

Health Equity  
and COVID-19:  
Tracking and Taking  
Action to Address Disparities  
Health Equity Solutions

SHADAC

Thursday, May 7, 2020

**STATE**  
Health & Value  
**STRATEGIES**  
**COVID-19**

*A grantee of the Robert Wood Johnson Foundation*

# About State Health and Value Strategies

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State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's Woodrow Wilson School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at [www.shvs.org](http://www.shvs.org).

**Questions?** Email Heather Howard at [heatherh@Princeton.edu](mailto:heatherh@Princeton.edu).

*Support for this webinar was provided by the Robert Wood Johnson Foundation.  
The views expressed here do not necessarily reflect the views of the Foundation.*

# Housekeeping Details

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All participant lines are muted. If at any time you would like to submit a question, please use the Q&A box at the bottom right of your screen.

After the webinar, the slides and a recording will be available at **[www.shvs.org](http://www.shvs.org)**.

# COVID-19 Resources for States

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State Health and Value Strategies has created an accessible one-stop source of COVID-19 information for states at [www.shvs.org/covid19/](http://www.shvs.org/covid19/). The webpage is designed to support states seeking to make coverage and essential services available to all of their residents, especially high-risk and vulnerable people, during the COVID-19 pandemic.

# About Health Equity Solutions



## *Vision*

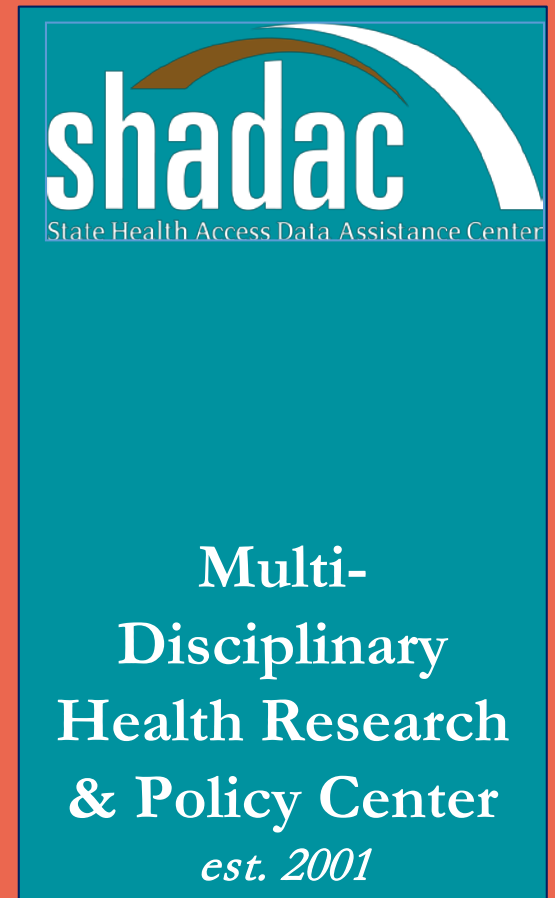
For every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

## *Mission*

To promote policies, programs, and practices that result in equitable health care access, delivery, and health outcomes for all people in Connecticut

# About SHADAC: State Health Access Data Assistance Center

- Independent center in the School of Public Health at the University of Minnesota
- Leverage federal and state data
- Provide technical assistance to states
- Conduct and translate research to inform policy
- Train researchers and policy analysts



# Agenda

- Level setting
- Prevalence and incidence of health disparities in context of COVID-19 pandemic
- State tracking of COVID-19
- Taking action to address health inequities

# What Is Health Equity...



Everyone has the opportunity to attain optimal health regardless of race, ethnicity, gender, income level or other social factors that create barriers to health.

## Advancing Equity in the Context of COVID-19

- This pandemic is amplifying economic, health, and social disparities now and down the road
- COVID-19 is an opportunity to implement known solutions that address deep-seated inequities

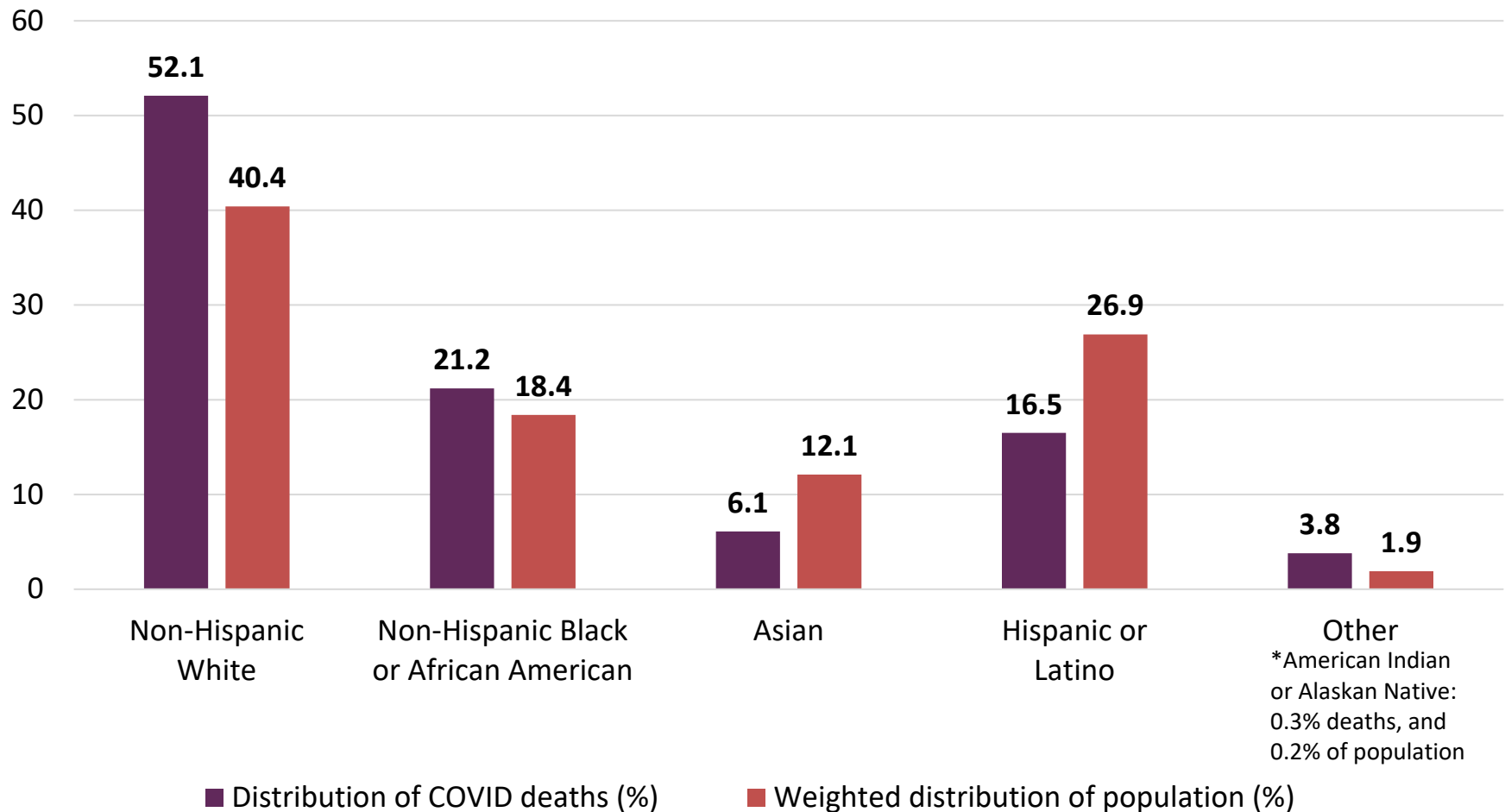
## COVID-19 Race/Ethnicity Data Was Scarce Initially

- As of April 14, 2020:
  - 27 states were reporting cases by race, and 21 were reporting ethnicity
  - 16 states were reporting deaths by race, and 13 were reporting deaths by ethnicity
- Advocates called for additional demographic data reporting
- CDC began reporting national data on confirmed cases by race and ethnicity as of April 17, 2020

# U.S. Provisional Death Counts for Coronavirus Disease (COVID-19) as of May 1, 2020

## By Race/Ethnicity

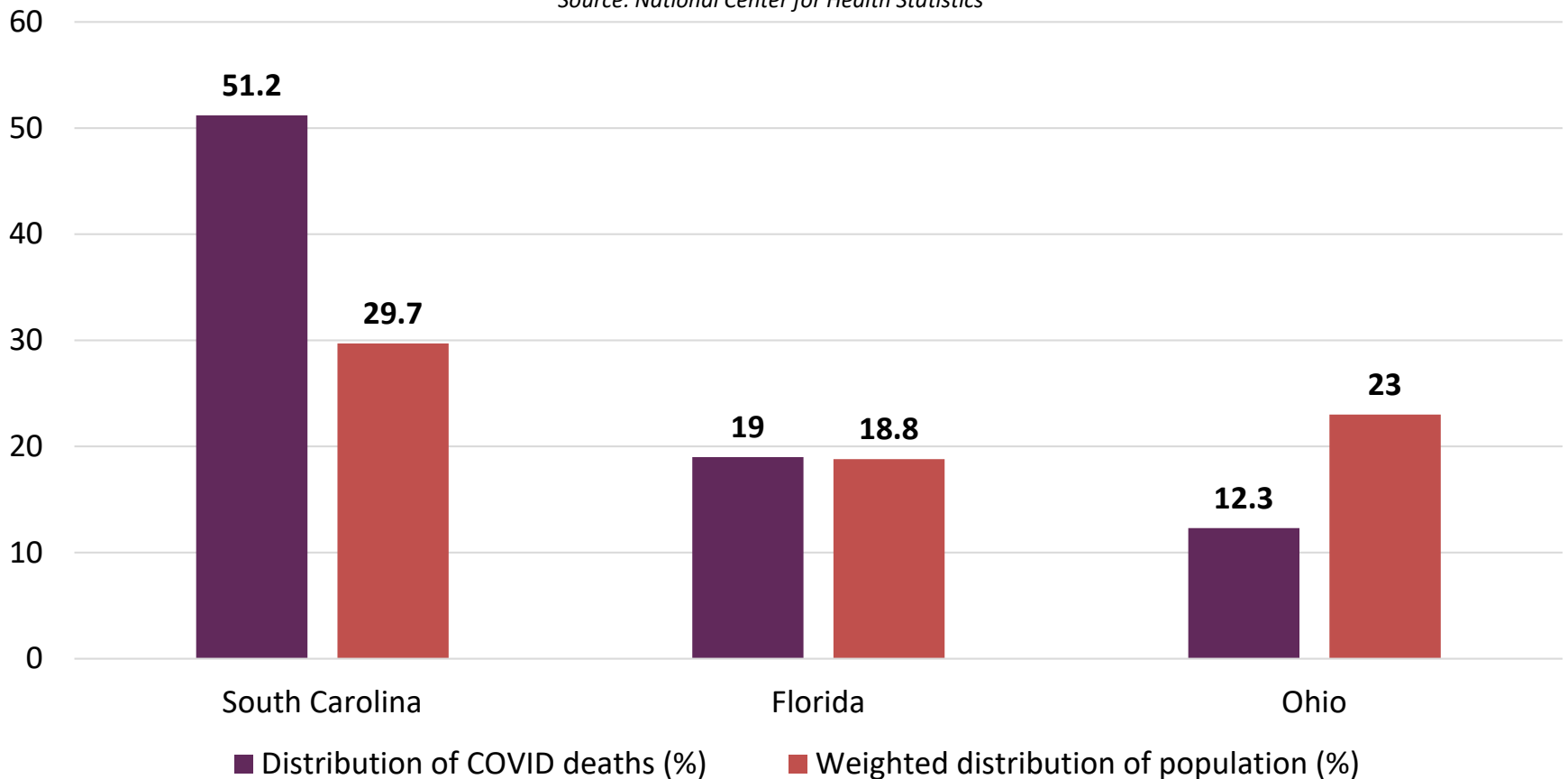
Source: National Center for Health Statistics



# State Provisional Death Counts for Coronavirus Disease (COVID-19) as of May 1, 2020

## Non-Hispanic Black or African American Deaths

Source: National Center for Health Statistics



## Increasing Number of States Are Reporting COVID-19 Race/Ethnicity Data

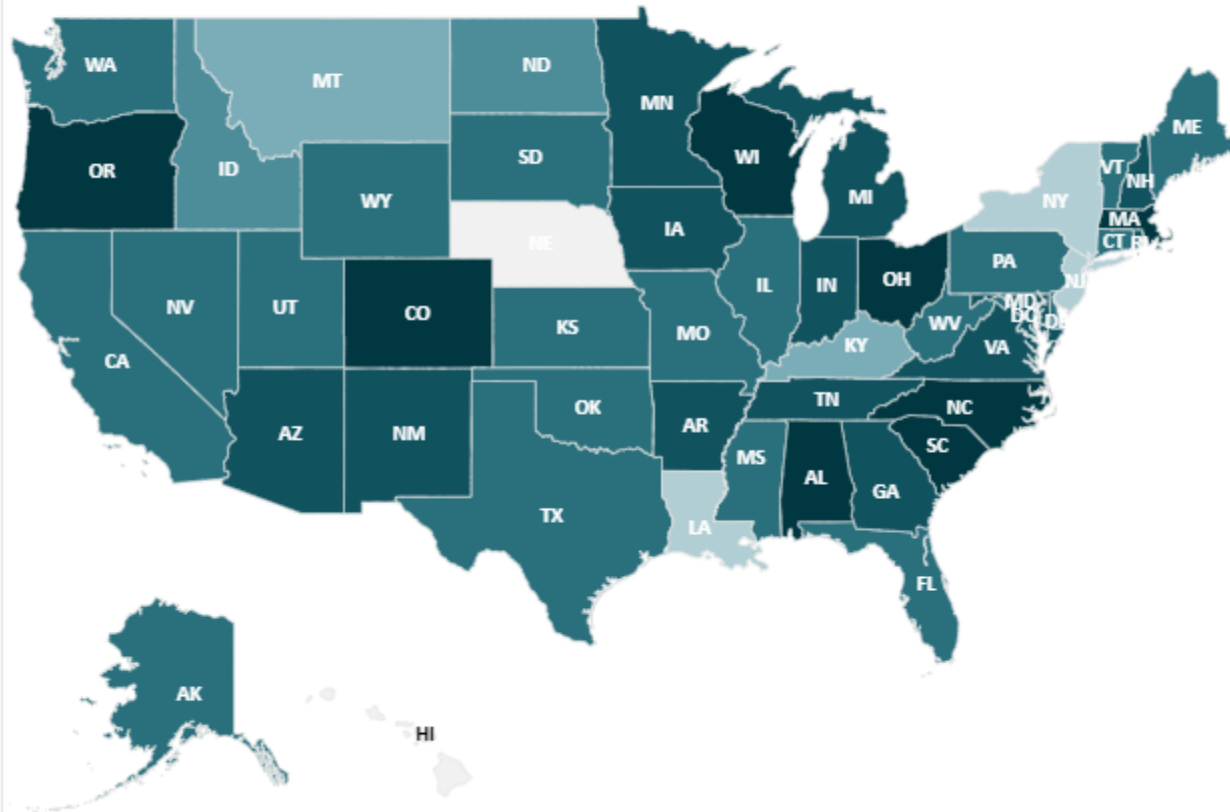
- As of April 30, all states except for Hawaii, Montana, Nebraska, Kentucky, Nevada, and North Dakota report either COVID-19 case or mortality data by race
- Fewer states report COVID-19 data by ethnicity
- States do not all report the same race and ethnicity data categories
- Significant amount of racial/ethnicity data is missing

## Other Health Equity Categories States are Reporting

- Age
- Sex
- Health Care Workers
- Congregate Living Facilities
- Underlying Conditions
- Geographic Location

# Health Equity Reporting by States: COVID-19 Case Data

Number of Health Equity Categories Reported



Note: Alaska and Hawaii cannot be filtered by health equity categories. Please click on those individual states to see which health equity categories they are reporting.

Source: SHADAC analysis of states' COVID-19 data reporting.

## Health Equity Categories

Reporting Cases by Age

- (All)
- No
- Yes

Reporting Cases by Gender

- (All)
- No
- Yes

Reporting Cases by Race

- (All)
- No
- Yes

Reporting Cases by Ethnicity

- (All)
- No
- Yes

Reporting Health Care Worker Cases

- (All)
- No
- Yes

Reporting Cases by Residence Type

- (All)
- No
- Yes

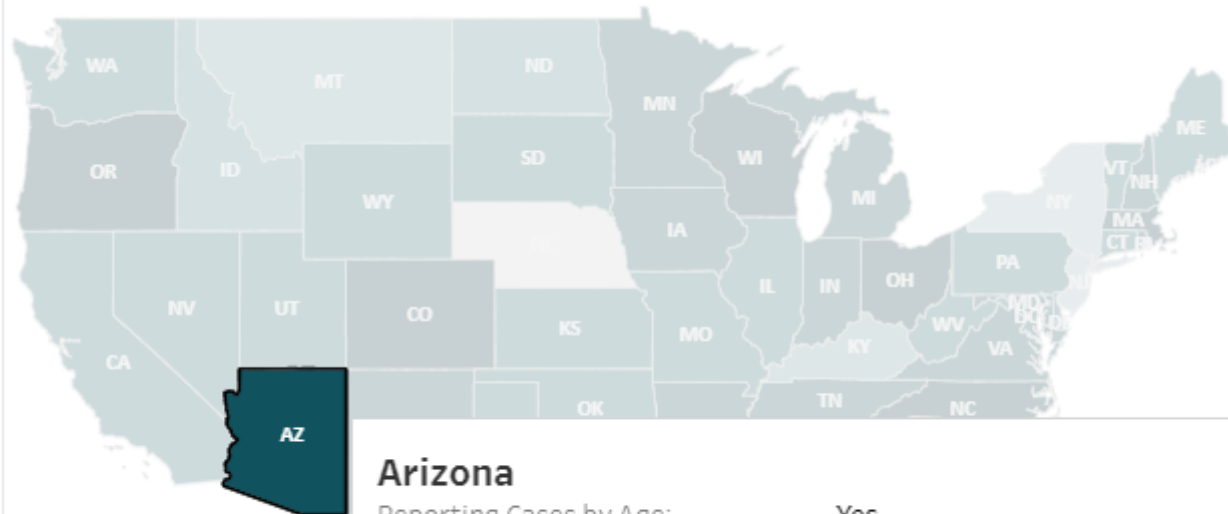
Reporting Cases by ZIP Code

- (All)
- No
- Yes

Updated: 4/30/2020

# Health Equity Reporting by States: COVID-19 Case Data

Number of Health Equity Categories Reported



## Health Equity Categories

Reporting Cases by Age

- (All)
- No
- Yes

Reporting Cases by Gender

- (All)
- No
- Yes

Reporting Cases by Race

- (All)
- No
- Yes

Reporting Cases by Ethnicity

- (All)
- No
- Yes

### Arizona

- Reporting Cases by Age: Yes
- Reporting Cases by Gender: Yes
- Reporting Cases by Race: Yes
- Reporting Cases by Ethnicity: Yes
- Reporting Health Care Worker Cases: No
- Reporting Cases by Residence Type: Child/Daycare, College/University, Correctional, Healthcare
- Geographic Level of Reporting: ZIP Code

[Go to State's COVID-19 Tracking site >](#)

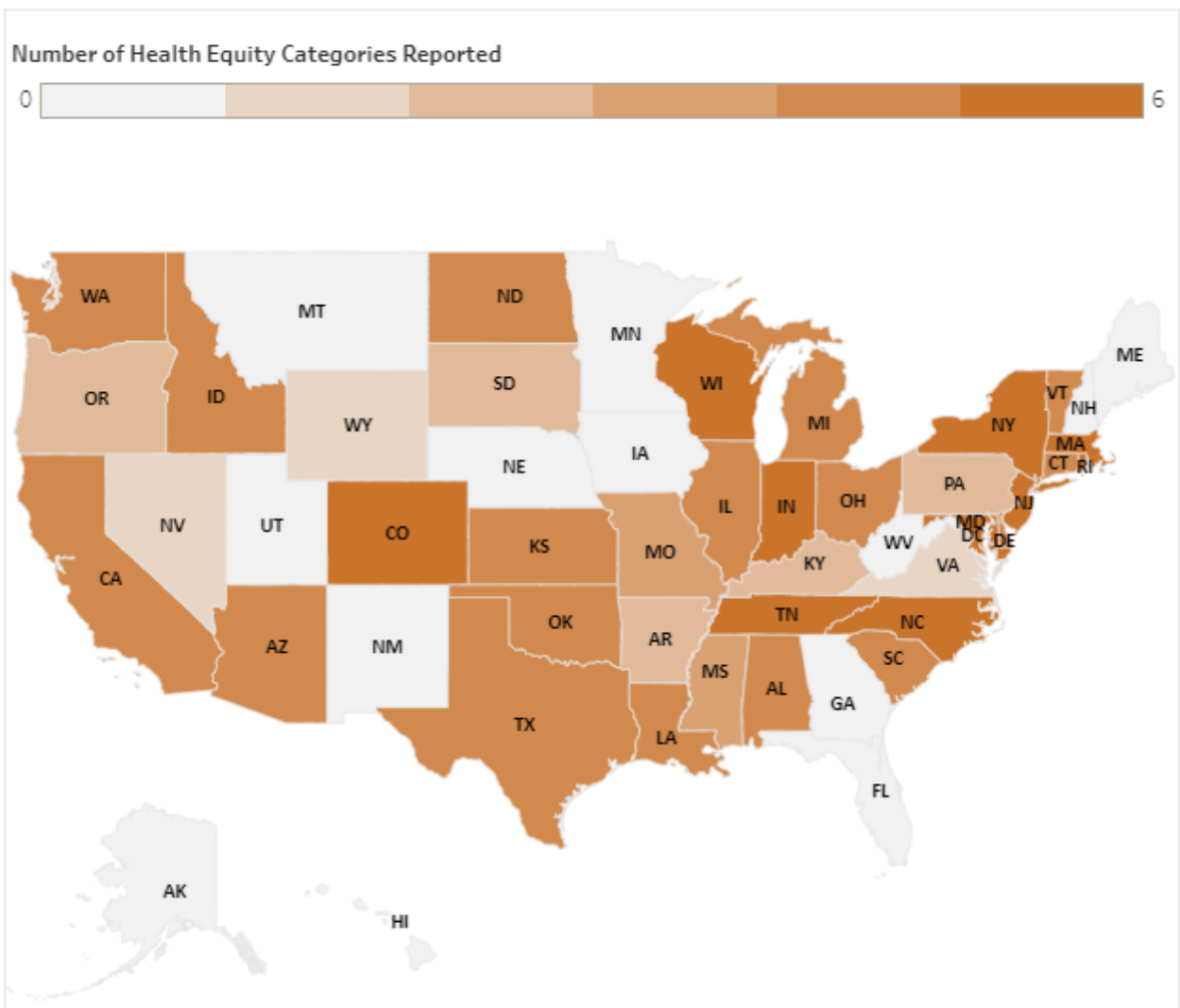
Note: Alaska and Hawaii cannot be filtered by health equity categories. Please click on those individual states to see which health equity categories they are reporting.

Source: SHADAC analysis of states' COVID-19 data reporting.

- No
- Yes

Updated: 4/30/2020

## Health Equity Reporting by States: COVID-19 Death Data



### Health Equity Categories

- Reporting Deaths by Age
  - (All)
  - No
  - Yes
- Reporting Deaths by Gender
  - (All)
  - No
  - Yes
- Reporting Deaths by Race
  - (All)
  - No
  - Yes
- Reporting Deaths by Ethnicity
  - (All)
  - No
  - Yes
- Reporting Deaths by Underlying Condition
  - (All)
  - No
  - Yes
- Reporting Deaths by Residence Type
  - (All)
  - No
  - Yes
- Reporting Deaths by ZIP Code
  - (All)
  - No
  - Yes

Note: Alaska and Hawaii cannot be filtered by health equity categories. Please click on those individual states to see which health equity categories they are reporting.  
 Source: SHADAC analysis of states' COVID-19 data reporting.

Updated: 4/30/2020

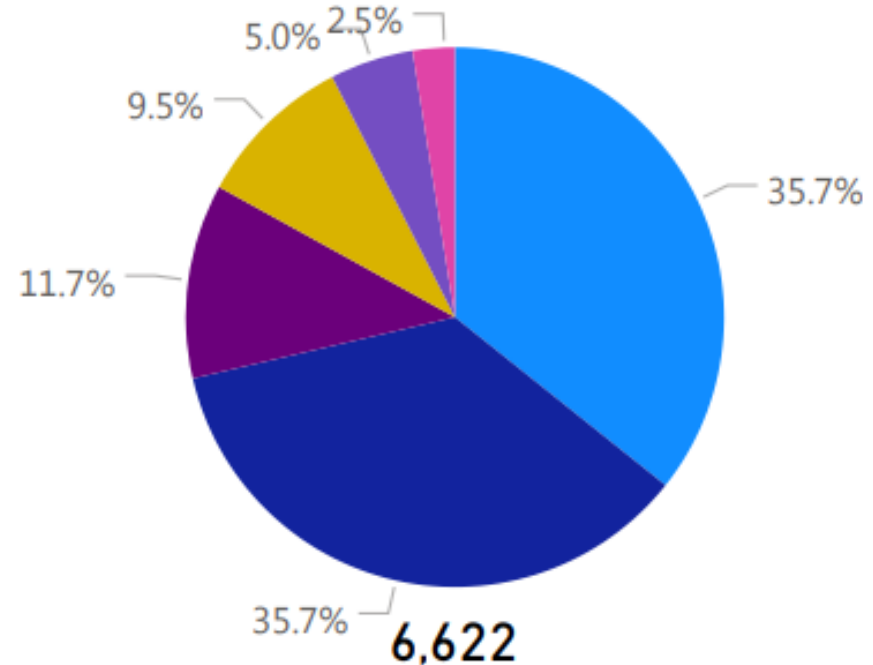
# States Reporting Hospitalizations by Race/Ethnicity

- Arizona
- Kansas
- Massachusetts
- New Hampshire
- Ohio
- Rhode Island
- Utah
- Virginia



Massachusetts Department of Public Health COVID-19 Dashboard - Monday, May 04, 2020

## Cases Reported as Hospitalized\* by Race/Ethnicity



Total Cases Reported as Hospitalized

- Hispanic
- Non-Hispanic Asian
- Non-Hispanic Black/African American
- Non-Hispanic Other
- Non-Hispanic White
- Unknown/Missing

# States Reporting Testing by Race/Ethnicity

- Delaware
- Illinois
- Kansas



## Kansas COVID-19 Testing Rates by County

### Race Testing Rates per 1,000

Race	Persons Tested	Rate per 1,000
White	17,474	6.87
Black or African American	1,820	8.35
Asian	542	5.05
American Indian or Alaska Na..	138	2.13
Other Race	1,188	12.90
Not Reported/Missing	15,616	

### Ethnicity Testing Rates per 1,000

Ethnicity	People Tested	Rate per 1,000
Hispanic or Latino	3,633	10.43
Not Hispanic or Lati..	14,819	5.78
Unknown or Missing	18,326	

# Best Practices for Reporting Health Equity Data

- Identify data sources
- Include detail about the scope of missing data

## Cases of COVID-19 (State of Delaware)

RACE/ETHNICITY	CASES			
	STATE OF DELAWARE	NEW CASTLE	KENT	SUSSEX
<b>Non-Hispanic Black</b>	1,485 (28%)	785 (41%)	328 (40%)	364 (15%)
<b>Non-Hispanic White</b>	1,381 (26%)	634 (33%)	248 (30%)	494 (20%)
<b>Hispanic/Latino</b>	1,183 (22%)	171 (9%)	106 (13%)	905 (37%)
<b>Another/Multiple</b>	305 (6%)	87 (5%)	34 (4%)	181 (7%)
<b>Asian/Pacific Islander</b>	78 (1%)	*	*	*
<b>Unknown**</b>	856 (16%)	218 (12%)	107 (13%)	525 (21%)

\*In order to protect privacy, no values are reported when there are fewer than 11 cases.

\*\*This number represents cases for which the person's race/ethnicity was unavailable or reported as unknown. These data will change as new information becomes available.

## Best Practices, cont.

- Collect and report race and ethnicity data by minimum categories set forth by OMB
- Benchmark rates to the to population

### Indiana COVID-19 Data Report

Race	% of Cases	% of Indiana population
White	45.3%	85.1%
Black or African American	14.7%	9.8%
Other Race ⓘ	14.8%	2.6%
Asian	1.5%	2.5%
Unknown	23.7%	0%

Ethnicity	% of Cases	% of Indiana population
Not Hispanic or Latino	37.9%	92.9%
Hispanic or Latino	9.3%	7.1%
Unknown	52.8%	0%

## Best Practices, cont.

- Start with the data that is available now, then work toward future analyses as you are able
- Be mindful of burden on data analysts
  - Make sure visualizations require limited manual data manipulation
  - Create documentation to support data updates

# State Example: North Carolina

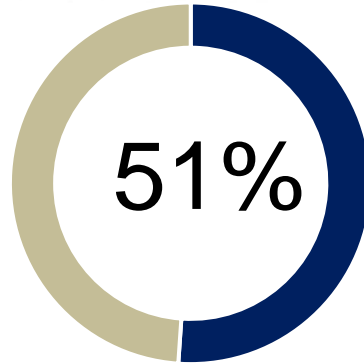
## NC Cases COVID-19

<a href="#">Key Metrics</a>	<a href="#">ZIP Code Map</a>	<a href="#">By Counties/Map</a>	<a href="#">By Age</a>	<a href="#">By Race/Ethnicity</a>	<a href="#">By Gender</a>	<a href="#">Cases Over Time</a>
<a href="#">By Congregate Living</a>	<a href="#">By Reporting Hospitals</a>	<a href="#">PPE</a>	<a href="#">Surveillance Report</a>	<a href="#">About the Data</a>		

	Laboratory-Confirmed Cases	% Laboratory-Confirmed Cases	Deaths from COVID-19	% Deaths from COVID-19
Race				
Total with known race <sup>1</sup>	9,487		454	
American Indian Alaskan Native	83	1%	1	0%
Asian	228	2%	6	1%
Black or African American	3,451	36%	158	35%
Native Hawaiian or Pacific Islander	21	0%	1	0%
White	4,979	52%	273	60%
Other	725	8%	15	3%

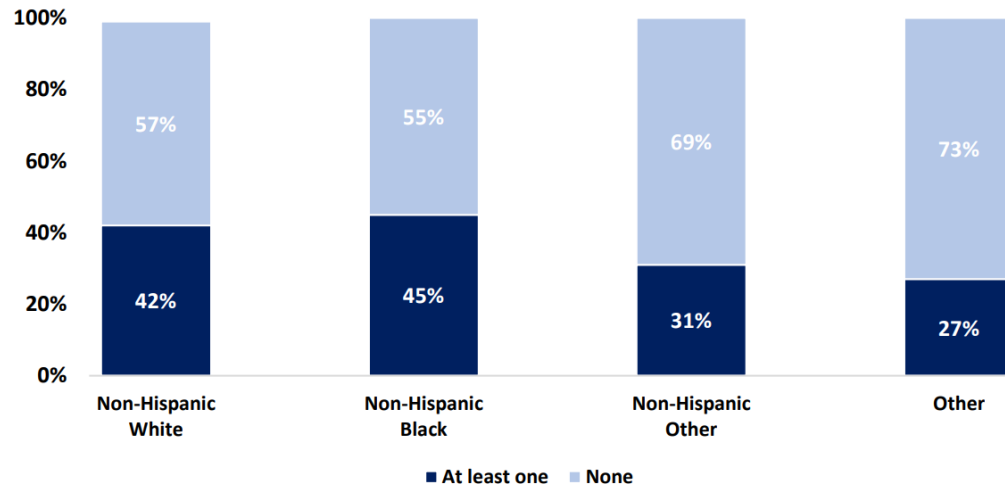
*Elyse Powell  
North Carolina  
Department of  
Health and  
Human Services*

# State Example: North Carolina



Have at least one risk factor for a severe illness from COVID

Underlying health conditions in North Carolinians by race/ethnicity - 2018



Link to report: <https://files.nc.gov/ncdhhs/documents/files/covid-19/Risk-Factors-for-Severe-Illness-from-COVID-19.pdf>



*Five Key Questions State Health Officials Can  
Ask Right Now to Advance Health Equity  
During COVID-19 Response Efforts*

**Tekisha Dwan Everette**  
Executive Director  
Health Equity Solutions

# Equity in a Rapidly Changing Environment

- Things are changing daily with COVID-19
- States have a responsibility to care for all residents
- Sweep emergency efforts can miss vulnerable populations if clear and concerted efforts are not made to ensure equity
- One step to foster equity is to start asking (and answering) *Five Key Questions*



1) Have we identified a person or team of people to apply an equity lens to all our COVID-19 response and recovery efforts?



**2) Have we identified vulnerable populations and targeted outreach and interventions specifically to those populations, employing national culturally and linguistically appropriate services standards (CLAS)?**

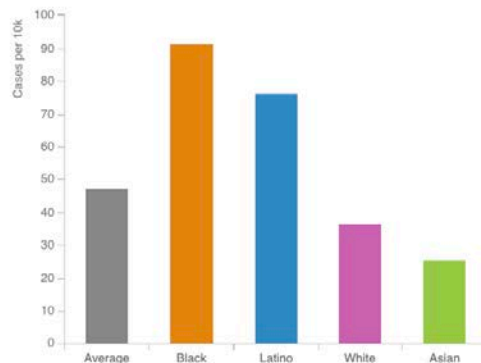


### 3) Have we issued any guidelines that foster health inequity?

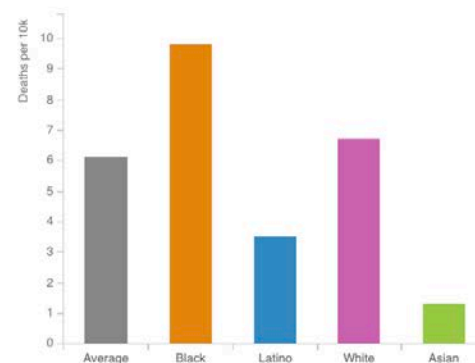


# 4) Are we collecting, analyzing, reporting, and using demographic data for COVID-19 testing, hospitalizations, and deaths?

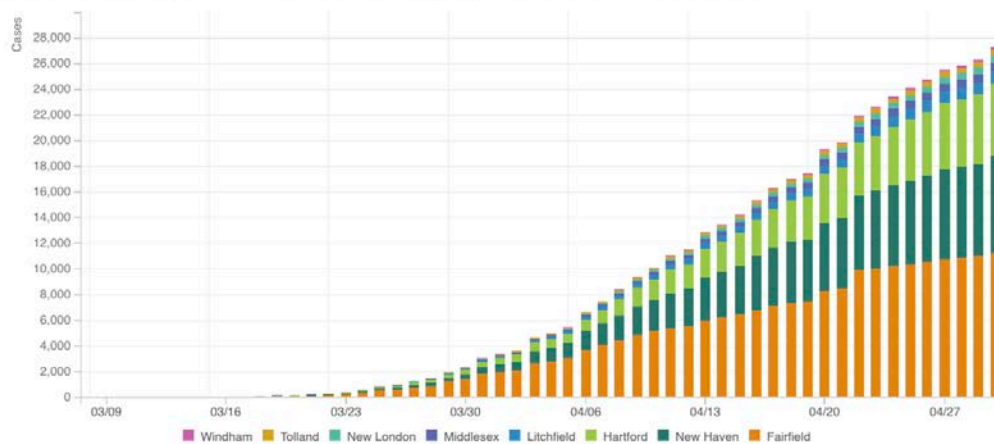
Crude rate of detected cases per 10,000 residents by race/ethnicity, statewide as of 04/30/2020



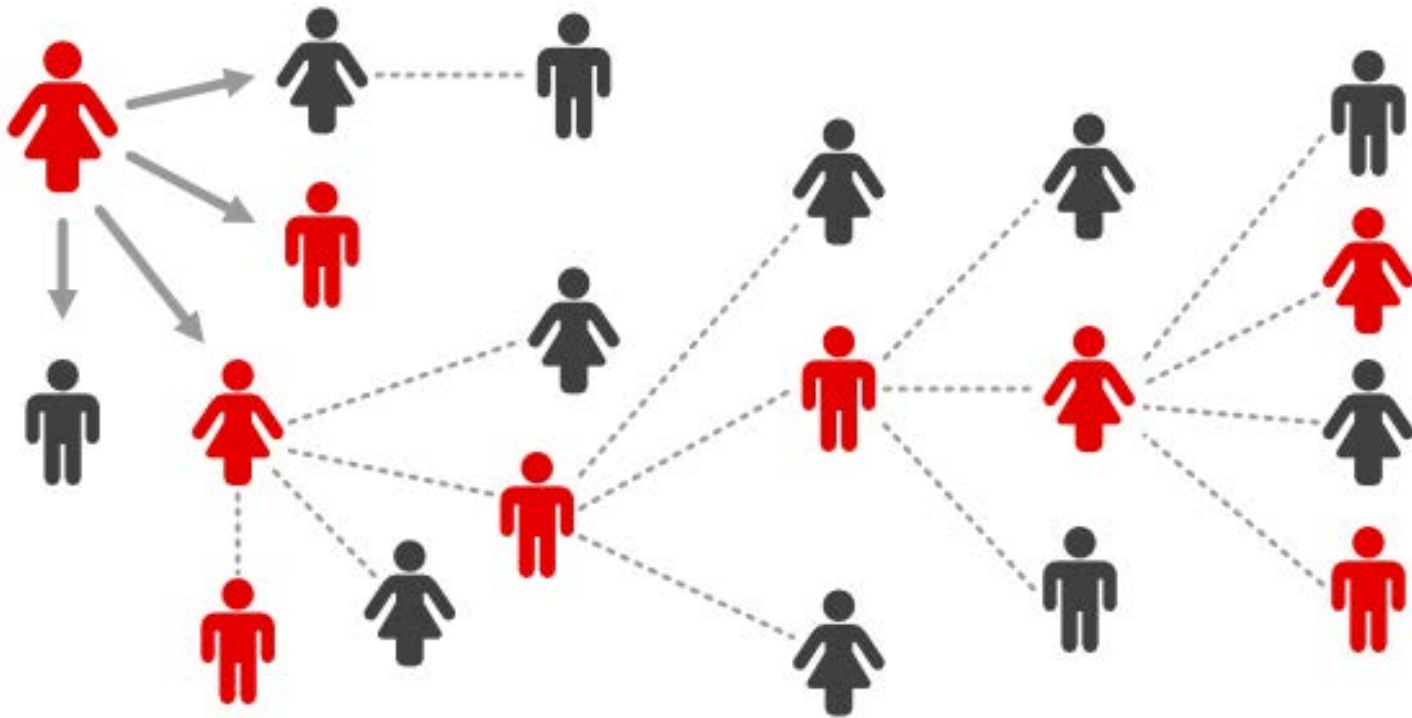
Crude rate of COVID-19-related deaths per 10,000 residents by race/ethnicity, statewide as of 04/30/2020



Counts of detected COVID-19 cases by county, 03/08/2020 to 04/30/2020



5) Have we maximized existing community health and lay health worker mechanisms and funding strategies to address gaps in outreach to vulnerable populations?



# Discussion

The slides and a recording of the webinar will be available at [www.shvs.org](http://www.shvs.org) after the webinar

# Thank You

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