HIV SYMPOSIUM 2020

HIV AND COVID-19 THROUGH AN EQUITY LENS

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Objectives

- Introductions
- Overview of Health Equity and Social Determinants of Health
- Health Equity Implications for HIV and COVID-19
- (A few) solutions in our work
- Solutions in your work (breakouts)

VUMC's Office of Health Equity

An institutional home for coordinating and catalyzing community health and health equity initiatives across VUMC

Education/Training

Research

Community and Population Health Improvement

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Poll Question #1

What is health equity?

Poll Question #2 and #3

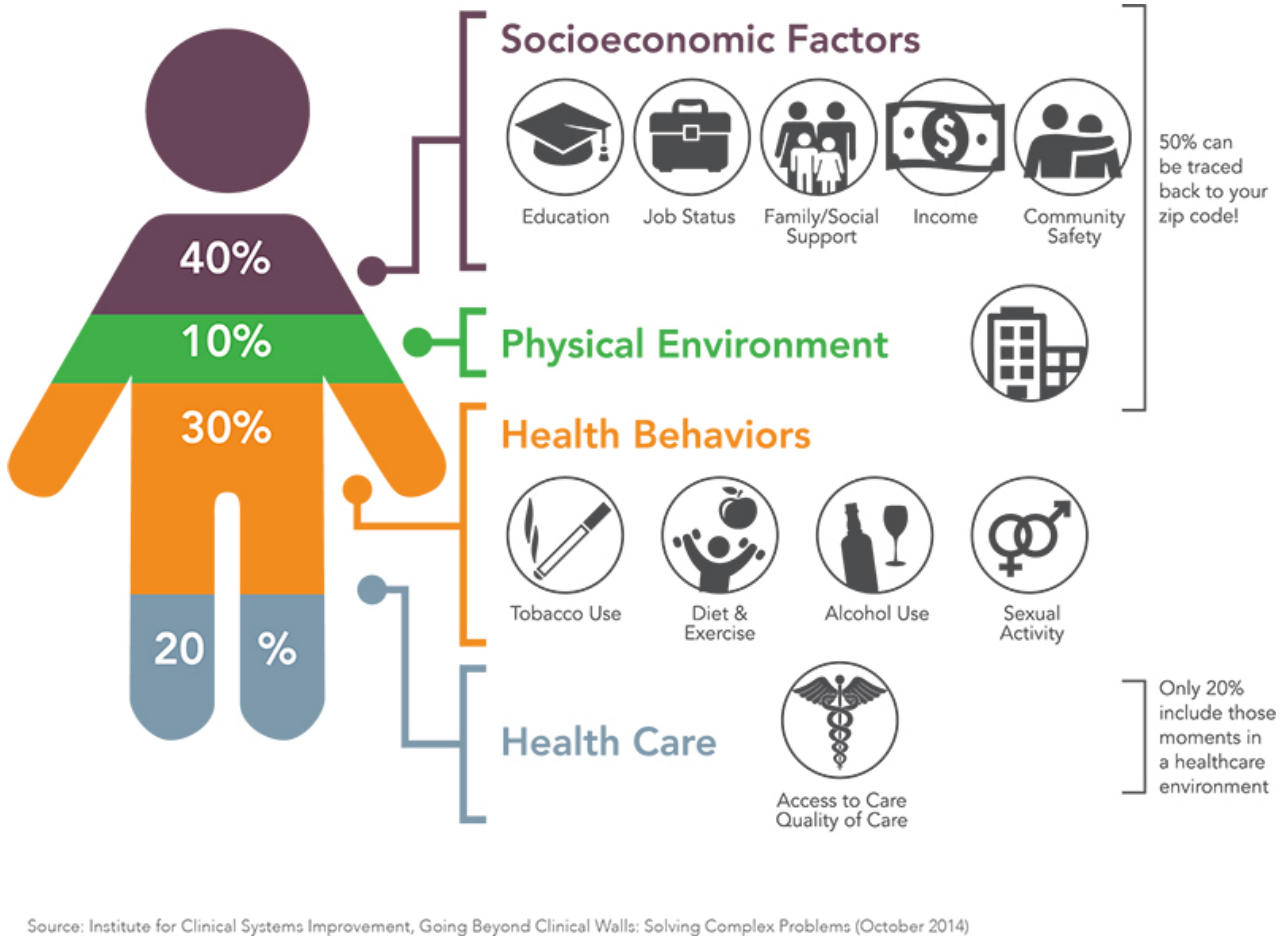
What creates Health Inequities?

Perception:

- **Poor individual choices**
- **(Only) a lack of access to health care**

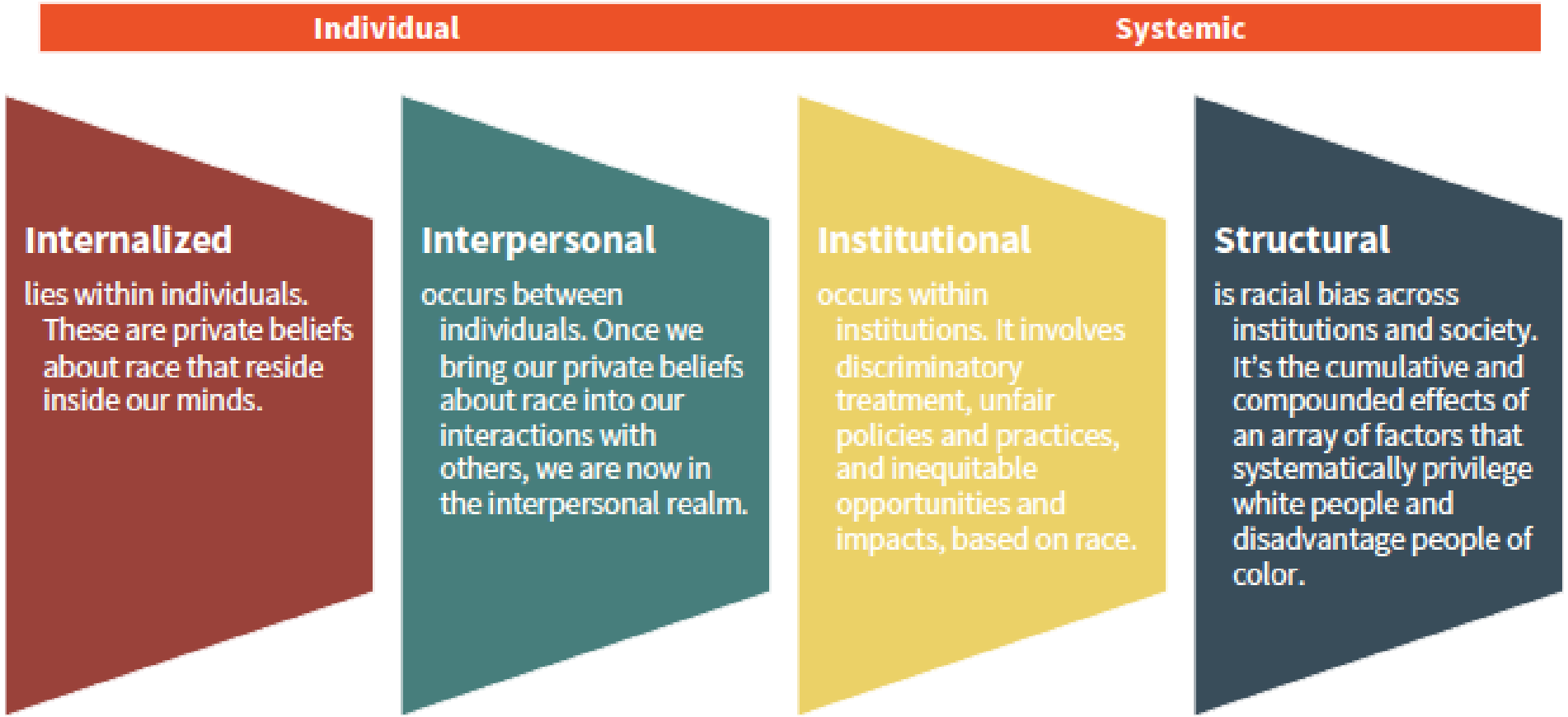
Reality:

Historical and current policies have affected (and continue to affect) specific communities' environments, access to opportunity and resources to thrive.

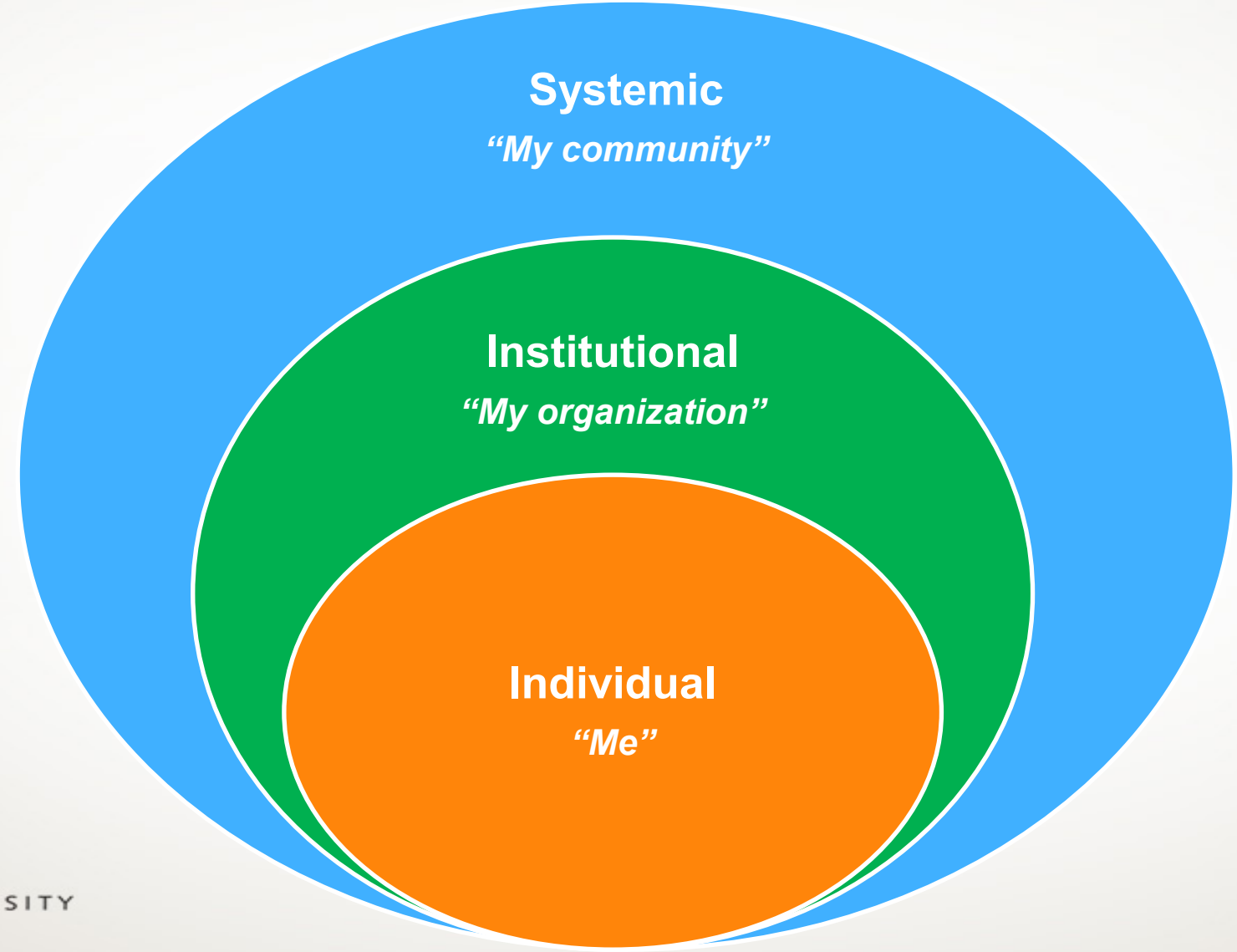


Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Levels of Racism



Where can we create equity?



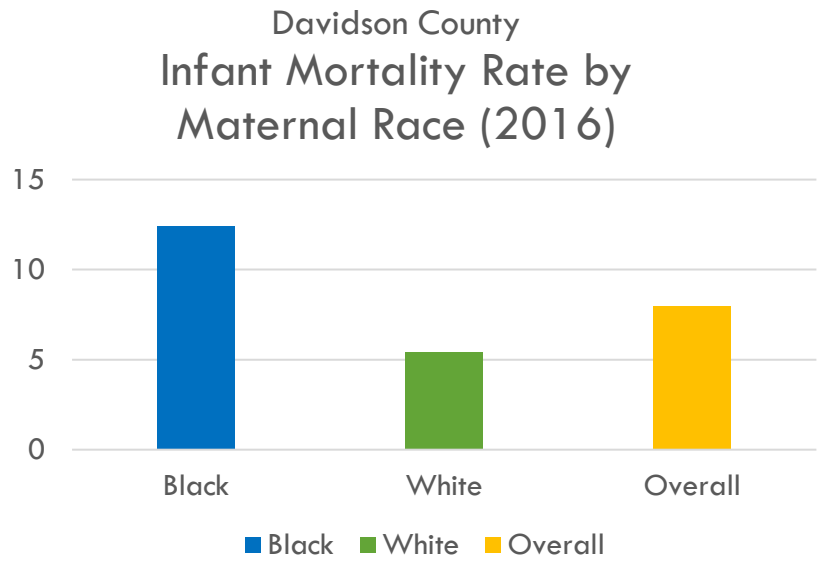
Differences in health outcomes

Health Disparities:
Any differences in health outcomes between groups of people.

Ex: Seniors have a higher risk of cancer as compared to younger populations.

Health Inequities:
Any systemic, ***avoidable***, unfair and unjust differences in health outcomes.

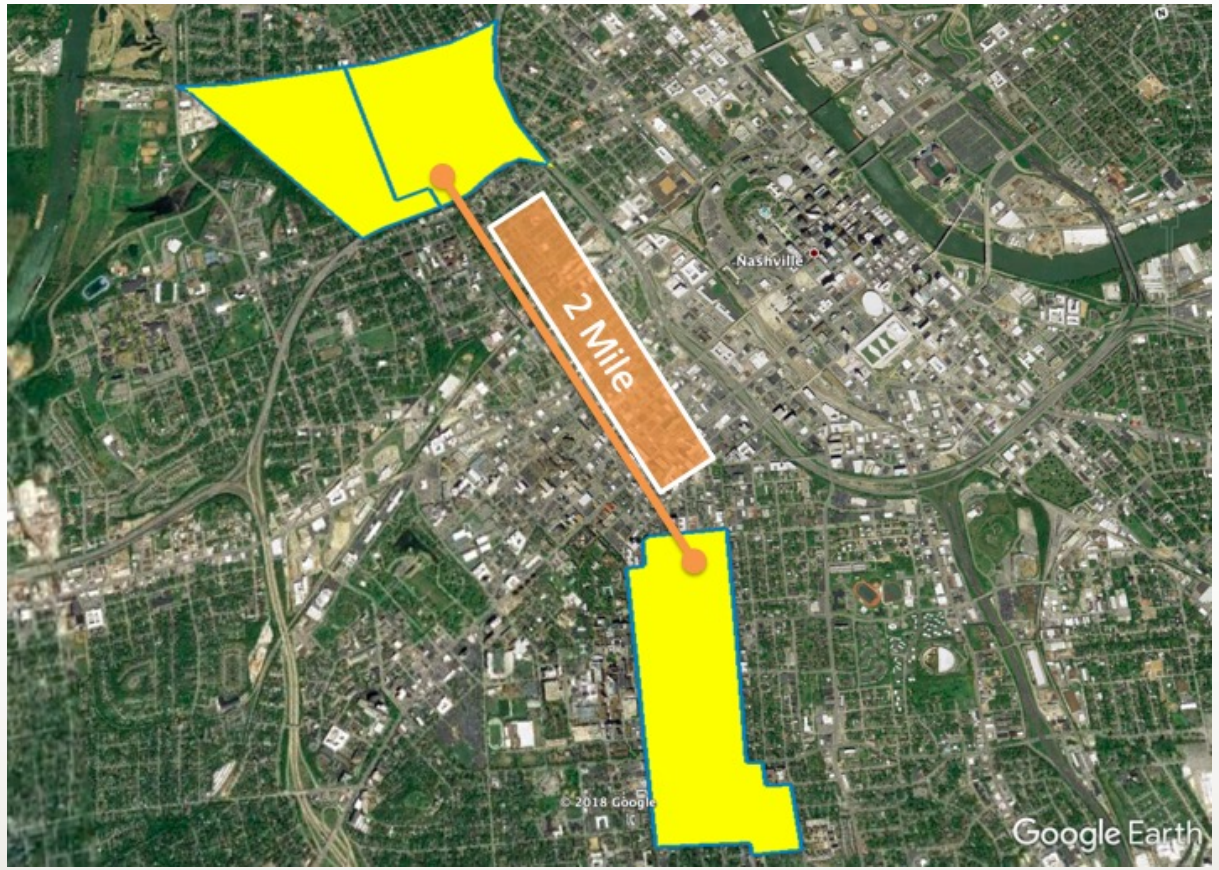
Ex:



The Story of James and John

James

lives in ‘13900



John

lives in ‘16400

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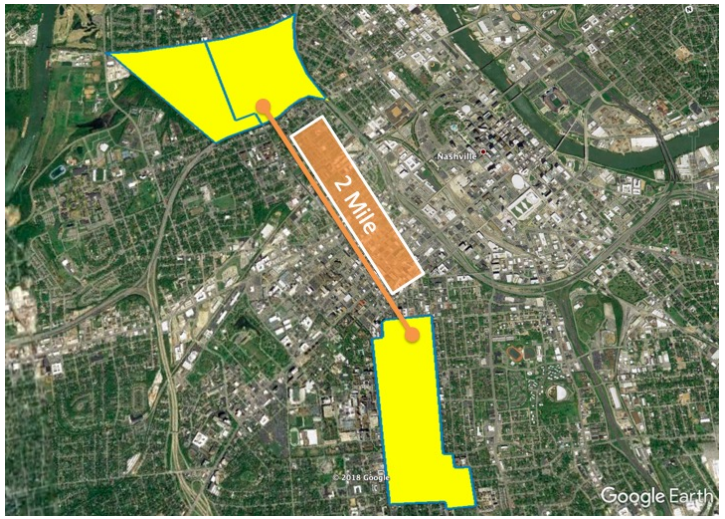
Source: US Census Bureau. (2018). *American Community Survey* 2017 5-year estimates.

James

lives in ‘13900



John

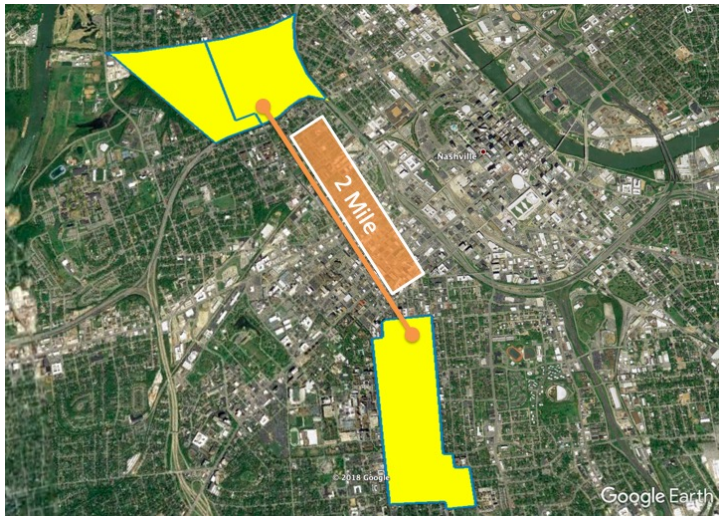
lives in ‘16400

13900	Indicator	16400
15.2%	Unemployment	8.6%
42.6%	Poverty	20.1%
55.3%	Children in Poverty	11.1%
20.1%	Lack a High School Diploma	3.7%
73.7%	Single-Parent Household	0%
25.8%	No Health Insurance	7.6%

Source: US Census Bureau. (2018). *American Community Survey* 2017 5-year estimates.

James

lives in ‘13900



John

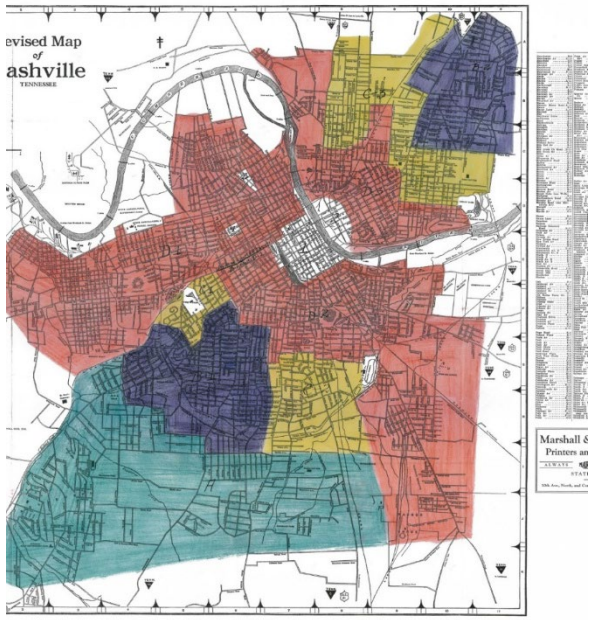
lives in ‘16400

An Adult in James’ Neighborhood is

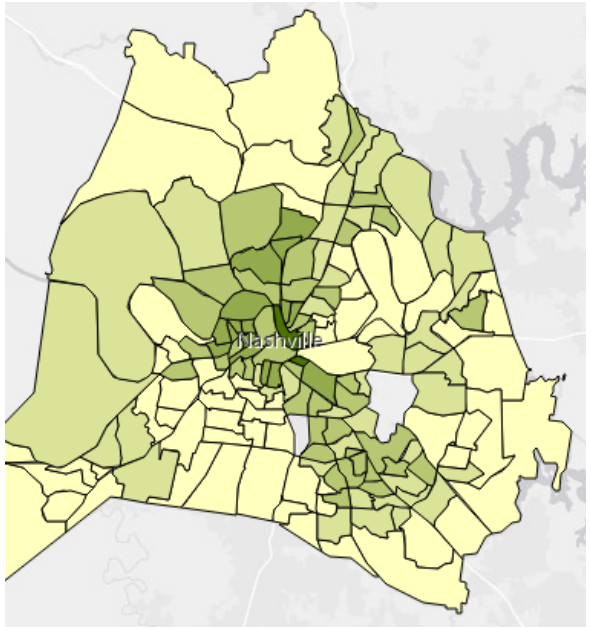
- 3x as likely to report poor physical health
- 2x as likely to be obese
- 6x as likely to be diagnosed with diabetes
- 3x as likely to be diagnosed with heart disease
- 3x as likely to be diagnosed with high blood pressure

Source: HealthyNashville.org (2019)

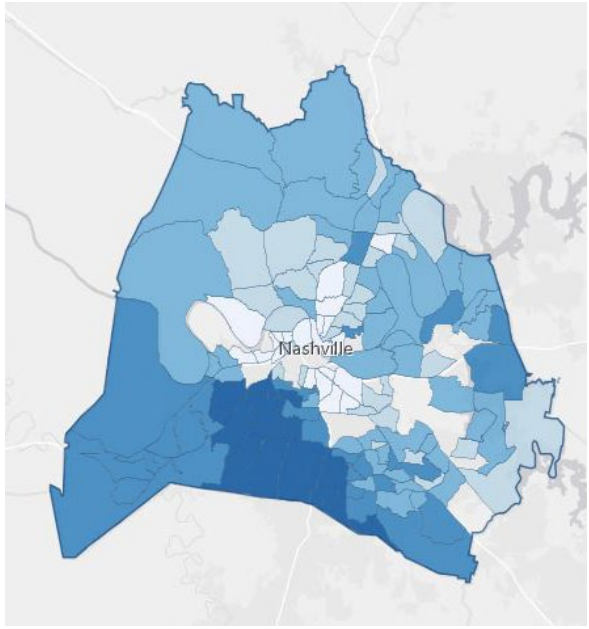
Place Matters



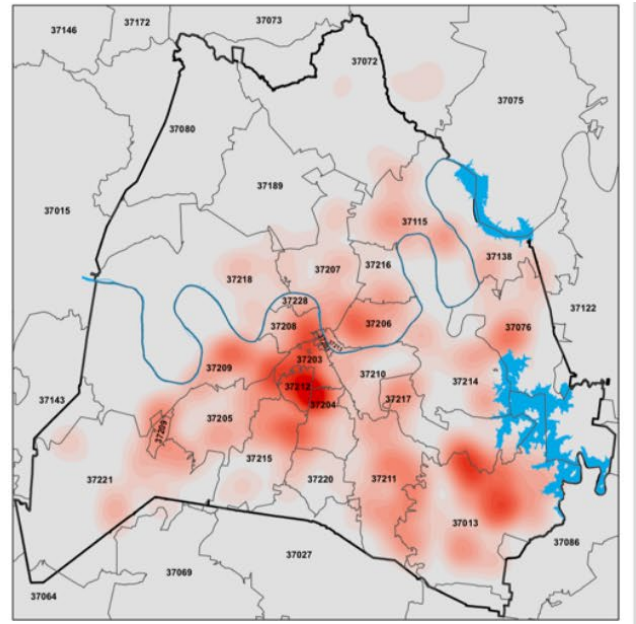
Redlining
1940



People in Poverty
2018



Life Expectancy
2019



COVID-19 Active Cases
2020

Poll Question #4

Health Inequities and Our Current Moment

Current and historical inequities are always exacerbated and worsened during times of crisis.

We see this happening now with COVID-19.

COVID-19 and Health Inequities

COVID-19 | Investigates

Tennessee's Hispanic community absorbs a third of COVID cases

Advocates criticize state and city leaders, while distrust of government complicates testing

By **Anita Wadhwani** | **Dulce Torres Guzman** - June 15, 2020

Coronavirus spike on Navajo Nation raises alarms

Early Data Shows African Americans Have Contracted and Died of Coronavirus at an Alarming Rate —...
propublica.org

For Homeless People, Covid-19 Is Horror on Top of Horror

What the Data Show about Inequities in HIV and COVID-19

COVID-19 Rate Ratios by Race and Ethnicity

Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases[1]	2.8x higher	1.1x higher	2.6x higher	2.8x higher
Hospitalization[2]	5.3x higher	1.3x higher	4.7x higher	4.6x higher
Death[3]	1.4x higher	No Increase	2.1x higher	1.1x higher

[1] Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.
[2] Data source: COVID-NET (https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html, accessed 08/06/20). Numbers are ratios of age-adjusted rates.
[3] Data source: NCHS Provisional Death Counts (https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm, accessed 08/06/20). Numbers are unadjusted rate ratios.

COVID-19 in the Latino Community

	TENNESSEE	DAVIDSON COUNTY
Percent Latino COVID-19 Cases	➢ 11%[1]	➢ 17.9%[2]
Percent of total population made up by Latinos[3]	➢ 5.7%	➢ 10.4%

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Sources

1. Tennessee Department of Health (2020). Tennessee COVID-19 Epidemiology and Surveillance Data as of November 3, 2020. https://www.tn.gov/health/cedep/ncov/data.html
2. Metro Public Health Department (2020). Davidson County COVID-19 Data Dashboard as of November 3, 2020. https://nashville.maps.arcgis.com/apps/MapSeries/index.html?appid=30dd8aa876164e05ad6c0a1726fc77a4
3. U.S. Census Bureau. (2020). Quickfacts, Davidson County and Tennessee. https://www.census.gov/quickfacts/fact/table/TN,davidsoncountytennessee,US/PST045219

COVID-19 in the Black or African-American Community

	TENNESSEE	DAVIDSON COUNTY
Percent Black/African American COVID-19 Cases	➢ 16%	➢ 19.6%[2]
Percent of total population made up by Black/African Americans[3]	➢ 17.1%	➢ 27.4%

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Sources

1. Tennessee Department of Health (2020). Tennessee COVID-19 Epidemiology and Surveillance Data as of November 3, 2020. https://www.tn.gov/health/cedep/ncov/data.html
2. Metro Public Health Department (2020). Davidson County COVID-19 Data Dashboard as of November 3, 2020. https://nashville.maps.arcgis.com/apps/MapSeries/index.html?appid=30dd8aa876164e05ad6c0a1726fc77a4
3. U.S. Census Bureau. (2020). Quickfacts, Davidson County and Tennessee. https://www.census.gov/quickfacts/fact/table/TN,davidsoncountytennessee,US/PST045219

HIV in the Latino Community

	TENNESSEE	DAVIDSON COUNTY
Percent Latino of new HIV Cases Cases[1]	➢ 6.9%	➢ 11.8%
Percent of total population made up by Latinos[2]	➢ 5.7%	➢ 10.4%

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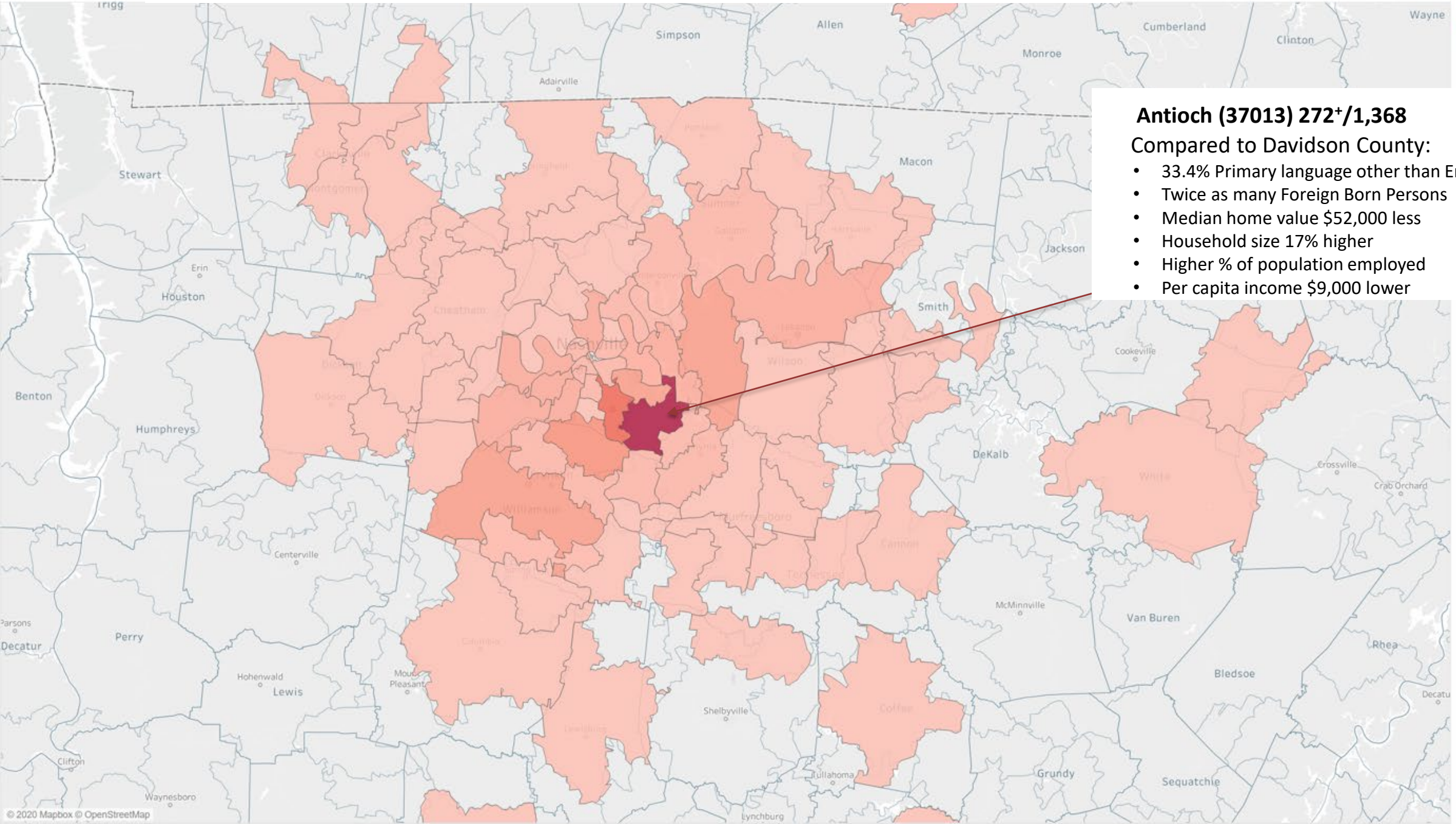
Sources
1. Tennessee Department of Health (2020). Tennessee HIV Epidemiological Profile 2018 as of January 2020 https://www.tn.gov/content/dam/tn/health/program-areas/hiv/Tennessee-HIV-Epidemiological-Profile-2018.pdf
2. U.S. Census Bureau. (2020). Quickfacts, Davidson County and Tennessee. https://www.census.gov/quickfacts/fact/table/TN,davidsoncountytennessee,US/PST045219

HIV in the Black or African-American Community

	TENNESSEE	DAVIDSON COUNTY
Percent Black/African American of new HIV Cases[1]	➢ 59%	➢ 55.1%
Percent of total population made up by Black/African Americans[2]	➢ 17.1%	➢ 27.4%

Sources
1. Tennessee Department of Health (2020). Tennessee HIV Epidemiological Profile 2018 as of January 2020 https://www.tn.gov/content/dam/tn/health/program-areas/hiv/Tennessee-HIV-Epidemiological-Profile-2018.pdf
2. U.S. Census Bureau. (2020). Quickfacts, Davidson County and Tennessee. https://www.census.gov/quickfacts/fact/table/TN,davidsoncountytennessee,US/PST045219

COVID-19 Positive by Zip (through 5.11.2020)



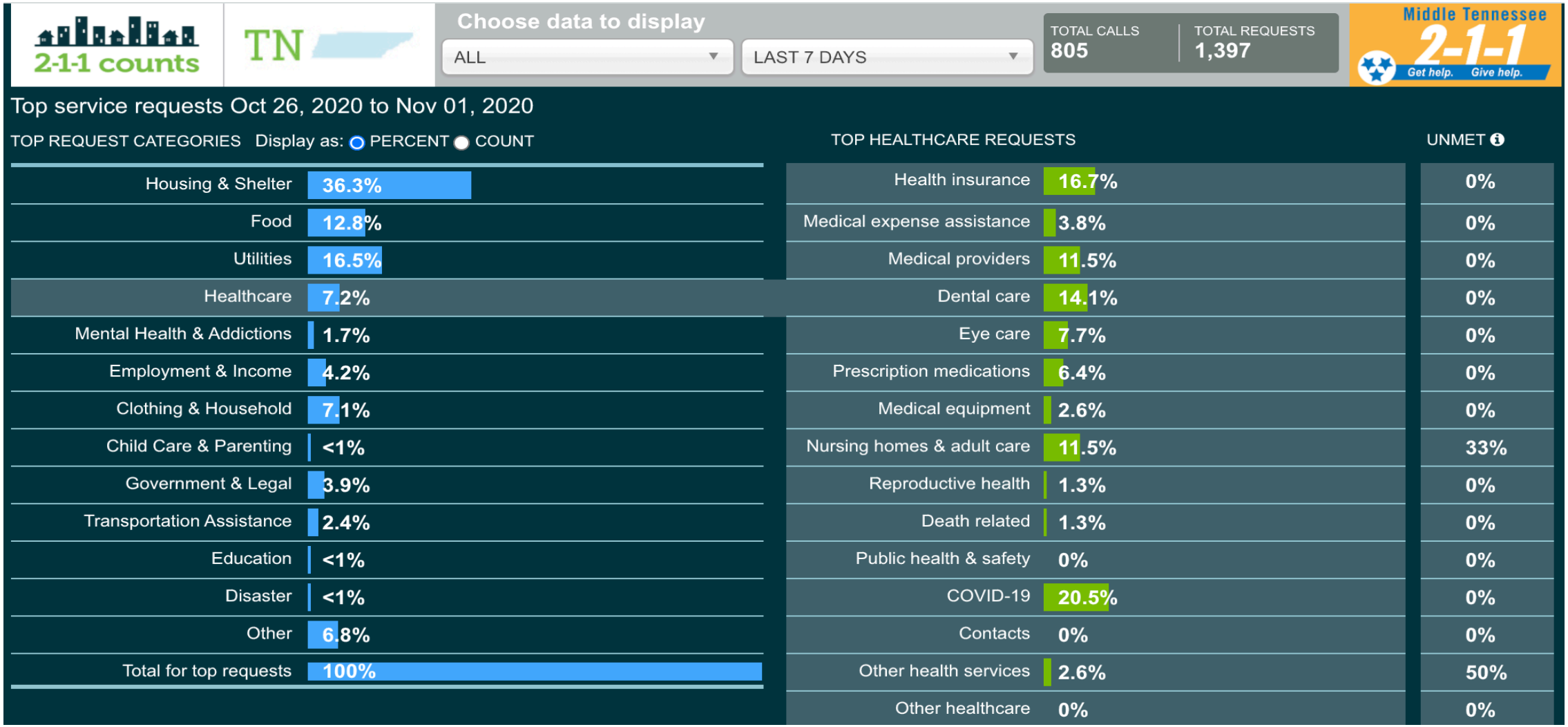
Antioch (37013) 272⁺/1,368

Compared to Davidson County:

- 33.4% Primary language other than English
- Twice as many Foreign Born Persons
- Median home value $52,000 less
- Household size 17% higher
- Higher % of population employed
- Per capita income $9,000 lower

Poll Question #5

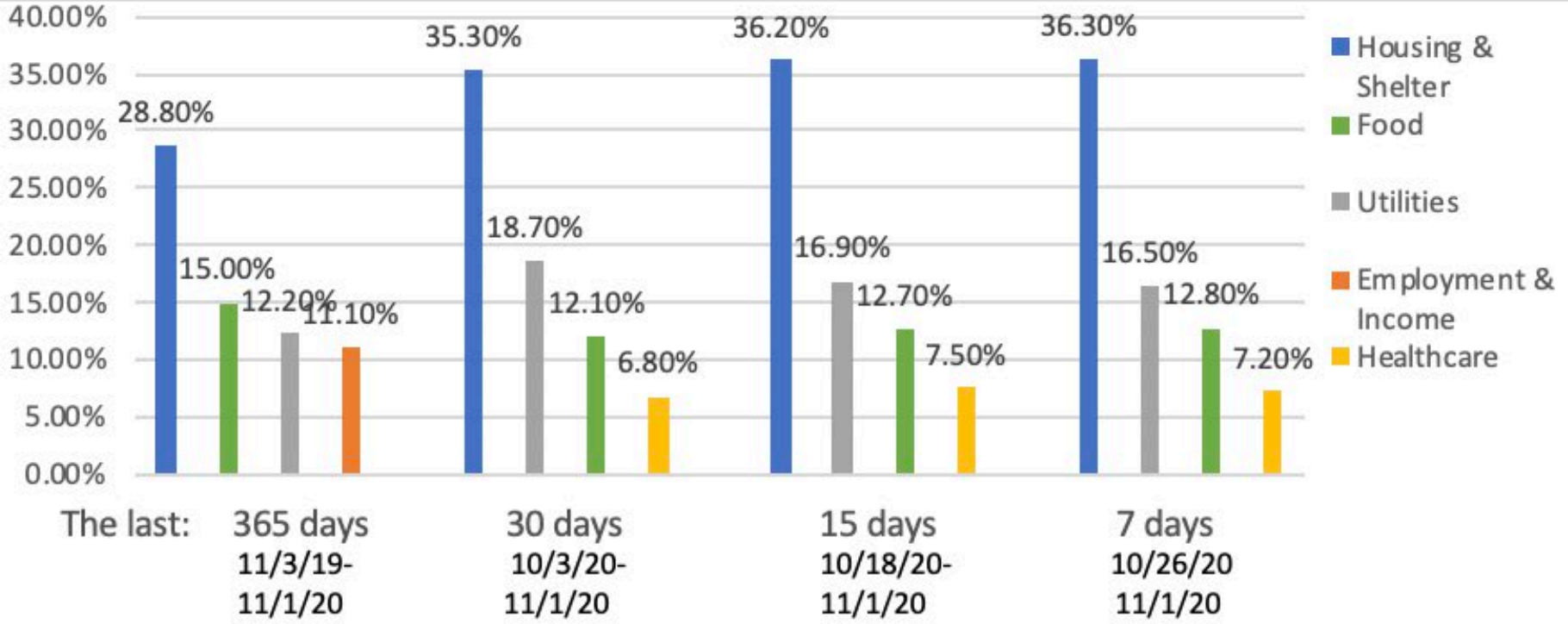
Middle TN's Needs Amid COVID-19



Emerging Needs in Middle TN

Middle TN 211 Counts is a real-time tracker of the community-specific needs for which Tennesseans are seeking resources. The data below cover the time period starting November 3, 2019 through November 1, 2020 in Middle TN. A total of 39,583 requests were received during this time period.

Top Requests by Time Period in the Last Year

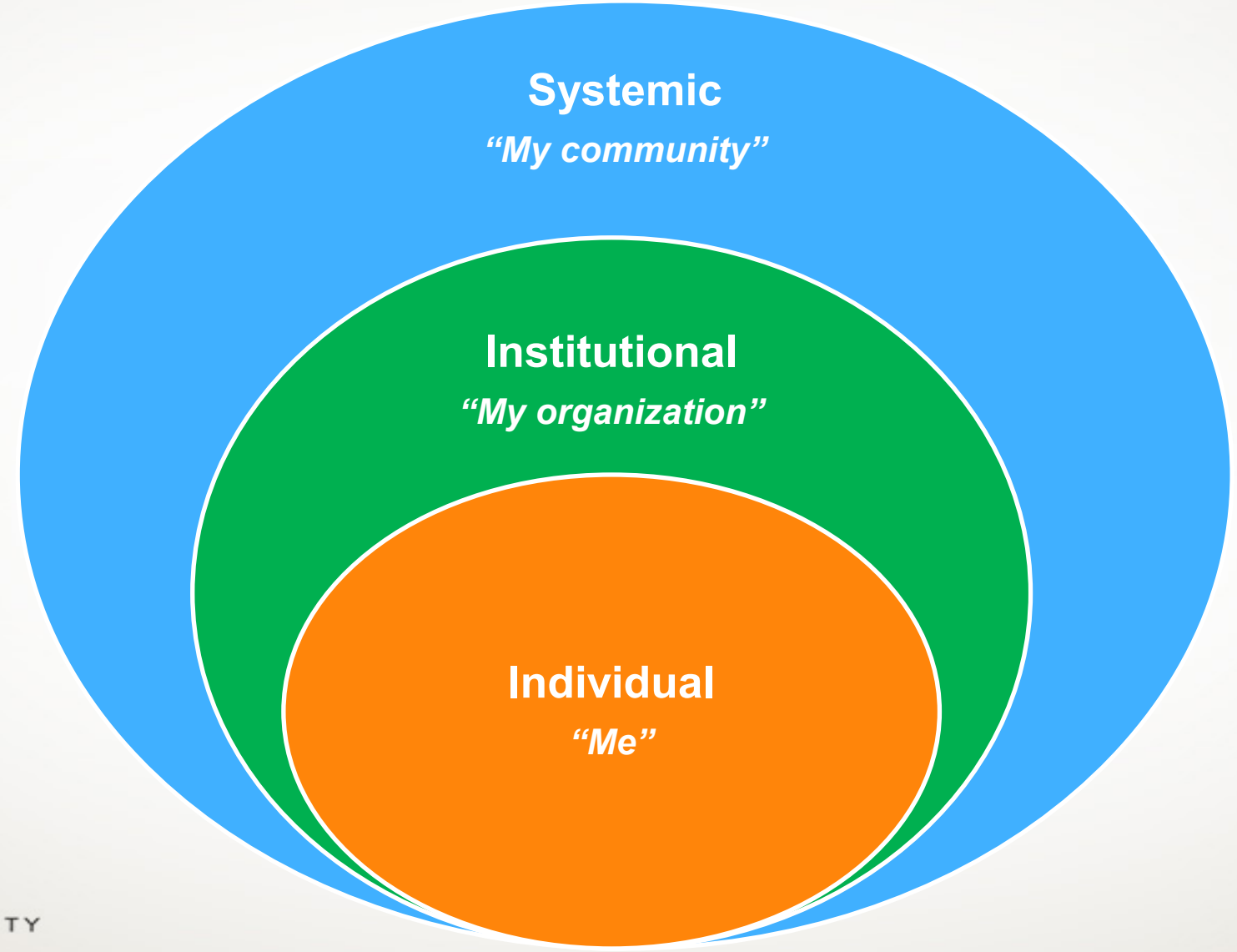


Over the last 30 days, requests for **top needs have remained steady**

Created by Vanderbilt University Medical Center's Office of Health Equity – April 21, 2020. Updated November 5, 2020. https://www.vumc.org/healthequity
Source: United Way Middle TN. (2020). *211 Counts.* Retrieved November 2, 2020 from https://uwmidtn.211counts.org/#.

Solutions

Where Can We Create Equity



COVID-19 Health Equity Workstream – Leader: Wilkins

Goals/Objectives

Effective Risk Communication

Effectively communicate risks and prevention strategies to:

- Patients/families from different backgrounds with varying experiences with health and differing levels of trust/distrust
- VUMC employees, including roles outside of patient care such as dietary, maintenance, and environmental services

Equitable Testing and Surveillance

- Provide/facilitate timely testing to all with symptoms including those with increased risk due to age, chronic conditions, and social disadvantages
- Report aggregate test results by key demographics including age, gender, and race/ethnicity, and preferred language

Equitable Healthcare (ED and Hospital)

- Provide high quality care that does not vary due to race/ ethnicity, gender, SES
- Effectively communicate post-discharge plans and facilitate transitions of care
- Report aggregate outcomes by demographics including age, gender, race/ethnicity, language

Broad Implementation of Telehealth

- Effectively use telehealth to care for patients from different backgrounds with varying experiences with health and differing levels of trust/distrust
- Increase adoption of telehealth among those who are socially disadvantaged including racial/ ethnic minorities and people living in rural communities

Groups at increased risk for health inequities include: racial/ethnic minorities, sexual and gender minorities, underserved rural communities, and other socially or economically disadvantaged groups such as those w limited income, limited English Proficiency, and people experiencing homelessness.

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Created 4.1.2020; last updated 4.9.2020 @DrCHWilkins

Goal: Engage and enroll racial and ethnic minorities and other socially disadvantaged groups in COVID-19 clinical research

COVID-19 Clinical Research

REAL Data

VANDERBILT HEALTH

My Health at Vanderbilt

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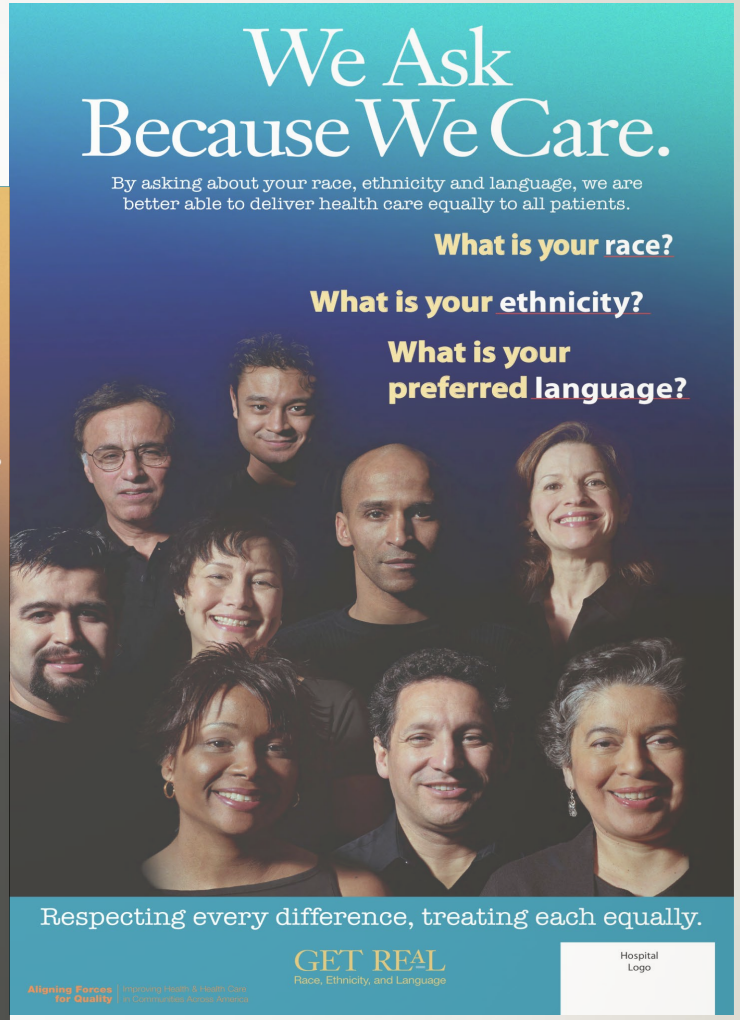
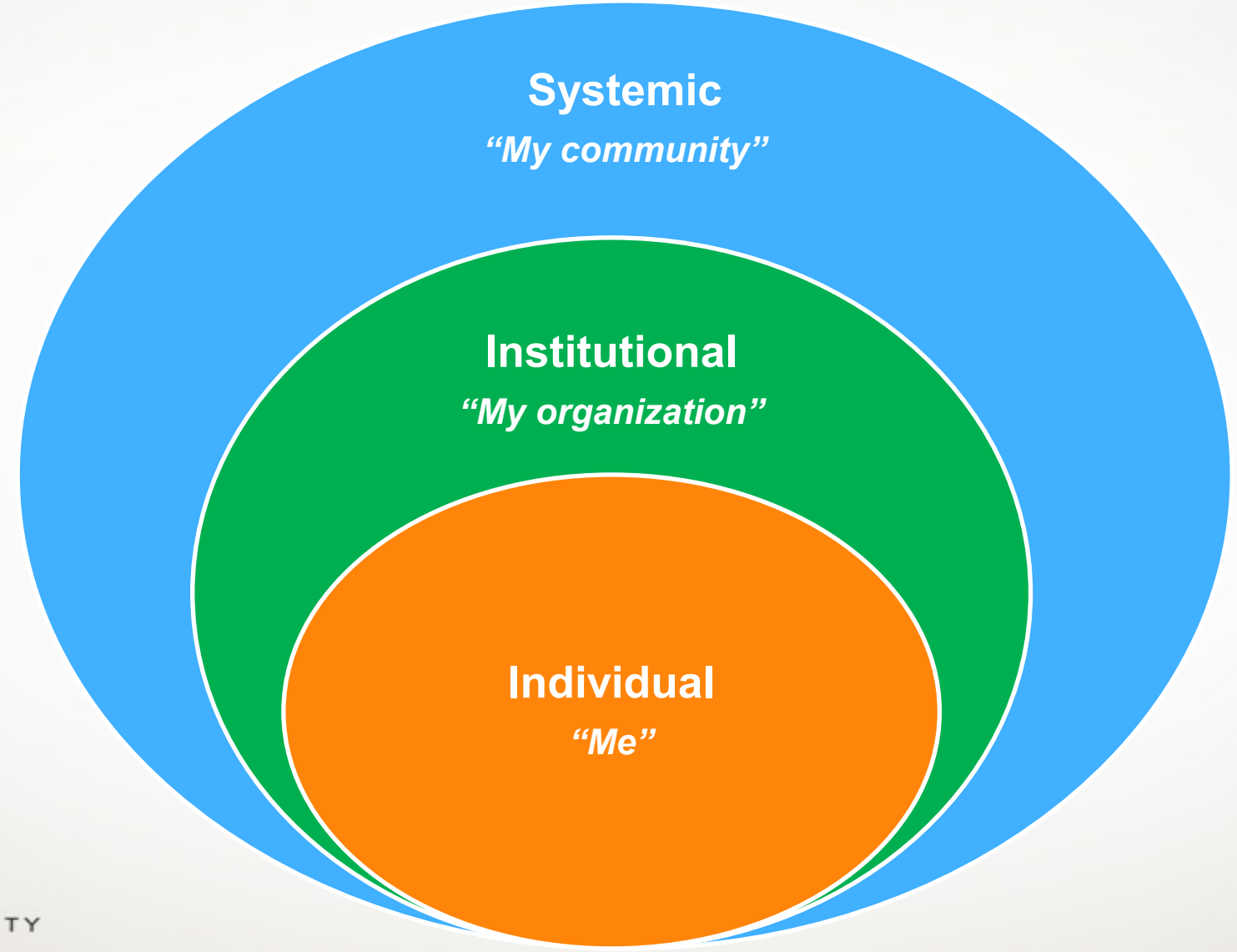


Audience Solutions and Breakouts

- **How do health inequities impact the populations that you work with/serve?**
  - How have these been exacerbated during the COVID-19 pandemic?
- **What are some solutions at the institutional or systems level to address issues discussed above?**
- **What lessons from the HIV epidemic can help inform the COVID pandemic, or vice versa?**
  - Stigma has impacted persons with HIV and COVID. What revelations about stigma and HIV can inform stigmas about COVID?
  - Information and education is vital to combating both HIV and COVID-19. What lessons about communications strategies can be gleaned from the response to HIV for COVID-19? How can these lessons, when applied, help address inequities?

Discussion

Where can we create equity?



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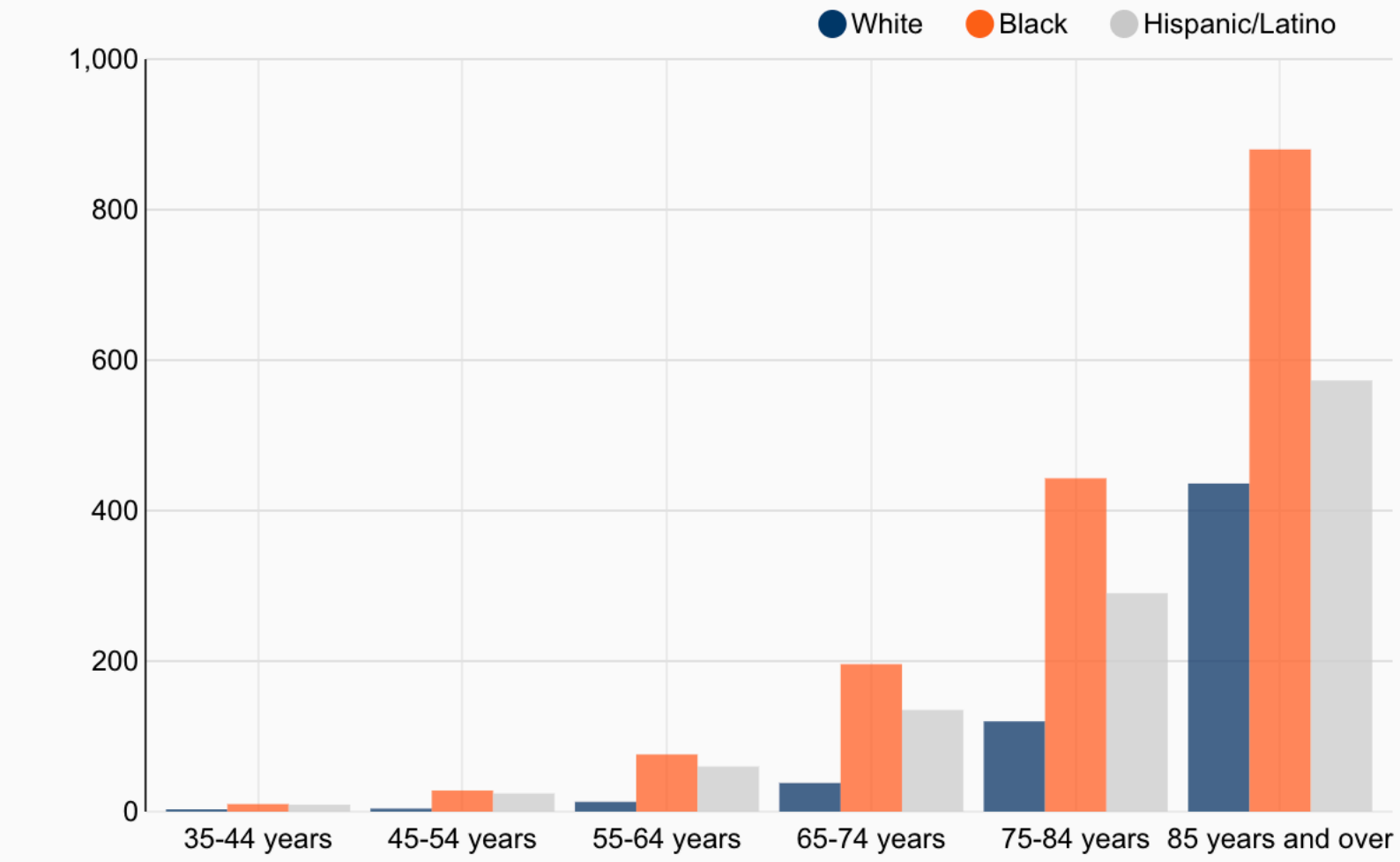
KEEP
???

Figure 1. COVID-19 death rates by age and race



Source: CDC data from 2/1/20-6/6/20 and 2018 Census Population Estimates for USA

BROOKINGS