COVID-19 and Health Disparities: The Impact on Black/African Americans
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The COVID-19 pandemic has resulted in more than 2.1 million cases and more than 116,127 deaths in the United States as of June 16.[i] While the pandemic has touched every community in our country, it has revealed the striking socioeconomic and healthcare inequities in the U.S. that disproportionately impact Black/African Americans, Latinx, and Native Americans in addition to underserved communities such as individuals in correctional facilities, rural and immigrant populations, people with disabilities and individuals experiencing homelessness.

The Infectious Diseases Society of America and its HIV Medicine Association represent more than 12,000 infectious diseases and HIV physicians and other health care providers, public health practitioners and scientists committed to ending the health disparities that have historically impacted the lives of black and brown and other underserved Americans and that have been exacerbated by COVID-19. This brief is part of a series that examines COVID-19 and health disparities in the United States.

BACKGROUND

The Institute of Medicine's 2003 report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, documented research revealing that racial and ethnic minorities experience lower quality of health services and are less likely to receive even routine medical procedures than are white Americans. The report found that, "relative to whites, African-Americans . . . are likely to receive a lower quality of basic clinical services[i] such as intensive care[ii], even when variations in such factors as insurance status, income, age, co-morbid conditions, and symptom expression are taken into account. Significantly, these differences are associated with greater mortality among African-American patients."[iii] [iv]

Seventeen years later, the impact of the COVID-19 pandemic on Black/African Americans reflects the findings of the IOM's report. There are few communities harder hit by the COVID-19 pandemic than the Black/African American community. Comprehensive and uniform data is still not available but early reports are summarized below. An April 2020 U.S. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*[v] with race and ethnicity data from 580 patients hospitalized with lab-confirmed COVID-19 found that 45% of individuals for whom race or ethnicity data was available were white, compared to 55% of individuals in the surrounding community. However, 33% of hospitalized patients were Black/African American compared to 18% in the community. These data and other reports[vi] suggest an overrepresentation of Black/Americans among hospitalized patients. Among COVID-19 deaths for which race and ethnicity data were available, Black/African Americans represented 23% of deaths where race was known as compared to 13% of the population.[vii] An analysis of New York City data (as of April 16, 2020) identified death rates among Black/African Americans persons (92.3 deaths per 100,000 population) that were substantially higher than that of White (45.2/100,000) or Asian (34.5/100,000) persons.[viii] A CDC analysis of March 2020 data from eight hospitals in Georgia found that among 305 hospitalized patients with COVID-19, 83% with known race/ethnicity were black.[ix] Additional

studies are underway and are urgently needed to confirm these trends and to inform policies and programs to reduce the impact of COVID-19 on Black/African Americans.

BLACK/AFRICAN AMERICAN HEALTH IS PUBLIC HEALTH

A May 2020 amfAR report[x] showed an increased burden of COVID-19 diagnoses and deaths were higher in counties with a greater proportion of Black/African American residents than the U.S. average. While Black/African American residents constitute 22% percent of U.S. counties, they account for 52% and 58% of COVID-19 cases and deaths, respectively. This heightened COVID-19 burden for counties with greater Black/African American representation was observed in both urban and rural counties, irrespective of size. Ninety-one percent of these disproportionately impacted counties were located in the southern U.S. Further challenges are posed by the intersection of racial/ethnic disparities and rural residence in which there often is a shortage of health care providers and limited access to critical care facilities[xi]. Counties with high levels of uninsured people and those with a greater number of persons per household demonstrated higher rates of COVID-19 diagnoses. Underlying health problems that may interact with COVID-19 illness and death (e.g., diabetes, hypertension and lung disease) tended to be more prevalent in disproportionately Black/African American counties, but, nonetheless, greater numbers of COVID-19 cases and deaths were still observed among Black/African Americans when adjusting for these factors. Historic and persistent structural racism, racial discrimination in the provision of health care, and near systematic exclusion from clinical research may make African Americans more vulnerable to COVID-19. These factors have also led to challenges in diagnosis, treatment, and recovery. These are challenges that must be immediately addressed and rectified to prevent further loss of Black/African American lives to the COVID-19 pandemic and to halt a widening disparity gap.

A CALL TO ACTION

Black/African Americans face greater barriers to physically distancing, to evidenced-based and accurate information and to healthcare services including COVID-19 testing. These barriers are driven by health and socioeconomic disparities primarily due to systemic racism and implicit bias.

Surmounting these barriers in response to COVID-19 is necessary to mitigate the impact of COVID-19 as well as to secure the long-term health and well-being of Black/African Americans. Improving access to risk-reduction interventions and high-quality healthcare for Black/African Americans requires a wholistic, evidence-based approach that addresses the social determinants of health in addition to outbreak containment.

The loss of so many Black/African American lives to COVID-19 is an unacceptable humanitarian crisis that was completely avoidable and must be met with bold action.[xii] Now is the time to take proactive policy steps to prevent additional infections and deaths from the pandemic in the Black/African American community. Pursuing policies that dismantle years of systemic racism in health care and research, will solidify the foundations of public health, and strengthen the socioeconomic safety-net protecting Black/African Americans and other underserved populations from COVID-19 and future pandemics.

POLICY RECOMMENDATIONS

Ensure the Collection of COVID-19 Data by Race, Ethnicity, Gender, Age and Zip Code

The inclusion of information about race, ethnicity, gender, age and disability status by zip code for COVID-19 is critical to allow federal, state, local, tribal, and territorial public health officials to better respond to the current COVID-19 pandemic and future public health emergencies. Uniform data collection including for race and ethnicity will also allow for more targeted resource allocation and recovery planning to communities hardest hit by COVID-19 and future pandemics. We recommend:

- CDC collect and publicly report COVID-19-related data on number and percent positive of diagnostic tests, hospitalizations, deaths, case figures and mortality by race[1], ethnicity, gender, age, disability status, and zip code.
- CDC prepare to collect data on vaccination rates by race, ethnicity, gender, age and disability status.
- Congress increase funding to ensure a coordinated, national surveillance system across all states and territories that ensures timely and comprehensive data collection.
- Congressional and state support for public health officials to specifically collect these data to ensure quality and completeness. Funding should be allocated from the federal and state governments to local health departments for these officials.

Increase Access to Affordable Healthcare Coverage and Healthcare Services

Individuals with health insurance have better access to healthcare services and better health outcomes.[xiii] Following passage of the Patient Protection and Affordable Care Act (ACA) in 2010, the uninsured rate among Black/African Americans dropped from 19.9% in 2010 to 11.5% in 2018 but it remained 1.5 times higher than that of White Americans.[xiv] Sustaining and strengthening the coverage available through the ACA is critical to reduce health disparities in addition to taking additional steps to provide access to prevention and care services for individuals who remain insured. We recommend that:

- The 14 remaining states expand Medicaid coverage without restrictions to help ensure that Black/African Americans have health insurance coverage during and after the COVID-19 pandemic.[xv]
- Congress should support an additional temporary increase in the federal matching rate for state Medicaid programs to prevent eligibility and coverage restrictions due to increased demand and strains on state budgets.
- Congress should work with all federal and private health care insurers, and vaccine and drug developers and manufacturers to provide access to affordable prevention, care and treatment services for COVID-19 for all patients regardless of ability to pay, including by sustaining the CARES Act Provider Relief Fund.
- Congress should provide adequate funding for community health centers and take steps to ensure the long-term financial viability of health centers, which are often the only source of health care for lower-income individuals in many communities, and that care for patients regardless of their ability to pay.
- A nationwide special enrollment period for individuals without health care coverage to enroll in an Affordable Care Act (ACA) compliant marketplace plan.

[1] Collection of data and reporting by age is also needed to capture emerging issues in pediatric populations, including COVID 19-linked multisystem inflammatory syndrome in children (MIS-C), where early data reflect disparities in black children.[1]

Ensure Timely Access to High-Quality, Culturally Competent COVID-19 Testing, Care, and Vaccinations

In addition to ramping up testing and healthcare access where Black/African Americans live and work, structural interventions are needed to improve healthcare delivery and to address factors such as stable housing that also impact healthcare outcomes. We recommend the following:

- Recognize and address implicit bias in testing and treatment of Black/African American patients.
- Ensure testing and treatment delivery is culturally competent and geographically and economically accessible.
- Provide high quality health care that addresses underlying conditions that may make individuals more vulnerable to COVID-19, including diabetes, cardiovascular disease and chronic lung disease.[xvi]
- Ensure that decisions regarding resource allocation for COVID-19 treatment including admitting procedures, use of hospital beds and ventilators are not solely based on life-expectancy and are controlled for health disparities as a result of systemic racism and implicit bias.
- Ensure contact tracing staff are culturally competent and reflect the communities they work with, and fully engage organizations with experience and expertise in the community.
- Address structural inequities and lack of trust in rapidly developed or new vaccines due to history of racism in experimental therapies that threaten to not only restrict access to a COVID-19 vaccine and other necessary vaccines but to reduce vaccine acceptance while research is underway to develop a vaccine for COVID-19.

Address Social Determinants of Health

Health disparities impacting Black/African Americans have often been exacerbated by substandard housing in communities that lack access to healthcare services, nutritious food, clean air and water, transportation, and to technology, such as Internet services. These are also contributing factors to the vulnerability of Black/African Americans to COVID-19 and other infectious and non-infectious conditions more broadly. Federal, state, and local governments and the private sector must provide necessary supports and protections to those who are economically or socially impacted to reduce these disparities. These should include:

- The dissemination of evidence-based health information communicated in a manner that builds trust in health care professionals and in the health care system.
- Increased funding for the Federal Communications Commission's Lifeline program to support unlimited minutes and Internet access for low income individuals and families to stay connected to health care and educational programs.[xxii] This is particularly important in sustaining telehealth access in communities with limited access to healthcare and transportation to healthcare facilities.
- Provide a 15% increase in the Supplemental Nutrition Assistance Program maximum benefit level to provide additional resources to low income household to purchase food.[xxiv]
- Continue the moratorium on evictions for failure to pay rent.
- Increase the availability of housing assistance and temporary housing for individuals experiencing homeless and those living in shared housing with a large or extended family to quarantine.
- Support for masks and other supplies to help Black/African Americans and other underserved populations to protect themselves from COVID-19. These activities must be free of increased law enforcement suspicion and harassment.

Protect Essential and Frontline Workers

Black/African Americans are over-represented in frontline jobs, including in home-health care , grocery stores and food service, public service, transportation, and in the meat packing industry.[xvii] These frontline employees face heightened risks for COVID-19 exposure and acquisition, lack of personal protective equipment, little to no social distancing, and the threat of loss of the ability to file for unemployment benefits if the employee determines it is unsafe to return to the job. To protect these workers, we recommend:

- Employers be required to furnish recommended personal protective equipment and provide access to COVID-19 testing materials and supplies at no charge to employees.
- Federal support for paid emergency leave, paid sick leave and up to three months of paid family and medical leave, and enhanced unemployment insurance.
- Federal support for medical bills being paid in full for essential workers who contract COVID-19.
- Federal support for businesses with a focus on supporting minority and women-owned small businesses and businesses in rural communities.

Ensure Equitable Access to Clinical Trials and Build Trust Among Black/African Americans and other Underserved Populations

Safety-net hospitals serve a large number of Black/African Americans and Latinx as well as persons who are uninsured. Being omitted from clinical trials brings both short- and long-term consequences to safety net hospitals and the populations they serve. In the short-term, patients do not have access to potentially lifesaving therapeutics. In the long-term, when certain patient populations are not recruited for these trials e.g., Black/African Americans, then there is limited generalizability of the study findings to these populations and little is known about whether they may respond differently.

Additionally, fear of exploitation resulting from participation in medical research, lack of information about clinical trial opportunities, and logistical barriers to research participation have created barriers to the inclusion of Black/African Americans and other people of color in clinical trials and epidemiological studies. It is vitally important that all research related to COVID-19 prevention, diagnosis, treatment and outcomes include Black/African Americans and underserved populations. Inclusion of Black/African Americans in clinical trials will allow us to know that interventions work in these populations. We recommend that:

- COVID-19 clinical trial sponsors take steps to increase participation by Black/African American and other underserved communities.
- Research enrollment should include comprehensive information about clinical trials and research studies, including a transparent informed consent process.
- Federal and private sector clinical trials should include researchers representing Black/African American, Latinx and other underserved populations, including investigators at safety-net hospitals.
- Therapeutics should not be approved by the FDA unless they have been investigated in disproportionately affected groups.
- Research practices directly address the history of racism in clinical research, including lack of consent in research and other unethical research practices by engaging the Black/African American, Latinx and other underserved populations throughout the research process.

- The vaccine development be transparent and acknowledge and address the fact that Black/African Americans report that they are less likely to trust a new vaccine product.[xviii]

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