

# Addressing Health Disparities in the Era of COVID-19

### Lisa A. Cooper, MD, MPH

Bloomberg Distinguished Professor
James F. Fries Professor of Medicine
Johns Hopkins Schools of Medicine, Nursing and Bloomberg School of Public Health
Director, Johns Hopkins Center for Health Equity,
@LisaCooperMD @Jhhealthequity

## From Health Disparities to Health Equity

### **Health Disparities:**

"...preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations"



### **Health Equity:**

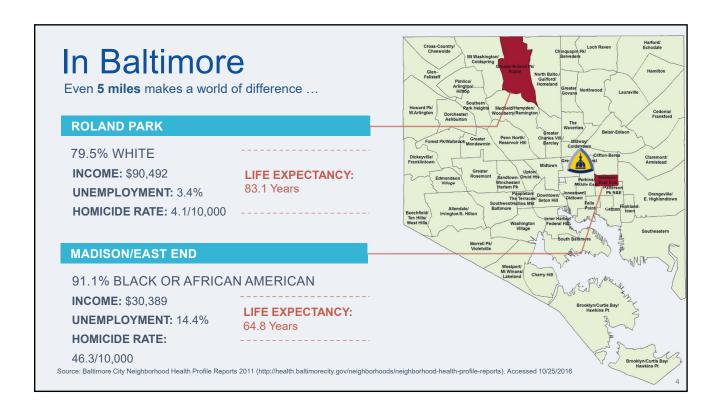
"When every person has the opportunity to 'attain his or her full health potential' and no one is 'disadvantaged from achieving this potential because of social position or other socially determined circumstances"<sup>2</sup>

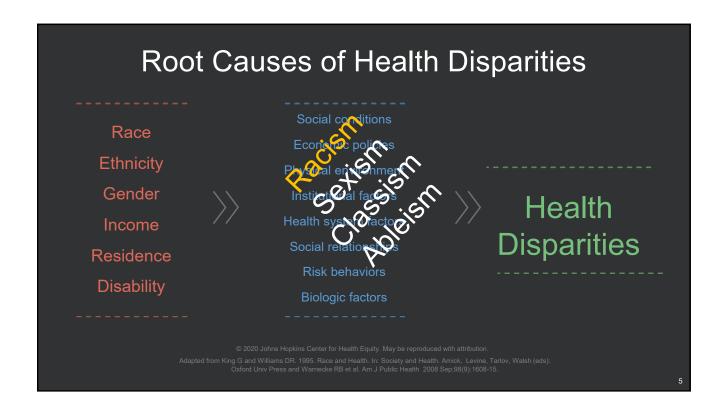
© 2019 Johns Hopkins Center for Health Equity. May be reproduced with attribution.

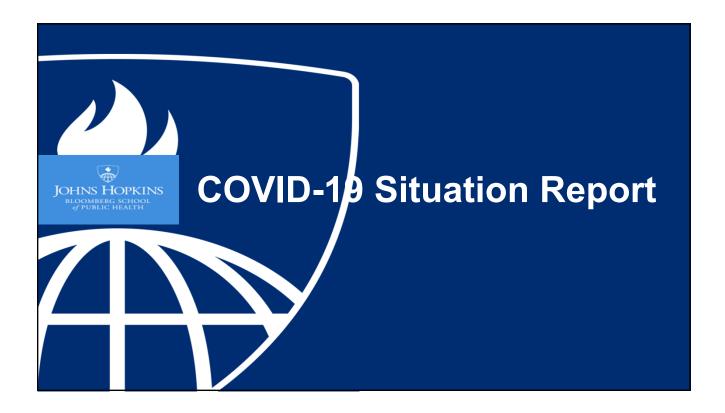
Community Health and Program Services (CHAPS): Health Disparities Among Racial/Ethnic Populations. U.S. Department of Health and Human Services; 200: Whitehead M, Dahlgren G. Levelling Up (Part 1): A Discussion Paper on Concepts and Principles for Tackling Social Inequities in Health. World Health Organization. Available at http://www.euro.who.int/document/e89383.pdf.











## What is COVID-19?



- COVID-19 is an illness caused by infection by a coronavirus, which is a type of virus that causes human and animal illnesses.
- The virus that causes COVID-19 is highly transmittable, and the illness it causes ranges from very mild to life threatening.
- Severe cases usually require hospitalization and supportive care.
- People who are male, older, or have underlying health conditions appear to have a higher risk of severe illness

# What are the Most Common Symptoms of COVID-19?

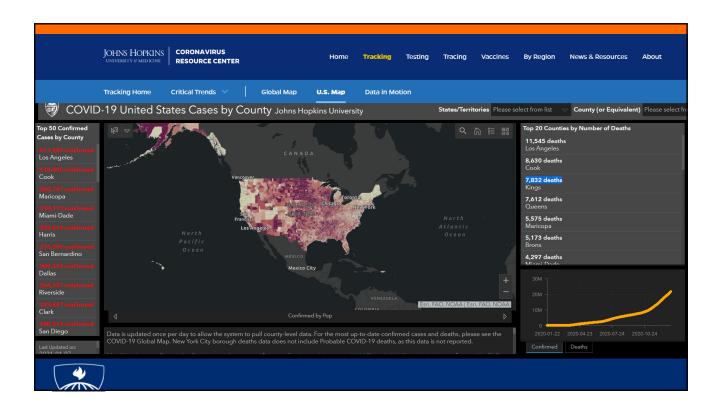


- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills

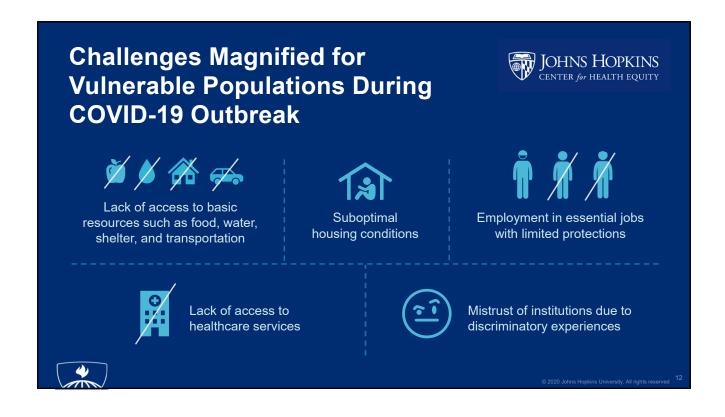
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

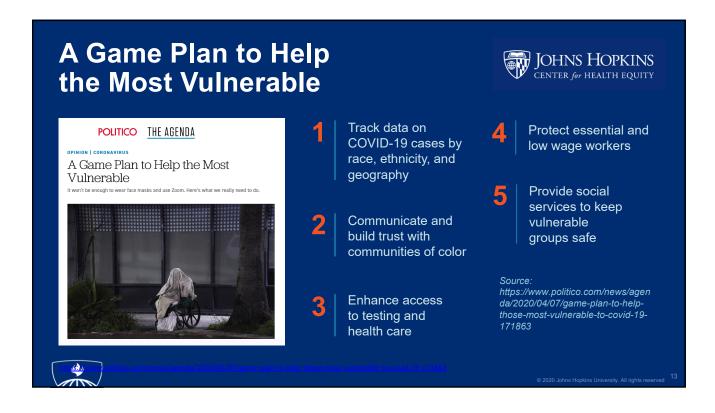
Source: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html





	Non-Hispanic persons	Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases¹	1.8x	0.6x	1.4x	1.7x
Hospitalization <sup>2</sup>	4.0x	1.2x	3.7×	4.1x
Death³	2.6x	1.1x	2.8x	2.8x
	How	to Slow the Spread of C	COVID-19	
			<b>33.</b>	
	Wear a mask	Stay 6 feet apart	Wash your hands	
	Trour a mask			





# **How Should Leaders Communicate** in a Public Health Crisis?



- 1. Be first → provide regular updates
- 2. Be right → do not overly reassure, focus on the facts
- 3. Be credible → link with local experts to provide additional voices to your messages
- 4. Express empathy → you want to hear and understand concerns
- 5. Promote action → tell people what they can do
- 6. Show respect
- 7. Correct falsehoods

Adapted from: https://emergency.cdc.gov/cerc/

### **Available Treatments for COVID-19**

- No single confirmed therapeutic option for patients with COVID-19 has been fully elucidated
- Strong recommendations against use of hydroxychloroquine and lopinavir-ritonavir
- Conditional recommendation against the use of remdesivir in hospitalized patients
- Potentially effective treatments include:
  - Dexamethasone (severe and critical COVID-19, strong recommendation)
  - Monoclonal antibody treatments, including bamlanivimab and a combination of casirivimab and imdevimab (nonhospitalized at risk patients)
  - Convalescent serum (severe COVID-19, potential benefit)

Siemieniuk R et al. BMJ. 2020 Sep 4;370:m3379. doi: 10.1136/bmj.m3379. Update in: BMJ. 2020 Nov 19;371:m4475. Casadevall A, Joyner MJ, Pirofski LA. JAMA. 2020 Aug 4;324(5):455-457

## The Basics of Vaccination



- Vaccines help protect against infectious diseases
- They also save families time and money, and help protect individuals, communities, and even future generations
- Getting vaccinated will help stop infection, illness, and loss of life, but masks aren't going away soon.



- Tens of thousands of people from diverse backgrounds have participated in vaccine trials to ensure their safety
- The decision to get vaccinated is up to each individual, however, it is important that it is a well-informed decision

## Who Should we Be Vaccinating First?



https://www.cnn.com/2020/12/15/us/black-americans-and-vaccine-hesitancy/index.htm

### Front Line Workers

- This includes health care workers, nursing homes, essential workers, and first responders
- Should We Be Prioritizing Minority Groups?
  - It is important to prioritize those who are most vulnerable
  - Due to social determinants of health and the impact of racism, minority groups have been hit hardest by COVID-19
  - Many persons from minority communities are also front line and essential health workers

# The Particular Challenges of Vaccine Distribution to Minority Groups

### Logistical Challenges

- Minority communities are often physically distanced from health care institutions where vaccine distribution may occur
- Transporting, storing and administering the vaccine is complicated, and some minority communities lack the resources to support a vaccination campaign

### Mistrust Challenges

 Black, Latino, and Native Americans have a history of distrust in medicine due to historical oppression, structural racism, and ongoing inequities



# Mistrust in Communities of Color Stems from Past and Present Events







**Tuskegee Syphilis Study** 

Mrs. Henrietta Lacks





## Mistrust by Race & Ethnicity

### **Health Care**

Say the **health care system often treats people unfairly** based on their race or ethnic background

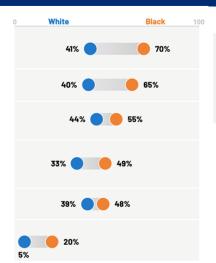
Say it is **difficult to find a doctor who shares their background** and experience

Trust the health care system only some or almost none of the time to do what is right for their community

Would definitely or probably **not get a coronavirus vaccine** if it was determined to be safe by scientists and available for free to anyone who wants it

Say it is difficult to find health care they can afford

Have personally been treated unfairly based on their race while getting health care for themselves or a family member



### Report on Black Adults in the US



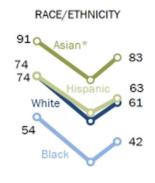
Say the health care system often treats people unfairly based on their race or ethnic background

- Black people report less trust in medicine and healthcare compared to their white counterparts
- That mistrust has increased in recent years

Poll by Kaiser Family Foundation (KFF) and The Undefeated: http://files.kff.org/attachment/Infographic-The-Racial-Divide-in-Health-Care-Experiences-and-COVID-19-Impacts.pdf

## **Mistrust by Race/Ethnicity**

% of US adults who say they would definitely/probably get a vaccine for COVID-19 if one were available today



 Compared to all other racial/ethnic groups,
 Black people report the least trust in the vaccine

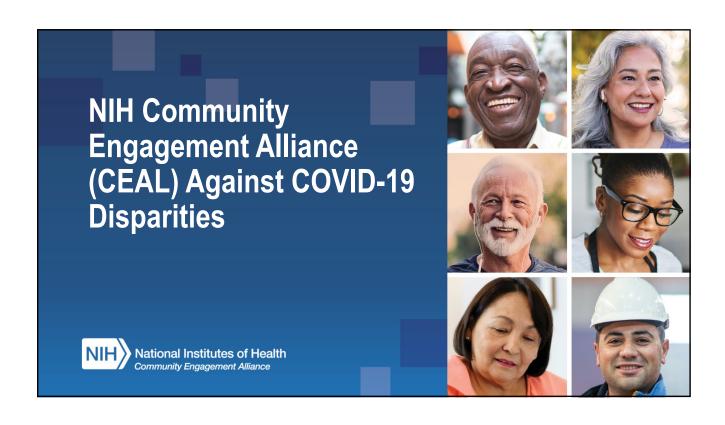
May '20 Nov '20

https://www.pewresearch.org/science/2020/12/03/intent-to-get-a-covid-19-vaccine-rises-to-60-as-confidence-in-research-and-development-process-increases/

## **How to Build Trust in Vaccination**

- Use Targeted Communication
  - Health professionals must work closely with trusted community organizations, and leaders to overcome mistrust and increase understanding and engagement related to the COVID-19 vaccine.
  - Communication should be clear, nonjudgmental, transparent and address misperceptions
- Build Trust by Example
  - Seeing health professionals, and others who receive the vaccine early, have positive outcomes may help increase vaccine acceptance
- Highlight the Diversity of Scientists involved in the Vaccine's Development and the Diversity of Study Participants





## **CEAL Mission and Vision Statement**

### **Mission statement**

To provide **trustworthy information** through active community engagement and outreach to the people hardest-hit by the COVID-19 pandemic, including African Americans, Hispanics/Latinos and American Indians/Alaska Natives, with the goal of building long-lasting partnerships as well as **improving diversity and inclusion in our research response** to COVID-19.

### Vision statement

To become a **trusted partner** in community engagement efforts to improve inclusive participation in the scientific response to the COVID-19 pandemic and related disparities.

## **CEAL Operating Objectives of State Research Teams**

### **CEAL Objective 1**

Conduct urgent communityengaged research and outreach focused on COVID-19 awareness and education to address misinformation and distrust.

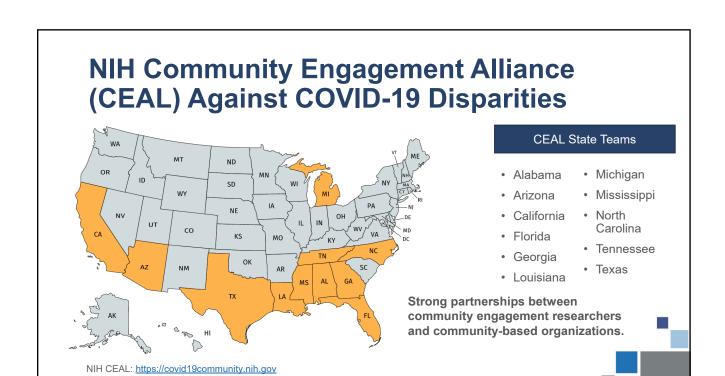
### **CEAL Objective 2**

Promote and facilitate inclusion of diverse racial and ethnic populations in clinical trials (prevention, vaccine, therapeutics), reflective of the populations disproportionately affected by the pandemic.

# NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities

### **CEAL Activities:**

- Support and expand existing NIH community outreach efforts already underway through COVID-19 trial networks, such as ACTIV (treatments), RADx (diagnostic tests), CoVPN (vaccines), and CONNECTS.
- Establish communication networks across available channels and through engagement with trusted organizations and people.



## **CEAL Teams: Cross-Cutting Themes**

- All focus on assessing and addressing community knowledge, misinformation and mistrust about COVID-19, including vaccine and clinical trial misinformation and distrust.
- Strong partnerships across academic, faith- and communitybased organizations as well as federally qualified health centers (FQHCs) and historically Black colleges and universities (HBCUs).
- Integrated projects focused on the most affected communities.
- Innovative strategies to facilitate inclusion in COVID-19 trials.





### **CEAL Steering Committee and Work Groups** Steering Committee CEAL Executive Inclusive Participation Committee in Clinical Trials Work (CEC) Group Inclusive Community-based CEAL CEAL Participation in Communication Needs Assessment & **Clinical Trials ALLIANCE** s Work group Work aroup Evaluation (A&E) Work Group Community-based Communications Work Needs Assessment & Group Evaluation (A&E) Work group

## **CEAL National Engagement and Communications Progress Highlights and Resource Needs**

### STRATEGY AT A GLANCE

#### Messages & Tailored Content

Collect, create, and curate appropriate materials and resources

Web & Digital Access Enable communities' access to tools for use.

(Lay & Prof.) Enable learning opportunities (COVID, clinical trials, vaccines).

Media & Multi-Channel Diss Leverage all media platforms to provide accurate information and messages.

Strategic Partners Foster critical partnerships and engagement opportunities.

#### PROGRESS HIGHLIGHTS

- Curated and created 40+ resources across 7 topics.
- Multiple resources available in both English and Spanish.
- Established dynamic NIH web repository with bi-weekly refreshes.
- Shareable social media materials and short videos (38 sec).
   Biweekly eNewsletter.
- NLM series of lay educational videos/areas of greatest need.
- NCI toolkits and webinars for evidence on COVID information delivery.
- Leveraging partnerships with digital influencers representing Blacks, Hispanics, and AI.
- \* Coordinate local level media efforts with each CEAL team.
- Engaging minority media outlets/channels.
- Forums with 90 organizations within 5 categories.
- Toolkit for Congressional caucuses
- Leveraging voices of influence nationally-known pastors, national leaders, etc.

### Selected Examples



## **Johns Hopkins Center for Health Equity**

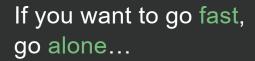
### **MISSION**

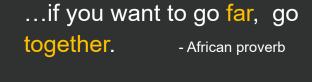
Promote equity in health for socially at-risk populations through:

- 1. Advancing scientific knowledge
- 2. Educating and training leaders
- 3. Partnering with communities
  - Raising public awareness of health inequities
  - Promoting sustainable changes in practice and policy



© 2020 Johns Hopkins Center for Health Equity. May be reproduced with attribution.









STELLENBOSCH UNIVERSITY BOTANICAL GARDENS, STELLENBOSCH, SOUTH AFRICA

JOHNS HOPKINS COMMUNITY ADVISORY BOARD BALTIMORE, MARYLAND

3



## **THANK YOU!**

Want to learn more about our work?



www.healthequityhub.org



HealthEquity@jhmi.edu



@JHhealthequity



@LisaCooperMD



@JHhealthequity