

COVID-19 and Stroke: Health Equity Perspectives

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Making healthcare remarkable

















Mission

Novant Health exists to improve the health of communities, one person at a time.

Vision

We, the Novant Health team, will deliver the most remarkable patient experience in every dimension, every time.

Safety • Quality Authentic personalized relationships Voice & choice • Easy for me Affordability

Values

Diversity and Inclusion Teamwork Personal excellence Courage Compassion

The mission that drives us and the values that guide us

Our people

We are an inclusive team of purpose-driven people inspired and united by our passion to care for each other, our patients and our communities.

Our promise

We are making your healthcare experience remarkable. We will bring you world-class clinicians, care and technology — when and where you need them. We are reinventing the healthcare experience to be simpler, more convenient and more affordable, so that you can focus on getting better and staying healthy.



Diversity defined

Diversity is the similarities and differences of people found in our workforce and marketplace (community). Diversity includes many characteristics that may be *visible* such as race, age, gender and appearance, and it also includes *less visible* characteristics such as personality, ethnicity, religion, job function, life experience, sexual orientation, gender identity, geography, ability, regional differences, work experience and family situation – all of which make us similar to and different from one another.

Inclusion defined

Inclusion is intentionally engaging human differences and viewing such differences as strengths in both patients and team members. The key to inclusion is that we value the perspectives and life experiences of each person. These actions build an environment that fosters mutual respect, trust and commitment.

Broad Impact of COVID-19: Examples of Dimensions of Diversity





Health Equity defined

Health equity is the attainment of the highest level of health for **all** people. Achieving health equity requires valuing **everyone** with focused and ongoing societal efforts to **address** avoidable **inequalities**, historical and contemporary **injustices**, and the elimination of health and **healthcare disparities**

Health Disparity

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage



Refers to differences between groups in health coverage, access to care, and quality of care "We are all in the same storm, but not the same boat."

Latino COVID-19 Survivor

Informed by individual experience

Informed by historical design, structural bias



God puts rainbows in the clouds so that each of us - in the dreariest and most dreaded moments can see a possibility of hope.

~Dr. Maya Angelou~

The Nation stands at attention

COVID-19's Devastating Impact On African Americans

African American share of state/city populations and COVID-19 deaths (as of Apr 06, 2020)

Share of state/city's population
Share of COVID-19 deaths



Sources: 2010 Census, respective state/city health departments

As of April 6th 2020, African Americans had 22% share of overall COVID-19 deaths..... then the story continued to unfold







The latest overall COVID-19 mortality rate for Black Americans is 2.4 times as high as the rate for Whites and 2.2 times as high as the rate for Asians and Latinos.* "In New Mexico, the Indigenous mortality rate is eight times as high as the White mortality rate. In Arizona, the Indigenous mortality rate is more than five times the rate for all other groups."*

Aggregated deaths from COVID-19

1 in 1,850 Black Americans has died (or 54.6 deaths per 100,000)

1 in 4,000 Latino Americans has died (or 24.9 deaths per 100,000)

1 in 4,200 Asian Americans has died (or 24.3 deaths per 100,000)

1 in 4,400 White Americans has died (or 22.7 deaths per 100,000)

Limited peer reviewed data available
 Data source: American Public Media, as of May 27, 2020

States that have released breakdowns of Covid-19 testing data by race



Source: John Hopkins | Coronavirus Resource Center Data as of Monday, June 8, 2020 at 01:00 PM EDT



States that have released breakdowns of Covid-19 confirmed data by race



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States that have released breakdowns of Covid-19 mortality data by race



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Data – Pandora's box or Treasure trove?

How many people have died due to Coronavirus?

How does the death toll during pandemic compare to what we would otherwise expect?



NCDHHS COVID-19 Dashboard

This dashboard provides an overview on the metrics and capacities that the state is following

It provides breakdown by race, ethnicity, age, gender and zip code where possible

- DAILY LAB CONFIRMED TESTS
- DAILY COMPLETED TESTS
- CURRENTLY HOSPITALIZED
- COUNTY MAP BY CASES
- CASES BY 10,000
- PPE TOTAL
- BED TOTAL
- VENTILATOR
- CONTACT TRACING
- CONGREGATE LIVING SETTINGS
- RECOVERED PATIENT REPORT
- RISK FACTOR REPORT



NC Executive Order

Executive Order 143

Signed June 4 by Governor Cooper

Addresses disparities in communities of color that historically have had less access to health care, housing, economic opportunity and more.

Creates the <u>Andrea Harris</u> <u>Task Force</u> focused on:

- Access to health care
- Patient engagement in health care settings
- Economic opportunities in business development & employment
- Environmental justice
- Education

- Directs the NC
 Pandemic Recovery
 Office to ensure relief
 funds are equitably
 distributed
- Expands capacity of the Historically Underutilized Business Office to help businesses with access to resources

Directs the NC
 Department of Health
 & Human Services,
 (along with health
 centers, health
 departments, free &
 charitable clinics) to
 provide COVID-19
 testing and related
 health care accessible
 to uninsured North
 Carolinians

Learn more about resources available to you at: Health.NHCgov.Com



A Health Equity Lens – what are we doing at Novant Health



*Race, Ethnicity, Language, Gender, Age, Payor Source



COVID-19 and Stroke: Health Equity Perspective

What we don't know: Are COVID-19 and Stroke Connected?





Similar risk factors

Risks for Stroke	Risks for COVID-19*
Disproportionately higher number of minorities: AA/blacks, Hispanics and American Indians.	Disproportionately higher number of minorities: AA/blacks, Hispanics and American Indians.
Older age	Older age?
Gender specific risk: Higher for males	Gender specific: Debated
Gender specific risk: higher for women	Gender specific risk: increased for males in United Kingdom
Hypertension	Hypertension
Diabetes	Diabetes
Obesity	Obesity
Concomitant cardiovascular diseases	Concomitant cardiovascular diseases
Торассо	COPD and other chronic lung processes
Sedentary lifestyles	

*Harder to track due to asymptomatic and unscreened populations



A Race/Ethnicity Perspective

- At Ochsner Health in Louisiana, 1,382 patients COVID-19 positive were admitted between March 1 and April 11, 2020. **76.9%** were black
- Blacks comprise only **31%** of the Ochsner Health population
- Among the 326 patients who died from Covid-19, **70.6%** were black
- Variables that were associated with higher in-hospital mortality were increasing age and presentation with an elevated respiratory rate; elevated levels of lactate, creatinine, or procalcitonin; or low platelet or lymphocyte counts



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However, black race was not independently associated with higher mortality (hazard ratio for death vs. white race, 0.89; 95% confidence interval, 0.68 to 1.17)

Black race was not associated with higher in-hospital mortality than white race, after adjustment for differences in sociodemographic and clinical characteristics on admission



Social determinants of health

Social determinants of health are factors in the social environment that contribute to or detract from the health of individuals and communities. Social determinants of health have been found to directly increase the burden of heart disease and stroke and their risk factors. They also indirectly influence health-promoting behaviors.

<figure>



No High School Diploma

Unemployment

Unemployment Rate by County

2017



Uninsured



COVID-19 impact on stroke





"Never let a pandemic go to waste"

We need to take a broader look at data to address underlying cause



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Uniquely positioned to lead the work





Lessons learned from stroke care

- > Addressing SDoH is about leveraging people and technology to shift from traditional care models to ones that support a complete health strategy
- Healthcare systems and organizations must initiate programs to address SDoH.
 - > Community partnerships
 - Collective impact to solve complex problems
 - Cooperative, cross-sector collaboration
- To address social determinants associated with cardiovascular disease, risk reduction interventions must be uniquely tailored to the population served



Call to action

COVID-19: The bellwether event that helped us more fully understand the impact of healthcare disparities

Apply the health equity lens:

- Quality and safety
- Education and outreach
- Research/registries
- Funding resources

 holistic care that addresses
 SDoH
- Patient outcomes and behaviors
- Solutions:
 - Telemedicine
 - Stroke care pathways
 - Campaigns and initiatives
 - Culturally and linguistically competent care
 - Community voice "Nothing for us and about us, without us"



