Plan a Better Future: Health Equity Considerations During COVID-19
May 13th, 2020

Presented in Partnership with Virginia Commonwealth University and VCU Health
Panelists and Presentation Partners

**Steve H. Woolf, M.D., M.P.H.,** is Director Emeritus of the Center on Society and Health at Virginia Commonwealth University, where he is Professor of Family Medicine and Population Health.

**Marcie S. Wright, Ph.D., M.P.H.,** is an Associate Professor and Director of Research Support Services for the Center on Health Disparities.

**Nakeina E. Douglas-Glenn, Ph.D.,** is Director of The VCU Grace E. Harris Leadership Institute and assistant professor in the L. Douglas Wilder School of Government and Public Affairs

**Heidi Crapol**  
*Center for Community Engagement and Impact*  
Virginia Commonwealth University

**Sheryl Garland**  
VCU Health System
# Cases by Age, Race and Ethnicity

As of May 7, 2020

<table>
<thead>
<tr>
<th>Cases by Age</th>
<th>Virginia</th>
<th>Richmond</th>
<th>Henrico</th>
<th>Chesterfield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cases</td>
<td>21,570</td>
<td>473</td>
<td>1025</td>
<td>788</td>
</tr>
<tr>
<td>0-9</td>
<td>1.7%</td>
<td>1.1%</td>
<td>2.1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>10-19</td>
<td>3.5%</td>
<td>2.1%</td>
<td>1.6%</td>
<td>6.2%</td>
</tr>
<tr>
<td>20-29</td>
<td>13.7%</td>
<td>16.5%</td>
<td>8.5%</td>
<td>11.0%</td>
</tr>
<tr>
<td>30-39</td>
<td>17.2%</td>
<td>16.1%</td>
<td>10.3%</td>
<td>17.6%</td>
</tr>
<tr>
<td>40-49</td>
<td>18.3%</td>
<td>18.8%</td>
<td>13.5%</td>
<td>17.8%</td>
</tr>
<tr>
<td>50-59</td>
<td>17.6%</td>
<td>17.8%</td>
<td>13.8%</td>
<td>16.0%</td>
</tr>
<tr>
<td>60-69</td>
<td>12.7%</td>
<td>16.3%</td>
<td>13.8%</td>
<td>12.1%</td>
</tr>
<tr>
<td>70-79</td>
<td>7.2%</td>
<td>6.8%</td>
<td>14.2%</td>
<td>7.9%</td>
</tr>
<tr>
<td>80+</td>
<td>8.1%</td>
<td>4.7%</td>
<td>22.2%</td>
<td>10.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cases by Race</th>
<th>Virginia Population</th>
<th>Virginia</th>
<th>Richmond</th>
<th>Henrico</th>
<th>Chesterfield</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>69.5%</td>
<td>34.7%</td>
<td>19.9%</td>
<td>36.8%</td>
<td>28.4%</td>
</tr>
<tr>
<td>Black</td>
<td>19.9%</td>
<td>17.6%</td>
<td>51.6%</td>
<td>40.3%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Other</td>
<td>10.6%</td>
<td>17.9%</td>
<td>13.3%</td>
<td>6.3%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Not Reported</td>
<td></td>
<td>29.8%</td>
<td>15.2%</td>
<td>16.6%</td>
<td>40.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cases by Ethnicity</th>
<th>Virginia</th>
<th>Richmond</th>
<th>Henrico</th>
<th>Chesterfield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>25.6%</td>
<td>16.7%</td>
<td>5.1%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>39.7%</td>
<td>55.6%</td>
<td>52.4%</td>
<td>28.9%</td>
</tr>
<tr>
<td>Not Reported</td>
<td>34.8%</td>
<td>27.7%</td>
<td>42.5%</td>
<td>63.8%</td>
</tr>
</tbody>
</table>
# Deaths by Age, Race and Ethnicity
## As of May 7, 2020

## Deaths by Age

<table>
<thead>
<tr>
<th>Deaths by Age</th>
<th>Virginia</th>
<th>Richmond</th>
<th>Henrico</th>
<th>Chesterfield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cases</td>
<td>769</td>
<td>17</td>
<td>109</td>
<td>32</td>
</tr>
<tr>
<td>0-9</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>10-19</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>20-29</td>
<td>0.3%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>30-39</td>
<td>0.7%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>40-49</td>
<td>2.3%</td>
<td>0%</td>
<td>0%</td>
<td>6.3%</td>
</tr>
<tr>
<td>50-59</td>
<td>5.9%</td>
<td>0%</td>
<td>4.6%</td>
<td>3.1%</td>
</tr>
<tr>
<td>60-69</td>
<td>16.0%</td>
<td>29.4%</td>
<td>15.6%</td>
<td>25.0%</td>
</tr>
<tr>
<td>70-79</td>
<td>23.0%</td>
<td>29.4%</td>
<td>28.4%</td>
<td>15.6%</td>
</tr>
<tr>
<td>80+</td>
<td>51.9%</td>
<td>41.2%</td>
<td>51.4%</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

## Deaths by Race

<table>
<thead>
<tr>
<th>Deaths by Race</th>
<th>Virginia Population</th>
<th>Virginia</th>
<th>Richmond</th>
<th>Henrico</th>
<th>Chesterfield</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>69.5%</td>
<td>53.3%</td>
<td>5.9%</td>
<td>51.4%</td>
<td>53.1%</td>
</tr>
<tr>
<td>Black</td>
<td>19.9%</td>
<td>23.0%</td>
<td>94.1%</td>
<td>45.0%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Other</td>
<td>10.6%</td>
<td>9.5%</td>
<td>0.0%</td>
<td>2.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Not Reported</td>
<td></td>
<td>14.2%</td>
<td>0.0%</td>
<td>0.9%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

## Deaths by Ethnicity

<table>
<thead>
<tr>
<th>Deaths by Ethnicity</th>
<th>Virginia</th>
<th>Richmond</th>
<th>Henrico</th>
<th>Chesterfield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>6.2%</td>
<td>5.9%</td>
<td>1.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>70.2%</td>
<td>5.9%</td>
<td>75.2%</td>
<td>46.9%</td>
</tr>
<tr>
<td>Not Reported</td>
<td>23.5%</td>
<td>88.2%</td>
<td>22.9%</td>
<td>53.1%</td>
</tr>
</tbody>
</table>
COVID-19 impact on Black people living in Richmond, Henrico, and Chesterfield

- % Black cases
- % Black hospitalizations
- % Black deaths

Black population in the region: 32%
COVID-19 and Health Disparities

Marcie S. Wright, PhD, MPH
VCU Center on Health Disparities
Virginia Commonwealth University
Health Equality vs. Equity

Credit: Interaction Institute for Social Change
Artist: Angus Magurie
Equality vs. Equity vs. Reality

Credit: Interaction Institute for Social Change
Artist: Angus Magurie
Social Determinants of Health

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (2014, October)
Health Disparities

If you are Black...

- 40% more likely to die from Breast Cancer
- 25% more likely to die from Heart Disease
- 72% more likely to have Diabetes
- 8x more likely to have HIV and 9x more likely to die from it

If you are poor...

- 5x more likely to report being in fair or poor health
- Experience higher rates of heart disease, diabetes, stroke, and other chronic disorders as compared to wealthier Americans

If you reside in a rural area...

- More likely to be uninsured
- Less access to specialty and subspecialty healthcare services
- Higher rates of poverty

If you are uneducated...

- Experience increased risk-taking behaviors which are known to lead to poor health outcomes
- Decreased access to health care
- Demonstrated poor or very poor health literacy
COVID19 and Virginia

Note: The map shows the known locations of coronavirus cases by county. For total cases and deaths: Circles are sized by the number of people there who have tested positive or have a probable case of the virus, which may differ from where they contracted the illness. For new cases: Doubling time is calculated for the last week of cases. Sources: State and local health agencies and hospitals.
Henrico County

The majority of Henrico residents are between the ages years.

Population consist of 66.7 % White Alone, 31.1% Black or African American Alone, and 9.1% Hispanic or Latino.

• Larger proportion of non-Hispanics compared to the state average

As of 2014, Henrico had the largest percent of total population, 14.5%, in the Central VA area speaking languages other than English.

More children (under age 18) living in poverty than VA (13% versus 11.2%).

10.3% of Henrico County residents are classified as having at least one disability, slightly lower than the state average of 11.5%.

• Chronic diseases such as cancer, heart disease, stroke and lower respiratory disease are the leading causes of death.

• Henrico experiences higher rates of poor birth outcomes than the state and surrounding counties.

Source: Henrico Health District Community Health Advisory Team. (2020,May 2). Community Health Assessment;, Henrico County, 2017 https://henrico.us/assets/Henrico-CHA-draft_5.8.18.pdf
### Henrico County and COVID-19

<table>
<thead>
<tr>
<th>Total Cases</th>
<th>Hospitalized</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>985 (4&lt;sup&gt;th&lt;/sup&gt; highest in VA)</td>
<td>139</td>
<td>106</td>
</tr>
<tr>
<td>48.7% Black or African American</td>
<td>52.5% Black or African American</td>
<td>43.8% Black or African American</td>
</tr>
<tr>
<td>*25.5% VA</td>
<td>*28.8% VA</td>
<td>*26.9% VA</td>
</tr>
<tr>
<td>8.9% Hispanic or Latino</td>
<td>9.9% Hispanic or Latino</td>
<td>2.5% Hispanic or Latino</td>
</tr>
<tr>
<td>59.4% Female</td>
<td>54.8% Male</td>
<td>51.4% Female</td>
</tr>
<tr>
<td>*51.3% VA</td>
<td></td>
<td>47.9% VA</td>
</tr>
</tbody>
</table>

Reality of COVID-19 in Henrico County

Although >65% of population is not Black or African American, this group is disproportionally impacted by COVID-19.

**Socioeconomic Factors:**

- Median Household Income: **$47.6k** compared to $126.3K (Non-Hispanic Whites)
- Unemployment: **7.6%** compared to 4.11% (Non-Hispanic Whites)
- Education: **12.1% Females and 13.5% Males** lack a high school diploma compared to 5.5% Females and 6.2% Males (Non-Hispanic Whites)
- Food Stamps: **14.7%** compared to 5.3% Non-Hispanic Whites)
- More likely to live in dense households

Critically Thinking About Achieving Equity

What type of employment, education, housing, or transportation policies do we need today to promote health equity?

What actions or structures sustain or undermine civil rights gains?
  • How can we jumpstart new initiatives that not only improve health but also advance racial equity?

What kinds of policies should community groups or government advocates for to help alleviate or eliminate stressors that might be affecting the health of vulnerable populations?
COVID 19: Window of opportunity for equity action

Nakeina E. Douglas-Glenn, PhD
Assistant Professor and Director, The Grace E. Harris Leadership Institute
Center for Public Policy
L. Douglas Wilder School of Government Affairs
Virginia Commonwealth University
Kingdon’s (1984) Streams Metaphor

- **Problem Stream**: social problems that require solving; focusing event
- **Policy Stream**: solutions that originate among actors
- **Politics**: national mood, engagement, public opinion, changes in leadership
- **Window of Opportunity**: driving forces that focus attention on particular problems, raise awareness, opportunity for action

- Photo Credit: Buse, K.
COVID-19: Window of opportunity for equity action

A window of opportunity has emerged from the COVID-19

- Exposes systemic barriers that exists in American policy inputs and outputs that have long adversely impacted marginalized groups
- Demonstrates the compounding impact of social inequity
- Shows that values we hold about equality, democracy, civility, access, and truth have not been universally attainable
- Brings to the forefront a common language for articulating the experiences of marginalized communities
# Root causes vs. Proximate Causes of COVID-19

## Proximate Causes
- Lack of testing
- Underlying/pre-existing health conditions
- Access to health care
- Densely populated areas
- Food insecurity
- Income inequality

## Root Causes

**Structural Racialization**

Inter-institutional arrangements and interactions of inequitable structures that create cumulative and durable inequalities in society’s benefits, burdens, and interests based on race.

*Powell, 2011*
Figure 2.1  Saturation of Racial Inequities

---

**Structural Racism**
- Policies
- Culture/norms
- Laws
- Social acceptance
- Organizational practices

**Intergenerational effects**

**Environment**
- Parks and recreation
- Soil contamination
- Lead-based paint
- Water quality
- Air pollution
- Green spaces
- Sewage

**Health**
- Food supply/deserts
- Prenatal care
- Infant mortality
- Nutrition
- Asthma
- Diabetes
- Cancer

**Housing**
- Community and economic resources
- Land ownership
- Public housing
- Foreclosures

**Education**
- Higher education attainment
- Curriculum
- Technology
- Achievement

**Criminal Justice**
- Arrest
- Crime
- Incarceration
- Disproportionate
- Sentencing

**Economic Well-Being**
- Wealth disparity
- Occupational status

---

*Photo credit: Gooden, 2014*
Problem Stream: Evidence of policy harm

**HISTORICAL**
- Unemployment Insurance Act 1920
- Fair Housing Administration 1934
- Fair Labor Standards Act of 1938
- Social Security benefit 1965 exclude agriculture and domestic workers
- The Violent Crime Control and Law Enforcement Act of 1994

**CONTEMPORARY**
- Source of income laws
- Voter ID laws
- Single family zoning laws
- Immigration policy and detention
- Environmental policies
- Medicaid expansion
COVID 19 State Policy Actions: Today

- Testing availability and care access
- Limited collection of demographic data
- Stay at home orders
- Communication and outreach
- Mandatory quarantine for travelers
- Essential workers designation
- Selective hazard pay

- Closing of schools
- Unemployment insurance eligibility
- Wearing protective gear in public
- Civic participation
- Large gathering ban
- Mandates to reopen
- Nonessential business closings
- Teleworking
- COVID sick leave
### COVID-19 Confirmed Cases & Deaths by Race/Ethnicity

#### African Americans (n=22)
- Alabama
- Arizona
- California
- Colorado
- Georgia
- Illinois
- Indiana
- Iowa
- Kansas
- Maryland
- Michigan

#### Hispanic (n=10)
- Colorado
- Iowa
- Kansas
- Maryland
- Minnesota
- Missouri
- Tennessee
- Washington
- Wisconsin
- Wyoming

#### American Indian/Alaskan Native (n=3)
- Arizona
- New Mexico
- Wyoming

---

States reporting cases and/or deaths by race that are greater than or equal to their representation among the state population.

Source: Kaiser Family Foundation, 2020
Policy Stream: Equity Analysis Framework

1. Historical Analysis
   • Define the problem
   • Who is affected and to what extent?

2. Contextual Analysis
   • How does the policy or program promote equity or inequity; create disparities?
   • Explanation of how the program/policy was assessed for its effects on marginalized groups using data to support your analysis.

3. Structural Analysis
   • Examine structures and processes that lead to sustained systems on inequality
   • Examine existing inequities (root and proximate causes)

4. Identify Alternatives
   • Benefits or consequences (social, economic, political)
   • What are the anticipated impacts for/on communities?

5. Overall Assessment

6. Key Recommendations

7. Feedforward
## Policy Stream: Equity Analysis Framework

<table>
<thead>
<tr>
<th>Procedural</th>
<th>Access</th>
<th>Quality</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>examination of problems or issues in processes and practices</td>
<td>Examination of how policies, practices and services are distributed</td>
<td>Examination of consistency in the quality of existing services across individuals, across groups</td>
<td>Examination of the impact of policies and programs for all groups and individuals served</td>
</tr>
</tbody>
</table>

*Source: Gooden, 2014*
Leadership is characterized by its ability to

1. Be open and willing to seek new ideas and opportunities
2. Leverage individual and collective social and political capital to advocate for more inclusive policies with equitable outcomes
3. Build bold coalitions for collaboration
4. Build the bench of leaders through widened networks

-Doherty, Cottreel, Berg, Kifayat, 2015
Politics Stream: Organizational Leadership

Acknowledge and support the dismantling of structural inequity

• Establish processes for reflection of organizational role in maintaining status quo
• Review organizational policies and procedures to identify areas for more inclusive impact
• Review/identity board composition
• Revise outreach and inclusion strategies to target population groups
• Build capacity of networked organizations with direct impact
COVID-19 and Inequity: A New Example of an Old Problem

Steven H. Woolf, MD, MPH
Director Emeritus and Senior Advisor, Center on Society and Health
Professor, Department of Family Medicine and Population Health
Virginia Commonwealth University School of Medicine

steven.woolf@vcuhealth.org
RICHMOND, VIRGINIA

Short Distances to Large Gaps in Health

Follow the discussion
#CloseHealthGaps

Life expectancy at birth (years):
Shorter Longer

1 mile

© 2015 Robert Wood Johnson Foundation

VCU Center on Society and Health
HOLC map, 1937

Life Expectancy at Birth, 2002-11

Source: http://dsl.richmond.edu/holc/pages/home
Why people of color and low-income families are more vulnerable to COVID-19

• Greater exposure to virus
• Greater susceptibility to complications from infection (e.g., chronic diseases)
• Reduced access to care
• Greater economic vulnerability
• Health complications from economic deprivation
Going forward

• Mounting pressure to reopen communities and reboot the economy
• The shared agenda of vulnerable populations: their future and health also depend on income and economic opportunity
• The “win-win” of investing in targeted approach
  • Gets resources to those at greatest risk for COVID-19
  • Larger ROI in flattening the curve and controlling community spread
  • Better health allows businesses and schools to reopen
• Applying an equity lens to this crisis means putting marginalized populations at the forefront of COVID response and recovery plans
Pandemic priorities for marginalized populations

Combat the virus
• COVID-19 antigen testing in low-income communities: testing sites, mobile vans, etc.
• Contact tracing
• Expanded access to emergency services and health care, financial support for indigent care
• Telemedicine/virtual consultations with primary care practice and emergency departments
• Customized education for immigrants and others with limited English proficiency
• Outreach through trusted local-community initiatives, faith leaders, etc.

Curb social and economic impact
• Paid leave and other employment protections for workers
• Financial support for those with special needs
• Freeze evictions/utility shut-offs, rental assistance
• Temporary shelters for homeless
• Increase nutritional supports (e.g., WIC, SNAP)
• Waive ordinances that prohibit repeat 911 calls
• Plan ahead and invest capital to alleviate impact of economic shutdown on low-income and marginalized communities
• Public health protections for workers providing essential services

Center on Society and Health
The face of essential services
Navy reports first coronavirus death on USS Theodore Roosevelt
Case study: meat-packing plants
The false tradeoff:

The economy vs public health
Questions and Discussion