

NIH Efforts to Reduce COVID-19 Health Disparities and Distrust

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Roundtable on Quality Care for People with Serious Illness
Caring for People with Serious Illness During the Covid-19 Pandemic:
A Workshop on Lessons Learned and Future Directions
November 30, 2021



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*Just an FYI.***

The presenter has no relevant
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Definition

Health Disparities

“A particular type of health difference that is **closely linked with social, economic, and/or environmental disadvantage**. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics **historically linked to discrimination or exclusion.**”



Health Disparities: Well-Established

Stroke
Cancer
Heart
Disease
Diabetes
Hypertension
COVID-19



COVID-19 and Racial/Ethnic Disparities

May 11, 2020

Over 1100 citations!

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Editorial

The novel SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) has led to a global pandemic manifested as coronavirus disease 2019 (COVID-19), with its most severe presentation being acute respiratory distress syndrome leading to severe complications and death. Select underlying medical comorbidities, older age, diabetes, obesity, and male sex have been identified as biological vulnerabilities for more severe COVID-19 outcomes.¹ Geographic locations that reported data by race/ethnicity indicate that African American individuals and, to a lesser extent, Latino individuals bear a disproportionate burden of COVID-19-related outcomes. The pandemic has shone a spotlight on health disparities and created an opportunity to address the causes underlying these inequities.²

The most pervasive disparities are observed among African American and Latino individuals, and where data exist, American Indian, Alaska Native, and Pacific Islander populations. Preliminary prevalence

precedents, mortality from influenza and pneumonia as causes of death for persons aged 65 years or older are lower among African American and Latino individuals compared with white persons.^{5,6} In contrast, historically, pulmonary tuberculosis disproportionately affects persons of lower socioeconomic status, but there is no convincing evidence that rates of tuberculosis reactivation are influenced by socioeconomic status.

Understanding the reasons for the initial reports of excess mortality and economic disruption related to COVID-19 among health disparity populations may allow the scientific, public health, and clinical community to efficiently implement interventions to mitigate these outcomes, particularly if substantial disease emerges in the fall of 2020 or beyond.

The most common explanations for disproportionate burden involve 2 issues. First, racial/ethnic minority populations have a disproportionate burden of underlying comorbidities. This is true for diabetes, cardiovas-

cular disease, asthma, HIV, morbid obesity, liver disease, and kidney disease, but not for chronic lower respiratory disease or COPD. Second, racial/ethnic minorities and poor people in urban settings live in more crowded conditions both by neighborhood and household assessments and are more likely to be

The pandemic presents a window of opportunity for achieving greater equity in the health care of all vulnerable populations.

Racial and Ethnic Minorities are Disproportionately Affected by COVID-19*

Risk for COVID-19 Infection, Hospitalization, & Death by Race/Ethnicity¹

Rate ratios compared to White Persons	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino
Cases	1.7x	0.7x	1.1x	1.9x
Hospitalization	3.5x	1.0x	2.8x	2.8x
Death	2.4x	1.0x	2.0x	2.3x

<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/infographic-cases-hospitalization-death.html>

**Note that the CDC data shown does not include Pacific Islander populations which is another population disproportionately affected by COVID-19*

¹ Table Source CDC as of Sept 9, 2021: [Risk for COVID-19 Infection by Race/Ethnicity \(CDC\)](#)



COVID-19 and Serious Illnesses

- **Cancer**
- **Cerebrovascular disease**
- **Chronic lung diseases**
- **Chronic liver diseases**
- **Diabetes mellitus**
- **Heart conditions**
- **Obesity(BMI ≥ 30 kg/m²)**
- **Tuberculosis**

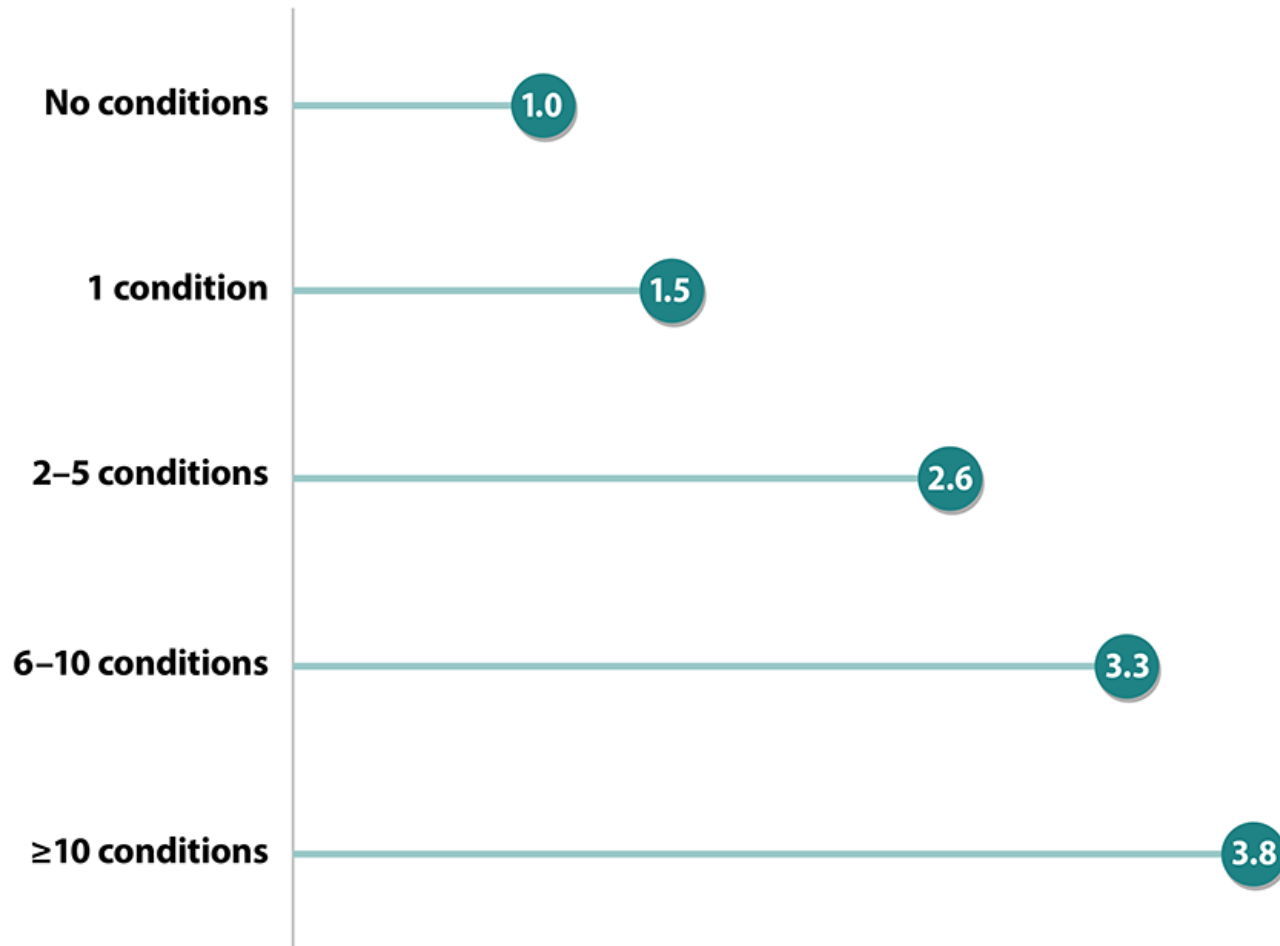


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Science Brief: Evidence Used to Update the List of Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/underlying-evidence-table.html>

COVID-19 Death Risk Ratio (RR) Increases as the Number of Comorbid Conditions Increases



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Source: Kompanyets L, Pennington AF, Goodman AB, Rosenblum HG, Belay B, Ko JY, et al. Underlying Medical Conditions and Severe Illness Among 540,667 Adults Hospitalized With COVID-19, March 2020–March 2021. To learn more, visit the *Preventing Chronic Disease* article: https://www.cdc.gov/pcd/issues/2021/21_0123.htm

Racial/Ethnic Health Disparities



- **Medical comorbidities**
- **Genetics or genomics?**
- **Sociocultural construct of race**

- **Race is important because it shapes the experiences of all socially-classified groups.**



Systemic Racism and Discrimination



Webb Hooper, M., Marshall, V., & Perez-Stable, E. (in press). COVID-19 Health Disparities and Adverse Social Determinants of Health. *Behavioral Med.*



Social Determinants of Health

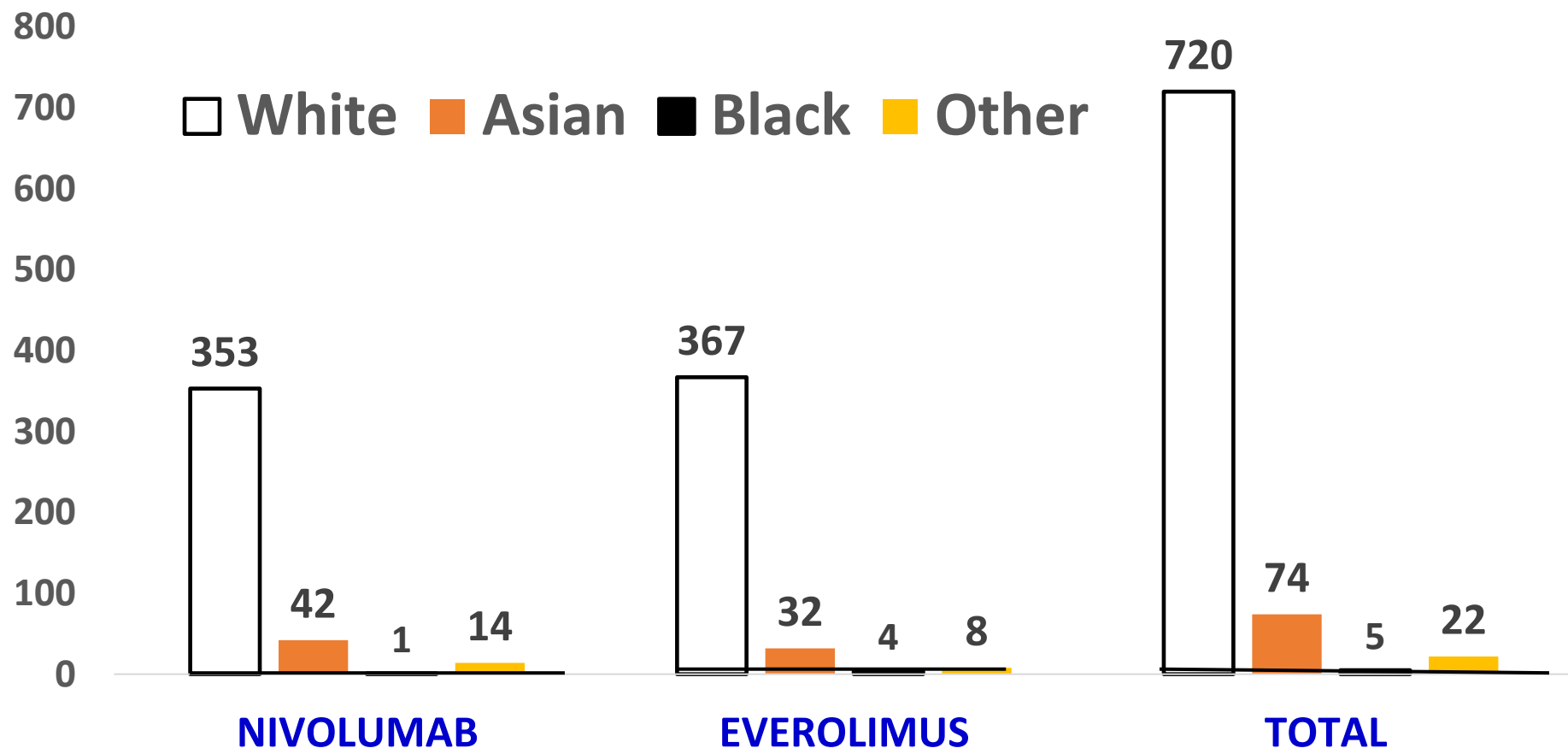


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Community Engagement Alliance (CEAL) Against COVID-19 Disparities



Lack of diversity in clinical trials is an old problem: Another example from a **Kidney Cancer** drug trial



Key Strategies: Increasing Trust & Participation in Clinical Trials

Research Team Considerations

➤ Multisector:

- Scientists, local government, public health departments, health systems, professional societies, community-based organizations, and faith-based organizations
- Diverse team & staff
- Set **targets** for recruitment a priori
- Develop a multifaceted recruitment strategy

Strategies

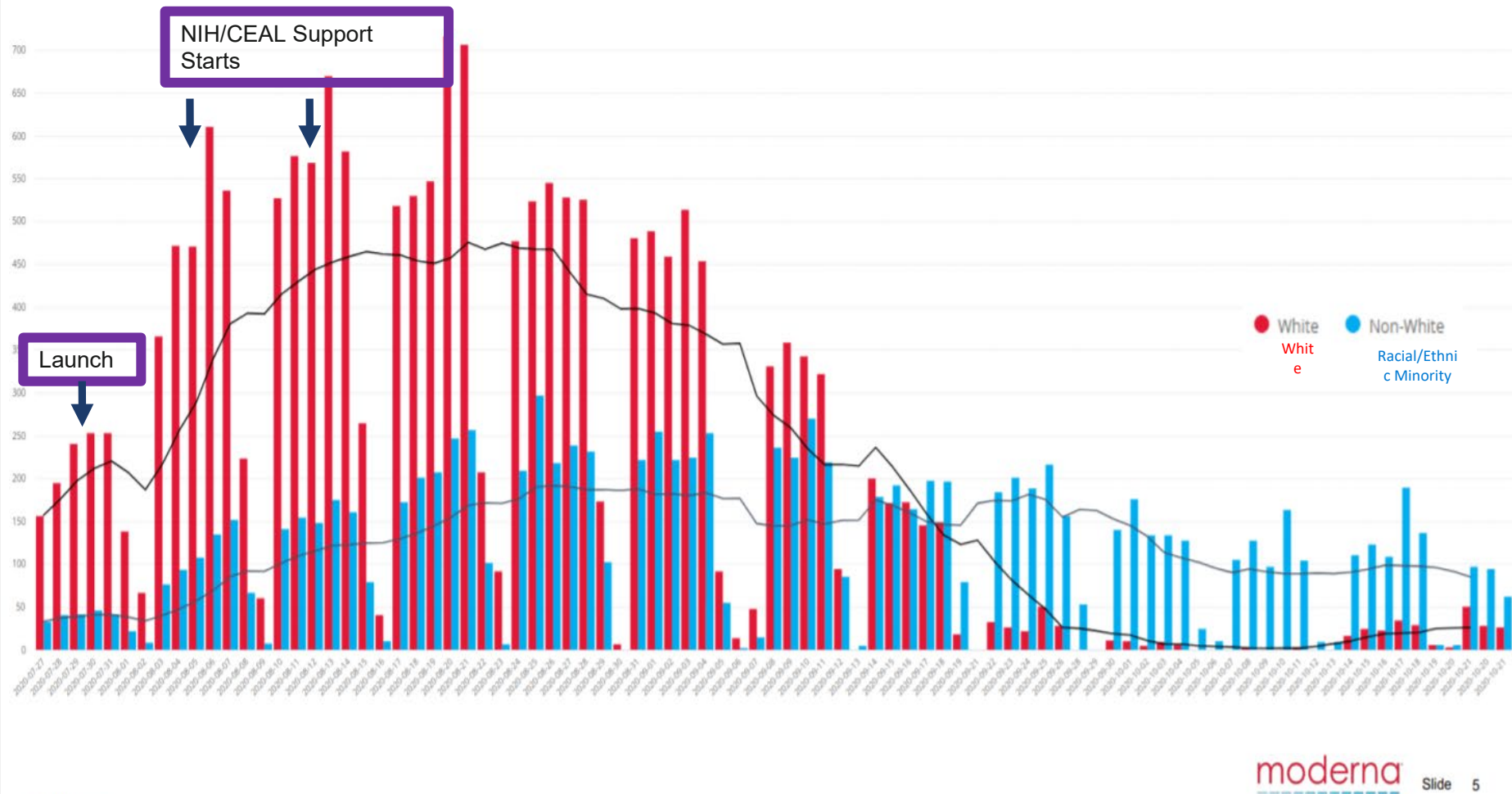
1. Bi-directional community engagement
2. Establish trust as the foundation for all efforts
3. Address the social and structural determinants of health
4. Acknowledge the longstanding distrust of institutions and biomedical research
5. Cultural humility
6. No “helicopter” research

7. Ask!

Evolution of diversity throughout enrollment

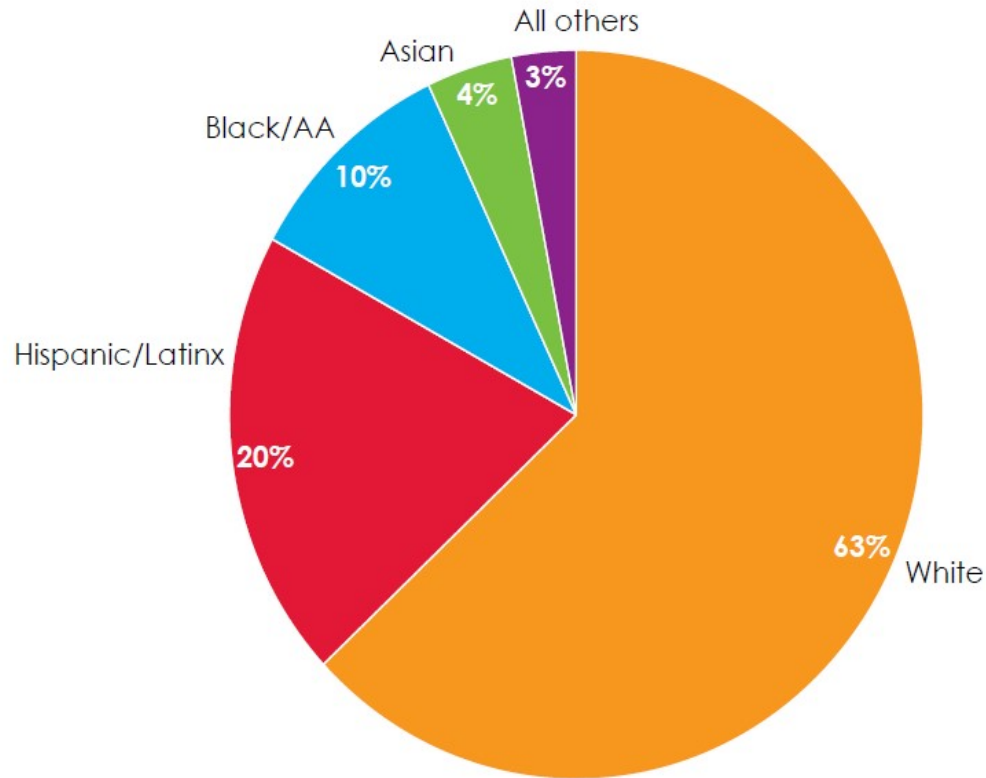


Interim data snapshot - October 21, 2020 - subject to change



Race and ethnicity

Interim data snapshot - October 21, 2020 - subject to change



Alliance Activities on the Ground

CEAL Teams conduct a variety of activities to engage communities of focus.



**Establish
Partnerships with
Communities**



**Address
Misinformation**



**Increase Trust in
Science**



**Accelerate Uptake of
Beneficial
Interventions**



DMV Youth voices:
CEAL teams will engage youth and young adults in advisory roles for message development.



MI
& NC Crowdsourcing
messaging ideas that
resonate with the
community.



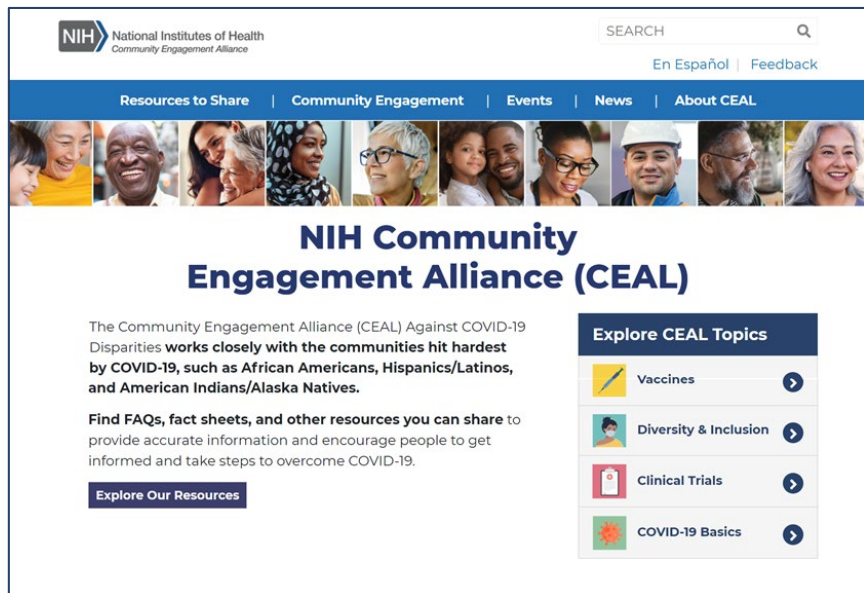
CA, LA, AL, TN &
MI Hosting
townhalls with
community health
workers &
professionals
targeting at-risk
groups.



GA's Morehouse School
of Medicine holds
vaccination Saturdays;
>1,700 residents
vaccinated.

CEAL Resources to Enable Outreach

Across the Alliance, CEAL has leveraged its experience and lessons learned to create useful resources—including **videos, social media posts, handouts, and fact sheets**—available on the CEAL website to facilitate outreach to communities about critical topics.



Learn more:

covid19community.nih.gov



Vaccines

This section includes general information on vaccines and how the COVID-19 vaccine will work to protect people who get the vaccine and their family and friends.



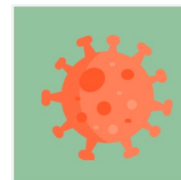
Diversity & Inclusion

Participants in any clinical trial should represent the patients who will use the drug or vaccine being tested. This section includes resources about removing barriers and including ethnic/racial minorities in COVID-19 trials.



Clinical Trials

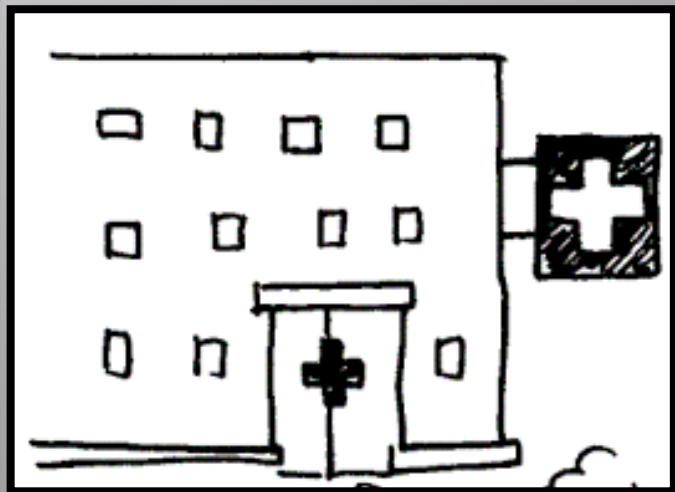
Understanding what it means to participate in a clinical trial is an important first step for people considering volunteering. This section includes information around clinical trials.



COVID-19 Basics

Preventing the spread of COVID-19 is one of the most powerful ways we can fight it. This section includes information to help understand what COVID-19 is and how to protect yourself and others.

Diversifying Clinical Trials: Address Misconceptions & Modify Approaches



- **Racial/ethnic minoritized groups are:**
 - **Unwilling to participate in clinical trials**
 - **“Hard to reach”**
- **Modify approaches**
 - **Directed messages**
 - **Trusted messengers**
- **Address institutional distrust and trustworthiness**

Family Interview with Dr. Monica Webb Hooper on COVID-19 Vaccine Research Participation



Find it on YouTube:

family covid interview monica hooper

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