Privileging Equity and Pivoting to Prevention After the Coronavirus Pandemic
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Thank You!

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Agenda

• Key Concepts
• Explaining COVID-19 inequities
• Where do we go from here?
Impact of COVID-19

- Estimated 5.5 million infected worldwide
  - Around 2.23 million recovered
  - Approximately 320,000 deaths
  - Growth in LMIC such as Brazil
- 1.7 million cases in the U.S.
  - Almost 100,000 deaths
    - 47,434 Vietnam battlefield deaths
    - 2,353 deaths in Afghanistan; 4,431 in Iraq
RESOURCES
Media Resources
Media Resources
Segregation by Design

https://vimeo.com/328684375
Additional Resources

- Interdisciplinary Association for Population Health Sciences (IAPHS.ORG)
- Society for Epidemiologic Research (epiresearch.org)
- FairFight.com (Stacey Abrams)
- VoteSaveAmerica.com
KEY CONCEPTS
What is Health?

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

  – World Health Organization
What is Health?

• …the social context of health?
Diet
Physical Activity

Damned if you do...

Damned if you don’t...
Social Context

- How does it shape norms?
- How does it enforce patterns of social control?
- How are opportunities to engage in certain behaviors reinforced, truncated or absent?
- How does social context produce stress?
What are Fundamental Causes?

- Access to resources that help people avoid diseases through multiple mechanisms (e.g. neighborhood)
- Affect multiple disease outcomes through multiple mechanisms
- Continue to affect different outcomes when risk profiles change
  - Diseases come and go but the distribution of different diseases are similar over time
  - Even if you modify intervening mechanisms or eradicate some diseases, an association between a fundamental cause and disease will reemerge
  - Examine how Coronavirus initially spread and who has suffered the most
  - We don’t know the causes of the incidence
Rac(ism) Matters

- Policies and Practices
  - Redlining
  - Restrictive covenants
  - Urban renewal/ highway construction
  - Blockbusting
  - Steering (audit studies)
  - Access to mortgages
Redlining

LEGEND

- Best
- Still Desirable
- Definitely Declining
- Hazardous
Segregated by Design: St. Louis
New Deal Era Policies
Institutional/ Structural Racism

- New Deal Era Policies
  - GI Bill
  - Social Security Act
  - Home Owners Loan Corporation (HOLC)
  - Federal Housing Authority (FHA) loans
    - Suburban, single home mortgage payments less than rent in urban core
Whites see wealth almost double

1983
- Black: $67k
- Latino: $58k
- White: $355k

2013
- Black: $85k
- Latino: $98k
- White: $656k


Note: Average household wealth
Upstream and Downstream Determinants of Health

Source

Downstream: Exposure and health effects
Upstream and Downstream
What is Health Equity?

- Everyone should be able to obtain the highest level of health possible and should not be disadvantaged because of their social position or other socially determined circumstances.
- Striving toward health equity involves creating opportunities and removing barriers to achieving the fullest health potential for all people.
EXPLAINING COVID-19 INEQUITIES
COVID and Health Equity

• The patterning of the transmission as well as severity of COVID has not been equitable
  – Vulnerable populations (e.g. older adults, frontline healthcare workers, homeless people, undocumented immigrants, incarcerated people)
  – Black and Brown communities have been disproportionately affected
Disproportionate Impact of COVID-19 on People of Color

• 20,000 Black people have died of COVID-19 (one out of every 2000 Black Americans)
• Blacks at high risk of severe illness were 1.6 times as likely as whites to live in households containing health-sector workers.
• Among Hispanic adults at high risk of severe illness, 65.8% lived in households with at least one worker who was unable to work at home
Explanatory Factors

- Employment in essential services
  - Substantially higher in Black and Latino household, especially healthcare workers
- Intergenerational households
  - Substantially more likely to have more people in household
- Access to healthcare
- Access to testing

“It is a cruel jest to say to a bootless man that he should lift himself by his own bootstraps. It is even worse to tell a man to lift himself by his own bootstraps when somebody is standing on the boot.”
-Martin Luther King, Jr.
Stress

- Stress gets under the skin and is highly corrosive
- Stress is associated with deleterious health outcomes
- Accumulates over the life course; accelerates the aging process
  - True even among upwardly mobile people of color (lack of wealth, additional stress)
- Compromised immune system functioning
  - “Finals time”
Comorbidities

• Recall the importance of social context
• 76% of Black Americans are overweight or obese
• Over 60% of Black Americans aged 50 and older have hypertension
• 23% of Black Americans have diabetes
Sociopolitical Ideology

• American Creed – emphasis on individual efforts
  – Assumes that outcomes are different because effort and choices are different
• Ahistorical perspective
  – I never owned a slave
  – I worked hard
• Selective socialism
  – Differential access to New Deal era policies
  – Redlining
WHERE DO WE GO FROM HERE?
Next Steps

• We have already failed these communities, before COVID-19
• We should interpret the inequitable impact of COVID-19 as a societal failure
• We must consider this crisis as a wake-up call to privilege equity
• We must work to ensure that everyone has equitable opportunities to achieve their highest level of health
Short-term

- Coherent communication strategy
  - Tailored messaging
- Improve access to testing
- Address basic social and economic needs
COVID and Mental Health

- Increases in mental health conditions, including depression, anxiety and substance use disorders as well as incidence of domestic violence and child abuse.
- Tremendous loss
- Physical distancing
  - Loneliness
  - Stress
  - Job loss
  - Moving
  - Family conflict
- We will need to improve our surveillance systems and reinforce mental health service systems.
Etiology

• **Sick Individuals and Sick Populations** by Geoffrey Rose
• Cases versus causes
• High-risk versus population strategies
• Population strategy is:
  – Radical
  – Has large potential for population
  – Behaviorally appropriate
  – Threatened by “prevention paradox”
Curb-Cut Effects

- Focus on those who are most vulnerable
- Everyone benefits
  - New Deal Era Policies
What can we do about racial inequities in health?

• Alignment of resources
  – Who’s at the table? Beyond symbolic representation or palliative policies
  – Science Policy
  – Who is counted? (Census)
• Moving the needle
  – Policies (Curb-Cut policies)
  – Politics (Communication and Voting)
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