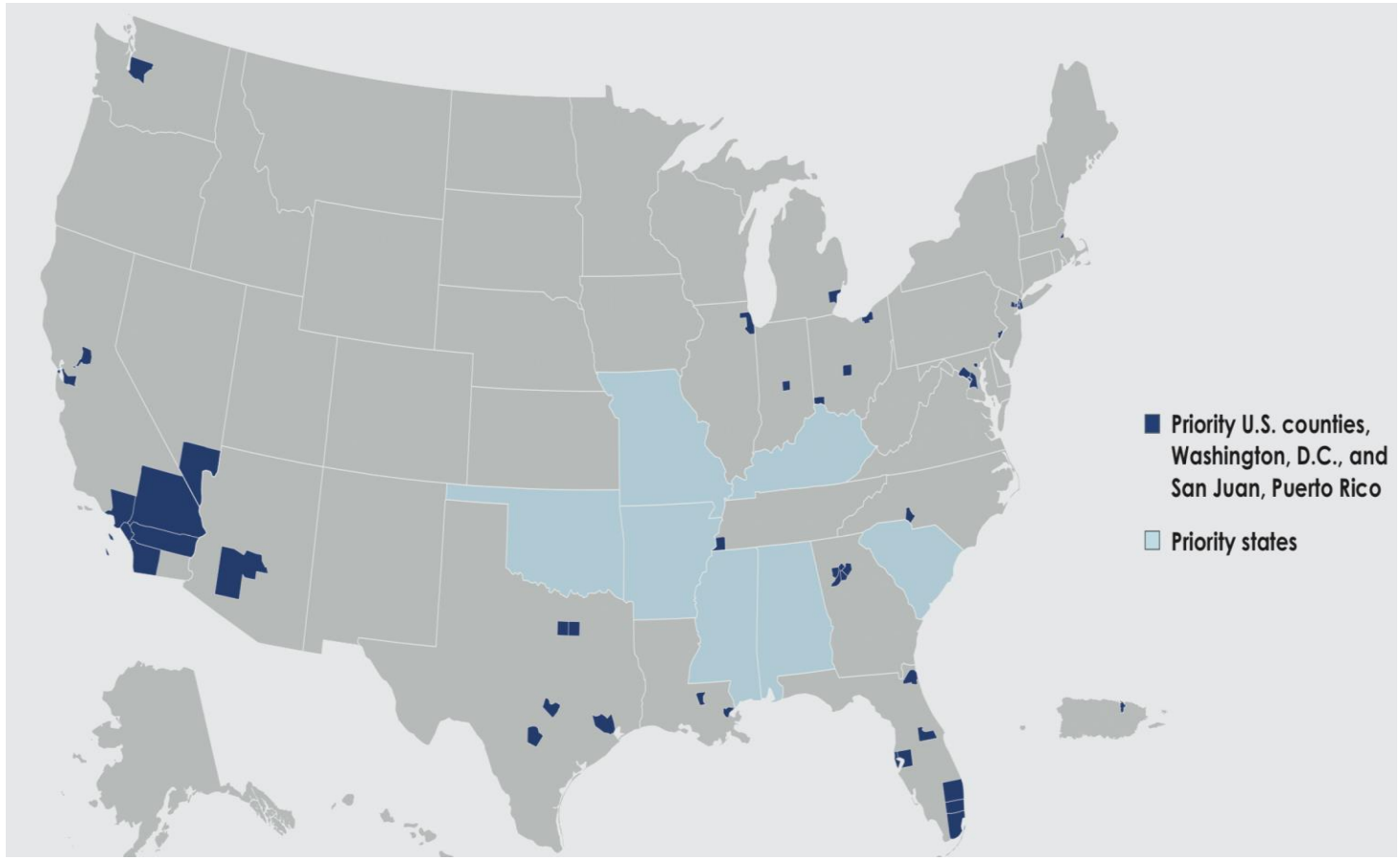
COVID-19, Communities of Color, & Social Determinants of Health

Greg Millett, amfAR

Director of Public Policy

Mental Health America webinar 7/22/20

Ending the HIV Epidemic Plan



- Scale up
  - HIV testing
  - Needle exchange programs
  - PrEP
  - Treatment linkage
- Focus on priority populations

COVID-19 Impact in Counties with Greater than Average Black Residents

Annals of Epidemiology 47 (2020) 37–44

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Annals of Epidemiology

ELSEVIER

Original article

Assessing differential impacts of COVID-19 on black communities

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ABSTRACT

Purpose: Given incomplete data reporting by race, we used data on COVID-19 cases and deaths in U.S. counties to describe racial disparities in COVID-19 disease and death and associated determinants.
Methods: Using publicly available data (accessed April 13, 2020), predictors of COVID-19 cases and deaths were compared between disproportionately (≥13%) black and all other (<13% black) counties. Rate ratios were calculated, and population attributable fractions were estimated using COVID-19 cases and deaths via zero-inflated negative binomial regression model. National maps with county-level data and an interactive scatterplot of COVID-19 cases were generated.
Results: Nearly 90% of disproportionately black counties (656/677) reported a case and 49% (330/677) reported a death versus 81% (1987/2465) and 28% (684/2465), respectively, for all other counties. Counties with higher proportions of black people have higher prevalence of comorbidities and greater air pollution. Counties with higher proportions of black residents had more COVID-19 diagnoses (Rate Ratio (RR): 1.24, 95% confidence interval: 1.17–1.33) and deaths (RR: 1.18, 95% confidence interval: 1.00–1.40), after adjusting for county-level characteristics such as age, poverty, comorbidities, and epidemic duration. COVID-19 deaths were higher in disproportionally black rural and small metro counties. The population attributable fraction of COVID-19 diagnosis due to lack of health insurance was 3.3% for counties with less than 13% black residents and 4.2% for counties with greater than or equal to 13% black residents.
Conclusions: Nearly 20% of U.S. counties are disproportionately black, and they accounted for 52% of COVID-19 diagnoses and 58% of COVID-19 deaths nationally. County-level comparisons can both inform COVID-19 responses and identify epidemic hot spots. Social conditions, structural racism, and other factors elevate risk for COVID-19 diagnoses and deaths in black communities.

Introduction

As of April 30, 2020, more than one million cases of severe acute respiratory syndrome coronavirus 2 infection have been diagnosed in the United States, and deaths exceed 63,000 [1]. Emerging evidence suggests that black Americans are at increased risk for COVID-19 morbidity and mortality. Although it may be counterintuitive that a newly identified virus that can infect anyone would rapidly manifest pronounced racial disparities, a consistent pattern has been reported across multiple states, showing that black Americans comprise a disproportionately greater number of reported COVID-19 cases and deaths compared with other Americans [2–4]. For instance, in New York City, the current epicenter of the U.S.

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1047-2797/

- **91%** of disproportionately black counties are located in the southern US
- COVID-19 cases and deaths increased with proportion of blacks residents in counties
- Although only 22% of counties are ≥13% black, these counties accounted for
  - 52% of national COVID-19 cases
  - 58% of national COVID-19 deaths

- Underlying conditions **did not** explain these disparities
  - Health care access
  - # people in shared housing
  - Unemployment


COVID-19 Cases and Deaths in Disproportionately Black Counties
COVID-19 Case Reports: 1
Disp. Black Counties:* 0
All Other Counties:* 1
Jan 22, 2020
COVID-19 Death Reports: 0
Disp. Black Counties:* 0
All Other Counties:* 0
State and local health agency reported confirmed cases of COVID-19
Data Source: USAFacts; Population Data: US Census
* Disproportionately black counties are those with 13% of population or more black. County level data is missing for some cases and deaths so will not sum to national total.
https://ehe.amfar.org
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COVID-19 diagnoses and Latinx populations

ELSEVIER

Annals of Epidemiology
Available online 23 July 2020
In Press, Journal Pre-proof

Original article

Risk for COVID-19 infection and death among Latinos in the United States: Examining heterogeneity in transmission dynamics

Abstract:

Objectives

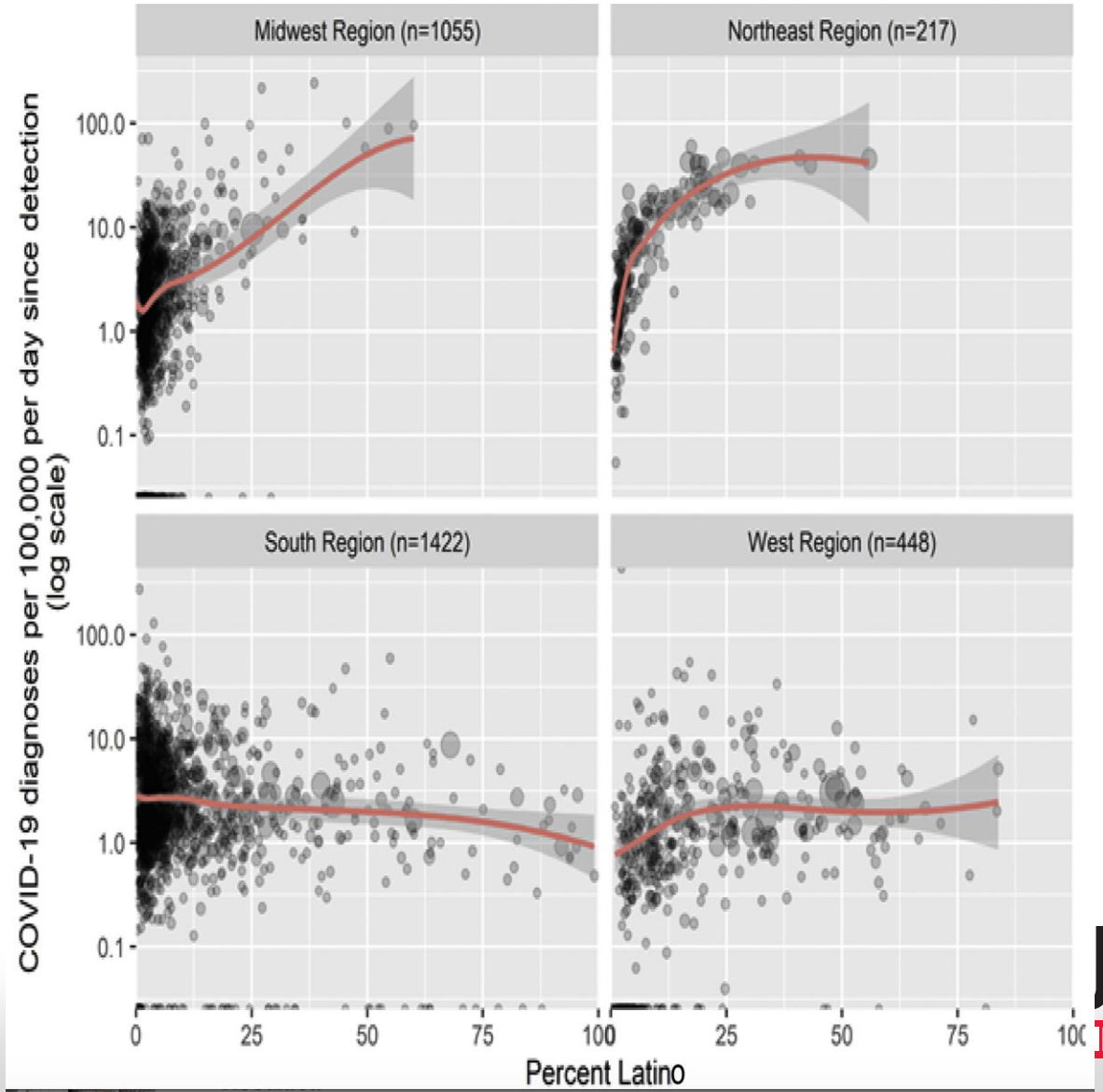
Ascertain COVID-19 transmission dynamics among Latino communities nationally.

Methods

We compared predictors of COVID-19 cases and deaths between disproportionally Latino counties (≥17.8% Latino population) and all other counties through May 11, 2020. Adjusted Rate Ratios were estimated using COVID-19 cases and deaths via zero-inflated binomial regression models.

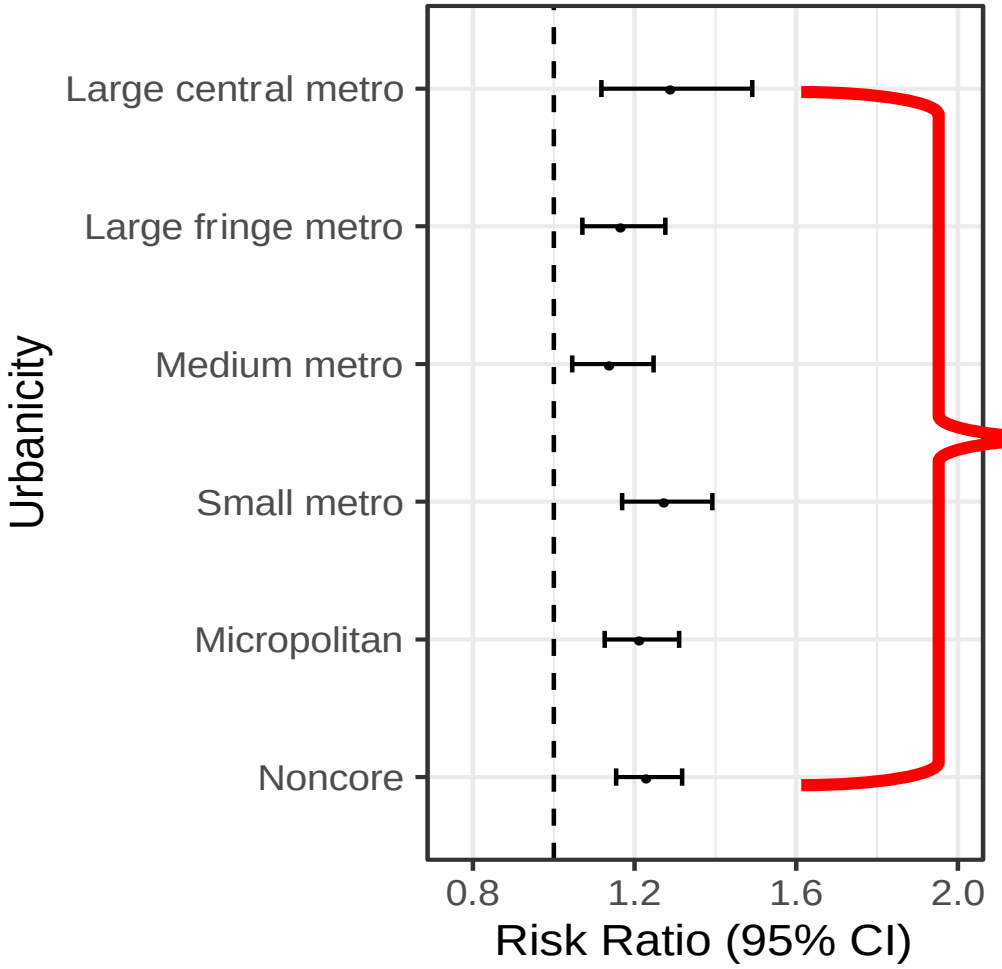
Results

COVID-19 diagnoses rates were greater in Latino counties nationally (90.9 vs. 82.0 per 100,000). In multivariable analysis, COVID-19 cases were greater in Northeastern and Midwestern Latino counties (aRR 1.42, 95% CI 1.11–1.84 and aRR 1.70, 95% CI 1.57–1.85, respectively). COVID-19 deaths were greater in Midwestern Latino counties (aRR, 1.17, 95% CI 1.04-1.34). COVID-19 diagnoses were associated with counties with greater monolingual Spanish speakers, employment rates, heart disease deaths, less social distancing, and days since the first reported case. COVID-19 deaths were associated with household occupancy density, air pollution, employment, days since the first reported case, and age (fewer <35yo).



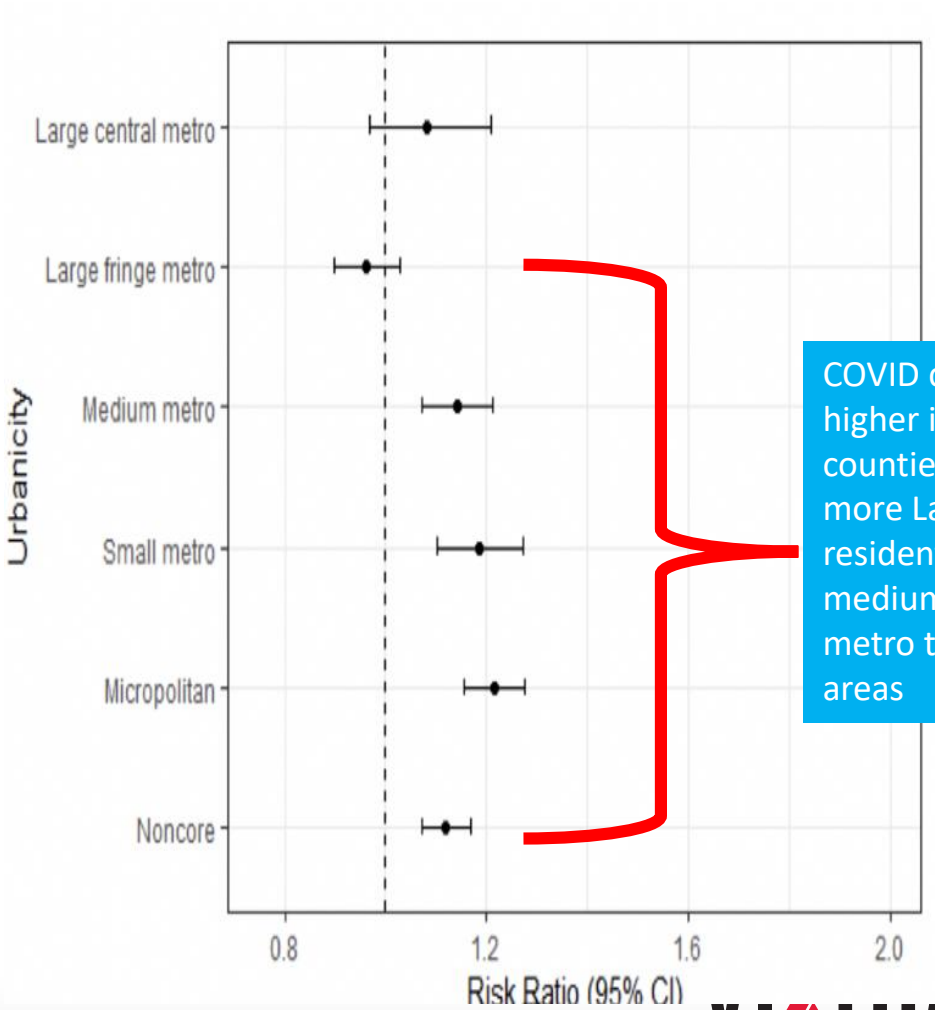
COVID-19 Cases & Urbanicity Black & Latino U.S. Counties

Black Counties



COVID cases higher in counties w more black residents no matter metro size or level of urbanicity

Latino Counties



COVID cases higher in counties w more Latino residents in medium metro to rural areas

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VIRTUAL FAST-TRACK CITIES 2020

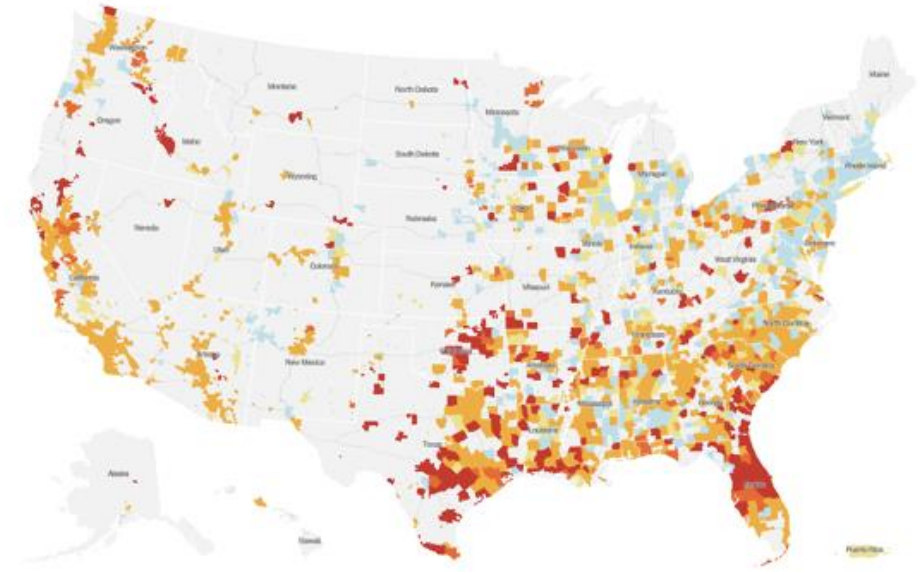
COVID-19 Risk is Rising in the Latinx Community Since Economy Re-Opening

The New York Times

Updates on the surges in Texas, California, Arizona and Florida.

How the number of new cases has changed in the last two weeks

Falling | About the same | Rising → | Few or no cases



The New York Times

Many Latinos Couldn't Stay Home. Now Virus Cases Are Soaring in Their Communities.

Rates of coronavirus infection among Latinos have risen rapidly across the United States.

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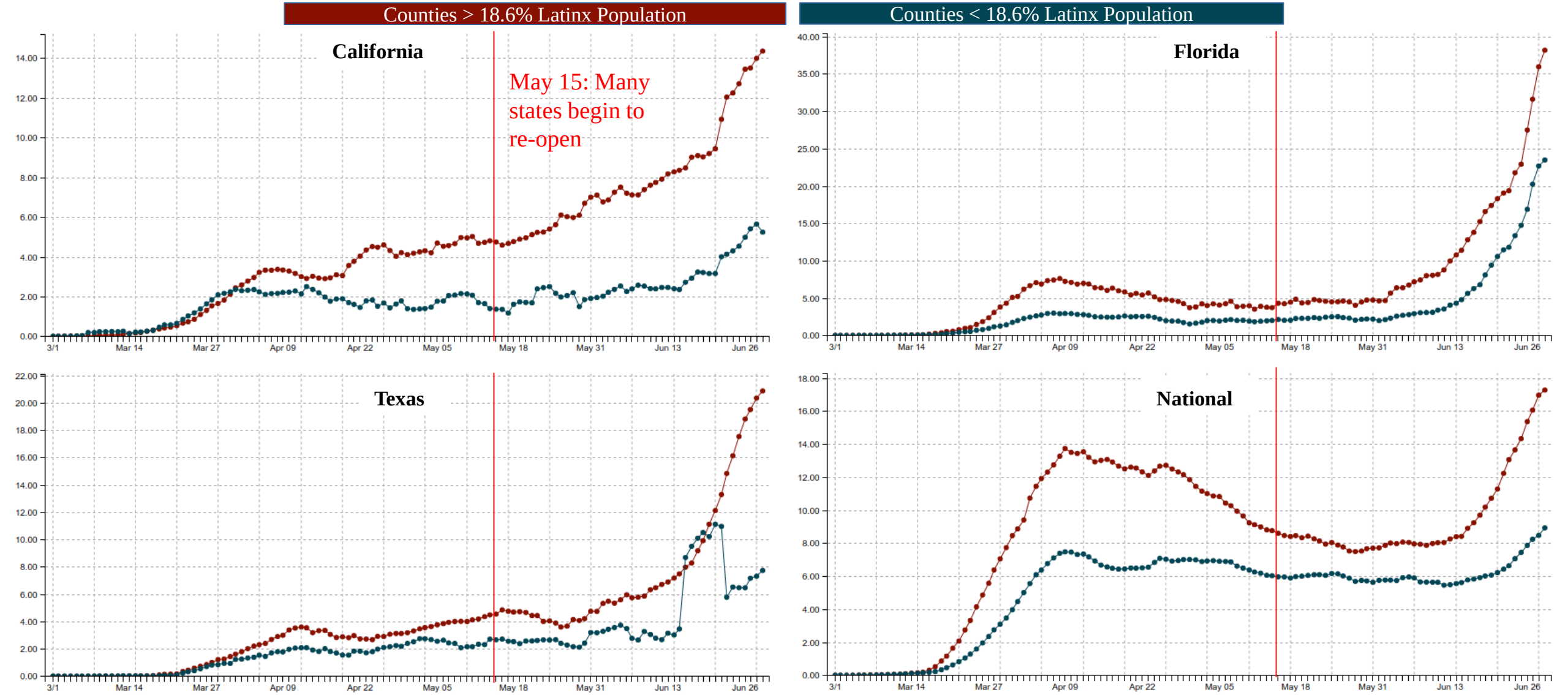
Figure 1: 7-Day Moving Average of New COVID-19 Cases per 100,000 by Percentage of Latinx Population in California, Florida, Texas, and Nation (March 1 – June 29, 2020)



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COVID-19 diagnoses since reopening the US have disproportionately impacted Latinx communities

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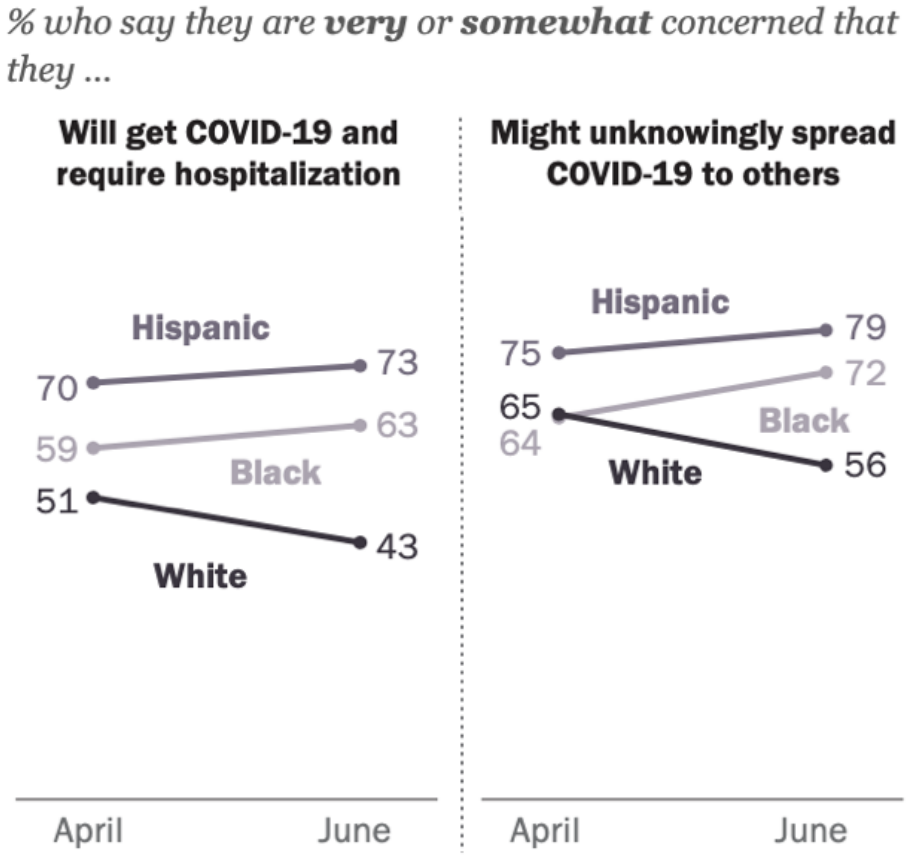
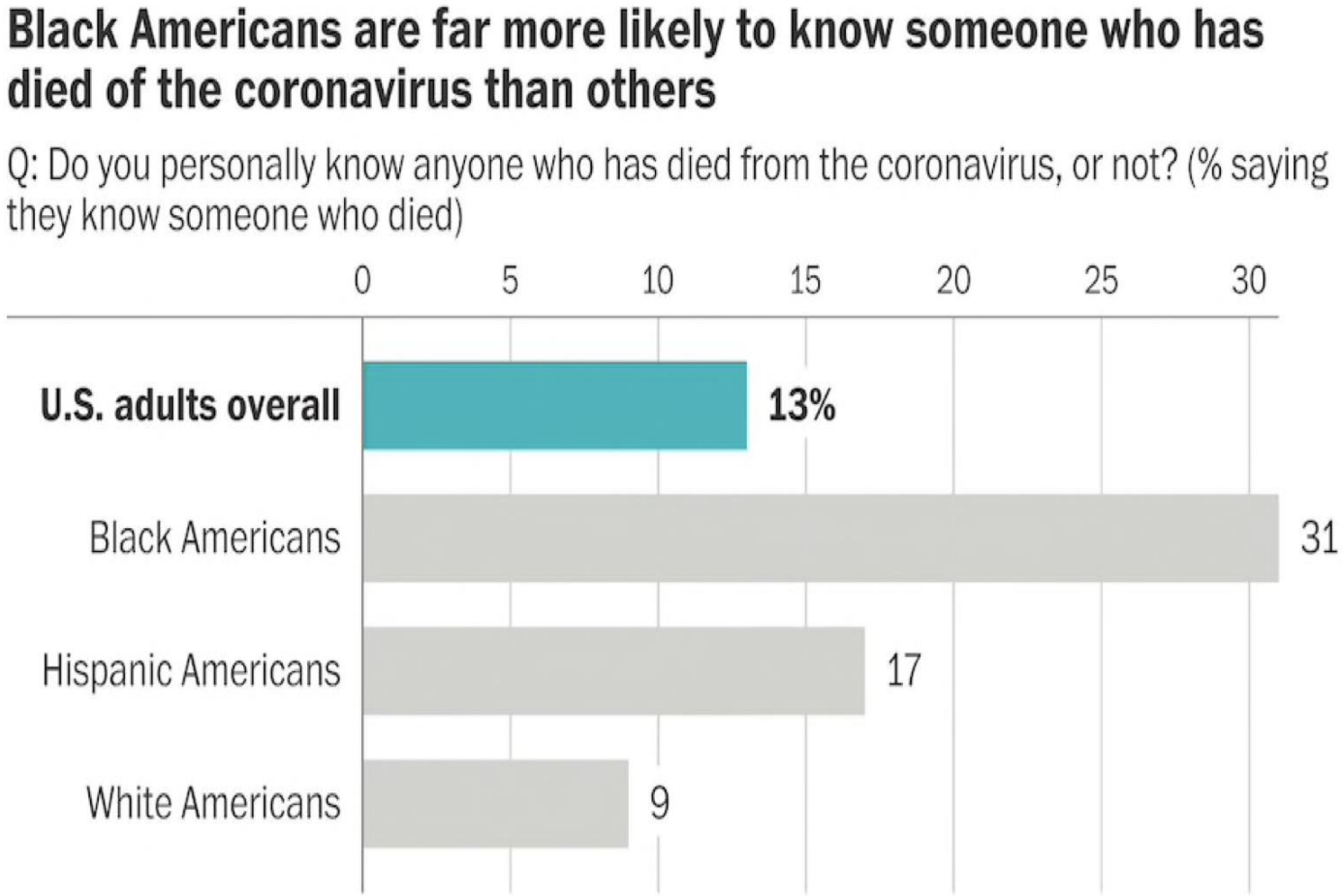
COVID-19 Concerns Differ By Race/ Ethnicity



(Pew Poll, June 2020)



(Washington Post-Ipsos Poll, June 2020)

HealthAffairs
TOPICS JOURNAL BLOG
RESEARCH ARTICLE COVID-19
HEALTH AFFAIRS > VOL. 39, NO. 9: MEDICARE PAYMENT INCENTIVES, MEDICAID & MORE

COVID-19 And Racial/Ethnic Disparities In Health Risk, Employment, And Household Composition

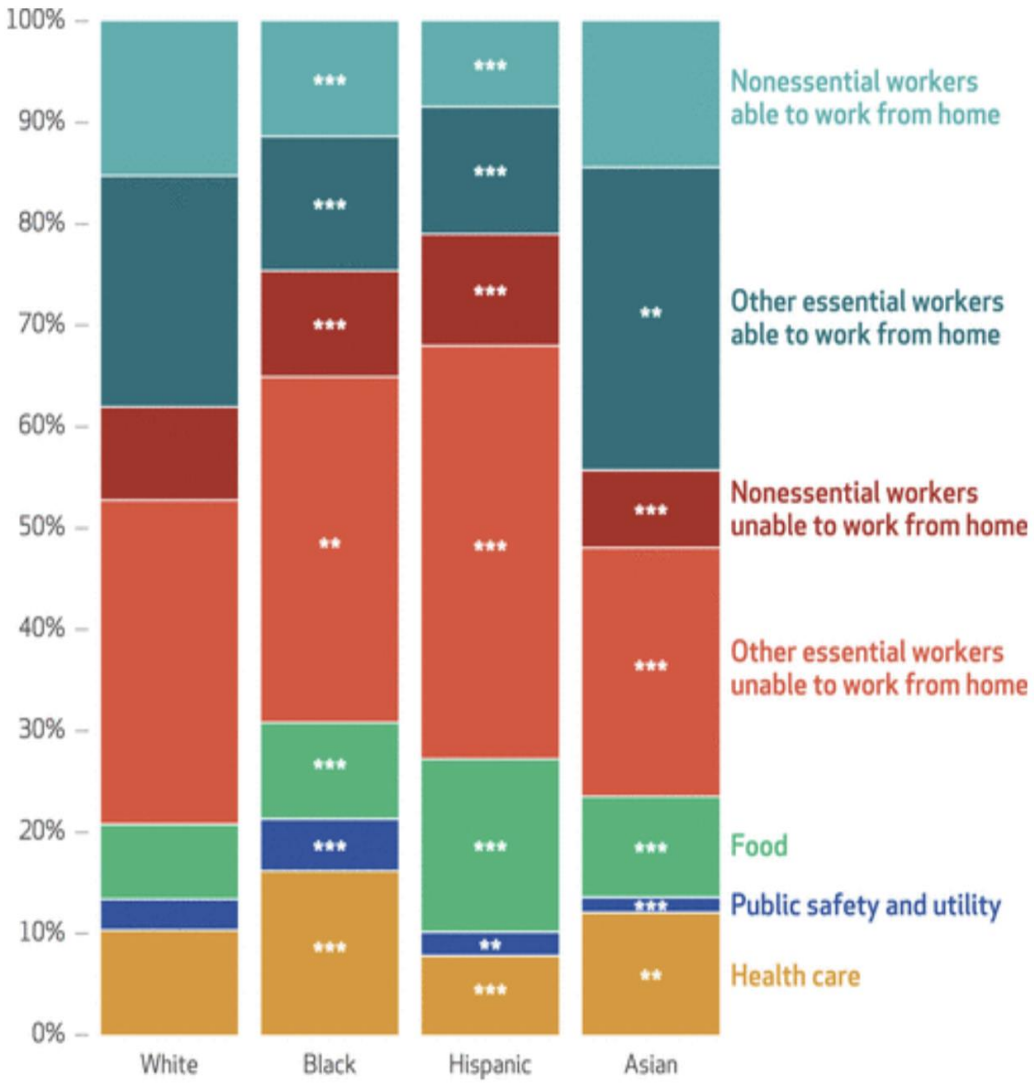
Thomas M. Selden and Terceira A. Berdahl
AFFILIATIONS

PUBLISHED: JULY 14, 2020 Free Access https://doi.org/10.1377/hlthaff.2020.00897
SECTIONS VIEW ARTICLE PERMISSIONS SHARE TOOLS

ABSTRACT

We used data from the Medical Expenditure Panel Survey to explore potential explanations for racial/ethnic disparities in coronavirus disease 2019 (COVID-19) hospitalizations and mortality. Black adults in every age group were more likely than White adults to have health risks associated with severe COVID-19 illness. However, Whites were older, on average, than Blacks. Thus, when all factors were considered, Whites tended to be at higher overall risk compared with Blacks, with Asians and Hispanics having much lower overall levels of risk compared with either Whites or Blacks. We explored additional explanations for COVID-19 disparities—namely, differences in job characteristics and how they interact with household composition. Blacks at high risk for severe illness were 1.6 times as likely as Whites to live in households containing

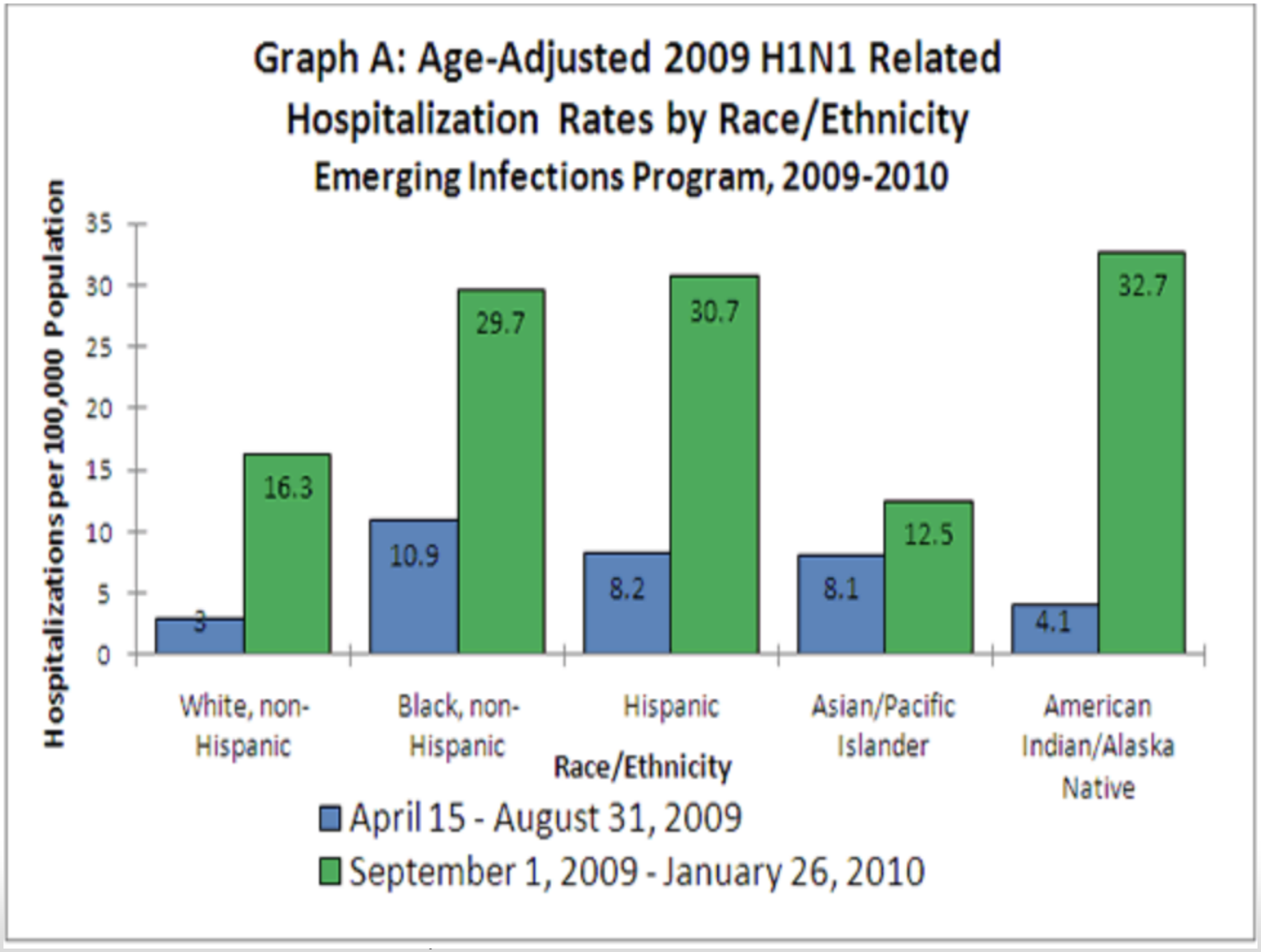
Exhibit 4 Job characteristics among US workers, by race and ethnicity, 2014–17

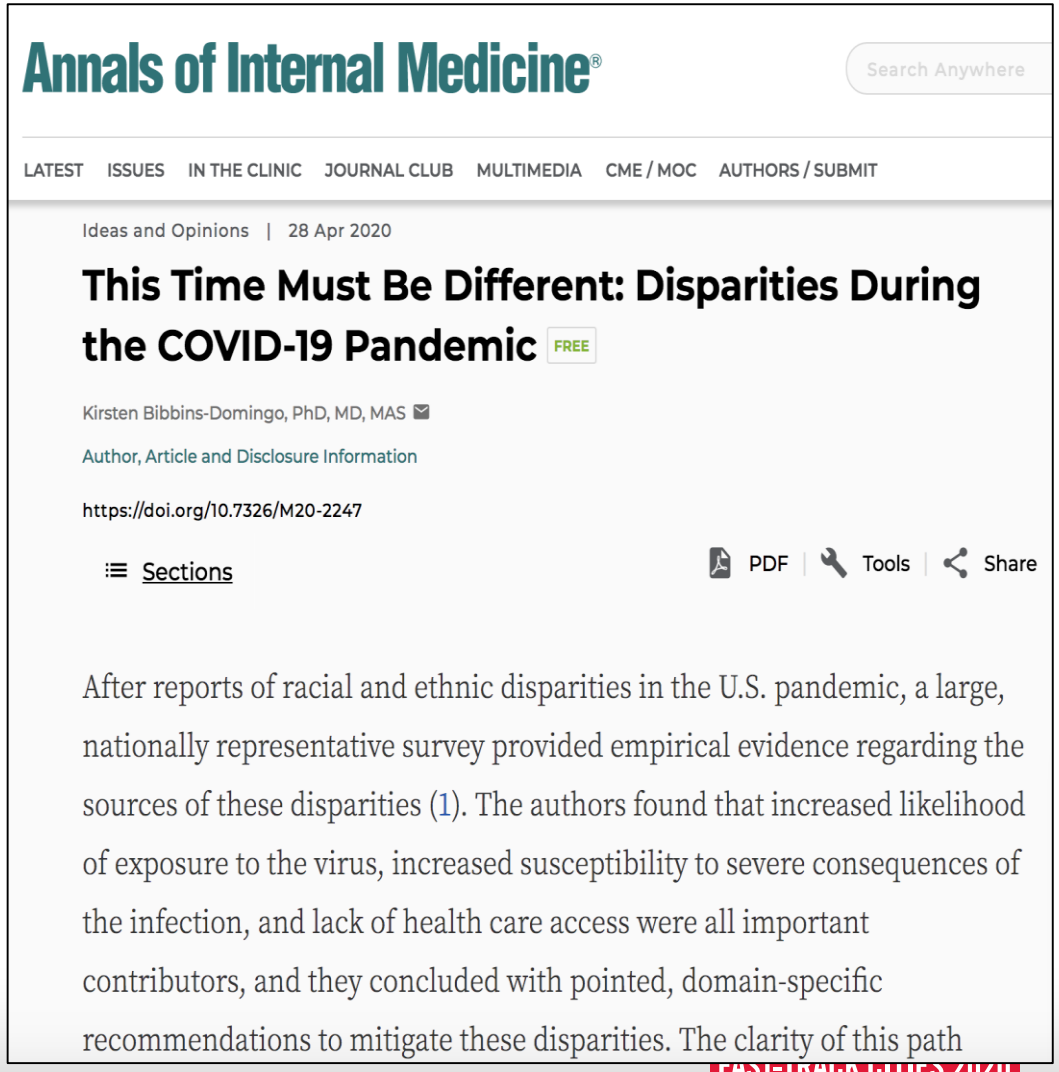


% in households with 1 persons who cannot work remotely:

- **64.5% Latino adults**
- **56.5% Black adults**
- **46.6% White adults**

COVID-19 and H1N1: Same Outcomes A Decade Apart





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Ideas and Opinions | 28 Apr 2020

This Time Must Be Different: Disparities During the COVID-19 Pandemic FREE

Kirsten Bibbins-Domingo, PhD, MD, MAS

Author, Article and Disclosure Information

https://doi.org/10.7326/M20-2247

Sections PDF Tools Share

After reports of racial and ethnic disparities in the U.S. pandemic, a large, nationally representative survey provided empirical evidence regarding the sources of these disparities (1). The authors found that increased likelihood of exposure to the virus, increased susceptibility to severe consequences of the infection, and lack of health care access were all important contributors, and they concluded with pointed, domain-specific recommendations to mitigate these disparities. The clarity of this path

AIDS PATIENT CARE and STDs
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DOI: 10.1089/apc.2020.0155

COMMENTARY

White Counties Stand Apart: The Primacy of Residential Segregation in COVID-19 and HIV Diagnoses

Gregorio A. Millett, MPH, Brian Honermann, JD, Austin Jones, MA, Elise Lankiewicz, BA, Jennifer Sherwood, MSPH, Susan Blumenthal, MD, MPA, and Asal Sayas, BS

Abstract

Emerging epidemiological data suggest that white Americans have a lower risk of acquiring COVID-19. Although many studies have pointed to the role of systemic racism in COVID-19 racial/ethnic disparities, few studies have examined the contribution of racial segregation. Residential segregation is associated with differing health outcomes by race/ethnicity for various diseases, including HIV. This commentary documents differing HIV and COVID-19 outcomes and service delivery by race/ethnicity and the crucial role of racial segregation. Using publicly available Census data, we divide US counties into quintiles by percentage of non-Hispanic white residents and examine HIV diagnoses and COVID-19 per 100,000 population. HIV diagnoses decrease as the proportion of white residents increase across US counties. COVID-19 diagnoses follow a similar pattern: Counties with the highest proportion of white residents have the fewest cases of COVID-19 irrespective of geographic region or state political party inclination (i.e., red or blue states). Moreover, comparatively fewer COVID-19 diagnoses have occurred in primarily white counties throughout the duration of the US COVID-19 pandemic. Systemic drivers place racial minorities at greater risk for COVID-19 and HIV. Individual-level characteristics (e.g., underlying health conditions for COVID-19 or risk behavior for HIV) do not fully explain excess disease burden in racial minority communities. Corresponding interventions must use structural- and policy-level solutions to address racial and ethnic health disparities.

Keywords: COVID-19, HIV, disparities, segregation, race, counties

Introduction

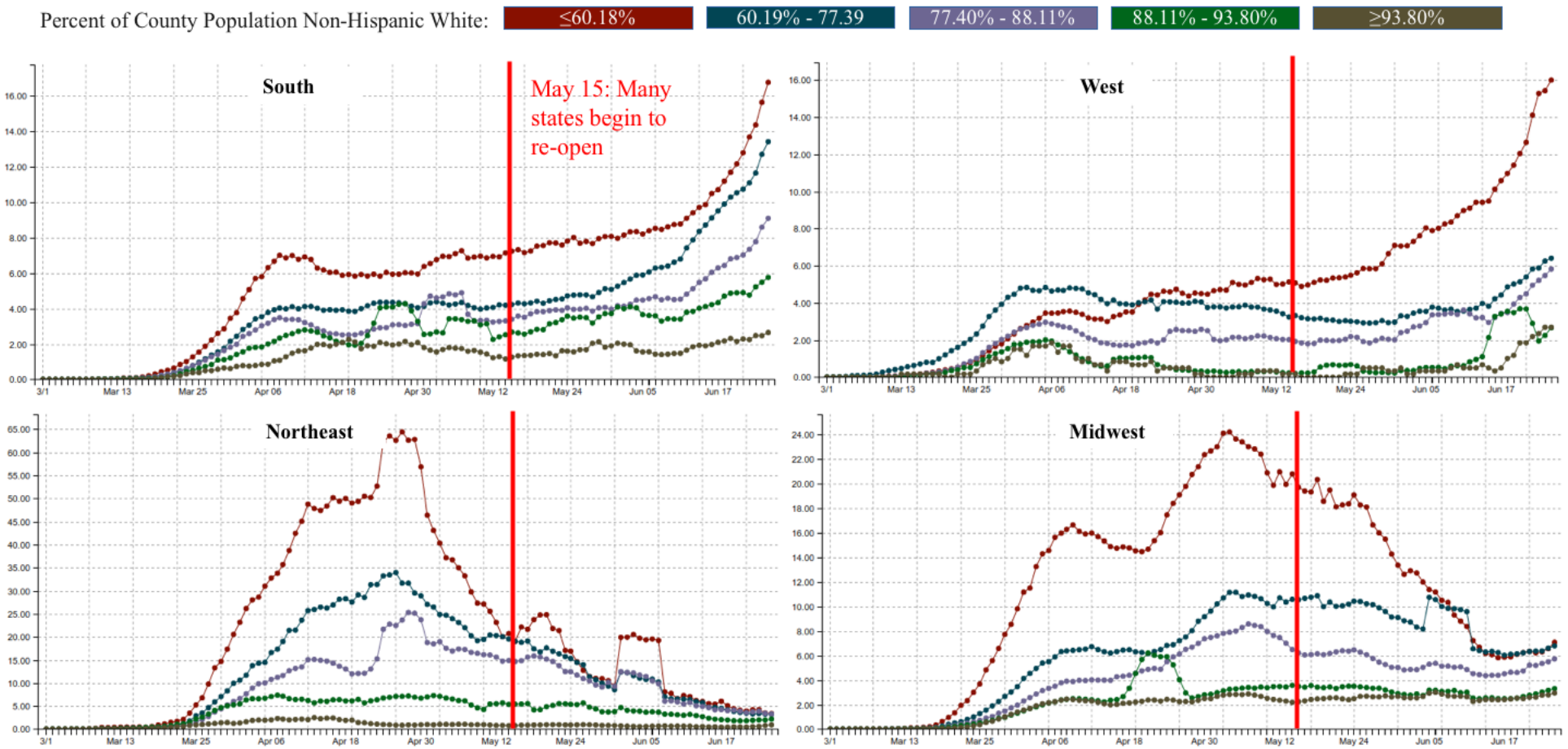
TEN WEEKS AFTER the states began reopening in the wake of the White House's "Opening Up America Again" guidelines, daily COVID-19 cases have been increasing rapidly again in the United States.[1] Sustained spikes in COVID-19 cases in the South and the West have resulted in the doubling of US cases nationally in a matter of weeks.[2,3] Much of the corresponding press coverage has highlighted differing state and local public health responses based upon partisan divisions with differing observed trajectories of COVID-19 in red and blue counties,[4] or the degree to which the surge in new infections is occurring among young adults.[5] Mostly missing from the media narrative is the durability of racial disparities as COVID-19 cases gain traction beyond the northeast. Although an analysis recently linked the nationwide relaxation of public health restrictions to increases in COVID-19 cases among Latinx populations,[6] a more illuminating question is what is the trajectory of COVID-19 cases nationally in overwhelmingly non-Hispanic white counties since the reopening of the economy?

Some observers have been surprised by the rapid emergence of clear disparities in COVID-19 acquisition and poor health outcomes along the lines of race/ethnicity for an infectious agent that can infect anyone. One approach to making sense of these disparities is to assess the impact of race and ethnicity in the context of HIV. Like COVID-19, HIV is an infectious disease that can infect anyone, yet for which large and persistent racial and ethnicity disparities exist. One important starting point is to acknowledge that race and ethnicity often not only determine where people live in the United States but their health status as well.

Redlining by the federal Home Owner's Loan Corporation in the 1930s not only codified racial segregation nationally by

amfAR, Foundation for AIDS Research, Washington, District of Columbia, USA.

Figure 1. 7-Day Moving Average of New COVID-19 Cases per 100,000 by Percentage of White Residents in U.S. Counties by Region (March 1 – June 25, 2020)



Since re-opening, COVID-19 cases have remained lowest in primarily white counties across region and increased sharply in the most racially diverse counties in the South and West. (Additional data available at https://ehe.amfar.org/inequity/)

COVID-19 Testing not Located in Black or Brown Communities

THE CORONAVIRUS CRISIS

The Coronavirus Doesn't Discriminate, But U.S. Health Care Showing Familiar Biases

April 2, 2020 · 12:37 PM ET

BLAKE FARMER

npr

FROM

3-Minute Listen + PLAYLIST

Coronavirus Philadelphia: Positive Tests Higher In Poorer Neighborhoods Despite Six Times More Testing In Higher-Income Neighborhoods, Researcher Says

CBSN PHILLY LIVE

THE CORONAVIRUS CRISIS

In Large Texas Cities, Access To Coronavirus Testing May Depend On Where You Live

May 27, 2020 · 5:00 AM ET

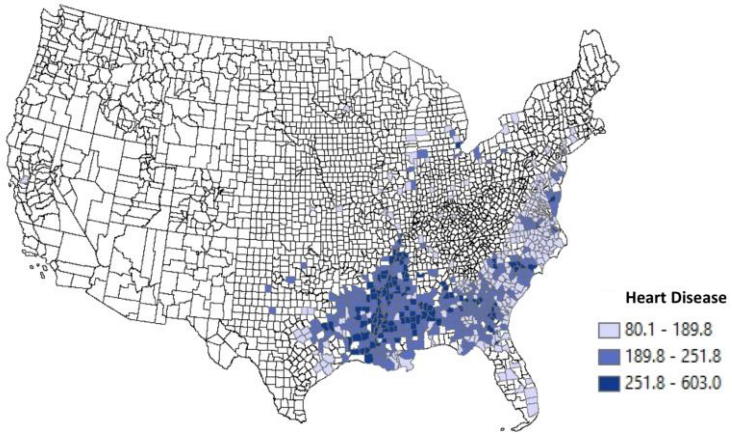
Heard on Morning Edition

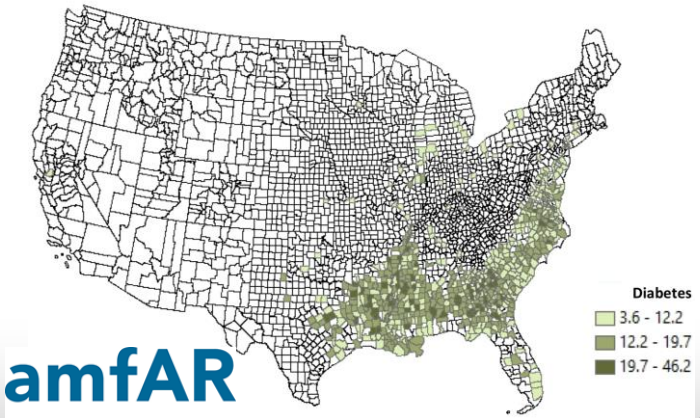
npr

Implications for Ending HIV

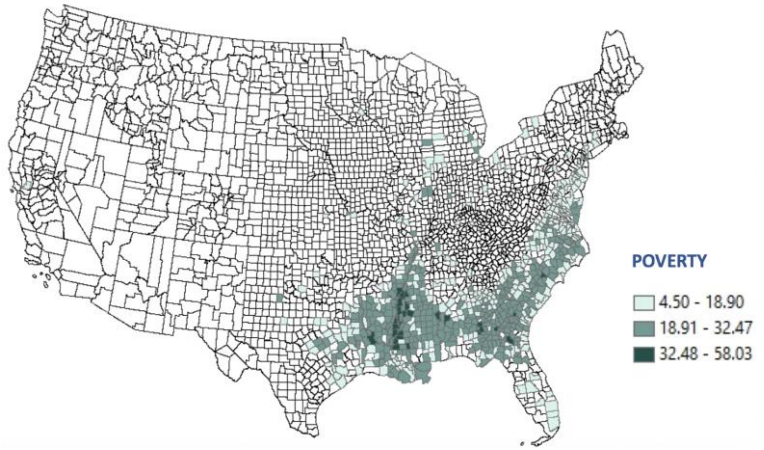
The Social Determinants of Health

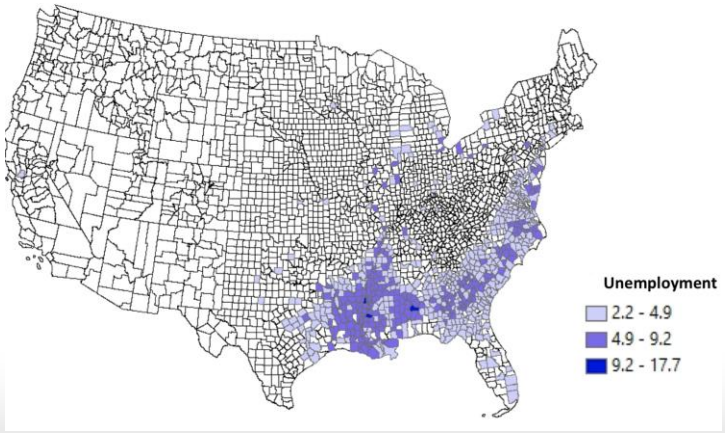
Underlying health conditions

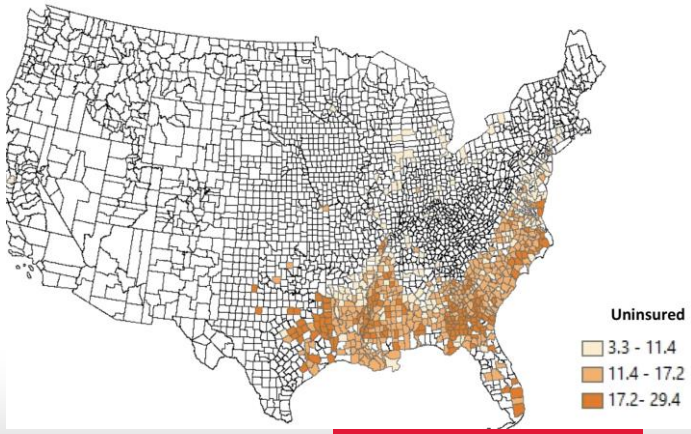




Social determinants of health



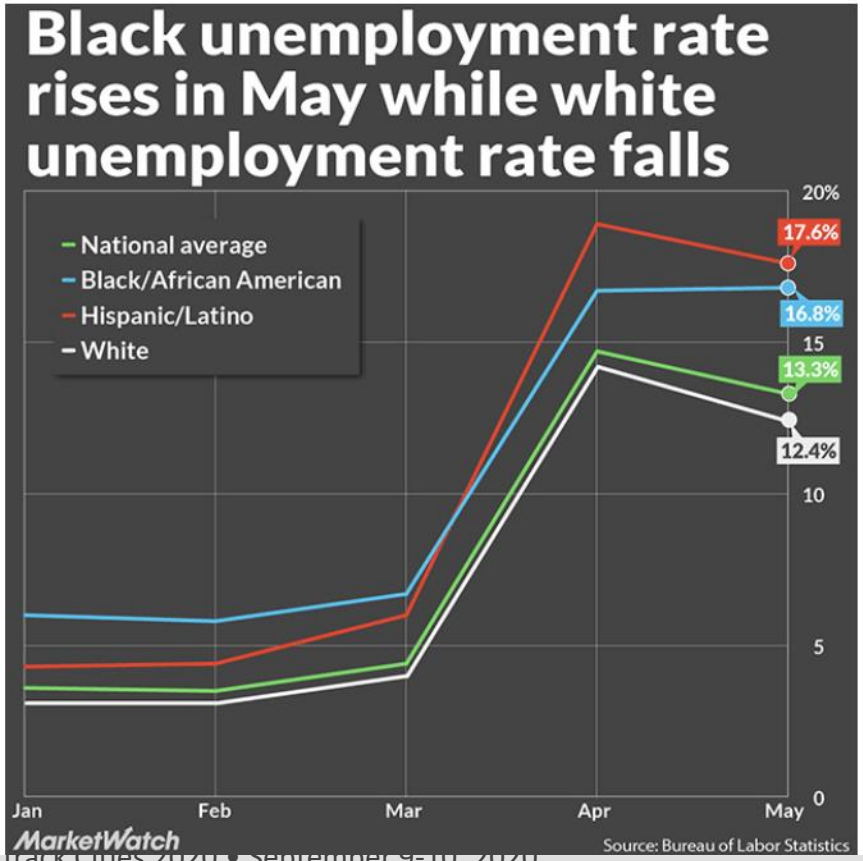




(Poteat et al, 2020)

COVID-19 & Economic Losses Impact on Black Communities

African-American unemployment soars, as do COVID-19 deaths



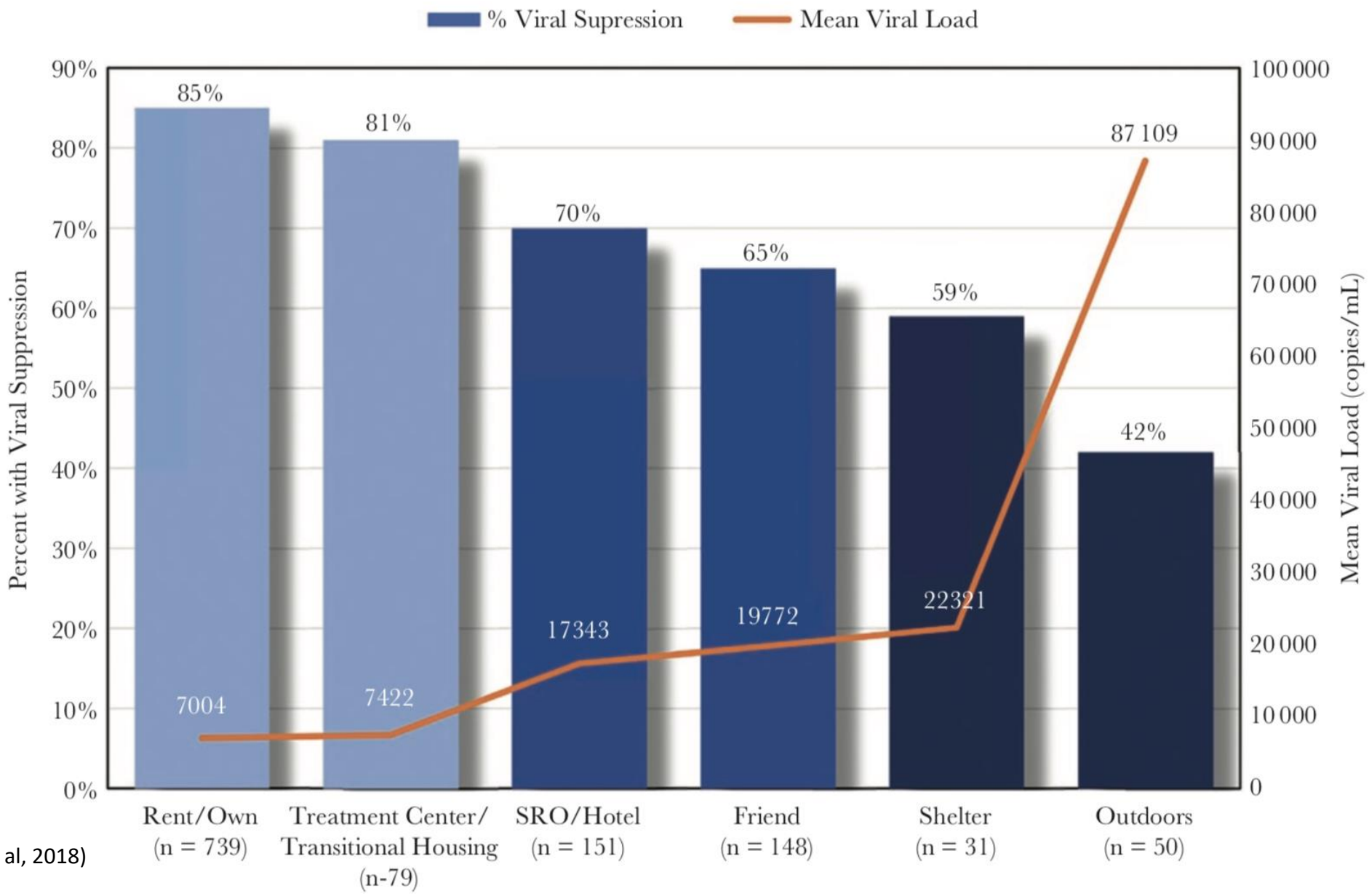
POLITICO

CORONAVIRUS

Black community braces for next threat: Mass evictions

A federal moratorium on evictions — which only applies to the 1 in 4 rental units that are backed by the government — expires in a matter of weeks.

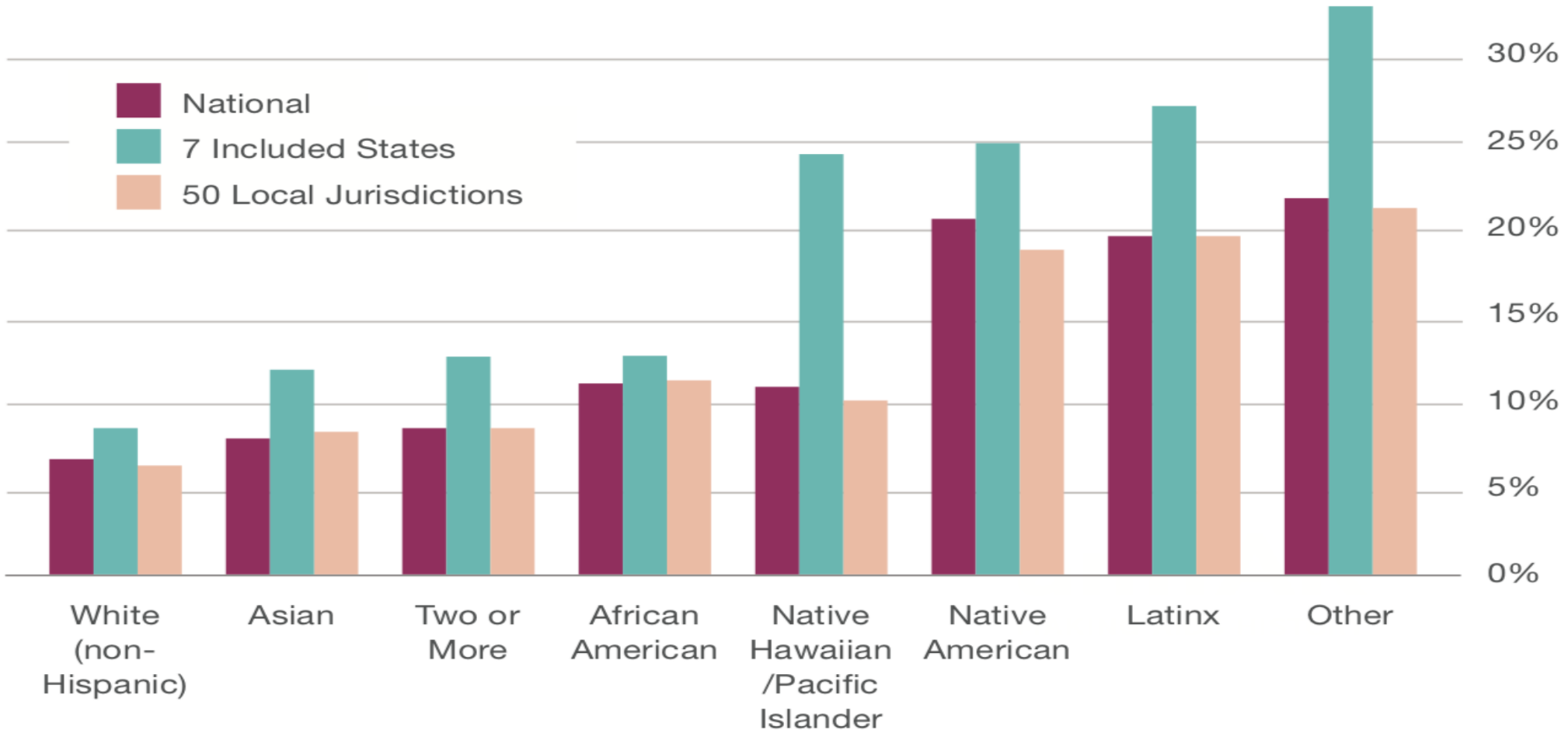
VIRTUAL FAST-TRACK CITIES 2020



(Clemenzi-Allen et al, 2018)

aOR (95% CI)	Reference	0.97 (0.52, 1.81)	0.49 (0.32, 0.73)	0.38 (0.25, 0.57)	0.27 (0.13, 0.60)	0.16 (0.09, 0.30)

Percent of Uninsured is Highest in The 7 EHE States



Source: ehe.amfar.org

Current Policy & Rhetoric is Affecting Health Care among Latino Immigrants

PLOS ONE

RESEARCH ARTICLE

Declared impact of the US President's statements and campaign statements on Latino populations' perceptions of safety and emergency care access

Robert M. Rodriguez[1]*, Jesus R. Torres[1], Jennifer Sun[2], Harrison Alter[1,2], Carolina Ornelas[1], Mayra Cruz[1], Leah Fraimow-Wong[2], Alexis Aleman[3], Luis M. Lovato[3], Angela Wong[1], Breena Taira[3]

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OPEN ACCESS

Citation: Rodriguez RM, Torres JR, Sun J, Alter H, Ornelas C, Cruz M, et al. (2019) Declared impact of the US President's statements and campaign statements on Latino populations' perceptions of safety and emergency care access. PLoS ONE 14 (10): e0222837. https://doi.org/10.1371/journal.pone.0222837

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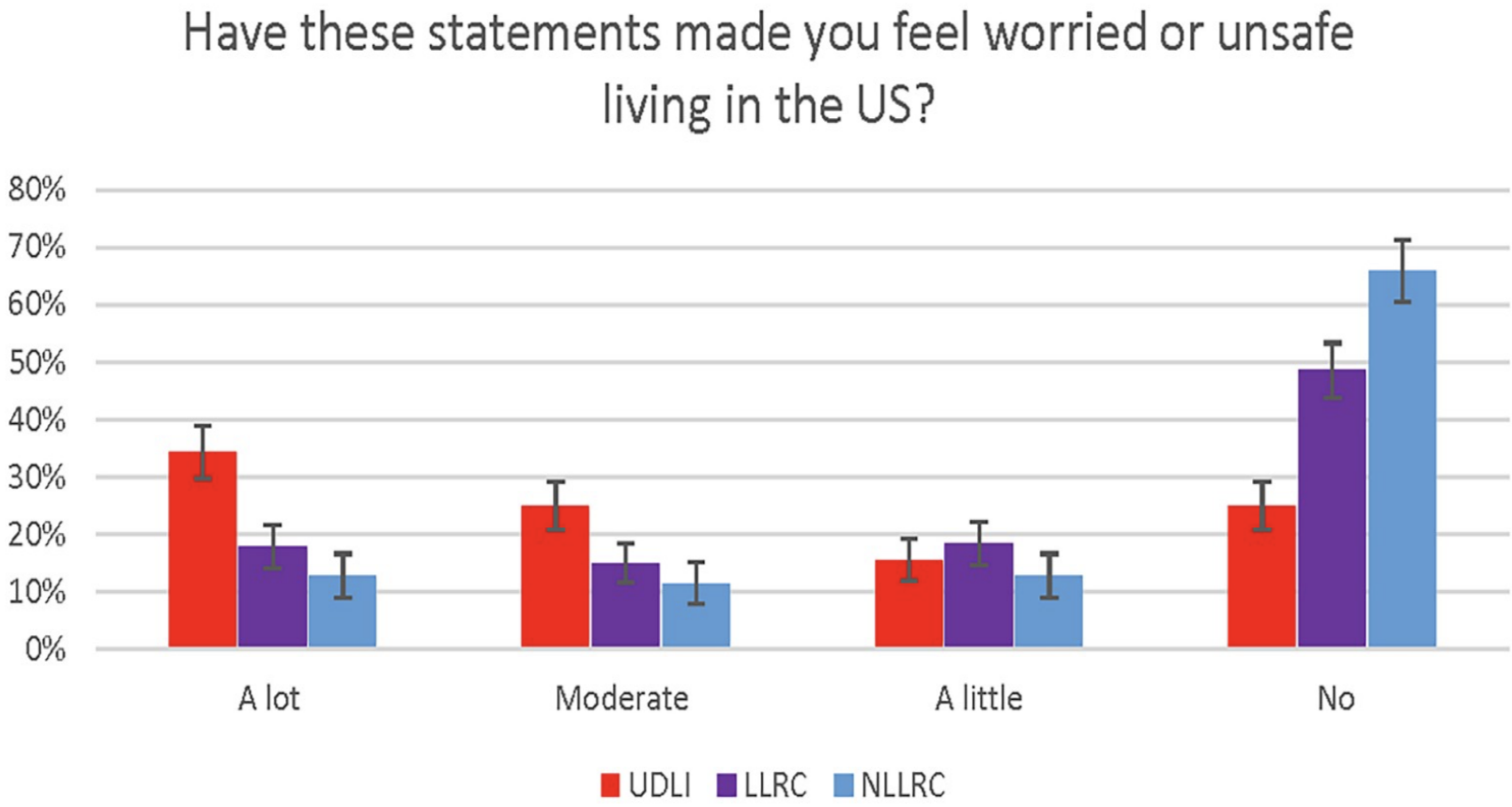
Published: October 30, 2019

Data Availability Statement: All relevant data are within the manuscript and its Supporting Information files. Our data will be deposited at the UCSF Library's open access repository Dash: https://datashare.ucsf.edu/stash. Per university rules, we cannot provide the full link until we receive notice that the manuscript is accepted for publication.

Funding: This study was supported in part by a grant (RMR) from the University of California

Abstract

Statements about building walls, deportation and denying services to undocumented immigrants made during President Trump's presidential campaign and presidency may induce fear in Latino populations and create barriers to their health care access. To assess how these statements relate to undocumented Latino immigrants' (UDLI) and Latino legal residents/citizens' (LLRC) perceptions of safety and their presentations for emergency care, we conducted surveys of adult patients at three county emergency departments (EDs) in California from June 2017 to December 2018. Of 1,684 patients approached, 1,337 (79.4%) agreed to participate: 34.3% UDLI, 36.9% LLRC, and 29.8% non-Latino legal residents/citizens (NLRC). The vast majority of UDLI (95%), LLRC (94%) and NLRC (85%) had heard statements about immigrants. Most UDLI (89%), LLRC (88%) and NLRC (87%) either thought that these measures were being enacted now or will be enacted in the future. Most UDLI and half of LLRC reported that these statements made them feel unsafe living in the US, 75% (95% CI 70–80%) and 51% (95% CI 47–56%), respectively. More UDLI reported that these statements made them afraid to come to the ED (24%, 95% CI 20–28%) vs LLRC (4.4%, 95% CI 3–7%) and NLRC (3.5%, 95% CI 2–6%); 55% of UDLI with this fear stated it caused them to delay coming to the ED (median delay 2–3 days). The vast majority of patients in our California EDs have heard statements during the 2016 presidential campaign or from President Trump about measures against undocumented immigrants, which have induced worry and safety concerns in both UDLI and LLRC patients. Exposure to these statements was also associated with fear of accessing emergency care in some UDLIs. Given California's sanctuary state status, these safety concerns and ED access fears may be greater in a nationwide population of Latinos.



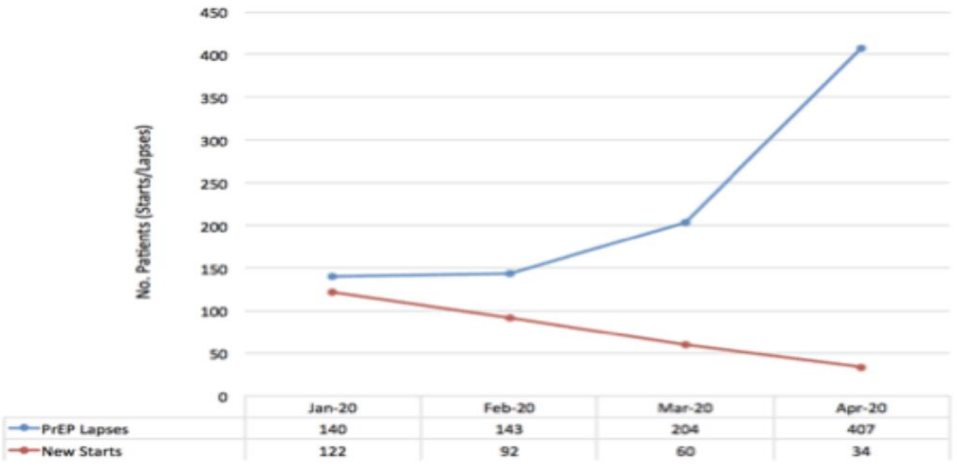
Impact of COVID-19 on HIV PrEP care at a Boston community health center

(Krakower, 2020)

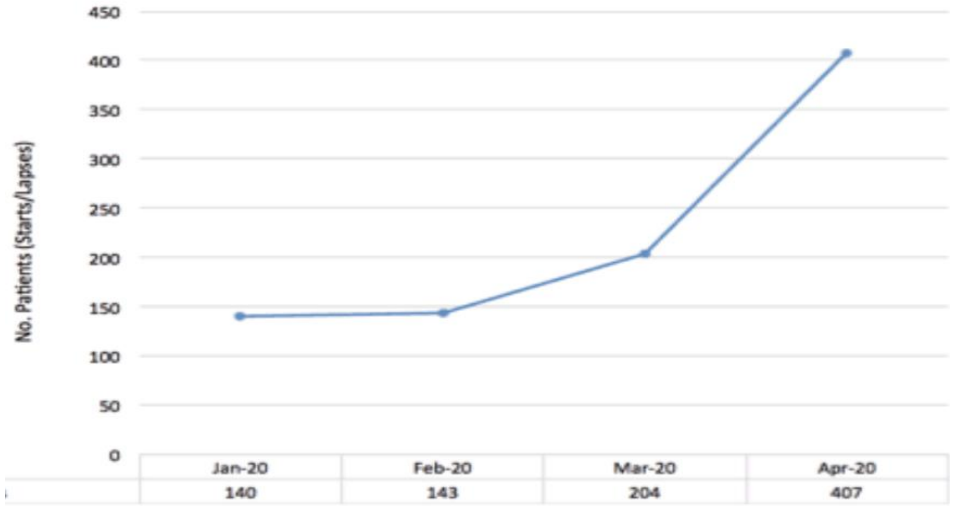
Demographics of PrEP cohort

	n=3520 %
Gender Identity	
Cisgender Male	92.1
Cisgender Female	0.8
Transgender female	1.4
Transgender male	0.3
Genderqueer	2.8
Unknown/Not Reported	2.6
Type of Insurance	
Public	12.9
Private	85.8

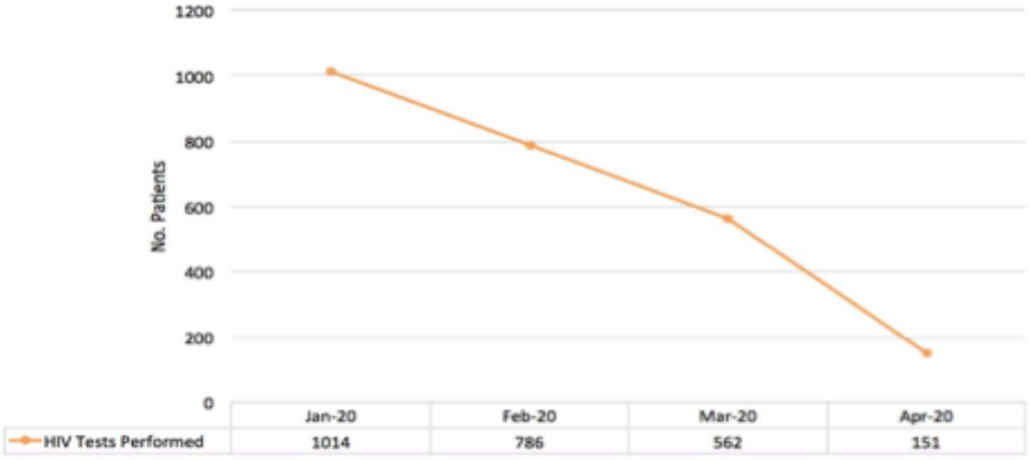
New PrEP starts decreased by 72.1%



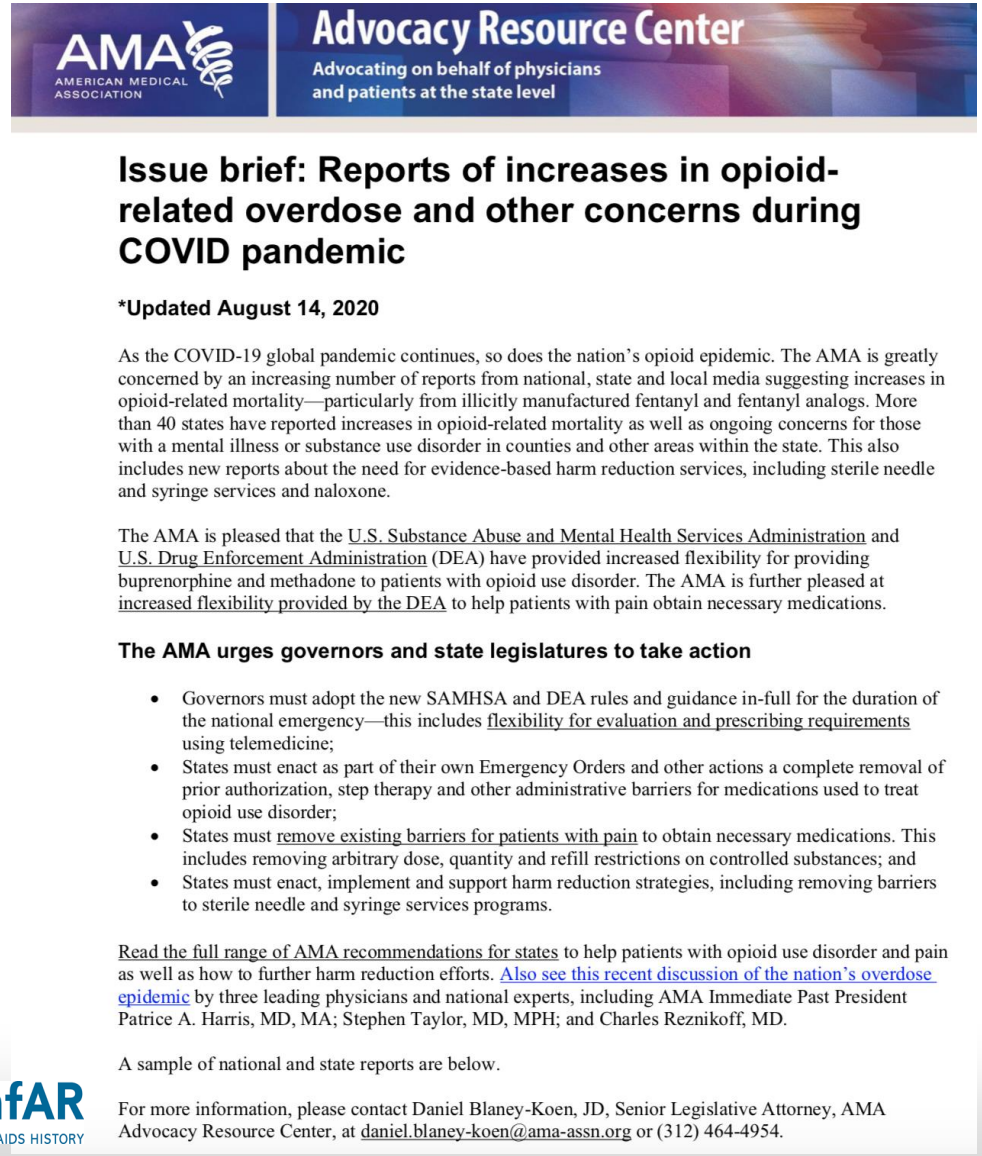
PrEP refill lapses increased by 191%



HIV tests decreased by 85.1%



Injection Drug Use, Sexual Risk and HCV during COVID-19



AMA AMERICAN MEDICAL ASSOCIATION

Advocacy Resource Center

Advocating on behalf of physicians and patients at the state level

Issue brief: Reports of increases in opioid-related overdose and other concerns during COVID pandemic

***Updated August 14, 2020**

As the COVID-19 global pandemic continues, so does the nation's opioid epidemic. The AMA is greatly concerned by an increasing number of reports from national, state and local media suggesting increases in opioid-related mortality—particularly from illicitly manufactured fentanyl and fentanyl analogs. More than 40 states have reported increases in opioid-related mortality as well as ongoing concerns for those with a mental illness or substance use disorder in counties and other areas within the state. This also includes new reports about the need for evidence-based harm reduction services, including sterile needle and syringe services and naloxone.

The AMA is pleased that the U.S. Substance Abuse and Mental Health Services Administration and U.S. Drug Enforcement Administration (DEA) have provided increased flexibility for providing buprenorphine and methadone to patients with opioid use disorder. The AMA is further pleased at increased flexibility provided by the DEA to help patients with pain obtain necessary medications.

The AMA urges governors and state legislatures to take action

- Governors must adopt the new SAMHSA and DEA rules and guidance in-full for the duration of the national emergency—this includes flexibility for evaluation and prescribing requirements using telemedicine;
- States must enact as part of their own Emergency Orders and other actions a complete removal of prior authorization, step therapy and other administrative barriers for medications used to treat opioid use disorder;
- States must remove existing barriers for patients with pain to obtain necessary medications. This includes removing arbitrary dose, quantity and refill restrictions on controlled substances; and
- States must enact, implement and support harm reduction strategies, including removing barriers to sterile needle and syringe services programs.

Read the full range of AMA recommendations for states to help patients with opioid use disorder and pain as well as how to further harm reduction efforts. Also see this recent discussion of the nation's overdose epidemic by three leading physicians and national experts, including AMA Immediate Past President Patrice A. Harris, MD, MA; Stephen Taylor, MD, MPH; and Charles Reznikoff, MD.

A sample of national and state reports are below.

For more information, please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at daniel.blaney-koen@ama-assn.org or (312) 464-4954.

Global HCV among MSM: Meta-analysis

Americas data

- 4x greater than the general population
- HIV neg MSM: No difference with general population
- HIV poz MSM: 9x greater than general population

HCV incidence

- Neg men not on PrEP: 0.12 per 1000P-Y
- Neg men on PrEP: 14.80 per 1000 P-Y

(Jin, AIDS 2020)

amfAR MAKING AIDS HISTORY

VIRTUAL FAST-TRACK CITIES 2020

COVID-19 Mortality Racial Disparities and Access to Medical Care

JAMA Network Open

Original Investigation | Infectious Diseases

Association of Race With Mortality Among Patients Hospitalized With Coronavirus Disease 2019 (COVID-19) at 92 US Hospitals

Baligh R. Yehia, MD, MPP; Angela Winegar, PhD; Richard Fogel, MD; Mohamad Fakih, MD, MPH; Allison Ottenbacher, PhD; Christine Jesser, ScD; Angelo Bufalino, PhD; Ren-Huai Huang, PhD; Joseph Cacchione, MD

Abstract

IMPORTANCE While current reports suggest that a disproportionate share of US coronavirus disease 2019 (COVID-19) cases and deaths are among Black residents, little information is available regarding how race is associated with in-hospital mortality.

OBJECTIVE To evaluate the association of race, adjusting for sociodemographic and clinical factors, on all-cause, in-hospital mortality for patients with COVID-19.

DESIGN, SETTING, AND PARTICIPANTS This cohort study included 11 210 adult patients (age ≥18 years) hospitalized with confirmed severe acute respiratory coronavirus 2 (SARS-CoV-2) between February 19, 2020, and May 31, 2020, in 92 hospitals in 12 states: Alabama (6 hospitals), Maryland (1 hospital), Florida (5 hospitals), Illinois (8 hospitals), Indiana (14 hospitals), Kansas (4 hospitals), Michigan (13 hospitals), New York (2 hospitals), Oklahoma (6 hospitals), Tennessee (4 hospitals), Texas (11 hospitals), and Wisconsin (18 hospitals).

EXPOSURES Confirmed SARS-CoV-2 infection by positive result on polymerase chain reaction testing of a nasopharyngeal sample.

MAIN OUTCOMES AND MEASURES Death during hospitalization was examined overall and by race. Race was self-reported and categorized as Black, White, and other or missing. Cox proportional hazards regression with mixed effects was used to evaluate associations between all-cause in-hospital mortality and patient characteristics while accounting for the random effects of hospital on the outcome.

RESULTS Of 11 210 patients with confirmed COVID-19 presenting to hospitals, 4180 (37.3%) were Black patients and 5583 (49.8%) were men. The median (interquartile range) age was 61 (46 to 74) years. Compared with White patients, Black patients were younger (median [interquartile range] age, 66 [50 to 80] years vs 61 [46 to 72] years), were more likely to be women (2259 [49.0%] vs 2293 [54.9%]), were more likely to have Medicaid insurance (611 [13.3%] vs 1031 [24.7%]), and had higher median (interquartile range) scores on the Neighborhood Deprivation Index (−0.11 [−0.70 to 0.56] vs 0.82 [0.08 to 1.76]) and the Elixhauser Comorbidity Index (21 [0 to 44] vs 22 [0 to 46]). All-cause in-hospital mortality among hospitalized White and Black patients was 23.1% (724 of 3218) and 19.2% (540 of 2812), respectively. After adjustment for age, sex, insurance, comorbidities, neighborhood deprivation, and site of care, there was no statistically significant difference in risk of mortality between Black and White patients (hazard ratio, 0.93; 95% CI, 0.80 to 1.09).

CONCLUSIONS AND RELEVANCE Although current reports suggest that Black patients represent a disproportionate share of COVID-19 infections and death in the United States, in this study, mortality

(continued)

Key Points

Question Is race associated with mortality among patients hospitalized with coronavirus disease 2019 (COVID-19) in the United States?

Findings In this cohort study of 11 210 individuals with COVID-19 presenting for care at 92 hospitals across 12 states, there was no difference in all-cause, in-hospital mortality between White and Black patients after adjusting for age, sex, insurance status, comorbidity, neighborhood deprivation, and site of care.

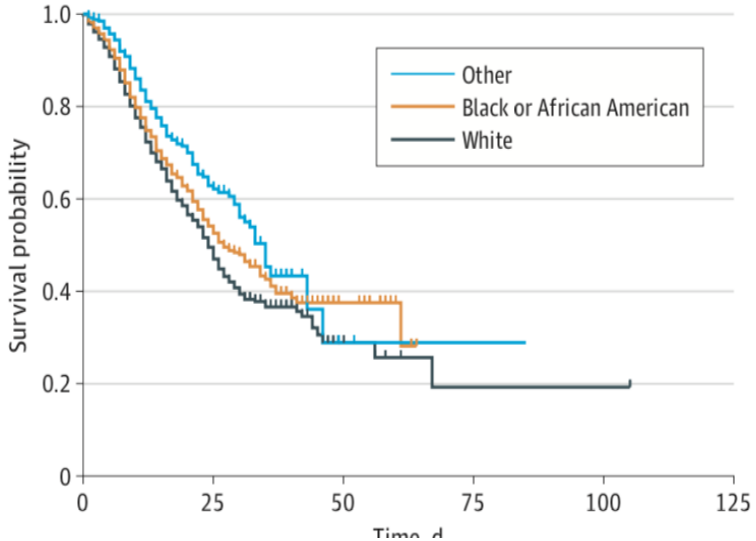
Meaning In this study, race was not independently associated with in-hospital mortality after adjusting for differences in sociodemographic and clinical factors.

+ Invited Commentary

Author affiliations and article information are listed at the end of this article.

JAMA Network Open. 2020;3(8):e2018039. doi:10.1001/jamanetworkopen.2020.18039 August 18, 2020 1/9

Figure 2. Kaplan-Meier Survival Curve for Race Among Adults Hospitalized With Coronavirus Disease 2019 in a Multistate US Health Care System



"Although current reports suggest that Black patients represent a disproportionate share of COVID-19 infections and death in the United States, in this study, mortality for those able to access hospital care did not differ between Black and White patients after adjusting for sociodemographic factors and comorbidities."

Medicaid expansion is popular during COVID-19

AP NEWS

Top Stories Topics Video Listen

After victories, Medicaid expansion revisited in Mississippi

By LEAH WILLINGHAM August 30, 2020

JACKSON, Miss. (AP) — After voters expanded Medicaid in conservative states like Missouri and Oklahoma, health care advocates are renewing a push for expansion in Mississippi and other Southern states where Republican leaders have long been opposed.

They say the changing tide has followed rising income inequality, joblessness and pressure from hospitals in economic turmoil — issues exacerbated by the coronavirus pandemic.

"There have been, in the last two years, votes on Medicaid expansion in some of the most conservative, Republican-leaning states in the

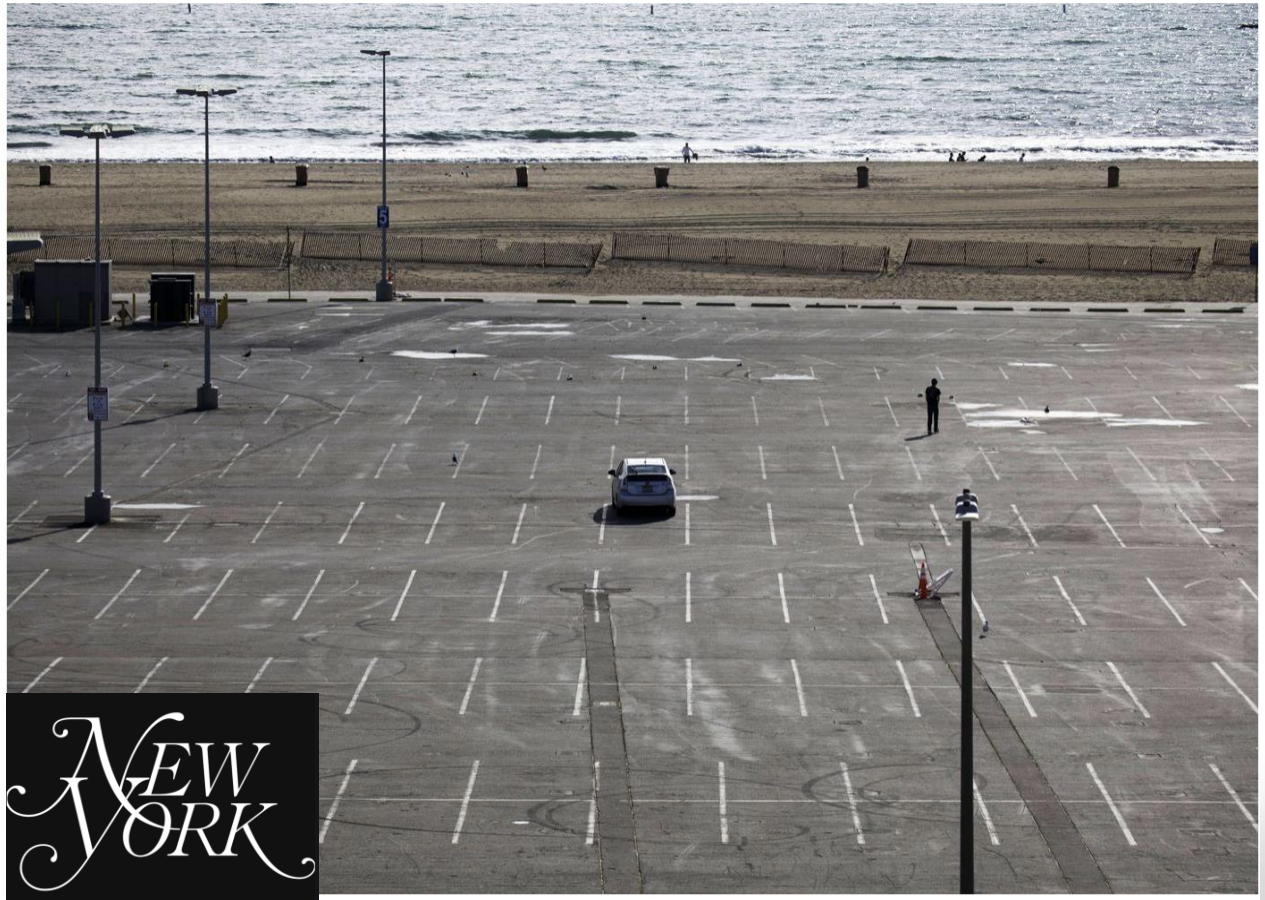
	2008	2011	2014
Race	n (%)	n (%)	n (%)
Black	1354(63)	1682(68)	1975 **(75)**
Latino	1370(61)	1468(61)	1860 **(74)**
White	2857(74)	2817(77)	3082 **(84)**
Age			
18-29	2271(62)	2621(64)	2997 **(74)**
30-39	1635(66)	1532(70)	1947 **(78)**
40-49	1421(74)	1424(76)	1386 **(82)**
≥50	716(83)	895(82)	1234 **(89)**
HIV status			
HIV-	4612(68)	4954(70)	5776 **(78)**
HIV+	802(76)	987(79)	1351 **(85)**

VIRTUAL FAST-TRACK CITIES 2020

COVID-19: Perspective from an HIV Survivor

How to Survive a Plague

By Andrew Sullivan



"And this will change us. It must. All plagues change society and culture, reversing some trends while accelerating others…

The one thing we know about epidemics is that at some point they will end. The one thing we don't know is who we will be then."

VIRTUAL FAST-TRACK CITIES 2020

Greg Millett

Greg.Millett@amfAR.org

DASHBOARD

Race & COVID data

https://ehe.amfar.org/inequity/

(Photo: Mario Tama; Artist: Pony Wave)