

Mayo Clinic Q&A - Dr. Abinash Virk - gender, equity and COVI...

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SPEAKERS

Dr. Halena Gazelka, Narrator, Dr. Abinash Virk

- D** Dr. Abinash Virk 00:01

Coming up on Mayo Clinic Q&A, race is more impacted in terms of diagnosis and treatment of COVID-19 than gender is. In addition to a whole lot of social, behavioral, and economic reasons cause these patients to be at a higher risk of severe disease because of delayed healthcare utilization and coming to the healthcare system.
- N** Narrator 00:24

The COVID 19 pandemic has brought social and racial inequality to the forefront of public health. To help close these health care disparities and to provide proper health care for everyone, communication and engagement can be the key.
- D** Dr. Abinash Virk 00:37

Community engagement has been really important in terms of getting people to understand how does COVID-19 affect them, how we can mitigate this pandemic for us to be really going to the communities of color and other underrepresented minorities to really kind of help them understand and help them get health care.
- D** Dr. Halena Gazelka 00:59

Welcome everyone to Mayo Clinic Q&A. I'm your host, Dr. Halena Gazelka. Gender and racial equity in health care has been a topic of discussion in recent years, and the COVID pandemic has highlighted many inequities in our system. Racial and ethnic minority groups are being disproportionately affected by COVID-19, and research shows that minorities are at increased

risk of poor COVID-19 outcomes. Here to discuss with us is Mayo Clinic infectious disease expert, and one of our very own COVID experts, Dr. Abinash Virk. Welcome to the program, Abinash.

D Dr. Abinash Virk 01:33

Thank you. Thank you for having me here today.

D Dr. Halena Gazelka 01:36

Abinash, what a fascinating topic, and I cannot help but wonder, as I'm sure our listeners do, how do race and/or gender affect diagnosis and treatment of COVID?

D Dr. Abinash Virk 01:46

Race is more impacted in terms of diagnosis and treatment of COVID-19 than gender is. Women are more likely to go to the healthcare providers to get health care, and so maybe easier for them to get the diagnosis and also to access health care. However, when we look at race, race is a particularly important aspect of COVID-19 in terms of diagnosis and treatment, mainly because in people of color, and people of ethnic minorities are in jobs that make it harder for them to access healthcare, are in jobs that don't allow them to take time off from work. And therefore, there's a delay in diagnosis. They also have difficulty accessing testing so that they can actually know that they have a diagnosis. The other thing that is important with minorities, and also people of color is that a lot of them live in multi-generational housing. So, the diagnosis is more likely to happen in those groups. And then finally, in terms of treatment many of them will delay getting treatment because of not having health care insurance, having difficulty in health care access, or not being allowed to leave from work to be able to, you know, go get treatment. And so, all of these factors, including things like economic hardships make it harder for the people of color or ethnic minorities in terms of diagnosis and treatment.

D Dr. Halena Gazelka 03:26

And why would race contribute to worse outcomes in COVID-19?

D Dr. Abinash Virk 03:32

I think that's an excellent question. This is something that, you know, we learned through the COVID-19 pandemic that people of color, and also minority groups, have a higher risk of healthcare conditions that increase the risk of severity, such as having a diagnosis of obesity, hypertension, metabolic disease, or cardiovascular diseases are disproportionately higher in this group. But that in addition to a whole lot of social, behavioral, and economic reasons cause these patients to be at a higher risk of severe disease because of delayed health care utilization and coming to the healthcare system.

D Dr. Halena Gazelka 04:15
Why would gender have any effect on COVID outcomes?

D Dr. Abinash Virk 04:20
So, gender really, what we find is that SARS-CoV-2 equally affects men and women. However, women have a fortunately slightly lower risk of mortality and severity from COVID-19. And that may be from social behavioral reasons, as well as some advantages that we have in terms of immune system differences between men and women. However,

D Dr. Halena Gazelka 04:47
Because women will go to the doctor maybe, Abinash.

D Dr. Abinash Virk 04:49
Women go to the doctor more often, and also maybe our estrogen helps us a little bit in terms of our immune responses. And there are some other specific kind of mechanistic reasons that could be behind the differences in mortality and severity. Additionally, the other area that we find is that vaccines cause slightly higher risk of side-effects in women than they do in men.

D Dr. Halena Gazelka 05:13
Interesting.

D Dr. Abinash Virk 05:14
So, these are some other gender related COVID-19 differences.

D Dr. Halena Gazelka 05:17
You mentioned this very briefly before, but just where someone lives in the country. So, whether they live rurally, or in an urban setting make a difference in diagnosis and COVID management and outcomes?

D Dr. Abinash Virk 05:33
Yes, so people who live in rural areas have a higher risk of COVID-19, partly because of difficulty in access to health care. And also, educational levels may have some impact in that. Clearly, it's been shown all through the pandemic that people in rural areas have a higher risk. The other part that is important is people who are a little bit more socially vulnerable, meaning that they have difficulty in terms of the type of jobs they have, difficulty accessing health care,

having transportation, or living in a multi-generational housing, have a slightly higher risk of COVID-19 infection, and those areas are geographically identified based on various factors that we know, you know, that those pockets of infections are higher in those socially vulnerable groups.

D Dr. Halena Gazelka 06:33

Abinash, is there anything that you and I and others as healthcare workers can do to improve outcomes in COVID-19 for some of these individuals who are having worse outcomes now?

D Dr. Abinash Virk 06:45

Yeah, you know, I really think that we as healthcare providers need to continue to educate people, you know, give them all the scientific information so that it's not a biased information that we're providing them so that they can believe in us, they can trust what we're telling them. In addition, I think it's really important for us to listen to their individual concerns, if they are not getting a vaccination because of certain, you know, misconceptions. It's important for us to listen to them and specifically address those. And what we find through the COVID 19 pandemic, particularly through the vaccination program that we've had over the last year, is that community engagement has been really important in terms of getting people to understand, you know, how does COVID-19 affect them, how we can mitigate this pandemic. And for us to be really going to the communities of color and other underrepresented minorities to really kind of help them understand and help them get health care.

D Dr. Halena Gazelka 07:54

What can our listeners do, if anything, to help improve outcomes for all Americans?

D Dr. Abinash Virk 08:00

I think the important thing that our listeners can do is to really share, you know, authenticated information, validated information with our patients. And also, you know, for non-healthcare people, it's important to make sure you're getting information from an authentic source, so that it's vetted, it's correct, it's going to give you the right information to make it easier for you to make decisions for yourself and your families.

D Dr. Halena Gazelka 08:33

I thought maybe you were going to throw in that they should get vaccinated.

D Dr. Abinash Virk 08:37

Of course.

D Dr. Halena Gazelka 08:39
We love to say that at every opportunity that we have.

D Dr. Abinash Virk 08:42
I love to say that at every opportunity, and, you know, there are still lots of opportunities for people to get vaccinated. Interestingly, what we find is that people are fairly behind in terms of boosters. The uptake of boosters was slower than what we really expected it to be in the U.S. So, yes, people really need to get their boosters, especially with the Omicron, you know, variant coming into the United States.

D Dr. Halena Gazelka 09:10
And getting children vaccinated too has been slower, I think, right?

D Dr. Abinash Virk 09:13
Yes, it is slower. So, getting children vaccinated, all the five and above and hopefully soon we'll have information about children less than five years of age.

D Dr. Halena Gazelka 09:24
What made you interested in studying this topic of inequity related to COVID-19?

D Dr. Abinash Virk 09:32
It's, you know, it was interesting to see in the hospital how many patients were of Hispanic descent that were in the hospital for all of our hospitals, particularly in the Midwest. And how, you know, late they presented, how severe they were, and it was just kind of interesting to find out, why is this, and what is happening in the country. And correspondingly, we were also looking at vaccination rates among the Hispanic and African American populations, and what we found was those were also behind. And so, it was kind of interesting to see why is that happening, and how can we, you know, help mitigate this as we go forward.

D Dr. Halena Gazelka 10:14
Well, thank you so much for the work that you're doing, Abinash. And thank you for being here to share with our listeners today.

D Dr. Abinash Virk 10:19

You are welcome. Thank you so much for having me.

D Dr. Halena Gazelka 10:22

Our thanks to Dr. Abinash Virk, infectious disease expert at Mayo Clinic and local COVID-19 expert, for being here today to talk with us about inequities related to COVID. I hope that you learned something. I know that I did. And we wish each of you a wonderful day.

N Narrator 10:40

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