COVID-19 TESTING: REMOVING BARRIERS TO ENSURE EQUITABLE ACCESS
COVID-19 Conversations
April 22, 2020

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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
Los Angeles Antibody Study

- Drive-through antibody testing done on April 10\textsuperscript{th} & 11\textsuperscript{th} 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
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