



The Inequity Story /Sthe Pandemic Story

*Caring for People with Serious Illness during the COVID-19 Pandemic: A Workshop on
Lessons Learned and Future Directions*

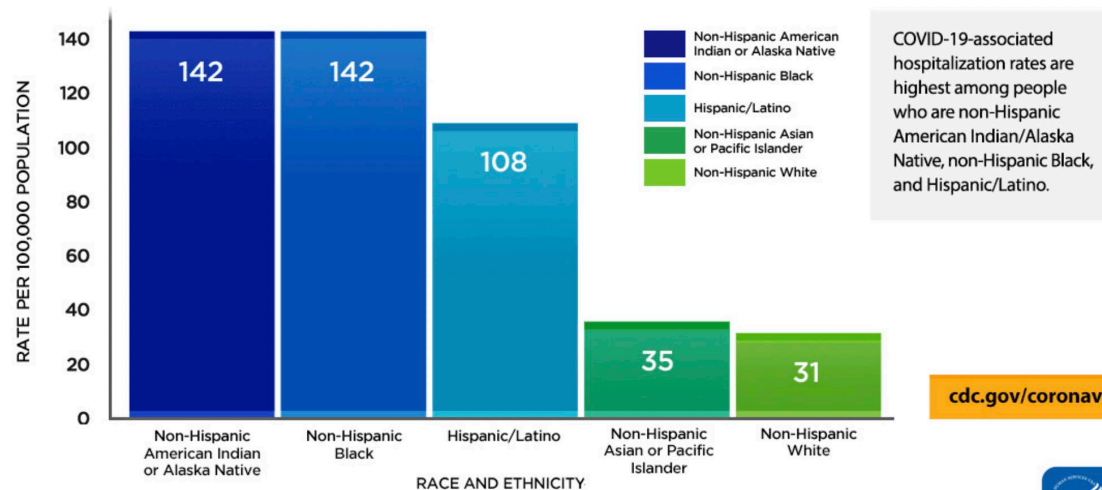
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Duke University*

INEQUITIES IN THE COVID-19 EXPERIENCE (2020)



Age-adjusted COVID-19-associated hospitalization rates by race and ethnicity

COVID-NET, MARCH 1 - MAY 23, 2020



Rates are statistically adjusted to account for differences in age distributions within race and ethnicity strata in the COVID-NET catchment area. Rates are based on available race and ethnicity data which is now complete in 83% of cases from COVID-NET sites. COVID-19-associated hospitalization rates may be impacted by recent outbreaks among specific communities within this population and the small number of cases. American Indian and Alaska Natives (AI/AN) may be underrepresented in COVID-NET.

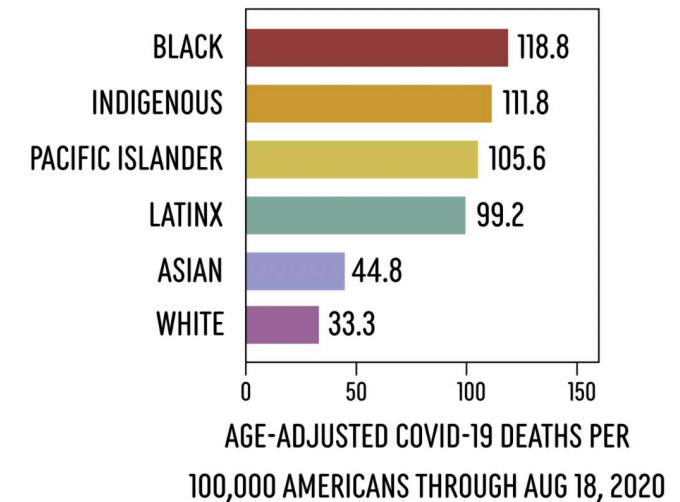


Figure 1: COVID-19 is hitting certain communities harder than others. Data from CDC and APM research labs both show corroborating evidence that COVID-19 mortality rates are higher among BIPOC communities. These numbers are *age-adjusted data* from APM research lab.

INEQUITIES IN THE COVID-19 EXPERIENCE (2020)

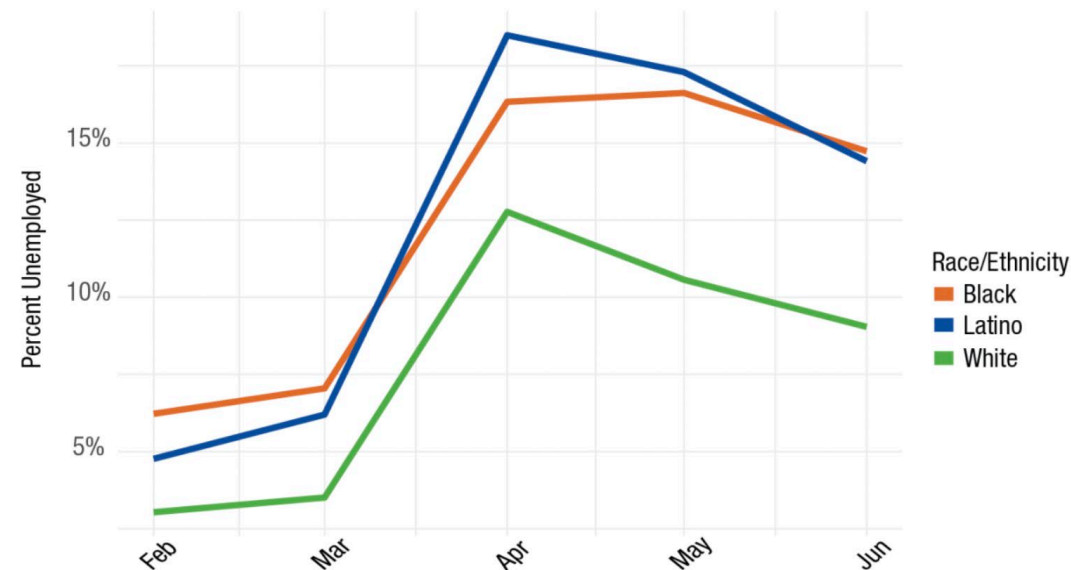


- Job loss, loss of health insurance
- Economic instability
- Mental health effects
- Structural barriers

INEQUITIES IN THE COVID-19 EXPERIENCE (2020): Job Loss and Health Insurance Changes

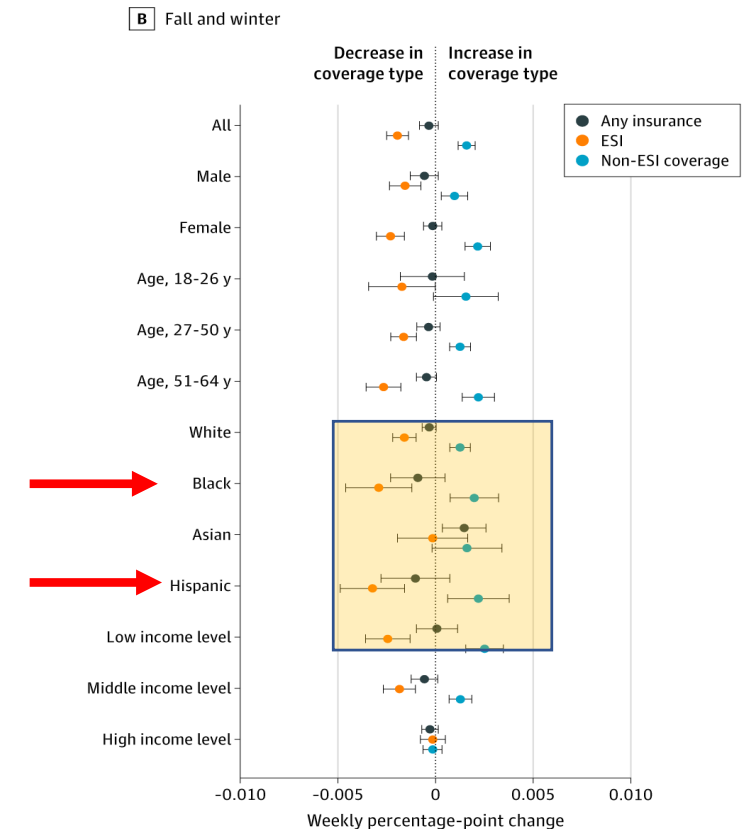


Figure 1. Unemployment Rates by Race/Ethnicity from February to June 2020



Source: IPUMS CPS Monthly Data. Calculations by Corey S. Sparks, PhD.

<https://carsey.unh.edu/publication/inequities-job-loss-recovery-amid-COVID-pandemic>

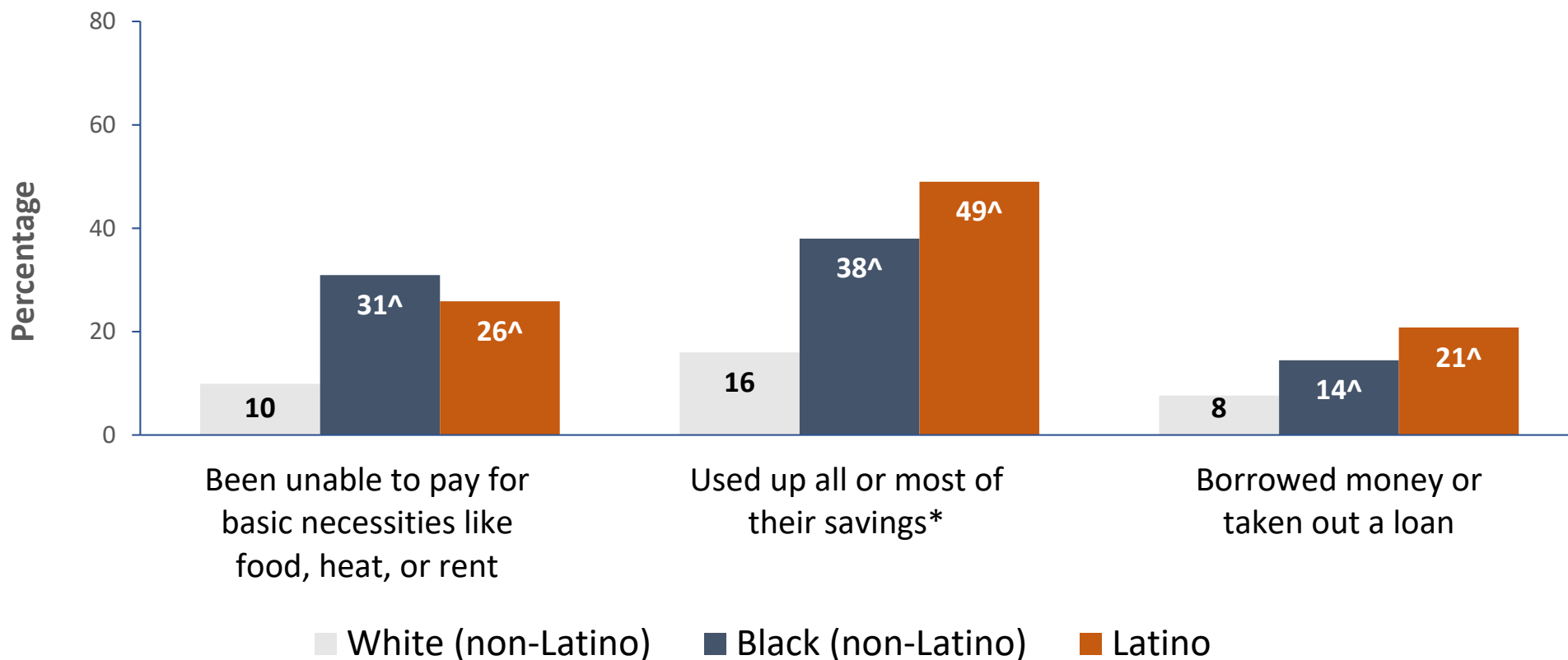


Bundorf et al. JAMA Health Forum. 2021;2(9):e212487. doi:10.1001/jamahealthforum.2021.2487

INEQUITIES IN THE COVID-19 EXPERIENCE (2020): Economic Instability



The
Commonwealth
Fund



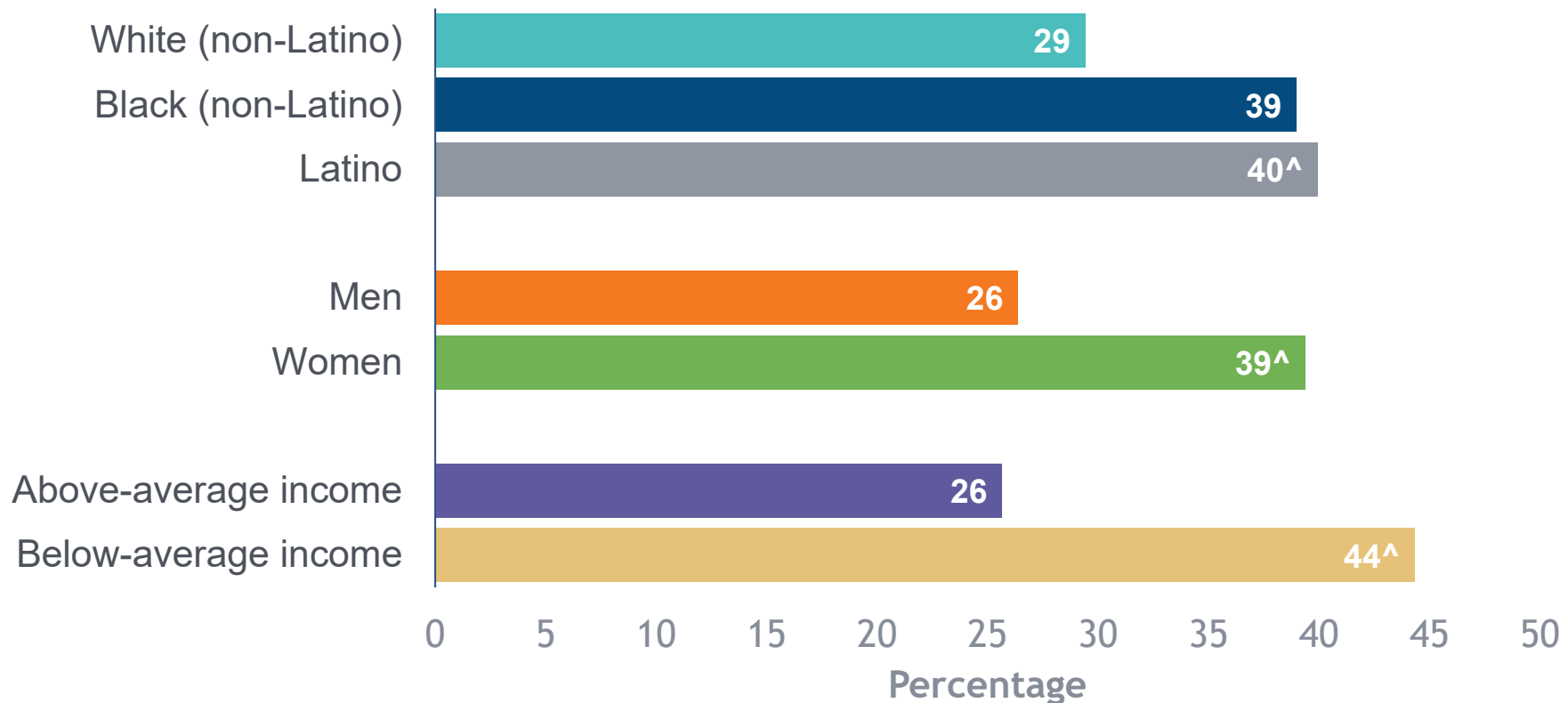
[^] Difference is statistically significant compared to White (non-Latino) respondents at $p \leq 0.05$.; * Excludes those who reported never having had savings.
Data: Commonwealth Fund International Health Policy COVID-19 Supplement Survey, 2020.

INEQUITIES IN THE COVID-19 EXPERIENCE (2020): Mental Health and Coping

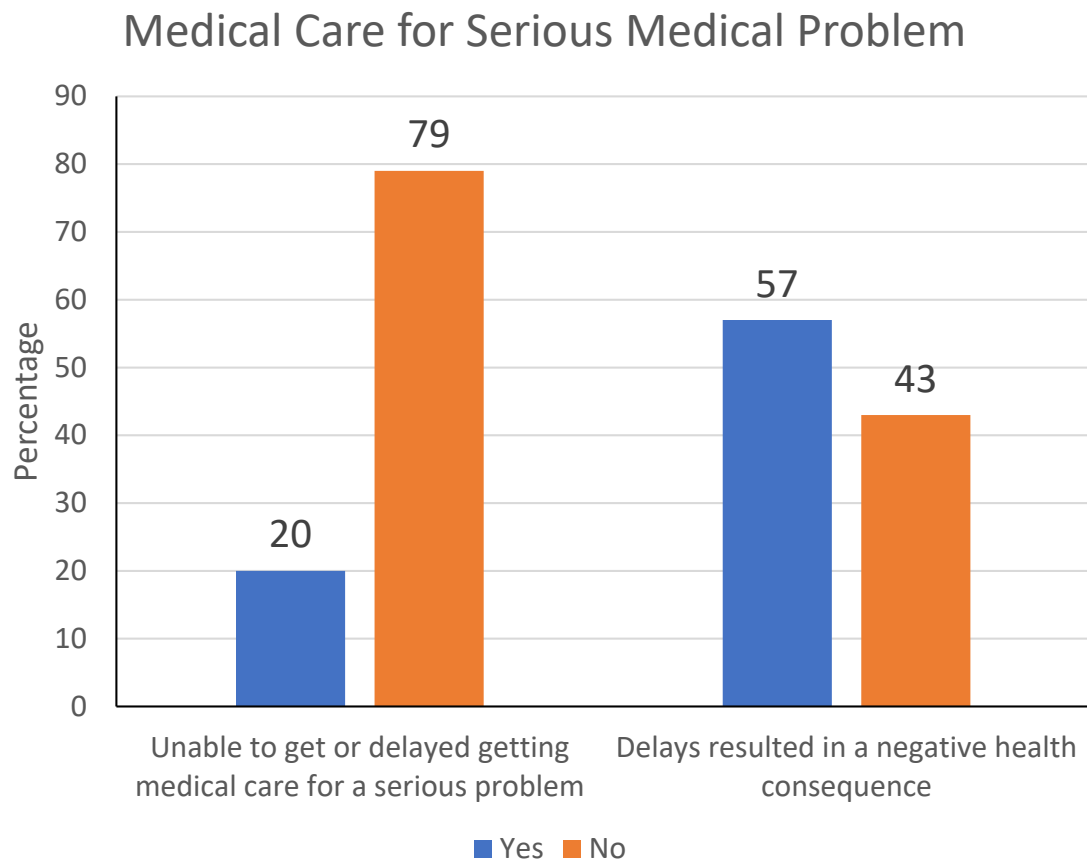


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Experienced stress, anxiety, or great sadness that they found difficult to cope with on their own since the COVID-19 pandemic began



INEQUITIES IN THE COVID-19 EXPERIENCE (2020): Delayed Care for Serious Medical Problem

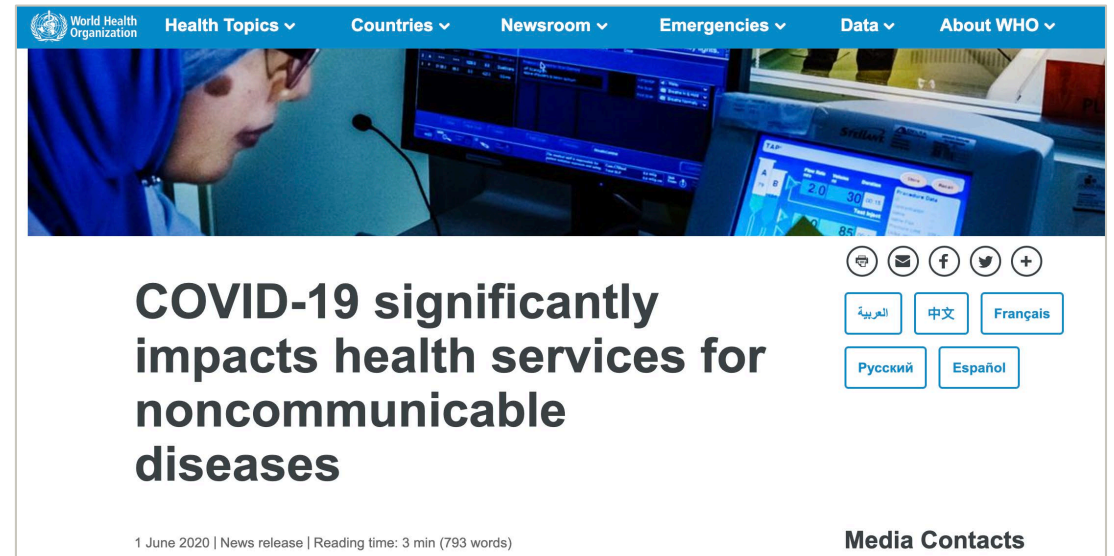


*Black and Hispanic Individuals
1.5 to 2 fold more likely to
delay or avoid urgent or
emergency care when
compared to White individuals*

INEQUITIES IN THE COVID-19 EXPERIENCE (2020): Structural Barriers



- Widespread service disruptions
- Reassignment of staff and postponing of screening
- Alternative methods of connection (e.g., phone or telehealth)



<https://www.who.int/news/item/01-06-2020-covid-19-significantly-impacts-health-services-for-noncommunicable-diseases>

INEQUITIES IN THE COVID-19 EXPERIENCE (2020): Telehealth Use Among Those in Care



*“used the internet or e-mail to connect
with doctors or other medical
professionals as a result of the
coronavirus outbreak”
March 2020*

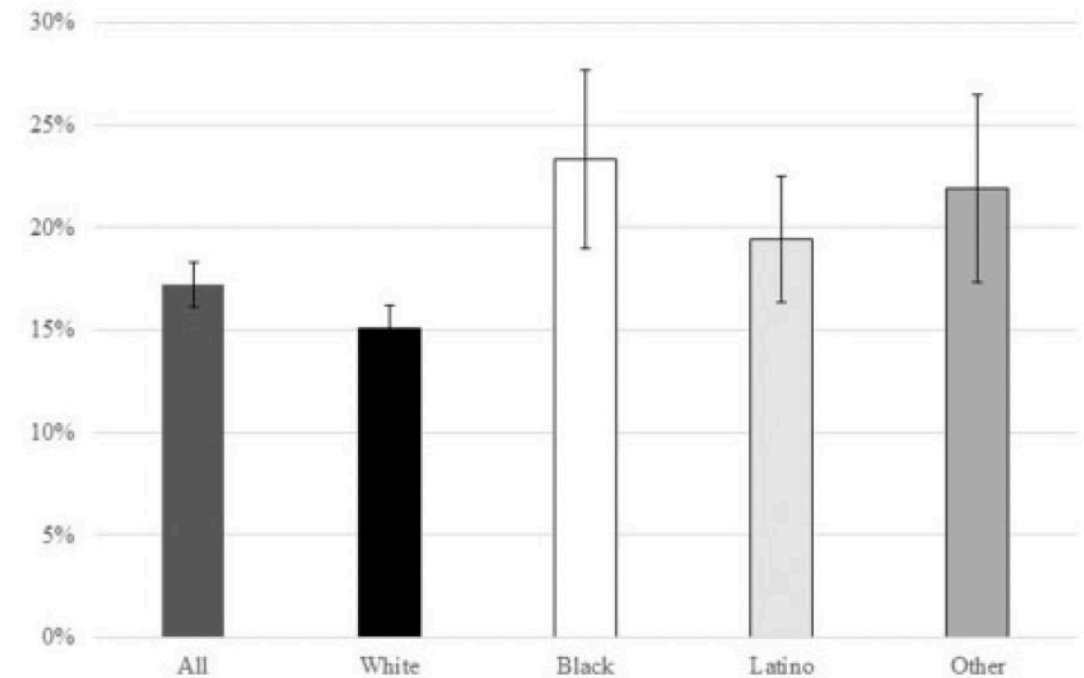


Figure 1. Survey-weighted percentage with 95% confidence intervals of US adults reporting telehealth use due to the COVID-19 pandemic by race and ethnicity.

INEQUITIES IN THE COVID-19 EXPERIENCE (2020): Timely Access to Care as a Key Contributor to Inequities



SPECIAL ARTICLE

Hospitalization and Mortality among Black Patients and White Patients with Covid-19

Eboni G. Price-Haywood, M.D., M.P.H., Jeffrey Burton, Ph.D., Daniel Fort, Ph.D., and Leonardo Seoane, M.D.

- 3636 patients in Louisiana (March-April 2020)
- 76.9% of patients hospitalized were Black
- Black patients more likely to present sicker

Black race NOT associated with in-hospital death (hazard ratio (95% CI) for Black vs. White individuals: 0.89 (0.68 to 1.17))

JAMA
Network | **Open**



Original Investigation | Infectious Diseases

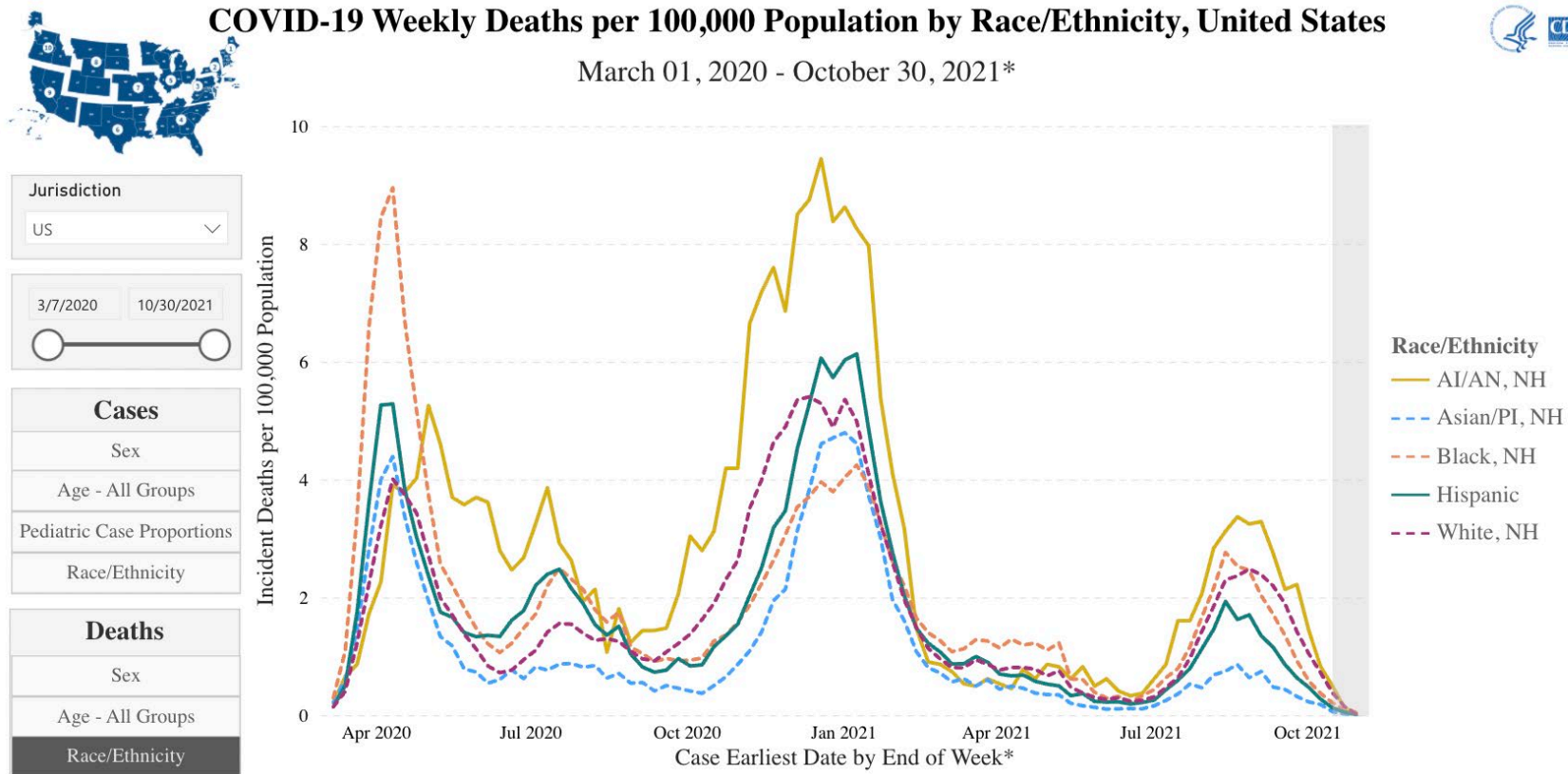
Association of Race With Mortality Among Patients Hospitalized With Coronavirus Disease 2019 (COVID-19) at 92 US Hospitals

Baligh R. Yehia, MD, MPP; Angela Winegar, PhD; Richard Fogel, MD; Mohamad Fakhri, MD, MPH; Allison Ottenbacher, PhD; Christine Jesser, ScD; Angelo Bufalino, PhD; Ren-Huai Huang, PhD; Joseph Cacchione, MD

- 11, 218 patients in 12 states (February-May 2020)
- 37% of Hospitalized patients Black
- Black patients presented sicker, more likely to be socially disadvantaged

Black race NOT associated with in-hospital death (hazard ratio (95% CI) for Black vs. White individuals: 0.93 (0.80 to 1.09))

The Face of COVID-19 Inequities is Changing



US: The most recent line level case record was reported during the week ending on Oct 30, 2021. Percentage of deaths among reported cases - 1.64%. Percentage of deaths reporting race by date - 81.08%.

US territories are included in case and death counts but not in population counts. Potential two-week delay in case reporting to CDC denoted by gray bars. AI = American Indian, AN = Alaska Native, NH = Non-Hispanic, PI = Pacific Islander. Excludes cases with unknown or multiple races.

*Case Earliest Date is the earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the Date Received by CDC. The date for the current week extends through Saturday.

Last Updated: Oct 30, 2021

Source: CDC COVID-19 Case Line-Level Data, 2019 US Census, HHS Protect; Visualization: Data, Analytics & Visualization Task Force and CDC CPR DEO Situational Awareness Public Health

<https://covid.cdc.gov/covid-data-tracker/#demographicsovertime>

The Inequity Story *IS* the Pandemic Story



- We must continue to monitor for groups experiencing and dig deeply to identify determinants of inequities
- Address all medical and non-medical determinants of the inequities
- Learn from insights we have gained during COVID-19, including the need for multi-sector approaches to address determinants of inequities (e.g., employment, health insurance, economic instability, structural barriers) as we move forward