

# Unbalanced Viral Load

*COVID-19 highlights inequities plaguing the Black community*

■ **By Mike Hilleary**

**W**hen COVID-19 first proliferated in the early months of 2020, its short-term effects on daily life—both large and small—could be felt in every corner of the world. The pandemic crippled economies, overwhelmed healthcare workers, forced professionals and students alike into mandatory remote communication, and saddled an already volatile political divide with another point of ideological confrontation. While it will take years for historians and scientists to provide a substantial understanding of the coronavirus' long-term impact, researchers are already uncovering inequities in our healthcare system related to how populations were treated during the pandemic.

Earlier this year, the Black Coalition Against COVID (BCAC) published *The State of Black America and COVID-19*, results of a two-year assessment that investigated and highlighted the uniquely disproportionate burden COVID-19 has inflicted—and continues to inflict—on the nation's Black communities. BCAC was established through a national collaboration by the leadership of Howard University, the Morehouse School of Medicine, the Meharry Medical College, the Charles R. Drew University of Medicine and Science, the National Medical Association, the W. Montague Cobb Institute of the National Medical Association, the National Black Nurses Association, the National Urban League, BlackDoctor.org, as well as faith institutions such as Choose Healthy Life and The Values Partnership. Their report underscores areas in need of immediate focus and attention and presents expert-generated recommendations to guide advocacy and policy efforts to address them both during the pandemic and in the future. It also situates COVID-related disparities within larger societal inequities and provides insights on sustainable change.

Importantly, these findings point to longstanding disparities in care related to race. In a panel discussion at the AMGA 2021 Annual Conference, Theresa Frei, RN, B.S.N., M.B.A., president and chief executive officer of Sutter Valley Medical Foundation, commented on the prevalence of health disparity, echoing many of the same themes eventually published in this report.

**Table 1**  
**COVID-19 Cases, Hospitalization, and Death Rates per 100,000**

	Average Weekly Rate, per 100,000 (March 2020–May 2020)		Average Weekly Rate, per 100,000 (December 2021–February 2022)	
	Black Americans	White Americans	Black Americans	White Americans
<b>Cases</b>	36.2	12.5	326.2	269.7
<b>Hospitalization</b>	12.6	4.0	27.1	14.6
<b>Deaths</b>	3.58	1.8	2.1	1.7

Sources: Centers for Disease Control and Prevention: COVID Data Tracker & COVID-19-Associated Hospitalization Surveillance Network

She observed, “This is not a new story. We’ve known for decades that in the U.S., if you are poor, have a skin color that is not white, or come from a historically marginalized group, there’s a statistically significant chance that your life will not be as healthy as it should be.”

**Disproportionate Impact**

Breaking down the data into a “then and now” perspective, the BCAC report explained how in the early months of the pandemic and beyond, Black Americans experienced a disproportionate COVID-19 burden, finding that age-adjusted coronavirus rates of infection, hospitalization, and death were highest among their demographic population. The average weekly rate, per 100,000 from March to May 2020, showed that compared to White Americans, who experienced 12.5 cases, 4.0 hospitalizations, and 1.8 deaths, Black Americans experienced 36.2 cases, 12.6 hospitalizations, and 3.58 deaths.

Black Americans also experienced significant economic, social, educational, and behavioral health crises.

Between February and April 2020, more than 1 in 6 Black workers lost their jobs, a true gut punch in light of the fact that 13% (two million) fewer Black Americans were enrolled in employer-based health insurance. Compared to older White Americans, older Black Americans (65–74 years old) were reported to be five times more likely to die, with 75- to 85-year-olds dying almost four times more often than their White counterparts. Between April 2020 and June 2021, 1 in 310 Black children lost a parent or caregiver, in contrast to 1 in 738 White children.

Compounding anxieties, Black Americans reported pandemic-related mental health concerns at a rate approximately 10 percentage points higher than White Americans. Learning loss among Black and other students of color was estimated to be a year, compared to four to eight months for White students. Black Americans were also twice as likely as White Americans to experience food insecurity, with those experiencing food insecurity prior to the pandemic experiencing an even more severe disparity.

**Societal Factors**

According to the report, the severity of COVID-19 among Black Americans was not a matter of genetic predisposition, but rather the predictable result of structural and societal realities. Data showed that Black Americans are far more overrepresented in essential worker roles, which increased their risk of contracting COVID (25% of employed Black Americans, for example, work in service jobs, compared to 16% of White Americans). Black Americans are also more likely to live in multigenerational homes, live in crowded conditions, be imprisoned, or reside in populated urban areas compared to White Americans, making the act of social distancing more difficult.

Differential access to high-quality care and health-promoting resources necessary to prevent, diagnose, and appropriately manage chronic conditions additionally proved consequential. Black Americans faced measurable discrimination and bias when seeking health care related to the coronavirus. In the earliest days of the pandemic, Black Americans faced structural barriers to testing due to the fact that testing sites across the country launched drive-up locations, limiting access to individuals who owned or had access to a car. Many testing locations were not accessible to Black Americans without their own transportation, those living in rural communities, and those living with disabilities. Results from a 2020 national poll of Black Americans showed that most respondents anticipated experiencing discrimination and receiving disparate treatment when seeking care for the coronavirus, with 63% agreeing that Black American patients with COVID-19 were less likely to have everything done to save their lives.

**Care Inequity**

Finally, the report found that during the COVID-19 pandemic, cross-sectoral inequities hampered health-promoting resilience among Black Americans, particularly with vaccinations. Early vaccination eligibility guidelines threatened equitable access for Black Americans, with a consistent 10-percentage point gap between Black and White adults in the initial months following the availability of vaccines. Difference in

approaches to vaccine rollout across states added yet another layer of access hurdles for Black Americans, with vaccination rates from May 2021 (five months into the vaccine rollout) showing that Black Americans were less likely to be vaccinated compared to their White counterparts.

As the pandemic has progressed and entered its third year, looking at the “now” perspective, the report noted that organizational trustworthiness successfully served to build confidence across the communities providers served. In relation to vaccinations, the rate of fully vaccinated adult Black Americans has grown to be on par with other racial/ethnic groups, and based on the most recent available data, the rate of vaccination against COVID-19 for that demographic is 80%.

Thanks to concerted efforts and targeted partnerships among the Black community, more equitable access to COVID-19 resources has become available. Such collaborations have been crucial in making gains toward accessible testing and vaccination locations, as well as ensuring access to personal protective equipment, therapies, and representation in clinical trials.

Despite these efforts, during the first week of January 2022, Black Americans experienced the highest rate of hospitalization for any racial/ethnic group since the inception of the pandemic (64 per 100,000). This was more than double the highest weekly rate (26 per 100,000) that occurred in January 2021.

The report also noted that over two years into the pandemic, Black Americans are continuing to face significant behavioral health challenges. Evidence has shown that Black Americans are more likely to experience anxiety and/or depression because of the pandemic, compared to White Americans. Substance abuse has also increased due to pandemic stressors, especially among those with existing disorders. One study found that opioid overdoses have increased among Black Americans by as much as 52%, while it has actually decreased 24% for White Americans.

## Searching for Solutions

With such a multitude of evidence laid bare, *The State of Black America and COVID-19* turns its attention to targeted solutions to provide equity in health outcomes and overall health status for Black Americans. As Leon Jerrels, M.B.A., M.H.A., RN, CPHQ, director, Quality Improvement, for Kelsey-Seybold Clinic, expressed in a keynote address at AMGA’s 2021 Chronic Care Roundtable, population health programs and providers “need to stop just filling in the social determinants of health. They need to start doing something with them.”

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The first area in need of overhaul is data collection. Though data collection has improved over the course of the pandemic, disparities still remain across the country in systems meant to capture and report data by race. As of March 2022, an average of 34.4% of COVID cases in the U.S. were reported with an unknown race or ethnicity. Having access to the most precise data is inarguably vital to the effectiveness of addressing health equity among Black Americans.

Other areas of concern for the report authors were boosters (just 46% of booster-eligible Black adults had received a booster vaccine dose, compared to 61% and 56% among Asian and White adults, respectively), children and adolescents (Black children have the lowest vaccination rates among 5- to 17-year-olds), testing, therapies, long

COVID, education, community investment, economic opportunity, healthcare workforce, and pandemic readiness.

Despite the disheartening findings and evidence at hand, the authors of the report concluded with a number of actionable steps for improvement. Since vigilance and intentionality remain critical to ensure an equitable recovery for Black Americans and the establishment of an adequate, integrated, and sustainable community and public health infrastructure capable of responding to future public health crises, the BCAC proposed a number of simple but effective recommendations. Among them were that sectors of American society be held accountable for doing all in their power to engage Black people with fairness and respect; that federal and local governments establish funding mechanisms that will facilitate the sustainable infrastructure necessary to address the complex array of health and medically relevant social challenges; that local government adopt a “Health Justice in All Policies” approach to governance and that collaborative efforts be instituted to address key determinants across our society; and that local departments of public health provide the race and other demographic data and assessments necessary to identify high-target priorities.

The BCAC report is ultimately a call to action. Despite an unsurprising myriad of challenges and disparities across a multitude of indicators of well-being, reports such as this continue to influence incremental policy and practice interventions that may alleviate the suffering experienced by Black Americans and other communities of color. “The work ahead will be more challenging than ever and requires well-designed, adequately funded, and strategically coordinated efforts at the national, regional, state, and local levels,” write the authors. “The time is now to recognize that health equity is the work of everyone and for each one of us to do our part on the journey.” **GRJ**

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