

Barriers to Care in the Covid-era



MODERATED SESSION

Sponsored by:



Session Moderator:
L. Penny Rosenblum, PhD
American Foundation for the Blind



Angela Elam, MD
University of Michigan



Nancy D. Miller, LMSW
VISIONS/Services for the Blind and
Visually Impaired



Moving Toward Equity in Eye Care: Disparities Illuminated by COVID-19

Angela R. Elam, MD

Assistant Professor

Department of Ophthalmology & Visual Sciences

University of Michigan

aelam@med.umich.edu

Disclosures

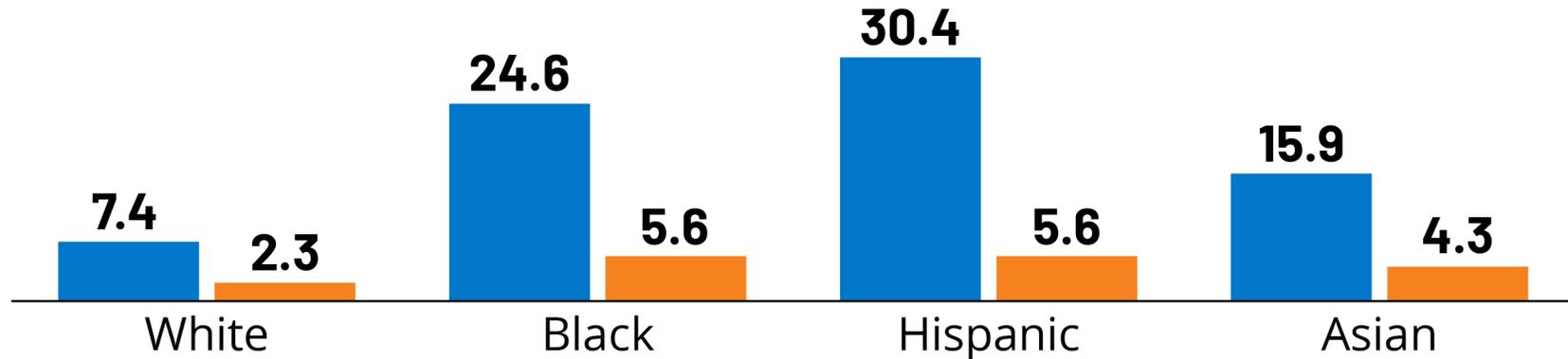
- NIH/NEI K12: Michigan Vision Clinician Scientist Development Program
- Fight for Sight-Prevent Blindness Joanne Angle Public Health Award
- Centers for Disease Control
- Research to Prevent Blindness



COVID-19 Hospitalization and Death Rates among Active Epic Patients by Race/Ethnicity

Rate per 10,000, as of July 2020

● Hospitalization Rate ● Death Rate



Total Active Patients
(millions)

34.1

7.0

5.1

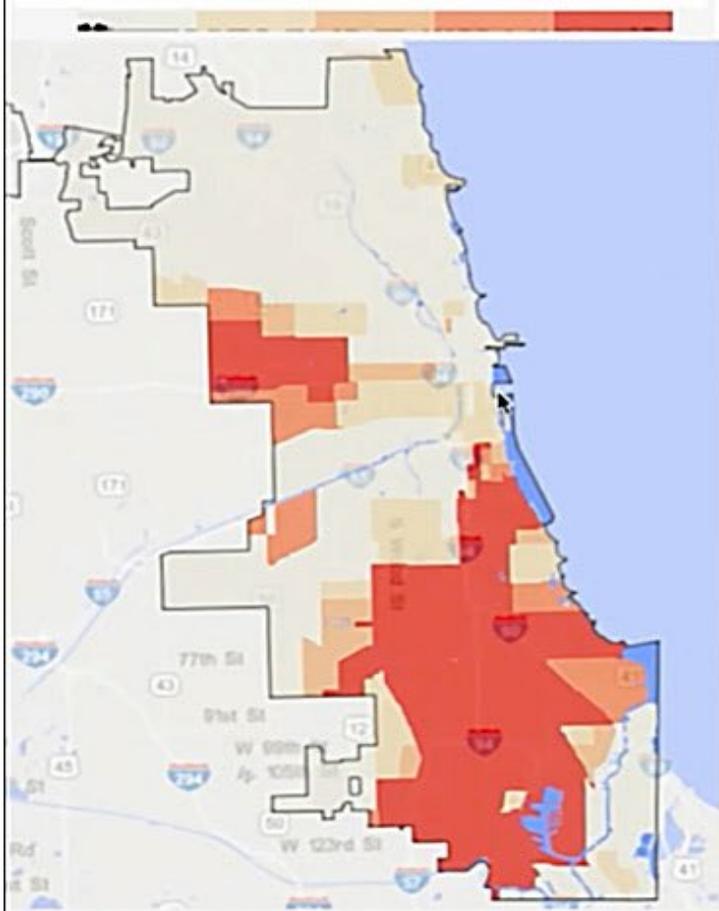
1.4

NOTE: Rates for Black, Hispanic, and Asian patients are statistically significantly different from White patients at the $p < 0.05$ level. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. Data for other racial groups not shown due to insufficient data.

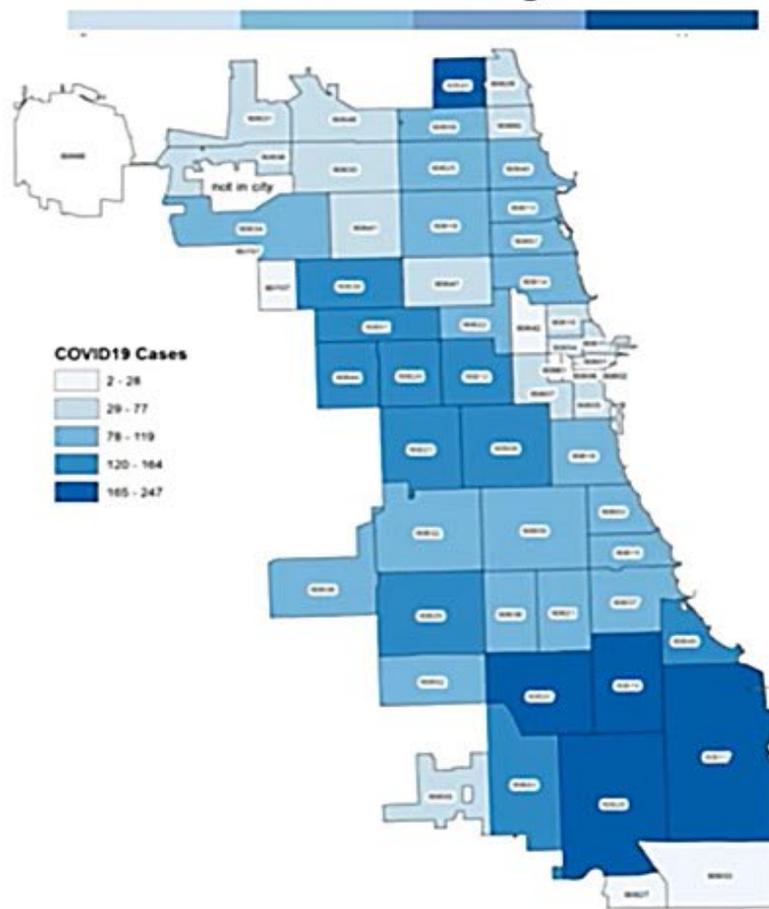
SOURCE: Epic and KFF analysis of Epic Health Record System COVID-19 related data as of July 2020.

RACE & COVID-19 INFECTION IN CHICAGO

Black race by neighborhood in Chicago



Cases of COVID-19 in Chicago



Deaths from COVID-19 in Chicago

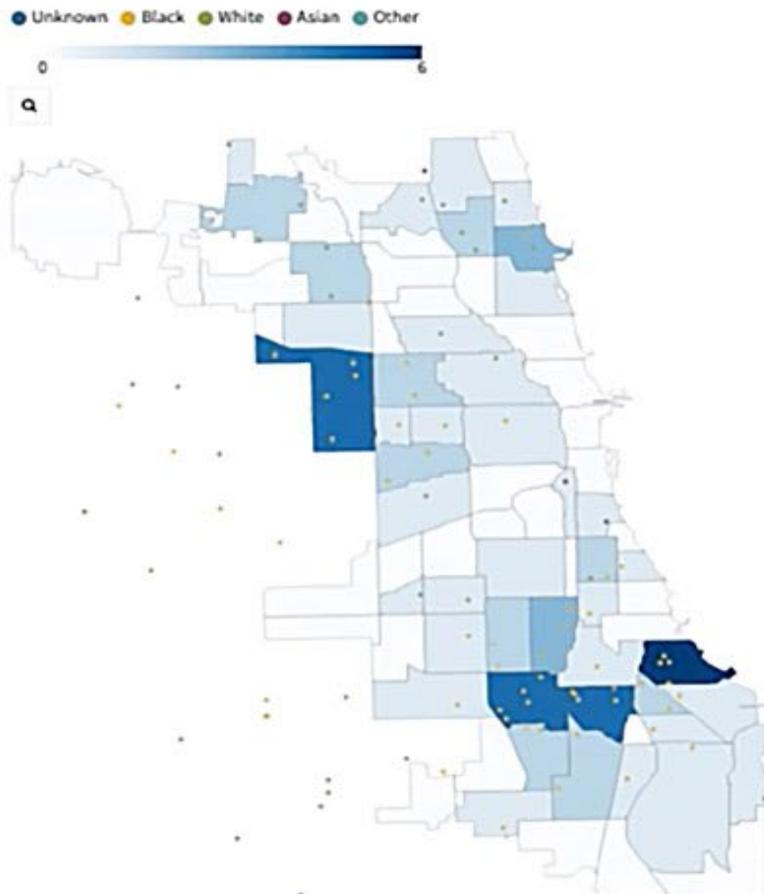
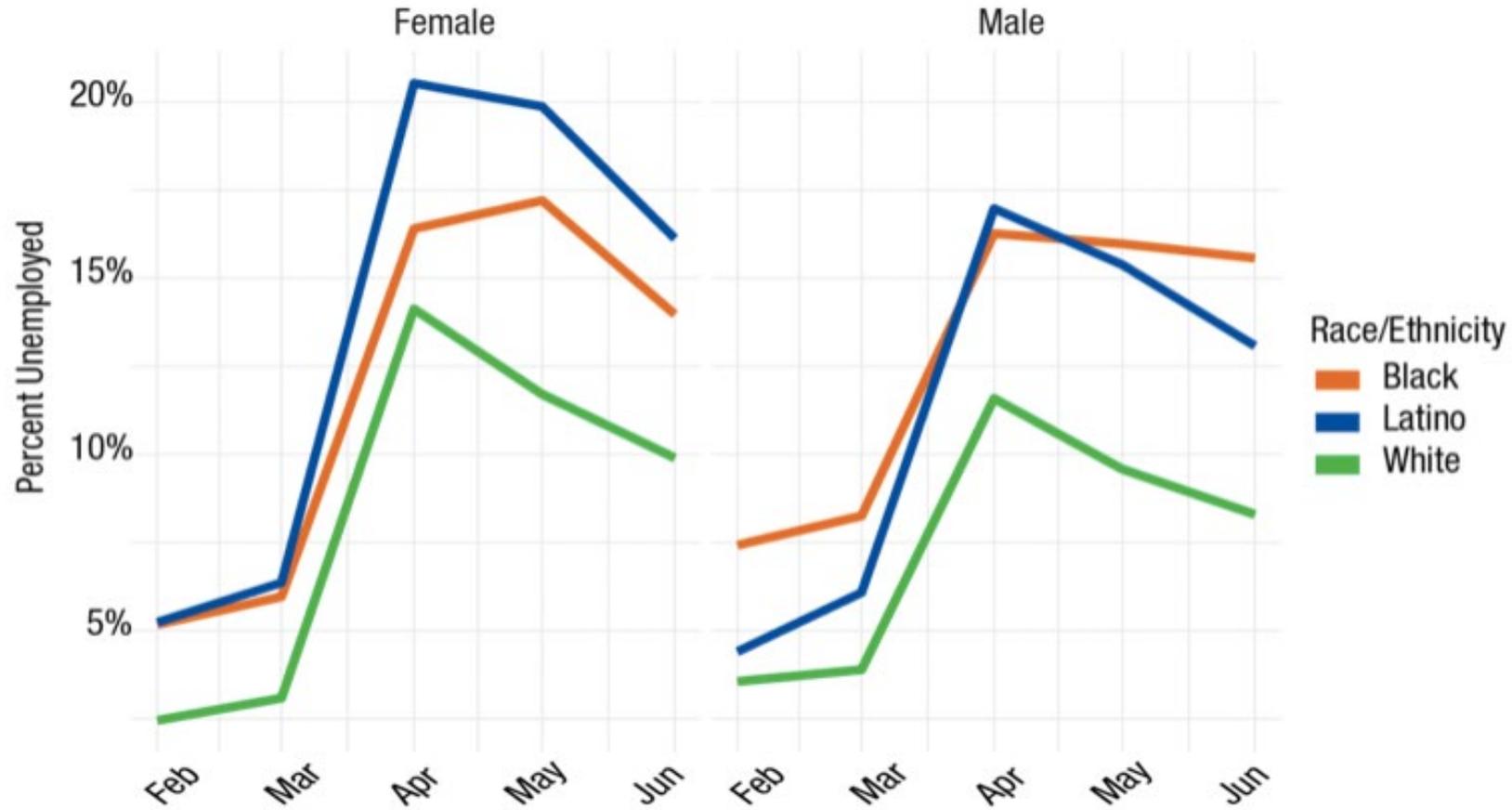
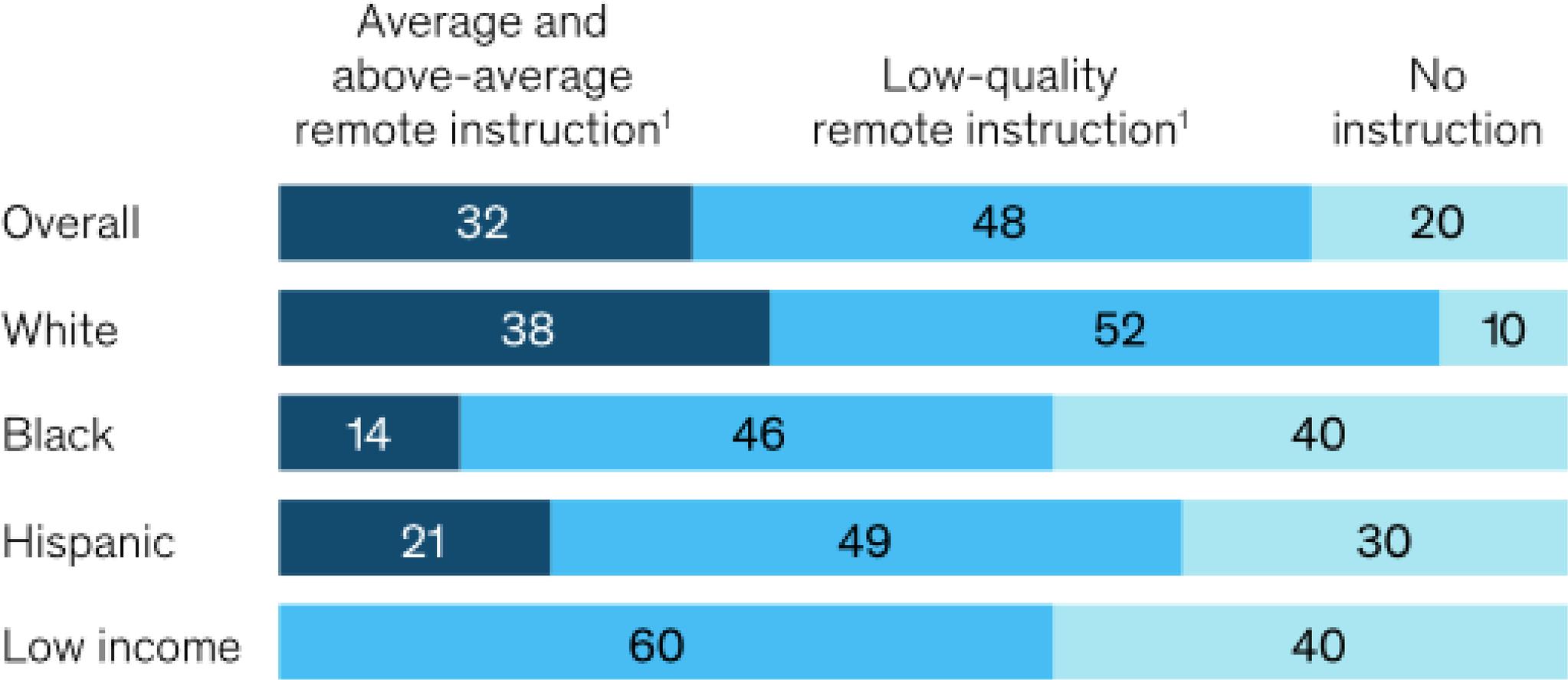


Figure 4. Unemployment Rates by Gender and Race/Ethnicity from February to June 2020



Source: IPUMS CPS Monthly Data. Calculations by Corey S. Sparks, PhD.

Quality level of remote instruction, % of K–12 students



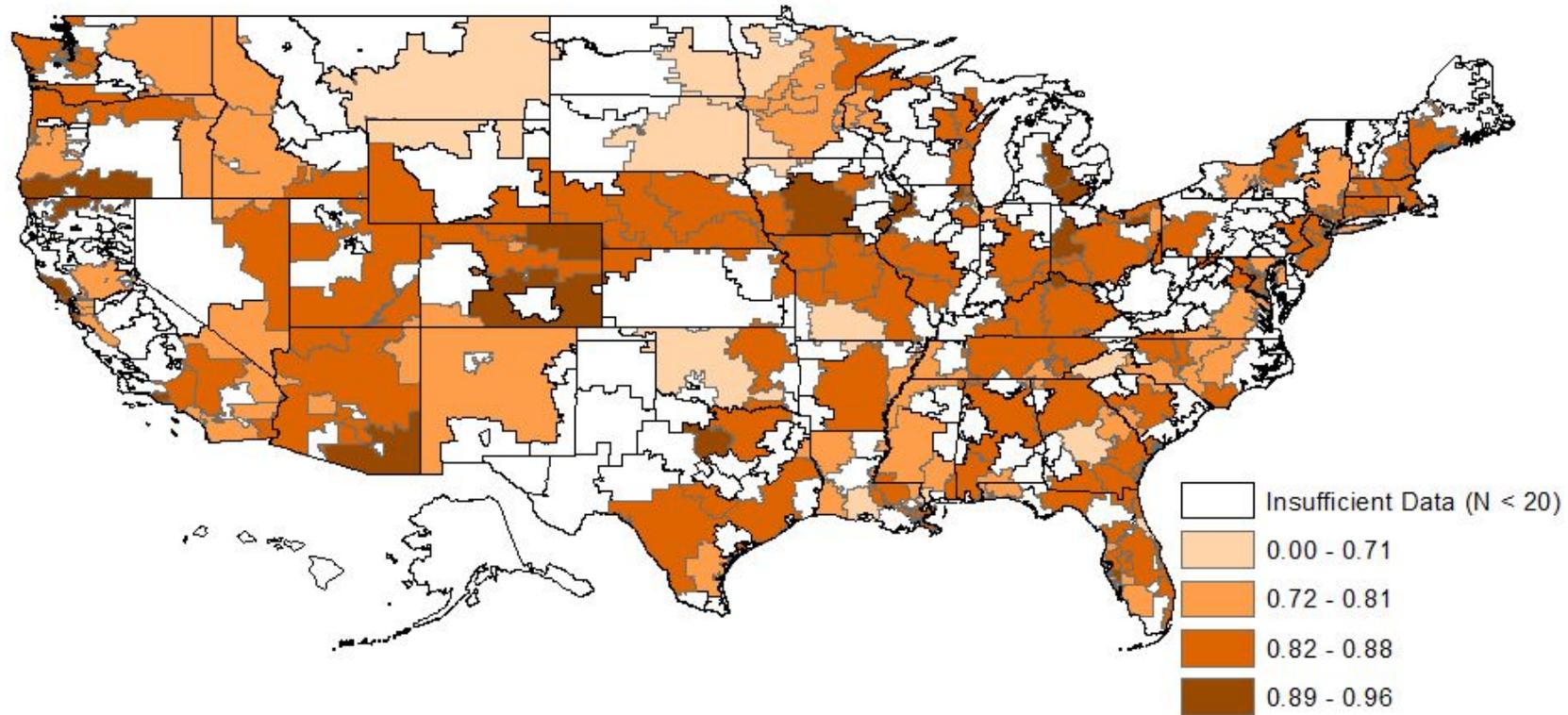


Eye care is not immune to health inequities.

- Racial and ethnic minorities are at greater risk of losing vision from eye disease.
- Americans with lower SES are at higher risk for underutilization of eye care.

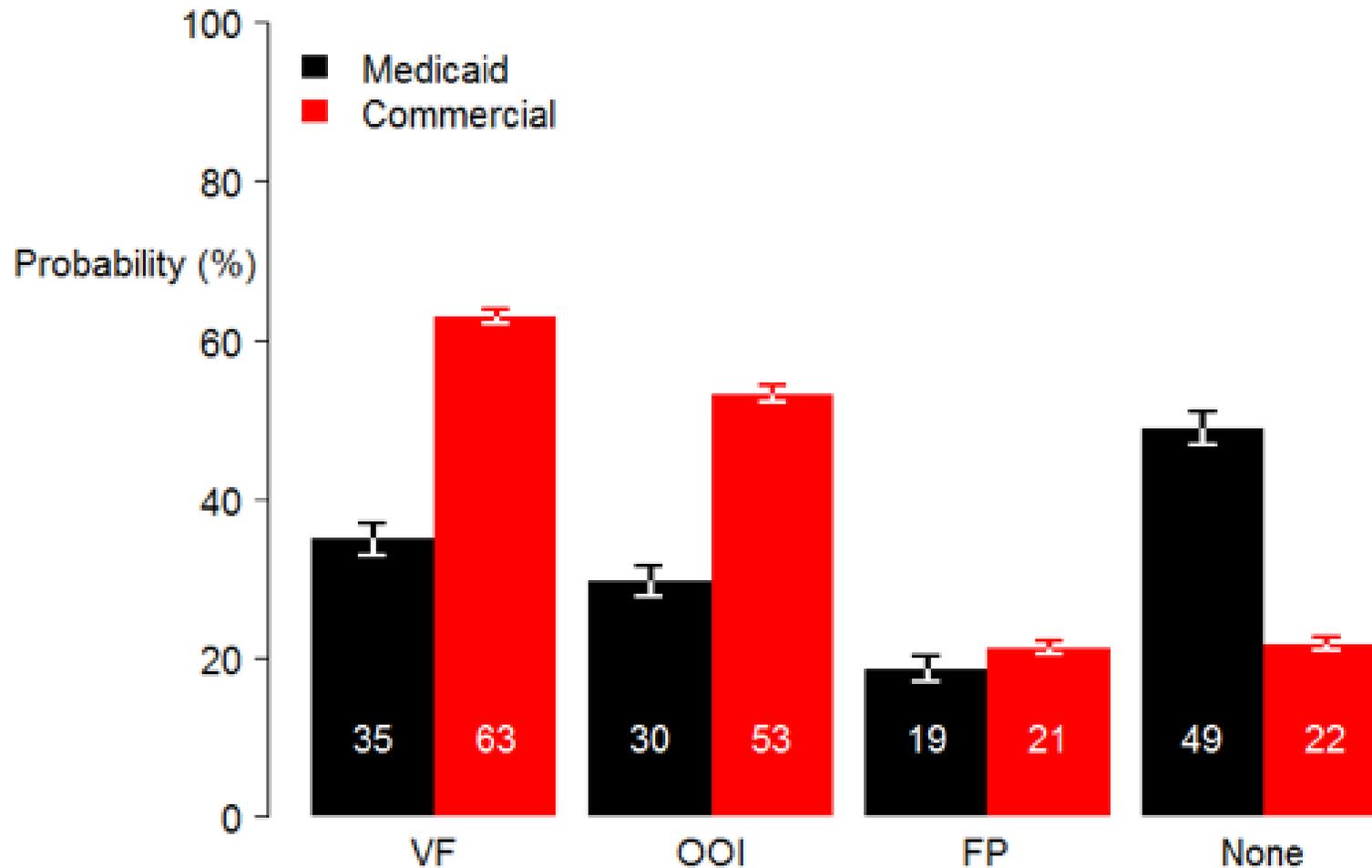
Geographic Variation in the Use of Diagnostic Testing of Patients with Newly Diagnosed Open-Angle Glaucoma

Angela R. Elam, MD,¹ Taylor S. Blachley, MS,¹ Joshua D. Stein, MD, MS^{1,2,3}

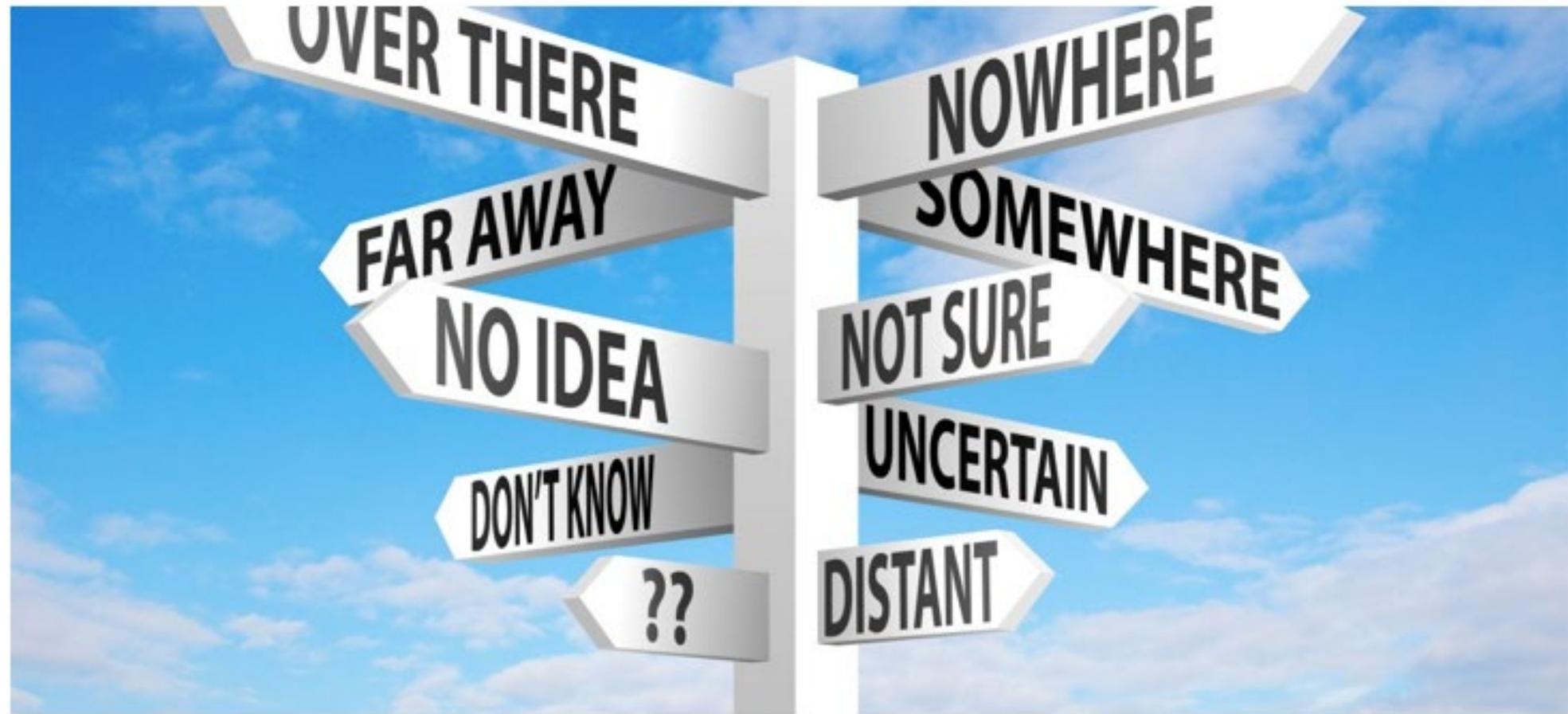


Large Disparities in Receipt of Glaucoma Care between Enrollees in Medicaid and Those with Commercial Health Insurance

Angela R. Elam, MD,^{1,2} Chris Andrews, PhD,^{1,2} David C. Musch, PhD, MPH,^{1,2,3} Paul P. Lee, MD, JD,^{1,2} Joshua D. Stein, MD, MS^{1,2,4}



Probability and 95% confidence interval (CI)



Acknowledge systemic racism.

- AMA encourages us to “recognize racism...as a serious threat to public health...”
- Recognize race as a social construct, not a biologic determinant
- Support an end to using race as a proxy in medical education and research



Examine how our biases affect patient care.

- Explore our own biases
- Review clinical practice data
- Incorporate bias and anti-racism education into medical education/training/hiring practices



Increase community engagement.

- Education and health literacy
- Economic support
- Clinical care
- Research



Increase diversity in eye care workforce.



AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Ophthalmology Departments Remain Among the Least Diverse Clinical Departments at United States Medical Schools

*Elizabeth A. Fairless, MD,¹ Kristen H. Nwanyanwu, MD, MBA,^{1,2} Susan H. Forster, MD,^{1,2}
Christopher C. Teng, MD^{1,2}*

Increase diversity in eye care workforce.

- Update recruitment practices and strategies
- Foster inclusive environment
- Support/create pipeline initiatives



Conclusions

To achieve equity in vision and eye care, we must:

1. Understand social determinants of health.
2. Acknowledge systemic racism.
3. Explore how our biases affect patient care.
4. Increase community engagement.
5. Increase diversity in our workforce.



Not everything that is faced can be changed; but nothing can be changed until it is faced.

-James Baldwin



Moving Toward Equity in Eye Care: Disparities Illuminated by COVID-19

Angela R. Elam, MD

Assistant Professor

Department of Ophthalmology & Visual Sciences

University of Michigan

aelam@med.umich.edu



Prevent Blindness

Focus on Eye Health
National Summit



Our Changing Vision



Barriers to Care in the Covid Era

Nancy D. Miller, LMSW Executive
Director/CEO VISIONS/Services for the
Blind and Visually Impaired

nmiller@visionsvcb.org 212-219-4071

www.visionsvcb.org

Barriers to Health Care Services

- Income Matters; poverty exacerbated Covid-19 difficulties for blind and disabled people; digital divide
- Proprietary telehealth platforms are often not accessible; social isolation impacted mental health; increase in anxiety, stress, depression
- Food insecurity; unable to navigate ordering on line; arranging delivery
- Human guides unavailable; fear of guiding, touching, close contact
- Postponed chronic care; dental; vision exams; change in vision exam; no dilations at some clinics
- Vaccine appointment: websites not accessible
- Persons of color exhibiting vaccine hesitancy; information is not accessible

Call to Action: Advocacy to Respond to Inequities Uncovered by Covid

- National organizations surveyed the blind and low vision population and shared the data on barriers to care; Disseminate the results widely
- Consumer groups shared accessible information and offered support
- Vision rehabilitation agencies expanded services such as making vaccine appointments, addressing food insecurity, offering support phone banks on holidays to combat social isolation; pivot to virtual programs with phone access (Google Meet); sharing Covid info in accessible formats
- Advocates for policy and funding to address the digital divide for low income people with functional vision loss including older adults; subsidies for hardware, software, training, internet connection (broadband, WiFi)
- DEIA: diversity, equity, inclusion and accessibility



Prevent Blindness

Focus on Eye Health
National Summit



Our Changing Vision