SOCIETY to IMPROVE DIAGNOSIS in MEDICINE

COVID-19 and People of Color

Recent reports tell us that the novel coronavirus, COVID-19, disproportionately infects and kills black and Hispanic patients. Experts are alarmed but not surprised. The virus is shining a light on existing and long-established gaps and inequities in our healthcare system.

Infectious disease specialists say the first element of this is exposure. While the majority of Americans have been able to shelter-in-place, people of color make up the majority of essential workers during this pandemic. Black, Hispanic, and Asian workers represent a far greater percentage of frontline healthcare employees than their population statistics would indicate — nurses, aides, nursing home attendants, respiratory therapists, even janitorial staff. A recent STATNEWS article noted that an excessive proportion of the 150,000 Filipino nurses are dying from COVID-19.

People of color keep this country running. They make possible the food you eat, from farm to store to table. They clean the streets, maintain transportation systems, and work in the factories. Yet too few have access to the appropriate personal protective equipment (PPE). For example, a bandana, scarf, or paper surgical mask worn for 12 hours a day while transporting groceries or medicine from stores to homes will not protect those delivery men.

Additionally, people of color are more likely to live in communities with greater density (number of people per square mile) and more crowded living conditions (number of people per room), which increases the exposure for family members living with essential workers. Even among those who have tested positive for COVID-19, many, if not most, have been sent home to overcrowded conditions where they can't properly isolate, leading to greater spread of COVID-19 amongst family members.

However, despite shared risks, black patients are dying from COVID-19 at rates far higher than white, Hispanic, or Asian patients. Epidemiologist Sharrelle Barber, ScD, MPH — from the Center for the Study of Racism, Social Justice, and Health at the UCLA Fielding School of Public Health — shared data with us based on reported breakouts by race and ethnicity. "The latest available COVID-19 mortality rate for Black Americans is 2.3 times higher than the rate for Latinos, 2.4 times higher than the rate for Asians, and 2.6 times higher than the rate for Whites." says Dr. Barber. "In the United States, we know that blacks make up 13 percent of the population, but have suffered 27 percent of the COVID-19 deaths."

Dr. Barber also noted specific hotspots where COVID-19 death rates of black residents far exceed white residents, including Kansas and Wisconsin (seven times more likely to die), Washington, DC (six times more likely to die), and Michigan and Missouri (five times). "In Arkansas, Illinois, Louisiana, New York State, Oregon, and South Carolina, blacks are three to four times more likely to die of COVID-19 than whites," Dr. Barber added.

So what role does diagnosis play in these alarming numbers? Dr. Barber says the structural causes contributing to diagnostic error are similar to the ones we noted in our column on racial disparity in diagnosis:

1. **Lack of Access**. You can't diagnose patients you don't examine. As described in greater detail here, black majority neighborhoods have fewer specialists in private practice, fewer hospitals

equipped to handle patient influx, overwhelmed public hospitals and community health centers, and shuttered rural hospitals.

2. **Lack of Reliable Testing**. Testing has continued to be one of the biggest concerns for all Americans. It took weeks to get approved tests, and then we discovered required elements were in short supply, like swabs and reactive agents. Finally, many of the tests have proven to be unreliable, with up to 30 percent false negatives, which means infected patients are told they're not infected so they can spread COVID-19 more easily.

   For all of those concerns, at least tested patients are seen by a healthcare professional and instructed which symptoms to watch for and when to seek emergency care.

   In majority black communities, there are fewer tests available than there are in white communities. Dr. Barber shared a story of a federally qualified community healthcare center in St. Louis that received five tests for their thousands of patients while healthcare centers that primarily cater to white patients received far more.

   Also, many anecdotal reports tell stories of black patients with documented exposure and classic symptoms being turned away repeatedly by overwhelmed emergency rooms because they didn't appear sick enough.

3. **Pre-existing Conditions**. We know black patients tend to have the type of pre-existing conditions that increase their odds of getting a more severe version of COVID-19. This is where delay in diagnosis counts the most. While there aren't any cures for COVID-19, yet, there are treatments that help mitigate symptoms and health conditions that contribute to the death toll from this virus.

These issues existed long before the novel coronavirus hit our shores. It will take years of education and billions of dollars to eradicate these inequities. As states begin to reopen, before widespread diagnostic testing and effective treatments are in place, experts expect the burden on minority communities, especially African Americans, will grow more severe.