RACIAL & ETHNIC DISPARITIES AND COVID-19: TIME FOR REFLECTION, REVIEW AND REACTION

AUGUST 5, 2020
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RACIAL & ETHNIC DISPARITIES AND COVID-19: TIME FOR REFLECTION, REVIEW AND REACTION

- **Lisa Moreno, MD, MS, MSCR, FAEEEM, FIFEM**, President of American Academy of Emergency Medicine (AAEM); Professor of Emergency Medicine, Director of Research and Director of Diversity, Section of Emergency Medicine, Louisiana State University Health Sciences, Center New Orleans, LA

- **Sheryl Heron, MD, MPH, FACEP**, Professor & Vice-Chair of Faculty Equity, Engagement & Empowerment, Department of Emergency Medicine, Associate Dean for Community Engagement, Equity & Inclusion, Emory University School of Medicine, Atlanta, GA
OBJECTIVES

- REVIEW THE DATA – COVID19 IN BLACK & BROWN POPULATIONS
- IMPACT OF THESE FINDINGS
- EXAMINE IMPACT ON WELLNESS & MENTAL HEALTH – HOW TO RESPOND
DEMOGRAPHICS BY RACE

US
- White 67%
- Black 12%
- Hispanic 16%
- Asian 5%

New Orleans
- White 33%
- Black 59%
- Hispanic 5%
- Asian 3%
# COVID STATISTICS

## National
Population = 328.2 million

<table>
<thead>
<tr>
<th>Tested</th>
<th>5,434,943</th>
<th>1.656%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positives</td>
<td>955,927</td>
<td>30.2%</td>
</tr>
<tr>
<td>Died</td>
<td>53,742</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

## Louisiana
Population = 4.649 million

<table>
<thead>
<tr>
<th>Tests</th>
<th>135,726</th>
<th>2.92%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positives</td>
<td>27,068</td>
<td>19.9%</td>
</tr>
<tr>
<td>Died</td>
<td>1,697</td>
<td>6.27%</td>
</tr>
<tr>
<td>Presumed death</td>
<td>43 (1,740)</td>
<td></td>
</tr>
<tr>
<td>In hospital today</td>
<td>1,683</td>
<td></td>
</tr>
<tr>
<td>On vent today</td>
<td>262</td>
<td></td>
</tr>
</tbody>
</table>

https://coronavirus.jhu.edu/

BLACK POPULATION VS BLACK COVID DEATH RATE

https://www.fox8live.com/2020/04/07/covid-deaths-high-african-americans/
CO-MORBIDITIES ASSOCIATED WITH COVID DEATH

- HTN: 66
- CVD: 23
- CKD: 25
- DM: 44
- Obesity: 25
- Cancer: 11
CO-MORBIDITIES IN LOUISIANA PATIENTS

<table>
<thead>
<tr>
<th>Co-morbidities</th>
<th>HTN</th>
<th>DM</th>
<th>Obesity</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID death</td>
<td>66.1</td>
<td>43.9</td>
<td>25</td>
<td>10.8</td>
</tr>
<tr>
<td>Black</td>
<td>42.2</td>
<td>17.7</td>
<td>39.9</td>
<td>2.46</td>
</tr>
<tr>
<td>White</td>
<td>38.1</td>
<td>12.8</td>
<td>29.9</td>
<td>2.05</td>
</tr>
</tbody>
</table>

HTN: Hypertension  
DM: Diabetes Mellitus  
Obesity: Obesity  
Cancer: Cancer  
COVID death: COVID-19 death
## Living Below the Federal Poverty Level

<table>
<thead>
<tr>
<th></th>
<th>USA</th>
<th>NYC</th>
<th>Louisiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>8.1%</td>
<td>11.0%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Black</td>
<td>20.8%</td>
<td>21.1%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>17.6%</td>
<td>24.2%</td>
<td>22.1%</td>
</tr>
</tbody>
</table>

[https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-266.pdf](https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-266.pdf)

[https://talkpoverty.org/state-year-report/](https://talkpoverty.org/state-year-report/)
40% of US households are headed by women.

The status of these women impacts their children.

Of US born women, Dominican female HOH are most likely to live in poverty.

Of born abroad women, Puerto Rican female HOH are most likely to live in poverty.
Well established in the literature that baseline nutritional status impacts immune response and the organism’s ability to tolerate the overall stress of disease.

35.3% of female headed households are food insecure.

Nutritional disparities: While only 2.2% of US households live in food deserts, 16% of Bronx and 13% of Manhattan households.

Up to 87% of NOLA’s 175 census tracts meet USDA’s definition of a food desert (no supermarket within one mile).

https://storymaps.arcgis.com/stories/c7b1662e95444428b1e9a03c9315bd5c
Most of the multigenerational households in the US are located in Southern states, Hawaii, New York and New Jersey, all of which have experienced high concentrations of COVID infection and all of which have higher concentrations of Blacks, Latinx, and Pacific Islander residents.
# Educational Disparities

<table>
<thead>
<tr>
<th></th>
<th>USA White</th>
<th>USA Black</th>
<th>USA Hispanic</th>
<th>USA Asian</th>
<th>NOLA White</th>
<th>NOLA Black</th>
<th>NOLA Hispanic</th>
<th>NOLA Asian</th>
<th>NYC White</th>
<th>NYC Black</th>
<th>NYC Hispanic</th>
<th>NYC Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor’s or higher degree</td>
<td>38.0%</td>
<td>34.5%</td>
<td>25.8%</td>
<td>55.3%</td>
<td>62.9%</td>
<td>18.8%</td>
<td>34.2%</td>
<td>39.2%</td>
<td>50.2%</td>
<td>18.8%</td>
<td>17.9%</td>
<td>41.7%</td>
</tr>
<tr>
<td>Associate’s or some college</td>
<td>27.8%</td>
<td>20.4%</td>
<td>14.2%</td>
<td>15.7%</td>
<td>20.8%</td>
<td>30.3%</td>
<td>25.8%</td>
<td>18.7%</td>
<td>17.6%</td>
<td>27.6%</td>
<td>22.1%</td>
<td>14.4%</td>
</tr>
<tr>
<td>High School or GED</td>
<td>28.3%</td>
<td>33.0%</td>
<td>31.0%</td>
<td>19.9%</td>
<td>11.7%</td>
<td>31.4%</td>
<td>19.5%</td>
<td>16.6%</td>
<td>20.4%</td>
<td>31.2%</td>
<td>27.7%</td>
<td>19.5%</td>
</tr>
<tr>
<td>Did not graduate</td>
<td>6.0%</td>
<td>11.9%</td>
<td>29.5%</td>
<td>9.1%</td>
<td>4.6%</td>
<td>19.5%</td>
<td>20.6%</td>
<td>25.6%</td>
<td>11.8%</td>
<td>17.0%</td>
<td>32.2%</td>
<td>24.4%</td>
</tr>
</tbody>
</table>

https://www.equityinhighered.org/indicators/u-s-population
Homes lacking internet access: US = 6%, NYC = 27% and 17% of New Yorkers do not own a computer.

Up to 33% of NOLA homes lack internet services and 21% don’t own a computer.

This creates a situation where individuals may receive information from TV that is not necessarily properly vetted by experts and may result in misinformation and inappropriate or even dangerous behavior resulting from response to televised advice.

Overall, disparities are prevalent throughout the USA and particularly in large and high minority urban centers.

COVID-19 disparities were expected by those who work in diversity, equity and inclusion.

These disparities mirror the disparities that disadvantage communities and individuals of color in all illnesses and injuries except suicide and drug addiction, in which Whites prevail.

Disease disparities have their roots in the historic prejudices and injustices that characterize the treatment of people of color throughout history and will not be remedied without concentrated efforts to ameliorate the root causes.
First, we must acknowledge the historic causes of mental health challenges: the legacy of racism, homophobia, transphobia, ableism, economic stressors, and systemic failures that contribute to our mental health struggles. Adding COVID-19 has greatly amplified this distress.

Data is showing that people of color are more likely to die from COVID-19. That’s not surprising. We have already been living in spaces zoned so that black and brown people aren’t healthy—in food deserts, or where the water isn’t safe to drink, for example. And we endure untreated chronic conditions that lead to poorer outcomes from COVID-19, while struggling to access health care. So when COVID-19 began spreading, we were already in distress because of systemic and structural failings.

Caring for Mental Health in Communities of Color During COVID-19

May 5, 2020, 9:45 AM, Posted by Dwayne Proctor

Lack of access to testing, fear of being profiled while wearing face masks, and other issues are increasing toxic stress and straining mental health in communities of color. Learn what one leader is doing about it.
The “Heron 8” – 3 Things and 5 Communities – Even More Relevant During COVID-19

One may ask what the “Heron 8” is and why the relevance especially in this time. In simple mathematic terms, the “Heron 8" encompasses what we all need in our life's journey – 3 things and 5 communities to thrive. The summation of these constructs is 8. The suffering is acutely seen in the patients I care for in my professional life as an Emergency Physician in a busy inner-city Emergency Department. An Emergency Department that cares for patient's primarily of lower socioeconomic status who are predominantly people of color. People who look like me.
Perspective: Responding to the Well-Being of Health Care Workers and Learners in Academic Medicine During the COVID-19 Pandemic

Cherie C. Hill MD¹, Paula G. Gomes PsyD², Alayna H. Feng¹, Cricket C. Gullickson¹, Carla I. Haack MD¹, Sheryl L. Heron MD, MPH¹
CONCLUSION

- DATA – COVID-19 IN BLACK & BROWN POPULATIONS – DISPARITIES ARE CLEAR
- IMPACT OF THE FINDINGS – WORK NEEDS TO BE DONE
- STRATEGIES TO REACT & RESPOND – IMPACT ON INDIVIDUALS & SYSTEMS – ATTENTION TO ANTI-RACISM & SOCIAL JUSTICE
THANK YOU!
PLEASE REACH OUT IF YOU HAVE ANY QUESTIONS

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- **Epidemiological Modeling of the Impact of COVID-19 on Hospital Systems**
  Eili Y. Klein, PhD, MA, Associate Professor, Department of Emergency Medicine, Johns Hopkins School of Medicine, Baltimore, MD

- **Update from the Front Lines: Rio Grande Valley**
  Minerva A. Romero Arenas, MD, MPH, Assistant Professor, Department of Surgery, The University of Texas Rio Grande Valley, Edinburg, TX

- **Wednesday, August 12, 2020 at 3:00 PM EDT**
Webinar Series Prospectus available at:

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