

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/covid-19-frontlines/are-disparities-in-access-to-covid-19-testing-sites-skewing-case-estimates/11751/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Are Disparities in Access to COVID-19 Testing Sites Skewing Case Estimates?

Coming to you from the ReachMD Studios, this is *COVID-19: On the Frontlines*. I'm Dr. Charles Turck.

The following is a brief news summary on a recent report that explores how disparities in access to COVID-19 testing sites may skew case estimates, as reported by Medical Xpress. Visit the site at medicalxpress.com.

Now that we're several months into the pandemic, many states and counties are turning to the local data gathered on COVID-19 incidence to help inform their plans moving forward. But are those reports really the most accurate sources of information?

According to a peer-reviewed study published in the *Journal of Travel Medicine*, uneven access to healthcare suggests that local estimates of COVID-19 cases are significantly undercounted.

By using two national databases which identify more than 6,000 coronavirus testing sites, a high-resolution map, and published travel times, a team of researchers calculated how long it would take people to get to a testing site.

They found that rural counties and those with a larger non-white or uninsured population have higher travel times to COVID-19 testing sites, and these disparities may be more common than previously thought.

In fact, 30 percent of the U.S. population lives in a county where the median travel time exceeds 20 minutes. And in some areas, median travel times exceed 20 minutes for up to 86 percent of the population. In others, only 5 percent.

But it wasn't just drive-through locations that patients were traveling to; in fact, they accounted for just 3 percent of testing sites recorded in the database the researchers used. 43 percent of the testing sites were affiliated with medical centers and 47 percent with urgent care providers.

But regardless of the type of testing center, this study shows the importance of rethinking the location of testing sites, especially in relation to vulnerable populations, and the researchers now plan to explore how this disparity might affect the public health response, access to care, and, ultimately, people's outcomes after testing positive for COVID-19.

For ReachMD, this is *COVID-19: On the Frontlines*. To access more details on this news report, visit medicalxpress.com. And as always, to add your perspectives toward the fight against this global pandemic, visit us at [ReachMD.com](https://reachmd.com) and become Part of the Knowledge. Thank you for listening.