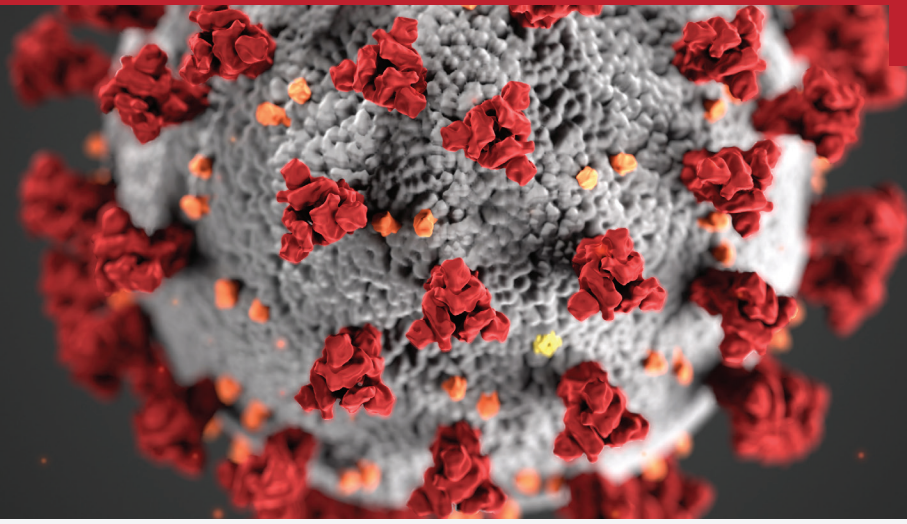




Newly Released DHEC Death Count Data Shows Disproportionate Impact of COVID-19 on Black Residents in all Regions of South Carolina

JULY 2020



Across America, COVID-19 Exposes Inequities

As of July 15, 2020, the novel coronavirus (COVID-19) has sickened more than 3.4 million people in the U.S. and taken the lives of 135,991.¹ Across the country, long-standing systemic health and social inequities have been highlighted by the increased risk to minority communities of contracting COVID-19, being hospitalized due to COVID-19 and dying of complications from the virus.² Newly available data from the Centers for Disease Control and Prevention (CDC) shows that Black people and Latinos have been disproportionately impacted by the virus across the U.S. in all age groups.³ In cases counted through the end of May 2020, Latino and Black communities have been three times as likely to become infected as their white neighbors.⁴ Ratios of hospitalizations also show disparities with Black Americans being hospitalized five times more often for COVID-19 than white Americans. As of June 23, 2020, nationally, one in 1,500 Black Americans have died from the virus; Black people represent 12.4% of the population in the U.S. but represent 23.8% of known COVID-19 deaths.⁵

Black and Latino communities are at an increased risk of contracting severe cases of COVID-19 infections due in part to social and environmental determinants of health such as living conditions and their representation in the workforce - all compounded by deeply rooted structural inequities, which have been present in public health and health care delivery for centuries.⁶⁻⁷ People of color are more likely to live in densely populated areas, resulting from long-standing residential segregation policies, limiting their ability to practice social distancing.⁸ They are also more likely to depend on public transportation and/or live in small apartments, or multigenerational homes, with limited space and more people.⁹ These inequities are also apparent in access to COVID-19 testing for people of color.¹⁰



COVID-19 has unveiled long-standing inequities; to truly combat the virus, equity-focused solutions must be at the forefront.

In South Carolina, Black Residents are Disproportionately Dying From COVID-19

The following data examines the disparate impact of COVID-19 on black communities in South Carolina. Due to limited access to testing, possible inaccuracies of viral tests and the existence of asymptomatic carriers, the actual COVID-19 case count is likely much higher than what the data indicates. State officials estimate that up to 86% of South Carolinians who have COVID-19 are undiagnosed or untested.¹¹ An increased number of state residents are seeking testing, and many experience significant wait times or delays getting their results.¹² The viral tests also produce false negatives about 10% of the time.¹³ It is estimated that between 5% and 80% of positive COVID-19 patients are asymptomatic carriers and that symptom-based screening will miss a significant amount of positive cases.¹⁴ COVID-19 death rate data provides the most accurate view of the impact of the virus on various communities. **This data shows that South Carolina's Black residents are being disproportionately impacted by the COVID-19 pandemic.**

On the national level, data clearly demonstrates that Latinos are also suffering from COVID-19 at disproportionate rates. This is evident in both case counts and death counts.¹⁵ Despite strong anecdotal

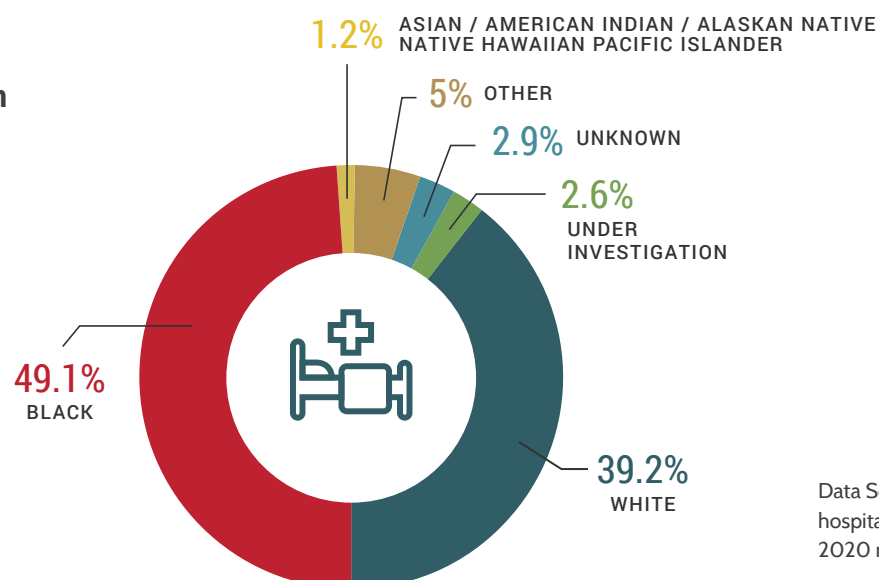
evidence demonstrating significant COVID-19 disparities for Latinos in South Carolina, the data reviewed for this report does not reflect this reality.¹⁶ A variety of factors may explain why there is a mismatch in quantitative and informal qualitative data for Latino Coronavirus disparities in the state. A delay in testing or a lack of testing may be caused by fears of deportation and mistrust in the health care system, causing case counts to be inaccurate.¹⁷ As this report reviews quantitative data, Black Americans are the focus of this analysis. Future analysis will focus on the Latino population in South Carolina.

Echoing national data, Black individuals in South Carolina are more likely than white individuals to experience a wide range of underlying health conditions, including diabetes, hypertension and high cholesterol, which leads to increased risk of heart disease.¹⁸ These conditions make people more vulnerable to contracting COVID-19 and can make their recovery more difficult.¹⁹

As demonstrated in Chart 1, Black individuals make up 49.1% of hospitalizations in South Carolina for COVID-19, which is significantly higher than their representation of the state's population (27%).²⁰

CHART 1

COVID-19 Hospitalizations in South Carolina by Race²⁰

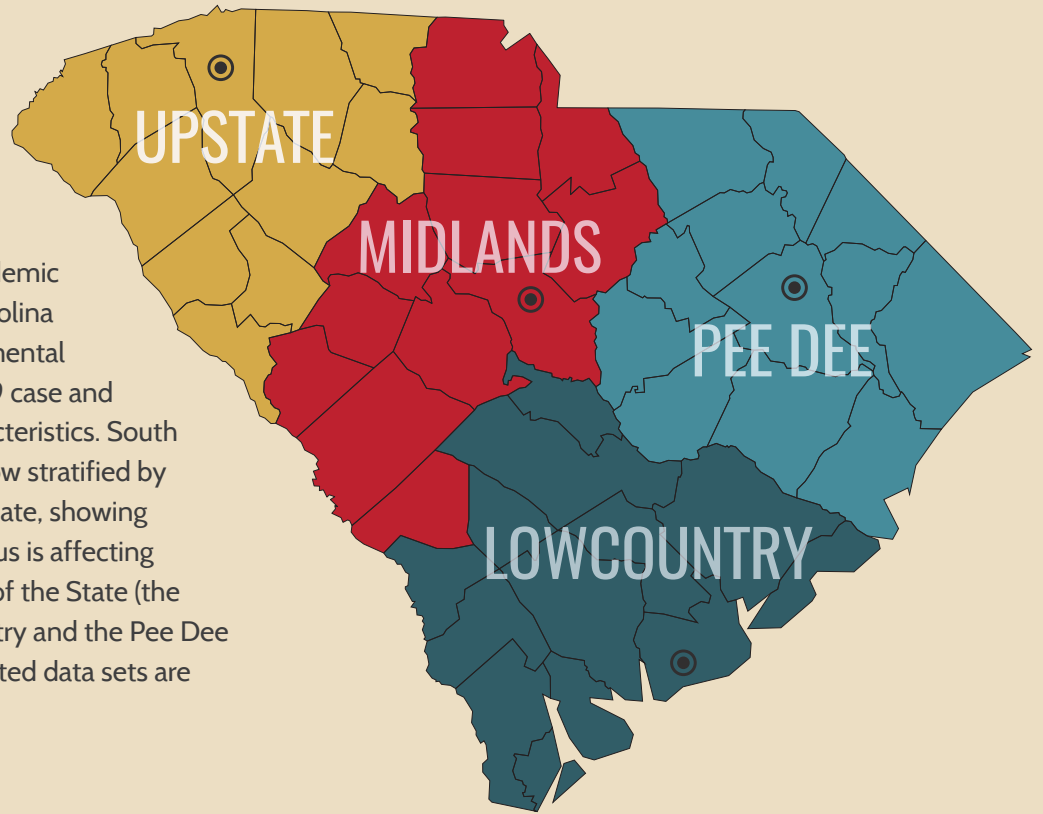


Data Source: DHEC, hospitalizations as of July 8, 2020 n=3,409²⁰

MAP 1

South Carolina Counties by Region

As part of their response to the pandemic in the Palmetto State, the South Carolina Department of Health and Environmental Control (DHEC) is tracking COVID-19 case and death counts by demographic characteristics. South Carolina's COVID-19 death data is now stratified by race and ethnicity by region of the state, showing significant differences in how the virus is affecting demographic groups in each region of the State (the Upstate, the Midlands, the Lowcountry and the Pee Dee regions). These regionally disaggregated data sets are demonstrated in Charts 2-8 below.



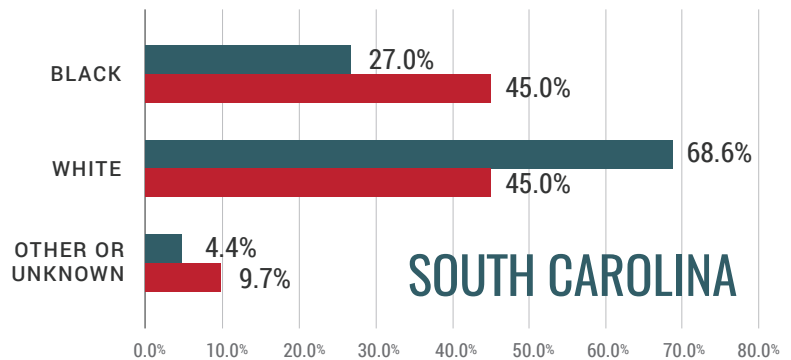
State-Level COVID-19 Deaths

Although Black people account for only 27% of the population of South Carolina, they represent 45% of state residents who have died from the Coronavirus. While white people also represent 45% of COVID-19 deaths, they make up 68.6% of South Carolina's population.

CHART 2

Percentage of COVID-19 Deaths by Race Compared to Population Demographics: South Carolina

- Percent of Population in South Carolina
- Percent of COVID-19 Deaths in South Carolina



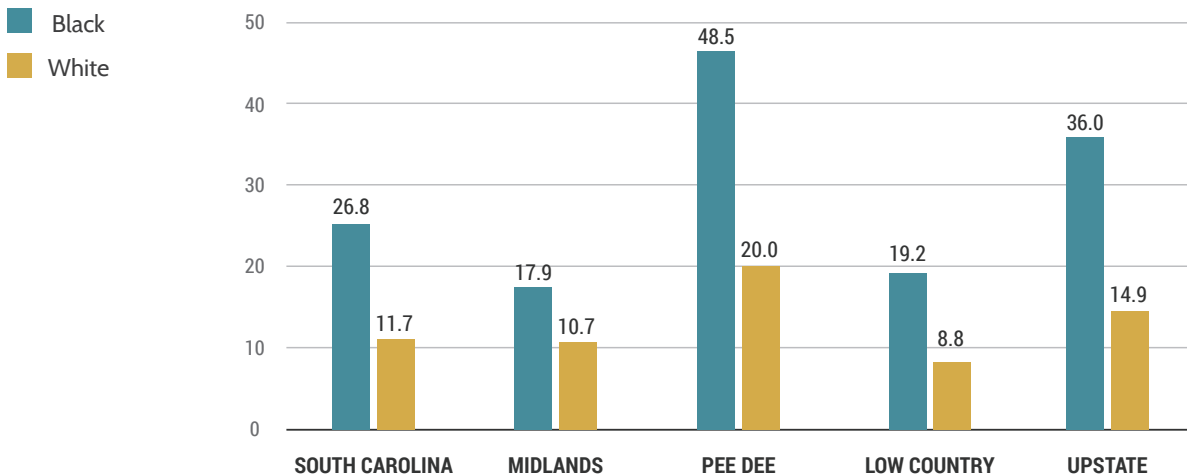
Data Sources: DHEC and U.S. Census Bureau, n=673 ²⁰

Data Sources - Charts 2, 5-8: South Carolina Department of Health & Environmental Control (DHEC) and U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population for Counties in South Carolina: April 1, 2010 to July 1, 2019. Release Date: March 2020. Data for death and population is categorized in racial groups: White, Black and Other or Unknown, which includes American Indian and Alaska Native, Asian, Native Hawaiian and Other Pacific Islander and Two or More Races. ²⁰

Regional Death and Case Rate Data

CHART 3

Rate per 100,000 of COVID-19 Deaths Comparing White and Black by Region

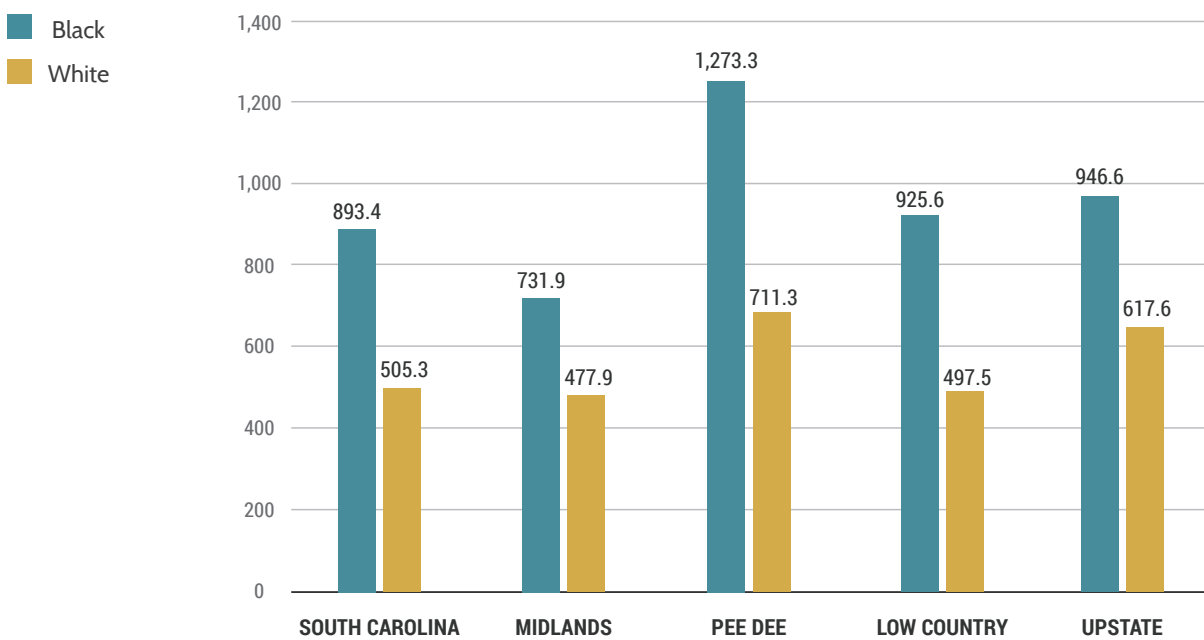


Data Source: DHEC through July 8, 2020 ²¹

The biggest racial disparity in the state for deaths is in Pee Dee, as the Black community has 2.43 times the rate of death compared to whites.

CHART 4

Rate per 100,000 of COVID-19 Cases Comparing White and Black by Region



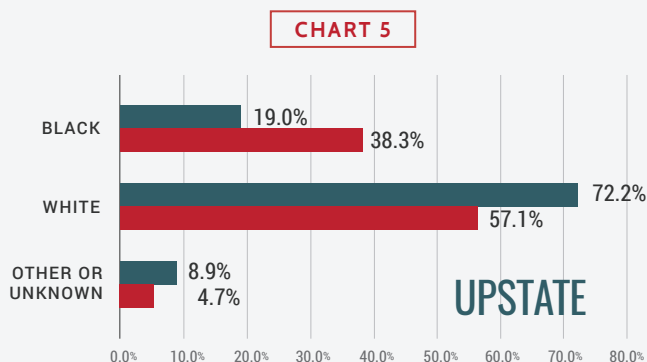
Data Source: DHEC through July 8, 2020 ²¹

For documented cases, the largest disparity appears in the Low Country, as the Black community has 1.86 times the rate of whites.

Regional Deaths Compared to Population

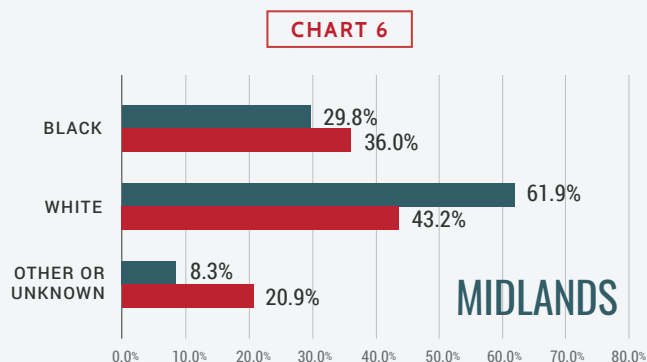
Percentage of COVID-19 Deaths by Race Compared to Population Demographics by Region

- Percent of Population in South Carolina
- Percent of COVID-19 Deaths in South Carolina



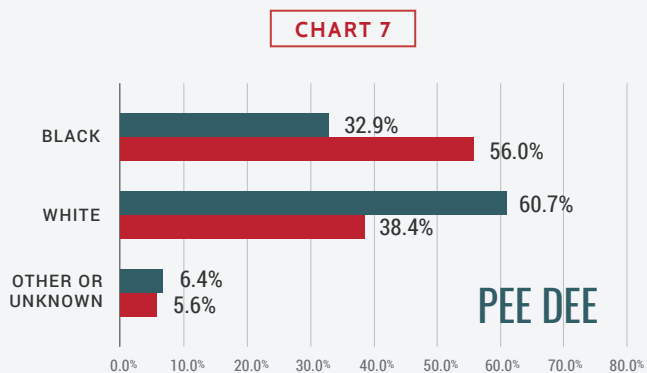
Data Sources: DHEC and U.S. Census Bureau, n=149 ²⁰

In the Upstate, COVID-19 deaths for Black people are 19.3 percentage points **higher** than their representation in the population. Conversely, white people COVID-19 deaths are 15.1 percentage points **lower** than their representation in the population.



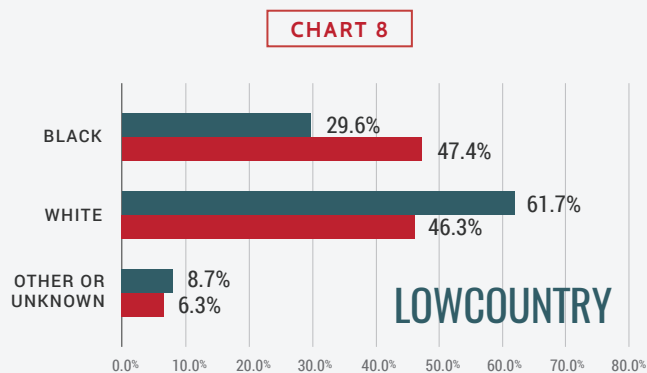
Data Sources: DHEC and U.S. Census Bureau, n=197 ²⁰

In the Midlands, Black people represent nearly 30% of the population and 36% of deaths, while white people represent about 61.9% of the population and only 43.2% of deaths. Residents of the Midlands who did not identify as white or Black represent 8.3% of the population but other races and cases for which race is unknown account for 20.9% of COVID-19 deaths.



Data Sources: DHEC and U.S. Census Bureau, n=232 ²⁰

In the Pee Dee region, Black deaths are 23.1 percentage points higher than their percentage of the population while white deaths are 22.3 percentage points lower than their percentage of the population.



Data Sources: DHEC and U.S. Census Bureau; n=95 ²⁰

In the Lowcountry, Black people account for just under a third of the population but nearly 50% of deaths. White people account for about 61.7% of the population but 46.3% of deaths.

Neighboring States

According to the National Academy for State Health Policy, every state in the southeast is reporting COVID-19 cases by race and ethnicity, with many providing data on mortality and some providing data on hospitalizations, disaggregated by race.²²

Georgia and North Carolina show similar racial disparity patterns at the state level. In Georgia, Black people account for 31% of the population, but 48% of COVID-19 deaths.²³ In North Carolina, Black people account for 21% of the population, yet 33% of the state's COVID-19 deaths.²⁴



Analysis and Conclusion

DHEC data shows significant disparities in COVID-19 cases and deaths for Black people in South Carolina on both the state and regional level. In each region of the state, the death burden for Black people is disproportionate to the portion of the population they represent.

To address these disparities, public health experts have suggested actions that should be considered by federal, state and local government and health care providers:

- Continue to increase testing availability across the state, with focus on communities of color and communities with limited access to care. With knowledge of positive results, people can quarantine and get care earlier.
- Streamline access to care for vulnerable populations, including people of color and low-income individuals. Access to better and earlier treatment will decrease COVID-19 mortality.
- Promote face covering and social distancing through media campaigns, policy changes and ensuring that people have access to personal protective equipment like masks and sanitizers. Special messaging to vulnerable populations could increase individual-level prevention efforts.

Additionally, since early in the pandemic when racial disparities were first identified through data, DHEC and state and community partners have taken extensive outreach efforts to ensure minority and at-risk populations receive the information, guidance and resources they need to protect themselves and others from COVID-19. A snapshot of those efforts include:

- DHEC and partners have hosted 443 free testing events across the state since May, focusing on rural and underserved areas of the state
- Partnerships with PASOS, Commission on Minority Affairs, Department on Aging, the Office of Rural and others for targeted messaging
- Multiple statewide telebriefings with faith-based leaders, AARP members, Tribal Leaders, and Environmental Justice Leaders
- Billboards and gas station and essential business signage focused on at-risk populations and rural health
- Information provided to Women, Infant, Children (WIC) clients
- Educational materials provided to local housing authorities
- Telebriefing with members of the Legislative Black Caucus and the state's African American publications
- Public service announcements centered on reaching African Americans
- Social media influencer campaign featuring celebrities, musicians and politicians
- Partnership with SCDOT, Columbia and The COMET to better protect those who utilize public transportation
- 15 interviews with Hispanic radio and digital platforms
- Testing event for the Catawba Indian Reservation

Coming Soon from IMPH

Future analysis from IMPH will include a focus on the disproportionate impact COVID-19 Latino population in South Carolina; emerging case counts indicate this community is being impacted more than any other.²⁵ In the fall of 2020, IMPH plans to release a policy paper focusing on equity and COVID-19.

We will further examine the racial and ethnic disparities in South Carolina that have been highlighted by the COVID-19 pandemic and provide policy options for consideration.

To ensure you receive this report, please visit our website (imph.org) and sign up for our newsletter.

Coming Soon from DHEC

DHEC is finalizing a new COVID-19 dashboard that provides county- and regional-level information, including the demographics of positive cases and deaths, percent positive, cases by age group and additional data for all 46 counties. The agency is presenting this localized data publicly on its COVID-19 webpage this month.



References

- 1 "Cases and Deaths in the U.S." Centers for Disease Control and Prevention. Last modified July 15, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/us-cases-deaths.html>.
- 2 "COVID-19 in Racial and Ethnic Minority Groups." Centers for Disease Control and Prevention. Last modified June 25, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>.
- 3 Oppel Jr, Richard A, Gebeloff, Robert, Lai, K.K. Rebecca, Wright, Will and Mitch Smith. "The Fullest Look Yet at the Racial Inequity of Coronavirus." The New York Times. Last modified July 5, 2020. <https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-data.html>.
- 4 Oppel Jr, Richard A, Gebeloff, Robert, Lai, K.K. Rebecca, Wright, Will and Mitch Smith. "The Fullest Look Yet at the Racial Inequity of Coronavirus."
- 5 "The Color of Coronavirus: Covid-19 Deaths By Race And Ethnicity In the U.S. APM Research Lab. Last modified June 24, 2020. <https://www.apmresearchlab.org/covid/deaths-by-race>.
- 6 Ray, Rashawn. "Why are Blacks dying at higher rates from COVID-19?" Brookings. Last modified April 9, 2020. <https://www.brookings.edu/blog/fixgov/2020/04/09/why-are-blacks-dying-at-higher-rates-from-covid-19/>.
- 7 Mtshali, Marya T. "How medical bias against black people is shaping Covid-19 treatment and care." Last modified June 2, 2020. <https://www.vox.com/2020/6/2/21277987/coronavirus-in-black-people-covid-19-testing-treatment-medical-racism>.
- 8 "COVID-19 in Racial and Ethnic Minority Groups." Centers for Disease Control and Prevention. Last modified June 25, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>.
- 9 Oppel Jr, Richard A, Gebeloff, Robert, Lai, K.K. Rebecca, Wright, Will and Mitch Smith. "The Fullest Look Yet at the Racial Inequity of Coronavirus." The New York Times. Last modified July 5, 2020. <https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-data.html>.
- 10 Thomas, Stephen B. and Erica Casper. "The Burdens of Race and History on Black People's Health 400 Years After Jamestown." American Public Health Association. Last modified July 12, 2019. <https://ajph.aphapublications.org/doi/10.2105/AJPH.2019.305290>.
- 11 Bohatch, Emily. "SC reports new COVID-19 daily record with more than 1,700 cases." The State. Last modified June 30, 2020. <https://www.thestate.com/news/coronavirus/article243894787.html>.
- 12 Stein, Rob. "Coronavirus Testing Backlogs Continue as Laboratories Struggle to Keep Up With Demand." NPR. Last modified April 3, 2020. <https://www.npr.org/sections/health-shots/2020/04/03/826564948/coronavirus-testing-backlogs-continue-as-laboratories-struggle-to-keep-up-with-d>.
- 13 Kellermann, Arthur L, Goolsby, Craig and Thomas D. Kirsch. "Everyone Is Talking About Testing, But They're Thinking About it All Wrong." Health Affairs. Last modified May 5, 2020. <https://www.healthaffairs.org/doi/10.1377/hblog20200430.49873/full/>.
- 14 Heneghan, Carl, Brassey, Jon and Tom Jefferson. "COVID-19: What proportion are asymptomatic?" Last modified April 6, 2020. <https://www.cebm.net/covid-19/covid-19-what-proportion-are-asymptomatic/>.
- 15 Ford, Tiffany, Reber, Sarah and Richard V. Reeves. "Race gaps in COVID-19 deaths are even bigger than they appear." Brookings. Last modified June 16, 2020. <https://www.brookings.edu/blog/up-front/2020/06/16/race-gaps-in-covid-19-deaths-are-even-bigger-than-they-appear/>.
- 16 Yee, George and Mary Katherine Wildeman. "Pandemic is hitting SC's Hispanic population hard, fueled by distrust, lack of information." The Post and Courier. Last modified July 6, 2020. https://www.postandcourier.com/health/covid19/pandemic-is-hitting-scs-hispanic-population-hard-fueled-by-distrust-lack-of-information/article_934f3202-bb0a-11ea-8f2b-af4f3bdcle9f.html.
- 17 Yee, George and Mary Katherine Wildeman. "Pandemic is hitting SC's Hispanic population hard, fueled by distrust, lack of information."
- 18 "State of the Heart for African Americans." South Carolina Department of Health and Environmental Control. Last modified January 2018. <https://scdhec.gov/sites/default/files/Library/ML-002150.pdf>.
- 19 Scott, Eugene. "4 reasons coronavirus is hitting black communities so hard." The Washington Post. Last modified April 10, 2020. <https://www.washingtonpost.com/politics/2020/04/10/4-reasons-coronavirus-is-hitting-black-communities-so-hard/>.
- 20 South Carolina Department of Health and Environmental Control. ACC Data Intelligence Section. IMPH Request. June 23, 2020.
- 21 South Carolina Department of Health and Environmental Control. ACC Data Intelligence Section. July 13, 2020.
- 22 "State COVID-19 Data by Race." Johns Hopkins University of Medicine Coronavirus Resource Center. Last modified July 7, 2020. <https://coronavirus.jhu.edu/data/racial-data-transparency>.
- 23 "COVID-19 Cases by Race/Ethnicity." Kaiser Family Foundation. Last modified June 22, 2020. <https://www.kff.org/other/state-indicator/covid-19-cases-by-race-ethnicity/?currentTimeframe=0&sortModel=%7B%22coll%22:%22Location%22,%22sort%22:%22asc%22%7D>.
- 24 "COVID-19 Cases by Race/Ethnicity." Kaiser Family Foundation.
- 25 Yee, George and Mary Katherine Wildeman. "Pandemic is hitting SC's Hispanic population hard, fueled by distrust, lack of information." The Post and Courier. Last modified July 6, 2020. https://www.postandcourier.com/health/covid19/pandemic-is-hitting-scs-hispanic-population-hard-fueled-by-distrust-lack-of-information/article_934f3202-bb0a-11ea-8f2b-af4f3bdcle9f.html.

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