

Black Communities Medical Mistrust in the time of COVID-19

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August 29, 2020



Objectives

- Help providers see patient issues with medications and experimental treatment related to Covid-19, and understand how to approach these issues with their clients to foster trust
- Discuss the context of telemedicine and mistrust
- Discuss impact of medical mistrust on poor health outcomes in Black communities specifically with Covid-19
- Discuss how medical mistrust affects patient's health care seeking behaviors and health outcomes in the context of Covid-19 in black communities

COVID-19 Pandemic (CDC, 2020)

- **Definition:** a mild to severe respiratory illness that is caused by a [coronavirus](#) (*Severe acute respiratory syndrome coronavirus 2* of the genus *Betacoronavirus*), is transmitted chiefly by contact with infectious material (such as respiratory droplets) or with objects or surfaces contaminated by the causative virus, and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and respiratory failure
 - **CO** = Corona
 - **VI** = Virus
 - **D** = Disease
 - **19** = 2019 the year the virus was identified
- **Scientific Facts:**
 - There is currently no FDA approved vaccine to protect against COVID-19, ***but clinical trials are ongoing***
 - There is no specific antiviral treatment recommended for COVID-19 (***Remdesivir is being used***)
 - Supportive care to relieve symptoms is the standard of care
 - The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19
 - The wearing of mask / face coverings decrease exposure
 - A person can be asymptomatic and still be infected with COVID-19 and spread it
 - It is still not 100% clear if a person can be re-infected with COVID-19

The History of the COVID-19 Pandemic (USA Facts 2020, & CDC 2020)

- 12/31: Pneumonia cases in Wuhan China
- **1/20: 1st U.S. case confirmed**
- 1/30: WHO declared Global Health emergency
- 2/11: WHO names COVID-19
- 2/23: Italian surge & European spike
- 2/29" 1st Report death in the U.S.
- 3/13: U.S. declared state of emergency **(51 DEAD)**
- 3/15: CDC bans gatherings of >50 people **(72 DEAD)**
- 3/26: U.S. leads world in the # of COVID cases (80K)
- 3/27: 2.2 Trillion dollar CARES act signed
- 4/2: 10 million unemployed in the U.S. **(6,654 DEAD)**
- 4/24: GA, TN, SC begin to reopen **(50,720 DEAD)**
- 4/26: 200,000 dead worldwide
- 5/21: 5 million COVID-19 cases globally **(93,606 DEAD)**
- 5/25: **U.S. death toll nears 100,000**
- 6/10: Cases = 1,987,936 **(112,198 DEAD)**
- **7/12: FL post record high # of cases in one day = 15,299**
- 7/13: No Deaths reported in NYC
- 7/21: CDC estimates that U.S. cases maybe 10X higher

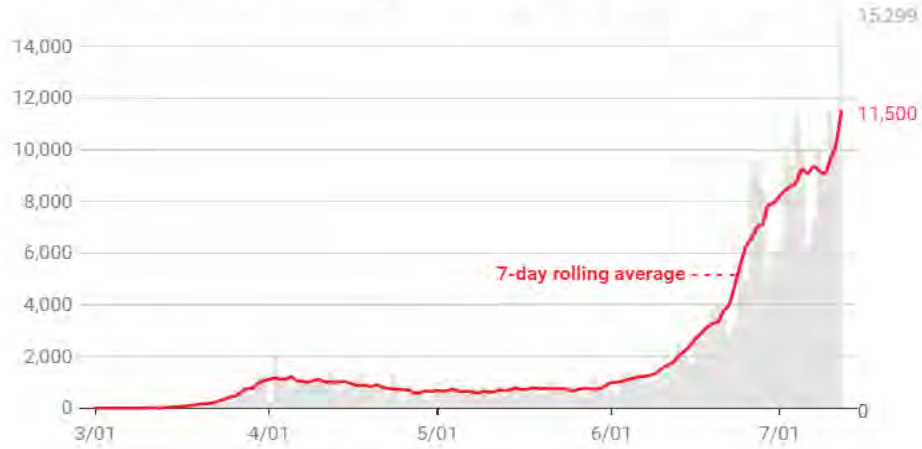
• COVID-19 as of Aug 28, 2020

USA
5,845,876
TOTAL CASES
CDC | Updated: Aug 28 2020 1:32PM

USA
180,165
TOTAL DEATHS
CDC | Updated: Aug 28 2020 1:32PM

USA
294,083
Cases in Last 7 Days
CDC | Updated: Aug 28 2020 1:32PM

New COVID-19 cases confirmed daily in Florida

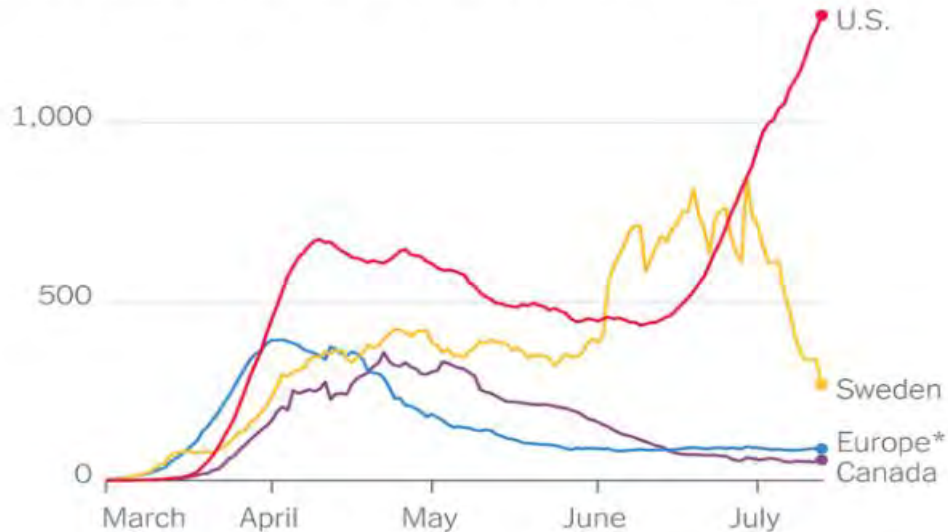


As of July 12, 2020, 2 PM eastern time.

Numbers for July 12 are from Florida Health; previous numbers are from Johns Hopkins University

Chart: Elijah Wolfson for TIME • Source: JHU CSSE and Florida Health • Created with Datawrapper

New cases per million residents, past seven days

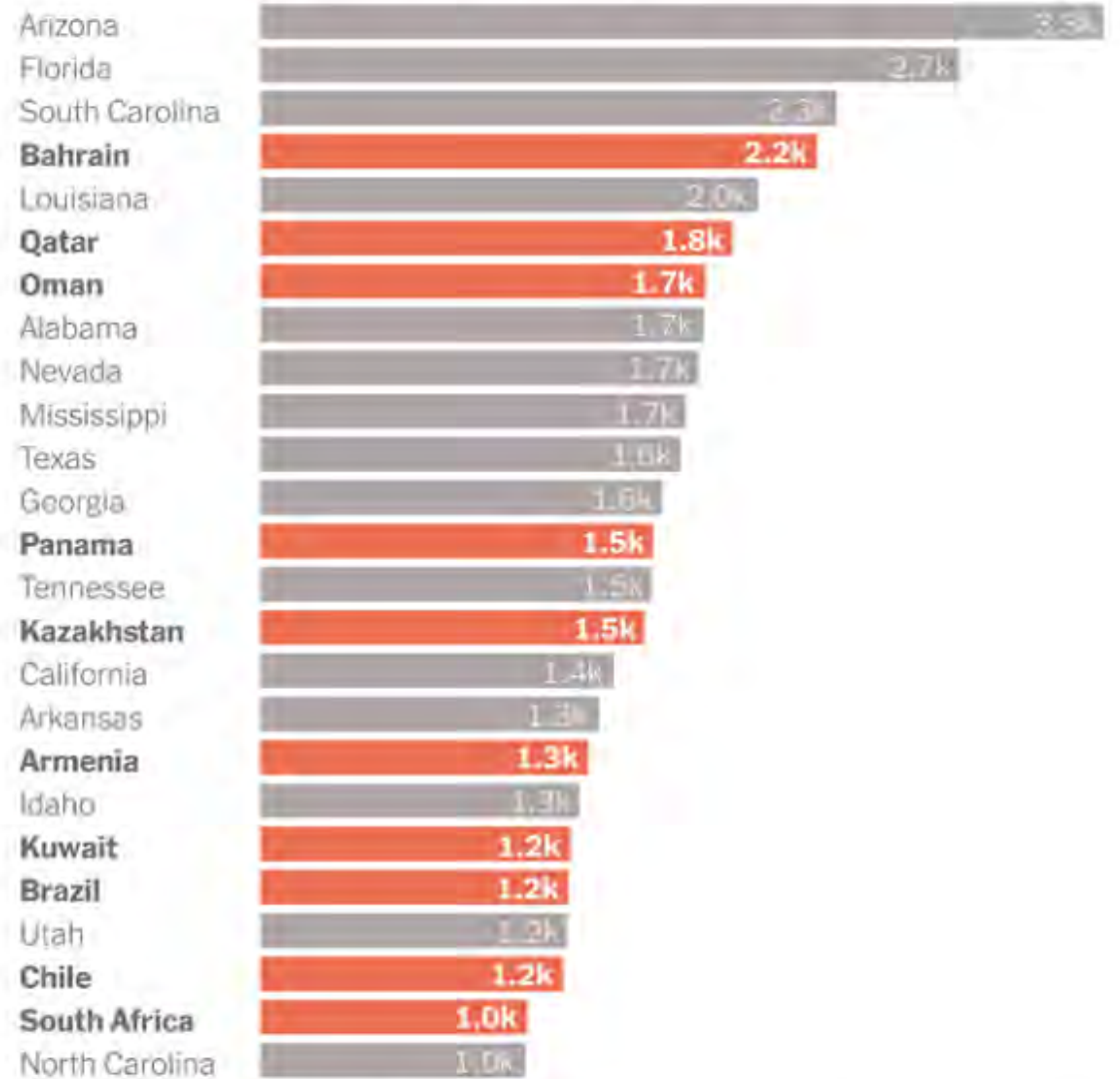


*Europe includes all 48 countries that do not stretch into another continent.

By The New York Times | Source: Johns Hopkins University

World's Worst Outbreaks

Places with the most new coronavirus cases per million residents, last seven days

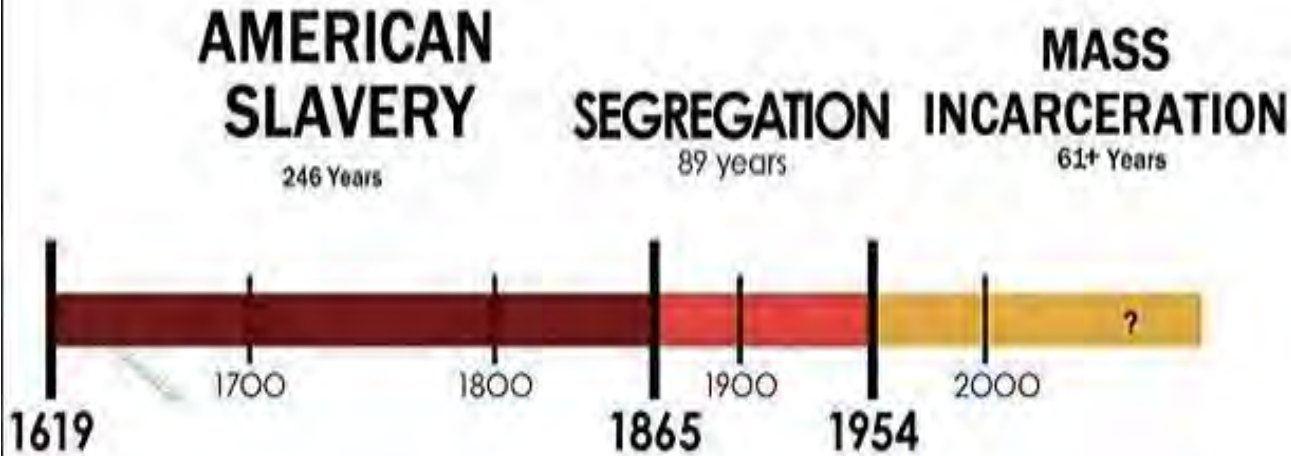


Note: Bars with similar labels may be different lengths due to rounding.

By The New York Times | Sources: State and local health agencies and hospitals, Johns Hopkins University

Get Your Knee Off of our
Necks

BLACK LIVES MATTER



Health Care Disparities

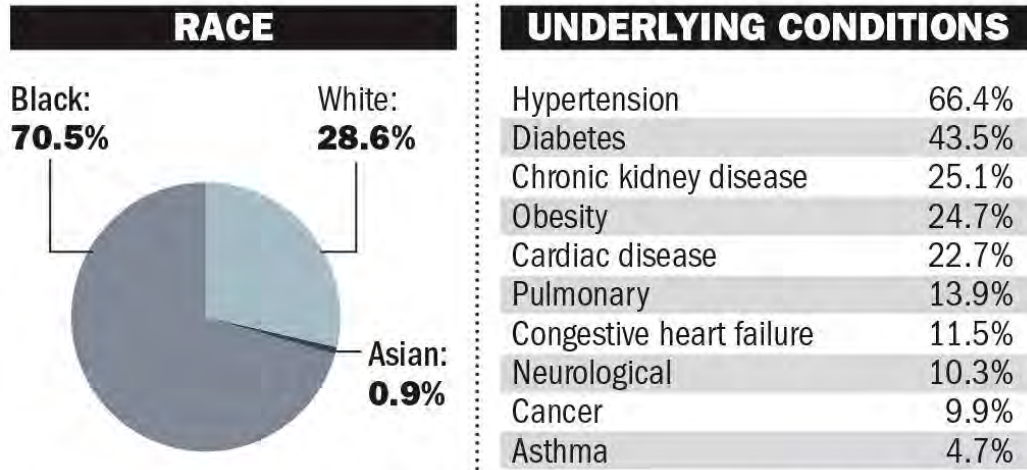
The World Health Organization (WHO) defines health disparities as:

Differences in health outcomes that are closely linked with social, economic, and environmental disadvantage — are often driven by the social conditions in which individuals live, learn, work and play

When White folks catch a cold, Black folks get pneumonia

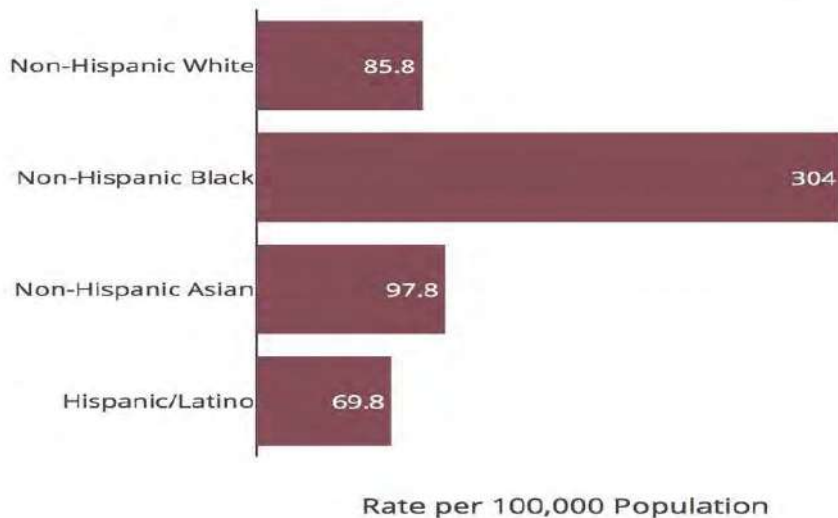
New COVID-19 death statistics released

Racial breakdown and underlying conditions of Louisiana residents who died



Note: 2% of deaths identified as Hispanic/Latino Source: Department of Health Staff graphic

COVID-19 Cases by Race/Ethnicity in Suburban Cook County, IL



Coronavirus cases in Maryland by race



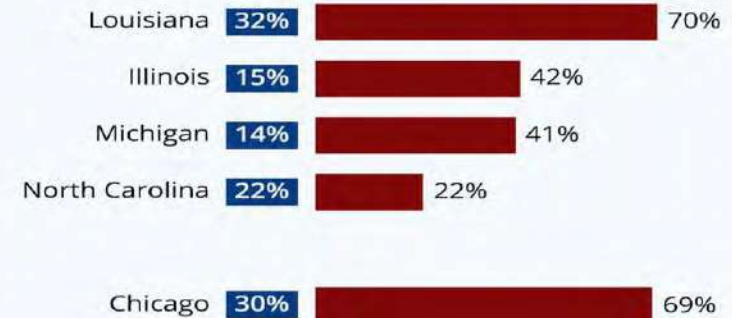
Data is provided by the state starting April 9 and updated daily at 10 a.m. Last updated April 9.

Created with Datawrapper

COVID-19's Devastating Impact On African Americans

African American share of state/city populations and COVID-19 deaths (as of Apr 06, 2020)

■ Share of state/city's population ■ Share of COVID-19 deaths

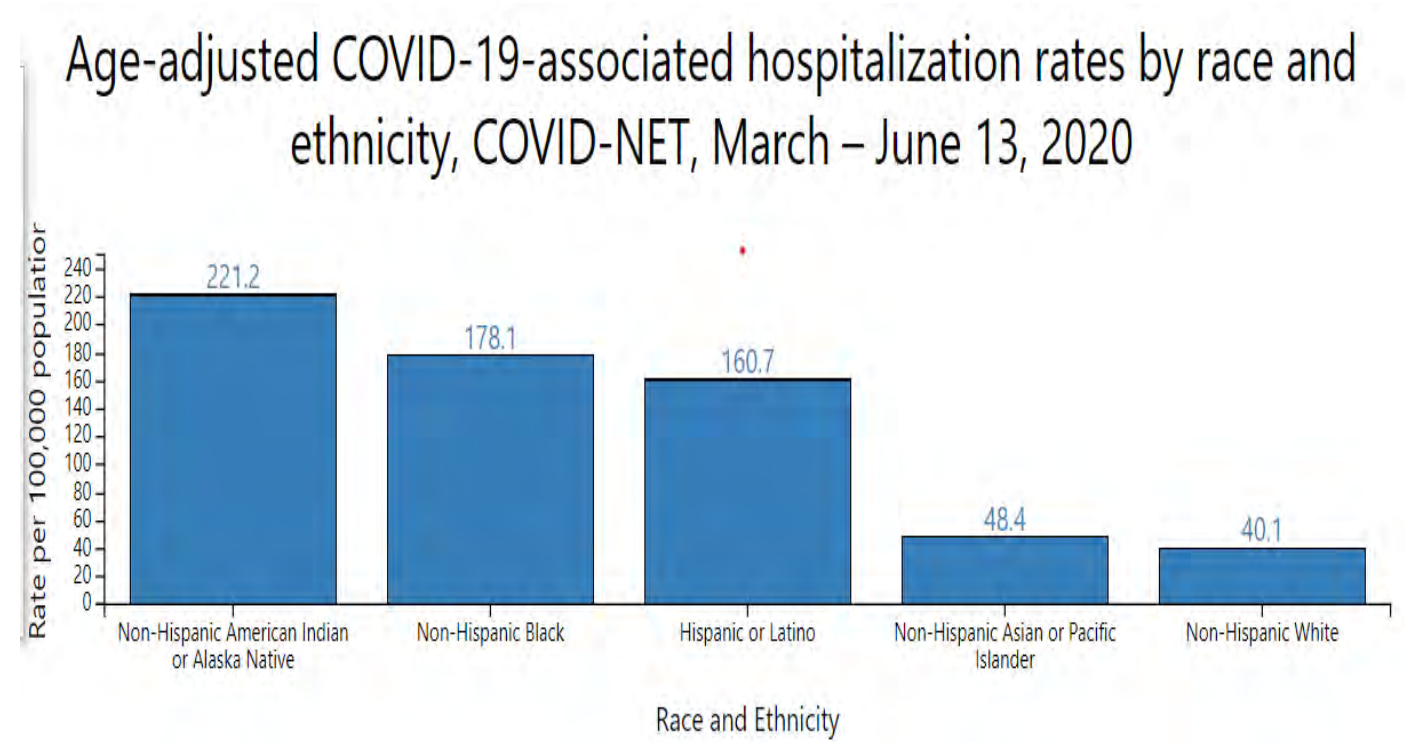


Sources: 2010 Census, respective state/city health departments



COVID-19 Racial Disparities

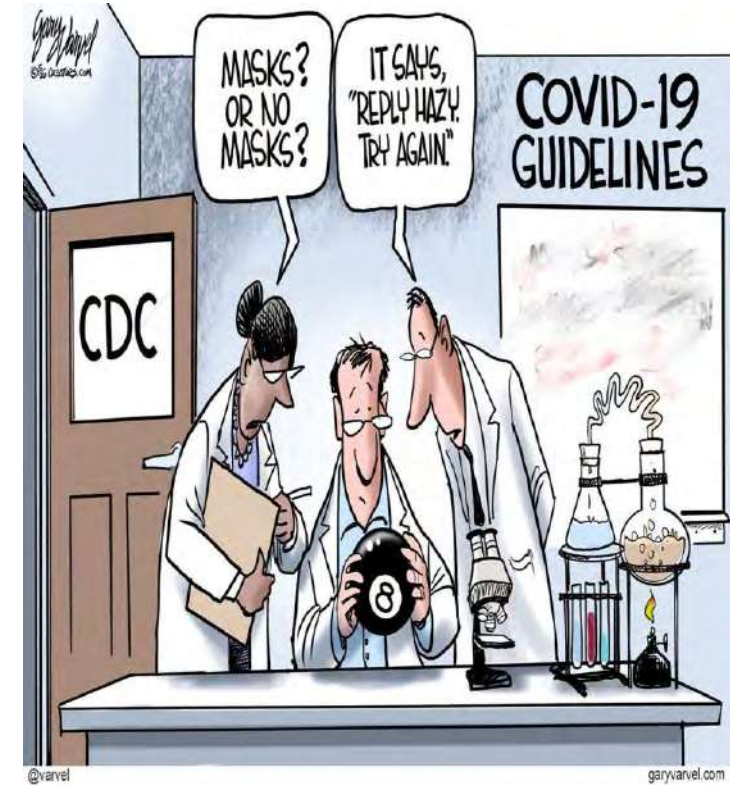
- Non-Hispanic American Indian or Alaska Native persons have a rate approximately **5 times** that of non-Hispanic white persons,
- non-Hispanic black persons have a rate approximately **5 times** that of non-Hispanic white persons,
- Hispanic or Latino persons have a rate approximately **4 times** that of non-Hispanic white persons.



COVID-19 Revealed Health Disparities

- The rate of Black fatalities is 2.4 times that of whites with COVID-19. In states including Michigan, Kansas and Wisconsin and in Washington, D.C., [that ratio jumps](#) to five to seven Black people dying of COVID-19 complications for every one white death
- **Blacks** are only **13%** of the population but account for **30%** of COVID-19 cases across 14 states where data is available = ***SYNDEMIC CONDITIONS***
- **Why the differences in infection and death rates from COVID-19**
 - Over-representation of Blacks in the *“essential workforce”* (HHA, Janitors, Food service, Laundry)
 - Population density (Public Housing, Transportation)
 - Historic trauma, mistrust, medical bias, structural racism, cultural incompetence
 - Lower health insurance rates, lack of Medicaid expansion (Especially in the Southern U.S)
 - **SDH**: Income inequality, employment discrimination, political gerrymandering
 - Higher prevalence of underlying chronic conditions (DM, HTN, Obesity, etc.)

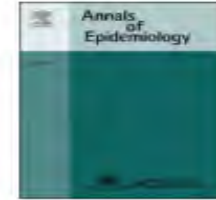
Misinformation, No Leadership, No Science





Contents lists available at [ScienceDirect](#)

Annals of Epidemiology



Commentary

Understanding COVID-19 risks and vulnerabilities among black communities in America: the lethal force of syndemics

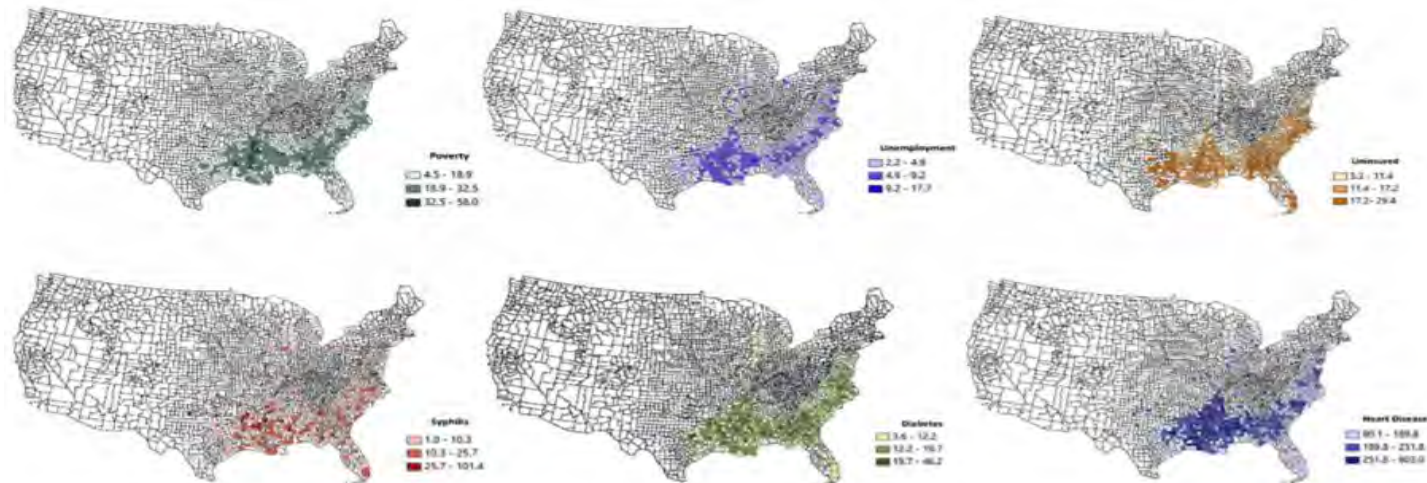
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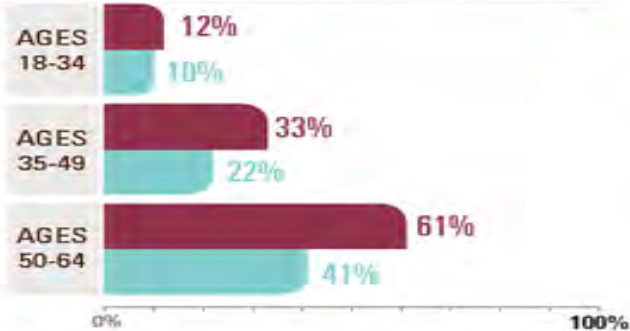
amfAR

Fig. 1. Overlapping socioeconomic and health conditions (syndemic) in counties with a disproportionate ($\geq 13\%$) black population. Figure courtesy of amfAR, excerpted from Greg Millett's July AIDS 2020 plenary.

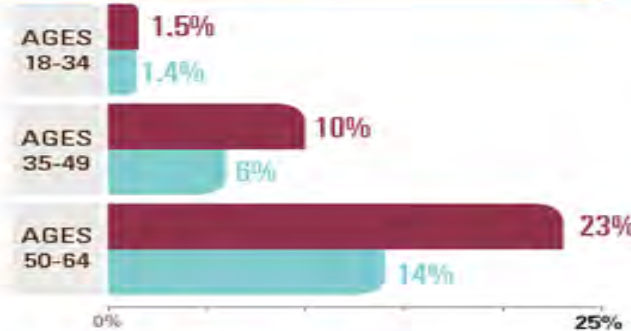
The Challenge of Intersectionality

- **Intersectionality**: the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage
- **Black people are not monolithic and belong to many different communities**
 - **LGBTQQIAAP** – Black Transgender women killings
 - **Poor** – Living below poverty line
 - **Differently abled** (Blind, Deaf, etc..)
 - **Ethnicity: A. A, African, Afro-Latino, Afro-Caribbean, Mixed, Bi-racial**
 - **Religious grouping** – Jewish, Muslim, Christian, etc.

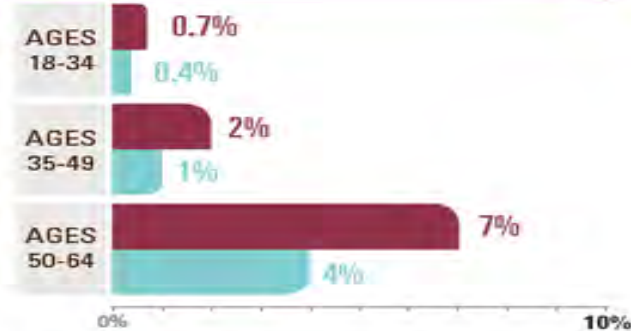
High Blood Pressure



Diabetes



Stroke



African American



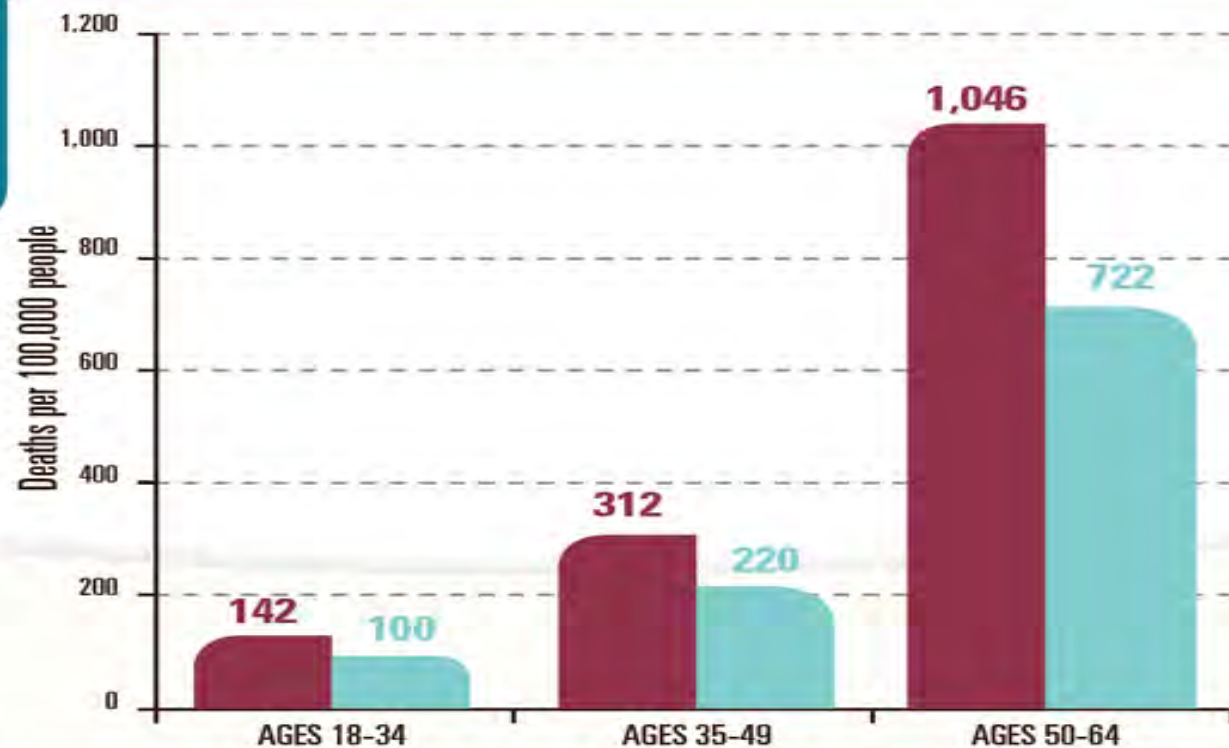
White



African Americans and whites include Hispanic and non-Hispanic origin.

SOURCE: Behavioral Risk Factor Surveillance System, 2015.

African Americans are more likely to die at early ages from all causes.



SOURCE: US Vital Statistics, 2015.

Historical Abuses = Medical Mistrust



Historical Trauma = Medical Mistrust

- Trauma upon trauma that occurs in history to a specific group of people causing emotional and mental wounding both during their lives and to the **generations** that follow
 - **Jews:** Holocaust
 - **Japanese:** Internment
 - **American Indian:** Genocide, relocation
 - **Blacks:** Slavery, Segregation, Jim crow

▪ **Individual Level impact**

- Symptoms of PTSD, survivor guilt, anxiety, anger grief, depressive symptomology
- Impaired communication
- Substance Abuse
- Exaggerated personal attachments or independence
- Impaired Self-esteem
- Catastrophic Expectancy – preoccupation with death

▪ **Family Level impact**

- Impaired family communication
- Stress around parenting

▪ **Community Level impact**

- Breakdown of traditional culture, customs, languages, practices & values
- Loss of traditional rites of passage
- High rates of alcoholism
- High rates of physical illness
- Internalized racism

IOM: Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care

- **Minorities receive a lower quality of care than whites**
 - Even when they have the same health insurance or the ability to pay
- **Causes of Healthcare Disparities**
 - **Healthcare system organization and operation**
 - Cost containment, Public health insurance, Access
 - **Patients' attitudes and behaviors**
 - Historical mistrust, not following doctors orders
 - **Healthcare providers biases, prejudices, and uncertainty when treating minorities**
 - Ism's and Stereotypes, communication
- [IOM (2003). Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.]

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Health Equity – Dr. Camara Jones (2014)

- **Health Equity**: Assurance of the conditions for optimal health for all people
- **Three principles to achieve health equity**:
 - Providing resources according to need
 - Valuing all individuals and populations equally
 - Recognizing and rectifying historical injustices

Telemedicine and COVID-19

- **EXPANSION OF TELEHEALTH WITH 1135 WAIVER:**

- Allowed Medicare to pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting **March 6, 2020**



Summary of Medicare Telemedicine Services

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) <p>For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</p>	<p>For new* or established patients.</p> <p>*To the extent the 1135-waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency</p>
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.

Telemedicine and Medical Mistrust

• Advantages and Possibilities

- Reduced waiting times
- Immediate feedback
- Increased access to specialist
- Increased medical opinions
- Increased convenience
- Accuracy of Dx with computers
- Payment if insured for different types of visits

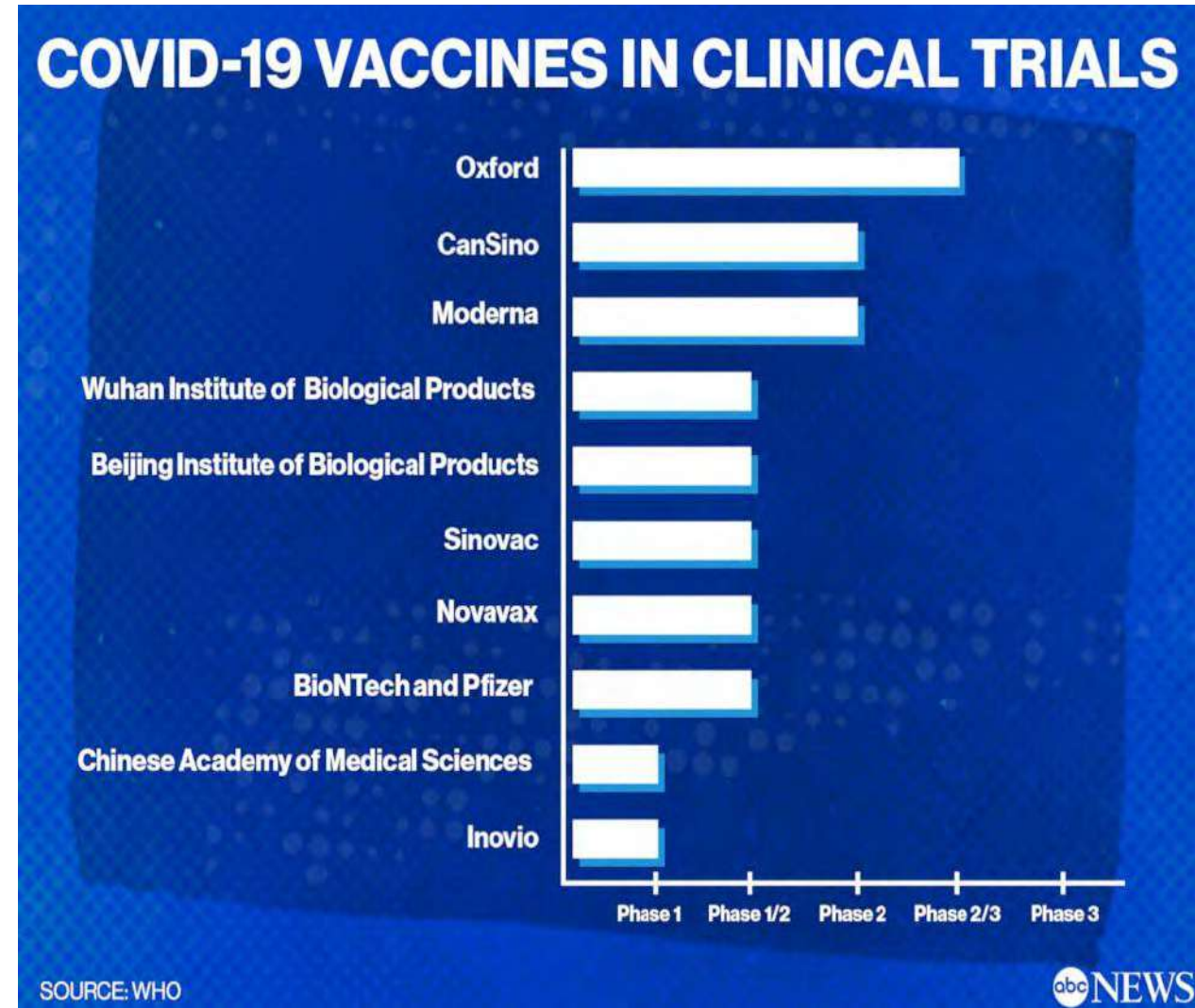
• Concerns and Barriers

- Physical absence of provider
- Invasion of privacy and home
- Access for uninsured/undocumented
- Adequacy of scopes to make accurate dx
- Language barriers
- Lack of cultural competence and cultural ques
- Lack of access to technology / devices, internet
- Does not mitigate provider bias

COVID-19 RX & Vaccine Clinical Trials

- **Historic under enrollment of Blacks in all types of clinical trials**
 - 350,000 people who've registered online for a coronavirus clinical trial, only **10%** are Black or Latino
- **Medical Mistrust is a huge reason why many are hesitant to enroll**
- **ClinicalTrials.gov**
 - 778 ongoing treatment studies
 - 86 ongoing vaccine studies

(Cohen & Vigue, 2020)



Impact of Medical Mistrust during COVID-19

- **Black health seeking behavior**

- Delayed ER COVID-19 visits
- Delayed or missed general health visits
- Delayed or under enrollment in COVID-19 Vaccine clinical trials

- **Black health outcomes**

- Disproportionate COVID-19 hospitalizations
- Disproportionate COVID-19 deaths
- Increased stress and mental health issues (Depression, Anxiety)
- Increased use of drugs and alcohol
- Increased IPV
- Exacerbated effects of the SDH

Educating Black Communities on COVID-19

- The scientific facts of what Black Communities need to know are the same
- Know your audience and their specific cultural beliefs and needs
- **Use Black people to teach Black people where Black people congregate**
- Language matters and everyone does not speak English
- Education should always be age appropriate
- Repeat educational sessions may be needed, especially for updates and changes
- People learn differently so be flexible

Mitigating Medical Mistrust during COVID-19

- **Scale up COVID-19 testing in Black communities**
 - Scale up contact tracing using Black service providers
- Scale up services that blunt the social determinants of health
- **Encourage the expansion of Medicaid**
 - Especially in highly populated Black Southern States
- Encourage the enrollment in COVID-19 clinical trials
- **Enhance provider cultural competence (Process)**
 - Cultural Awareness, Knowledge, Skill, Encounters, & Desire
 - Enhance the cultural relevance of Telehealth platforms and Behavior surveys
- Partner with Black CBO's and other community based organizations
 - Churches, Professional organizations, Black Greek Letter organizations

We Will Get Through This



- “To be a Negro in this country and to be relatively conscious is to be in a rage almost all the time”
— James Baldwin
- “I believe in human beings, and that all human beings should be respected as such, regardless of their color” -- Malcolm X
- “In the End, we will remember not the words of our enemies, but the silence of our friends” ---Martin Luther King, Jr.

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Institutional Racism via Michael Jackson

- When you have a moment here is a video that you can take a look at and share with your colleagues, family, & friends
- It is a very simple but powerful explanation of institutional racism
 - Recommendation: Use as an introduction for any trainings on institutional racism
 - Great ice breaker and conversation starter
- Link: <https://www.trtworld.com/video/social-videos/institutional-racism-in-us-explained-through-a-michael-jackson-song/5ace29d41b01722a81cbf1e7>



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