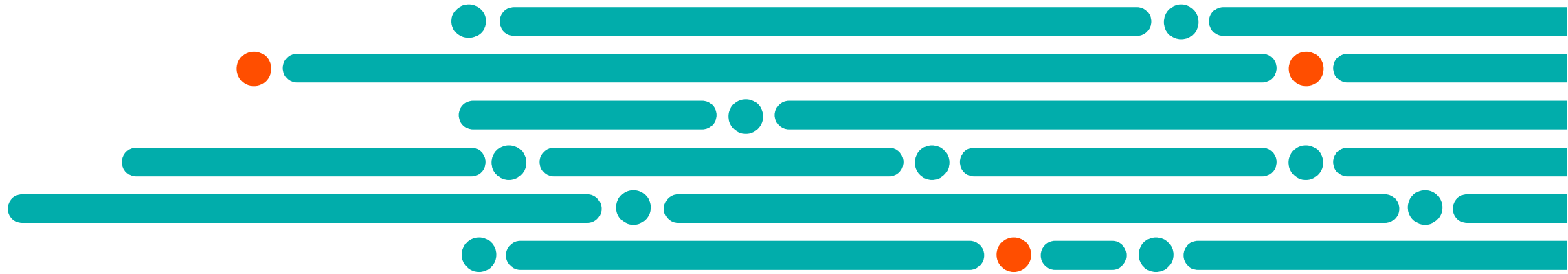


Race and Comorbidities in COVID-19



Disclosure

Beth Godsey, MBA, MSPA, and Heather Blonsky, MS, have no financial conflicts of interest to disclose.

Learning Objectives

Describe how organizations are developing strategies to identify and address social determinants of health needs for vulnerable patient populations.

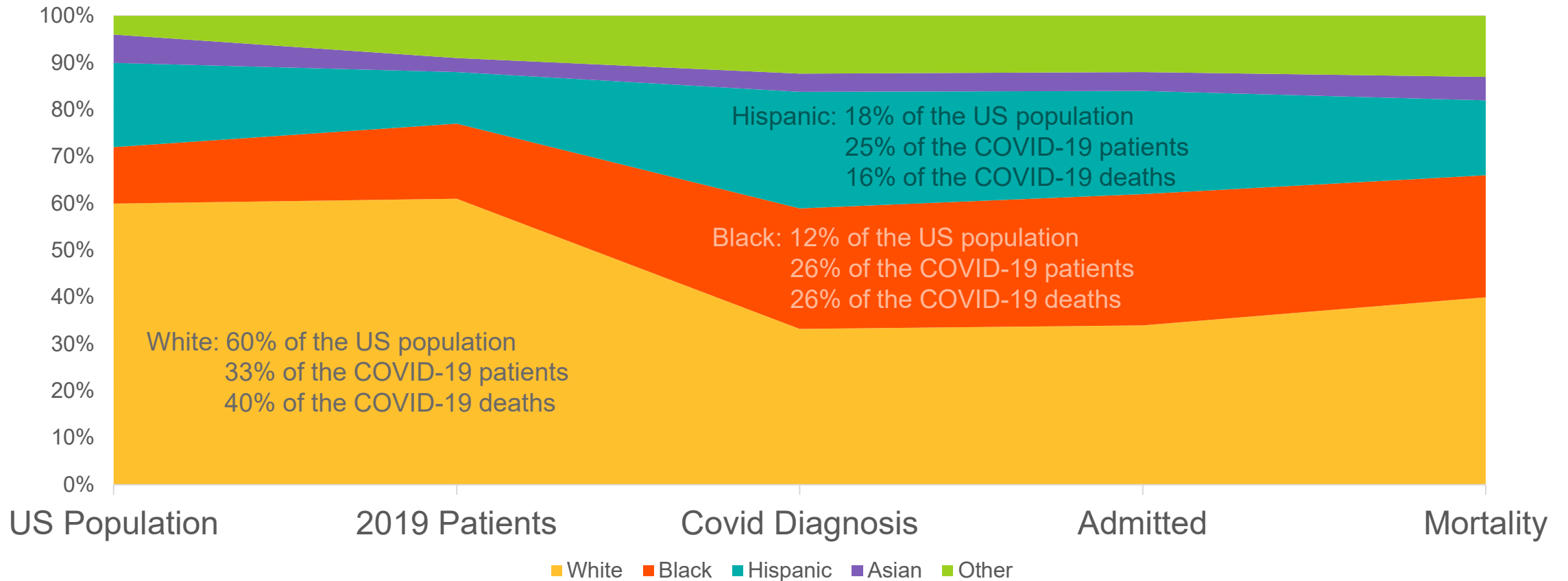
COVID-19 Admissions Vary by Race

Although age is a principal driver of COVID-19 diagnosis rates and outcomes, Black and Hispanic patients are diagnosed with COVID-19 at a rate far higher than their proportion of the population.

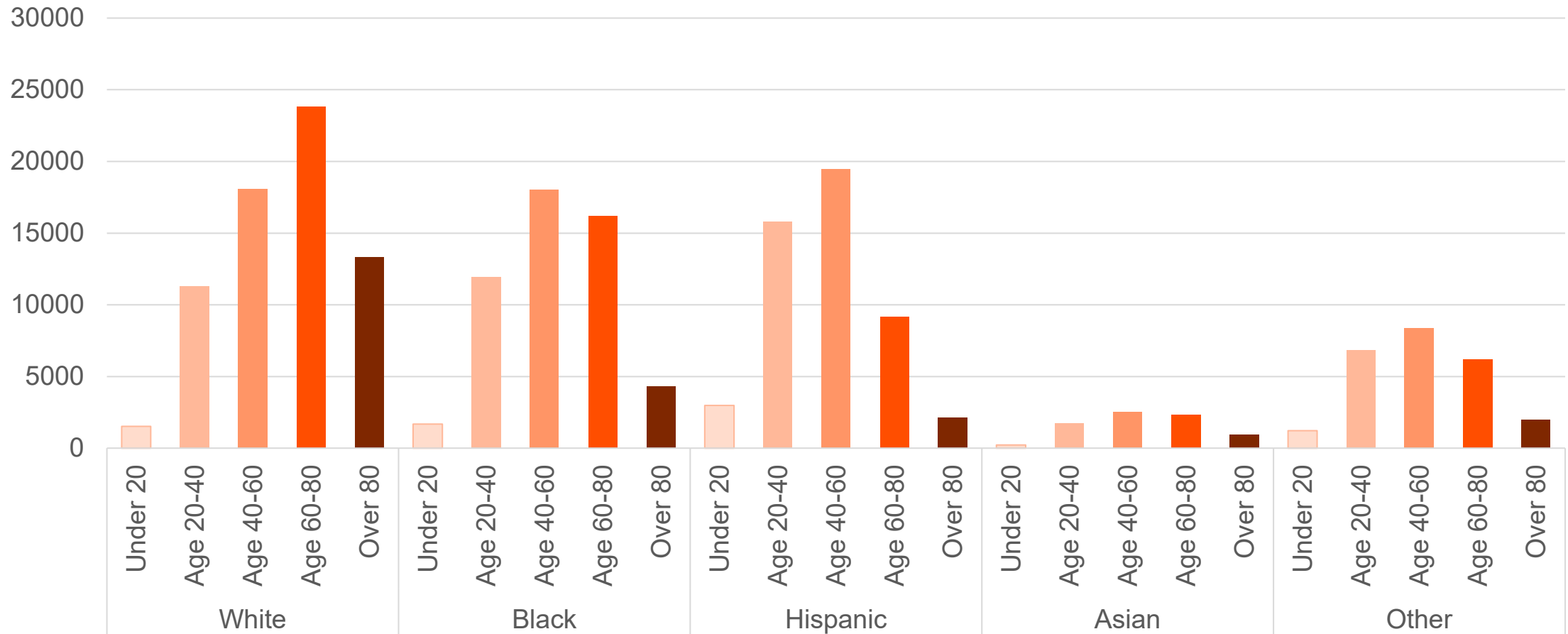
Question:

To what extent do different rates of comorbidities in different Race/Ethnicity groups explain different rates of COVID-19?

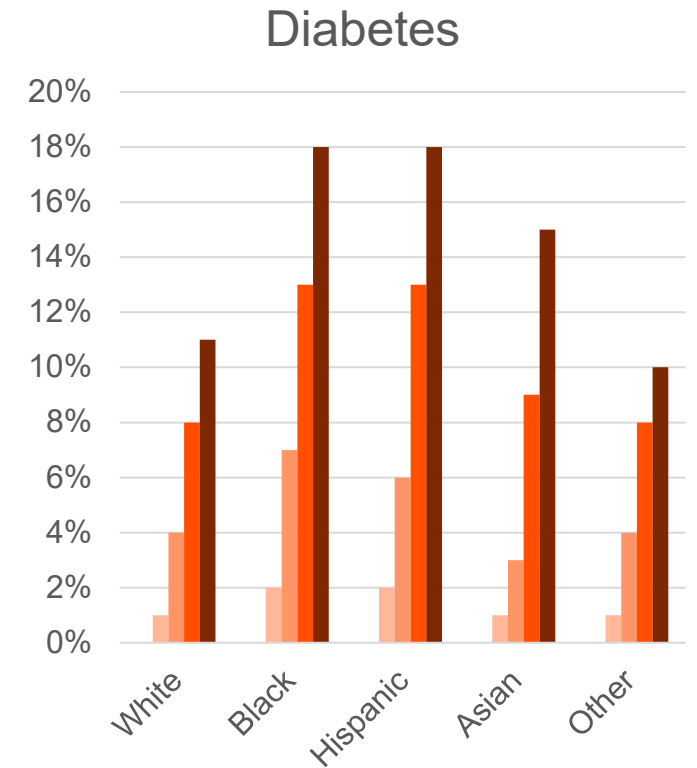
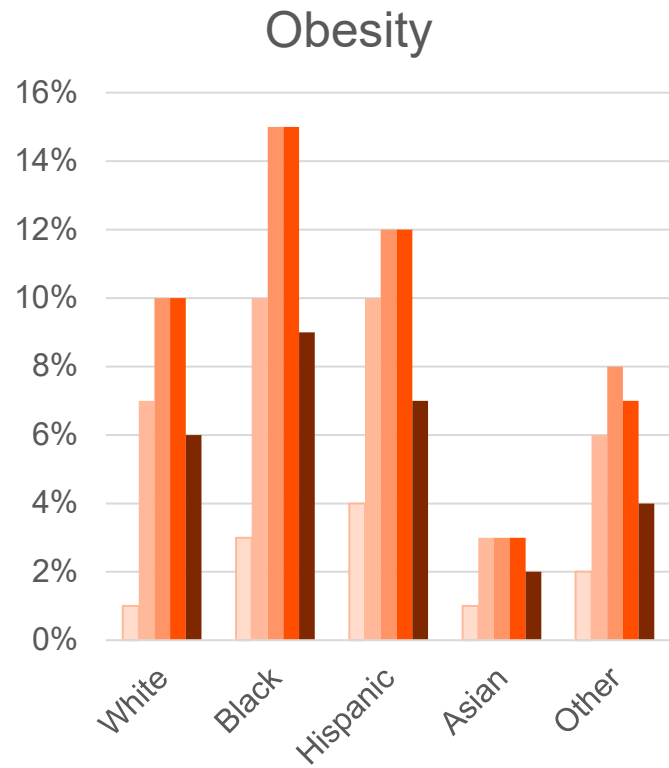
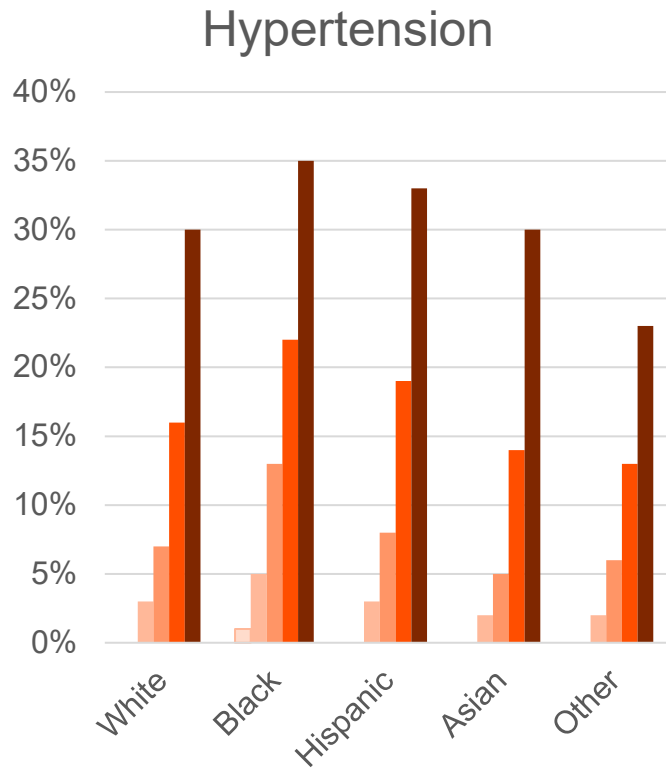
Black and Hispanic Patients are Much More Frequently Diagnosed with COVID-19



Black and Hispanic Patients Are At Higher Risk of COVID-19 Diagnosis For Their Age

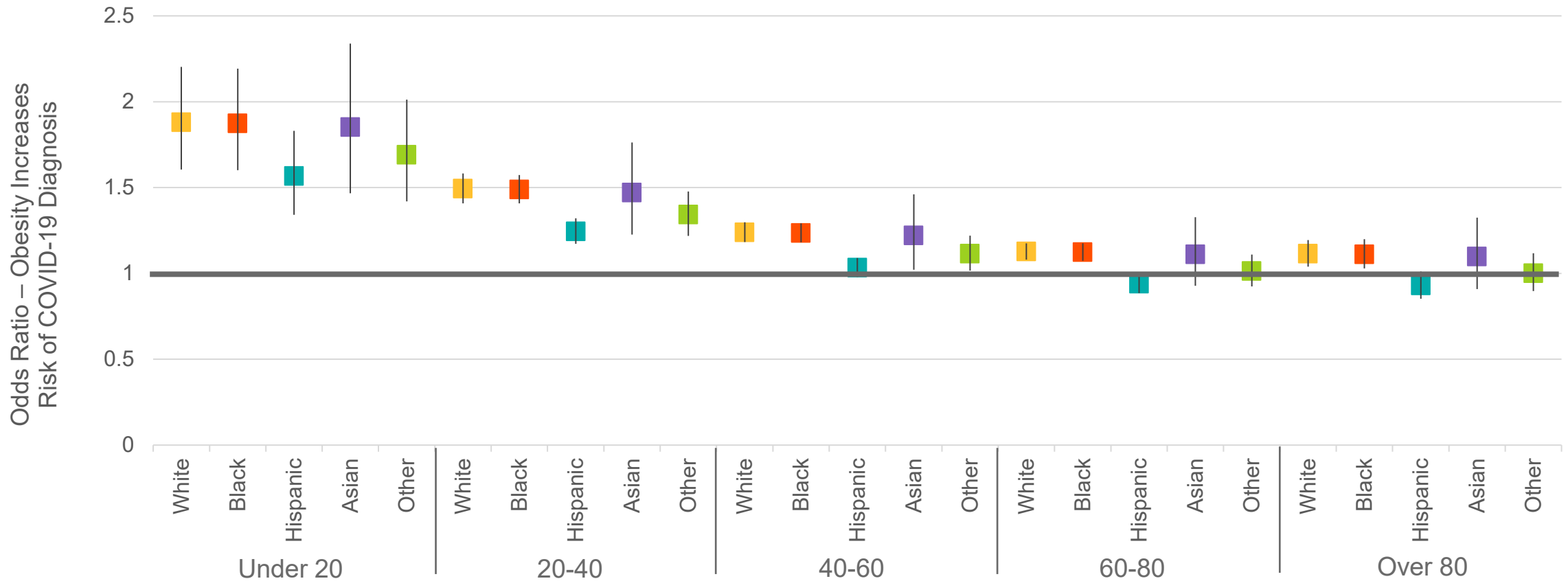


Black and Hispanic Patients Have Higher Rates of Comorbidities For Their Age

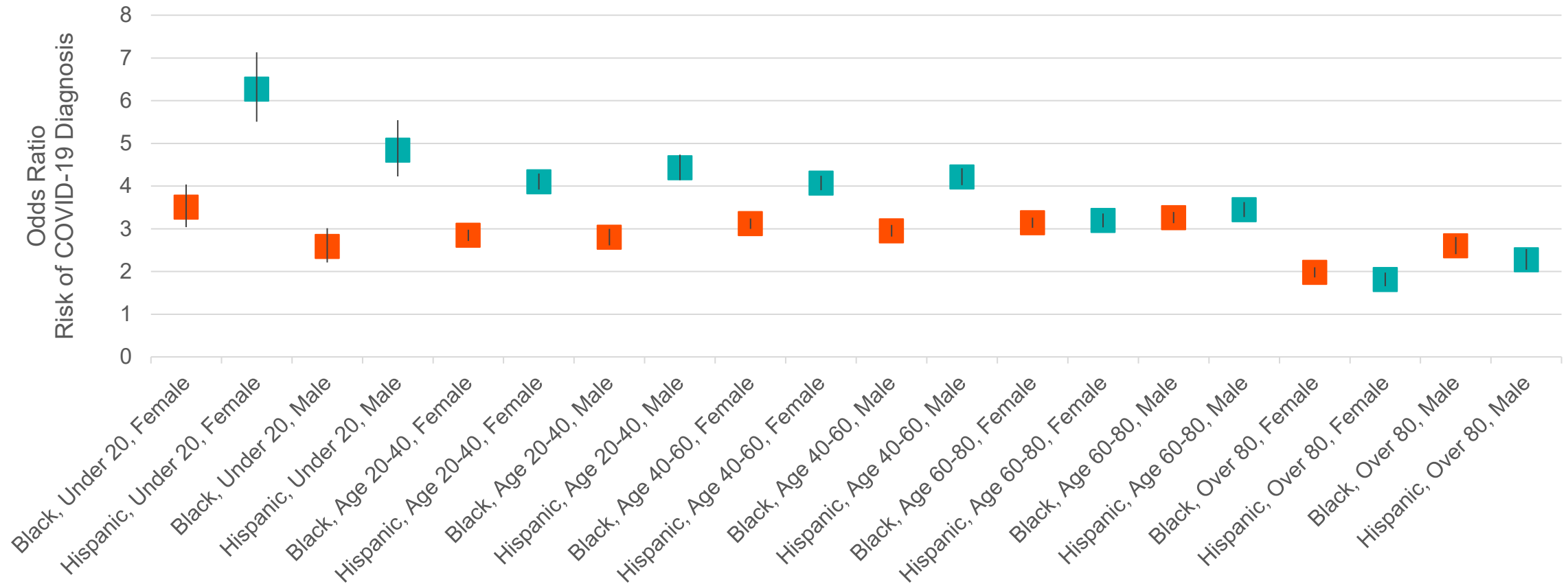


■ <20
 ■ 20-40
 ■ 40-60
 ■ 60-80
 ■ >80

COVID-19 Diagnosis Risk By Comorbidities Varies by Age and Race/Ethnicity



Black and Hispanic Patients Have Additional Risk Not Explained by Comorbidities



A Majority of COVID-19 Patients Are New

More than half of our members' COVID-19 patients have no prior history, since January 2019.

These “new” patients are:

- Younger than returning patients
- Less likely to have comorbidities
- Far more frequently male
- Much more often Hispanic or Other, less often Black or White.

New Patients Have Worse Outcomes

Despite lower incidence of comorbidities, patients without a recent history of care have significantly worse outcomes.

Among all new patients with COVID-19:

odds of admission are 2.11 times that of an established patient

Among admitted new patients with COVID-19:

odds of an ICU stay are 1.34 times that of an established patient

odds of mortality are 1.16 that of an established patient

Comorbidities and New Patients Explain Some of the Race/Ethnicity Distribution

To what extent are higher rates of COVID-19 attributable to higher rates of comorbidities in different Race/Ethnicity groups?

Some but not all of the racial disparities appear to be attributable to higher rates of comorbidities.

There is additional risk to Black and Hispanic patients that cannot be attributed to the comorbidities we investigated.

More than half of COVID-19 diagnoses involve patients who have no recent history with our member institutions.

Next Steps

Equity Steering Committee members are collaborating on local focused work to find strategies that may address the source of inequity:

- Patient Outreach, especially in zip codes with underserved populations
- Chronic Disease Management
 - Improvements in Blood Pressure, BMI, or A1C
 - Establishment of primary care relationships