CHART
Center for Health Analytics, Research & Transformation at NJHA

BULLETIN

COVID 19: Early Analysis Shows Racial Disparity in Mortality

COVID-19 is disproportionately affecting communities of color at alarming rates. Social determinants of health – the conditions of the places where individuals live, learn, work and play – can provide some insights into how these inequalities occur. The statistics surrounding pre-existing health conditions, access to care and a lower quality of care may explain some of the disparity surrounding minority patients. Many minority patients work essential jobs and have poorer housing options, making social distancing quite difficult. Additionally, residents of concentrated, low-income neighborhoods tend to experience higher-than-average rates of chronic conditions such as heart disease, hypertension, asthma and diabetes.

According to the CDC Behavioral Risk Factor Surveillance System, in 2018, 13 percent of black patient residents in New Jersey reported being diagnosed with asthma, while 8 percent of white patients and 7.9 percent of Hispanic patients reported the disease. In addition, 14.7 percent of black patients reported having Diabetes Mellitus, compared with 10.4 percent of white and 10.3 percent of Hispanic patients. The 2017 New Jersey State Health Assessment Data (NJSHAD) indicated a 23.8 percent prevalence of hypertension in Asian Americans, 28.55 percent for white individuals, 31.3 percent in Hispanics and 40.9 percent in African Americans. Obesity is another risk factor to consider as a comorbid condition for patients at risk for COVID-19. According to Heathy People 2020, one-in-three black individuals (34%) were categorized as being obese with a body mass index (BMI) over 30, whereas 25.8 percent of white and 26.2 percent of Hispanic individuals were reported as being obese. (NJSHAD)

Background

Socioeconomic status related to income, housing affordability, poverty, access to care and education are a few factors that lead to an increase in comorbidities and therefore an increased risk of COVID-19 complications. In 2018 life expectancy among white residents was 79.2 years compared to 76.2 years for black individuals. According to Healthy People 2020, in 2018 poverty rates among black individuals reached 21.1 percent nationally, 18.5 percent for Hispanics and 8.1 percent in whites. Hispanic patients accounted for the most uninsured patients, with rates at 19.5 percent followed by 11 percent for black patients and 6.3 percent for white patients.

These disparities unfortunately have led to the current state of affairs related to COVID-19 mortality rates among patients of color. As healthcare providers continue to navigate these challenging times, we must also continue to address and plan for the continued efforts to mitigate disease burden in minority patients and promote population health

What the Data Says

CHART examined hospital discharge data beginning April 1, 2020, when specific codes were established to identify COVID positive discharges. Preliminary hospital discharge data shows that Asian and Hispanic patients have higher age-adjusted diagnosis rates of COVID-19, however, black patients have the highest age-adjusted mortality rate followed by white patients. By gender, males, with the exception of the black population, tend to have a higher chance for being diagnosed with COVID-19 compared with their female counterparts. According to the data, there is

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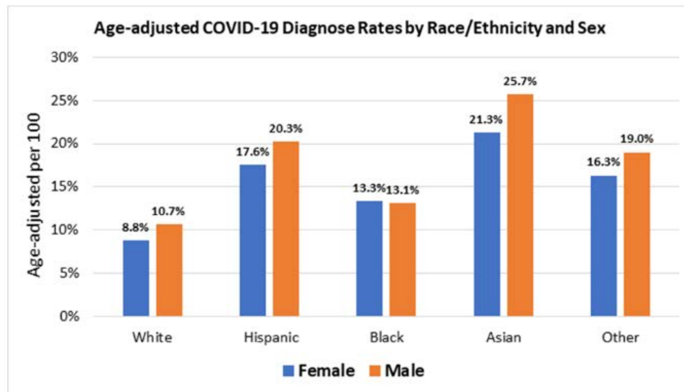
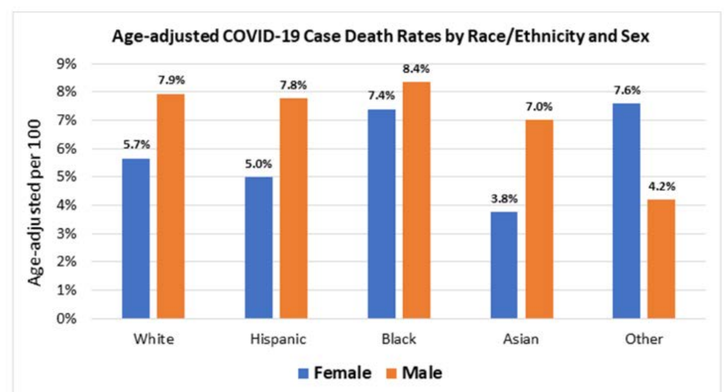
little or no difference in diagnosis of the virus among the black population. By contrast, black males tend to have significantly higher death rates compared to black females.

As expected, the proportion of patients diagnosed with COVID-19 increases with the age of the patient for all race/ethnic groups. By age, Asians have the highest rates in each of the age groups followed by Hispanics. By contrast, these two groups exhibit lower death rates compared to others.





Next Steps

Social determinants of health are deeply entwined in society and policy. The inequities in social determinants of health between minority groups help to explain the varied effects and outcomes of COVID-19. The New Jersey Hospital Association began raising awareness of this issue during April's observance of Minority and Multicultural Health Month with its #EndVirusBias public information effort. It is essential that healthcare organizations and public health partners continue to monitor these trends while engaging in problem solving through health promotion and education. NJHA has a longstanding history of leading collaborative efforts to improve care.

In observance of Minority and Multicultural Health Month 2019, NJHA convened its *Patients, Prejudice & Policy* conference to start a candid conversation among cross-sector stakeholders on implicit bias and its impact on good health for all New Jersey residents. A follow-up conference, *Patients, Prejudice & Policy 2: Time To Act*, was postponed due to COVID-19 and will be rescheduled at a later date. Those conversations have launched NJHA's ongoing work on an inclusive implicit bias curriculum to highlight the importance of culturally appropriate care and dismantling systems of institutional racism.

Other recommendations include:

- leveraging community partnerships through targeted outreach and health promotion.
- offering culturally and linguistically appropriate information and resources to patients, including during the COVID-19 public health emergency.
- providing safe spaces for quarantine, mental health, child and family resources to help lessen the burden for an already vulnerable group of patients.
- utilizing resources such as CHART's Vulnerable Communities Database to better understand the social and economic barriers facing New Jersey communities at the zip code level.

Visit www.njha.com/chart/ for additional resources.

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