

**COVID-19 TESTING:  
REMOVING BARRIERS TO  
ENSURE EQUITABLE ACCESS**  
COVID-19 Conversations  
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# Reasons For Health Inequities

- Access to testing
- Potential differences in the quality of test used
- Behavioral differences in ones view on testing
- Social determinants that impact testing

# Potential Equitable Barriers To COVID-19 Testing

- Access to testing
  - Location & mode of test facility
    - Location not located in minority communities
    - Drive through vs walk up
    - Long lines
  - Messaging on the need for a gateway provider
    - Call your doctor or health care provider
  - Cost of testing (Federal coverage for now)
  - Cost for care (Uninsured or underinsured)



## Potential Equitable Barriers To COVID-19 Testing

- Quality of test used
- Significant number of tests being used that have:
  - High false positive or false negative rates
  - Not confirmatory
- Must assure you have a reliable test

# Potential Equitable Barriers To COVID-19 Testing

- Behavioral Aspects
  - Lack of clear understanding of benefits of test or what results mean
  - Fear of discovery
  - Fear of stigma
  - Lack of trust in “system”



# Potential Equitable Barriers To COVID-19 Testing

## Social determinants of health

- Inadequate number of tests
- Symptom & exposure based; Not job or risk based
- Testing times not aligned with front line job off hours
- Paid sick leave still inadequate
- No usual source of health care
- Emergency room not a option: Crowded & high costs
- Possible racial or ethnic bias in testing

RISK



# Los Angeles Antibody Study

- Drive-through antibody testing done on April 10<sup>th</sup> & 11<sup>th</sup> at six sites
- 800 participants through a proprietary database representative of the county's population
- A rapid antibody test used
- The test has a 90% - 95% accuracy rate & was verified by a Stanford University lab



Lead investigator Neeraj Sood, PhD





## Los Angeles Antibody Study

- Approximately 4.1% of the county's adult population was antibody positive
- Implies about 2.8% to 5.6% of the county's adult population has antibody to the virus or 221,000 - 442,000 adults had the infection
- Estimate is 28 to 55 times higher than the 7,994 confirmed cases of COVID-19 reported to the county in early April
- COVID-related deaths in the county over 600

# Los Angeles Antibody Study Demographics

- African Americans and men were most likely to test positive
  - findings unclear
    - 6% men positive
    - 2% percent women
- 7 % African Americans positive
- 6 % whites
- 2.5 % Latinos



## What Los Angeles Study Tells Us

- Understand these are early results
- It confirms what we have suspected that the penetration of the virus in the community is well below herd immunity levels (70%) 4% in LA is consistent with WHO estimates of 3%-4% globally
- Males particularly Black men may have a risk of infection that is disproportionate. Need to know why?



# Equity Solutions

- Plan testing access with underserved in mind
  - Location
  - Cost issues (Tests are free but not treatment)
- Ensure you use an approved test. Understand the reliability and parameters of the tests used
- Address testing education and communications in a culturally competent manner
- Use trusted messengers
- Meet social determinants head on to make testing easier



# About APHA

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- Founded – April 18, 1872
- 501C(3) & Nonpartisan
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