Geospatial Disparities in Federal COVID-19 Test-to-Treat

Program

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Background

- Ritonavir-Boosted Nirmatrelvir (Paxlovid) is an antiviral drug indicated to treat COVID-19.
- When administered within 5 days of symptom onset, Paxlovid reduced the risk of hospitalization or death by 88% among high-risk, unvaccinated adults in initial clinical trials.^{1,2}
- Data collected through May 2022 showed that antiviral prescriptions lagged in areas of high-social-vulnerability.³
- In May 2022, the Biden-Harris administration expanded Test-to-Treat programs that provide testing, prescriptions, and medication in one visit, with the goal of speeding up access to Paxlovid within the short window of time required.⁴

Objectives

- The objectives of this study were to:
- 1) map the location of Test-to-Treat programs in the U.S. in summer 2022 (following program expansion) and
- 2) identify disparities in access to Test-to-Treat programs at the zip code level by poverty status, race/ethnicity, and urban-rural status.

Methodology

Data Sources

Location data for Test-to-Treat

Results

Figure 1. Distribution of Test-to-Treat Centers and Underserved Zip Codes in the Continental U.S., July 18, 2022



Table 1. Characteristics of Underserved Zip Codes (Compared to Served) in the Continental U.S.

Underserved Zip
CodesServed Zip Codes
(Test-to-Treat
program within 20 miles
of zip code)
(n=14,812)Served Zip Codes
(Test-to-Treat
program(s) within 20
miles of zip code)
(n=18,488)

Underserved Zip Codes (No Test-to-Treat program within 20 miles of zip code) (n=14,812) Served Zip Codes (Test-to-Treat program(s) within 20 miles of zip code) (n=18,488)



Discussion

- Although the federal Test-to-Treat program was designed to reduce barriers to accessing treatment, some populations remain without access, especially rural populations and American Indian/Alaska Native populations.
- Because pharmacy deserts persist in the U.S., many communities will continue to have limited access to antivirals even if pharmacy-based programs like Test-to-Treat expand.^{7,8}
- Limitations: This analysis focuses on geographic access to Test-to-Treat programs, while successfully accessing care is a multifaceted challenge that can have multiple contributing factors beyond physical location.^{8,9}
- Conclusions: Achieving pharmacoequity is an important goal, especially in the context of an ongoing pandemic with major disparities in health outcomes.
 Policy efforts, and transparent data, are key to addressing these disparities.

References

1. Hammond J, Leister-Tebbe H, Gardner A, et al. Oral Nirmatrelvir for High-Risk, Nonhospitalized Adults with Covid-19. *N Engl J Med*. 2022;386(15):1397-1408.

2.National Institutes of Health. Ritonavir-Boosted Nirmatrelvir (Paxlovid). COVID-19 Treatment Guidelines. Published May 13, 2022. Accessed July 22, 2022.

- programs in the contiguous U.S. were obtained from HHS on July 18, 2022.⁵
- Data on population, race and ethnicity, and poverty for each zip code are drawn from the American Community Survey (2020 5-year estimates).
- Data on urbanicity for each zip code are drawn from USDA dataset on ruralurban commuting areas.
- Zip codes were then stratified into categories by poverty, urbanicity, and race/ethnicity based on cutoffs from the CDC Covid Data Tracker.⁶

Analysis

- The distribution of Test-to-Treat programs was examined at the zip code tabulation area level (zip code).
- Zip codes were defined as underserved if there was no Test-to-Treat program located within 20 miles of its boundaries.
- Sensitivity analyses included 15-mile, 10-mile, and 5-mile radii.

Urbanicity			Proportion of Black residents			
Metropolitan (urban centers with	4,083 (22.89%)	13,751 (77.1%)	High proportion (>37% of pop.)	710 (35.1%)	1,310 (64.9%)	
50,000+ population) Micropolitan			Medium proportion (>2.5-37% of pop.)	2,690 (26.4%)	7,509 (73.6%)	
(urban clusters with 10,000-49,999 population)	3,046 (63.6%)	1,741 (36.4%)	Low proportion (<=2.5% of pop.)	10,900 (54.7%)	9,041 (45.3%)	
Small town			Proportion of Hispanic residents			
(urban clusters with 2.500-9.999 population)	2,492 (69.8%)	1,076 (30.2%)	High proportion (>45.5% of pop.)	449 (28.1%)	1,149 (71.9%)	
Rural (clusters <2.500	4 798 (76.6%)	1 469 (23 4%)	Medium proportion (>18.3-45.5% of pop.)	896 (27.6%)	2,349 (72.4%)	
population)	.,	.,()	Low proportion	12,955 (47.4%)	14,362 (52.6%)	
Poverty Status			Proportion of American Indian/Alaska Native residents			
(>17.3% of pop.)	3,974 (49.4%)	4,069 (50.6%)	High proportion (>30.1% of pop.)	255 (70.4%)	107 (29.6%)	
(>12.3-17.3% of pop.)	2,730 (49.3%)	2,806 (50.7%)	Medium proportion (>0.7-30.1% of pop.)	9,020 (61.2%)	5,725 (38.8%)	
Low Poverty (<= 12.3% pop.)	7,521 (40.9%)	10,872 (59.1%)	Low proportion (<=0.7% of pop)	4,966 (29.3%)	12,003 (70.7%)	

Note: Light blue cells indicate where a majority of zip codes in the strata (>50%) are either served or underserved.

Findings

- People in rural locations had lower access to Test-to-Treat programs (23% of zip codes) compared to metropolitan areas (77%), paralleling trends in the cumulative COVID-19 death rate that is increasingly higher among people living in rural and micropolitan areas.⁶
- The majority of zip codes with the highest proportion of American Indian/Alaska Native residents were underserved had no nearby access to Test-to-Treat.
- Almost half of zip codes with a high poverty rate remained underserved in July 2022.

3. Gold JAW, Kelleher J, Magid J, et al. Dispensing of Oral Antiviral Drugs for Treatment of COVID-19 by Zip Code-Level Social Vulnerability - United States, December 23, 2021-May 21, 2022. *MMWR Morb Mortal Wkly Rep.* 2022;71(25):825-829.

4. Office of the Assistant Secretary for Preparedness & Response. Fact Sheet: Federally-Supported Test to Treat Sites. U.S. Department of Health and Human Services. Published May 2022. Accessed July 22, 2022.

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