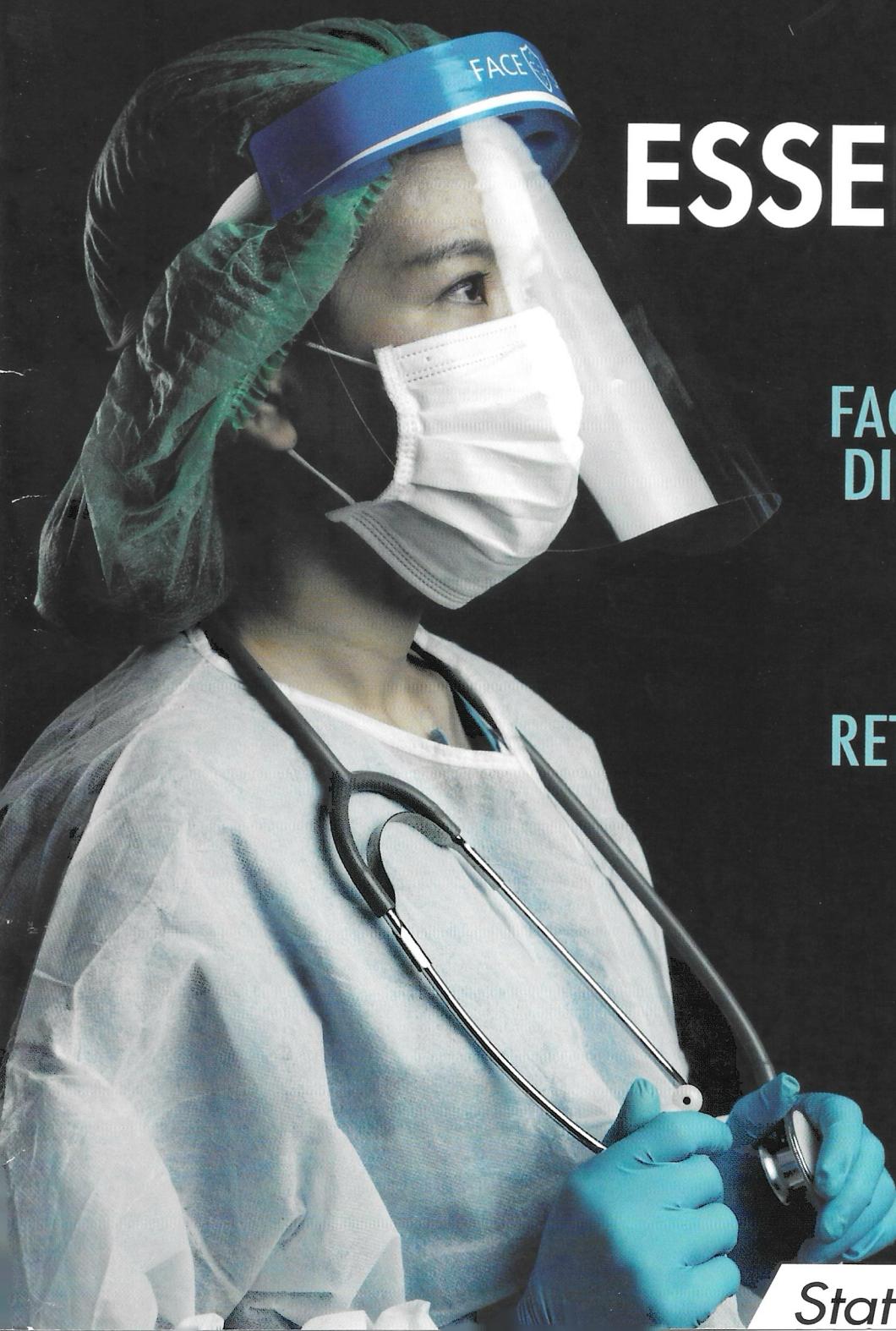


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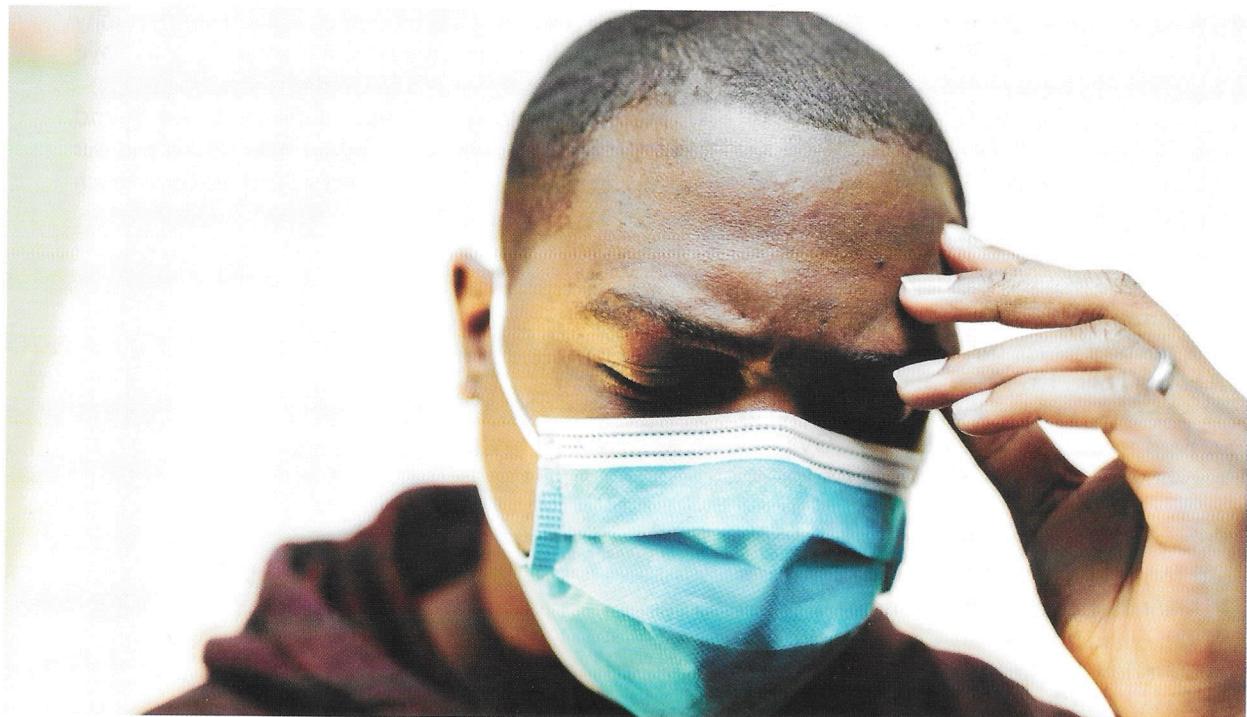
FACING HEALTH
DISPARITIES IN
COVID-19

A 5-YEAR
RETROSPECTIVE

Statistics Edition

A Health Care Challenge: Facing Social Inequality and Health Disparities in Times of COVID-19

By Melinda L. Estes, MD



At Saint Luke's Health System, the teams at our 18 hospitals and campuses across the Kansas City metro region have been fortunate to not yet experience the COVID-19 surge levels seen in New York, New Orleans, and San Francisco. But that doesn't mean we haven't seen firsthand the impact of the illness on our most vulnerable patients in a multitude of other ways.

As president and CEO of Saint Luke's, and this year's Chair of the American Hospital Association's Board of Trustees, I'm troubled by what COVID-19 is doing to our low-income

and minority Americans – not just how their lungs burn and heads ache in our hospitals, but also how their lives are shattered in their homes, right in our hometowns. I know our providers are troubled, too.

I'm sure one of Saint Luke's primary care physicians, Dr. Lindsay Williams, didn't expect that her career in medicine would lead her to personally deliver face masks to two patients who found themselves homeless, living in their car in a JCPenney parking lot, and suffering COVID-19 symptoms.

Dr. Williams knew they were at-risk and lacking any support structure that

could offer help, especially in times of isolation. It wasn't what she expected to be doing with her medical degree, but it fit within the mission to serve and care for her patients. So she checked in regularly, got them tested, and donated supplies. She did it without thinking twice.

THE DATA CAN'T BE IGNORED

Sadly, stories like these aren't rare anymore. For far too many Americans, the fears surrounding COVID-19 go well beyond those of personal health.

St. Luke's Hospital in Kansas City, Missouri, is the flagship hospital of St. Luke's Health System.



Though, as Dr. Williams's patients learned, that fear is very real – and it is even more daunting for black Americans, who are dying at 2.5 times the rate of white Americans, and Latinxs who only represent 18% of the U.S. population but account for more than 26% of COVID-19 deaths.

The fact is that low-income populations and minorities are more at-risk, and in more ways, during this pandemic. Filling more service industry roles, they are more likely to be exposed. And when exposed, they are suffering higher mortality rates. Whether they become ill or not, the economic impact can be crippling.

In the wake of its mounting death and economic toll, COVID-19 has also shined a blinding light on the bitter truths of social inequality and health disparities in this country, and the negative effects they are having on our health – as individuals and collectively as a society.

In April, when the U.S. unemployment rate hit 14.7%, minority groups were clearly the hardest hit with job losses at 19% and 17% for Latinx and black workers, respectively. This is true even though minorities are more likely to be the essential workers we continue to count on. Of those still working those essential, often service-industry jobs, their personal health is left at risk. They are overwhelmingly people of color, and they are struggling more than most today in a number of ways:

- **Service-industry employees, relying mostly on tips, have been deeply affected by the economic shutdown.** Most are women and minorities. According to a recent PolicyLink COVID-19 & Race Commentary, more than 20 million people in the U.S. worked a job that relied heavily on tips, such as restaurant wait staff, delivery drivers, and salon technicians and stylists. Of those 20 million, 70 percent are women of color, who are three times as likely to live below the poverty line as other members of the U.S. workforce.

- **Social distancing and working from home are not options for many low-wage workers.** As shown in recent data from the Kaiser Family Foundation, a large portion – 20% – of the unemployment claims filed in the wake of COVID-19 have been for people formerly employed in the accommodation and food services industries, where working from home simply isn't possible.

- **This year's high school and college graduates will struggle to find work – and health coverage – amid an expected economic recession.**

Past economic downturns have shown us that the youngest of American workers tend to struggle most in finding work when recession hits. Not only do younger Americans disproportionately work in the hard-hit and high-risk sectors of food service, retail, and hospitality, their future prospects are now dimmed thanks to COVID-19. The pandemic will leave 3.5 million high school graduates and 1.3 million college graduates with uncertain futures, and many without an employer-provided health insurance plan.

- **COVID-19 thrives in a body already struggling with underlying health conditions – and that description unfortunately fits too many American minorities.** The CDC study released in early April, showing that about 90% of the most serious COVID-19 cases involve underlying health conditions, raised an alarm that couldn't be ignored. Hypertension, diabetes, obesity, chronic heart and lung disease: all are conditions that seem to lead to worse COVID-19 outcomes and that are disproportionately found in minority populations. A recent New York

Times Magazine article observed that "the health outcomes of black Americans are by several measures on par with those of people in poorer countries with much less sophisticated medical systems and technology. And though these health disparities are certainly worsened by poverty, they are not erased by increased income and education. The elevated rates of these serious illnesses have weaponized the coronavirus to catastrophic effect in black America."

As Qiana Thomason, president and CEO of Kansas City-based Health Forward Foundation stated in an April 23 blog post, "An abundance of national historical data reminds us that in public health, when America catches a cold, people of color catch pneumonia."

The data backs her up.

THIS DESERVES OUR FULL ATTENTION

The problems magnified by the COVID-19 crisis are clearly significant and urgent, but they aren't new. The facts and statistics surrounding these vast and varied health disparities have been known for too long. And as we manage this crisis into the summer and fall, we will continue to see the ways these disparities are compounded, putting more people, families, and entire communities at risk. It is an issue that deserves our full and dedicated attention as we look beyond the pandemic toward recovery – physical, economic, and societal.

In April, I was proud to sign a letter as chair of the American Hospital Association Board of Trustees, along with my valued counterparts at the American Medical Association and

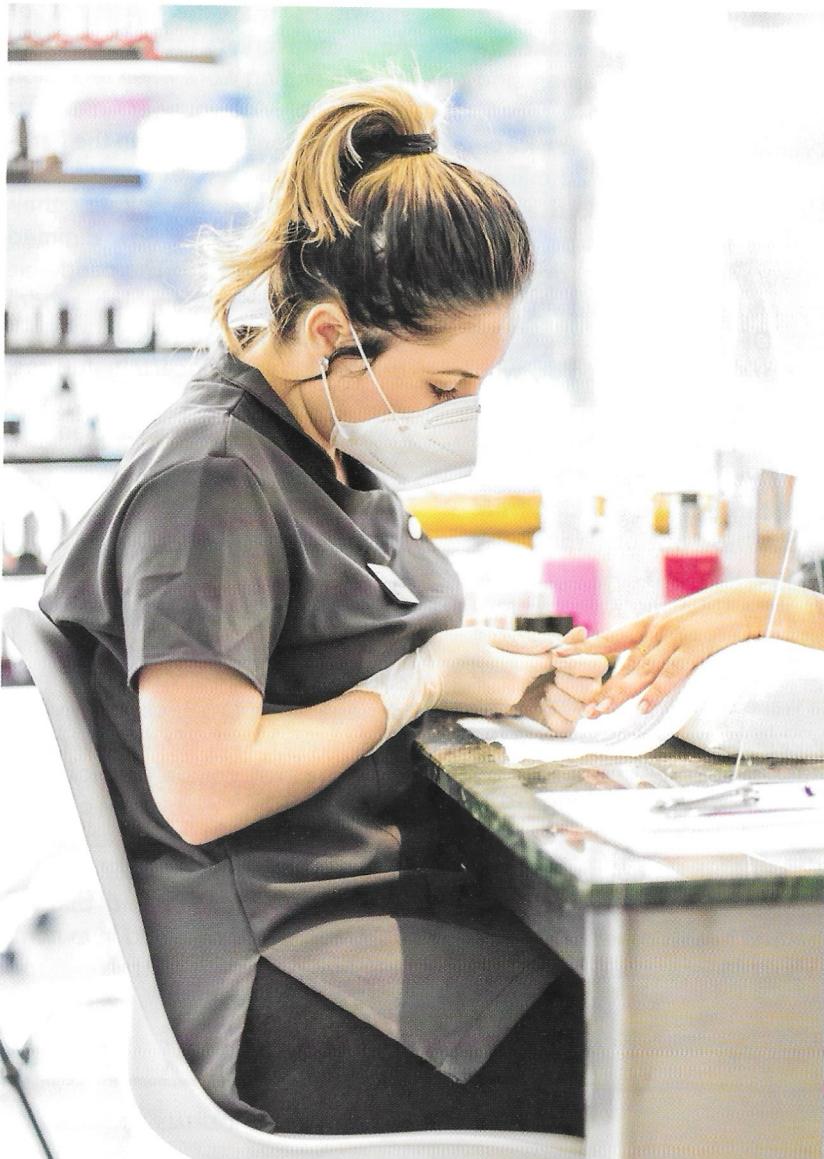
American Nurses Association, urging U.S. Department of Health and Human Services Secretary Alex Azar to address these issues.

Focused always on the well-being of our patients across the country, we called on HHS to increase available testing, ensure access to equitable treatment, and disseminate timely, relevant, culturally appropriate and culturally sensitive public health information. Today, the AHA continues to work with Congress on key legislation that will help bring about positive change in this critical area.

As we continue to battle stigmas and misconceptions surrounding the health of minorities and low-income Americans, we face a difficult struggle that can only be solved through education, research, community investment, and dedicated engagement from the professionals who are living in this crisis every day.

As health care providers, we are uniquely positioned to provide leadership in this critical area at this critical time, because our pursuit to provide care does not extend only to those with enough; by its very definition, our mission is to care for those most in need. Today, we see so many in need. Just ask Dr. Williams.

Now, building on system-wide population health initiatives studying food and transportation insecurity in the KC metro, Dr. Williams is committed to elevating the conversation and working with like-minded professionals and local



organizations to find solutions to the problems that led her patients to these dire circumstances. With dedicated health care servants like Dr. Williams – passionate to find a better way of doing things – those in our field can be leaders in this critical task of caring for entire communities, no matter race, country of origin, or economic status.

We know that, in each of our hospitals across Kansas, Missouri, Arkansas, and the entire U.S., it is our responsibility to start looking for solutions – to examine our communities, see where we can improve lives through better health, and begin to take action. We also know that in each of these hospitals, passionate future leaders like Dr. Williams are raising their hands to help find those answers. Call on those leaders. Listen to them, empower them, and trust them. Challenge them to do great things and be amazed at the results you'll yield. Encourage them to live out the possibilities they envision for a fairer and healthier community – in Little Rock, in Kansas City, and in every town in between and across the country.

FINDING ANSWERS, TOGETHER

The answers are not simple nor readily available. They will require curiosity and tenacity, innovation and compassion, and a cross-section of advocates, diverse in expertise and background, invested in this worthy goal.

With the AHA guiding us as a field and advocating for us at the federal level, and with valued local organizations like the Arkansas Hospital Association advocating for the health equity of all Arkansans, I expect these conversations to get louder, more frequent, and more productive in the months to come. To help arm us with valuable information and guidance through this work, the AHA has provided several new resources, including "5 Actions to Promote Health Equity during the COVID-19 Pandemic" and a guide demonstrating how Awareness of Social Needs Can Help Address Health Inequity during COVID-19. To learn more about how the AHA has redoubled its efforts in this fight, visit the Institute for Diversity and Health Equity and AHA Hospital Community Collaborative pages on the AHA website (www.aha.org).

Working together toward a goal of health equity in the U.S. is not an easy challenge, but it is worthy of our best effort. It ties directly to our universal mission to care for our patients, to improve the lives of individuals and families, and to lift entire communities so that they are stronger and healthier for future generations. ♦

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Melinda L. Estes, MD, is president and CEO of Saint Luke's Health System in Kansas City, Missouri. Saint Luke's, with its 18 hospitals and campuses in the metro and surrounding rural communities, is the area's third-largest private employer. Dr. Estes currently serves as the Chair of the American Hospital Association's Board of Trustees. As a board-certified neurologist and neuropathologist, she is a champion of strengthening physician engagement and, in 2018, she served as the chair of the task force that created the AHA Physician Alliance. Dr. Estes is a past member of the AHA Metropolitan Hospital Council, the AHA Committee on Health Professions, and the AHA's Advisory Committee on Health Care Reform. In 2018, Modern Healthcare named her one of its 50 Most Influential Physician Executives and Leaders, and since 2012 she has consistently been named to Becker's Hospital Review lists of leaders to know.