



The City of
WORCESTER

The City of Worcester COVID-19 Equity Taskforce

Co-chaired by the City of Worcester Department of Health and
Human Services (HHS) and UMass Memorial Health Care
(UMMHC)

September 14, 2020

\$8.99

JUNE 22, 2020

NEW WORKER



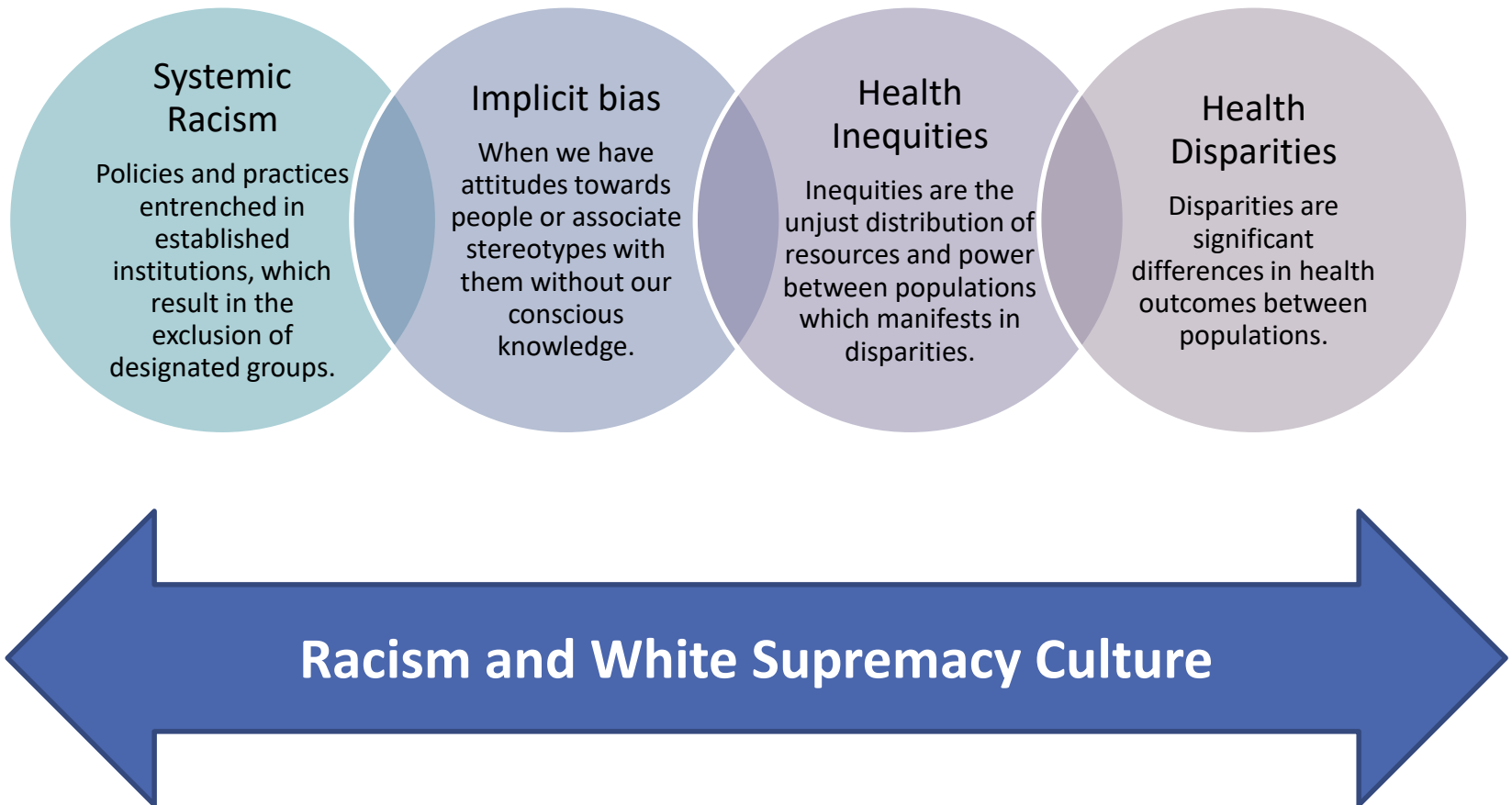
We must work arduously to accelerate the elimination of the unacceptable inequities that pervade our health care system and our world at large. As the COVID-19 pandemic has painfully illustrated, these inequities, fostered by our society's racism, keep African Americans and other racial and ethnic minorities (Indigenous, Latinx) from receiving the accessible, high-quality care that every American deserves. **Structural racism, manifested by deep inequities in housing, employment income, and education, contributes to a greater prevalence of underlying chronic conditions.**

American College of Surgeons, 2020

American College of Surgeons. 2020. American College of Surgeons Call to Action on Racism as a Public Health Crisis: An Ethical Imperative

<https://www.facs.org/about-ac/s/responses/racism-as-a-public-health-crisis>

What does racism look like in public health and healthcare?



Racism structures opportunity and assigns value based on how a person looks.



The result: conditions that unfairly advantage some and unfairly disadvantage others.

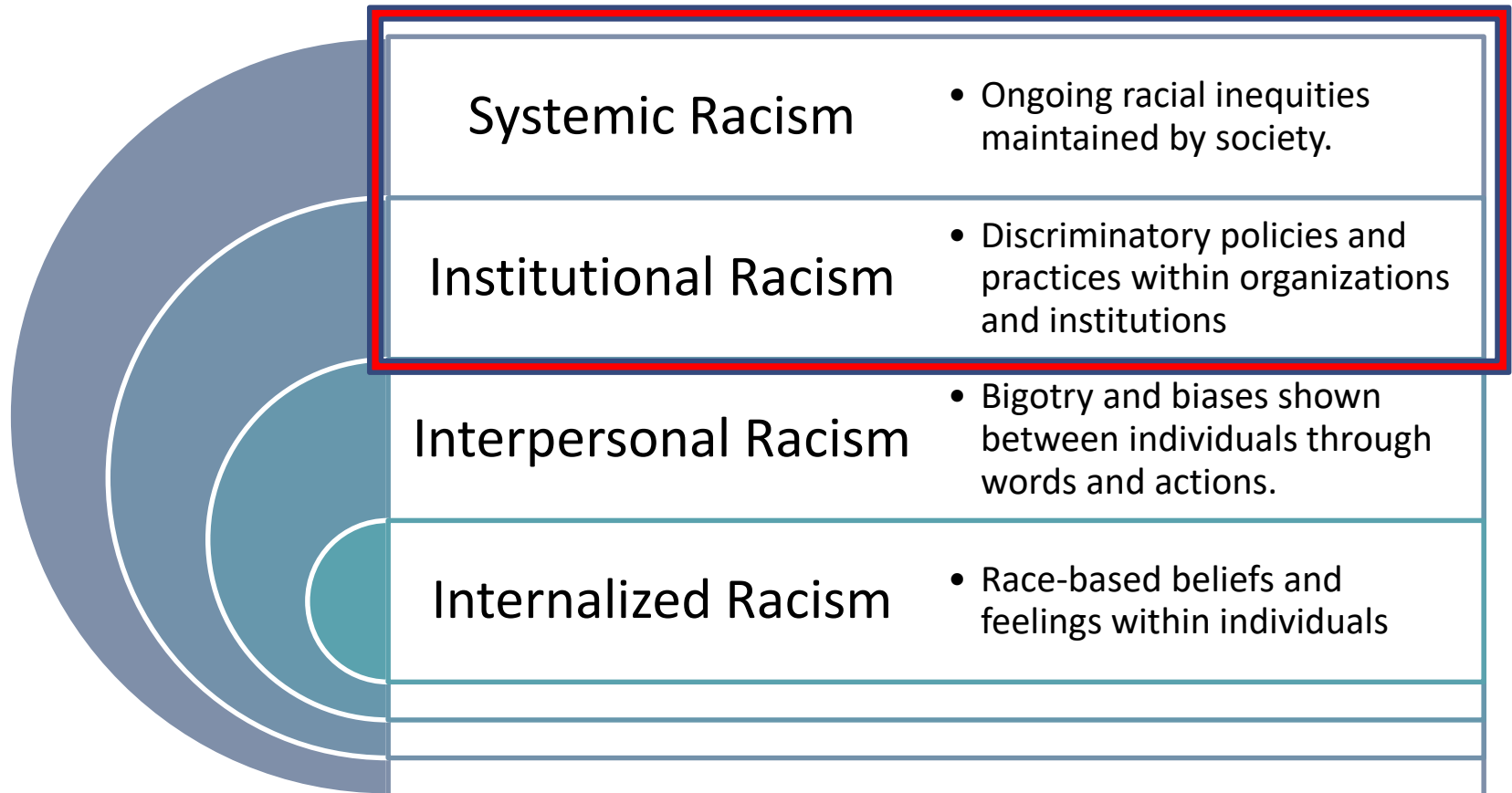
Racism hurts the health of our nation by preventing some people the opportunity to attain their highest level of health.

Racism may be intentional or unintentional. It operates at various levels in society.

Racism is a driving force of the social determinants of health (like housing, education and employment) and is a barrier to health equity.



How does racism play a role in impacting the social determinants of health?





“We do know that health inequities at their very core are due to racism.”

-Dr. Georges Benjamin,
Executive Director
American Public Health Association

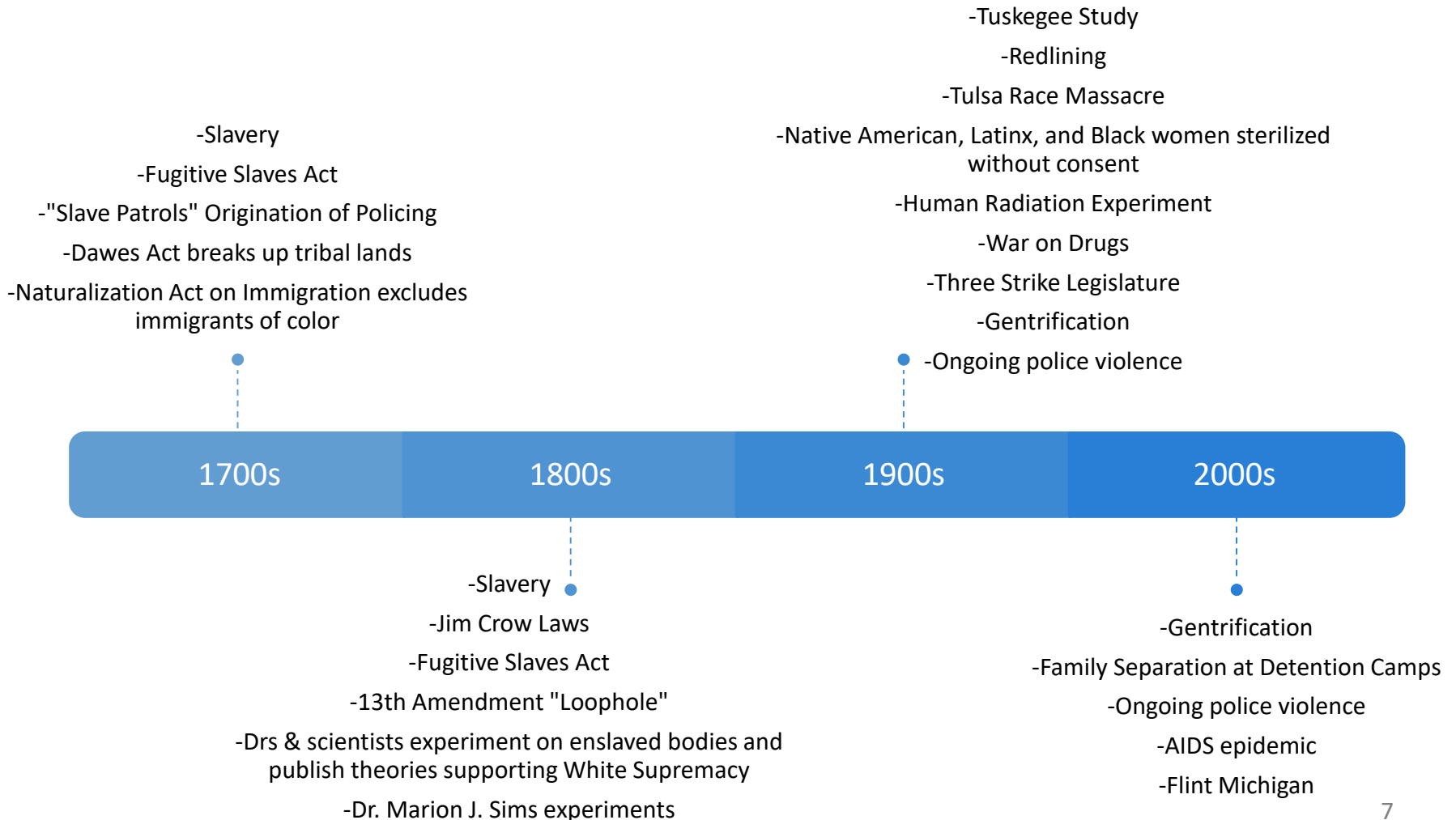
Black women are up to **four times** more likely to die of pregnancy related complications than white women.

Black men are more than **twice** as likely to be killed by police as white men.

And the average life expectancy of African Americans is **four years** lower than the rest of the U.S. population.

How did we get here?

Timeline of Racism and its implications on Public Health



Health disparities as outcomes of systemic racism:

Black and Latino individuals are roughly **twice** as likely as White counterparts to be employed in high-risk occupations

Hispanic and foreign-born populations have the **highest risks** of work-related fatal injuries

For all cancers combined, the death rate is **25 percent higher** for African Americans/blacks than for whites.

Hispanics are **2.5x and 1.5x less likely** to have health insurance than White and Black, Non-Hispanic counterparts

Black and Hispanic youth ages 10-14 are **5x and 4x** more likely than their White counterparts to give birth

Black population have **6 less** expected years free from chronic conditions (YFAL) than their White counterparts

Black and Hispanic populations are **more likely** to have reported an asthma attack within the past year

Black and Hispanic populations are **roughly twice as likely** as White counterparts to have diabetes

Black men are roughly **8 times** more likely than White men to have HIV

Black women are **1.6x more likely** than White counterparts to have pre-term birth

Hispanics are **50% more likely** than White counterparts to die of diabetes or liver disease

Centers for Disease Control and Prevention. 2013. "CDC Health Disparities and Inequalities Report — United States, 2013." U.S. Department of Health and Human Services.

<https://www.cdc.gov/mmwr/pdf/other/su6203.pdf>

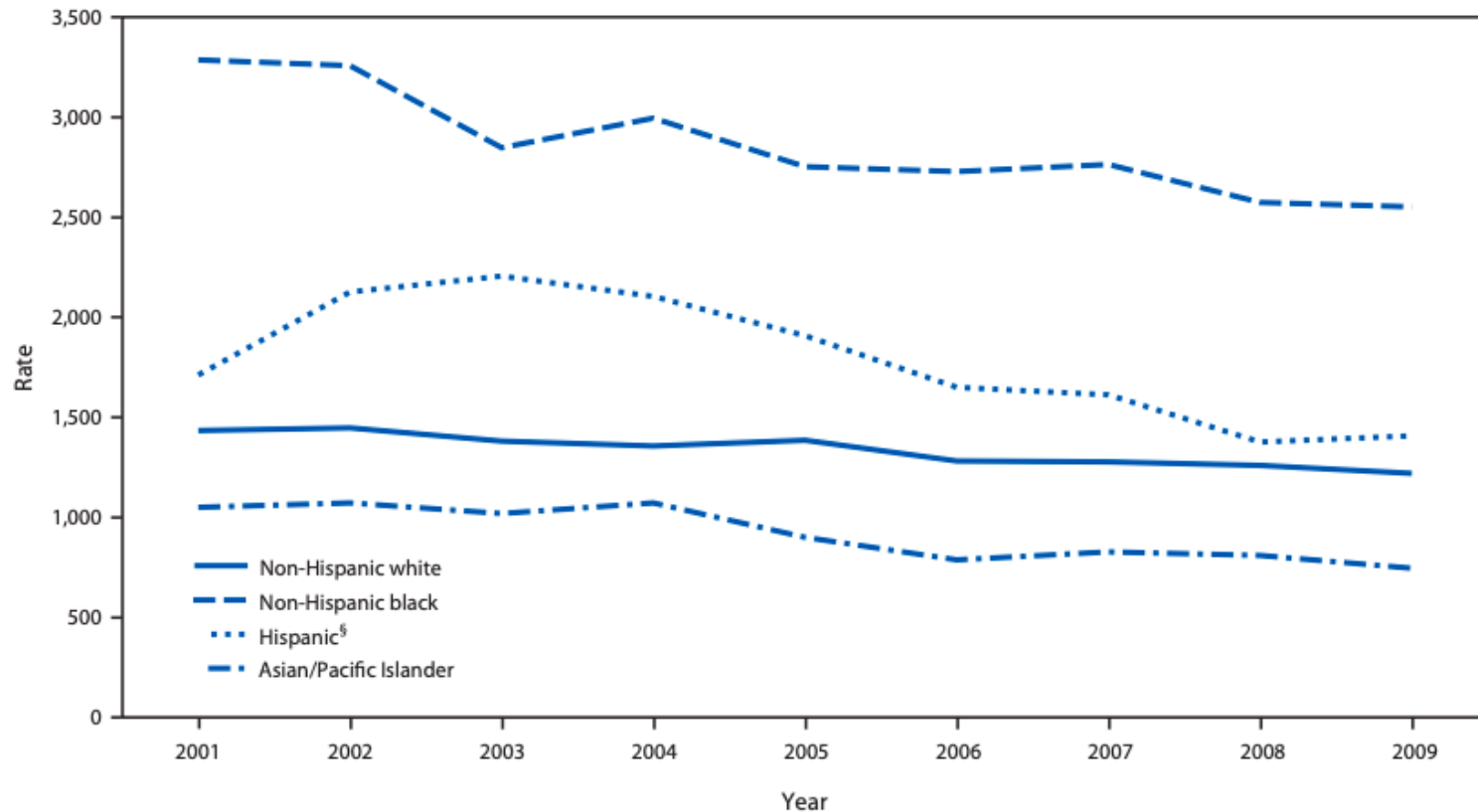
Centers for Disease Control and Prevention, Office of Minority Health and Health Equity. 2015. *Hispanic Health*. U.S. Department of Health and Human Services.

<https://www.cdc.gov/vitalsigns/hispanic-health/index.html>

National Cancer Institute. Examples of Cancer Health Disparities. U.S. Department of Health and Human Services. <https://www.cancer.gov/about-nci/organization/crchd/about-health-disparities/examples>

Racism in Healthcare as Potentially Preventable Hospitalizations

FIGURE 3. Rate* of potentially preventable hospitalizations[†] among adults aged ≥18 years, by race/ethnicity — United States, 2001–2009




Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, State Inpatient Databases disparities analytic file, 2001–2009.

* Per 100,000 population.

[†] For diabetes, hypertension, congestive heart failure, angina without procedure, asthma, dehydration, bacterial pneumonia, and urinary infections.

[§] Persons of Hispanic ethnicity can be of any race or combination of races

An illustration of a doctor and a patient. The doctor, on the right, is wearing a white lab coat and a stethoscope, looking down at a tablet. The patient, on the left, is wearing a dark suit and a red tie, looking towards the doctor. The background is a brick wall. A blue horizontal bar is in the top left corner.

“I find it shocking that 40% of first- and second-year medical students endorsed the belief that ‘black people’s skin is thicker than white people’s.’”

In the 2016 study, trainees who believed that black people are not as sensitive to pain as white people were less likely to treat black people’s pain appropriately.

Indicators of systemic racism as SDOH in Worcester:

Latinos in Worcester have a poverty rate **2x greater** than White counterparts¹

Latino Worcester residents are **3.6x less likely** than White residents to obtain a Bachelor's Degree¹

Black and Latino WPS students experience discipline **2x the rate** of White students²

In 2017, Black and Latino youth were arrested at rates 3.2x and 2.4x higher than white youth⁸

In Worcester, the Infant Mortality Rate for Latino and Black women are **3x and 2x greater** than their White counterparts³

Black and Latino communities make up **30%** of Worcester's total population, but **53%** of DCF children under 18⁴

66% of homeless youth in Worcester identify as Latino, Black or Multiracial⁵

BIPOC make up **43%** of the Worcester's total population, but only **16%** of the City of Worcester's full-time employment in 2019⁶

Black and Latino individuals make up **6%** of UMass Medical School's Executive and Managerial leadership and **13%** of total faculty.⁷

Sources:

¹US Census 2018 ACS 5-Year Survey

²Department of Elementary and Secondary Education. 2019. Worcester.

³Worcester Healthy Baby Collaborative. 2014-2016 IMR Data.

⁴Mass.gov. 2020. MASSACHUSETTS DEPARTMENT OF CHILDREN & FAMILIES QUARTERLY PROFILE -- FY'2020, Q3 (01/01/20 - 03/31/20)

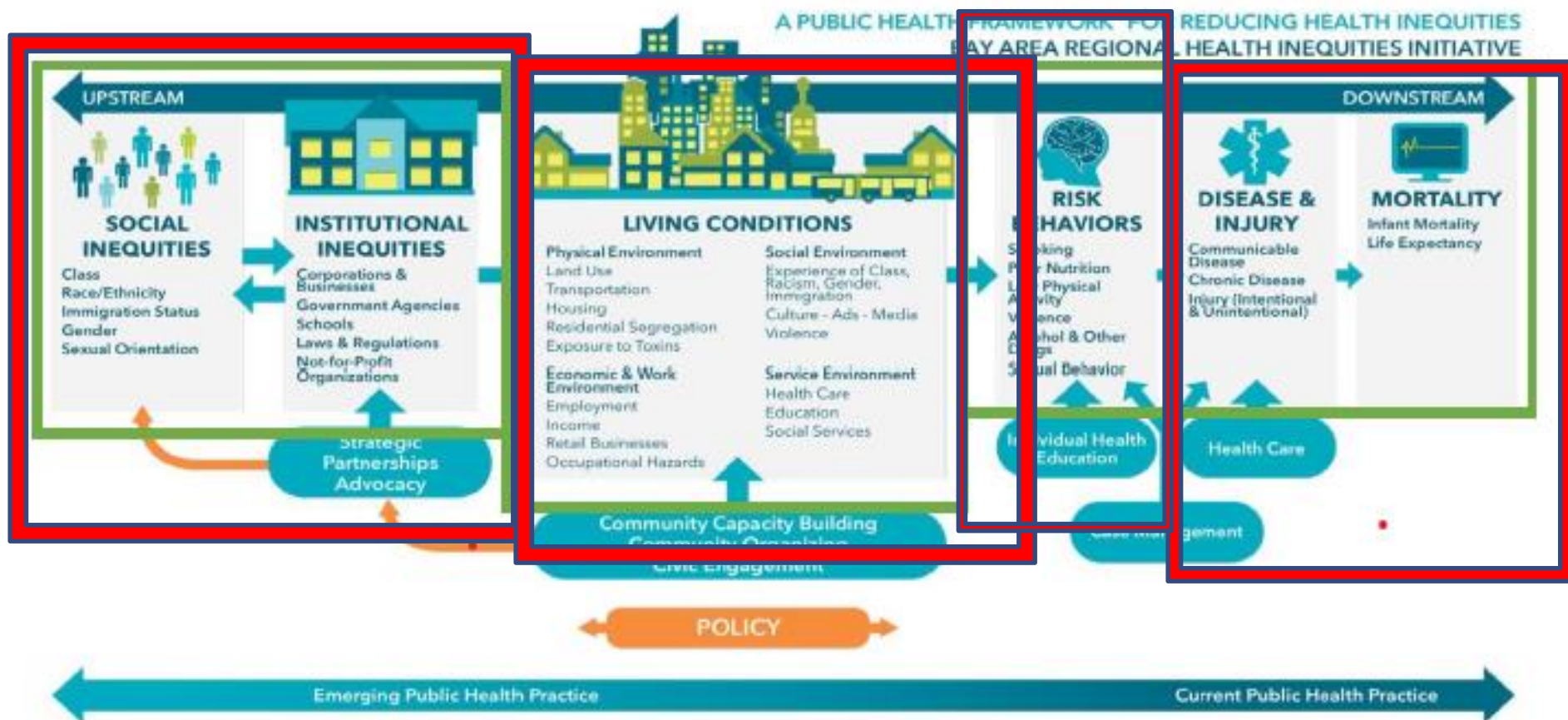
⁵Massachusetts Youth Count data for Worcester County (data collected between April 23 and May 13, 2018).

⁶The City of Worcester Diversity & Inclusion Division. 2019. Diversity & Inclusion Demographic Analytics - City of Worcester's Workforce. The City of Worcester.

⁷Umass Medical School. 2013. Organizational Profile. <https://www.umassmed.edu/globalassets/diversity-and-equality-opportunity-office/documents/aap-dci-tables-22.pdf>. Umass Medical School.

⁸Ross, L. 2018. WORCESTER RR YOUTH VIOLENCE PREVENTION INITIATIVE Results • Date and 2018 Community Assessment. Clark University. <http://www.worcesterma.gov/uploads/d8/29/d8294dfe2b77552450fa850061eb2128/youth-violence-prevention-initiative.pdf>

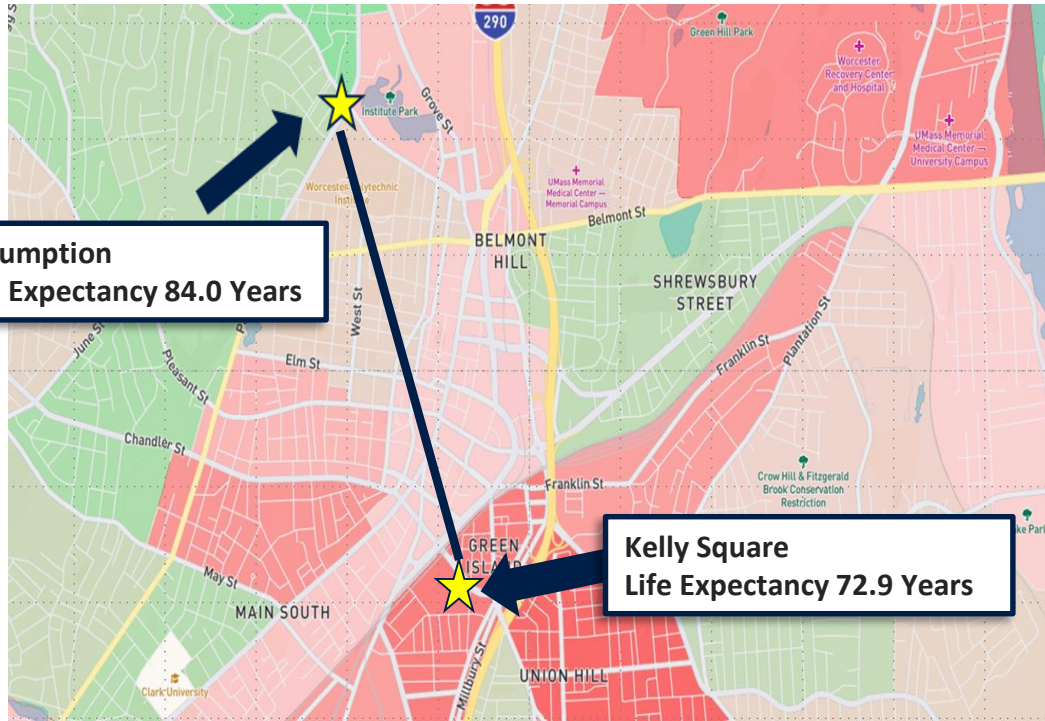
Health Justice



- Poor conditions prevent people from practicing healthy behaviors **and achieving good health.**

Two Miles Apart, 11.1 Years of Life Expectancy Difference

**Assumption
Life Expectancy 84.0 Years**



**Kelly Square
Life Expectancy 72.9 Years**

	Life Expectancy at Birth
Massachusetts	80.7
USA	78.5
Albania	76.4
Vietnam	76.3
Honduras	75.2
Worcester- Main South 1	74.1
Venezuela	74.1
Worcester- Kelly Square	72.9
Bangladesh	72.7
Libya	71.9
Worcester- Union Hill	71.6

Life Expectancy in Context

The COVID-19 Equity Task Force will leverage resources to address systemic barriers to health equity and provide access for all, through a cross-sectoral partnership.

Mission: This Task Force aims to deeply review the systemic racial and other inequities that inflict our healthcare system and are exacerbated by the COVID-19 pandemic. In order to address these systemic barriers, the Task Force calls to elevate equity-focused solutions in response to short and long-term needs.

Transparent Data
Working Group

Outreach &
Education
Working Group

Testing Working
Group

Access Working
Group

Working Group Activities and Accomplishments

Education & Outreach	Testing	Access	Data
<ul style="list-style-type: none"> -Identify, reduce, and eliminate health disparities by providing materials and resources for preventative measures -Collaborate with UMMHC's Care-Mobile for community outreach -Launch social media campaign and PSA -Collaborate between LEI, CoW and UMMHC for youth ambassador community outreach 	<ul style="list-style-type: none"> -Develop equitable testing strategies -Applied for and acquired \$35,000 from Worcester Together Fund for community testing -UMass Memorial provided an additional \$20,000 -Research additional funding sources -10+ Stop the Spread Community Testing Events 	<ul style="list-style-type: none"> -Propose solutions that mitigate challenges to communities of color with their healthcare: -Training health workers and office staff on cultural sensitivity -Coordination and dissemination of available community and clinical services -Mobile Healthcare Service Expansion -Increase testing access and availability -Community health worker expansion 	<ul style="list-style-type: none"> -Collecting and providing analysis using race, ethnicity, language gender, sexual orientation, social determinants of health -Provide data analyzation support for all working groups -Bi-weekly data update to internal groups

How can this model be replicated for preventative testing or screenings?

Holistic Community “Closed Loop” Prevention and Care Model:

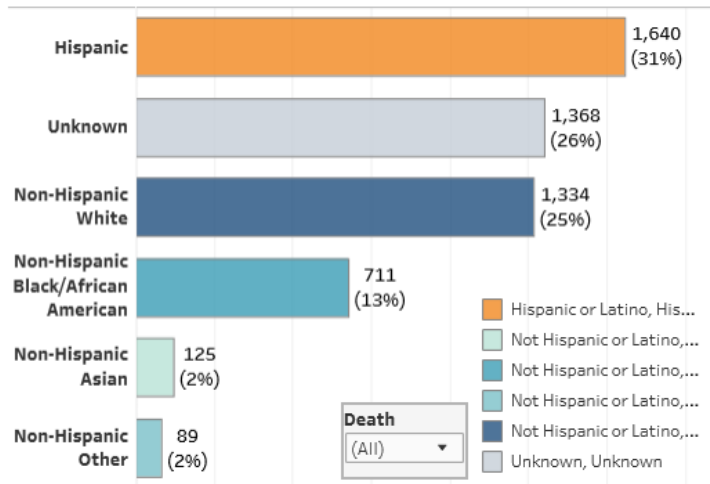
- **Data informed:** Neighborhoods with highest positivity rate and lowest number of tests
- **Community Testing:** Partner with community organizations (Main South CDC, WHA, EMK)
- **Education & Outreach:** UMMHC Ronald McDonald Care Mobile and Youth from the Latino Institute provide neighborhood-based prevention measures, PPE and resource kits
- **Access:** Community location; MassHealth enrollment; Connection to care

COVID-19 Prevalence in the City of Worcester

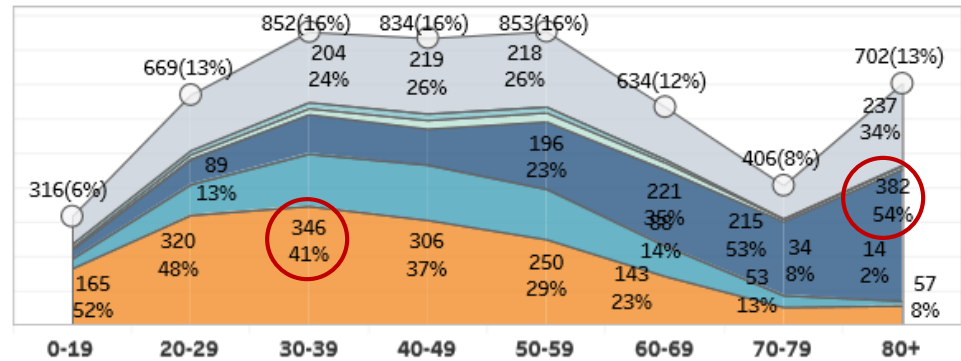
City of Worcester reported 5,267 Positive COVID-19 cases to date. Hispanics are the largest group testing positive at 31% which is much greater than the Hispanic mix in the City at 21%

Ethnicity	Race	% of Worcester County by Race/Ethnicity	% of Worcester City by Race/Ethnicity	Number of COVID-19 Positive Patients 7/7/20	% of COVID-19 Positive Population by Race/Ethnicity 7/7/20
Hispanic	All	11%	21%	1,640	31%
Not Hispanic	White	77%	57%	1,334	25%
Not Hispanic	Black/African American	5%	12%	711	13%
Not Hispanic	Asian	5%	7%	125	2%
	Other/Unknown	2%	3%	1,457	28%
Total				5,267	

Total COVID+ by Race and Ethnicity

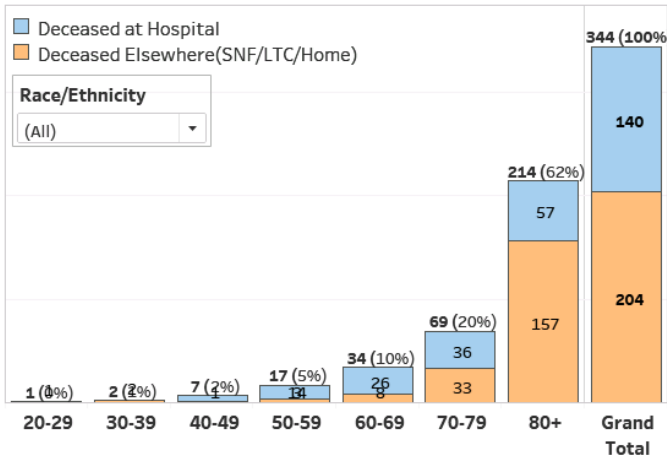


Total COVID+ by Age Group and Race Ethnicity



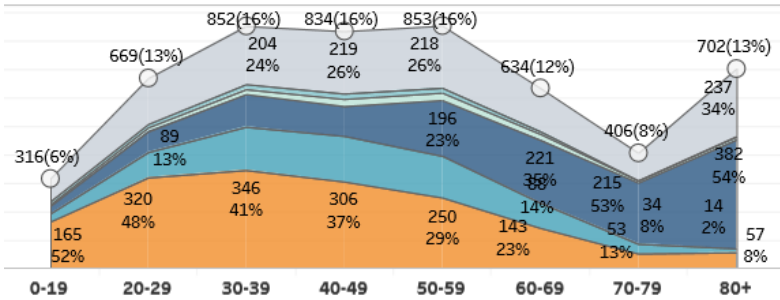
Hispanic COVID-19 positives are younger than Non-Hispanic positives with the largest group at 30-39 years old compared to the White race largest group at 80+ years old.

COVID-19 Mortality Rates in the City of Worcester are Low and Highest Among White Race

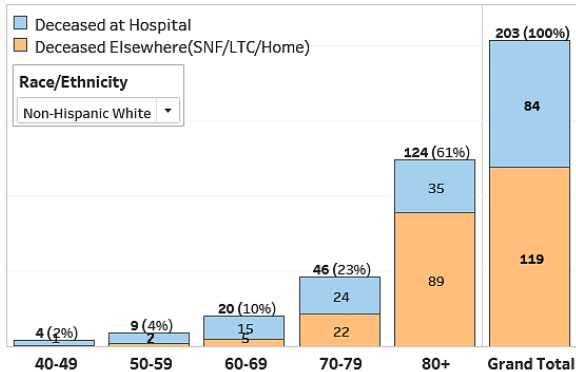


Worcester City Only (MAVEN Data as of 7/7/2020)							
Race/Ethnicity	% of Population by Race/Ethnicity	Population	# COVID+	# COVID+ Deaths	# COVID/10k	# COVID Deaths/10k	COVID Mortality Rate
Hispanic	21%	35,468	1,636	36	461	10	2%
Black/African American	12%	20,267	702	14	346	7	2%
White	57%	96,269	1,332	203	138	21	15%
Asian	7%	11,823	121	8	102	7	7%
Other	3%	5,067	87	2	172	4	2%
Unknown			1,389	81			6%
Total		168,893	5,267	344	312	20	7%

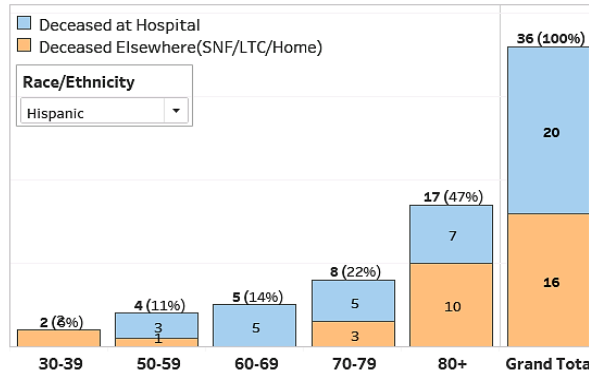
Total COVID+ by Age Group and Race Ethnicity



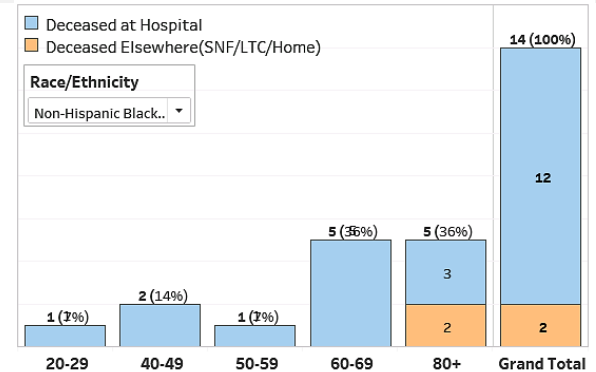
Mortality in the City of Worcester mainly occurs in White Race and among patients residing in nursing homes.. Likely this is due to the age of those testing positive and most of the nursing home patients were white. Hispanics test positive at lower ages than Non Hispanic populations and therefore have lower overall covid-19 mortality rates; however at age ranges 50-69 Hispanic rates are higher.



White race has highest mortality likely due to higher age of covid-19 positive patients

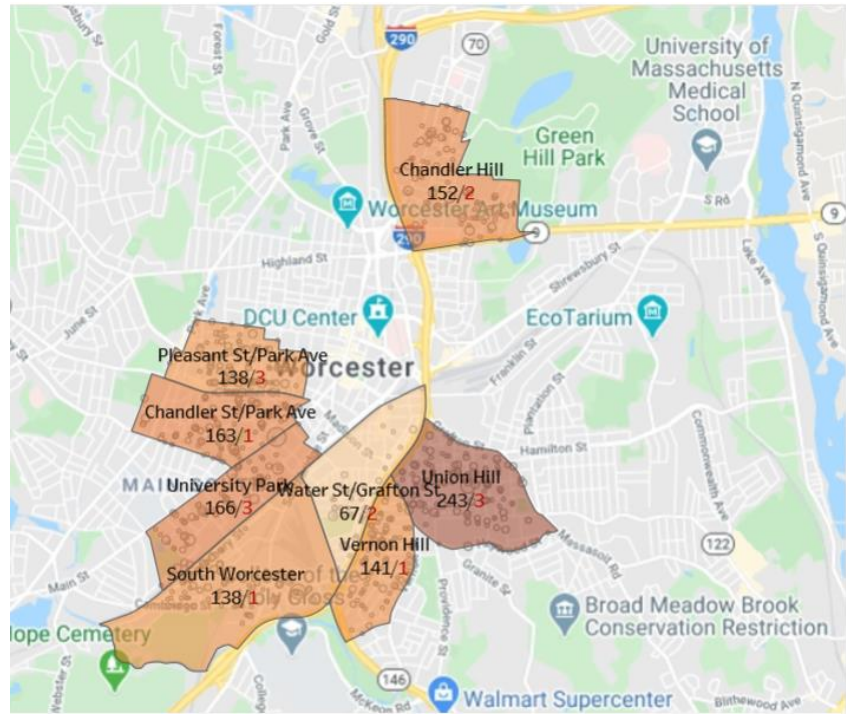
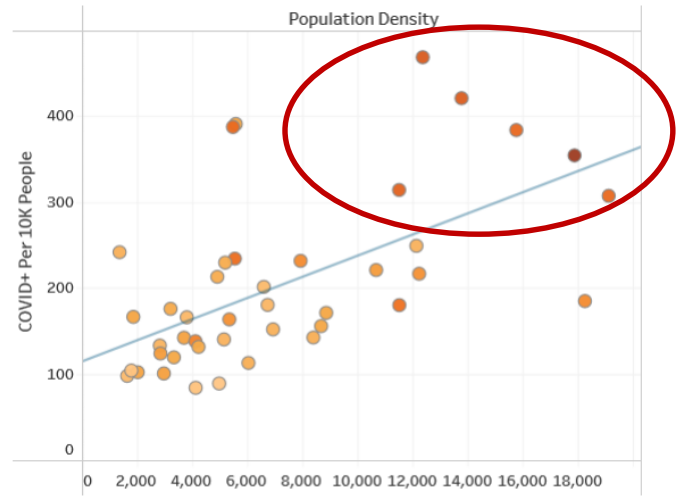


Hispanic has low mortality likely due to lower age of covid-19 positive patients

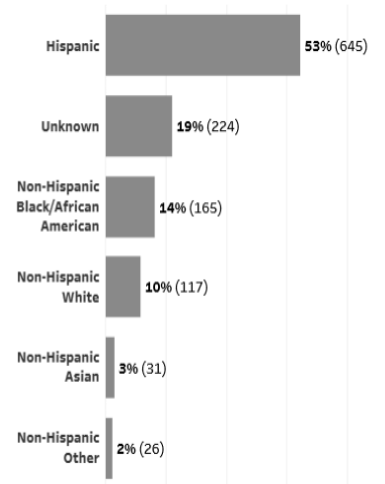


Black/AA has low mortality due to lower covid-19 positive numbers overall

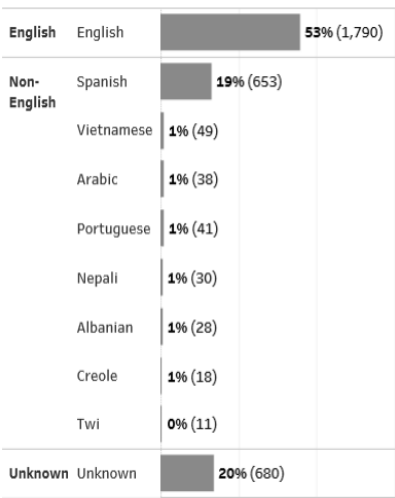
COVID-19 Highest Positives in High Population Dense Neighborhoods



COVID+ by Race and Ethnicity



COVID+ by Language (top 10 non-English Languages)

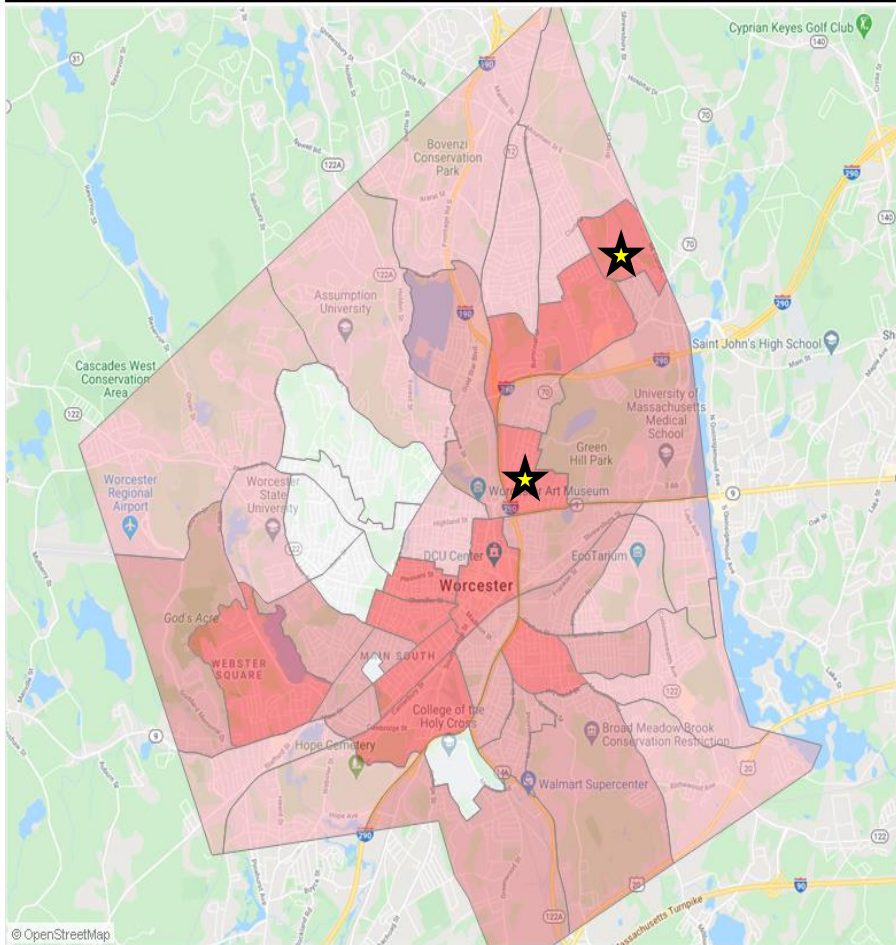


Neighborhoods with highest cases are those with highest population density. Rate of Hispanic positivity in these neighborhoods jumps to 53% and Black to 14% with the White race positivity at 10% of all cases in these neighborhoods

CDC Social Vulnerability Index 2018

City of Worcester

Overall SVI



Overall SVI Percentile
 ■ Top 10% ■ Top 50%
 ■ Top 25% ■ Bottom 50%

Socioeconomic Measures Percentile
 ■ Top 10% ■ Top 50%
 ■ Top 25% ■ Bottom 50%

Household Comp. & Disability Measures Percentile
 ■ Top 10% ■ Top 50%
 ■ Top 25% ■ Bottom 50%

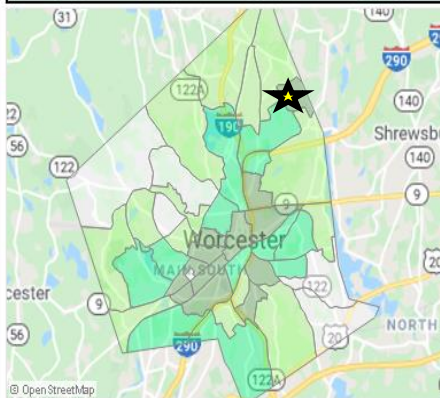
Minority Status and Lang. Measure Percentile
 ■ Top 10% ■ Top 50%
 ■ Top 25% ■ Bottom 50%

Housing and Transportation Measure Percentile
 ■ Top 10% ■ Top 50%
 ■ Top 25% ■ Bottom 50%

★ - Top 1% Nationally

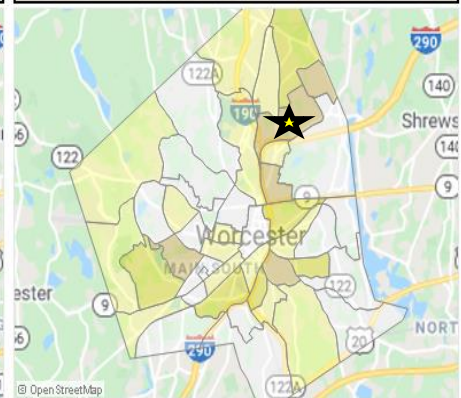
THEMES

Socioeconomic



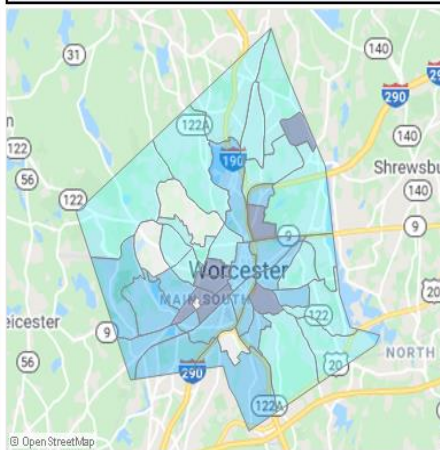
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Household Composition & Disability



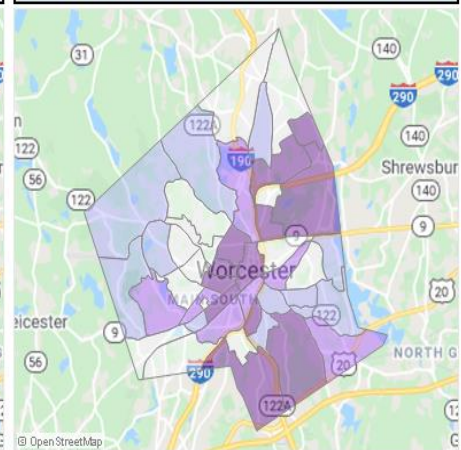
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Minority Status & Language

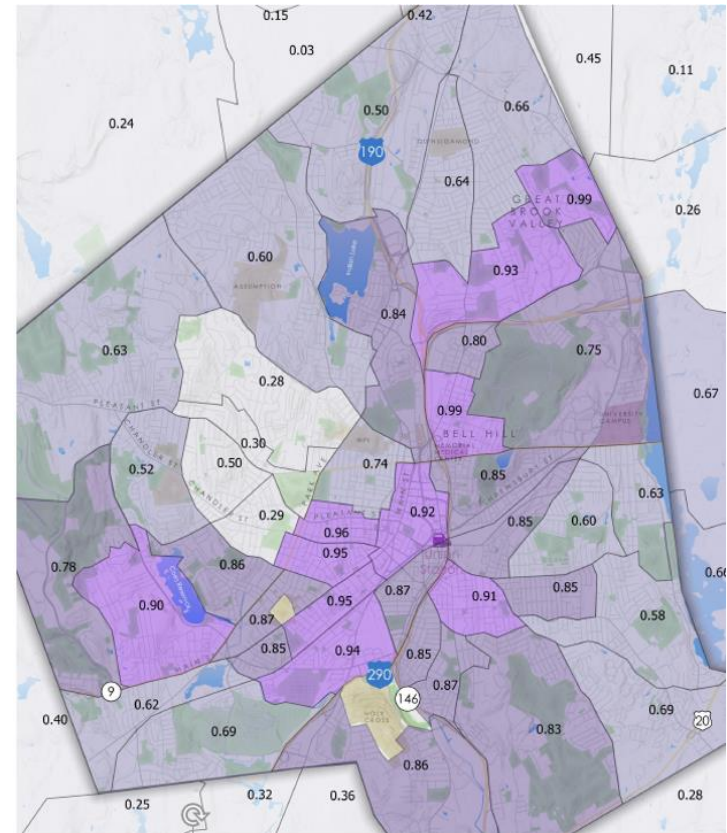
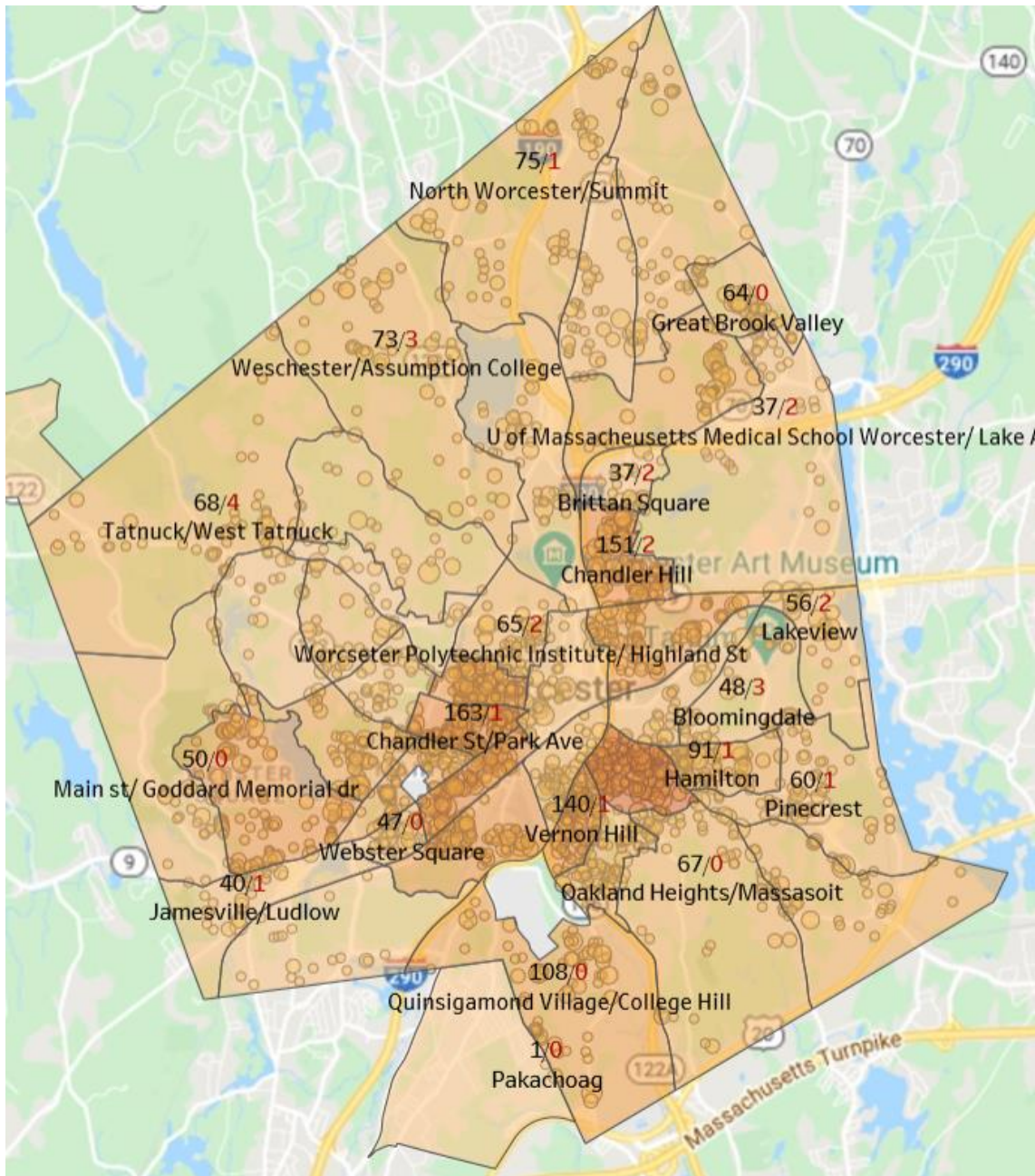


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Housing Type & Transportation

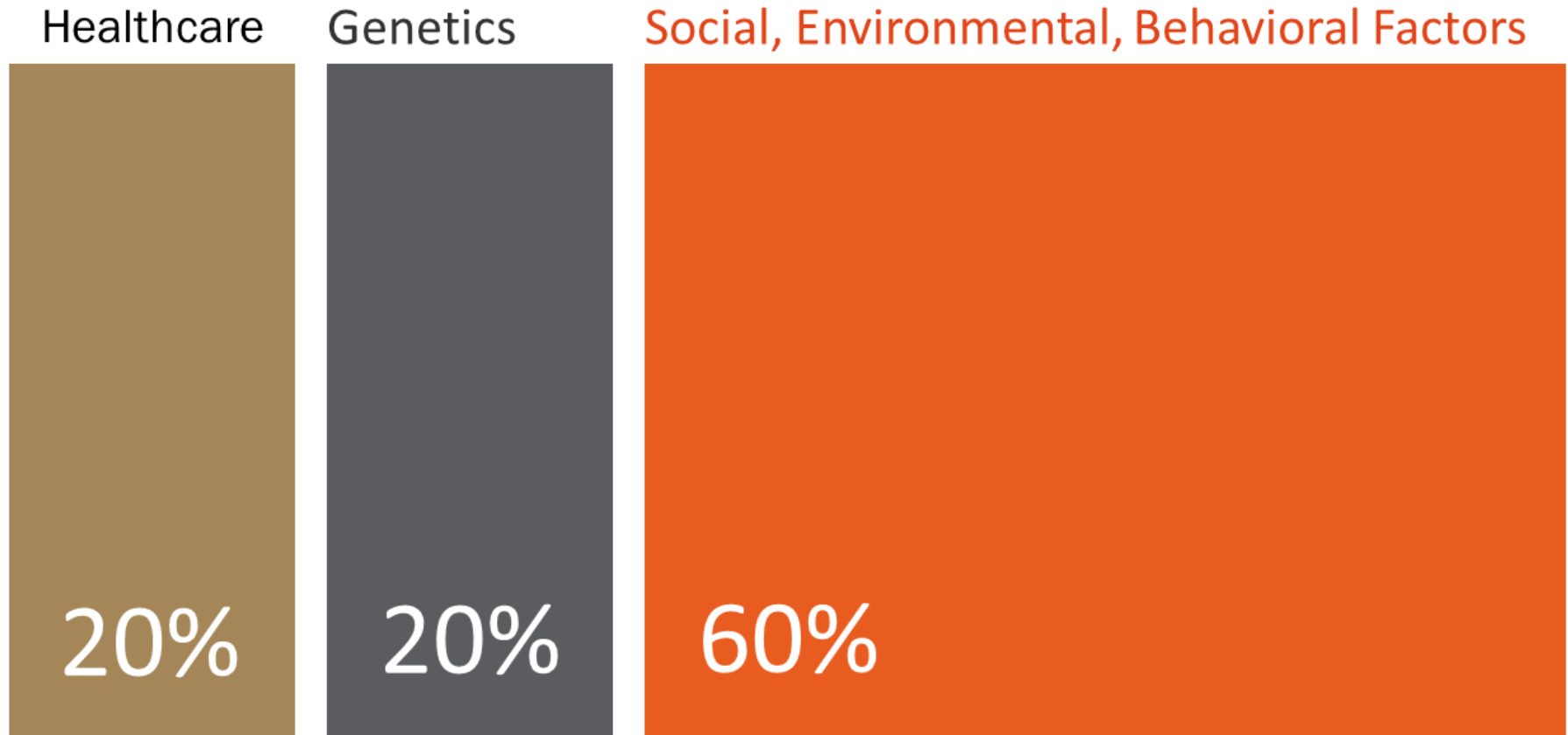


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COVID-19 Positive Cases occur at higher rates in the neighborhoods with high Social Vulnerability

What makes us healthy?



Additional Considerations

Best practice health care delivery

Create broader engagement from other health care organizations, providers and insurers to end racism and create justice in healthcare

Develop best practice standards for culturally sensitive and accessible healthcare in Worcester

Multifaceted approach to community outreach and testing

Continue to implement and sustain community outreach & testing events for COVID-19 tests, antibody tests, and future vaccines

Build trust by outreaching into communities and meeting them in their own neighborhoods

Anti-racist training and programs for all health-related institutions

Partner with health-related institutions to address racism and reduce racial inequities affecting patients and public health

Establish, support and sustain pipeline from youth to medical clinicians, so that healthcare providers reflect Worcester's diverse population equitably



“Racism is antithetical to the oaths and moral responsibilities we accepted as health professionals who have dedicated our lives to advancing the health of all, especially those who live in vulnerable communities.”

HHS believes in Health Justice

We need to invest money into new housing

Provide thousands of employment opportunities that pay livable wages

Provide equitable funding for schools that meet the needs of youth in Black, Latino and immigrant communities

Invest in pipelines that allows young people from the community to see themselves in high power and well-paid positions

We need equitable healthcare for all. We need appropriate and free public transportation

We need to invest in a public safety model that amplifies community voices, centers lived experience and promotes mental health and well-being

