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

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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
### Social and Economic Factors Drive Health Outcomes

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**Health Outcomes:** Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
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.

Figure 6

Share of Nonelderly State Population that is Black, by Medicaid Expansion Status (as of April 2020)

Note: Includes nonelderly population who are non-Hispanic black.
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.

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

**California**
- % of Pop.: 5%
- Cases: 3%
- Deaths: 9%

**Texas**
- % of Pop.: 11%
- Cases: 16%
- Deaths: 13%

**Arkansas**
- % of Pop.: 15%
- Cases: 28%
- Deaths: 31%
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 disproportionally impacted by both COVID-19 and HIV.

BIPOC = Black, Indigenous, and other People of Color.
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.

Figure 15

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

Notes: Caution should be used in interrupting data for American Indians/Alaska Natives and Native Hawaiians/other Pacific Islanders.
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 5th 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…. 

- 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