiveness of their preparedness planning efforts and check for blind spots

**Managing clinical capacity**
Examines best practices for creating flexible nursing capacity, maximizing hospital throughput in times of high demand, increasing access channels, deploying telehealth capabilities, and engaging clinicians as they deal with intense workloads

**How COVID-19 is transforming telehealth—now and in the future**
Explores how telehealth is being deployed against COVID-19 and essential next steps for telehealth implementation

To access the top COVID-19 resources, visit advisory.com/covid-19
Meet our experts

Christopher Kerns
Vice President,
Executive Insights
KernsC@advisory.com
@CD_Kerns

Darby Sullivan
Consultant,
Health Care Advisory Board
SullivaDa@advisory.com