Today’s Agenda

<table>
<thead>
<tr>
<th>Time (MT)</th>
<th>Presentation</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noon – 12:05 pm</td>
<td>Welcome, Announcements, Introductions</td>
<td>Lachelle Smith, Director, ECHO Idaho</td>
</tr>
<tr>
<td>12:05 – 12:10 pm</td>
<td>Idaho Epidemiology Curve and Public Health Updates</td>
<td>Carolyn Buxton Bridges, MD, FACP</td>
</tr>
<tr>
<td>12:10 – 12:35 pm</td>
<td>Racism and Health: Widening Health Disparities in the COVID Era</td>
<td>Andrea Christopher, MD, MPH, FACP, Gabrielle Davis, LPC, Jessie Duvall, MD, Leta Harris-Neustaedter, LCSW</td>
</tr>
<tr>
<td>12:35 – 1 pm</td>
<td>Discussion and Q&amp;A</td>
<td>ECHO Community of Practice</td>
</tr>
</tbody>
</table>
Idaho Epidemiology Curves and Public Health Updates

Carolyn Buxton Bridges, MD, FACP
Governor’s Coronavirus Working Group, Former CDC Public Health Physician and Researcher
# Case Counts and SARS-CoV-2 PCR Testing in Idaho

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total lab-confirmed and probable</strong></td>
<td>2,455</td>
<td>3,462</td>
<td>11,402</td>
<td>27,942</td>
<td>35,532</td>
<td>40,922</td>
</tr>
<tr>
<td></td>
<td>(△556)</td>
<td>(△7,940)</td>
<td>(△16,540)</td>
<td>(△7,590)</td>
<td>(△5,390)</td>
<td></td>
</tr>
<tr>
<td><strong>Deaths</strong></td>
<td>74</td>
<td>88</td>
<td>102</td>
<td>273</td>
<td>419</td>
<td>460</td>
</tr>
<tr>
<td>CFR =3.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFR =2.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFR =0.18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFR =1.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFR =1.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFR =0.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>213</td>
<td>270</td>
<td>500</td>
<td>1,129</td>
<td>1,612</td>
<td>1,832</td>
</tr>
<tr>
<td><strong>Hospitalizations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(△230)</td>
<td>(△629)</td>
<td>(△483)</td>
<td></td>
<td></td>
<td>(△220)</td>
</tr>
<tr>
<td><strong>ICU admissions</strong></td>
<td>89</td>
<td>100</td>
<td>144</td>
<td>316</td>
<td>424</td>
<td>454</td>
</tr>
<tr>
<td></td>
<td>(△44)</td>
<td>(△172)</td>
<td>(△108)</td>
<td></td>
<td></td>
<td>(△30)</td>
</tr>
<tr>
<td><strong>Healthcare personnel</strong></td>
<td>295</td>
<td>366</td>
<td>760</td>
<td>1,660</td>
<td>2,404</td>
<td>2,748</td>
</tr>
<tr>
<td></td>
<td>(△57)</td>
<td>(△394)</td>
<td>(△900)</td>
<td>(△744)</td>
<td></td>
<td>(△344)</td>
</tr>
<tr>
<td><strong>Total tests</strong></td>
<td>37,847</td>
<td>65,306</td>
<td>129,540</td>
<td>225,018</td>
<td>277,368</td>
<td>304,891</td>
</tr>
<tr>
<td></td>
<td>(△17,436)</td>
<td>(△64,234)</td>
<td>(△95,478)</td>
<td>(△52,350)</td>
<td></td>
<td>(△27,523)</td>
</tr>
</tbody>
</table>

[https://coronavirus.idaho.gov](https://coronavirus.idaho.gov)
Daily Cases (by Date of Official State Notification)

Case Classification
- Probable
- Confirmed
### Counties With the Highest Number of Cases for Week Selected

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ada</td>
<td>90</td>
</tr>
<tr>
<td>Madison</td>
<td>50</td>
</tr>
<tr>
<td>Canyon</td>
<td>40</td>
</tr>
<tr>
<td>Twin Falls</td>
<td>30</td>
</tr>
<tr>
<td>Bonneville</td>
<td>20</td>
</tr>
</tbody>
</table>

![Graphs showing the rate per 100,000 population for ADA, Bonneville, Madison, and Twin Falls.](image-url)
Patients Ever Hospitalized by Age Group

- <18
- 18-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80-89
- 90-99
- 100+
Deaths by age group, race and ethnicity

Bar graph showing deaths by age group, with categories including <18, 18-29, 30-39, 40-49, 50-59, 60-69, 70-79, and 80+. The bars are color-coded by race/ethnicity.

- Hispanic
- Non-Hispanic

The Hispanic bar is shown for the 80+ age group, while the Non-Hispanic bar spans the entire age range from 0% to 90% of Idaho resident deaths.
Relative impact in 0-17 year olds thus far

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
<th>Hosp</th>
<th>Deaths</th>
<th>Total hospitalized with multisystem inflammatory syndrome</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/10/20 &amp; before</td>
<td>2,263/25,100=9.0%</td>
<td>29/1006=2.9%</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>8/17/20 &amp; after</td>
<td>1,871/15,822=11.8%</td>
<td>11/826=1.3%</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Total 3 children hospitalized with multisystem inflammatory syndrome**
Left: Idaho COVID-19 Transmission Risk Levels from PHDs

Right: Idaho School District Status Dashboard

https://idaho.maps.arcgis.com/apps/PublicInformation/index.html?appid=ec7e724aa60c4d7caea4e8b7a84f83d6
https://ioem.maps.arcgis.com/apps/opsdashboard/index.html#/379299e56f234fa89cff3c8c6ac3ac8
Racism and Health: Widening Health Disparities in the COVID Era

Andrea Christopher, MD, MPH, FACP, Internist, Boise VA; Associate Program Director, UW Boise Internal Medicine Residency

Gabrielle Davis, MPH, MA, RRT-ACCS, NPS, CTTS, CHES, Equity and Inclusion Consultant and Licensed Professional Counselor, Ambitions of Idaho

Jessie Duvall, MD, Pediatric Hospitalist, St. Alphonsus

Leta Harris-Neustaedter, LCSW, Metamorphosis Performing Arts Studio, LLC
The pattern of disparities during the COVID-19 crisis is analogous to the medical concept of “acute on chronic.” This refers to a long-standing medical condition that is exacerbated by an acute illness, often leading to worse outcomes than would have resulted from the acute illness alone.

This is the case for COVID-19: It is a novel disease and global pandemic that has unmasked long-standing underlying health disparities.

Leana S. Wen & Nakisa B. Sadeghi
Health Affairs Blog, July 2020
# COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

## Factors That Increase Community Spread and Individual Risk

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic Persons</th>
<th>American Indian or Alaska Native, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASES</strong></td>
<td>2.8x higher</td>
<td>1.1x higher</td>
<td>2.6x higher</td>
<td>2.8x higher</td>
</tr>
<tr>
<td><strong>HOSPITALIZATION</strong></td>
<td>5.3x higher</td>
<td>1.3x higher</td>
<td>4.7x higher</td>
<td>4.6x higher</td>
</tr>
<tr>
<td><strong>DEATH</strong></td>
<td>1.4x higher</td>
<td>No Increase</td>
<td>2.1x higher</td>
<td>1.1x higher</td>
</tr>
</tbody>
</table>

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to healthcare, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

## Actions to Reduce Risk of COVID-19

- **Wearing a mask**
- **Social distancing** (6 ft goal)
- **Hand hygiene**
- **Cleaning and disinfection**

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1. Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

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Racial/Ethnic Disparities for COVID19 in Idaho

"Ethnicity is not consistently reported and is often unknown or unconfirmed," according to a statement provided to the Idaho Press from Ellie Morgan, epidemiologist at Southwest District Health. "The vast majority of labs we receive do not have race or ethnicity identified." April 2020.

• Hispanic people account for 13% of population,
  – 32% of COVID19 cases,
  – 23.35% of COVID19 deaths

# Social Determinants of Health

## Economic Stability
- Employment
- Income
- Expenses
- Debt
- Medical bills
- Support

## Neighborhood and Physical Environment
- Housing
- Transportation
- Safety
- Parks
- Playgrounds
- Walkability
- Zip code / geography

## Education
- Literacy
- Language
- Early childhood education
- Vocational training
- Higher education

## Food
- Hunger
- Access to healthy options

## Community and Social Context
- Social integration
- Support systems
- Community engagement
- Discrimination
- Stress

## Health Care System
- Health coverage
- Provider availability
- Provider linguistic and cultural competency
- Quality of care

## Health Outcomes
- Mortality
- Morbidity
- Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations
# Social and Economic Factors Drive Health Outcomes

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Food security</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Healthy</td>
<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>options</td>
<td>Stress</td>
<td>Quality of care</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td>Accessibility</td>
<td>Exposure to violence/trauma</td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
<td>Food security</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td></td>
<td>Zip code / geography</td>
<td></td>
<td>Access to healthy options</td>
<td>Provider availability</td>
<td>Provider linguistic and cultural competency</td>
</tr>
</tbody>
</table>

**Health Outcomes:** Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Racism as a Cause of Health Disparities

• Beyond socioeconomic factors, the experience of racism and discrimination leads to negative outcomes in COVID and health in general
  – Maternal mortality rate among Black mothers
  – Black newborns have 3x increased mortality when cared for by white physicians
  – Increased diagnosis of schizophrenia and use of antipsychotics in Black adolescent men
Racism is a Public Health Crisis
“Racism, Not Race”

“Disparity figures without explanatory context can perpetuate harmful myths and misunderstandings that actually undermine the goal of eliminating health disparities.”

Thus, important to beware of:
1. False biologic explanations for racial health disparities
2. Racial stereotypes about behavioral patterns
3. Geographic disaggregation of COVID19 data spurring place-based stigma
4. Misattributing social problems to “racial” origins

Discussion Questions

• What are some issues Black, Indigenous, People of Color (BIPOC) patients face when seeking healthcare?
• How does distrust in the healthcare system manifest in BIPOC communities?
• What are ways systemic racism shows up in healthcare?
• Why it is important to have providers of color? What are some challenges associated with being a BIPOC provider? What are opportunities?
References

- https://www.cdc.gov/mmwr/volumes/69/wr/mm6934e1.htm
- https://www.pnas.org/content/117/35/21194
Society Racism & Health Policies/Statements

- **NASW**: https://www.socialworkers.org/Practice/Ethnicity-Race/Racial-Justice
- **AAFP**: https://www.aafp.org/about/policies/all/institutional-racism.html
- **AAP**: https://pediatrics.aappublications.org/content/144/2/e20191765
Discussion and Q&A

ECHO Community of Practice
JOIN US FOR OUR NEXT SESSION!

For information, please visit uidaho.edu/echo
RESOURCES FROM TODAY’S SESSION AND PAST SESSIONS CAN BE FOUND IN OUR ONGOING RESOURCE LIST.

https://iecho.unm.edu/sites/uidaho/download.hns?i=440