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Data Point To Disparities In Coronavirus Cases

The novel coronavirus isn't hitting all Ohioans equally.

While the effects of the illness across generations – the particular vulnerability of older patients – have long been evident, state officials only this week began releasing data breaking cases and deaths down by race.

And although that data is now available, it is still incomplete, with race unknown for 22% of the more than 5,500 confirmed cases reported Thursday.

Information released by the Department of Health shows that roughly a quarter of the state's cases for which race are known are among black Ohioans, who make up about 13% of the population.

"Dealing with inequities in health is something we have to be extra vigilant about in this time," Health **Director Dr. Amy Acton** said Thursday.

Dr. Acton and other state leaders were joined at Thursday's news briefing by Dr. Anthony Armstrong, president of the Ohio State Medical Association, who said while black Ohioans might not be more susceptible to contracting COVID-19, a number of factors could lead to them having worse outcomes.

"Generally speaking, African-Americans, people of color and from impoverished areas, they tend not to see doctors as regularly," he said.

Those communities also have higher rates of other conditions, such as heart conditions and diabetes, that could make them more vulnerable to the illness, he said. "All of these things may contribute to their overall susceptibility that if they do get this virus, the outcome tends to be very poor."

Reem Aly, vice president of the Health Policy Institute of Ohio, said disparities in health outcomes predate the coronavirus pandemic, but the virus has exacerbated them.

"What we find is that when we talk about health disparities like what we're seeing with health disparities in the cases and deaths from COVID-19 is that it's really just a surface level view of much more deep-seated, underlying issues," she said in an interview.

Overall health is influenced by a variety of factors, and about 80% of modifiable factors are community conditions, such as social, economic and environmental factors, while just 20% is access to quality health care, she said.

There's typically a large gap between white and black Ohioans in terms of health outcomes, largely due to poverty, higher exposure to pollution and limited access to health care, she said.

"All of those factors together make these disparities sort of unsurprising," Ms. Aly said.

Black Ohioans are also more likely to be uninsured and to avoid seeing a doctor because of an inability afford care.

"We also know that black or African-American Ohioans face the consequences of racist and discriminatory policies and practices and that impacts disparities within the health care system itself," she said.

More accurate and complete data can help policymakers identify problems, she said.

"It's important across the board to be able to have good data around race and ethnicity," she said. "One of the lessons learned from this is to ensure that we have consistent reporting of race/ethnicity."

"Without the data you can't identify where the gaps really are," she added.

Wendy Patton, senior project director at Policy Matters Ohio, said black Ohioans are disproportionately likely to be hit hard by the coronavirus for a pair of reasons – they're more likely to work in frontline jobs that are more exposed to the virus and to work in jobs that lack employer health insurance.

"The African-American community was set up for a disproportionate impact from the COVID-19 virus going into this," she said in an interview.

Data from the Center on Economic and Policy Research indicate that black Ohioans make up 11.5% of all workers but 16.6% of those in frontline industries, including 12.5% in grocery, convenience and drug stores, 23.5% in public transit, 16.1% in trucking, warehousing and the Postal Service, 20.7% in building cleaning services, 16.4% in health care and 24% in child care and social services, she said.

"Amongst our frontline workers, the African-American community is disproportionately at risk for coronavirus and we are seeing that in our numbers," she said.

That builds on pre-existing issues limiting access to quality health care, PMO Executive Director Hannah Halbert said.

"What's different in some of the populations, particularly for black Ohioans and the Latinx population is that they also have these historical barriers of getting fair and equitable health treatment," she said.

She said policies that come in response to this crisis need to consider the effect it has had on different communities. Responses to the Great Depression and the 2008 recession both exacerbated existing wealth

gaps and inequalities, she said.

"We still had real problems with wages and real problems with poverty that never got touched by those plans," she said. "This is sort of a real call to action saying the problems aren't equitable."

Sen. Sandra Williams (D-Cleveland) urged state leaders in a **letter** to release racial breakdowns of confirmed infections, hospitalizations and deaths, and to break that information down by county, ZIP code and census tract.

"Recent news reports have uncovered that COVID-19 is disproportionately affecting communities of color across the nation," she wrote. "Having this information readily available will help agencies and elected officials in conveying the severity and importance of health and safety procedures throughout all communities as well as ensuring that resources are being properly allocated to minority communities from the state and federal government."

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