

Today's Agenda

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

The University of Idaho, WWAMI Medical Education Program is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Idaho, WWAMI Medical Education Program designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



Idaho Epidemiology Curves and Public Health Updates

Carolyn Buxton Bridges, MD, FACP

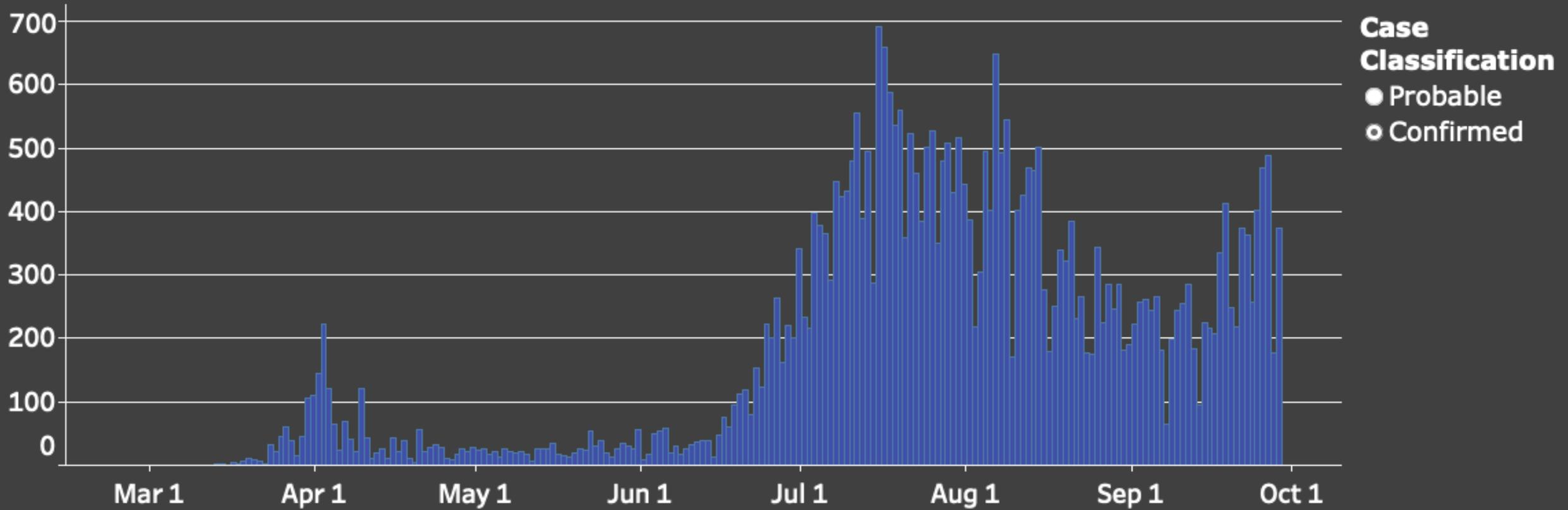
Governor's Coronavirus Working Group, Former CDC Public Health Physician and Researcher

Case Counts and SARS-CoV-2 PCR Testing in Idaho

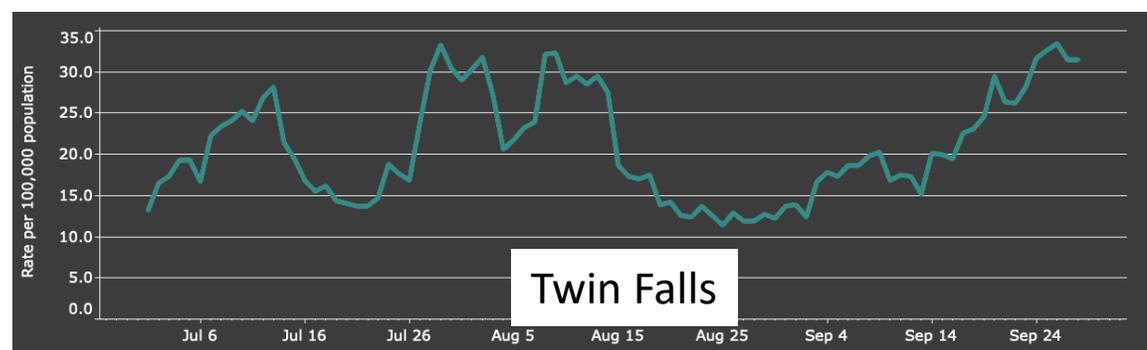
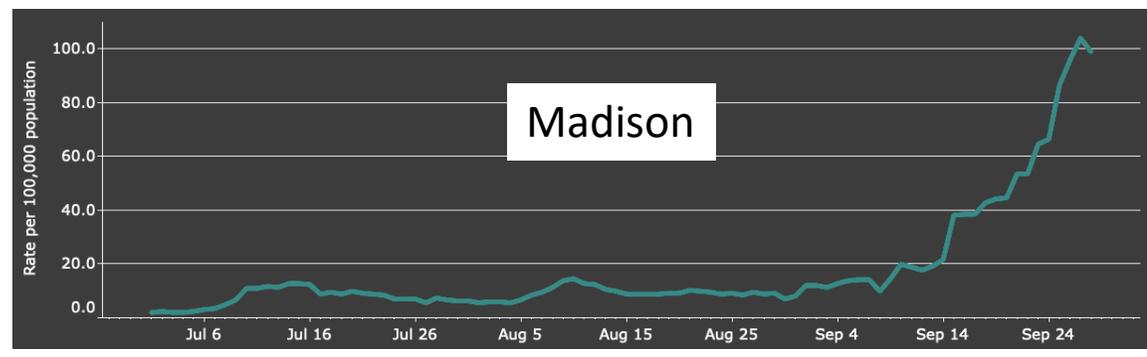
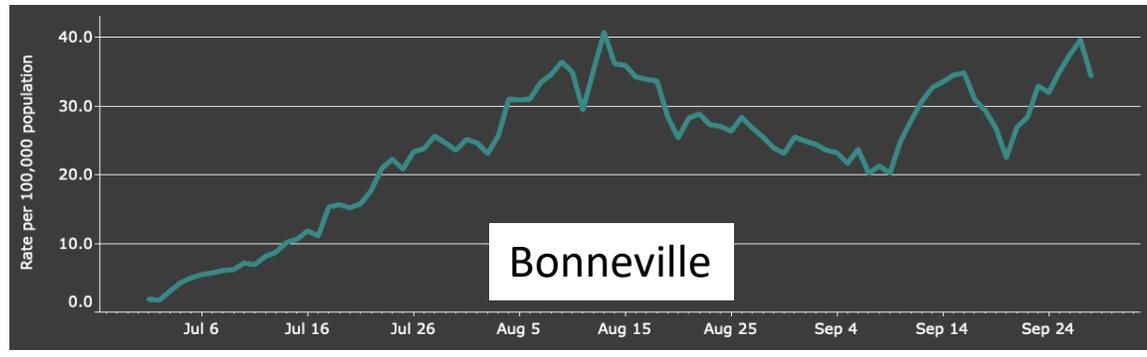
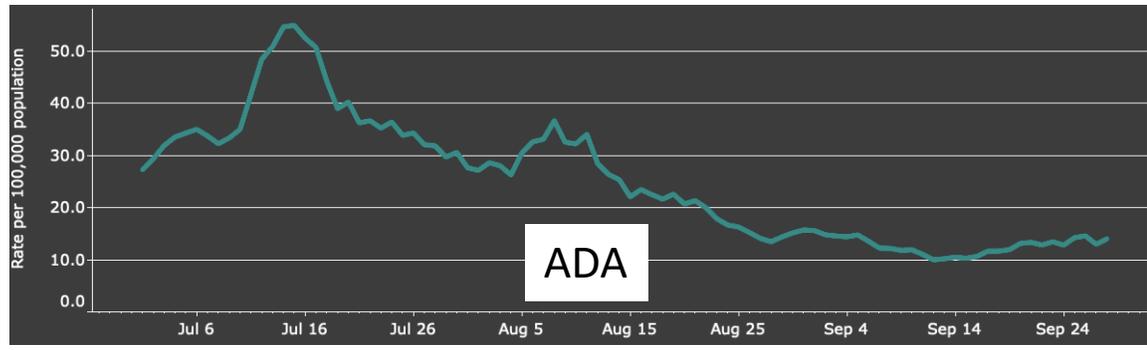
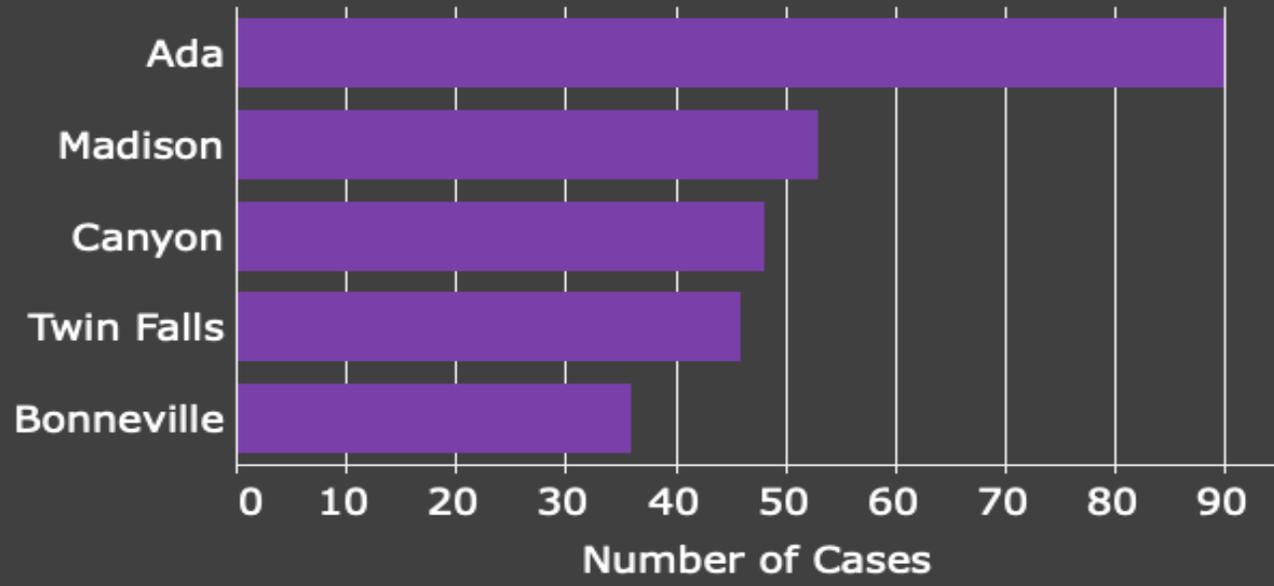
| | 5/19/2020 | 6/15/2020 | 7/13/2020 | 8/17/2020 | 9/13/2020 | 9/28/2020 |
|----------------------------------|----------------|------------------------------|---------------------------------|--------------------------------|--------------------------------|-------------------------------|
| Total lab-confirmed and probable | 2,455 | 3,462 (Δ 556) | 11,402 (Δ 7,940) | 27,942 (Δ 16,540) | 35,532 (Δ 7,590) | 40,922 (Δ 5,390) |
| Deaths | 74 CFR =3.0 | 88 CFR =2.5 | 102 (Δ 14) CFR =0.18 | 273 (Δ 171) CFR=1.0 | 419 (Δ 146) CFR=1.9 | 460 (Δ 41) CFR=0.8 |
| Hospitalizations | 213 | 270 | 500 (Δ 230) | 1,129 (Δ 629) | 1,612 (Δ 483) | 1,832 (Δ 220) |
| ICU admissions | 89 | 100 | 144 (Δ 44) | 316 (Δ 172) | 424 (Δ 108) | 454 (Δ 30) |
| Healthcare personnel | 295 | 366 (Δ 57) | 760 (Δ 394) | 1,660 (Δ 900) | 2,404 (Δ 744) | 2,748 (Δ 344) |
| Total tests | 37,847 | 65,306 (Δ 17,436) | 129,540 (Δ 64,234) | 225,018 (Δ 95,478) | 277,368 (Δ 52,350) | 304,891 (Δ 27,523) |

<https://coronavirus.idaho.gov>

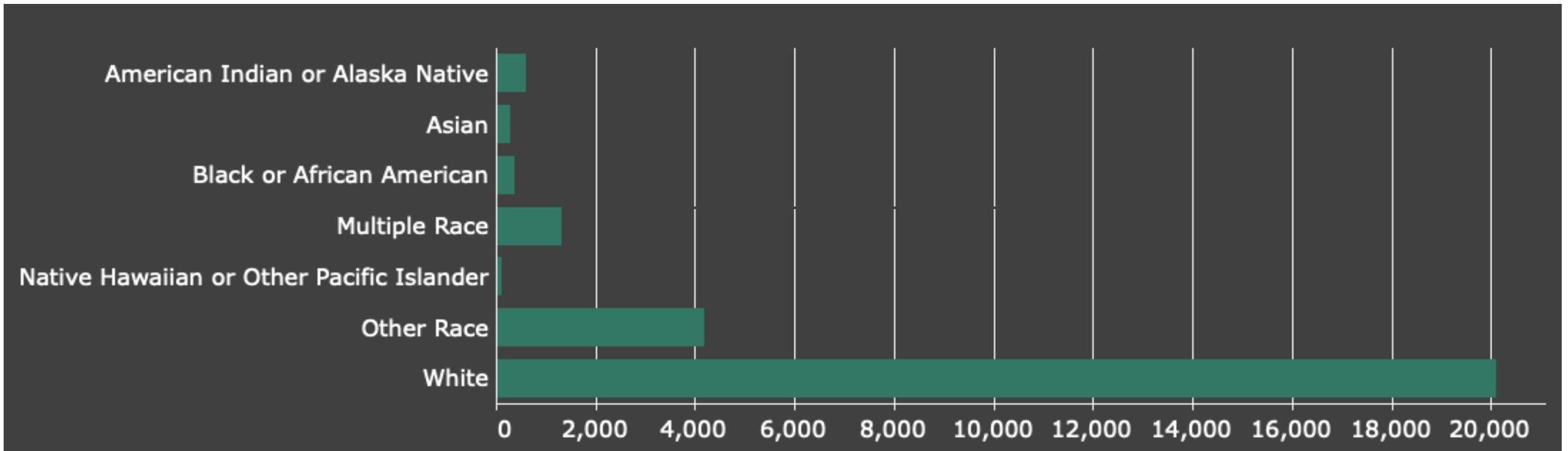
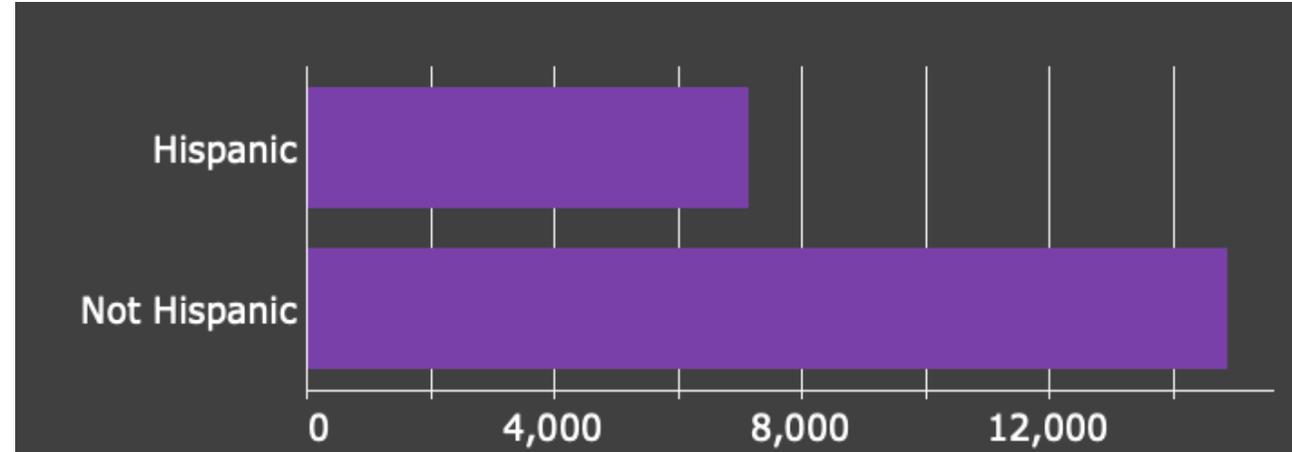
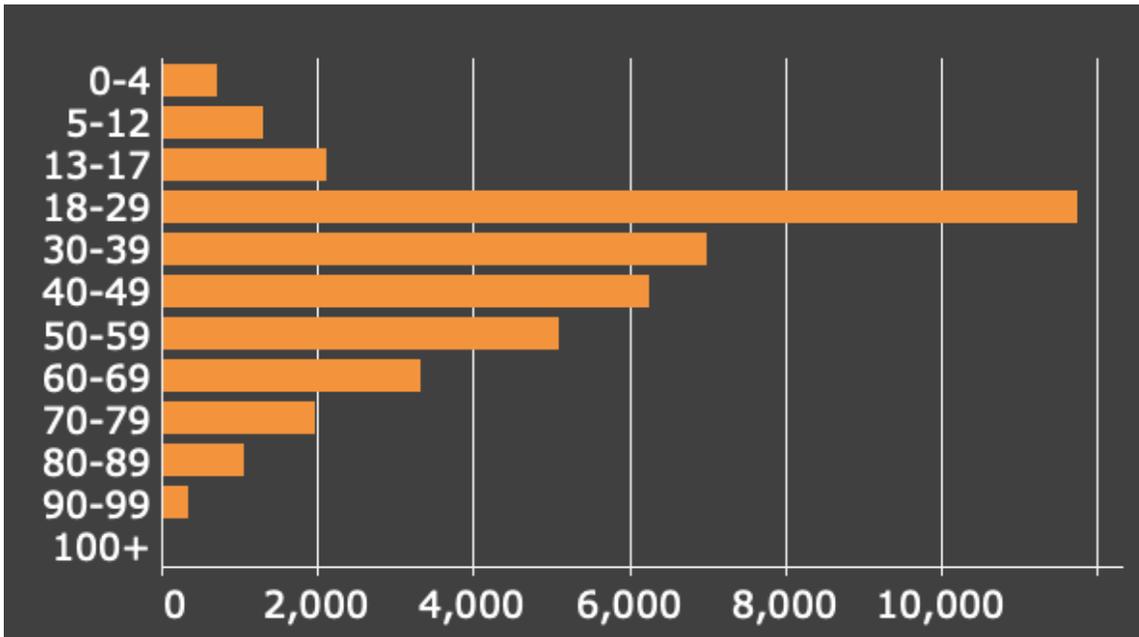
Daily Cases (by Date of Official State Notification)



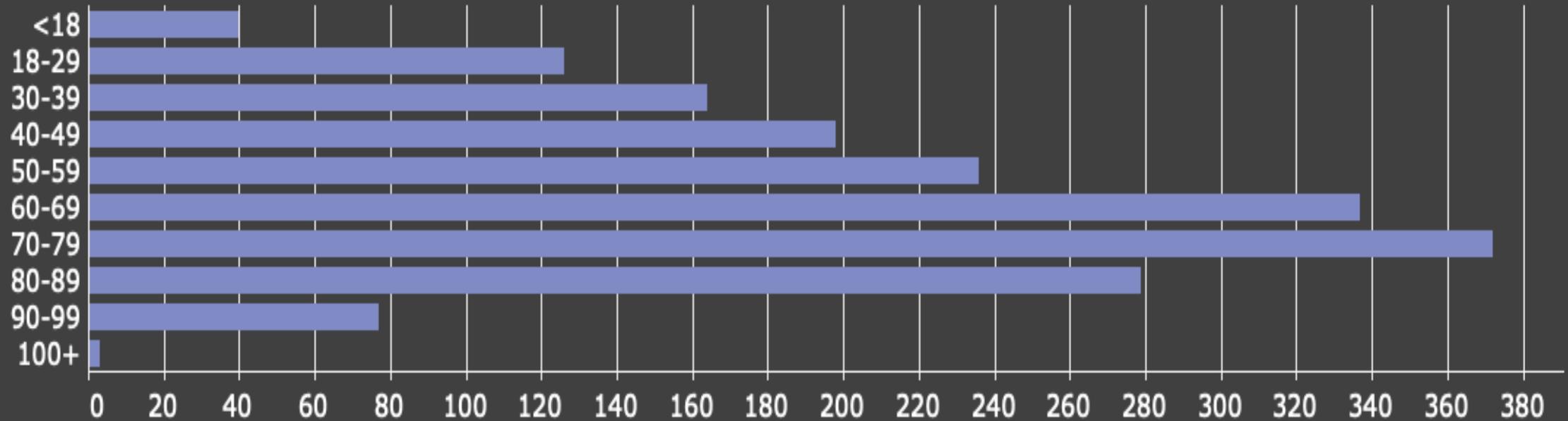
Counties With the Highest Number of Cases for Week Selected



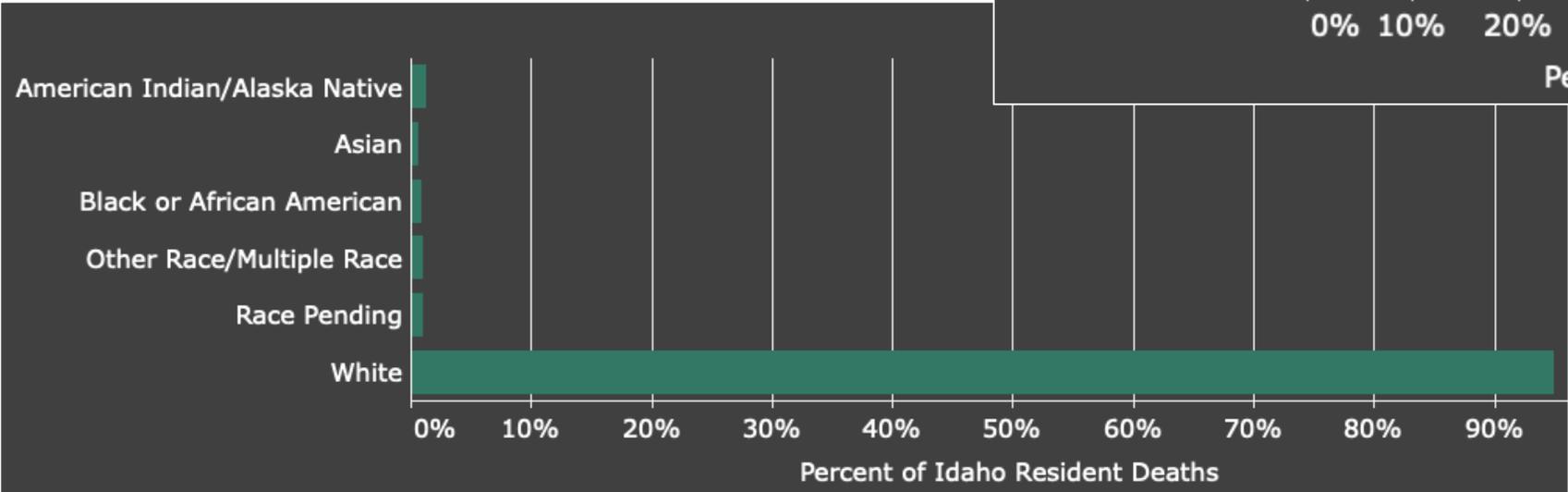
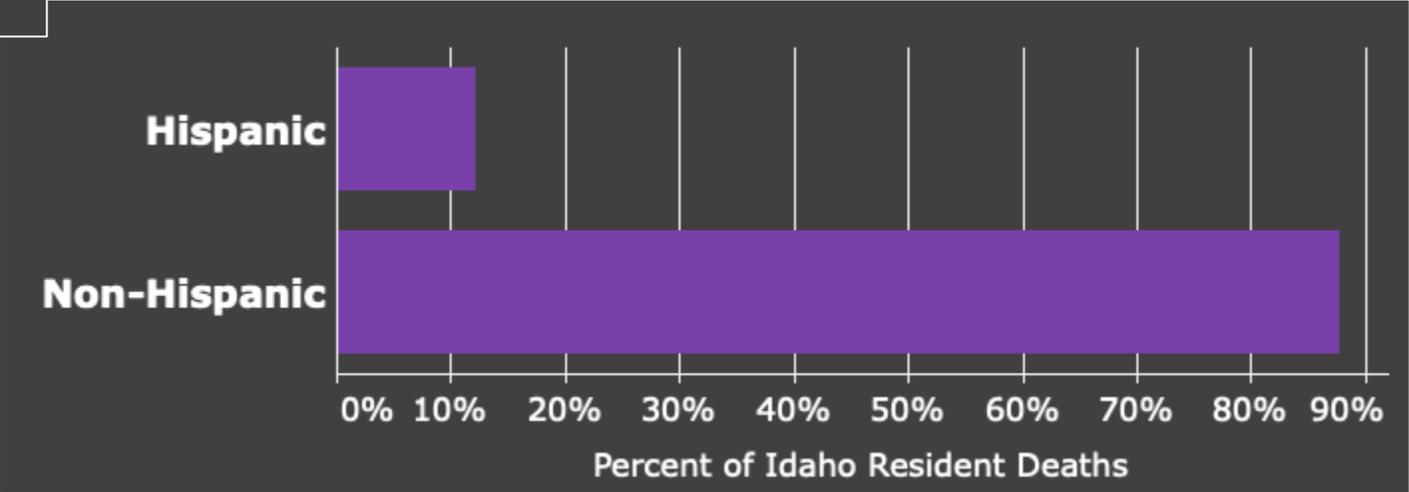
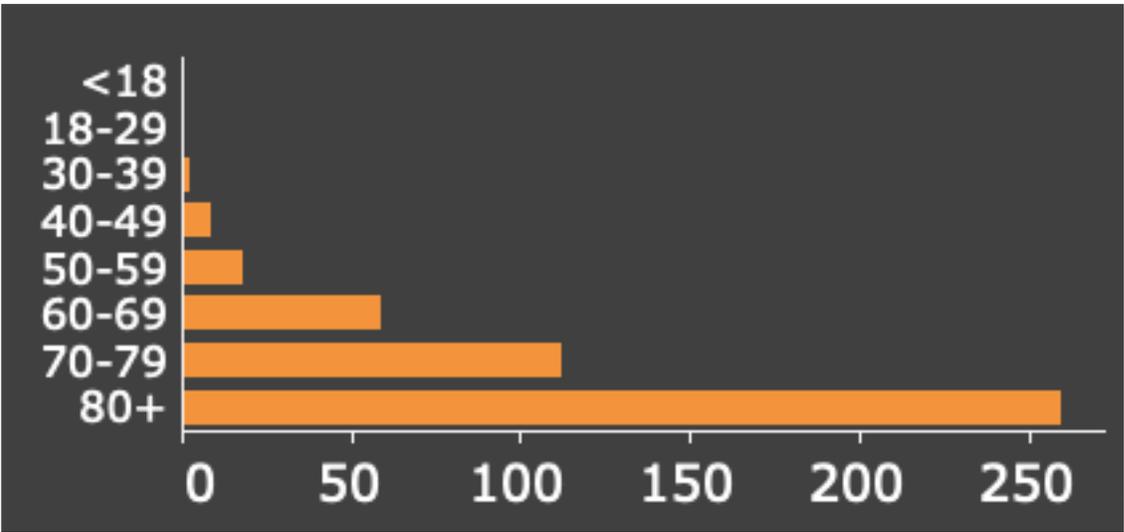
Cases by age group, race and ethnicity



Patients Ever Hospitalized by Age Group



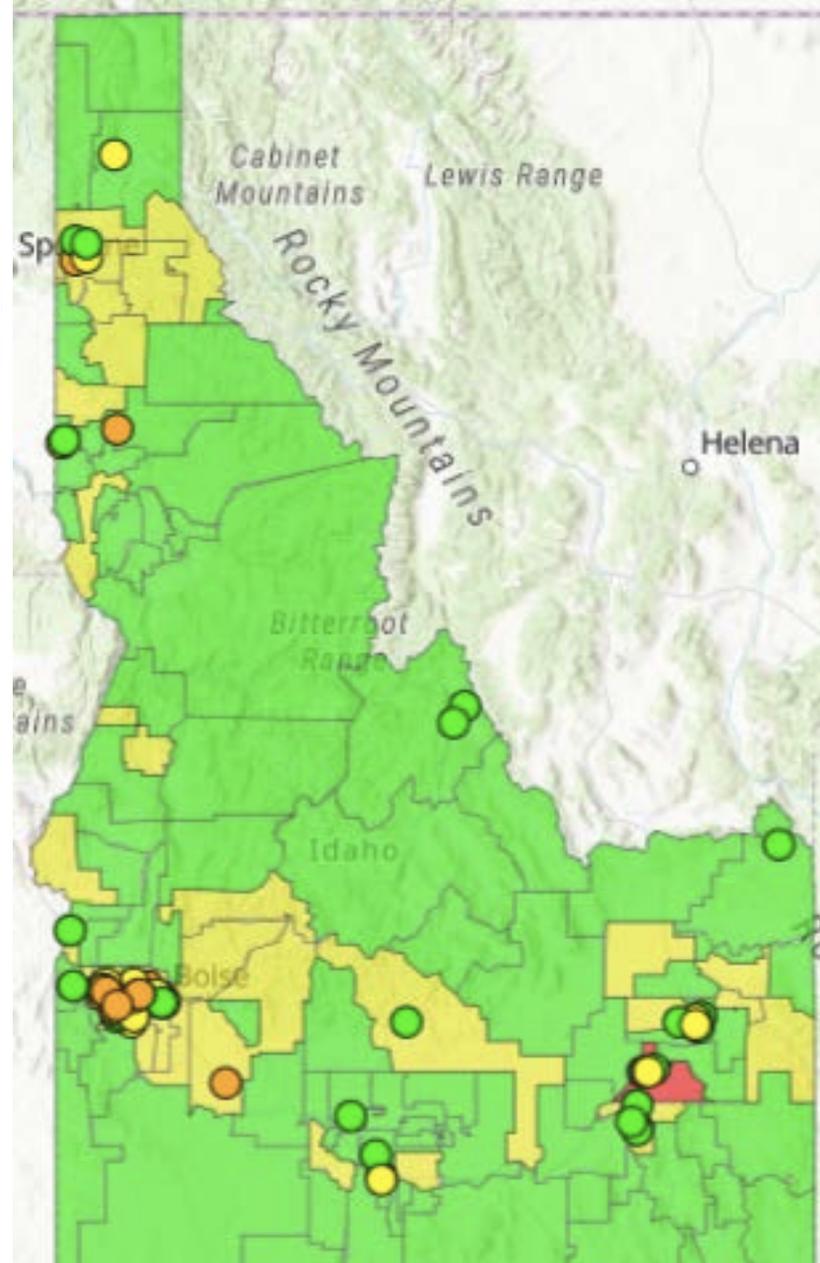
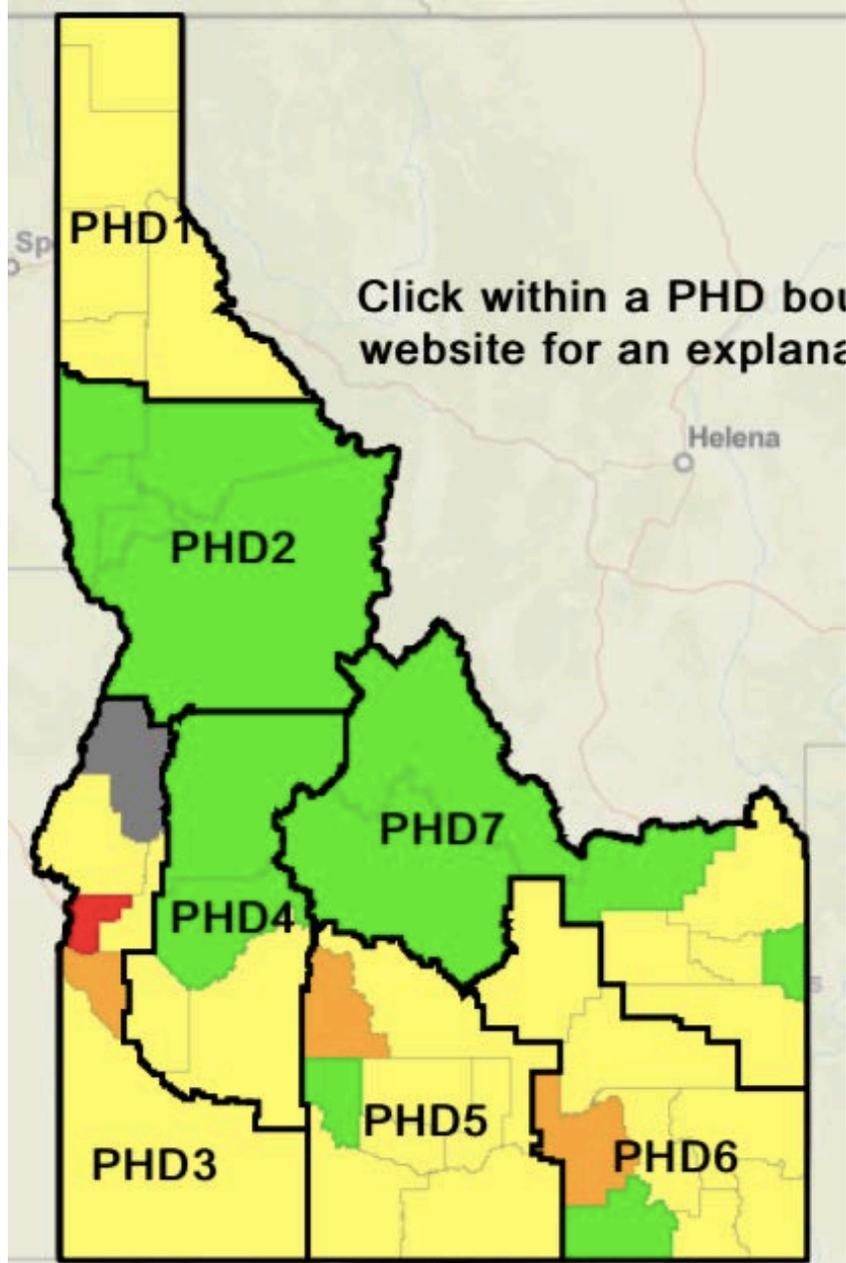
Deaths by age group, race and ethnicity



Relative impact in 0-17 year olds thus far

| Date: | 8/10/20 & before | 8/17/20 & after |
|---------|-------------------|--------------------|
| Cases: | 2,263/25,100=9.0% | 1,871/15,822=11.8% |
| Hosp: | 29/1006=2.9% | 11/826=1.3% |
| Deaths: | 0 | 0 |

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#/379299e56f234fa89cff3c8c6acf3ac8>.

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



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

| Rate ratios compared to White, Non-Hispanic Persons | American Indian or Alaska Native, Non-Hispanic persons | Asian, Non-Hispanic persons | Black or African American, Non-Hispanic persons | Hispanic or Latino persons |
|---|--|-----------------------------|---|----------------------------|
| CASES ¹ | 2.8x higher | 1.1x higher | 2.6x higher | 2.8x higher |
| HOSPITALIZATION ² | 5.3x higher | 1.3x higher | 4.7x higher | 4.6x higher |
| DEATH ³ | 1.4x higher | No Increase | 2.1x higher | 1.1x higher |

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, 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



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.

² Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are ratios of age-adjusted rates.

³ Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.

cdc.gov/coronavirus

CS319360-A 08/08/2020

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

Figure 1

Social Determinants of Health

| Economic Stability | Neighborhood and Physical Environment | Education | Food | Community and Social Context | Health Care System |
|---------------------------|--|---------------------------|---------------------------|-------------------------------------|---|
| Employment | Housing | Literacy | Hunger | Social integration | Health coverage |
| Income | Transportation | Language | Access to healthy options | Support systems | Provider availability |
| Expenses | Safety | Early childhood education | | Community engagement | Provider linguistic and cultural competency |
| Debt | Parks | Vocational training | | Discrimination | Quality of care |
| Medical bills | Playgrounds | Higher education | | Stress | |
| Support | Walkability | | | | |
| | Zip code / geography | | | | |

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Figure 2

Social and Economic Factors Drive Health Outcomes

| Economic Stability | Neighborhood and Physical Environment | Education | Food | Community and Social Context | Health Care System |
|--|--|--|--|--|--|
| Racism and Discrimination | | | | | |
| Employment Income Expenses Debt Medical bills Support | Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography | Literacy Language Early childhood education Vocational training Higher education | Food security Access to healthy options | Social integration Support systems Community engagement Stress Exposure to violence/trauma | 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

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.kff.org/coronavirus-covid-19/issue-brief/covid-19-racial-disparities-testing-infection-hospitalization-death-analysis-epic-patient-data/>
- <https://www.cdc.gov/mmwr/volumes/69/wr/mm6934e1.htm>
- <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-presents-significant-risks-for-american-indian-and-alaska-native-people/>
- <https://www.kff.org/coronavirus-covid-19/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html#fn10>
<https://www.pnas.org/content/117/35/21194>
- <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=23>

Society Racism & Health Policies/Statements

- **AAPA:** <https://www.aapa.org/news-central/2020/06/aapa-supports-black-community-pledges-to-combat-racism/>
- **ANA:** <https://www.nursingworld.org/news/news-releases/2020/ana-calls-for-racial-justice-for-communities-of-color/>
- **APhA:** <https://www.pharmacist.com/press-release/national-pharmacy-organizations-unite-take-stand-against-racial-injustice>
- **APA:** <https://www.apa.org/news/press/releases/2020/05/racism-pandemic>
- **NASW:** <https://www.socialworkers.org/Practice/Ethnicity-Race/Racial-Justice>
- **AANP:** <https://www.aanp.org/news-feed/racism-is-a-public-health-issue-in-need-of-decisive-action>
- **AAFP:** <https://www.aafp.org/about/policies/all/institutional-racism.html>
- **AAMC:** <https://www.aamc.org/news-insights/press-releases/aamc-statement-police-brutality-and-racism-america-and-their-impact-health>
- **AAP:** <https://pediatrics.aappublications.org/content/144/2/e20191765>
- **ACS:** <https://www.facs.org/about-acf/responses/racism-as-a-public-health-crisis>
- **ACOG:** <https://www.acog.org/news/news-articles/2020/08/joint-statement-obstetrics-and-gynecology-collective-action-addressing-racism>

Discussion and Q&A

ECHO Community of Practice

JOIN US FOR OUR NEXT SESSION!

For information, please visit uidaho.edu/echo

Ongoing Resource List

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>