



The Inequity Story /S the Pandemic Story

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

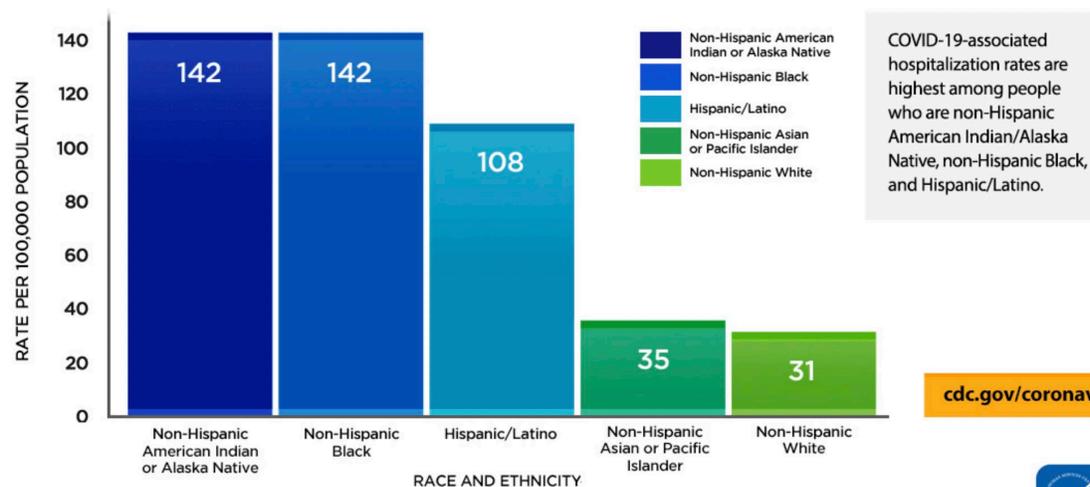
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Duke University*

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



cdc.gov/coronavirus



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 reported in some strata. American Indian and Alaska Natives (AI/AN) may be underrepresented in COVID-NET.

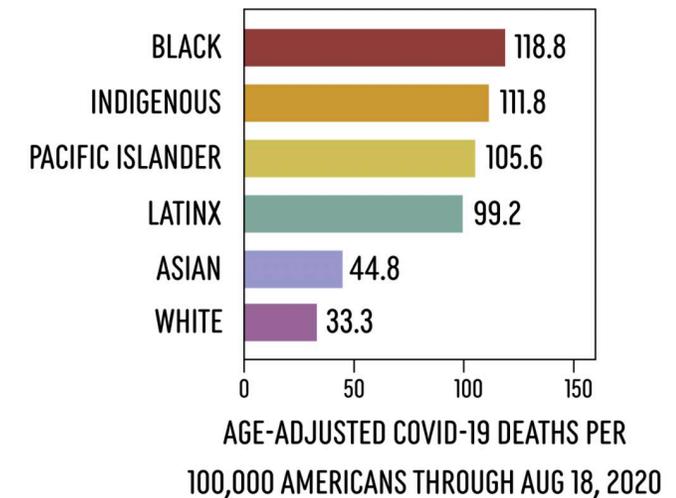


Figure 1: COVID-19 is hitting certain communities harder than others. Data from CDC and APM research labs both show corroborating evidence that COVID-19 mortality rates are higher among BIPOC communities. These numbers are *age-adjusted data* from APM research lab.

INEQUITIES IN THE COVID-19 EXPERIENCE (2020)

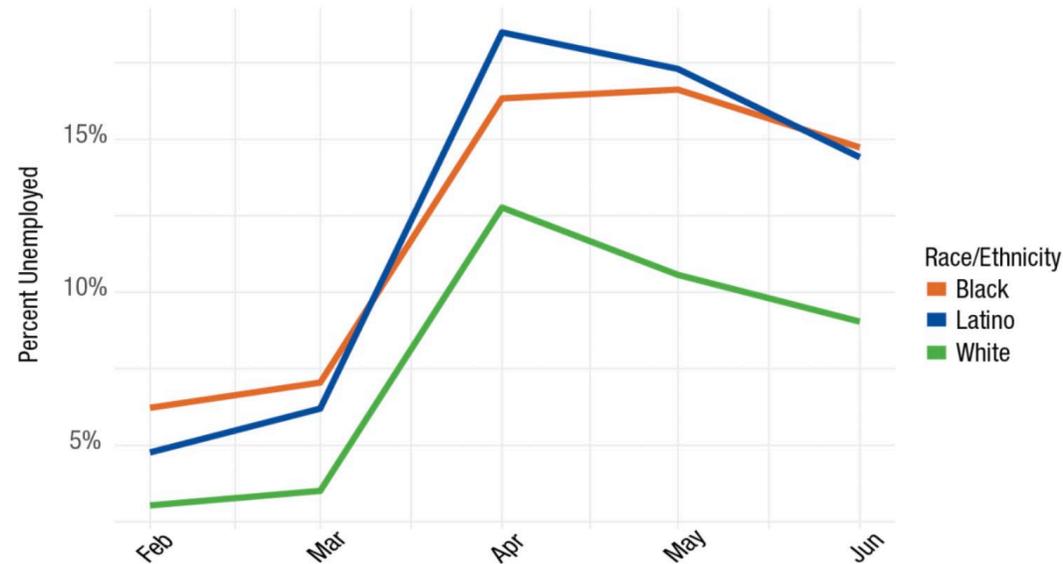


- Job loss, loss of health insurance
- Economic instability
- Mental health effects
- Structural barriers

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

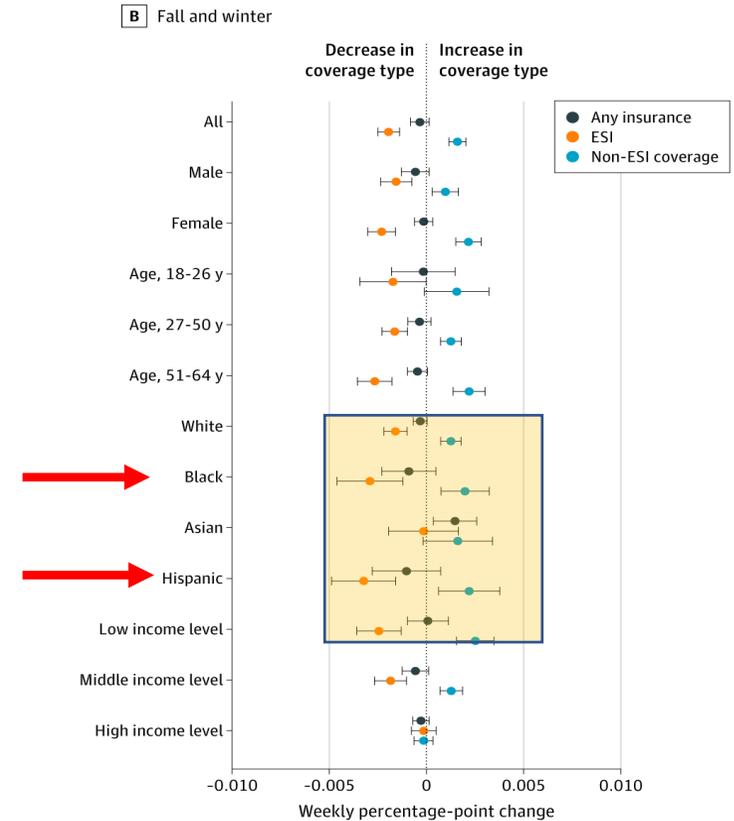


Figure 1. Unemployment Rates by Race/Ethnicity from February to June 2020



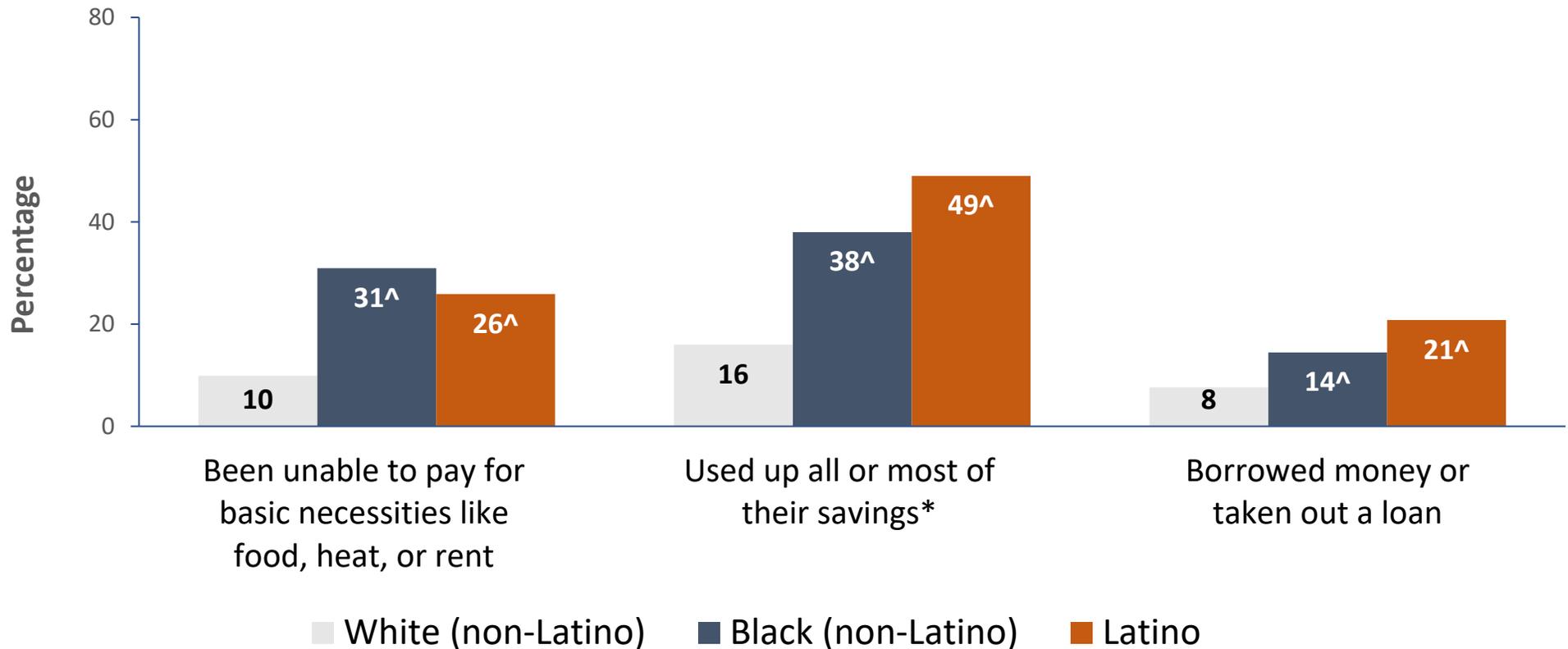
Source: IPUMS CPS Monthly Data. Calculations by Corey S. Sparks, PhD.

<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

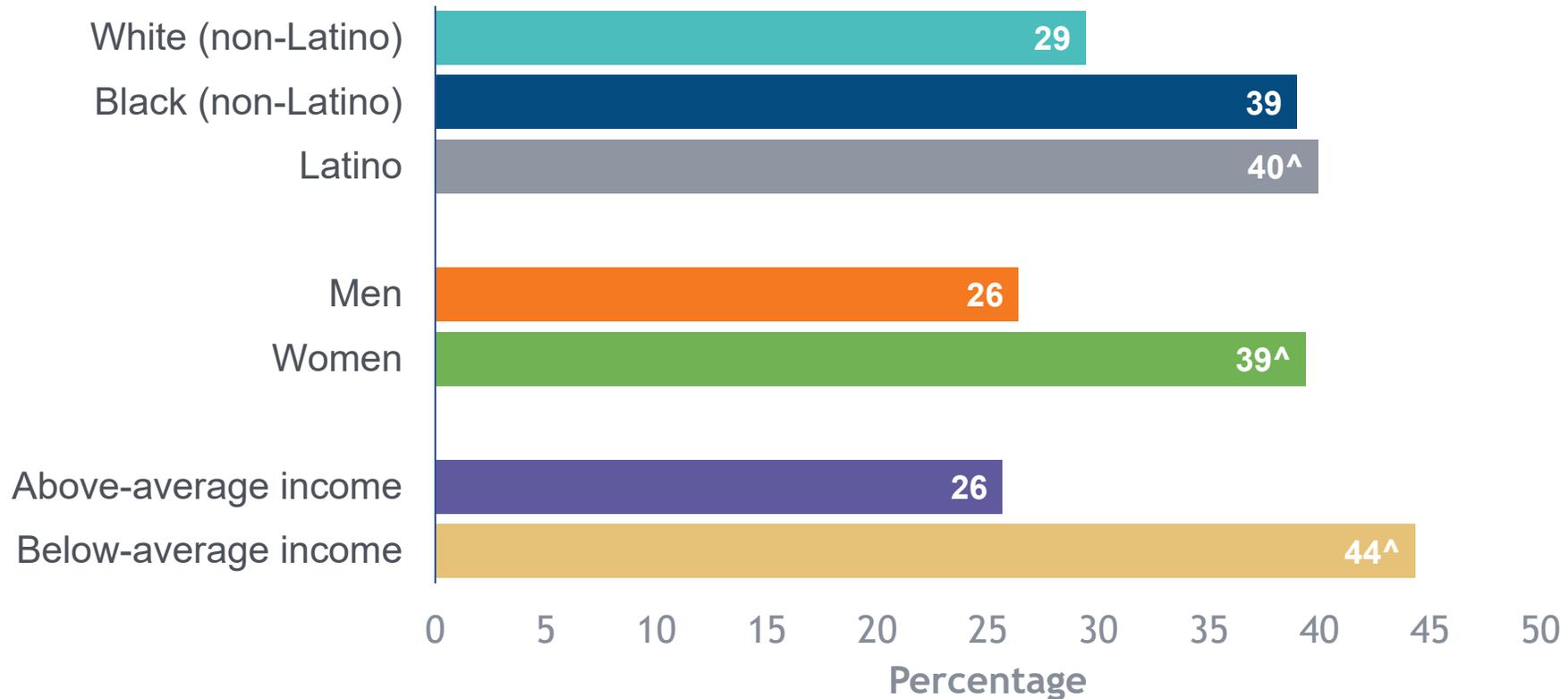


[^] Difference is statistically significant compared to White (non-Latino) respondents at $p \leq 0.05$.; * Excludes those who reported never having had savings.
Data: Commonwealth Fund International Health Policy COVID-19 Supplement Survey, 2020.

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



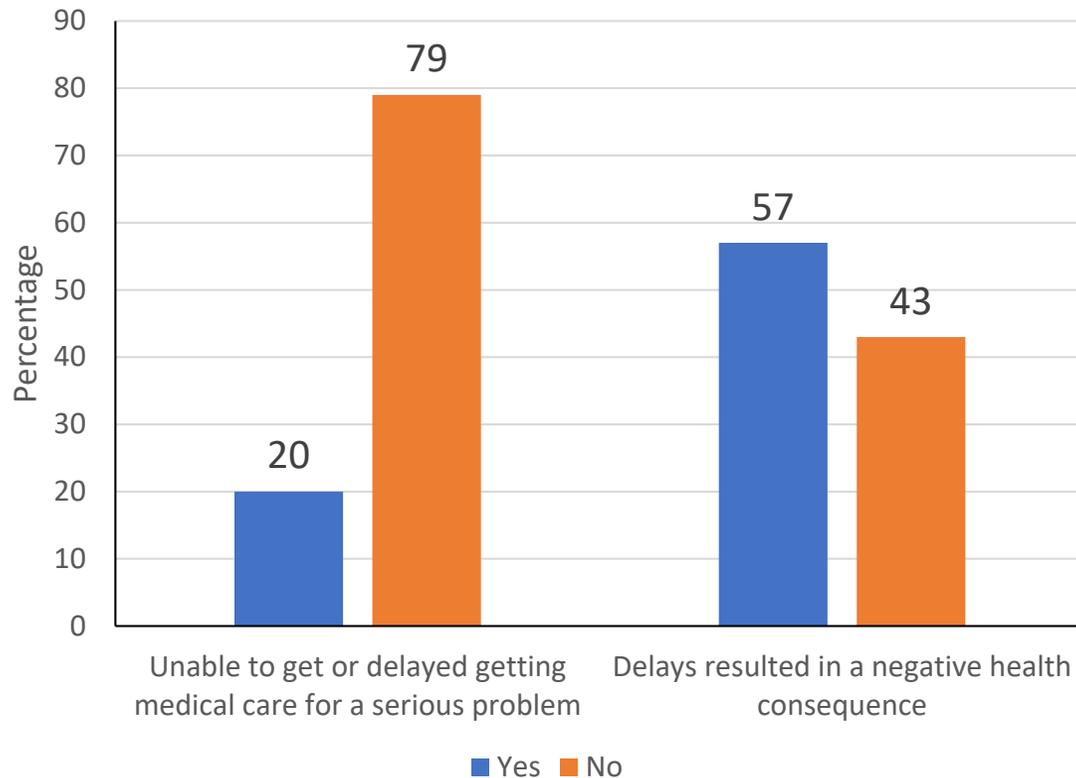
Experienced stress, anxiety, or great sadness that they found difficult to cope with on their own since the COVID-19 pandemic began



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



Medical 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)

A screenshot of a WHO news release article. The top navigation bar includes "World Health Organization", "Health Topics", "Countries", "Newsroom", "Emergencies", "Data", and "About WHO". The main image shows a person in a blue headscarf and glasses looking at a computer monitor. The article title is "COVID-19 significantly impacts health services for noncommunicable diseases". Below the title are social media sharing icons and language selection buttons for Arabic, Chinese, French, Russian, and Spanish. At the bottom, it says "1 June 2020 | News release | Reading time: 3 min (793 words)" and "Media Contacts".

World Health Organization Health Topics Countries Newsroom Emergencies Data About WHO

COVID-19 significantly impacts health services for noncommunicable diseases

العربية 中文 Français Русский Español

1 June 2020 | News release | Reading time: 3 min (793 words) Media Contacts

<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*

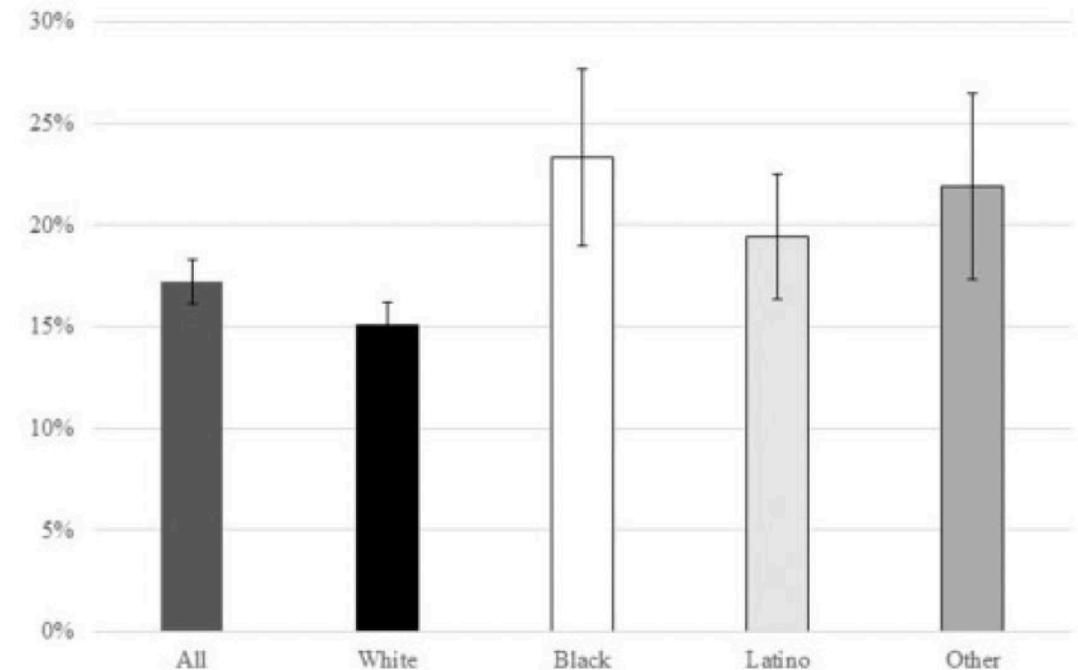


Figure 1. Survey-weighted percentage with 95% confidence intervals of US adults reporting telehealth use due to the COVID-19 pandemic by race and ethnicity.

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



COVID-19 Weekly Deaths per 100,000 Population by Race/Ethnicity, United States



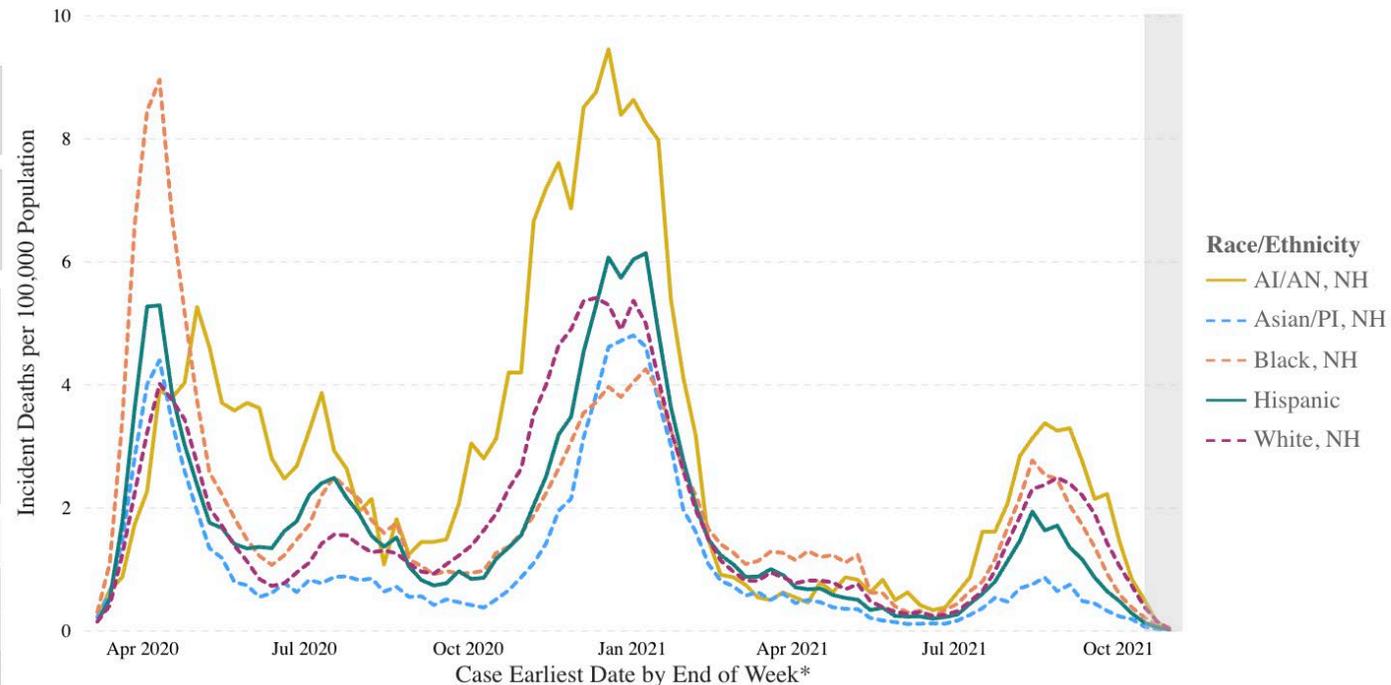
March 01, 2020 - October 30, 2021*

Jurisdiction
US

3/7/2020 10/30/2021

Cases
Sex
Age - All Groups
Pediatric Case Proportions
Race/Ethnicity

Deaths
Sex
Age - All Groups
Race/Ethnicity



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

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