COLUMBIA INFECTIOUS DISEASES

Long COVID Healthcare Stigma: Associations with Social Determinants of Health and Illness Severity

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BACKGROUND

- Long COVID has affected millions worldwide with a disproportionate impact in high-risk communities due to **social determinants of health (SDOH).**
- **Stigma and provider dismissal** are frequently reported.
- Few studies have explored the intersection of stigma with SDOH and clinical severity.

METHODS

- The COVID-19 Persistence and Immunology Cohort (C-PIC) is an observational cohort study with over 750 participants.
- Demographics, COVID infection severity, Long COVID symptoms, and stigma survey data were collected at baseline.
- **Severe acute COVID** was defined as requiring hospital admission.
- **Severe Long COVID** was defined as meeting criteria for myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), including fatigue plus either cognitive dysfunction or orthostatic intolerance.
- Binary (Y/N) survey questions included:
  - **"Have you seen a medical provider for Long COVID?"**
  - **"Have you experienced stigma or felt dismissed by healthcare providers regarding your Long COVID symptoms?"**
- Healthcare-associated stigma or dismissal was compared across demographics, acute COVID severity, and Long COVID severity using chi-squared and Fisher's exact tests.

RESULTS

- Among 415 participants that responded to the stigma question, 159 reported receiving Long COVID specific healthcare.
- **108/159 (68%) reported Long COVID healthcare associated stigma or dismissal.**
- **Stigma was highest among White (77%) compared with Black (33%) and Asian (55%) participants (p<0.001),** with a trend toward higher stigma in non-Hispanic (70%) vs Hispanic participants (55%).
- **Long COVID severity was associated with higher stigma (76% vs 48%, p<0.001).**
- Stigma did not differ based on age, sex, education, income, employment, health insurance, or acute COVID severity.

Healthcare stigma or dismissal was reported by **68%** of Long COVID participants and associated with **race and symptom severity**

Table 1. Self-reported healthcare stigma or dismissal among 159 participants who received Long COVID care		Stigma Count (%)	No stigma Count (%)	p
Age	<18	2 (67)	1 (33)	0.54
	18-40	48 (74)	17 (26)	
	41-60	39 (65)	21 (35)	
	>60	19 (61)	12 (39)	
Sex	Male	26 (65)	14 (35)	0.80
	Female	81 (69)	37 (31)	
	Other	1(100)	-	
Race	White	**86 (77)**	**26 (23)**	***<0.001***
	Black	**6 (33)**	**12 (67)**	
	Asian	**6 (55)**	**5 (46)**	
	American Indian/Alaskan	**1 (100)**	**-**	
	Other race	**2 (25)**	**6 (75)**	
	Two or more races	**7 (78)**	**2 (22)**	
Ethnicity	Hispanic	12 (55)	10 (45)	0.15
	Non-Hispanic	96 (70)	41 (30)	
Education	Highschool level	8 (57%)	6 (43%)	0.39
	College degree or higher	86 (68%)	40 (32%)	
Income	<$20,000	17 (61)	11 (39)	0.40
	$20,000-$39,000	14 (78)	4 (22)	
	$40,000-$59,000	11 (69)	5 (31)	
	$60,000-$79,000	15 (71)	6 (29)	
	$80,000-$99,000	10 (83)	2 (17)	
	>$100,000	21 (55)	17 (45)	
Employment	Unemployed	12 (67)	6 (33)	0.94
	Unemployed (retired, disability, student)	22 (65)	12 (35)	
	Part-time	18 (72)	7 (28)	
	Full-time	40 (66)	21 (34)	
Insurance	Uninsured	3 (60)	2 (40)	0.94
	Medicaid/public insurance	22 (67)	11 (33)	
	Medicare	12 (63)	7 (37)	
	Private Insurance	56 (68)	26 (32)	
Acute COVID Severity	Required hospital admission	13 (68)	6 (32)	1.00
	Did not require hospital admission	95 (68)	45 (32)	
Long COVID Severity	ME/CFS criteria (severe)	**87 (76)**	**28 (24)**	***<0.001***
	Did not meet ME/CFS criteria	**21 (48)**	**23 (52)**	

CONCLUSIONS

- **Healthcare associated stigma or dismissal** was reported by **over two thirds** of participants who received Long COVID specific care.
- Stigma was reported more often by **White and non-Hispanic participants**, contrasting with intersectional stigma patterns observed in other conditions (i.e., HIV).
- This may reflect differing prior experiences with healthcare systems, communication dynamics, and expectations of care.
- Provider education on Long COVID and ME/CFS may help mitigate stigma and dismissal.
- We are conducting focus groups and in-depth interviews to elucidate mechanisms of stigma, further explore patient experiences, and develop stigma-reduction interventions.

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PLAIN LANGUAGE SUMMARY

Two out of three Long COVID participants reported feeling dismissed or stigmatized by healthcare providers, especially those with more severe illness. Unexpectedly, stigma was more common among White participants, suggesting that prior healthcare experiences and expectations may shape how stigma is experienced.