



Weekly Advisory: June 4, 2020

Building true health equity amid a global pandemic

Presented by
Health Care Advisory Board

Today's Research Experts



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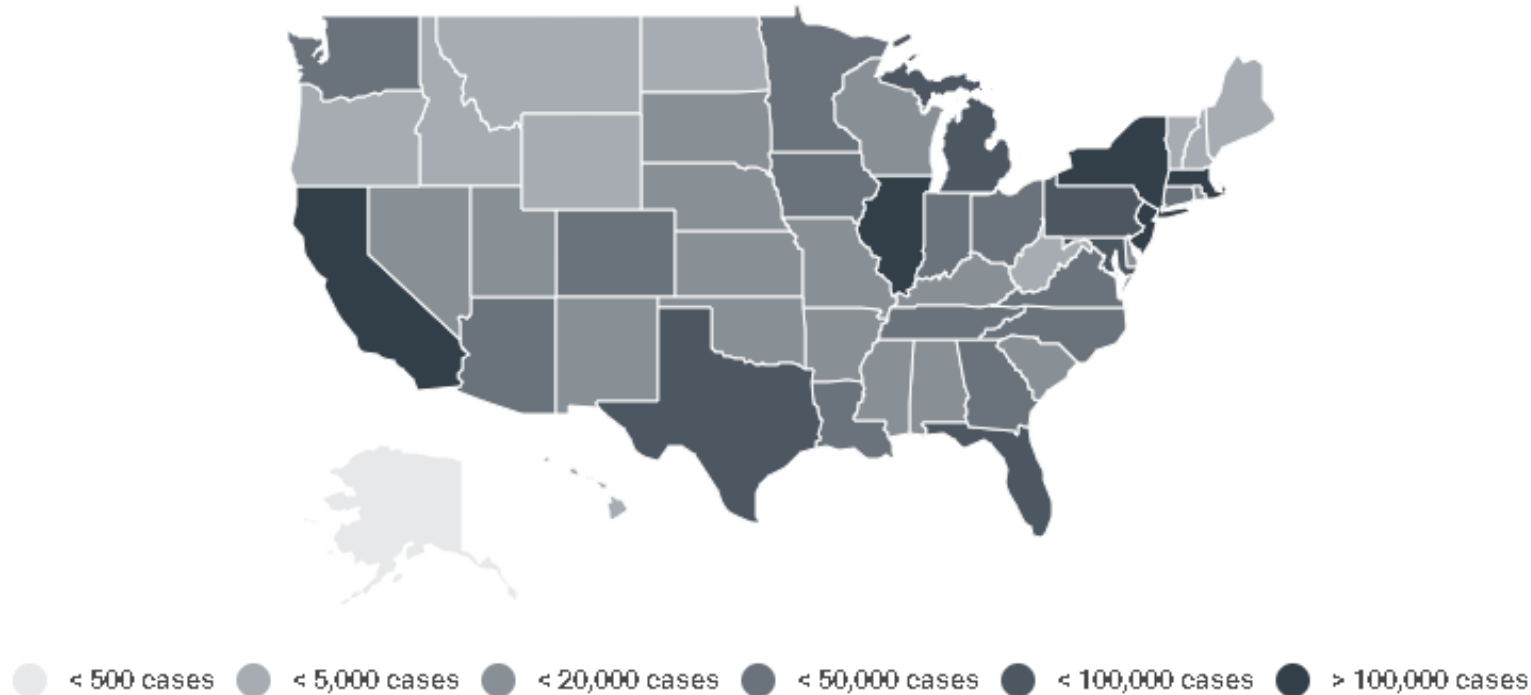


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Coronavirus cases in the United States

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

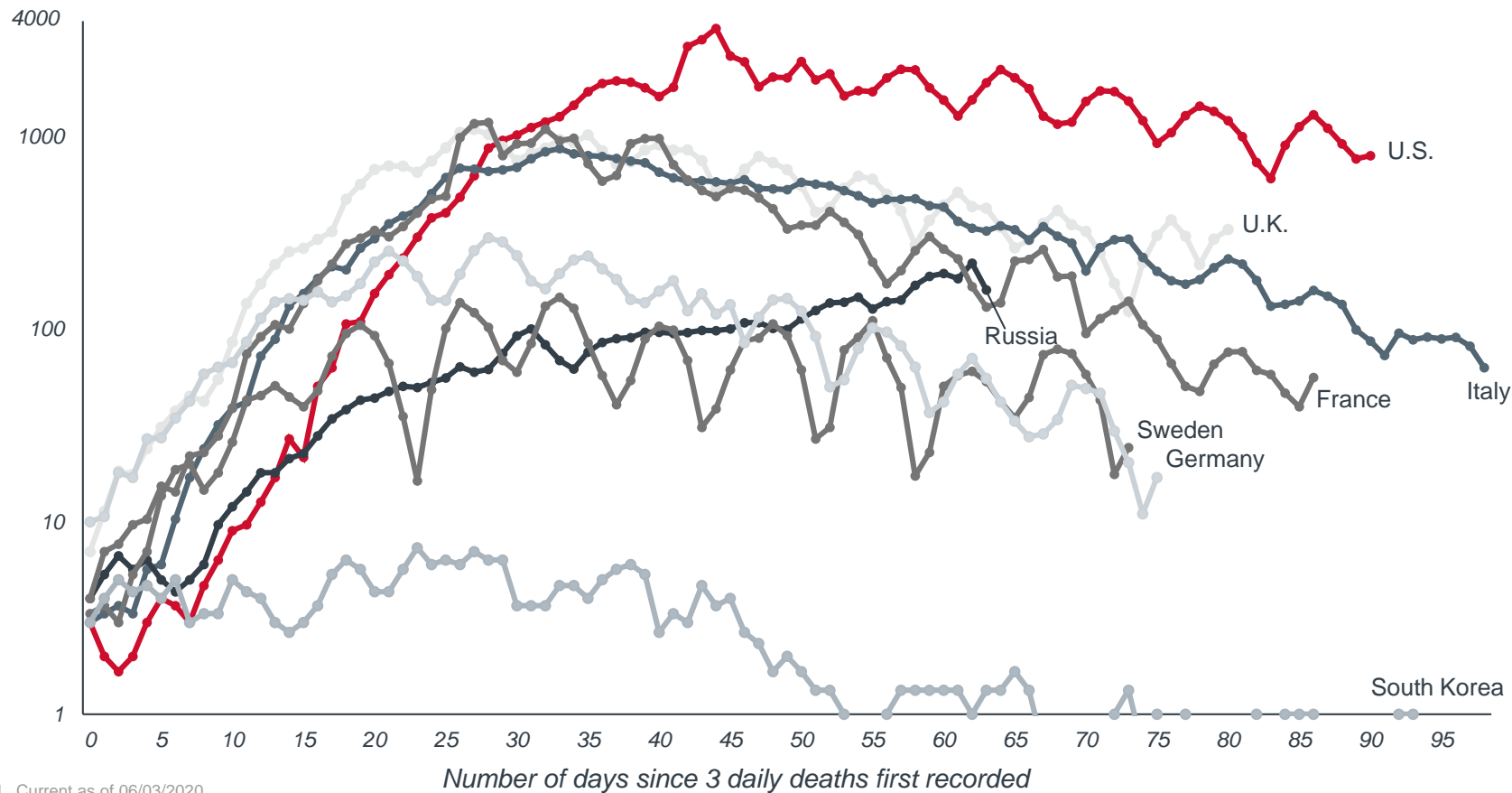
480,000 deaths

Source: CDC/New York Times

Source: "Coronavirus Disease 2019 (COVID-19) in the US," CDC, March 11, 2020. "One slide in a leaked presentation for US hospitals reveals that they're preparing for millions of hospitalizations as the outbreak unfolds," Business Insider, February 27th, 2020.

Worldwide daily death tolls slowly trending down

Daily coronavirus deaths (rolling 3-day average), by number of days since 3 daily deaths first recorded¹



Country	Total deaths per million
U.K.	590
Italy	556
Sweden	437
France	432
U.S.	325
Germany	103
Russia	35
South Korea	5

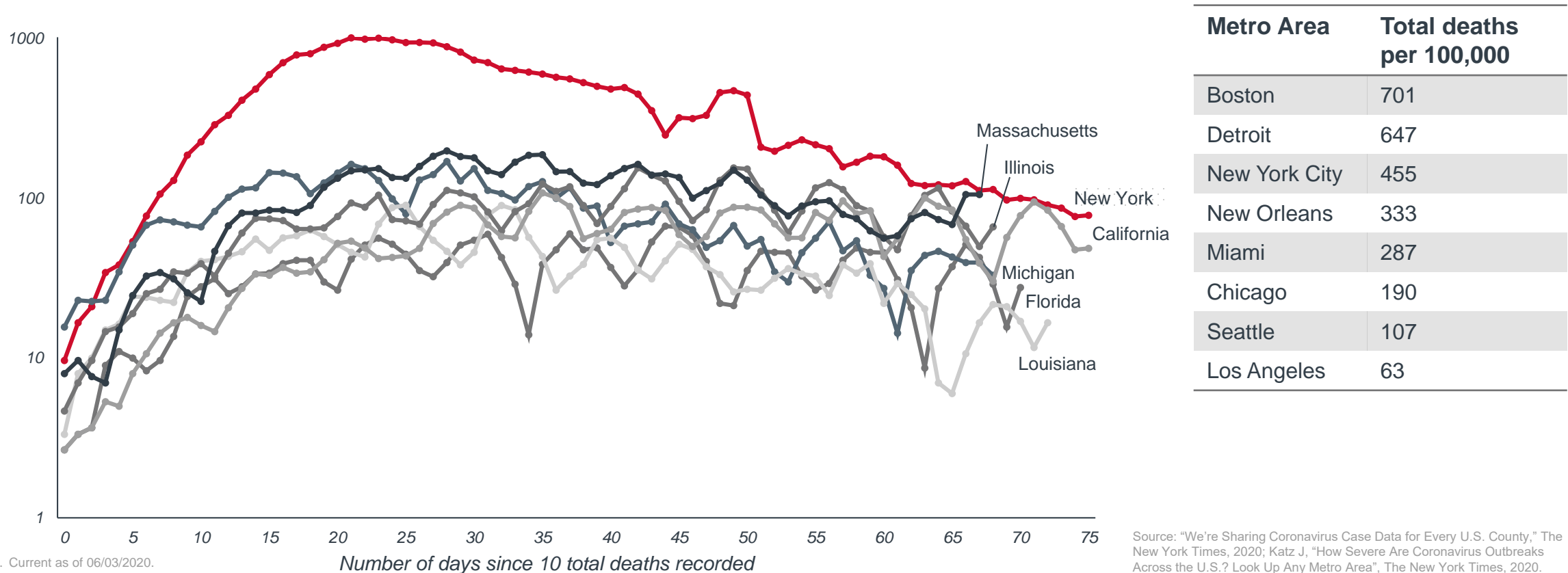
1. Current as of 06/03/2020.

Source: Roser M et al., "Coronavirus Disease (COVID-19) – Statistics and Research," Our World in Data, 2020.

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 recorded¹



1. Current as of 06/03/2020.

Source: "We're Sharing Coronavirus Case Data for Every U.S. County," The New York Times, 2020; Katz J, "How Severe Are Coronavirus Outbreaks Across the U.S.? Look Up Any Metro Area", The New York Times, 2020.

Experts divided: Could protests lead to a second wave?

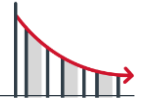
Cities with mass protests may see clusters emerge, but severity is hard to predict

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

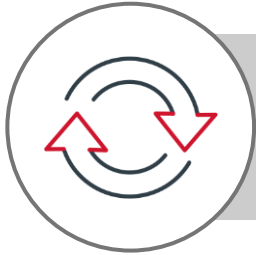


- Outdoor air dilutes the virus and reduces infectious doses
- Protestors tend to be young and are less at risk of being hospitalized
- Regions that reopened economies haven't seen a notable uptick in cases yet
- Variables that affect spread:
 - Extent of social distancing
 - Temperature and environmental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

Source: Roni Rabin, "Will Protests Set Off A Second Wave?" New York Times, May 31, 2020; Lenny Bernstein, "Crowded protests spark concerns about fresh outbreaks of the deadly coronavirus," Washington Post, May 31, 2020; Jaimy Lee, "Will the protests lead to a spike in coronavirus cases? That depends," MarketWatch, June 3, 2020.

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

3x More likely for a Black person to be killed by police than it is for a white person

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



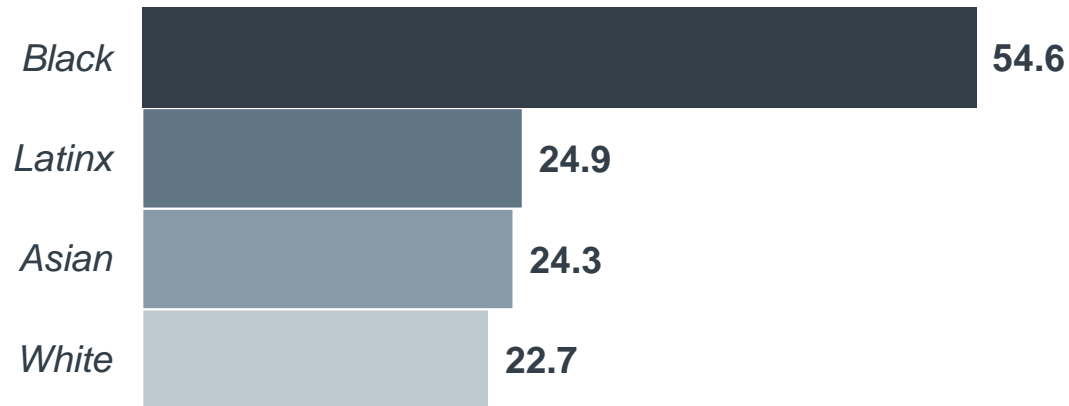
Arrests and legal, medical, and funeral bills cause financial strain

Source: Mahbubani R, “Louisville Police Conducting a Drug Bust Charged Into Breonna Taylor’s House and Shot Her 8 Times...,” Insider, May 12, 2020; Dickson E, “Another Black Man, Tony McDade, Was Shot and Killed by Police Last Week,” Rolling Stone, June 1, 2020; “George Floyd Death Homicide, Official Post-Mortem Declares,” BBC News, June 2, 2020; “Mapping Police Violence,” Mapping Police Violence, 2020; “Police: Sixth-Leading Cause of Death for Young Black Men,” University of Michigan, 2019; Alang S, “Police Brutality and Black Health: Setting the Agenda for Public Health Scholars,” American Journal of Public Health, 2017.

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/ethnicity¹

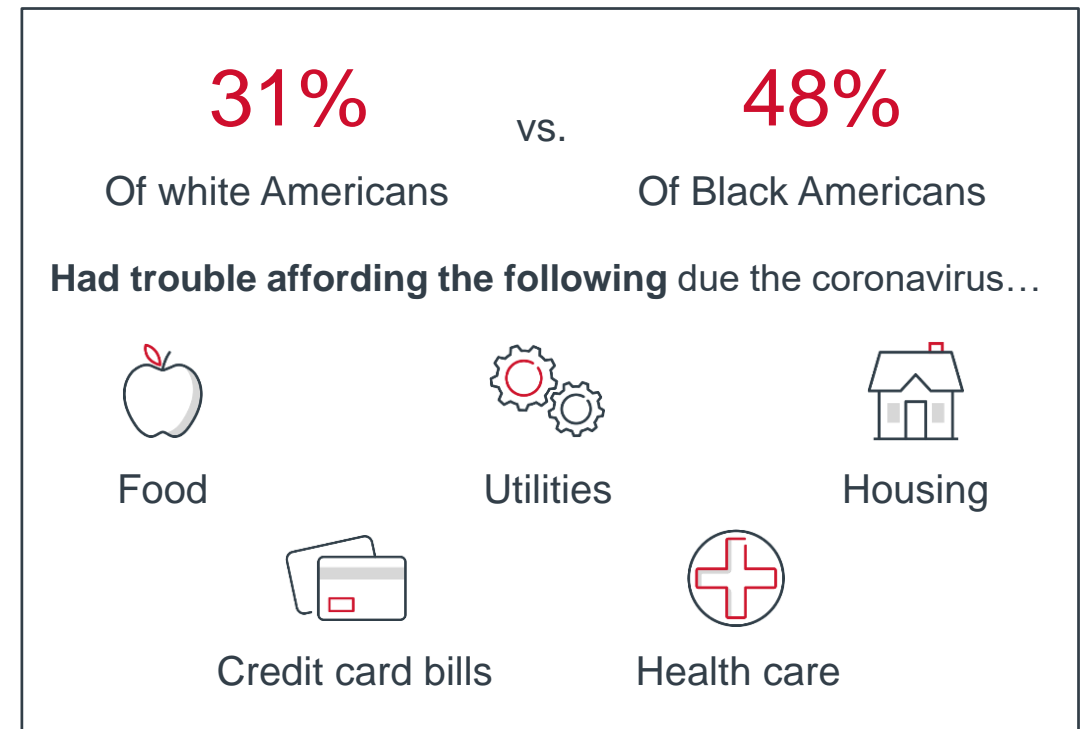


DATA SPOTLIGHT

2.4x

Higher mortality rate for Black Americans than for white Americans

Disparate economic impacts of the pandemic



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

Source: APM Research Lab Staff, "The Color of Coronavirus: Covid-19 by Race and Ethnicity in the U.S.," APM Research Lab, May 27, 2020; Altman D, "Coronavirus' Unequal Economic Toll," Axios, May 29, 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

Diagnosis rate

1.2x Asthma

1.6x Diabetes

8.4x HIV

Mortality rate

1.2x Cancer²

1.2x Heart disease

1.4x Stroke



MATERNAL HEALTH SPOLIGHT

3.3x

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

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.

Source: "[Minority Population Profiles](#)" HHS, August 2019; Forrester S, et al., "[Racial/Ethnic Disparities in Pregnancy-Related Deaths](#)" CDC, September 2019; "[Racial differences in weathering and its associations with psychosocial stress](#)," SSM Population Health, April 2019; Sturdivant, C, "[Life Expectancy In D.C. Differs Greatly By Race](#)," DCist, July 2016.

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

Source: [“Glossary for Understanding the Dismantling Structural Racism/Promoting Racial Equity Analysis.”](#) The Aspen Institute; [“3 steps hospital leaders can take to mitigate the racial impact of Covid-19.”](#) Daily Briefing, April 2020.

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

Role	 Funder	 Convener	 Expert	 Advocate	 Anchor
Tasks	<ul style="list-style-type: none"> • Devote staff and resources • Offer RFPs¹, grant-writing support 	<ul style="list-style-type: none"> • Recruit parties for collaboration • Build channels for communication 	<ul style="list-style-type: none"> • Contribute existing knowledge • Conduct studies to build academic evidence base 	<ul style="list-style-type: none"> • Engage policymakers • Publicize system policy positions 	<ul style="list-style-type: none"> • Contract with local businesses • Invest in workforce diversity, equity, and inclusion



SPOTLIGHT

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)

On structural racism

- [1619](#) | The New York Times (podcast)
- A people's history of the United States | Howard Zinn (book)

The American criminal justice system

- [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)

Health care and medical racism

- [How we fail Black patients in pain](#) | AAMC (article)
- [Black mothers keep dying after giving Birth. Shalon Irving's story explains why](#) | NPR (podcast)

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



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



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



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](https://www.advisory.com/covid-19)

Meet our experts



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