New Pandemic, Old Inequities

Impacts of COVID-19 and HIV on Minoritized Populations

March 4, 2021

AETC AIDS Education & Training Center Program MidAtlantic

AETC AIDS Education & Training Center Program Pacific

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Housekeeping

- You will need to call in to speak on the line; however, it is recommended that you call in even if you're just listening on the line for a better user experience:
  - Conference number: 1-866-814-9555
  - Participant passcode: 723 288 1431
- All phone lines have been muted.
- During the Q&A portion, you may unmute your phone line by pressing #6. You can also use the participant chat to ask questions.
- Today's session recording and slides will be available on the aidsetc.org website as a resource.

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Speakers

Monica Hahn
MD, MPH, MS

She/Her/Hers

Gregory Phillips II
PhD, MS

He/Him/His

Lauren B. Beach
JD/PhD

They/Them/Theirs
+ She/Her/Hers

Dylan Felt
BA

She/Her/Hers +
They/Them/Theirs

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Disclosures

- No conflict of interests to disclose

Learning Objectives

1. Explain intersectional structural discrimination and its relevance and context in the landscape of HIV and COVID-19 as it pertains to the health and wellbeing of marginalized populations, particularly LGBTQ+ and racial/ethnic minority populations;

2. Analyze the history and present state of the HIV pandemic and the lessons available to inform our response to COVID-19;

3. Identify the specific factors which place marginalized populations at greater risk for COVID-19 and HIV;

4. Describe empirical evidence of disparities in HIV and COVID-19 among marginalized populations, and identify how the two conditions are related;

5. Discuss strategies offered by social justice, anti-racism, and LGBTQ+ liberation frameworks and history to mitigate the impact of disparities; and

6. Share resources to support ongoing provider learning to promote health equity.

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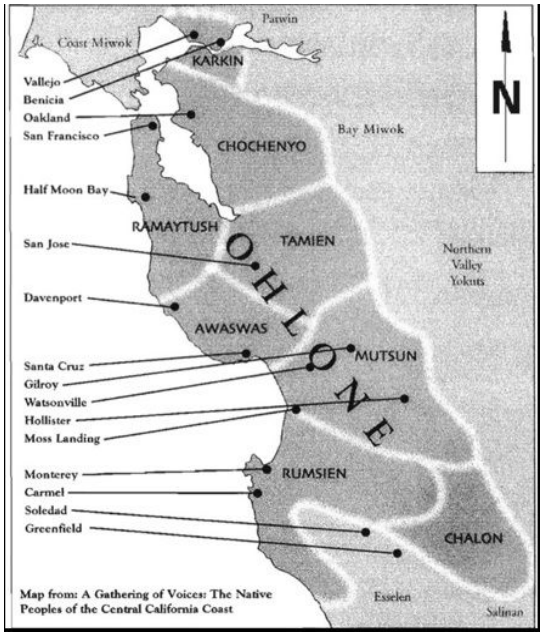
Land Acknowledgement

- San Francisco, CA
  - Ramaytush, Ohlone Land
- Chicago, IL
  - The Council of Three Fires: Ojibwe, Potawatomi, Odawa
  - Menominee, Miami, Ho-Chunk
  - A site of trade, community, & healing



Emergence of HIV

History and Parallels to COVID-19

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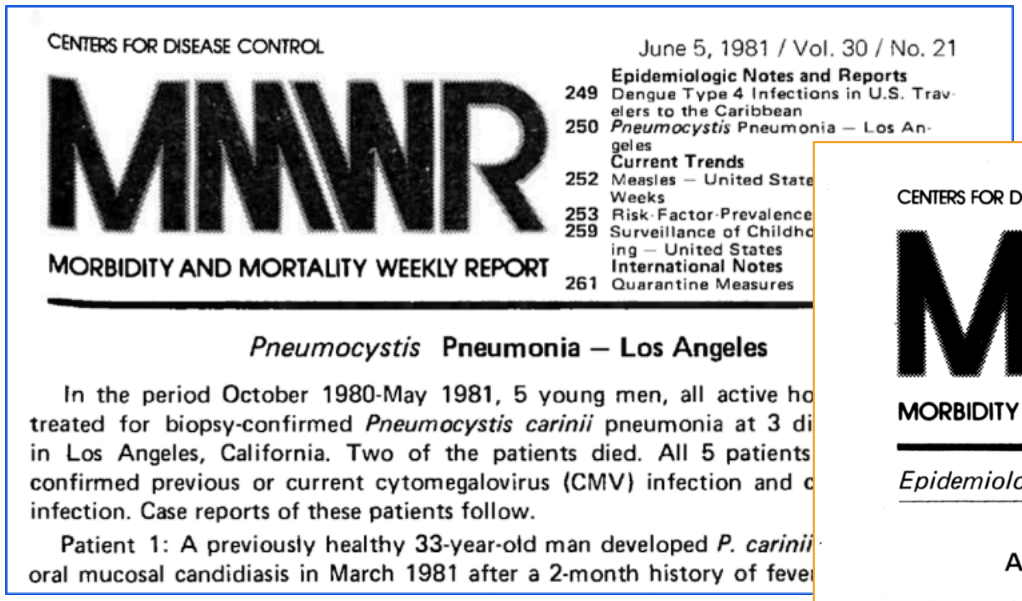
History of HIV/AIDS in the US



CENTERS FOR DISEASE CONTROL

June 5, 1981 / Vol. 30 / No. 21

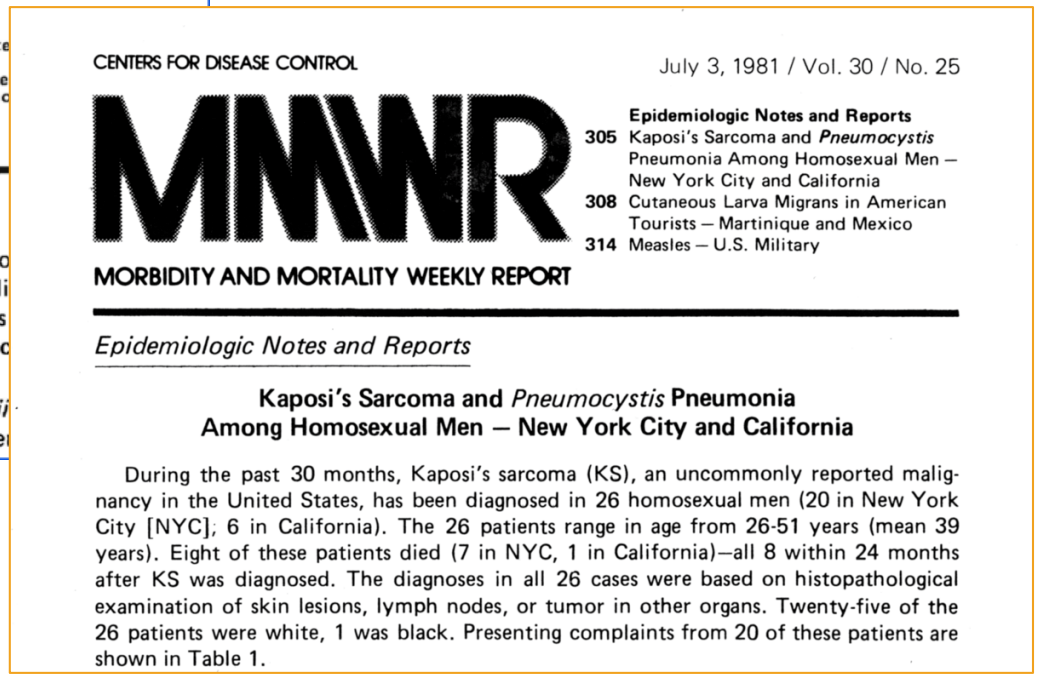
MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

Pneumocystis Pneumonia — Los Angeles

In the period October 1980-May 1981, 5 young men, all active ho
treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 di
in Los Angeles, California. Two of the patients died. All 5 patients
confirmed previous or current cytomegalovirus (CMV) infection and c
infection. Case reports of these patients follow.

Patient 1: A previously healthy 33-year-old man developed *P. carinii*
oral mucosal candidiasis in March 1981 after a 2-month history of feve



CENTERS FOR DISEASE CONTROL

July 3, 1981 / Vol. 30 / No. 25

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

Epidemiologic Notes and Reports

Kaposi's Sarcoma and *Pneumocystis* Pneumonia Among Homosexual Men — New York City and California

During the past 30 months, Kaposi's sarcoma (KS), an uncommonly reported malignancy in the United States, has been diagnosed in 26 homosexual men (20 in New York City [NYC], 6 in California). The 26 patients range in age from 26-51 years (mean 39 years). Eight of these patients died (7 in NYC, 1 in California)—all 8 within 24 months after KS was diagnosed. The diagnoses in all 26 cases were based on histopathological examination of skin lesions, lymph nodes, or tumor in other organs. Twenty-five of the 26 patients were white, 1 was black. Presenting complaints from 20 of these patients are shown in Table 1.

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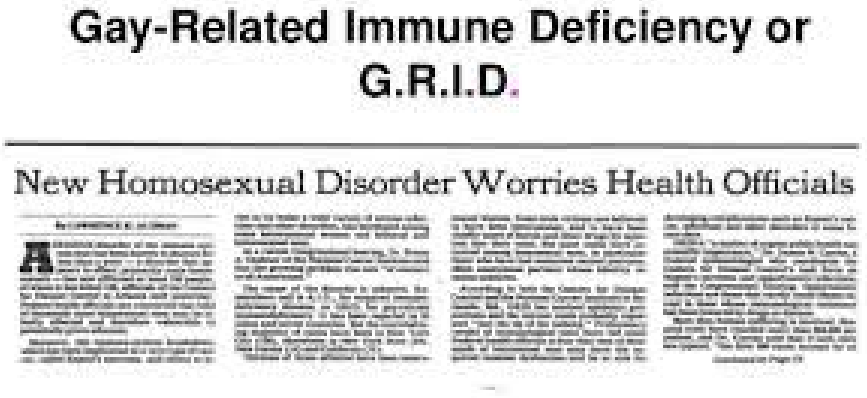
Early Response

- Reagan was infamously slow to act in response to AIDS
- The nature of who the emerging HIV/AIDS pandemic was impacting meant that there was little incentive for Reagan's administration to act


Gay-Related Immune Deficiency or G.R.I.D.

New Homosexual Disorder Worries Health Officials

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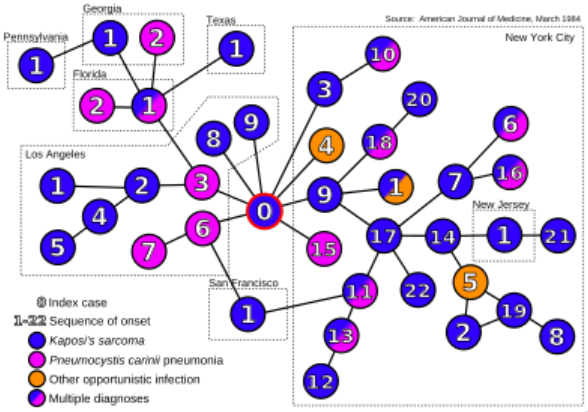
“Patient Zero”



- William Darrow at CDC was tasked with tracking the origins of AIDS in the US
- His early outbreak investigation identified Gaëtan Dugas, a flight attendant, as “patient zero”
- The stigma associated with this label was extreme

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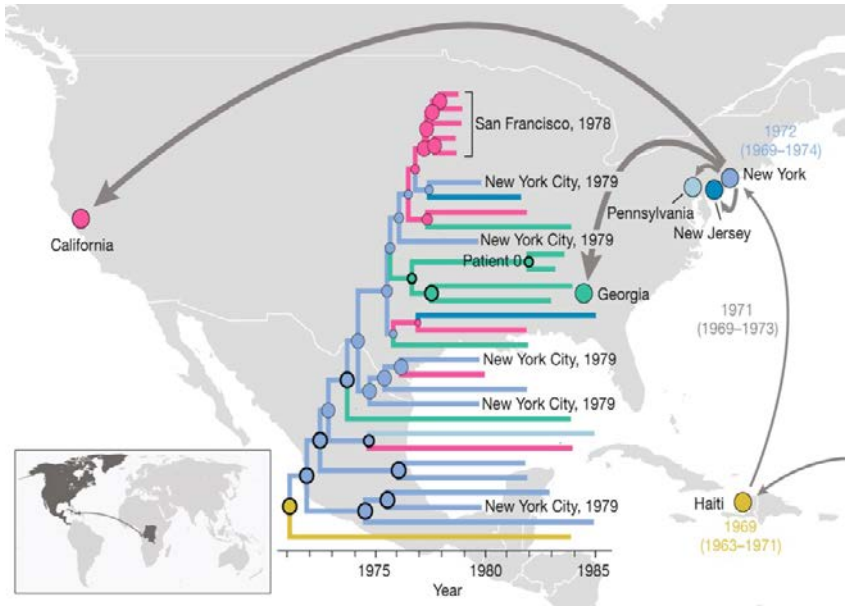
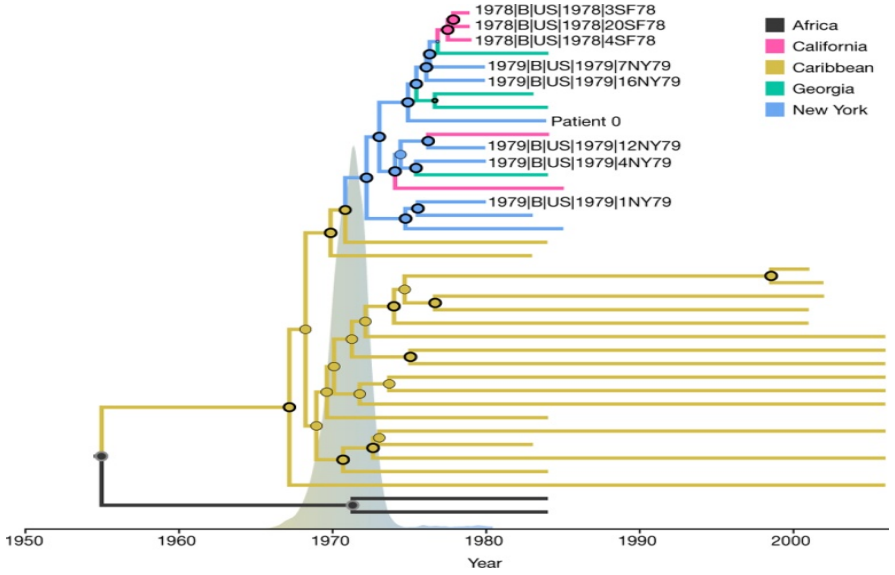
“Patient Zero” Repudiated

- Subsequent research has proven that Dugas was NOT the index case
- Our instinct to assign blame to a single group or individual has not gone away





M Worobey *et al. Nature* 1–4 (2016)
doi:10.1038/nature19827

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Persistent Disparities in HIV

- Although less talked about, the American HIV epidemic is far from over
- HIV continues to impact men who have sex with men and transgender women
- Disparities are particularly pronounced for Black MSM &TW, and in the South

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COVID-19

Emergence and Disparities Thus Far

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The Recent History of COVID-19

Echoes of HIV emergence: Stigma, Blame, and Inaction

Covid-19 Fueling Anti-Asian Racism and Xenophobia Worldwide

National Action Plans Needed to Counter Intolerance

POLITICS

'I'm not concerned at all': Trump says he's not worried as coronavirus arrives in DC area

William Cummings USA TODAY

Published 1:51 p.m. ET Mar. 8, 2020 | **Updated 11:17 a.m. ET Mar. 9, 2020**

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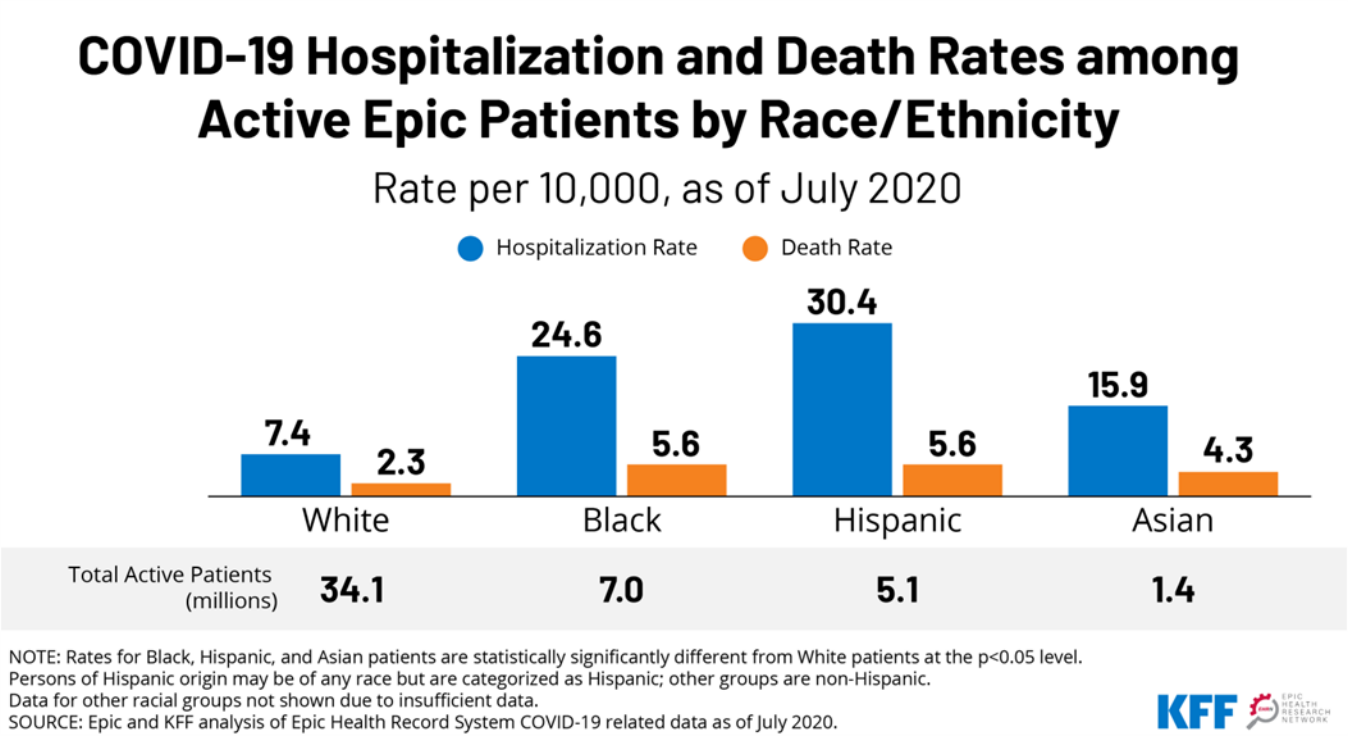
COVID-19 Racial Inequities (1/2)



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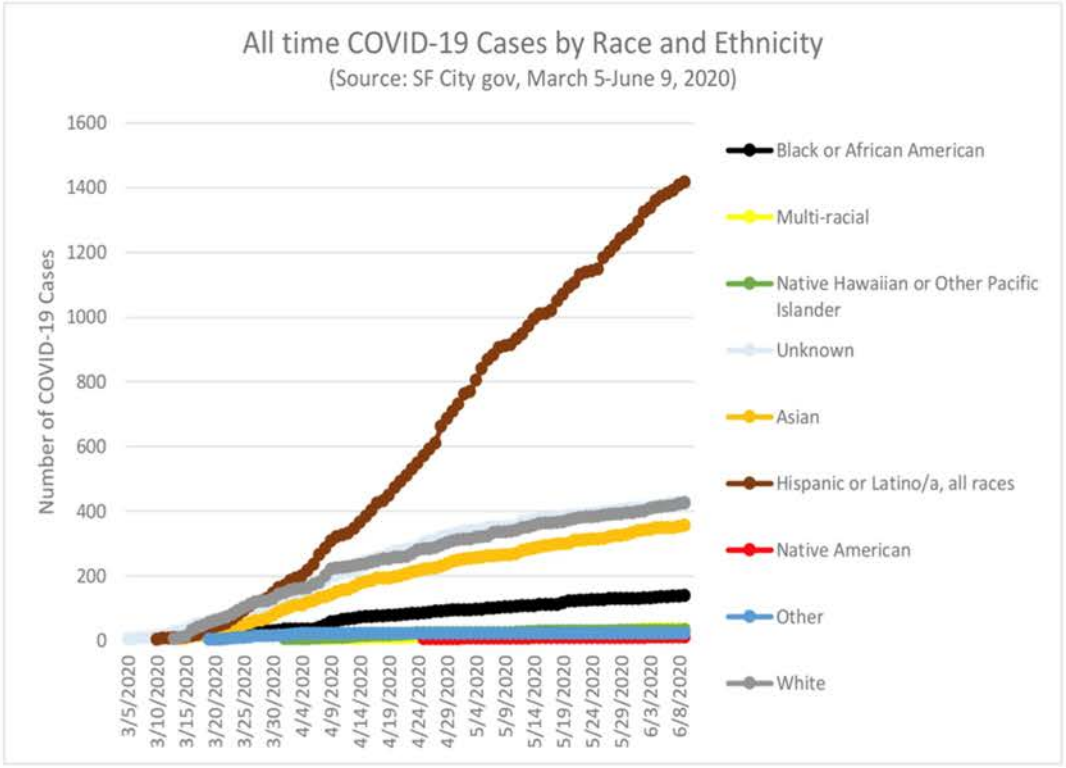
COVID-19 Racial Inequities (2/2)



Mission District, San Francisco

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COVID-19 Outbreaks: Congregate settings

Coronavirus cases at San Quentin soar to 190; 'they're calling man down every 20 or 30 minutes'

Jason Fagone and Megan Cassidy
June 20, 2020 | Updated: June 20, 2020 5:13 p.m.

Coronavirus Local Food Election Sporting Green Biz+Tech Culture Desk Datebook US & World

Ninety-one prisoners have now tested positive for the virus at San Quentin State Prison — a figure that has increased more than fivefold in the past 11 days.
Photo: Paul Chinn / The Chronicle

Navajo Nation Has Most Coronavirus Infections Per Capita In U.S., Beating New York, New Jersey

Alexandra Sternlicht Forbes Staff
Business
I cover breaking news

Updated May 19, 2020, 04:04pm EDT

TOPLINE Navajo Nation, which extends through Arizona, New Mexico and Utah and is home to over 173,000 Native Americans who operate under their own tribal governance, has surpassed New York and New Jersey with most infections per capita.

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COVID-19 among Sexual and Gender Minorities (SGM)


Centers for Disease Control and Prevention

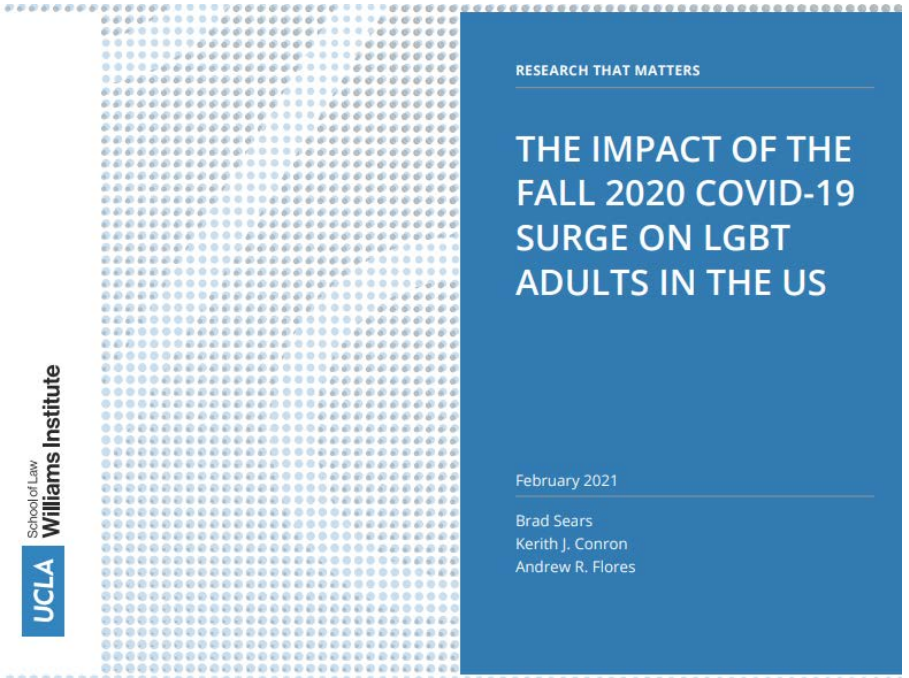
MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 70 / No. 5 February 5, 2021

Sexual Orientation Disparities in Risk Factors for Adverse COVID-19–Related Outcomes, by Race/Ethnicity — Behavioral Risk Factor Surveillance System, United States, 2017–2019

Kevin C. Heslin, PhD[1]; Jeffrey E. Hall, PhD[1]


UCLA School of Law Williams Institute

RESEARCH THAT MATTERS

THE IMPACT OF THE FALL 2020 COVID-19 SURGE ON LGBT ADULTS IN THE US

February 2021

Brad Sears
Kerith J. Conron
Andrew R. Flores

Nationally representative data on COVID-19 impacts on LGBTQ+ individuals have been scarce, but existing data can tell us a lot about population risk factors.

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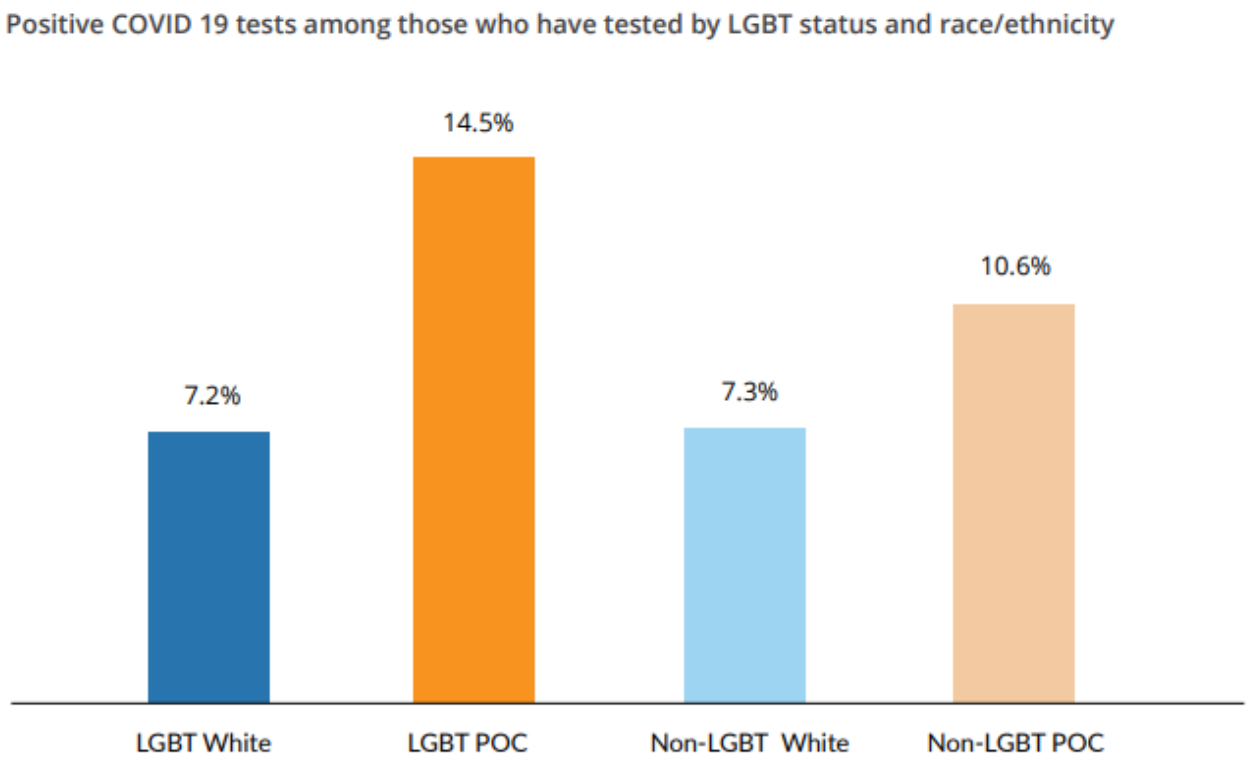
COVID-19 Risk Factors - BRFSS

Using data from the Behavioral Risk Factor Surveillance System (BRFSS), CDC found marked disparities in COVID-19 risk factors between sexual minority/majority individuals

	aPR	95% CI
Asthma, current	1.55	1.45, 1.64
Asthma, ever	1.41	1.34, 1.48
Cancer	1.26	1.15, 1.37
Heart disease	1.19	1.15, 1.37
COPD	1.49	1.37, 1.61
Diabetes	1.08	1.00, 1.16
Hypertension	1.06	1.02, 1.11
Kidney disease	1.47	1.25, 1.69
Obesity	1.07	1.03, 1.11
Smoking, current	1.43	1.36, 1.50
Stroke	1.37	1.19, 1.56

Heslin KC, Hall JE. Sexual Orientation Disparities in Risk Factors for Adverse COVID-19-Related Outcomes, by Race/Ethnicity -- Behavioral Risk Factor Surveillance System, United States, 2017-2019. MMWR Morb Mortal Wkly Rep 2021;70:149-154.

COVID-19 Impacts – The Williams Institute



Sears, B. Conron, K.J, & Flores, A.J. (2021). The Impact of the Fall 2020 Surge of the COVID-19 Pandemic on LGBT Adults in the US. Los Angeles, CA: The Williams Institute, UCLA.

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COVID-19 SGM and PWH Impact Survey

Preliminary Findings

SSOGI Demographics (non-exclusive):

- *Sexual Orientation*
  - Gay/Lesbian (56%)
  - Bisexual (36%)
- *Gender*
  - Transgender (19%)
  - Non-Binary (14%)
- *Sex*
  - Intersex (5%)

Reported COVID-19 Symptoms:

- Transgender (53%)
- Bisexual (40%)
- Gay/Lesbian (22%)

Received COVID-19 Test:

- Transgender (4%)
- Bisexual (7%)
- Gay/Lesbian (11%)

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COVID-19 Resilience Survey – Chicago Dept. of Public Health

Differences in COVID-19 Social Needs by Race/Ethnicity

	N=62 White (%)	N=104 Black (%)	N=25 Latinx (%)	Chi-square	p-value
Structural Barriers to Health					
Access to medical provider to indicate appropriateness of testing	**96.8**	**89.4**	**76.0**	**8.6841**	**0.0130**
Access to medical services	**25.8**	**53.8**	**32.0**	**13.7010**	**0.0011**
Shortage of food	**0.0**	**17.3**	**8.0**	**12.5992**	**0.0018**
Shortage of sanitation/cleaning Supplies	**17.7**	**45.2**	**40.0**	**13.0090**	**0.0015**
Lack of childcare/supervision	4.8	5.8	4.0	0.1563	0.9248
Loss of employment income	25.8	27.9	28.0	0.0934	0.9544
Access health insurance / care Coverage	95.2	90.4	84.0	2.9911	0.2368
Access primary care provider/physician	91.9	87.5	76.0	4.1188	0.1275
Access mental health provider	48.4	37.5	28.0	3.5909	0.1661
Social needs					
Support from community organization	**1.6**	**17.3**	**16.0**	**9.4590**	**0.0088**

Ruprecht, M. M., Wang, X., Johnson, A. K., Xu, J., Felt, D., Ihenacho, S., Stonehouse, P., Curry, C. W., DeBroux, C., Costa, D., & Phillips Ii, G. (2021). Evidence of Social and Structural COVID-19 Disparities by Sexual Orientation, Gender Identity, and Race/Ethnicity in an Urban Environment. Journal of urban health : bulletin of the New York Academy of Medicine, 98(1), 27–40. https://doi.org/10.1007/s11524-020-00497-9

COVID-19 Vaccination and Testing Interests

Interest in vaccination:

- Bisexual/pansexual vs. Gay/lesbian: **OR = 1.69**
- Non-binary vs. Cisgender male: **OR = 4.38**
- Transgender vs. Cisgender: **OR = 2.30**
- People with HIV vs. HIV-negative individuals: **OR = 0.40**

Willingness to test at home:

- Bisexual/pansexual vs. Gay/lesbian: **OR = 2.83**
- Intersex vs. Non-intersex: **OR = 0.40**
- Transgender vs. Cisgender: **OR = 3.05**
- People with HIV vs. HIV-negative individuals: **OR = 0.27**

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Data are from a forthcoming manuscript led by Dr. Phillips. Currently under review.

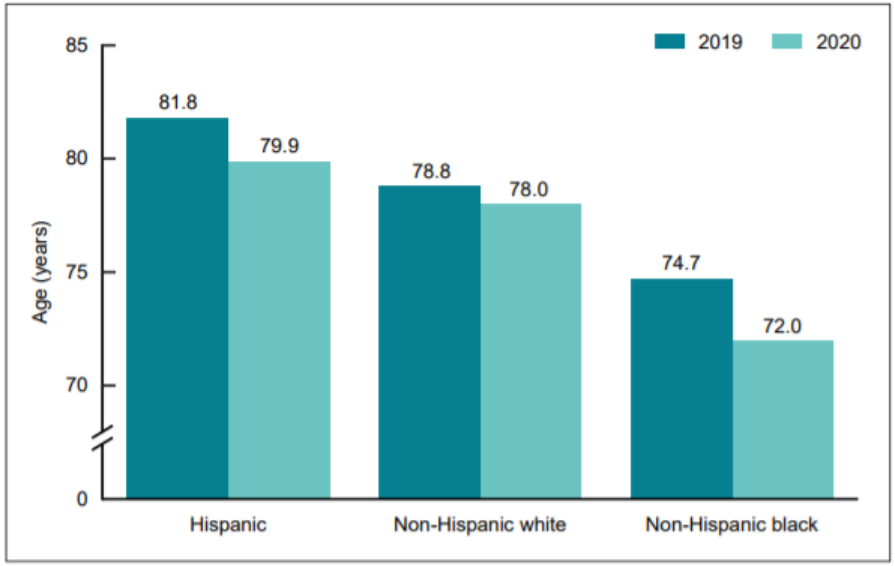
NVSS Vital Statistics Rapid Release

Report No. 010 ■ February 2021

Provisional Life Expectancy Estimates for January through June, 2020

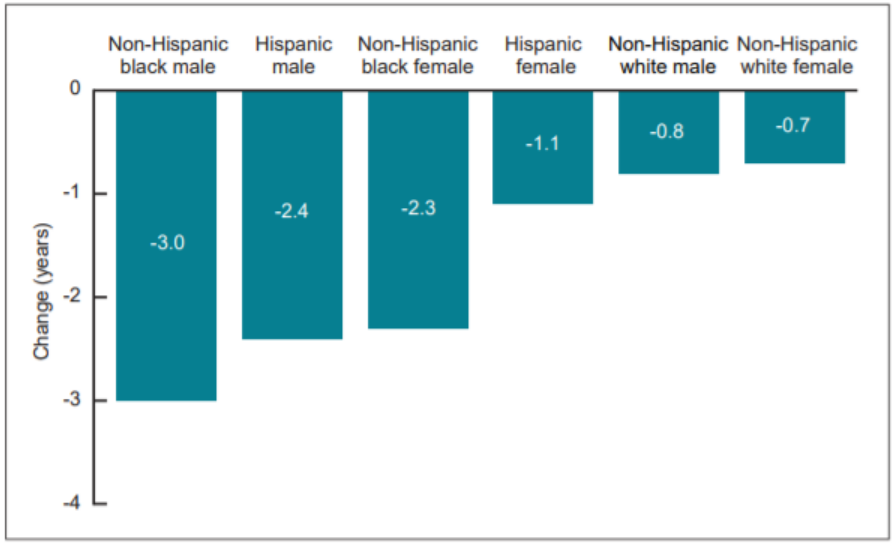
Elizabeth Arias, Ph.D., Betzaida Tejada-Vera, M.S., and Farida Ahmad, M.P.H.

Figure 2. Life expectancy at birth, by Hispanic origin and race: United States, 2019 and 2020



NOTES: Life expectancies for 2019 by Hispanic origin and race are not final estimates; see Technical Notes. Estimates are based on provisional data from January 2020 through June 2020.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality data.

Figure 4. Change in life expectancy at birth, by Hispanic origin and race and sex: United States, 2019 and 2020



NOTES: Life expectancies for 2019 by Hispanic origin and race are not final estimates; see Technical Notes. Estimates are based on provisional data from January 2020 through June 2020.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality data.

https://www.cdc.gov/nchs/data/vsrr/VSRR10-508.pdf

Summary of COVID-19 Disparities

- COVID-19 is impacting marginalized communities in predictable ways, including ways we have seen mirrored in a different pandemic - HIV
- Disparities are exacerbated among multiply-marginalized groups, particularly Black, Latinx, Indigenous, and transgender people
- LGBTQ+ and BIPOC people are likely to experience the impacts of healthcare service disruption at a greater rate than white, cisgender, and/or heterosexual peers

Why do these disparities exist?

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Key Terms

1. Structural Discrimination
   - Racism, Homophobia, Biphobia, Transphobia
2. Intersectionality
3. Stigma as a Fundamental Cause

The Social Construct of Race

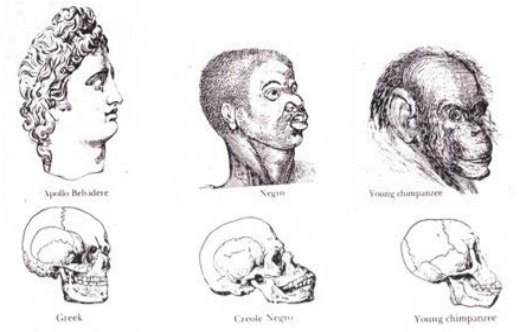
RACE HAS NO BIOLOGICAL BASIS

Photo credit: Angelica Dass

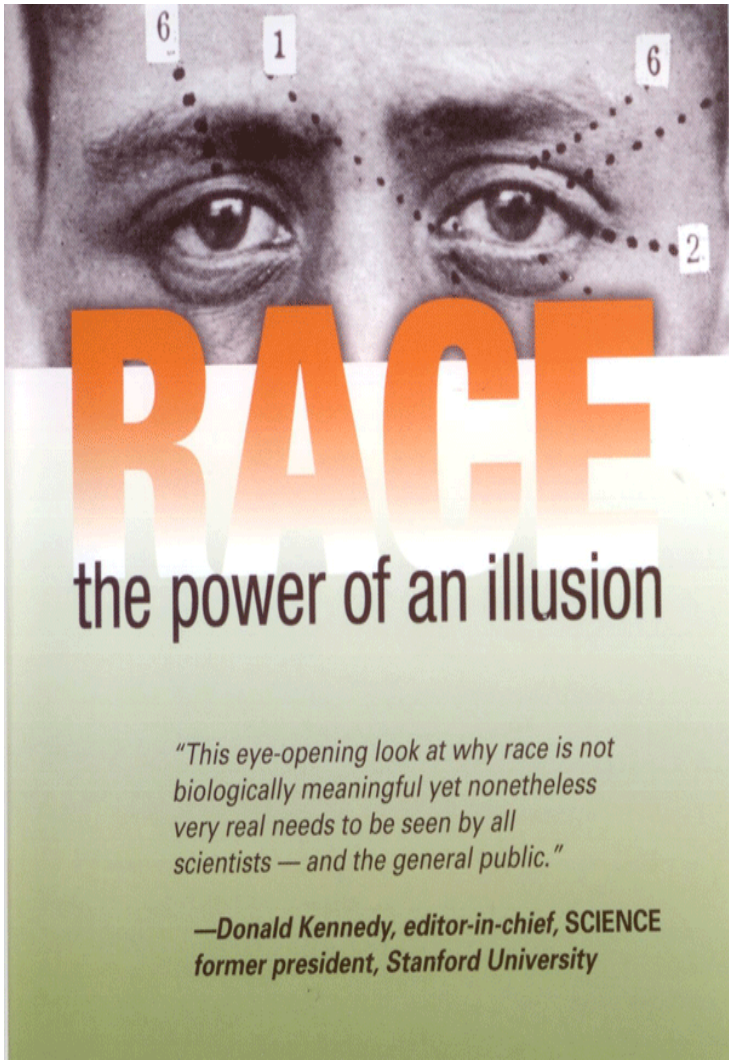
Race is a Social Construct

Race is not equivalent to genetics nor ancestry

Racism has been codified in medicine, used to justify beliefs of racial inferiority/superiority



People	Cranial capacity (in^3)
Modern Caucasians	87
Native Americans	86
Mongolians	85
Malays	85
Ancient Caucasians	84
Africans	83

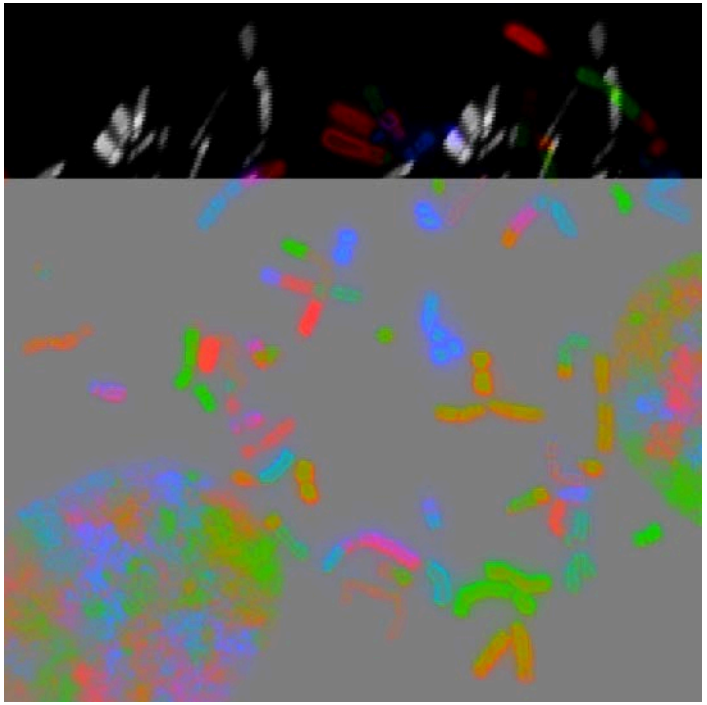


Sex, Sexual Orientation, and Gender are also Socially Constructed Categories

Sex

We're used to hearing about sex as a biological variable, but the story of sex is far more complicated.

- Not everyone's sex is binary at birth
- Many alter sex over the course of their lives
- The "boxes" we draw around groups of traits



Sex, Sexual Orientation, and Gender are also Socially Constructed Categories

Sexual Orientation

Given the social constructedness of sex, it follows that sexual orientation is equally socially constructed

- Identity and behavior don't always "align" in the ways we might expect

Sex, Sexual Orientation, and Gender are also Socially Constructed Categories

Gender

Although the idea that "gender is a social construct" has become more ubiquitous in recent years, less focus is placed on what that really means

- Gender is shaped and defined by social systems including (but not limited to) economic forces, cultural values, and interpersonal norms, behaviors, and roles

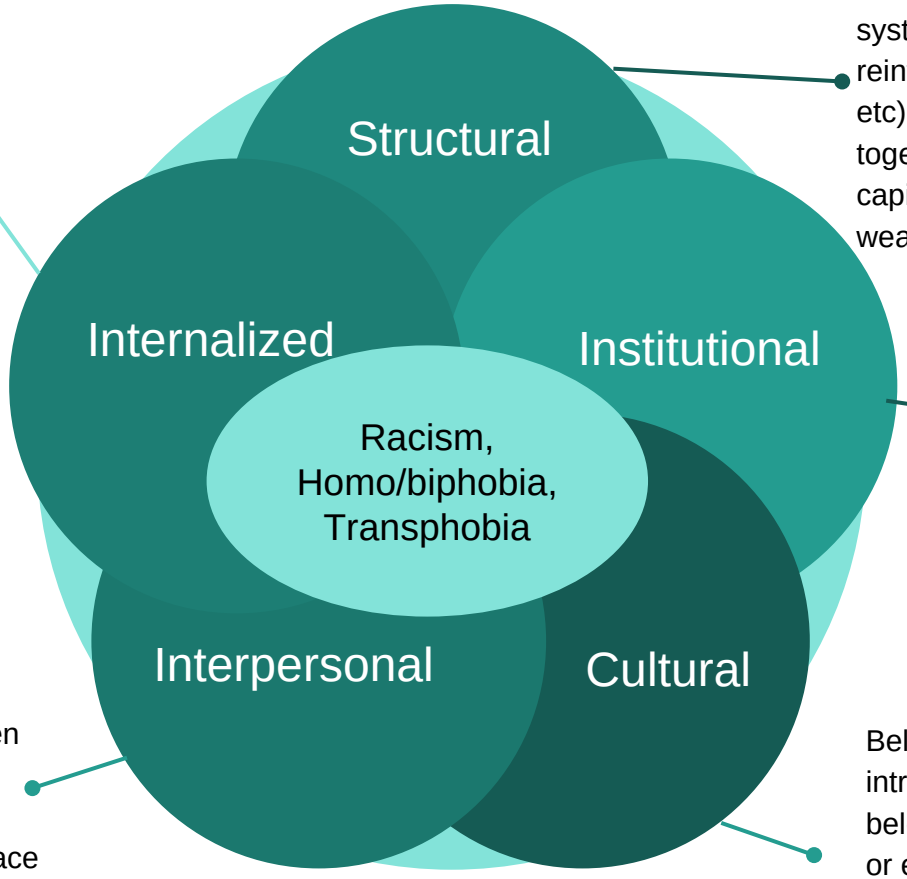
The social power of medicine in regulating life and marginalizing the minoritized

"Medical practitioners and institutions have the social power to determine what is considered sick or healthy, normal or pathological, sane or insane–and thus, often, to transform potentially neutral forms of human difference into unjust and oppressive social hierarchies."

- Susan Stryker, *Transgender History*

The role of medicine in unjustly defining and regulating the bodies and experiences of non-white, non-cisgender, and non-heterosexual populations is critical to remember when we discuss disparities and inequities.

Types of Discrimination



Maintaining or participating in the set of attitudes, behaviors, etc supporting the power of the dominant group

Creation and perpetuation of systemic disparities via mutually reinforcing societal norms (stigma, etc) and overarching structures that together shape society's fabric (e.g., capitalism determines income & wealth distributions)

Creation and perpetuation of disparities via discriminatory policies and practices by institutions

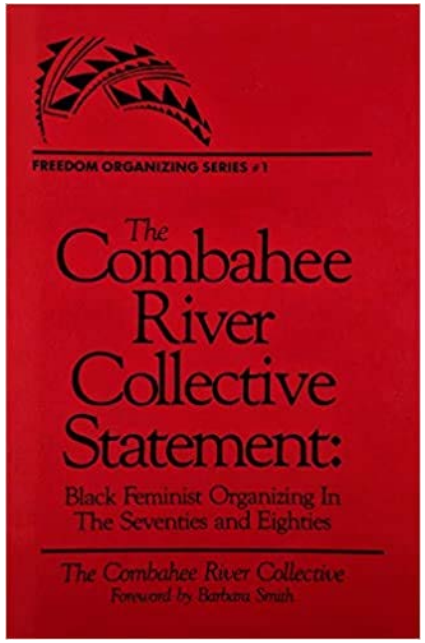
Behavior and communication between individuals based on unfounded negative attitudes about one's race

Belief that there are generalized intrinsic cultural differences belonging to individuals of one race or ethnicity

Definitions adapted from many scholars including Bailey Z et al (2017)

Slide credit: Instituteforhealingandjustice.org

Intersectionality



https://en.wikipedia.org/wiki/Sojourner_Truth#/media/File:Sojourner_Truth,_NPG.79.220.jpg
https://socy.umd.edu/facultyprofile/collins/patricia-hill
https://www.law.columbia.edu/faculty/kimberle-w-crenshaw

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Intersectionality and Public Health

Home » American Journal of Public Health (AJPH) » **July 2012**

The Problem With the Phrase *Women and Minorities:* Intersectionality—an Important Theoretical Framework for Public Health

Lisa Bowleg PhD

[+] Author affiliations, information, and correspondence details

Accepted: February 20, 2012 Published Online: June 07, 2012

Original Article | Published: 04 April 2012

"Once You've Blended the Cake, You Can't Take the Parts Back to the Main Ingredients": Black Gay and Bisexual Men's Descriptions and Experiences of Intersectionality

Lisa Bowleg

Sex Roles **68**, 754–767(2013) | Cite this article

6766 Accesses | **178** Citations | **8** Altmetric | Metrics

https://teamrepresent.columbian.gwu.edu/lisa-bowleg

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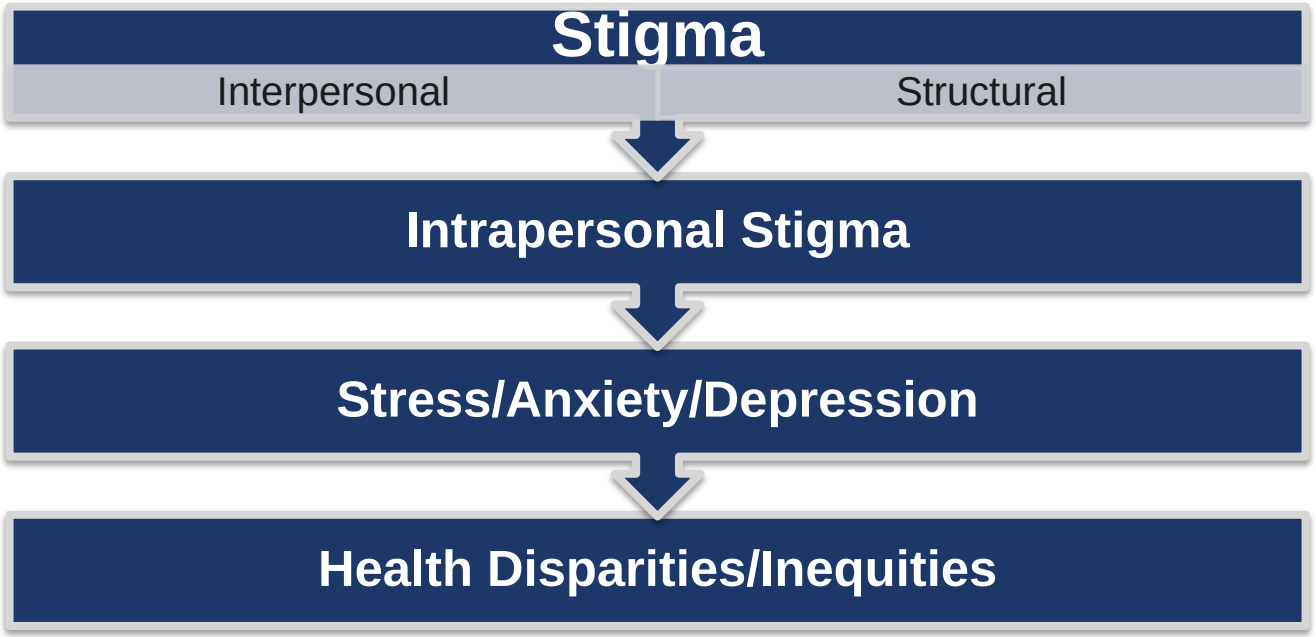
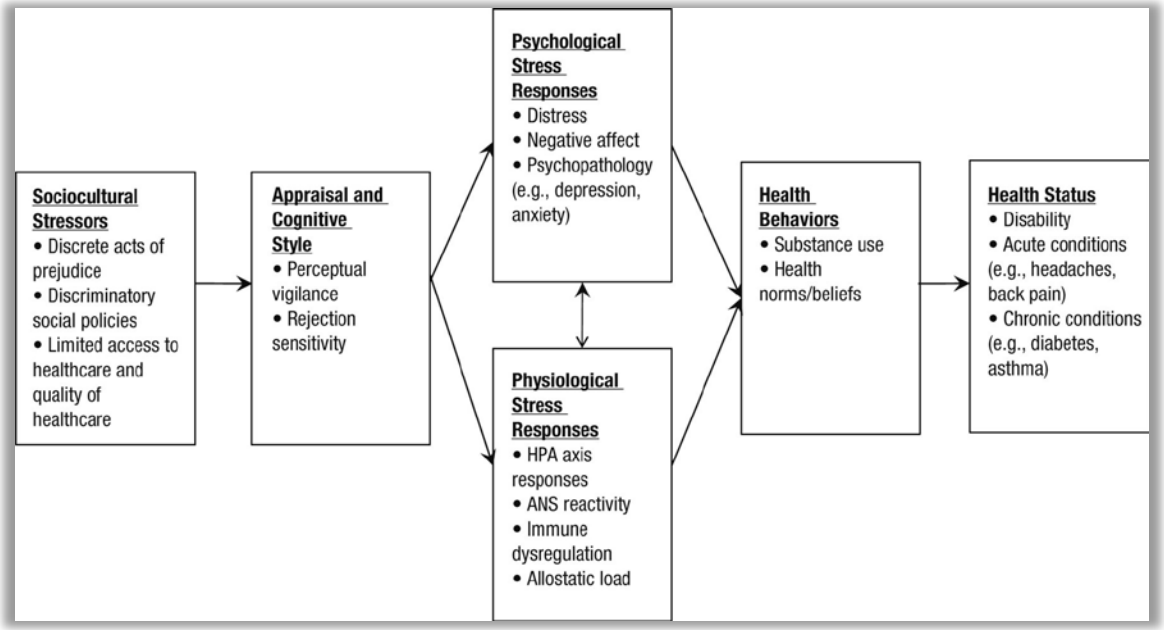
A Model for Stigma as a Fundamental Cause



Hatzenbuehler, ML, Link, BG. 2014

Conceptual model illustrating proposed mechanisms underlying LGB physical health disparities.

David J. Lick et al. Perspectives on Psychological Science 2013;8:521-548



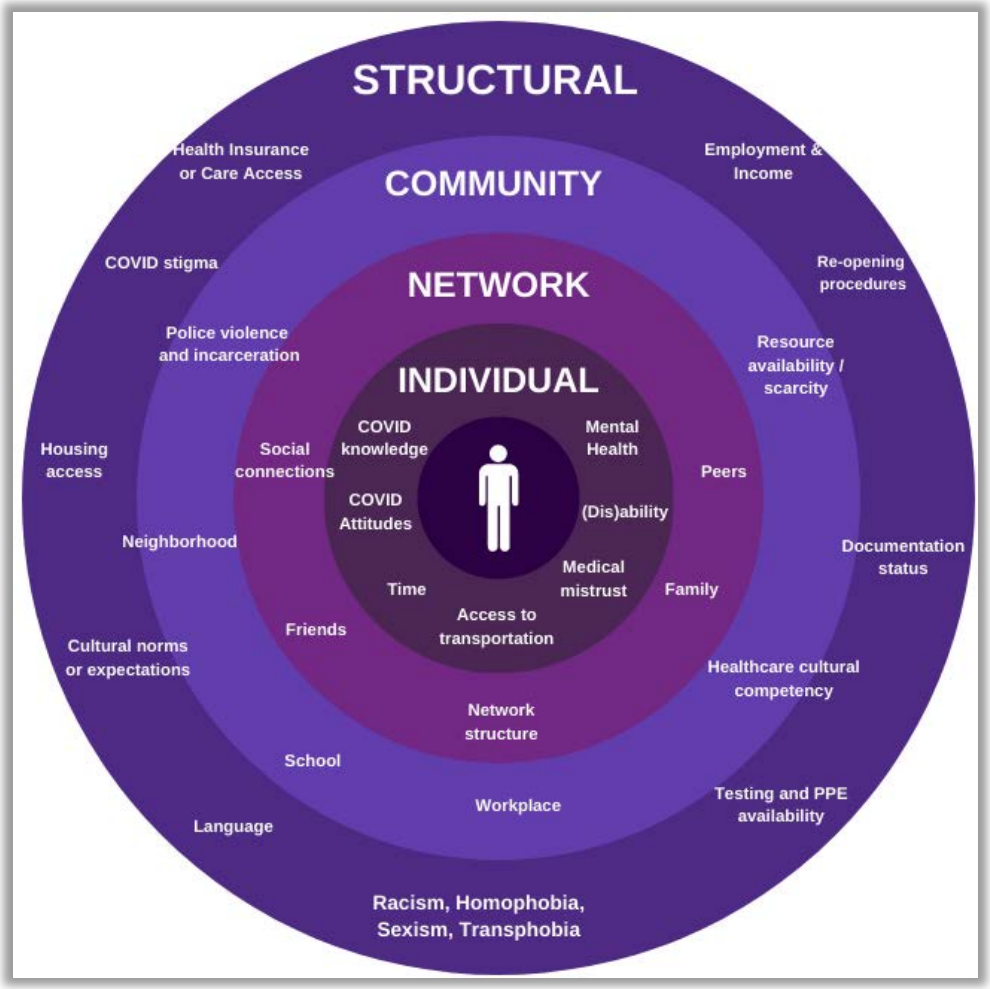
Structural Discrimination

- **<u>Structural Racism Definition</u>:** Confluence of institutions, culture, history, ideology, and codified practices that generate and perpetuate inequity among racial and ethnic groups[1]

- **We can understand Structural Homo/Bi/Transphobia in the same way**

[1] Jones CP. Confronting institutionalized racism. Phylon 2002; 50: 7-22.

Structural Factors and Other Factors are Connected



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Examples

How structural discrimination
is driving COVID-19 disparities

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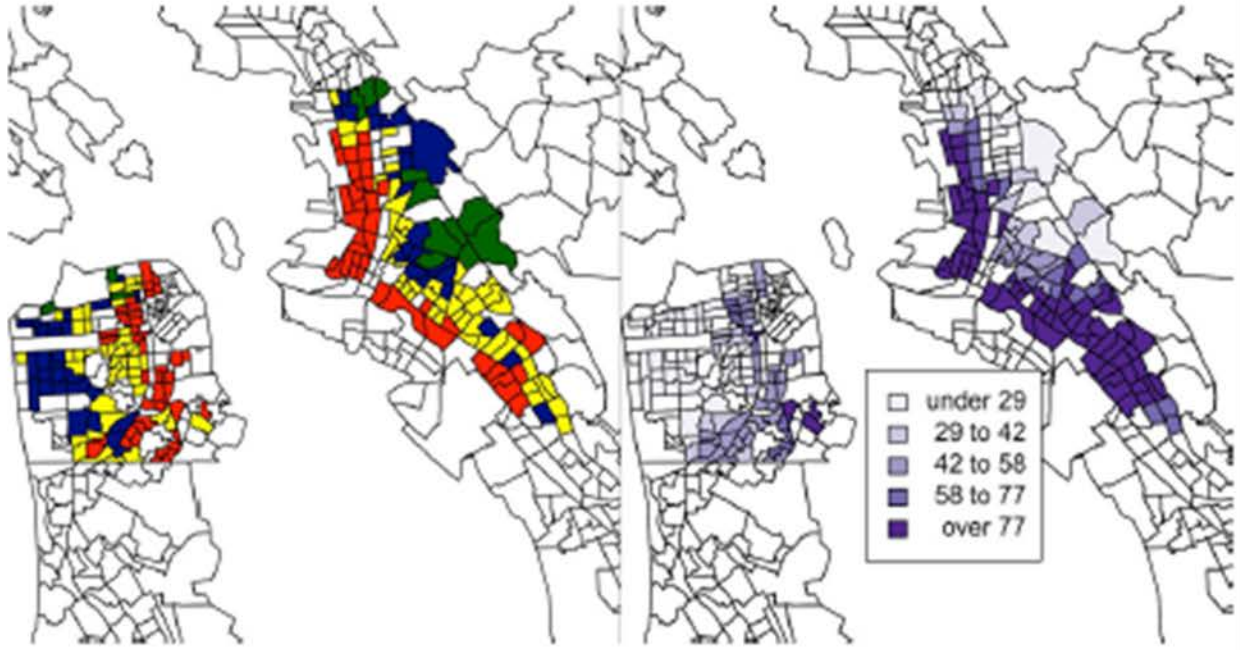
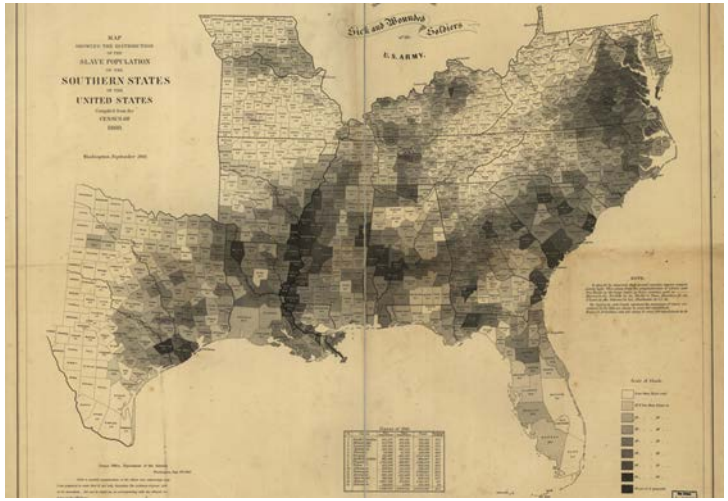
Redlining and the Geography of Health



The map on the right shows census tracts in the cities of San Francisco and Oakland categorized according to their Home Owners' Loan Corp. rating, with green indicating 'best,' blue indicating 'still desirable,' yellow indicating 'definitely declining,' and red indicating 'hazardous.' The map on the right shows the rate of asthma-related emergency room visits per 10,000 residents for those same census tracts. *(Anthony Nardone/UC Berkeley)*

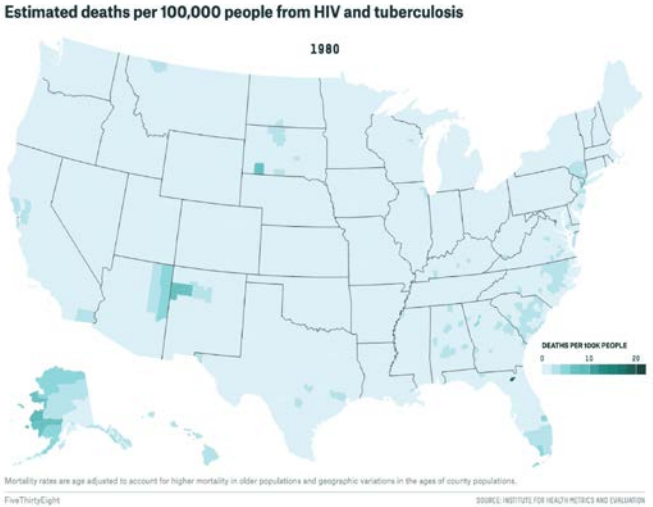
Health Inequity Roots: HIV landscape

1860 Census % Enslaved



Source: fivethirtyeight.com/features-mortality-black-belt

Modern-day HIV & TB deaths



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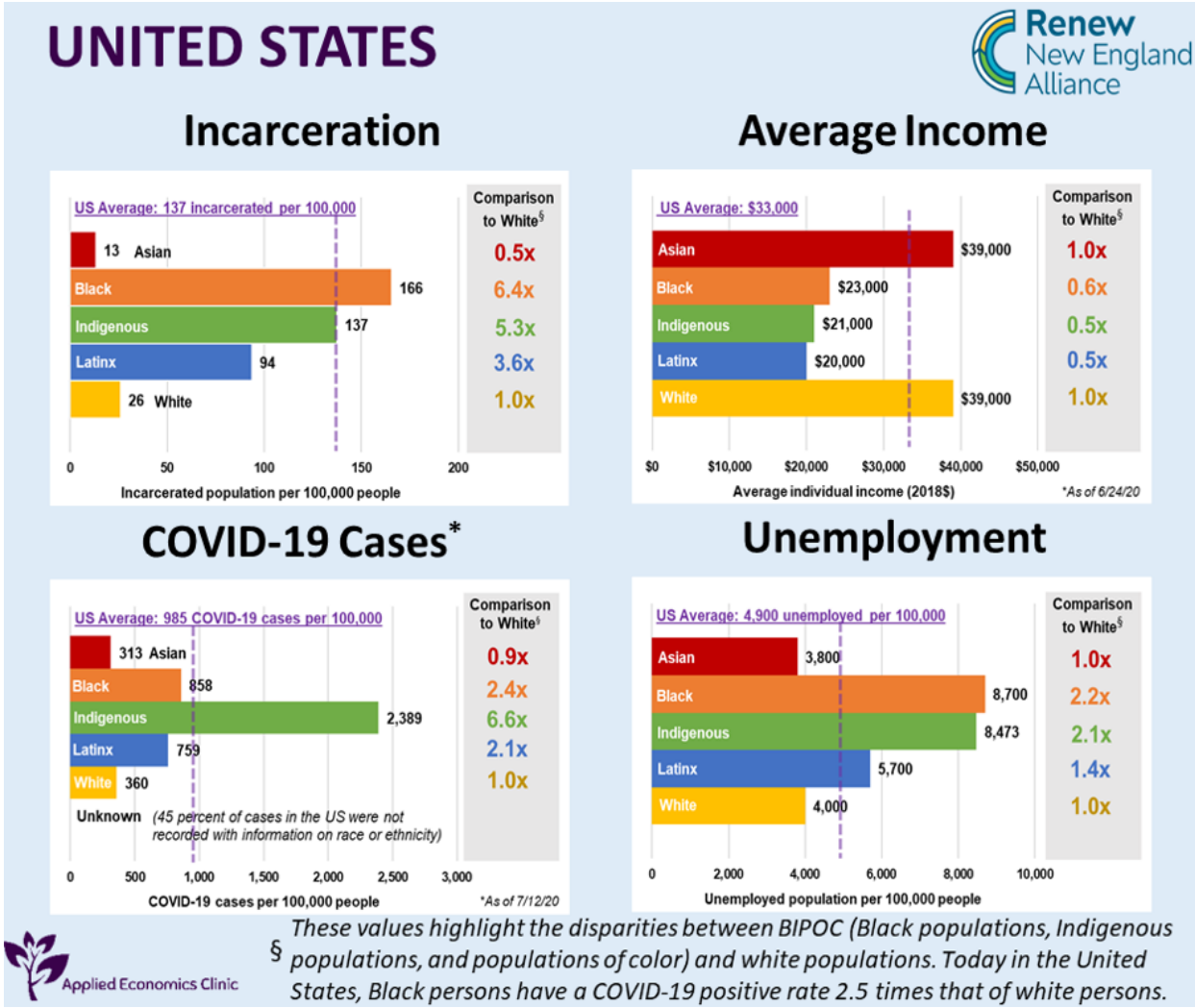
The Intersections of Structural Oppression



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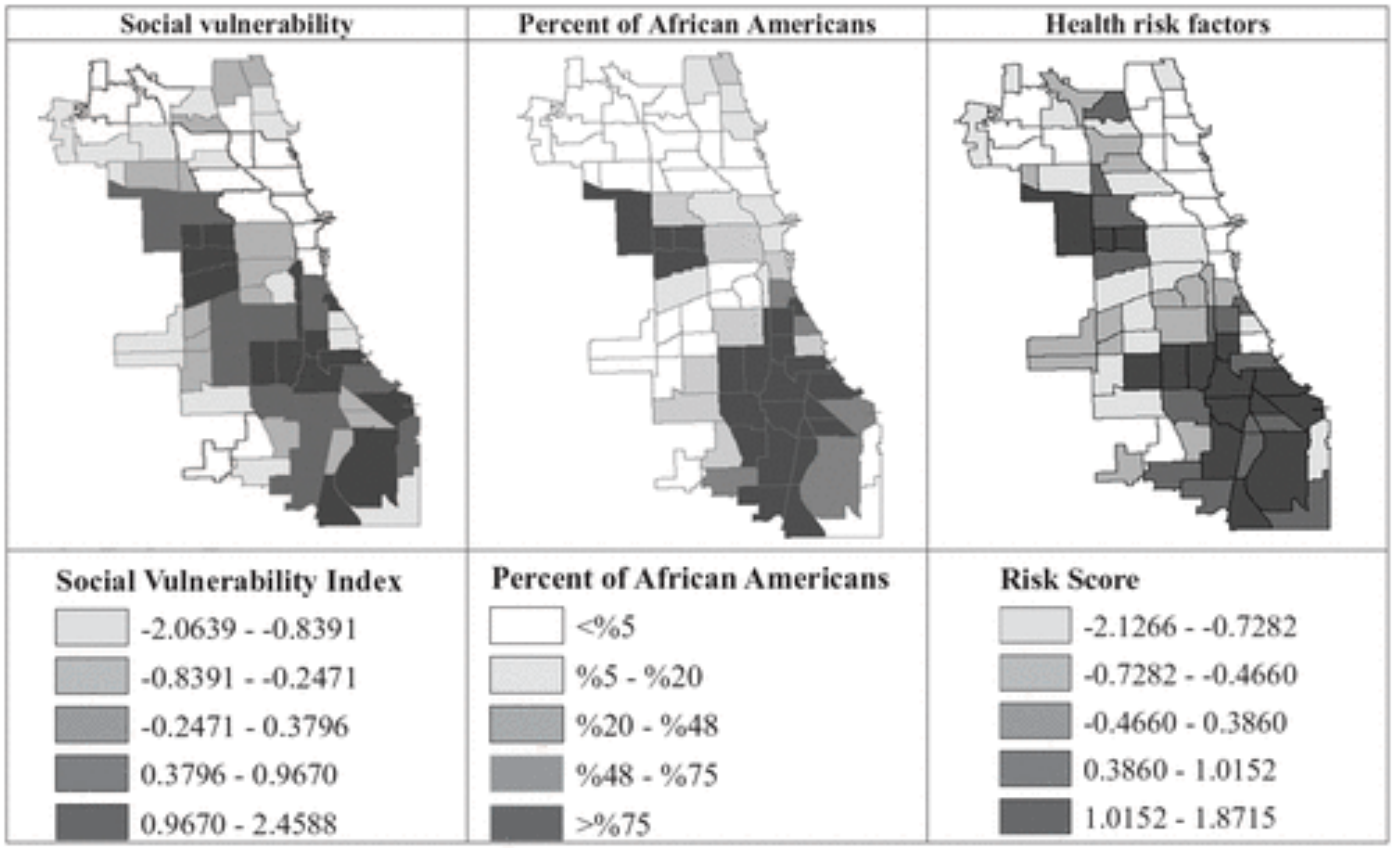

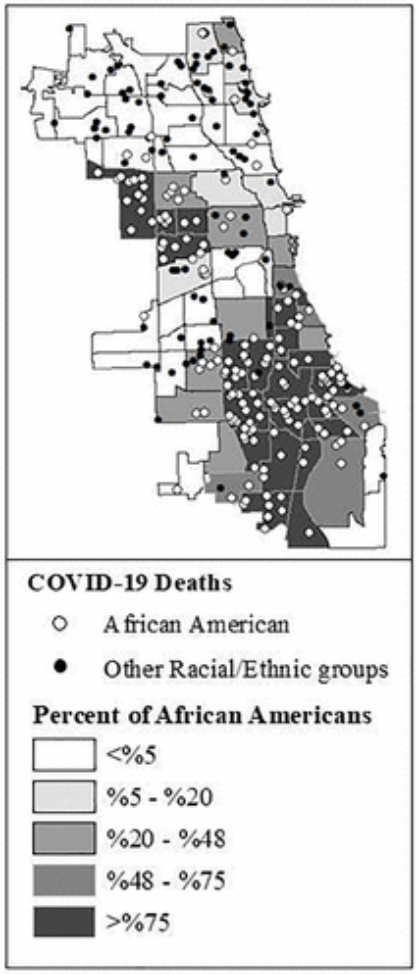

Kim SJ, Bostwick W. Social Vulnerability and Racial Inequality in COVID-19 Deaths in Chicago. *Health Education & Behavior*. 2020;47(4):509-513. doi:10.1177/1090198120929677

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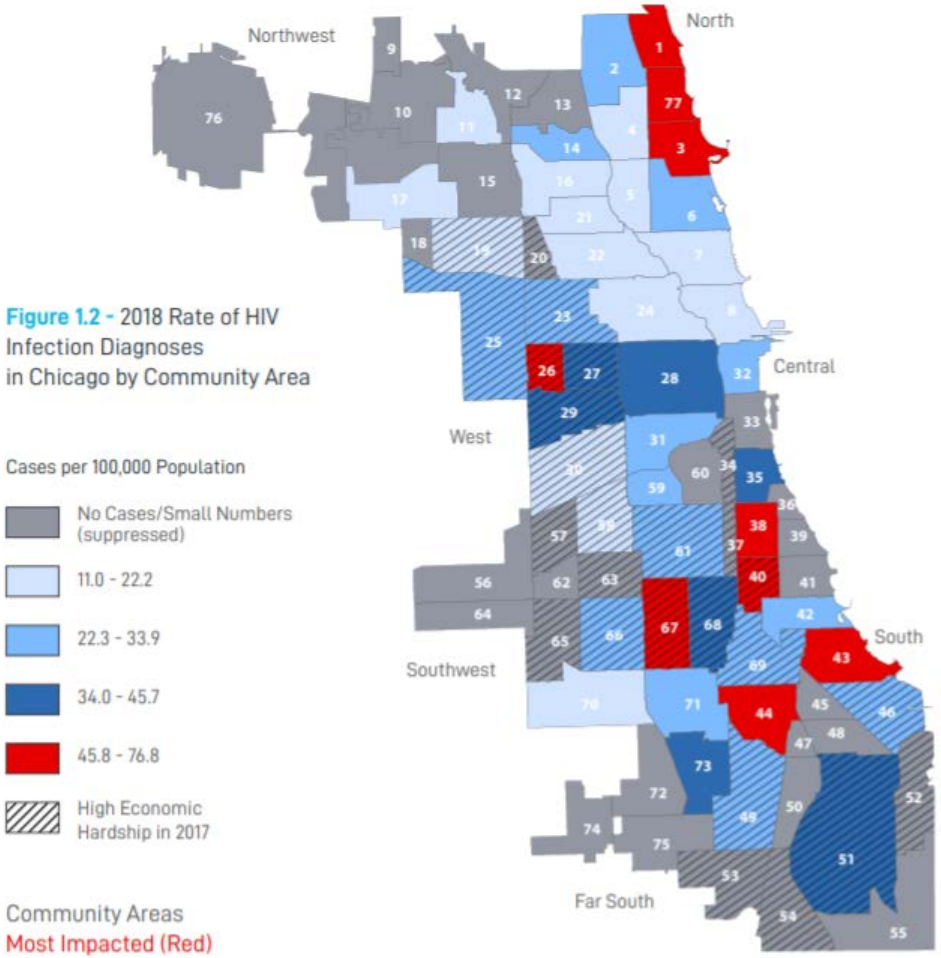
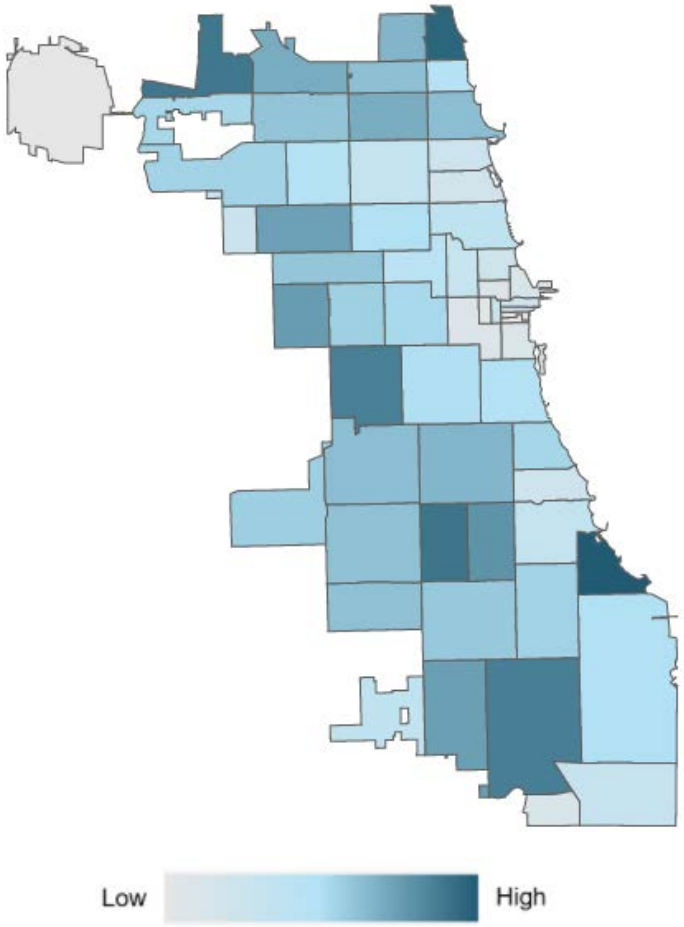


Chicago HIV incidence rates (2018)



Chicago COVID-19 mortality rates (cumulative since 03/2020)

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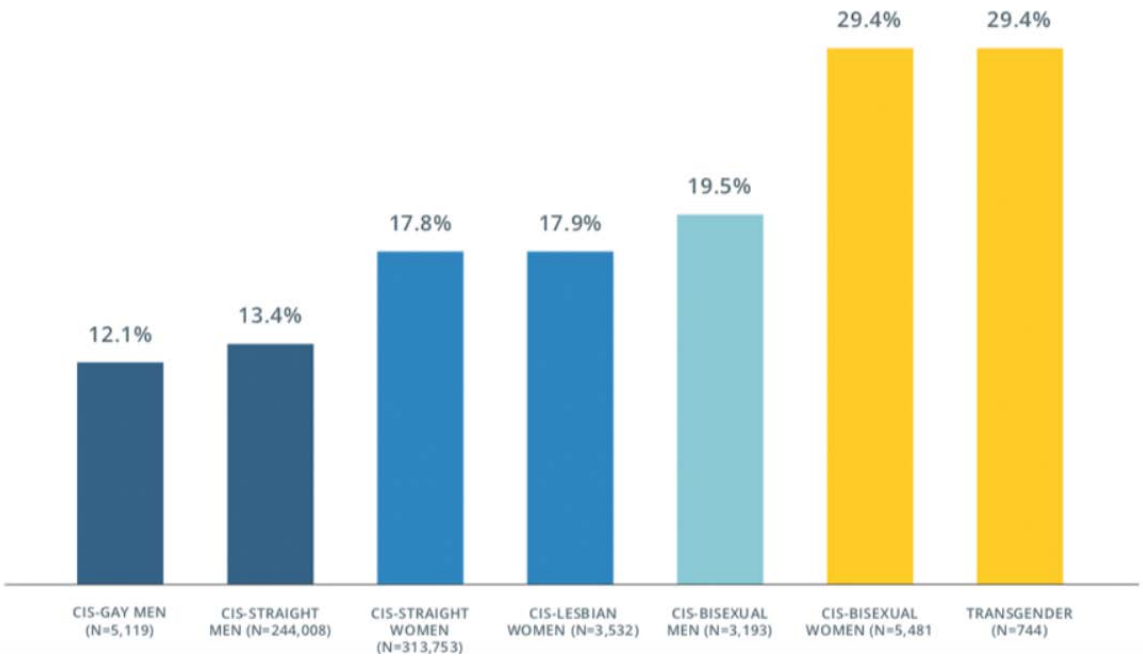
RESEARCH THAT MATTERS

LGBT POVERTY IN THE UNITED STATES

A study of differences between sexual orientation and gender identity groups

October 2019

M. V. Lee Badgett
Soon Kyu Choi
Bianca D.M. Wilson



https://williamsinstitute.law.ucla.edu/wp-content/uploads/National-LGBT-Poverty-Oct-2019.pdf

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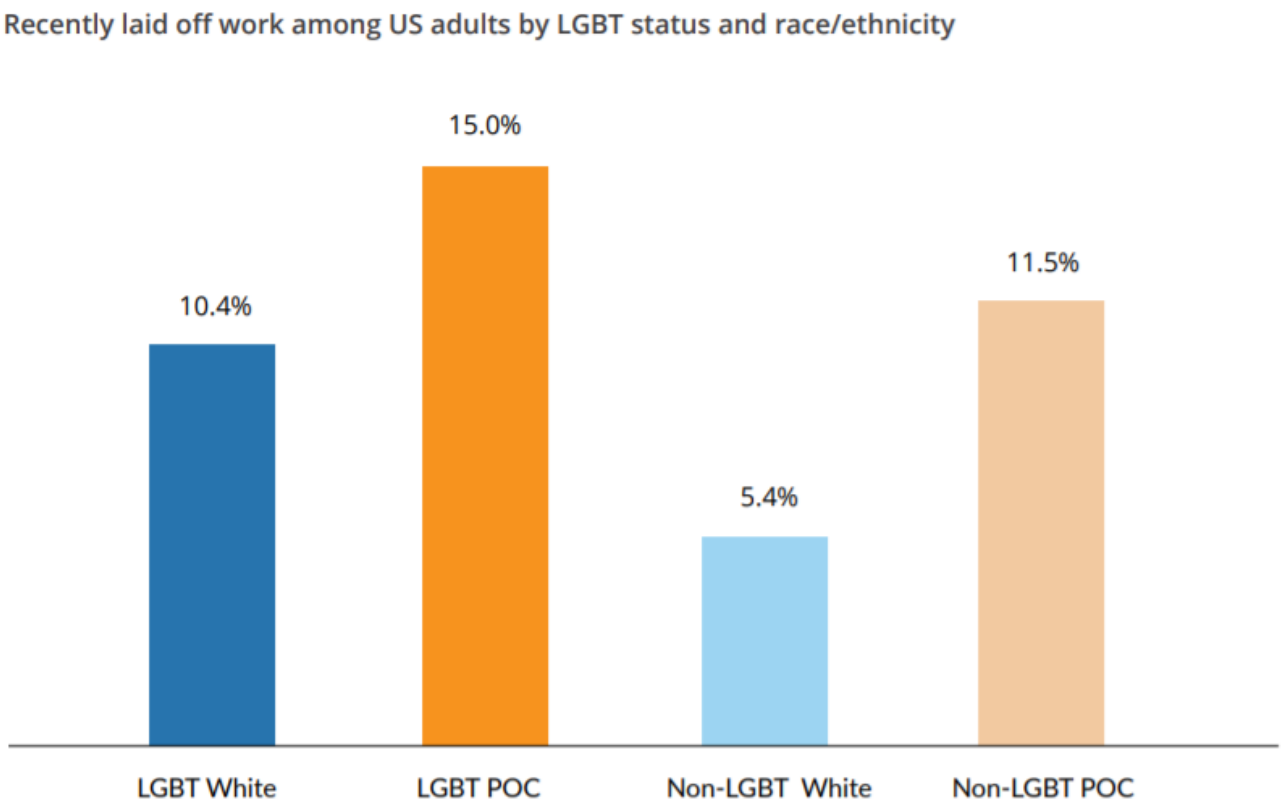

https://williamsinstitute.law.ucla.edu/wp-content/uploads/COVID-LGBT-Fall-Surge-Feb-2102.pdf

What can we do?

Lessons from the Movements against HIV/AIDS and COVID-19 can inform each other

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HIV: Historical Lessons in Social Justice

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STOP AIDS!
NO HEALTHCARE
LESBIAN
PEOPLE'S ANTH
ALZ21
2
WASTED
YEARS
YOU
ARE
KILLING US
DR. FAUCI,
YOU
ARE
KILLING US.

Criminalization is Not The Way Forward

- LGBTQ+ and BIPOC populations are already overpoliced and overrepresented in the prison system
- Our response to COVID-19 disparities cannot rely on the same system that created them

The data is in. People of color are punished more harshly for Covid violations in the US

Timothy Colman, Pascal Emmer, Andrea Ritchie and Tiffany Wang

People of color and immigrants who bear the brunt of Covid-19 are also subject to the most punitive enforcement of public health orders

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Connecting Public Health and Social Justice

Active Resistance to Injustice and Structural Discrimination Must Become our New Normal

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Where should we be focusing?

A few priorities for action

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Rights in the time of COVID-19

Lessons from HIV for an effective, community-led response.

Seven takeaways:

1 COMMUNITIES ARE CENTRAL

Engage affected communities from the beginning in ALL response measures—to build trust, ensure suitability and effectiveness, and to avoid indirect or unintended harms and ensure the frequent sharing of information.

2 NO STIGMA AND DISCRIMINATION

Combat all forms of stigma and discrimination, including those based on race, social contacts, profession (healthcare workers), and those directed towards marginalized groups that prevent them from accessing care.

3 SUPPORT THE MOST VULNERABLE

Ensure access to free or affordable screening, testing and care for the most vulnerable and hard to reach.

4 REMOVE BARRIERS TO ACTION

Remove barriers to people protecting their own health and that of their communities: fear of unemployment, healthcare costs, presence of fake news/ misinformation, lack of sanitation infrastructure and so forth.

5 NO CRIMINAL SANCTIONS

Restrictions to protect public health must be of limited duration, proportionate, necessary and evidence-based and reviewable by a court. Put in place exceptions where necessary for vulnerable groups and to ameliorate the consequences of such restrictions. Blanket compulsory bans are rarely effective or necessary. Individuals should not be criminalized for breaching restrictions.

6 INTERNATIONAL COOPERATION

Countries must work to support each other to ensure no country is left behind, sharing information, knowledge, resources and technical expertise.

7 BE KIND

Support and protect health care workers. Be kind to each other. Join and support efforts that build trust and amplify solidarity, not sanctions.

UNAIDS

Lessons from HIV: Rights in the Time of COVID

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SGM-inclusive data capture will ensure we aren't left in the dark

- As of today, only three states currently collect sexual orientation and gender identity (SOGI) data for COVID-19.
- Pennsylvania; California; Nevada
  - Washington DC (not a state, but still very cool!)

- SOGI data collection is one of the most effective ways we can monitor population-level disparities.[1]
  - HOWEVER – standardization and modernization are desperately needed.

[1]Cahill, S., Grasso, C., Keuroghlian, A., Sciortino, C., & Mayer, K. (2020). Sexual and Gender Minority Health in the COVID-19 Pandemic: Why Data Collection and Combatting Discrimination Matter Now More Than Ever. *American journal of public health*, *110*(9), 1360–1361.

Decarceration

“Despite being a focal point of the pandemic and past respiratory outbreaks, correctional facilities have not consistently been included in pandemic planning or guidance.”

- Wang EA, Western B, Berwick DM. COVID-19, Decarceration, and the Role of Clinicians, Health Systems, and Payers: A Report From the National Academy of Sciences, Engineering, and Medicine. *JAMA.* 2020;324(22):2257–2258. doi:10.1001/jama.2020.22109

"...releasing people from correctional facilities as a pandemic-era public health intervention is safe and can support both public safety and community rebuilding."

- Franco-Paredes C, Ghandnoosh N, Latif H, Krsak M, Henao-Martinez AF, Robins M, Vargas Barahona L, Poeschla EM. Decarceration and Community re-entry in the COVID-19 era. *Lancet Infectious Diseases*. 2020; 21(1):e11-e16. doi:10.1016/s1473-3099(20)30730-1

"….county mortality rates caused by infectious disease, chronic lower respiratory disease, substance use, and suicide are most strongly associated with county jail incarceration rates."

- Kajeepeta S, Mauro PM, Keyes KM, El-Sayed AM, Rutherford CG, Prins SJ. Association between county jail incarceration and cause-specific county mortality in the USA,1987-2017: a retrospective, longitudinal study. *Lancet*. 2021. [Epub ahead of print]. https://doi.org/10.1016/S2468-2667(20)30283-8

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Vaccine (In)Equity & “Medical Mistrust”

Dr. Ala Stanford receiving her COVID-19 vaccine. Stanford's vaccination was televised in order to promote the safety and efficacy of the shot. Photo credit: Emma Lee, TIME Magazine

PREVENTION RESEARCH

COVID-19 Related Medical Mistrust, Health Impacts, and Potential Vaccine Hesitancy Among Black Americans Living With HIV

Laura M. Bogart, PhD,[a] Bisola O. Ojikutu, MD, MPH,[b,c,d] Keshav Tyagi, MPH,[e] David J. Klein, MS,[a] Matt G. Mutchler, PhD,[e,f] Lu Dong, PhD,[a] Sean J. Lawrence, BA,[e] Damone R. Thomas,[e] and Sarah Kellman, MS[e]

Background: Medical mistrust, a result of systemic racism, is prevalent among Black Americans and may play a role in COVID-19 inequities. In a convenience sample of HIV-positive Black Americans, we examined associations of COVID-19-related medical mistrust with COVID-19 vaccine and COVID-19 treatment hesitancy and negative impacts of COVID-19 on antiretroviral therapy (ART) adherence.

Methods: Participants were 101 HIV-positive Black Americans (age: M = 50.3 years; SD = 11.5; 86% cisgender men; 77% sexual minority) enrolled in a randomized controlled trial of a community-based ART adherence intervention in Los Angeles County, CA. From May to July 2020, participants completed telephone interviews on negative COVID-19 impacts, general COVID-19 mistrust (eg, about the government withholding information), COVID-19 vaccine and treatment hesitancy, and trust in COVID-19 information sources. Adherence was monitored electronically with the Medication Event Monitoring System.

Results: Nearly all participants (97%) endorsed at least one general COVID-19 mistrust belief, and more than half endorsed at least one COVID-19 vaccine or treatment hesitancy belief. Social service and health care providers were the most trusted sources. Greater COVID-19 mistrust was related to greater vaccine and treatment hesitancy [b (SE) = 0.85 (0.14), $P < 0.0001$ and b (SE) = 0.88 (0.14), $P < 0.0001$, respectively]. Participants experiencing more negative COVID-19 impacts showed lower ART adherence, assessed among a subset of 49 participants [b (SE) = −5.19 (2.08), $P = 0.02$].

Discussion: To prevent widening health inequities, health care providers should engage with communities to tailor strategies to overcome mistrust and deliver evidence-based information, to encourage COVID-19 vaccine and treatment uptake.

Key Words: adherence, Black/African American, COVID-19, HIV/AIDS

(*J Acquir Immune Defic Syndr* 2021;86:200–207)

INTRODUCTION

Nationally, Black Americans are more likely to be diagnosed, to be hospitalized, and to die from COVID-19.[1–5] The death rate from COVID-19 has been reported to be 2–3 times higher among Black versus White individuals.[4,6] Black individuals comprise 13.4% the US population, yet account for more than 24% of COVID-19 deaths.[4,7] Inequities affecting Black Americans are believed to stem from systemic racism, which has led to higher levels of social risk factors such as unstable housing and homelessness, poverty, and lower-wage, higher-risk employment, which in turn are associated with a greater prevalence of underlying health conditions, such as hypertension, diabetes, and obesity (which are risk factors for severe COVID-19 disease and death).[8–10]

Medical mistrust, defined as “distrust of health care providers, the health care system, medical treatments, and the government as a steward of public health,”[11,12] is a response to current and historical systemic racism in health care and society as a whole and may play a role in COVID-19 inequities. Medical mistrust is particularly prevalent among Black Americans, compared with other races/ethnicities.[13,14] The 2016 National Survey on HIV in the Black Community found that 18% of Black individuals agreed that the government usually tells the truth about major health issues.[15] Medical mistrust has been associated with suboptimal health behaviors among Black individuals with HIV and other conditions, such as medication nonadherence and low health care engagement, as well as poor self-reported health, lower quality of life, and decreased uptake of screening and preventative behaviors[16–21] and vaccines.[22] Medical mistrust is a key mediator of the association between discrimination

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Supported by the National Institute of Nursing Research, the National Institutes of Health Office of The Director, and the National Institute on Minority Health and Health Disparities (R01NR017334, R01MD014722), and supported by the Center for HIV Identification, Prevention, and Treatment Services, funded by the National Institute of Mental Health (P30MH058107) and the Harvard Center for AIDS Research, funded by the National Institute of Allergy and Infectious Diseases (P30 AI060354).

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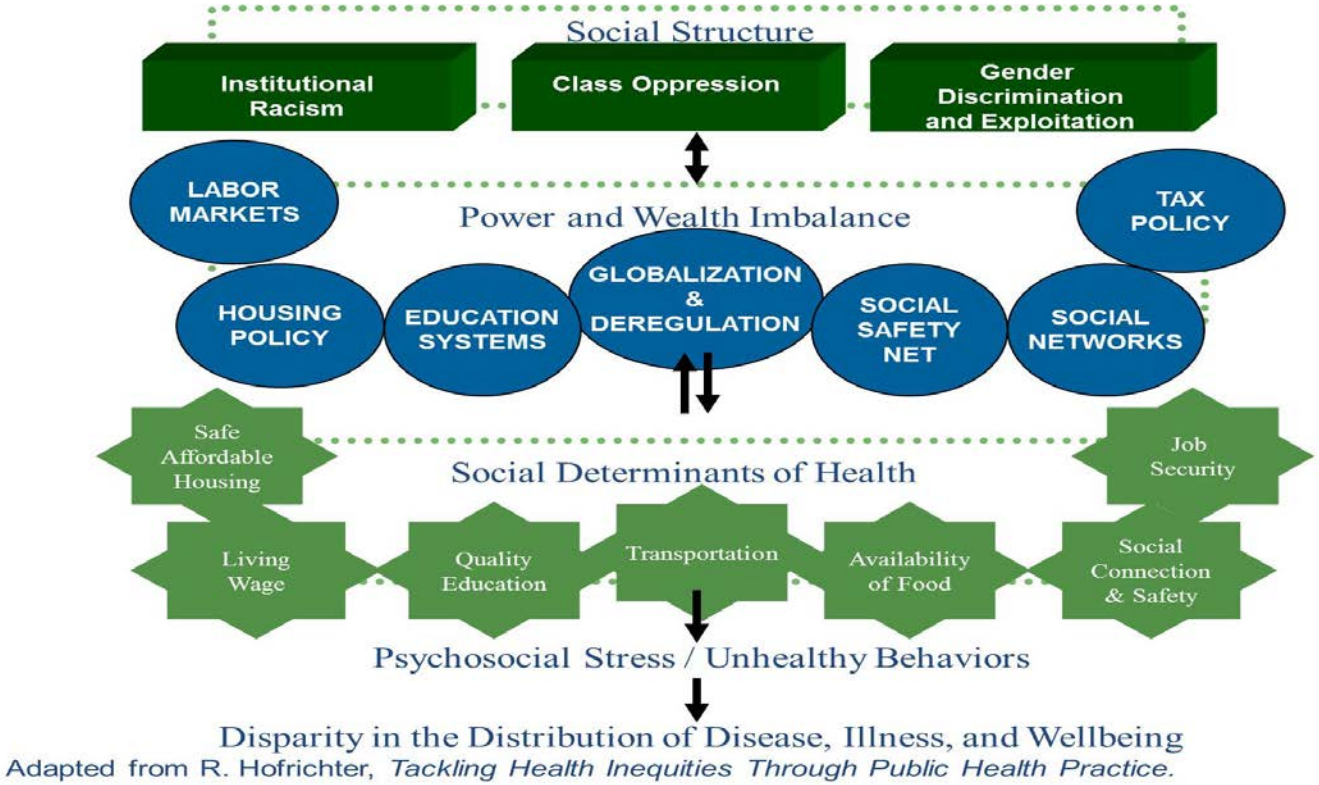
Understanding Health Inequities & Structural Oppression



Adapted from R. Hofrichter, *Tackling Health Inequities Through Public Health Practice.*

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Anti-Racism Framework

Anti-racism: The conscious decision to make frequent, consistent, equitable choices daily. These choices require ongoing self-awareness and self-reflection as we move through life.

(Source: Talking About Race, National Museum of African American History & Culture)

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Further Reading and Resources

The struggle for justice is an ongoing process. Here are a few of our favorite resources to support you along the way!

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Resources (1/4)

Essential Reading on Prisons

1. *Are Prisons Obsolete?* by Angela Davis
2. *Captive Genders: Trans Embodiment and the Prison Industrial Complex* by Various Authors

Organizing Against Injustice

1. *We Do This Til We Free Us: Abolitionist Organizing and Transforming Justice* by Mariame Kaba
2. *Mutual Aid: Building Solidarity During This Crisis (and the Next)* by Dean Spade

Resources (2/4)

Structural Racism and Medicine

1. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* by Harriet A. Washington
2. *Fatal Invention: How Science, Politics, and Big Business Re-create Race in the Twenty-first Century* by Dorothy Roberts

Antiracism

1. *So You Want to Talk About Race* by Ijeoma Oluo
2. *How to Be an Antiracist* by Ibram X. Kendi

Resources (3/4)

LGBTQ+ Health Care Quality Improvement and Cultural Responsiveness Training

1. *A Model for Improving Health Care Quality for Transgender and Gender Nonconforming Patients*

   Ding, Ehrenfeld, Edmiston, Eckstrand, & Beach (2020); DOI: 10.1016/j.jcjq.2019.09.005

2. *The National LGBT Health Education Center at the Fenway Institute*

   Offers a comprehensive compendium of online webinars, publications, and videos available through their Learning Resources page.

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Resources (4/4)

Priorities for Action for LGBTQ+ Health Equity During COVID-19 and Beyond

Phillips II, G., Felt, D., Ruprecht, M. M., Wang, X., Xu, J., Pérez-Bill, E., Bagnarol, R. M., Roth, J., Curry, C. W., & Beach, L. B. (2020). Addressing the Disproportionate Impacts of the COVID-19 Pandemic on Sexual and Gender Minority Populations in the United States: Actions Toward Equity. LGBT health, 7(6), 279–282. https://doi.org/10.1089/lgbt.2020.0187

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https://aidsetc.org/resource/hiv-sars-cov-2-webinar-series

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