

# RESEARCH IN ACTION:

## Wharton's David Asch Measures the Racial Gap in Health Care

### THE PROBLEM:

#### *Structural Racism Creates Worse Health Outcomes for Black Patients*

It is well-established in the medical community that uneven access and resources have resulted in unequal health care in America, but it may surprise those outside of health care to know just how deep the disparity goes. A study led by Wharton's [David A. Asch](#) during the height of the COVID-19 pandemic revealed the death rate for Black patients hospitalized with COVID-19 would have been 10% lower if they received care at the same hospitals as white patients. Black patients commonly achieve worse health outcomes than white patients. Sometimes the disparities result from the racism of today and sometimes because long-standing racism has left social structures with enduring effects.



# THE RESEARCH:

*"Patient and Hospital Factors Associated With Differences in Mortality Rates Among Black and White US Medicare Beneficiaries Hospitalized With COVID-19 Infection"*

[In their study](#), Asch and his co-authors examined Medicare data from more than 44,000 patients admitted to nearly 1,200 hospitals during 2020 and found the significantly higher mortality rate for Black patients was eliminated when they adjusted for the hospital. Because patients typically go to a hospital close to home, the study spotlights the consequences of long-standing racial segregation: Underperforming hospitals, which struggle to find enough revenue and resources, are mostly found in economically distressed communities.

Even comorbidities associated with higher COVID-19 death rates for African Americans -- including hypertension, diabetes, obesity, and occupations with greater exposure risk -- can be traced back to the history of discrimination in the U.S.

"This really is a story of racial residential segregation that has plagued this country for a century," Asch said. "Sometimes we see racial differences in health outcomes because Black and white patients are treated differently. But in this case, we see worse outcomes for Black patients because Black patients are more likely to go to hospitals that provide worse outcomes for all. You have to look more upstream to find the sources of a racial disparity."

"If you pull the weeds out but not the roots, the weeds reappear," Asch said. "We always find racial disparities if we look for them, because there is a root system underground that constantly produces new growth in disparities in health and health care. The sociologists refer to these roots as fundamental causes."

## STEPS TOWARD A SOLUTION:

Asch suggests a framework that is applicable to a range of race-related issues:

- 1 **Observe and measure the problem.**
- 2 **Understand the problem to gain insight.**
- 3 **Eliminate the problem by fixing underlying causes.**



## THE SCHOLAR: *DAVID ASCH*

David Asch is a medical doctor who holds multiple appointments across Wharton and Penn, including professor of health care management, professor of operations, information and decisions, professor of medical ethics and health policy, and professor of medicine. He is currently senior vice dean for strategic initiatives at the Perelman School of Medicine. He earned his MBA from Wharton and his MD from Cornell University. Asch has published more than 450 research papers and won numerous awards during his 40-year career as a clinician, researcher, teacher, and mentor.

In his research, Asch aims to understand and improve how physicians and patients make medical choices in clinical, financial, and ethically charged settings, including the adoption of new pharmaceuticals or medical technologies, the purchase of insurance, and personal health behaviors.

He created, and from 2001 to 2012 directed, the U.S. Department of Veterans Affairs' Center for Health Equity Research and Promotion to support vulnerable populations and reduce racial disparities. At the same time, he launched Penn's Health and Society Scholars Program to help physicians focus on the social determinants of health. He said those twin efforts helped him grow as a scholar and inspired him to dig more deeply into health care disparities.

"It is easy to understand how [racial disparities] can affect health care, but it is not easy to understand how they affect health," he said. "I know how a virus can get into your body and cause disease, but a fundamental question of health equity research is how racism gets under the skin to affect the diseases you get and how long you live."



**The Wharton Coalition for Equity and Opportunity (CEO)** creates research-driven solutions to help current and future leaders ensure equity in business relationships and leadership. Dean Erika James, who is Wharton's first Black and first female dean, is emblematic of a paradigm shift in executive leadership. She has launched the Wharton Coalition for Equity and Opportunity as the hallmark of her leadership commitment to diversity, equity, and inclusion. The initiative is being led by Kenneth L. Shropshire, Wharton emeritus professor of legal studies and business ethics. Shropshire is the former director of the Wharton Sports Business Initiative and former CEO of the Global Sport Institute.