

# The Intersection of Health Disparities, COVID-19, and HIV

Lindsey Dawson

June 24, 2020



Filling the need for trusted information on national health issues.

# Health and Health Care Disparities

# What are Health and Health Care Disparities?

- Differences in health and health care between populations
  - Higher burden of illness, injury, disability, or mortality
  - Differences in insurance coverage, access to and use of care, and quality of care
- Arise from a complex and interrelated set of societal and economic factors
- Occur across a broad range of dimensions: race/ethnicity; socioeconomic status; gender; age; disability; sexual orientation or gender identity; geographic location, etc.
  - Intersectionality!
- Remain a longstanding and persistent issue

Figure 3

# Social and Economic Factors Drive Health Outcomes

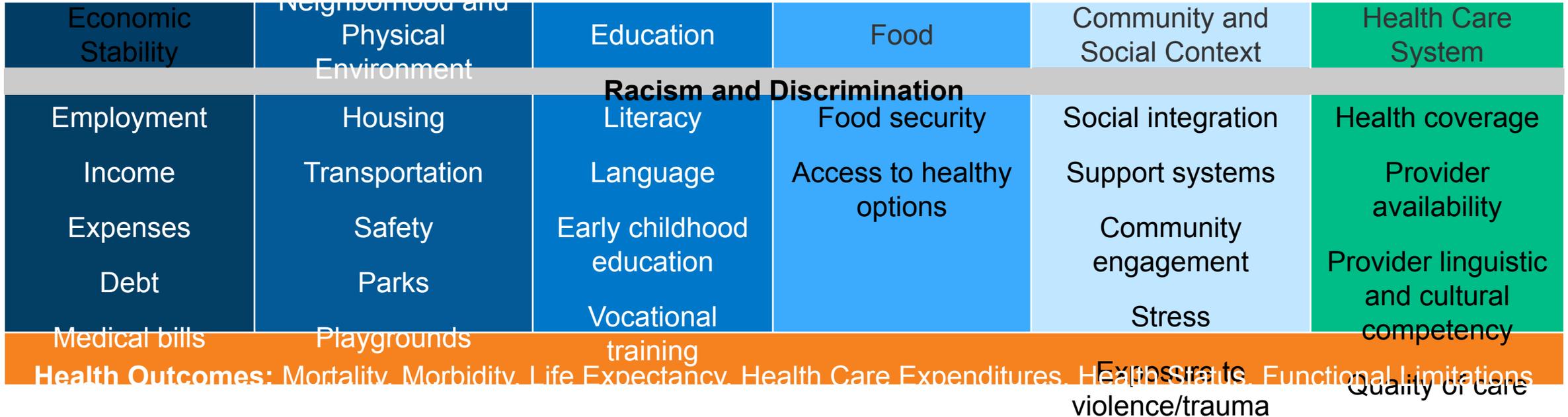
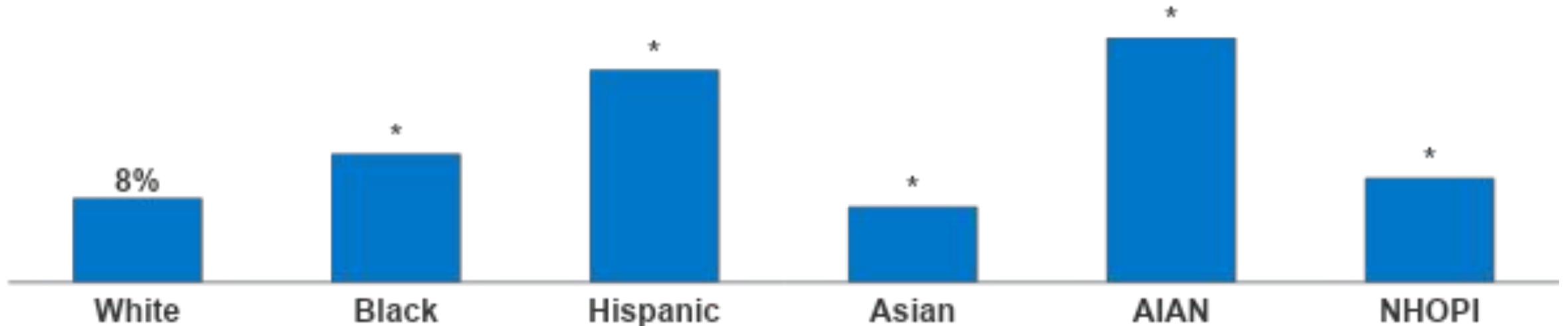


Figure 4

# Uninsured Rates Among Nonelderly Individuals, by Race/Ethnicity, 2018

People of Color Face Increased Barriers to Accessing Health Care



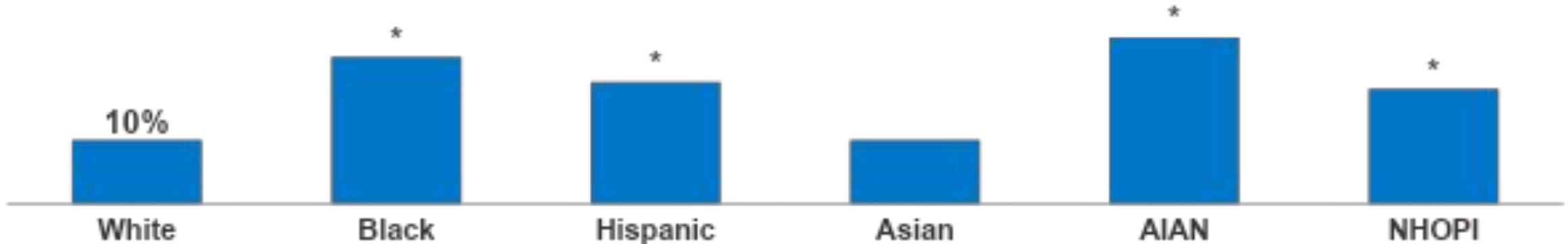
\* Indicates statistically significant difference from Whites at the  $p < 0.05$  level.

Note: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Includes nonelderly individuals 0-64 years of age. NHOPI refers to Native Hawaiian and Other Pacific Islander people. AIAN refers to American Indian and Alaska Native people.

Source: KFF analysis of 2018 American Community Survey, 1-Year Estimates.

Figure 5

# Percent of Nonelderly Population with Income Below Poverty by Race/Ethnicity, 2018



\* Indicates statistically significant difference from the White population at the  $p < 0.05$  level.

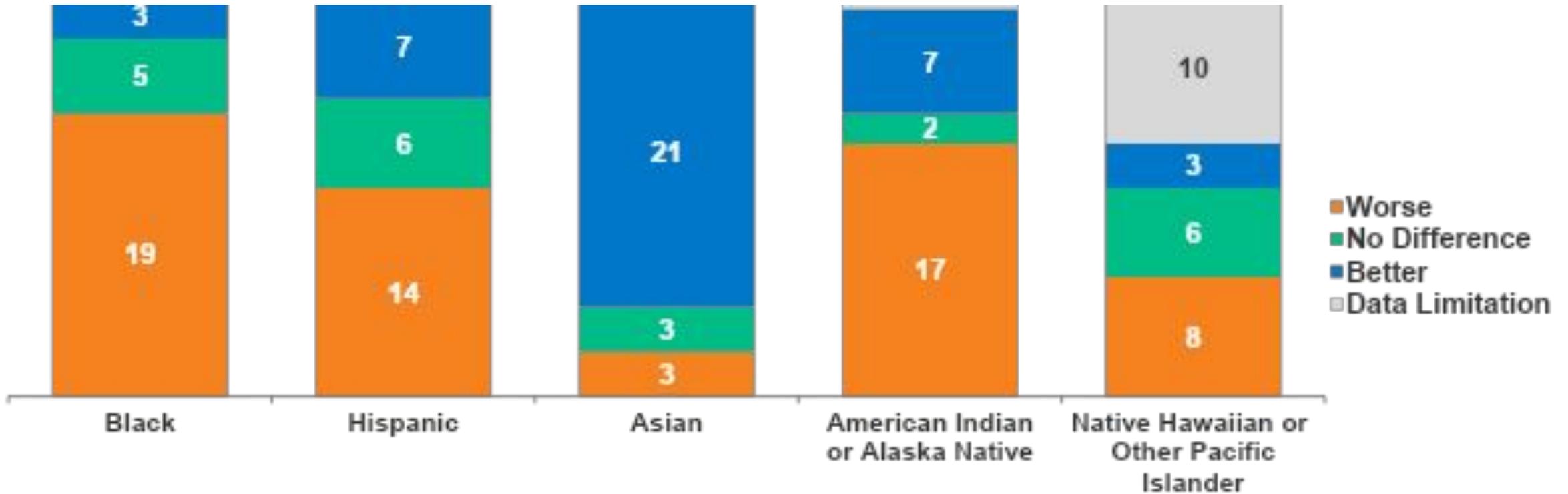
NOTE: NHOPI refers to Native Hawaiian and Other Pacific Islander people. AIAN refers to American Indian and Alaska Native people. N/A: data cannot be separately identified. Persons of Hispanic origin may be of any race, but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Includes nonelderly individuals 0-64 years of age.

SOURCE: KFF analysis of 2018 American Community Survey (ACS), 1-Year Estimates.



Figure 7

# Number of Health Measures for Which BIPOC Fared Better, the Same, or Worse Compared to White People (27 Indicators)



Note: Measures are for 2018 or the most recent year for which data are available. “Better” or “Worse” indicates a statistically significant difference from White people at the  $p < 0.05$  level. No difference indicates no statistically significant difference. “Data limitation” indicates data are no separate data for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible due to overlapping samples. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. BIPOC = Black, Indigenous, and other People of Color. Source details here:

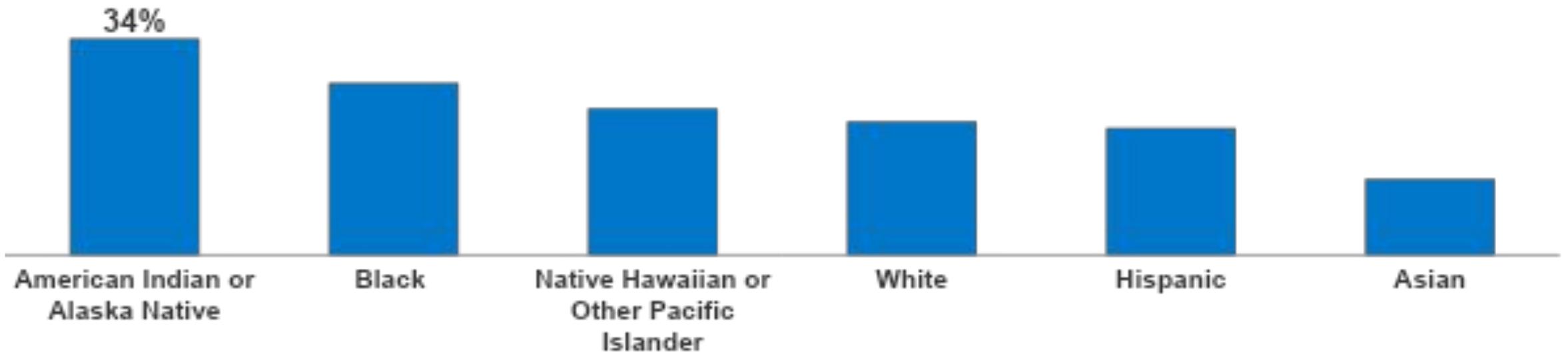
<https://www.kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-methods/>

# COVID-19 and Health Disparities

Figure 9

# Existing Health Disparities Compound the Impact of COVID-19 on People of Color

**Share of Adults Ages 18-64 at Higher Risk of Serious Illness if Infected with Coronavirus by Race/Ethnicity**



Note: Data includes adults ages 18-64; excludes adults living in nursing homes or other institutional settings. Persons of Hispanic origin may be of any race, but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Share at risk includes those with heart disease, COPD, uncontrolled asthma, diabetes, or a body BMI greater than 40,

Source: KFF analysis of 2018 Behavioral Risk Factor Surveillance System.

Figure 10

# Percent of COVID-19 Cases Among Black Residents Compared to Population Share

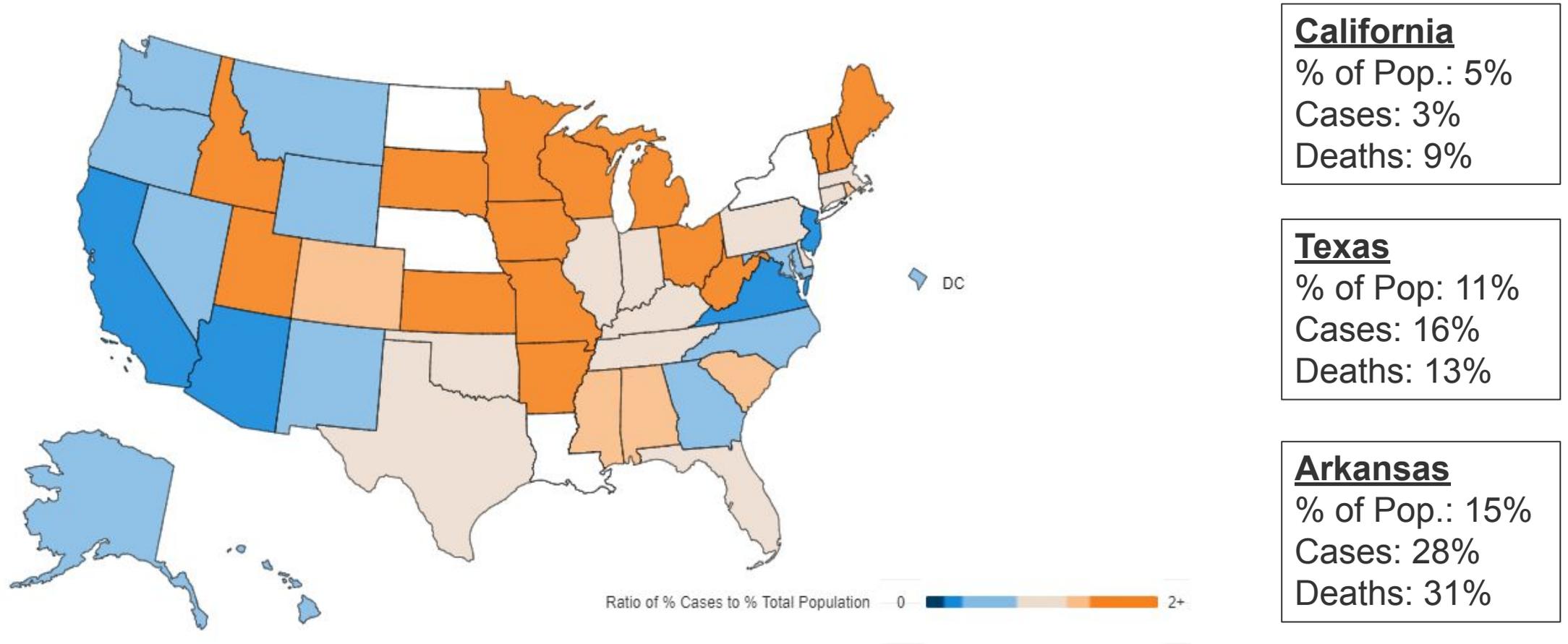
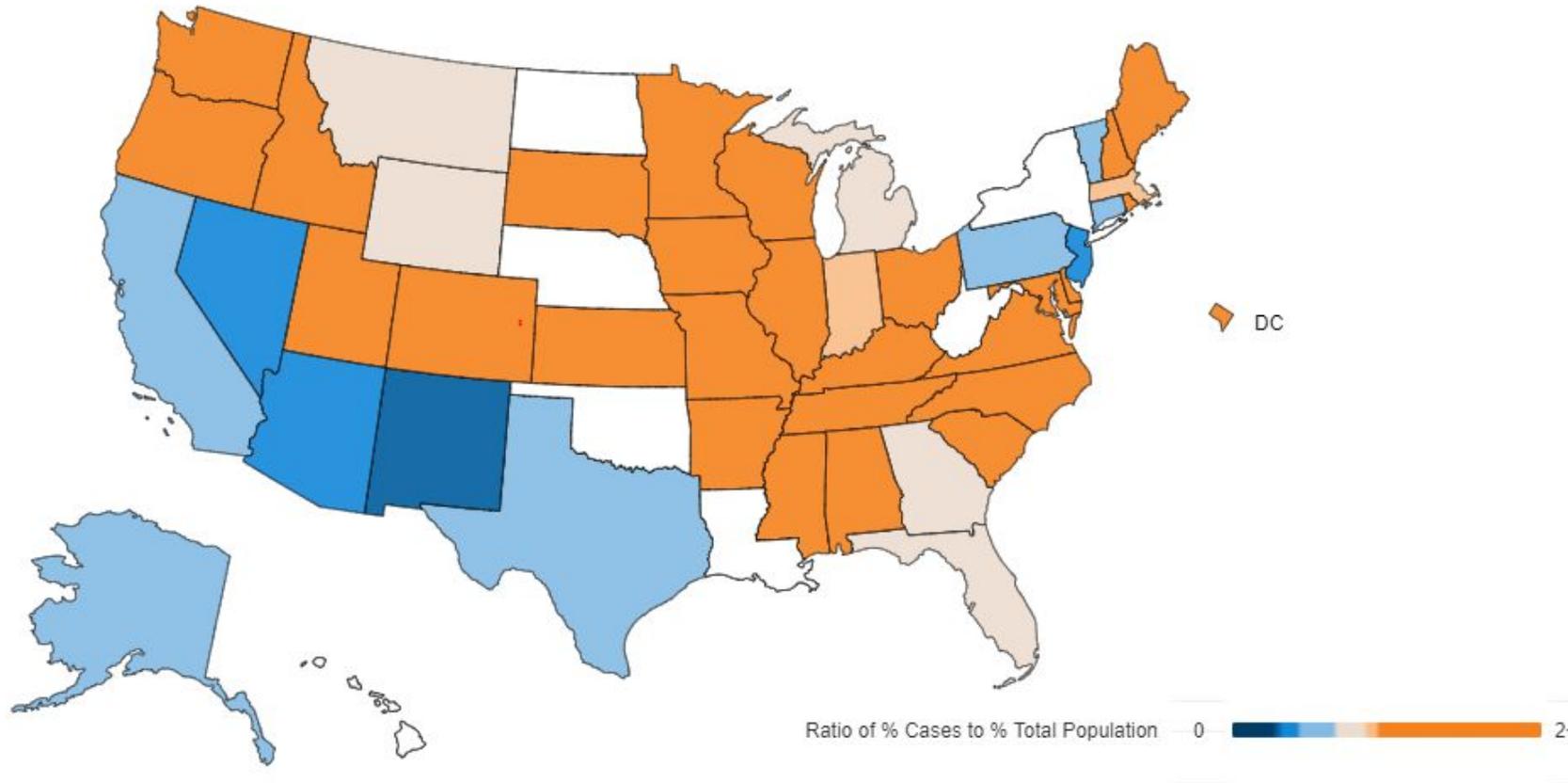


Figure 11

# Percent of COVID-19 Cases Among Hispanic Residents Compared to Population Share



**California**  
% of Pop.: 39%  
Cases: 39%  
Deaths: 37%

**Florida**  
% of Pop.: 26%  
Cases: 35%  
Deaths: 22%

**Illinois**  
% of Pop.: 17%  
Cases: 31%  
Deaths: 19%

# COVID-19 and People with HIV

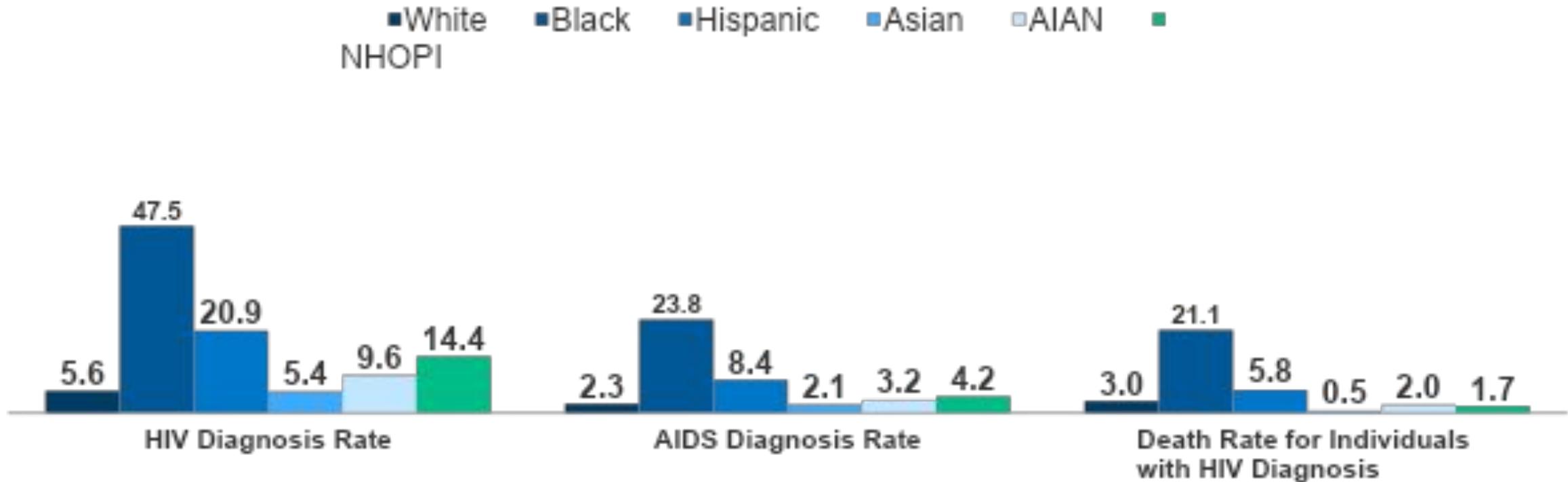
# What do we know about people with HIV and COVID-19?

- People with well controlled HIV do not appear to be at higher risk of COVID-19 infection or disease severity because of HIV itself
- However...
  - People who are immunocompromised are at higher risk for COVID-19
    - Could include those with poorly controlled HIV
  - People with HIV (and BIPOC) face certain comorbidities that can increase COVID-19 risk/severity at higher rates
    - (e.g. [cardiovascular disease](#), [pulmonary disease](#), [hypertension](#), [diabetes](#), [renal failure](#), & [liver disease](#)).
  - BIPOC are disproportionately impacted by both COVID-19 and HIV

Figure 14

# HIV Indicators, by Race/Ethnicity

## Rate per 100,000

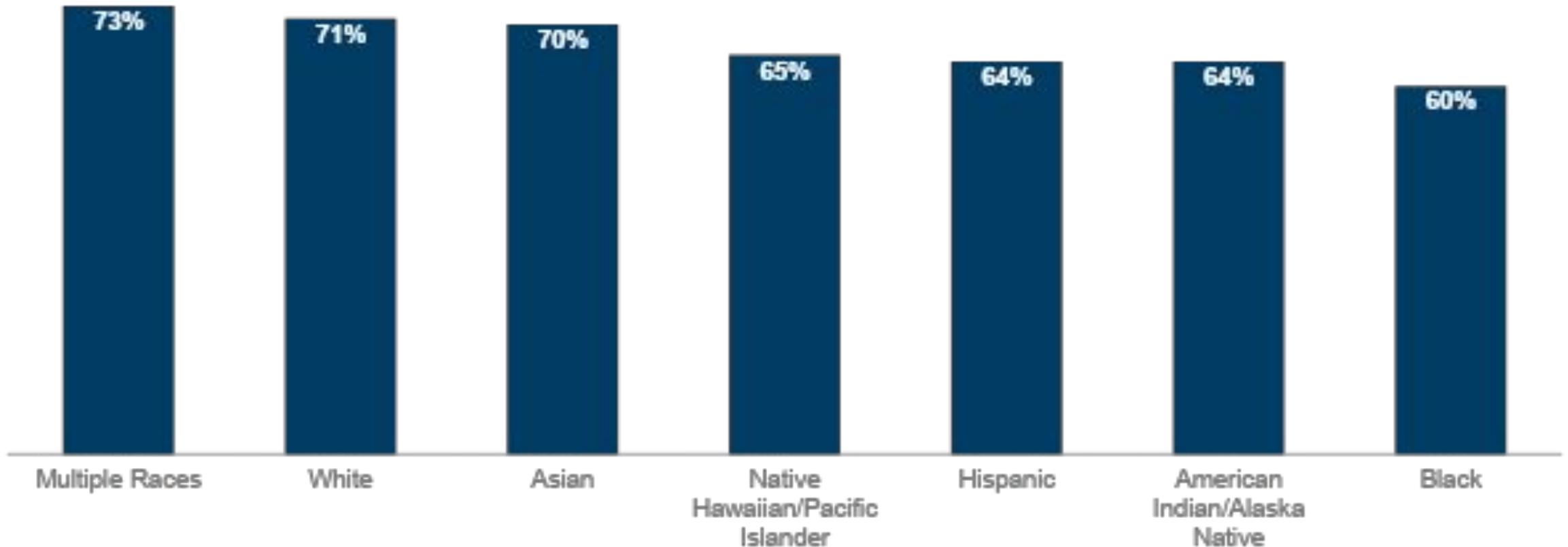


NOTE: Data based on surveillance data reported by states to the CDC. AIAN refers to American Indian and Alaska Native people. NHOPI refers to Native Hawaiian and Other Pacific Islander people. Persons categorized by race were not Hispanic or Latino. Individuals in each race category may, however, include persons whose ethnicity was not reported. Includes individuals age 13 and older. Data for HIV and AIDS diagnoses are as of 2018 and death rate data are as of 2017. Death rates for individuals with HIV are deaths due to any cause, not only from HIV-related illness.

SOURCE: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas, 2018.

Figure 15

# Viral Suppression at last test among those diagnosed, by race/ethnicity, 2018



Notes: Caution should be used in interpreting data for American Indians/Alaska Natives and Native Hawaiians/other Pacific Islanders.

Source: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2018. HIV Surveillance Supplemental Report 2020;25(No. 2).

# Other considerations for people with HIV and COVID-19?

- Loss of Coverage □ impacting everyone but especially important for people with HIV to maintain access to care and treatment
- Relationship between social isolation and mental health/substance use etc. + potential impact on engagement in HIV care/treatment
- CARES Act included funding for Ryan White and HOPWA for programs to address COVID-19
  - Possibly additional funding in 5<sup>th</sup> supplemental
- Impact on HIV care & prevention programs: Potential increases in clients/changes in payer mix, program availability, telehealth (opportunities and challenges)
- Potential challenges to EHE while addressing COVID-19....

# Federal Agencies Providing Guidance/information on HIV and COVID-19.

- NIH: [Interim Guidance for COVID-19 and Persons with HIV](#)
- CDC: [COVID-19 and HIV](#) (Landing page)
  - [What to Know About HIV and COVID-19](#) (Q&A)
- HRSA/HAB: [Coronavirus Disease 2019 \(COVID-19\) Frequently Asked Questions](#)

Moving Ahead

# The Heightened Focus on and Understanding of Disparities Provide an Opportunity for Progress to Advance Equity

- **Health care system measures to enhance access and equity**
  - Adoption of ACA Medicaid expansion in remaining 14 states
  - Increasing diversity of the health care workforce
  - Increasing access to linguistically and culturally appropriate care
- **Cross-sector approaches to address underlying social and economic factors**
  - Increasing access to healthy food and food security
  - Increasing stability and quality of housing
  - Improvements to neighborhoods and built environments
  - Increasing educational and economic opportunities
- **Recognition of and commitment to addressing racism, discrimination, and histories of stress and trauma**