

Understanding Health Disparities Highlighted by the Coronavirus Pandemic in South Carolina



South Carolina Institute of Medicine & Public Health

One Pager
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Exploring the intersection of COVID-19, racism and inequitable health outcomes in the Palmetto State

The South Carolina Institute of Medicine and Public Health (IMPH) is an independent, nonprofit organization with the mission to collectively inform policy to improve health and health care. IMPH serves as an informed, nonpartisan convener and provider of evidence-based information relevant to policy decisions and other actions impacting the health and well-being of all South Carolinians.

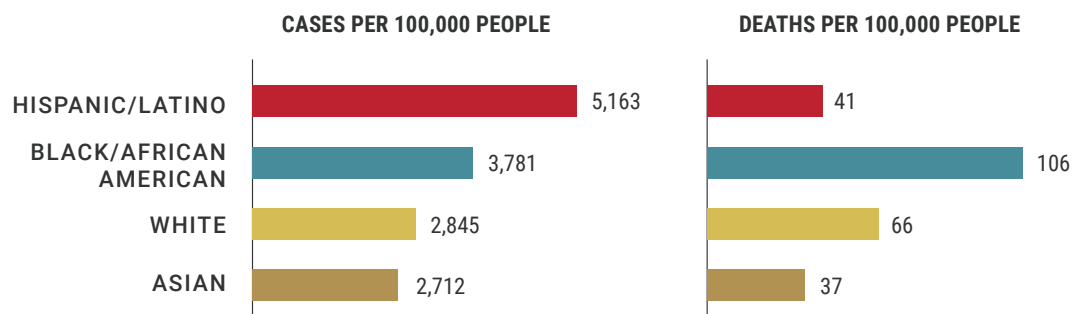
In December 2020, IMPH published a report providing a comprehensive description of the intersection of racism, race/ethnicity, determinants of health and health outcomes and how these factors have made COVID-19 deadlier for people of color, along with recommendations to address and reduce health inequities in South Carolina.

Data has identified COVID-19 racial and ethnic disparities for people of color including higher case counts and higher mortality rates compared to white South Carolinians.



GRAPH 1

Per Capita Case and Death Data by Race and Ethnicity in South Carolina*^{1,a}

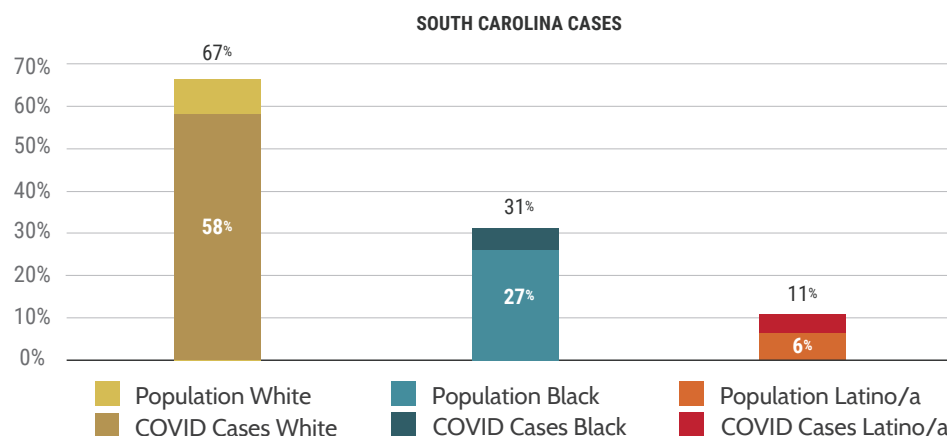


*As of December 1st

Source: Boston University, The COVID Tracking Project at The Atlantic | Data Source: South Carolina Department of Health and Environmental Control

GRAPH 2

South Carolina COVID-19 Cases* Compared to Population** by Race and Ethnicity^{2,a}



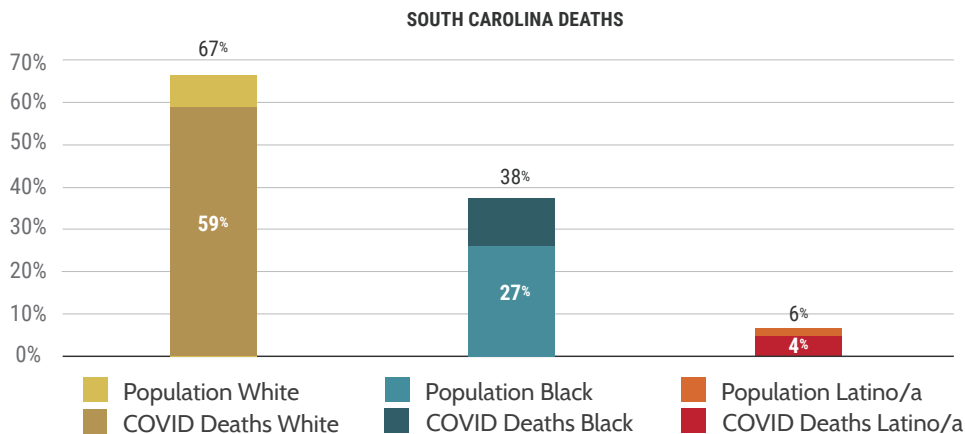
*as of December 3rd, 2020 | **Population estimates, July 1, 2019, United States Census Bureau³

Source: Centers for Disease Control and Prevention (CDC) 2019 Population Estimates & CDC COVID Tracking Project

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GRAPH 3

South Carolina COVID-19 Deaths* Compared to Population** by Race and Ethnicity^{4,a}



*as of December 3rd, 2020 | **Population estimates, July 1, 2019, United States Census Bureau⁵
Source: Centers for Disease Control and Prevention (CDC) 2019 Population Estimates & CDC COVID Tracking Project

With renewed attention drawn to disparate health outcomes, the COVID-19 pandemic has created an opportunity to take action to reduce these inequities. Experts have set forth many policy proposals to reduce health inequities highlighted by the virus.

Some of the recommendations covered in this report include:

- **Support essential workers** by providing hazard pay, paid sick leave, childcare and personal protective equipment as long as their employment puts them at risk of COVID-19 infection.
- **Maintain expanded telehealth coverage** made available during the pandemic beyond the emergency period and provide reimbursement levels equal to that of in-person care to support a high-quality, affordable and equitable telehealth delivery system that meets the needs of patients. A total of 144 new telehealth services have been enlisted for Medicare reimbursement since the COVID-19 public health emergency began.⁷
- **Expand broadband coverage** to increase access to virtual education and telehealth to mitigate the divide in rural areas. South Carolina is among the ten states with the highest proportion of K-12 students without adequate internet connection, with 266,000 students without internet.⁶
- **Target resources for testing, tracing and treatment** of vulnerable populations based on individual community needs. No-cost testing and triage centers should be available and easily accessible to all South Carolinians. Focus extra resources in rural areas and communities with a high proportion of minorities to improve the well-being of all state residents.

Future pandemics are likely, and the consequences of racial inequities in public health and care delivery will continue to destabilize South Carolina if leaders do not reconsider the status quo. Ultimately, South Carolinians deserve adequate care delivery and a strong public health safety net system. Without a robust public health infrastructure, our most vulnerable citizens will continue to be disproportionately impacted by COVID-19 and future pandemics.

For more information, please visit [IMPH.org](https://imph.org) or contact info@imph.org.

^a Discrepancies in data are likely due to differences in methodology between the Boston University Tracking Project and DHEC. Boston University used the 2018 ACS 5-Year Estimates and Standard Census Categories for race and ethnicity in the dashboard. However, DHEC is currently reporting their data using non-standard categories including "unknown" and "under investigation," which likely led to the largest discrepancies in the data between the two sources. In addition, earlier charts and graphs based on DHEC data utilize the 2019 Single Year Population Estimates provided by the United States Census, whereas the Boston University COVID Tracking Project uses the 5-Year Estimates provided by the Census, leading to minor differences in population data.

References

- 1 The COVID Tracking Project. "Infection and Mortality by Race and Ethnicity." The Atlantic. Last modified November 13, 2020. <https://covidtracking.com/race/infection-and-mortality-data>.
- 2 "CDC COVID Data Tracker: Demographic Trends of COVID-19 cases and deaths in the US reported to CDC." Centers for Disease Control and Prevention. Updated daily. <https://covid.cdc.gov/covid-data-tracker/#demographics>.
- 3 U.S. Census Bureau. "Single Year Population Estimates, July 1, 2019 (V2019)" Quick Facts, accessed November 14, 2020. <https://www.census.gov/newsroom/press-kits/2018/pop-estimates-national-state.html>.
- 4 "CDC COVID Data Tracker: Demographic Trends of COVID-19 cases and deaths in the US reported to CDC." Centers for Disease Control and Prevention. Updated daily. <https://covid.cdc.gov/covid-data-tracker/#demographics>.
- 5 U.S. Census Bureau. "Single Year Population Estimates, July 1, 2019 (V2019)" Quick Facts, accessed November 14, 2020. <https://www.census.gov/newsroom/press-kits/2018/pop-estimates-national-state.html>.
- 6 Chandra, S., Chang, A., Day, L., Fazlullah, A., Liu, J., McBride, L., Mudalige, T., Weiss, D. "Closing the K-12 Digital Divide in the Age of Distance Learning." San Francisco, CA: Common Sense Media, 2020.
- 7 South Carolina Hospital Association. "Maintaining Expanded Telehealth Access Beyond COVID-19." Last October 21, 2020. <https://scha.org/news/maintaining-expanded-telehealth-access-beyond-covid-19/>.