



Heat Valve Collaboratory,
2020

Health Disparities &
RACISM; now fully exposed
by COVID19

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<https://www.apmresearchlab.org/covid/deaths-by-race>

THE COLOR OF CORONAVIRUS: COVID-19 DEATHS BY RACE AND ETHNICITY IN THE U.S.



- **KEY FINDINGS:**

- **Through August 4, The coronavirus has claimed more than 155,000 American lives through Aug. 4, 2020**

- Overall, American death rates from COVID-19 data (aggregated across all states with available data and the District of Columbia) have reached new highs for all race groups:

- **1 in 1,250 Black Americans has died** (or 80.4 deaths per 100,000)

- **1 in 1,500 Indigenous Americans has died** (or 66.8 deaths per 100,000)

- **1 in 1,700 Pacific Islander Americans has died** (or 58.7 deaths per 100,000)

- **1 in 2,200 Latino Americans has died** (or 45.8 deaths per 100,000)

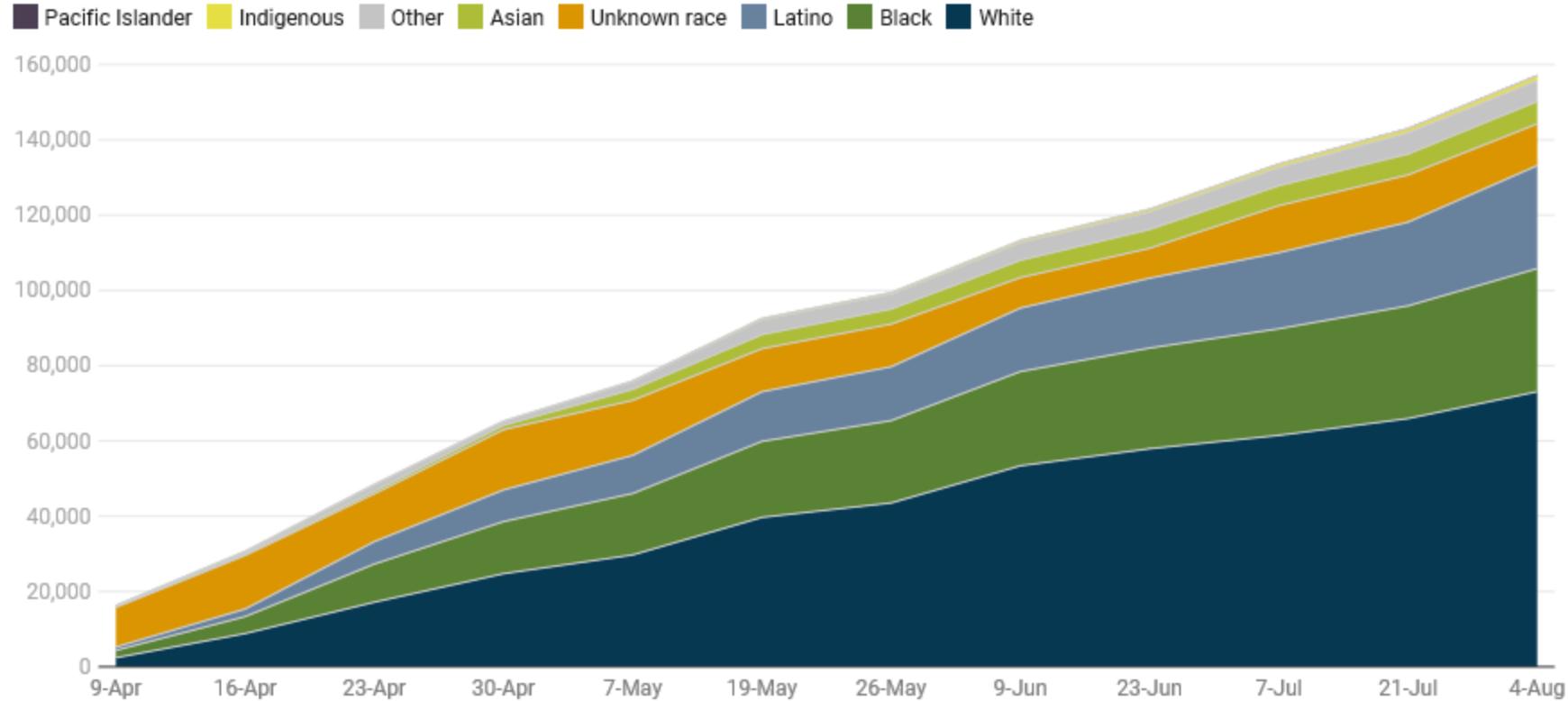
- **1 in 2,800 White Americans has died** (or 35.9 deaths per 100,000)

- **1 in 3,000 Asian Americans has died** (or 33.1 deaths per 100,000)

Data now reported from 45 states; race/ethnicity data on 93% deaths; most recent update August 4, 2020

- The latest overall COVID-19 mortality rate for **Black Americans** is about 3.7 times as high as the rate for Whites; for Indigenous people 3.5 times as high; for Latinos, 2.8 times as high and Asians, 1.4 times as high.
- If they had died of COVID-19 at the same actual rate as White Americans, about **18,000 Black, 6,000 Latino, 600 Indigenous, and 70 Pacific Islander Americans** would still be alive.

Cumulative U.S. COVID-19 deaths by race/ethnicity, April 9-Aug. 4, 2020



Some double-counting occurs in this graph due to those states where Latino ethnicity is reported overlapping with race groups. Dates are not consistently scaled, but reflect data collection intervals for our Color of Coronavirus project.

Source: [APM Research Lab](#) • [Get the data](#) • Created with [Datawrapper](#)



The extent of the crisis:

JAMA. Published online April 15, 2020. doi:10.1001/jama.2020.6548

- Chicago:
 - 50% of COVID-19 cases & nearly 70% of COVID-19 deaths involve black individuals, although blacks make up only 30% of the population.
 - Moreover, these deaths are concentrated mostly in just 5 neighborhoods on the city's South Side.⁶
- New York City
 - Blacks and Hispanics, have accounted for 28% and 34% of deaths, (population representation: 22% and 29%) respectively.⁸

Defining a Crisis Point:



This Issue

[Views 88,090](#) | [Citations 0](#) | [Altmetric 1600](#) | [Comments 4](#)



Viewpoint



April 15, 2020

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COVID-19 and African Americans

Clyde W. Yancy, MD, MSc¹

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JAMA. 2020;323(19):1891-1892. doi:10.1001/jama.2020.6548

The US has needed a trigger to fully address health care disparities; COVID-19 may be that bellwether event.



This Issue

Views **19,131** | Citations **0** | Altmetric **547** | Comments **1**

A Piece of My Mind

FREE

April 15, 2020

Failing Another National Stress Test on Health Disparities

William F. Owen Jr, MD¹; Richard Carmona, MD, MPH^{2,3}; Claire Pomeroy, MD, MBA⁴

» [Author Affiliations](#) | [Article Information](#)

JAMA. 2020;323(19):1905-1906. doi:10.1001/jama.2020.6547

We propose that the overarching cause of these tragic statistics is decades of the effects of adverse social determinants of health.

People must make good choices, but they must have good choices to make.

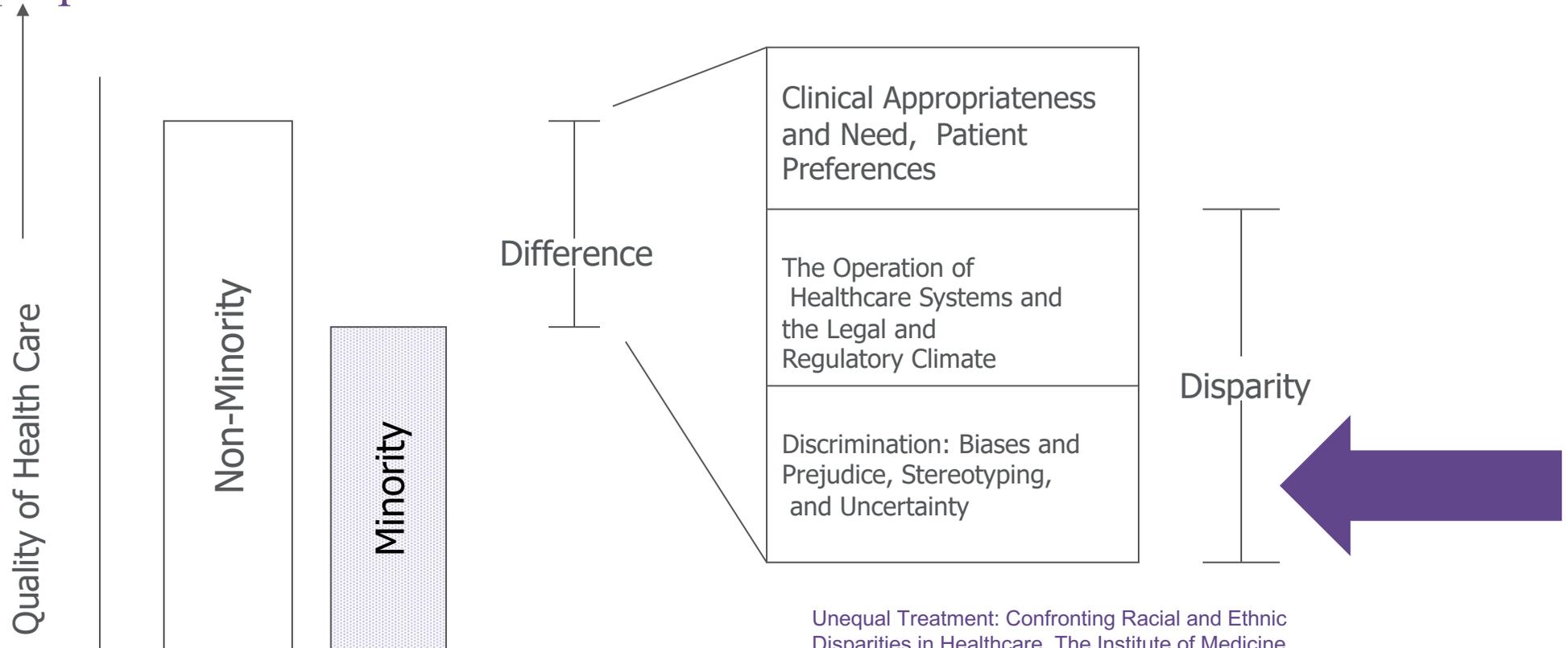


Definitions

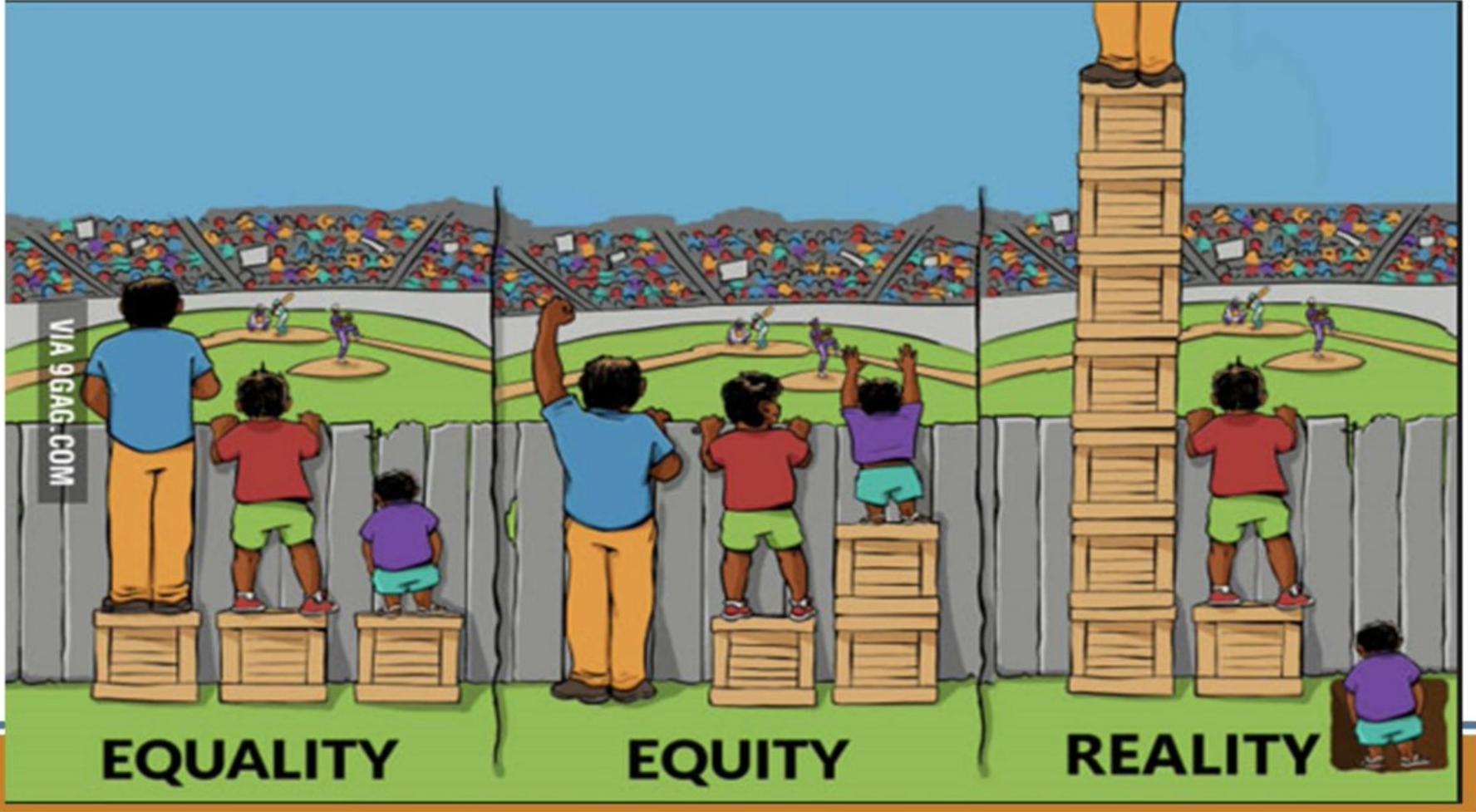


IOM Report: Differences, Disparities, and Discrimination

Disparities-racial or ethnic differences in healthcare that are not due to access related factors, clinical needs, patient preferences or the Appropriateness of the intervention.



Exploring Equal/Equity/Reality





Where does it all
begin?





[Home](#) > [Circulation](#) > [Vol. 137, No. 5](#) > [Childhood and Adolescent Adversity and Cardiometabolic Outcomes: A Scientific Statement From the American Heart Assoc...](#)

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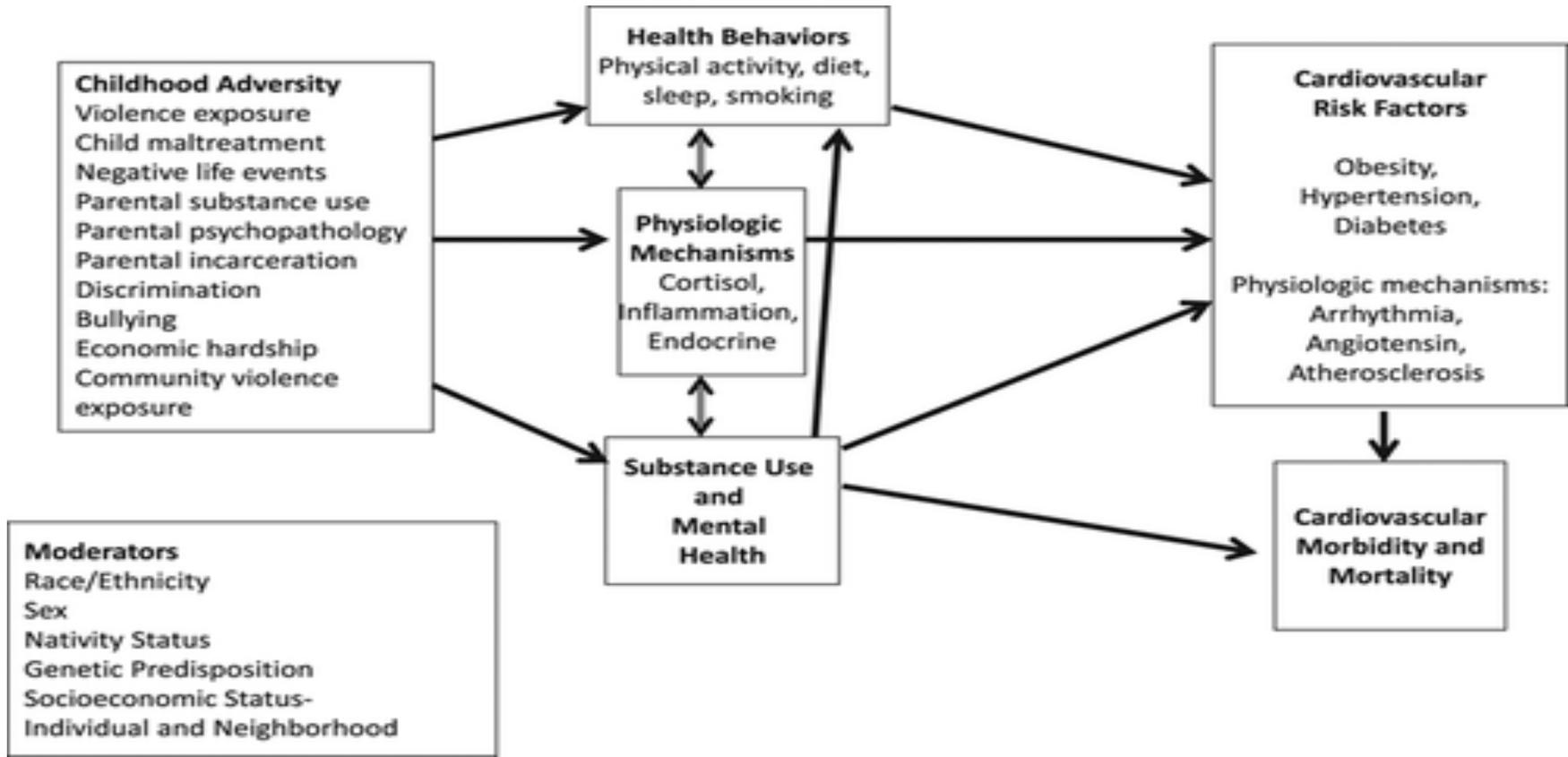
Childhood and Adolescent Adversity and Cardiometabolic Outcomes: A Scientific Statement From the American Heart Association

Shakira F. Suglia, Karestan C. Koenen, Renée Boynton-Jarrett, Paul S. Chan, Cari J. Clark, Andrea Danese, Myles S. Faith, Benjamin I. Goldstein, Laura L. Hayman, Carmen R. Isasi, Charlotte A. Pratt, Natalie Slopen, Jennifer A. Sumner, Aslan Turer, Christy B. Turer, and Justin P. Zachariah

and On behalf of the American Heart Association Council on Epidemiology and Prevention; Council on Cardiovascular Disease in the Young; Council on Functional Genomics and Translational Biology; Council on Cardiovascular and Stroke Nursing; and Council on Quality of Care and Outcomes Research

Originally published 18 Dec 2017 | <https://doi.org/10.1161/CIR.0000000000000536> | Circulation. 2018;137:e15–e28

[Abstract](#)



Shakira F. Suglia. *Circulation*. Childhood and Adolescent Adversity and Cardiometabolic Outcomes: A Scientific Statement From the American Heart Association, Volume: 137, Issue: 5, Pages: e15-e28, DOI: (10.1161/CIR.0000000000000536)



Received: 23 July 2018 | Revised: 17 October 2018 | Accepted: 29 October 2018

DOI: 10.1111/bph.14576

Themed Section: Immune Targets in Hypertension

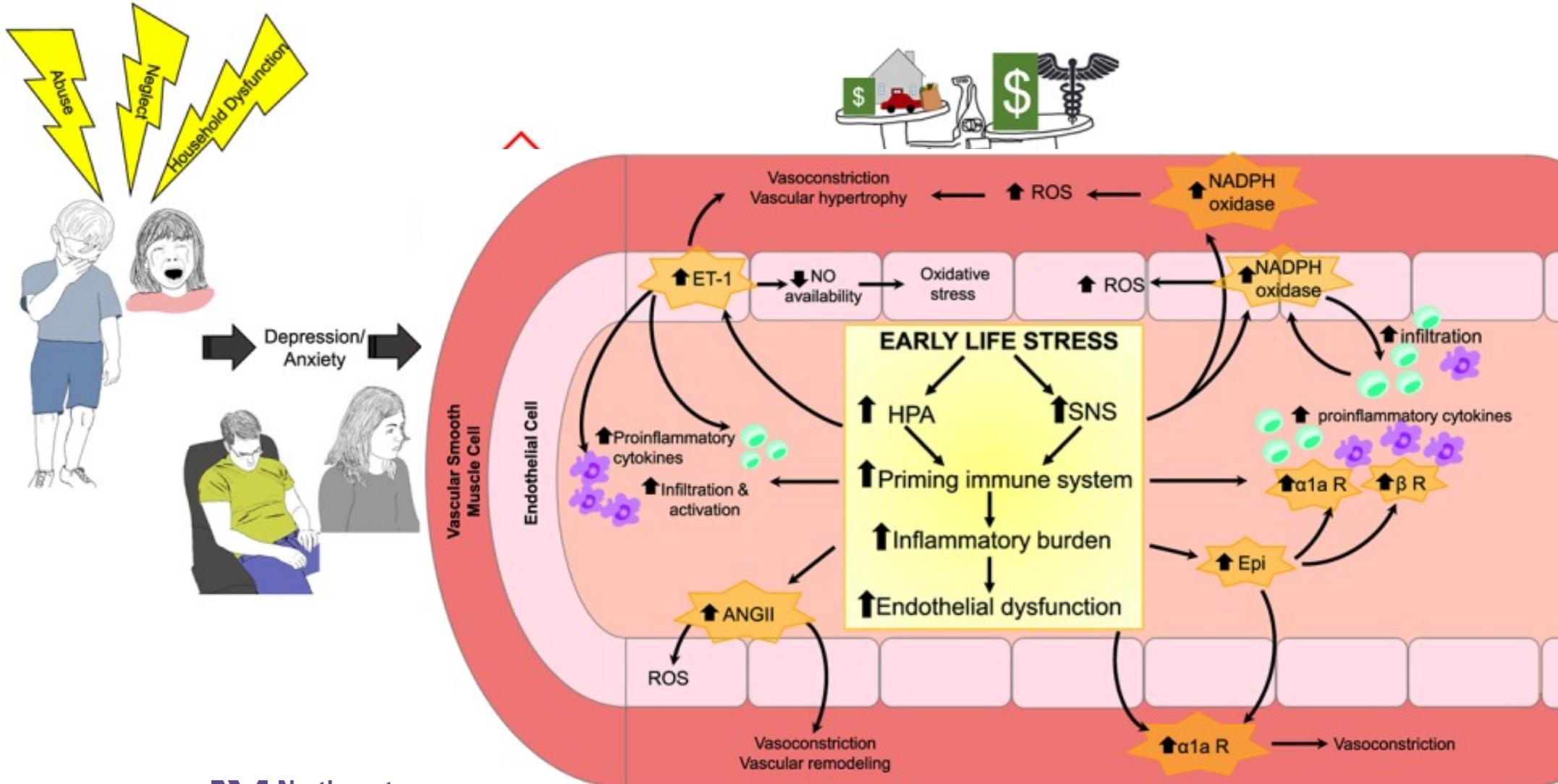


REVIEW ARTICLE

Childhood adversity and mechanistic links to hypertension risk in adulthood

Ijeoma E. Obi | Kasi C. McPherson | Jennifer S. Pollock 

Does adverse risk for adult CVD begin in childhood?





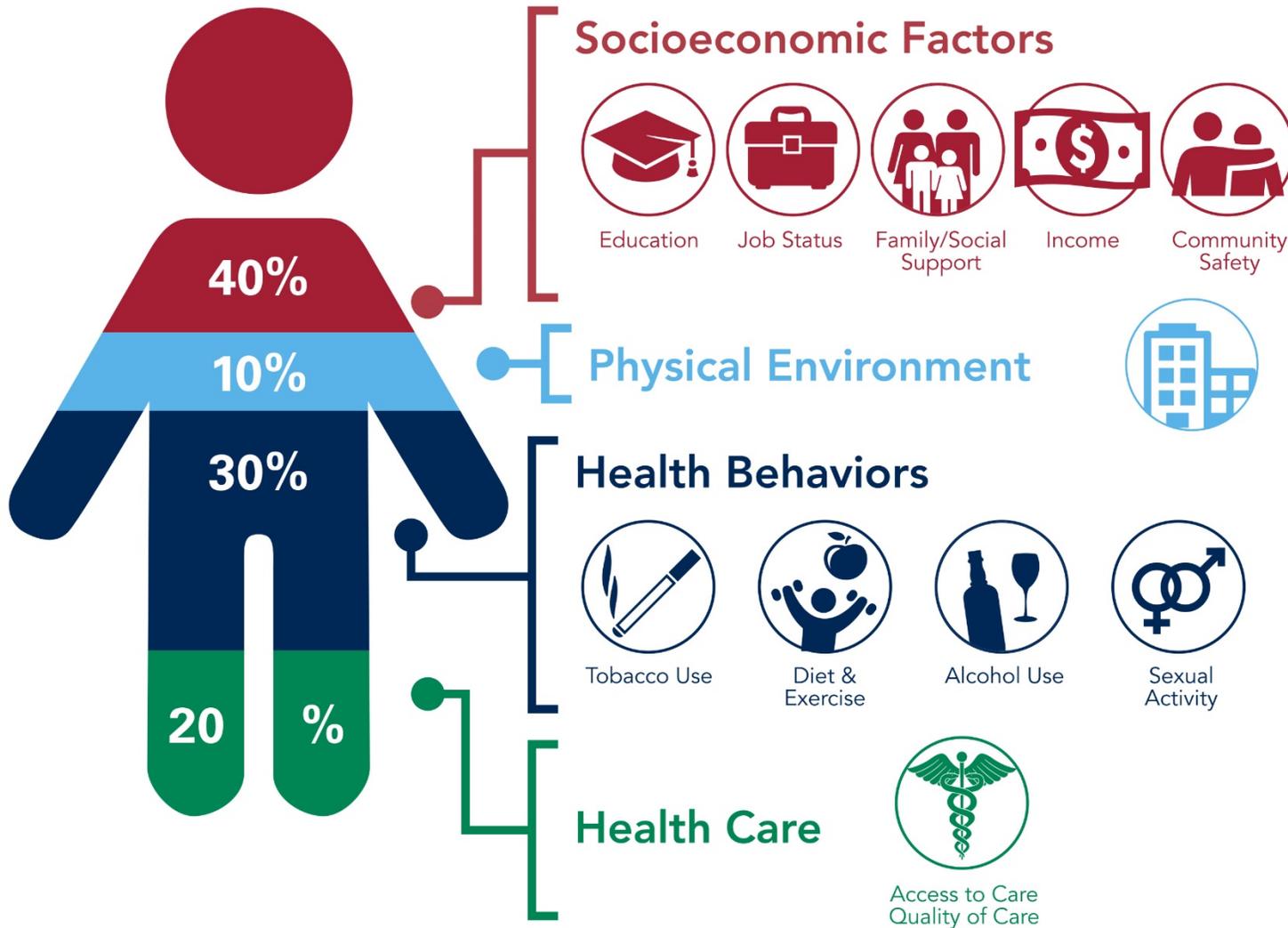
Evaluating the root causes of racial inequality and disparities

Social Determinants of Health; *how important?*



IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.



➤ SDOH Impact

➔ **20 percent** of a person's health and well-being is related to **access to care** and **quality of services**

➔ The **physical environment, social determinants** and **behavioral factors** drive **80 percent** of health outcomes

Circulation

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[Home](#) > [Circulation](#) > [Vol. 132, No. 9](#) > [Social Determinants of Health](#)

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Social Determinants of Health: A Scientific Statement

Edward P. Havranek, Mahasin S. Cheryll R. Dennison-Himmelfarb, et al.
and on behalf of the American Heart Association, Council on Cardiovascular and Stroke Prevention, Council on Cardiovascular and Stroke Nursing, Council on Clinical Cardiology, and Council on Quality of Care and Outcomes Research

Originally published 3 Aug 2015

Table 1. Social Determinants of Health

SEP

Race, ethnicity

Social support

Culture and language

Access to care

Residential environment

SEP indicates socioeconomic position.



What Happens Next?

How do we level set at-risk communities?

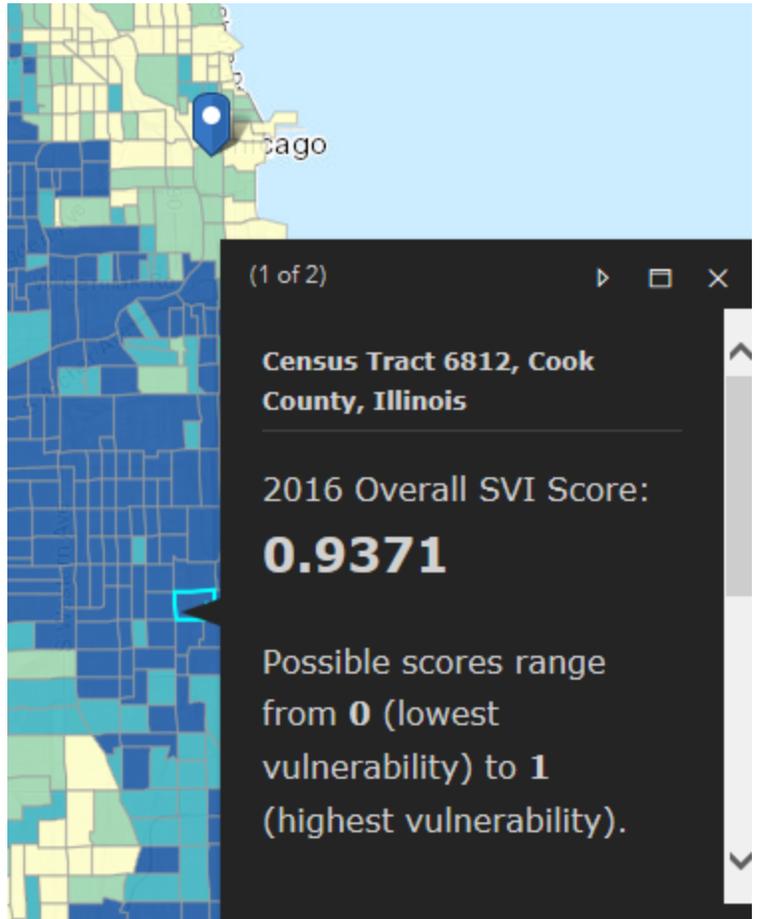
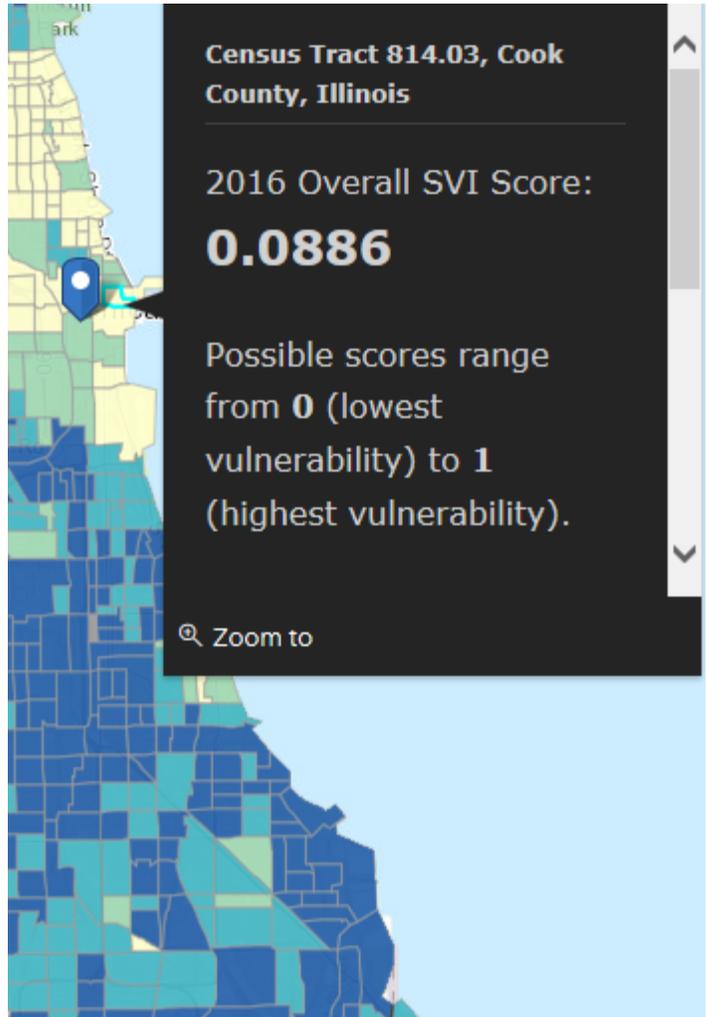
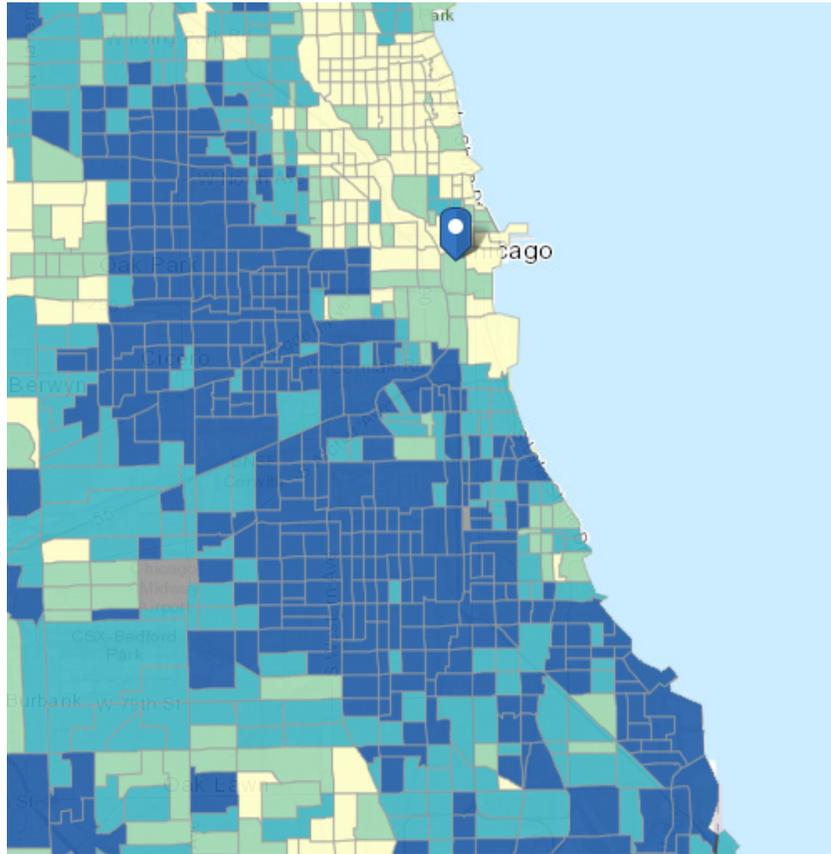
Testing, Social Distancing & Economic Development



Appropriate Public Health Initiatives; Ubiquitous Testing in High Risk Communities-

- **Testing: targeting communities with higher infection rates**
- **Follow the SVI – Social Vulnerability Index**
- **<https://svi.cdc.gov/>**
- **“...resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks...”**
- **uses 15 U.S. census variables at tract level ...**
- **Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).**

SVI map, Chicago, (2016)

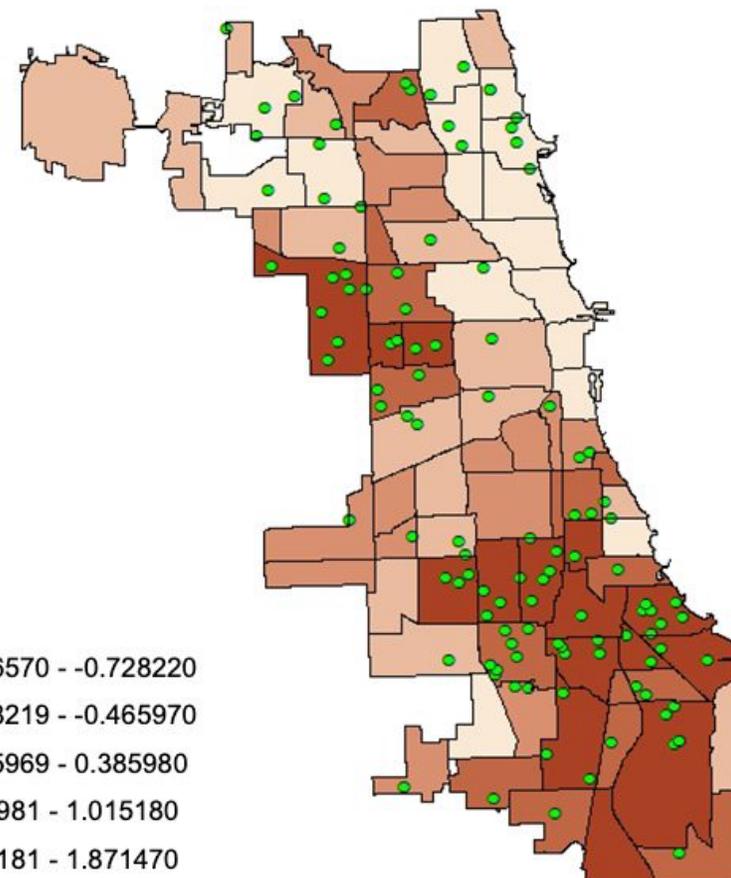
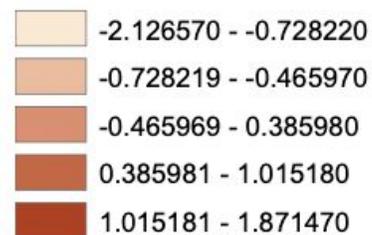


Chicago COVID and the Inequities

Risk scores by zip code

As of April 6, 2020

Locations of COVID-19 fatalities
represented by green dots





“I have been impressed with the urgency of doing. Knowing is not enough; we must apply. Being willing is not enough; we must do.”

— Leonardo da Vinci

“This is my final recommendation: think about the metric by which your life will be judged, (not by your accolades but by the people you’ve helped), and make a resolution to live every day so that in the end, your life will be judged a success.”

- Clayton Christensen