

COLLEGE OF POPULATION HEALTH

PopTalk Webinar Series

Confronting Inequities Uncovered By Covid-19

We're **not** all in this together...

What Can Health Providers Do?

September 29, 2020

12:00 pm ET

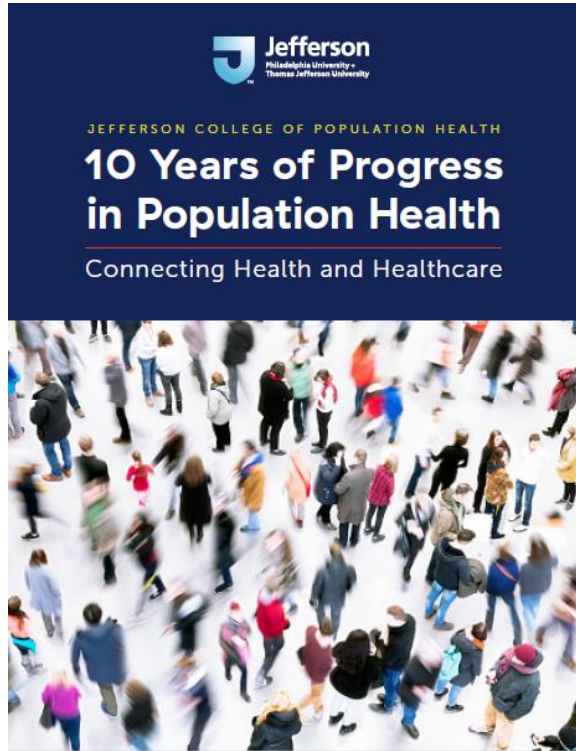
Mitchell Kaminski, MD, MBA

Neva White, DNP, CRNP-BC, CDE



Jefferson
Thomas Jefferson University

Jefferson College of Population Health



To prepare leaders with global vision to *develop, implement* and *evaluate* health policies and systems that improve the health of populations and thereby enhance the quality of life

Today's Presenters



Neva White, DNP, CRNP-BC, CDE
Senior Health Educator
Center for Urban Health
Thomas Jefferson University Hospital



Mitchell A. Kaminski, MD, MBA
Program Director, Population Health
Jefferson College of Population Health
Clinical Associate Professor
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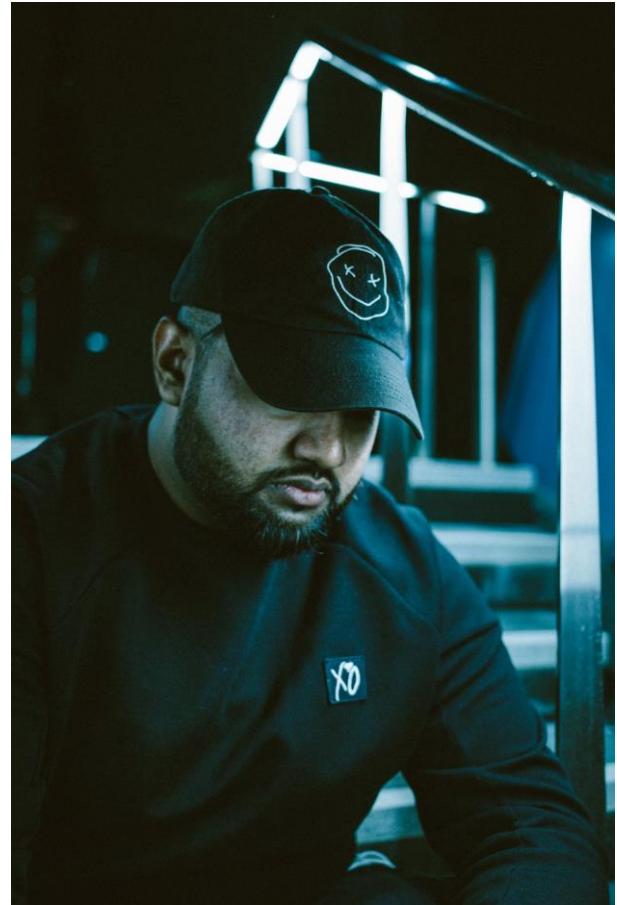
Objectives

After the Webinar, participants will be able to

- 1) describe the disproportionate effects of the pandemic on poor and minority populations
- 2) utilize key social determinants of health to frame potential interventions in their practice
- 3) give two examples of initiatives that they could implement to help their own patients disproportionately affected by COVID-19

Patient story

- 37 year old Latinx male
- recovering from COVID-19 pneumonia which although severe did not require hospitalization
- ED visits, just acquired a PCP
- works in a paper factory which makes Q-tips and tampons. BCBS insurance.
- lives in a crowded home with multi-generational family
- anxious to return to work despite dyspnea 3 weeks after initial illness



Disparities in COVID-19 Impact

Long-standing, systemic health and social inequities have put many people from ethnic and racial minority groups at increased risk of getting sick and dying from COVID-19

Factors that contribute to increased risk

- Discrimination
- Healthcare access and utilization
- Occupation
- Educational, income, and wealth gaps
- Housing
- Comorbidities

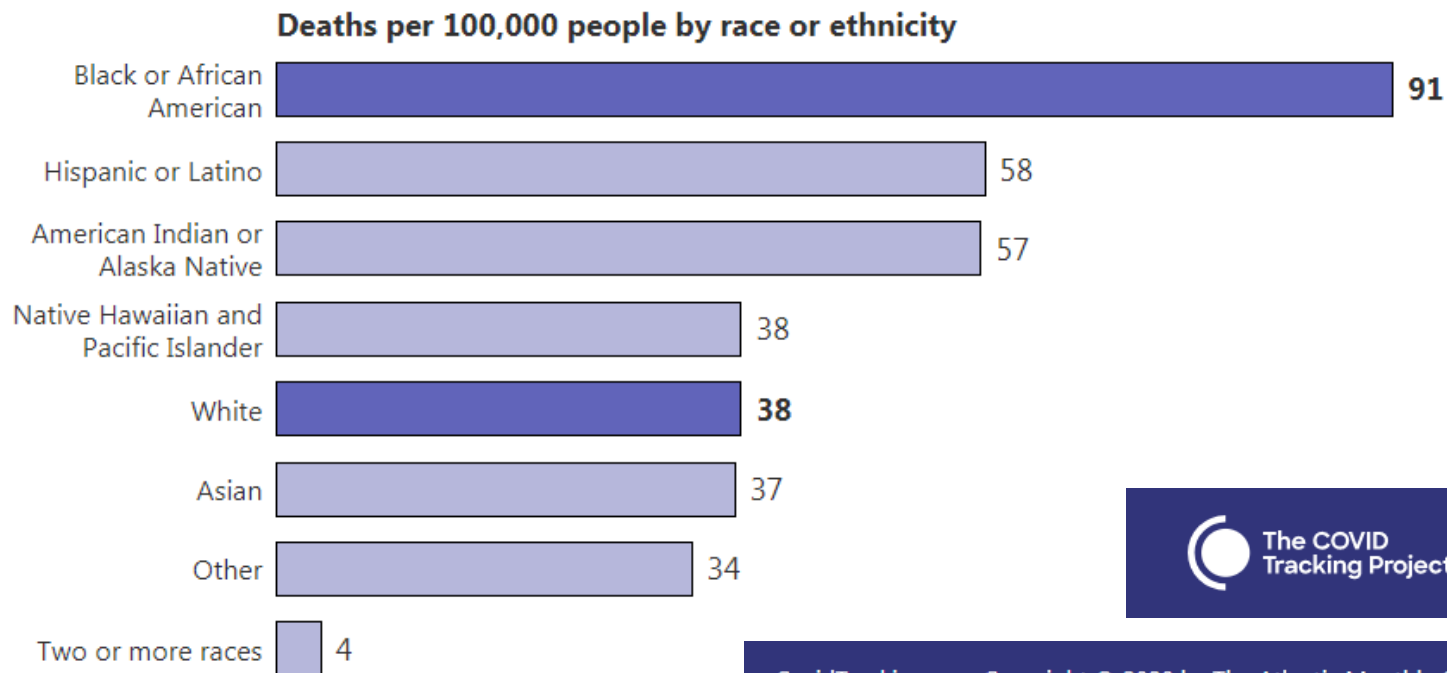
These factors and others are associated with more COVID-19 cases, hospitalizations, and deaths in areas where racial and ethnic minority groups live, learn, work, play, and worship.

COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases¹	2.8x higher	1.1x higher	2.6x higher	2.8x higher
Hospitalization²	5.3x higher	1.3x higher	4.7x higher	4.6x higher
Death³	1.4x higher	No Increase	2.1x higher	1.1x higher

¹ Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios. ² Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are ratios of age-adjusted rates. ³ Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.

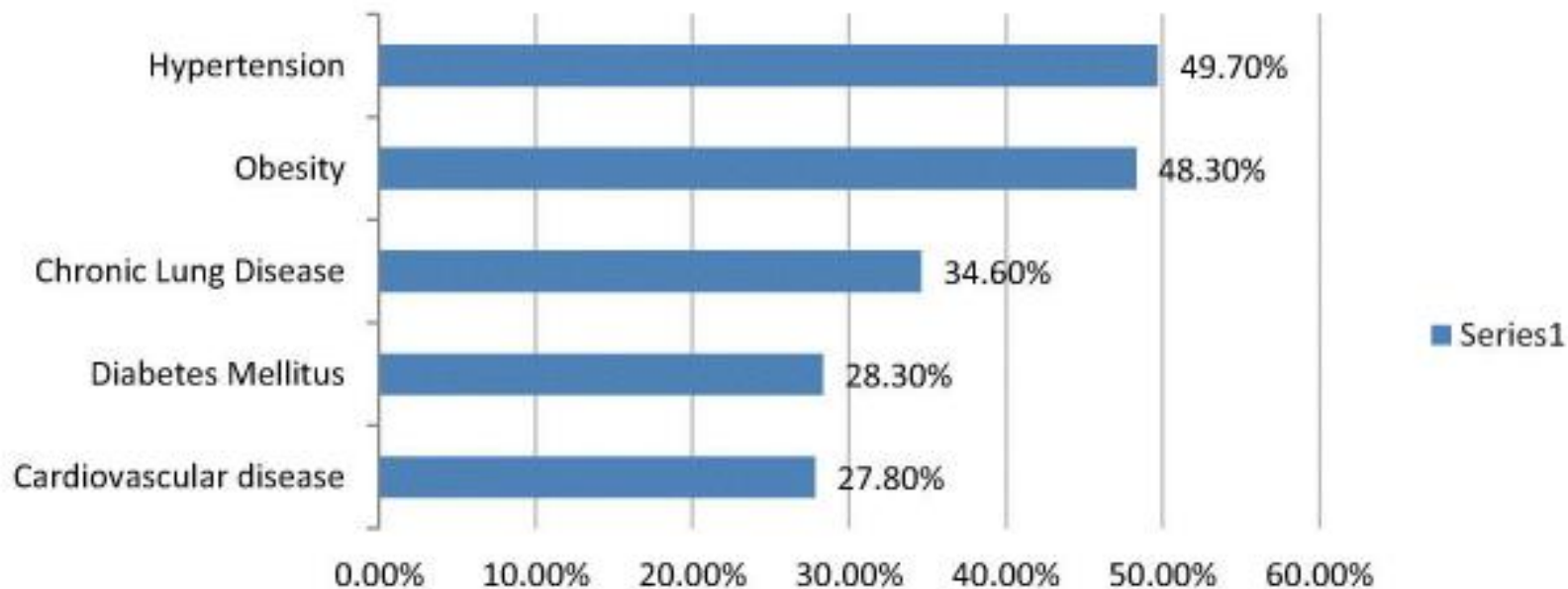
Nationwide, Black people are dying at 2.4 times the rate of white people.



 The COVID
Tracking Project

CovidTracking.com Copyright © 2020 by The Atlantic Monthly Group.

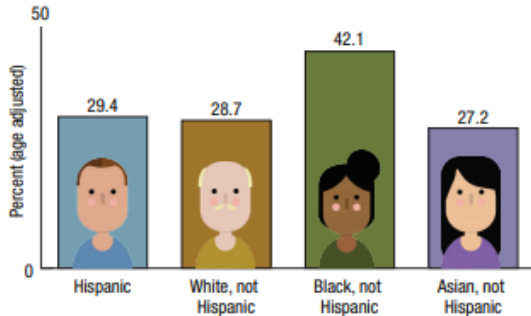
Underlying Medical Conditions in COVID-19 Confirmed Hospitalized Cases (March 1 - 30, 2020)



Racial Disparities in Comorbidities

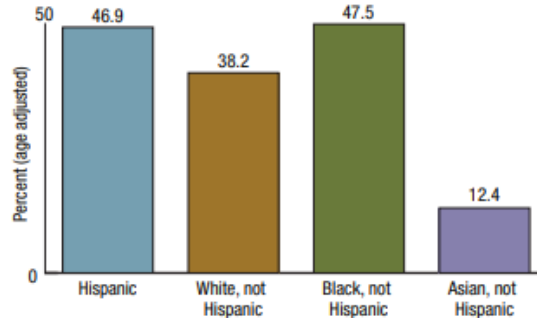
HYPERTENSION

Non-Hispanic black adults aged 20 and over were most likely to have hypertension in 2015–2016.



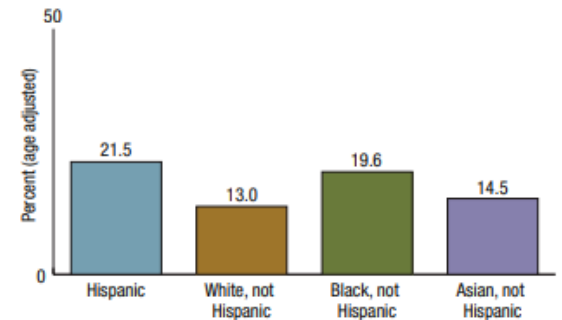
OBESITY

Hispanic and non-Hispanic black adults aged 20 and over were most likely to have obesity in 2015–2016.



DIABETES

Hispanic and non-Hispanic black adults aged 20 and over were most likely to have diabetes in 2015–2016.



Health, United States is the annual report on the country's health, produced by NCHS.

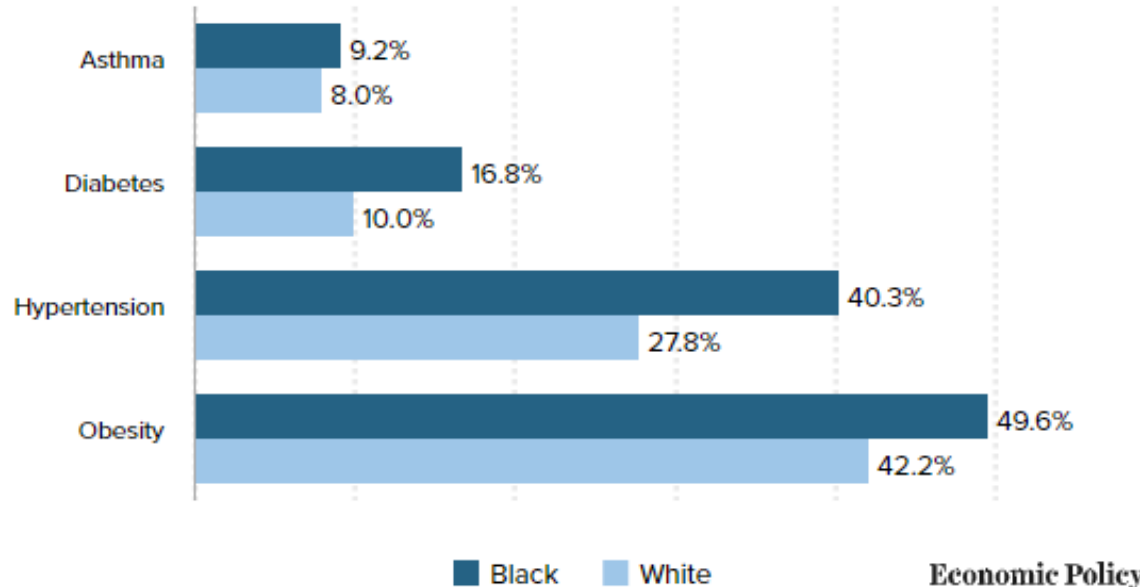
The report uses data from government sources as well as private and global sources to present national health trends across four areas: Health Status & Determinants, Utilization of Health Resources, Health Care Resources, and Health Care Expenditures & Payers.

Download *Health, United States* and past Spotlights from <https://www.cdc.gov/nchs/hus.htm>.



African Americans have higher rates of chronic illnesses associated with greater vulnerability to COVID-19

Age-adjusted prevalence of asthma, diabetes, hypertension, and obesity among black and white adults



<https://www.epi.org/publication/black-workers-covid/>

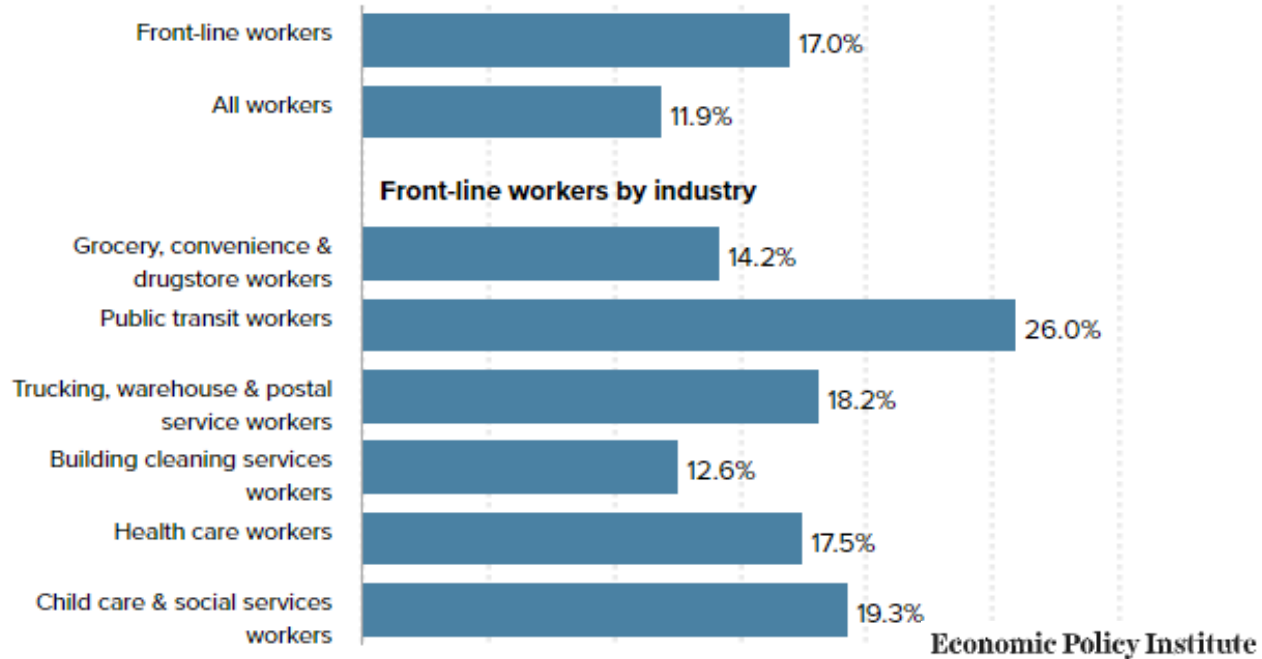
Essential Workers



According to the U.S Department of Homeland Security, essential workers are those who conduct a range of operations and services that are typically essential to continue critical infrastructure operations. Critical infrastructure is a large, umbrella term encompassing sectors from energy to defense to agriculture.

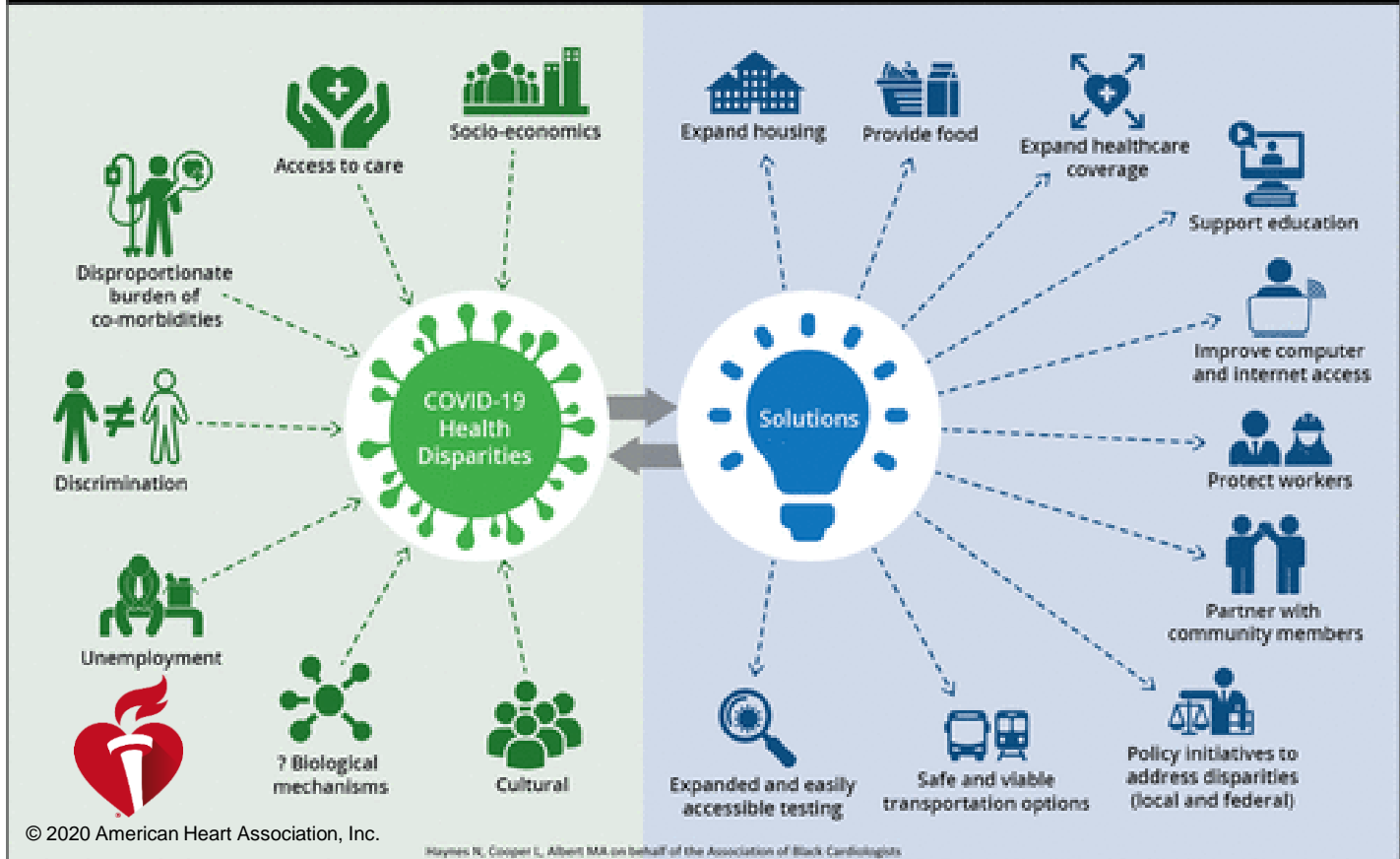
Black workers are more likely than other workers to be in front-line jobs

Black workers as a share of all workers in a given industry



<https://www.epi.org/publication/black-workers-covid/>

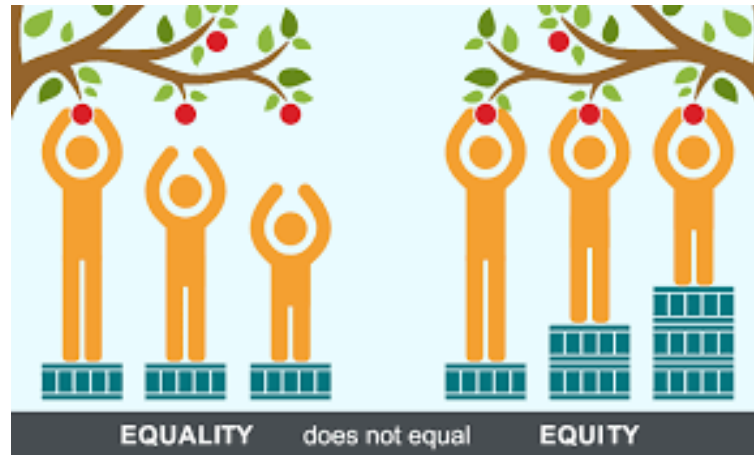
Coronavirus (COVID-19) Health Disparities and Solutions



Norrissa Haynes. Circulation. At the Heart of the Matter, Volume: 142, Issue: 2, Pages: 105-107, DOI: (10.1161/CIRCULATIONAHA.120.048126)

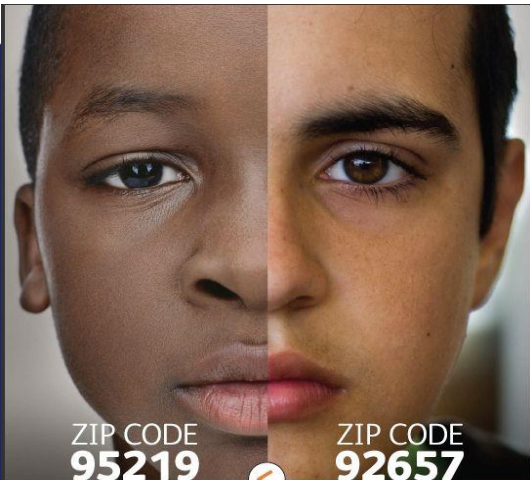
Healthy Equity

Health equity is when everyone has the opportunity to be as healthy as possible. ... Center for Disease Control



Causes of Health Inequity

- Systematic Practices (Insured vs Uninsured)
- Silence (An Act of Violence)
- Marginalized Public Health Leadership (Science versus Politics)
- Implicit Prejudices and Implicit Stereotypes
- Social Unrest
- **Economic Conditions** (significant wage gaps)
- **Racism**



ZIP CODE
95219

Life Expectancy

73

ZIP CODE
92657

Life Expectancy

88



Your **zip code** should not determine the length of your life. This year, California legislators and Governor Jerry Brown recognized that **health happens in neighborhoods**. The California Endowment would like to thank California's leaders for taking steps to make our communities and our state stronger.

AB 581 (Perez) : Brings grocery stores to neighborhoods where they are needed.

AB 6 (Fuentes) : Eliminates bureaucratic red tape for families who need access to healthy food.

SB 20 (Puhlitz) : Gives Californians the facts about restaurant food.

SB 244 (Wells) : Requires local land use planning to include improvement of disadvantaged communities.

To learn more visit
www.calendow.org

Zip Code Determines Life Expectancy

In Philadelphia's Spring Garden section, where 97 percent of adults completed high school, you'll probably live to be 87 years old or more. But in West Philadelphia's Mantua, where one-third of the population didn't graduate from secondary school, your life expectancy is just 66 years.

- Rita Giordano, Philadelphia Inquirer 2018

Health Equity By Design

- Redesign the Culture of Health (Everyone has access)
 - **Close the Digital Divide (Telehealth)**
 - Healing Centered Approach to Care (Trauma Informed)
- Access to Education (Health Education)
- Help People Ask the Right Questions
- Community Participation/ Community Voice
- Make the Invisible, Visible- Social Determinants of Health
 - Living Wages (Increase minimum wages)
 - Community Safety (law enforcement partnerships)
 - Food Insecurity
 - Housing (Homelessness)
 - Transportation

Virtual Initiatives to Address Disparities

Center for Urban Health

- Jeff PEERS (People Empowered Educated and Ready to Support)
- Learning to Manage and Live with Diabetes
- **Lose Weight and Prevent Diabetes** (National Diabetes Prevention Program)
- Chronic Disease Self Management
- Chronic Pain Self Management
- Diabetes Boot Camp
- Health Ministry Forum

Lose Weight and Prevent Diabetes

Program Goals

- One year program- at least 22 modules
- Month 1- 6 (16;one hour modules)
 - Goals
 - Lose 5-7% of starting body weight
 - Get at least 150 minutes of physical activity each week
- Month 7-12 (6-12; one hour modules)
 - Maintain the weight lose, lose more weight if desired
 - Maintain physical activity minutes, increase in possible
 - Continue to work on goals if not reached

Confronting Inequities Uncovered By Covid-19

*We **can be** all in this together...*

What Can Health Providers Do?



Thank you for your participation!

Comments, questions, or experiences?

Complete a graduate certificate in 1 year
or Master's degree in 2 years

Population Health (PopH)

is a new academic and professional field that draws upon diverse disciplines to transform the delivery of health services.

Health systems in the U.S. and around the world are shifting from volume to value. Population health professionals are on the leading edge of driving this change.

- 100% online
- Accelerated 7-week courses
- Expert practitioner faculty

[Virtual Open House](#)

[October 7 from 5:30-7:30 pm](#)

Learn more at: [Jefferson.edu/PopHealth](https://jefferson.edu/PopHealth)

Questions: JCPH.Admissions@jefferson.edu

Population Health Academy



The Population Health Academy workforce development programs offer practical training for health professionals working to address today's most pressing health care challenges.

Population Health Essentials

October 19-21, 2020

Population Health Management & Strategy

October 26-27, 2020

Learn More & Register
Jefferson.edu/PopHealthAcademy

Questions?

- The Academy: Melissa.Horowitz@Jefferson.edu
- Population Health Program: Mitchell.Kaminski@Jefferson.edu
- Admissions: April.Smith@Jefferson.edu
- PopTalk Webinar Series: PHLS@Jefferson.edu

