

Podcast Contributor Show Notes - Race and Medicine Series

Racial Disparities in COVID-19 Outcomes with Dr. Jasmine Marcelin

Contributors: Jasmine R. Marcelin MD, FACP, Jay-Sheree Allen MD, Neda Frayha MD

Summary: This year we've launched two special audio series to help clinicians practice the best medicine possible: one on the Covid-19 pandemic, and the other on dismantling systemic racism in medicine. In this special conversation, these two audio series come together for an in-depth view of racial disparities in Covid-19 outcomes and how we can do better by our patients. Our usual hosts, Drs. Jay-Sheree Allen and Neda Frayha, interview Infectious Diseases specialist and Diversity and Inclusion expert Dr. Jasmine Marcelin for a rich discussion that sits right in the center of the Covid-19/Race and Medicine Venn diagram.

Sample Tweet: What do #Covid19 & our #RaceAndMedicine series have in common? Take a listen to this special conversation featuring the one & only @DrJRMarcelin on why we see such disparities in Covid-19 outcomes & what we can do differently. #FOAM #FOAMed [insert link and artwork, tag Jay-Sheree Allen and Neda Frayha]

Tags:

Infectious Diseases
Public Health
Health Care Outcomes
Clinical Approach
Education

References and Resources:

1. APM Research Lab Staff. The Color of Coronavirus: COVID-19 Deaths by Race and Ethnicity in the U.S. Associated Press News. <https://www.apmresearchlab.org/covid/deaths-by-race>. Published August 2020. Accessed November 7, 2020.
2. Marcelin JR et al. The impact of unconscious bias in healthcare: How to recognize and mitigate it. *The Journal of Infectious Diseases* 2019;220: S62–S73. <https://doi.org/10.1093/infdis/jiz214>
3. Essien UR, Venkataramani A. Data and policy solutions to address racial and ethnic disparities in the COVID-19 pandemic. *JAMA Network*.

<https://jamanetwork.com/channels/health-forum/fullarticle/2765498>. Published April 2020. Accessed August 24, 2020.

4. Yancy CW. COVID-19 and African Americans. *JAMA* 2020;323(19):1891–1892. doi:10.1001/jama.2020.6548
5. Gross CP, Essien UR, Pasha S, et al. Racial and ethnic disparities in population level Covid-19 mortality. *J Gen Intern Med* (2020). <https://doi.org/10.1007/s11606-020-06081-w>
6. Centers for Disease Control and Prevention. COVID-19 Hospitalization and Death by Race/Ethnicity. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html> Updated August 18, 2020. Accessed November 7, 2020.

New Intro:

As of November 13, 2020, there have been over 10 million confirmed cases of coronavirus in the United States and 242,710 deaths.

APM Research Lab has been monitoring how COVID-19 mortality is impacting certain communities with their Color of coronavirus project

and data available through Nov 10, 2020 shows that :

1 in 875 Black Americans have died from COVID-19, leading to the highest mortality rate of any other race or ethnic group nationwide, 2 times as high as White Americans and even more than double the rate of Asian Americans"?

I'm Dr. Jay-Sheree Allen, a Family Physician in Central Minnesota and I am joined by my co-host for this Race and Medicine series, Dr. Neda Frayha, a primary care internist in Baltimore and the host of Hippo's Primary Care Reviews and Perspectives podcast.

Here at Hippo we're partway through two special audio series - one on what clinicians need to know in a really practical way about COVID-19 and one on what clinicians need to know in a really practical way on Race and Medicine.

Today we have a topic that sits in the perfect middle of the Venn diagram of these two broader topics - disparities in health outcomes related to COVID-19 and we're joined by the perfect guest to discuss this topic.

Dr. Jasmine Marcelin is an Infectious Diseases physician, an Associate Program Director of the University of Nebraska Medical Center's Internal Medicine Residency, a leader in antimicrobial stewardship and a prominent voice on racism as a root cause of health inequities.

New Closing:

Dr. Marcelin thank you for joining us and sharing such rich information with us.

After we closed this segment Dr. Marcelin shared the names of a few other leaders in this space and we encourage you to explore their work.

Dr. Rhea Boyd
Lash Nolen, a Harvard medical student
Drs. Uche and Oni Blackstock

Dr. Utibe Essien - a former guest on this very series!

Dr. Monica Maclemore

Dr. Camara Jones, whose work proves that this is a lifelong conversation and not something we can fix right away.

Dr. Marcelin's Professional Titles: Assistant Professor, Infectious Diseases
Associate Program Director, UNMC Internal Medicine Residency
Associate Medical Director, Antimicrobial Stewardship Program
Co-Director, Digital Innovation & Social Media Strategy, Division of Infectious Diseases
University of Nebraska Medical Center

Email: jasmine.marcelin@unmc.edu

Social Media Handles:

- **Twitter:** [@DrJRMarcelin](https://twitter.com/DrJRMarcelin)

Objectives:

- Describe current racial and ethnic disparities emerging from the COVID-19 pandemic
- Review historic context and current situation leading to these disparities
- Identify actions to address these disparities

Host Intro:

Jay:

Welcome to the latest conversation in Hippo Education's audio series on Race and Medicine. In this series, we explore different ways in which racism and the practice of medicine intersect,

with the goal of empowering all of us to make concrete changes to our clinical practice and provide the best care possible to our patients.

Your two usual hosts are here with you today! I'm Dr. Jay-Sheree Allen, a Family Medicine physician in central Minnesota.

Neda: And I'm Dr. Neda Frayha, a primary care internist in Baltimore and the host of Hippo's Primary Care Reviews and Perspectives podcast. You know, here at Hippo we're partway through two special audio series - one on what clinicians need to know in a really practical way about COVID-19 and one on what clinicians need to know in a really practical way on Race and Medicine. And here we have a topic that sits in the perfect middle of the Venn diagram of these two broader topics - disparities in health outcomes related to COVID-19

Jay:

Joining us today for this conversation is Dr. Jasmine Marcelin. She is an Infectious Diseases physician, an Associate Program Director of the University of Nebraska Medical Center's Internal Medicine Residency, a leader in antimicrobial stewardship and a prominent voice on racism as a root cause of health inequities. So really, she is the perfect person for this topic!

Neda: We are so honored to have you as our guest! Dr. Marcelin, I'd love to dive right into the staggering statistics. As of September 2020, when we're recording this conversation, COVID is killing Black people at a rate 2.3 times higher than that for White and Asian people; 2 times higher than the rate for LatinX people; 1.6 times higher than the rate for Pacific Islanders and 1.2 times the rate for Native American people. Can you help us understand some of these statistics?

- *Discussion of the data, any other data on disparities that you would like to share*

2:45

- Early in the pandemic rallying cry, disparities emerge, why is this happening
- Data rolling in for NA/Latinx community
- The pandemic not 'causing' these disparities, rather peeling back the layers

5:33

Jay: Building on our last question, could you share a little about why we are experiencing some of these disparities?

- *Structural racism - examples pertaining to covid*
 - *e.g., who is able to work from home, have paid sick leave, not rely on public transportation for their commute*
 - *who makes up most of our public-facing essential workers*
 - *higher rates of underlying conditions that make a person high-risk for covid complications*
 - *vulnerable communities, e.g., homeless or incarcerated*

- *Unconscious bias - examples pertaining to covid*

6:00

- Risk has a lot to do with the environment

7:29

- Go back even further to systemic levels of what that environment looks like

7:50

- NA example. I get the point by 8:40
- Handwashing, food washing, immediate family, essential jobs, all good points but gets very opinionated and super long winded, cutting for time

11:40

- All of these factors

12:15

- Other question, access to care, money to pay Cut at 13:00 and I'll re-record this because the numbers have changed so much to the end 14:11

-

Neda: In our best effort to help keep our patients healthy, we often share recommendations such as:

- Call your PCP if you have symptoms
- Stay home from work
- Physical distance
- Get tested if you're sick

But not every member of our community has access to any of these resources. The advice we dole out simply doesn't match with the realities that so many of our patients face. What should we be doing differently?

15:00

- Be more intentional about our patients' needs
- English cut at 16:17, rather than.

16:53

- The other thing, healthcare org is a major employer, hazard pay, sick leave policy,

18:00

- Other things we can do as individuals, troubleshoot based on circumstances, etc Get the point by 18:33

20:00

- Praxis podcast to the end, healthcare reform Good stuff but long !

Jay: Before we move into actions that we as individual clinicians can take, I wonder what broader, structural reforms can we advocate for? The problem is so huge, and sometimes for a well intentioned person who wants to be an ally, it can be hard to know where to begin.

- *Collect and publish racial and ethnic demographic data on COVID-19 infection and mortality*

- *Expand access to Medicaid to support people who lose employer-sponsored health insurance when they lose their jobs*
- *Invest in the social safety net, e.g., funding community health centers, public health departments, social service organizations with relationships with minority communities*

24:23

- Clinical researcher example

25:15

- Rhea Boyd article

25:57

- Run a clinic with low number minority patients, reaching the community ...26:43

27:00

- Health Policy again, med orgs, lobby, advocate. Cut at 27:32

28:17

- Individual skills

28:37

- Broader level, feeling that there's not a problem here, interrogate leaders, who makes decisions. 29:20 ... Can cut here Infant mortality but we talked about that with JCP.

31:30

- What are the culture nuances that are so important

Neda: We always close each conversation with 3 concrete steps our listeners can take beginning today to improve their practices. What 3 action items would you encourage all of us to embrace?

(Dr. Marcelin's steps for being an anti-racist ally:

- *Action*
- *Educate yourself*
- *Listen*
- *Re-define your circle*
- *Evaluate*
- *Accountability*
- *Importance of acknowledging the discomfort and making it not about the person doing the work)*

Neda: Closing

33:00

- Eval circle for diversity

34:15

- Hold leaders accountable

35:30

- Recognizing that this work is uncomfortable

Cut at 38