

# THE COLOR OF COVID-19

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# Disclosures

- Advisor- GoodRx, Calibrate, Novo Nordisk
- Research- Amazon



# Objectives

- Explore the prevalence of COVID-19 in minority and majority groups in the US
- Explore the interrelationship of COVID-19, obesity, inflammation, and racial/ethnic minorities
- Discuss strategies to mitigate the severity of COVID-19 in racial/ethnic minorities with obesity



# United States COVID-19 Cases and Deaths by State

## United States COVID-19 Cases and Deaths by State

Reported to the CDC since January 21, 2020

TOTAL CASES

**23,440,774**

+247,071 New Cases

AVERAGE DAILY CASES PER

100K IN LAST 7 DAYS

**68.7**

TOTAL DEATHS

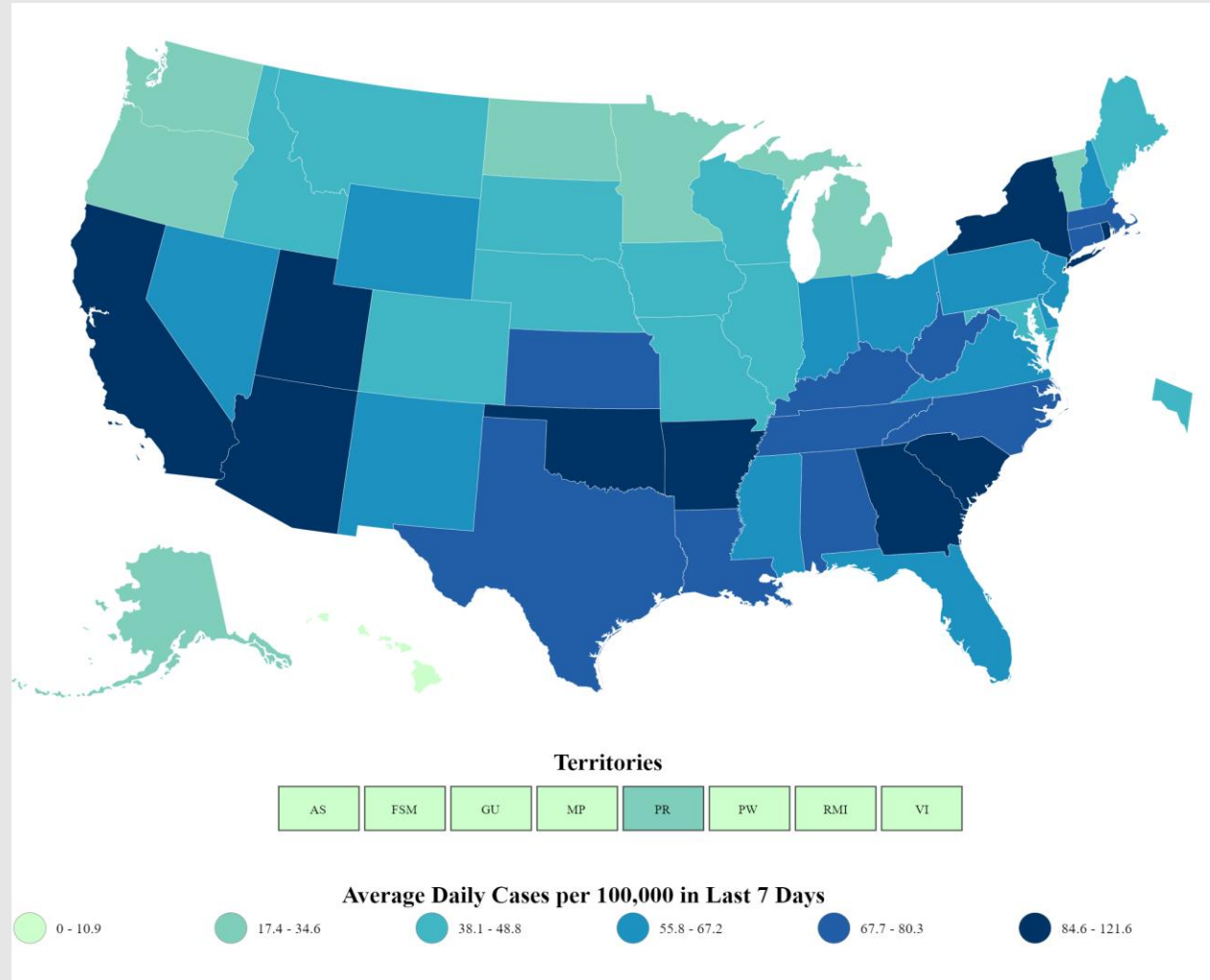
**390,938**

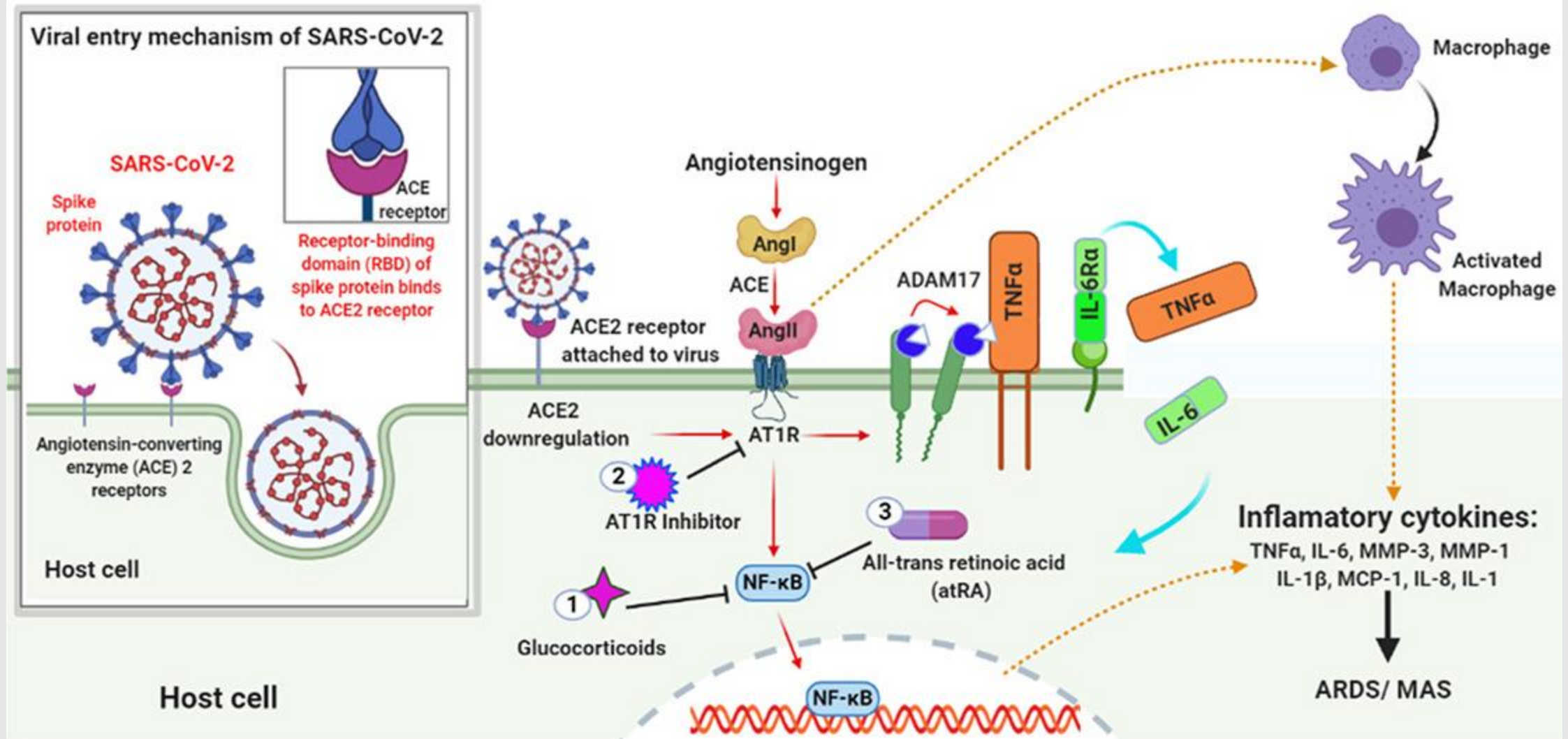
+3,683 New Deaths

CDC | Updated: Jan 16 2021 12:16PM



# US COVID-19 Average Daily Case Rate in Last 7 Days, by State/Territory (cases per 100K)



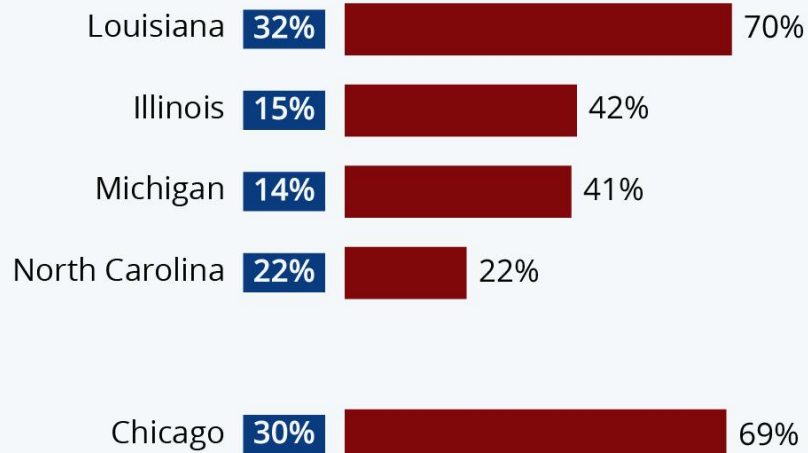




# COVID-19's Devastating Impact On African Americans

African American share of state/city populations and COVID-19 deaths (as of Apr 06, 2020)

■ Share of state/city's population ■ Share of COVID-19 deaths

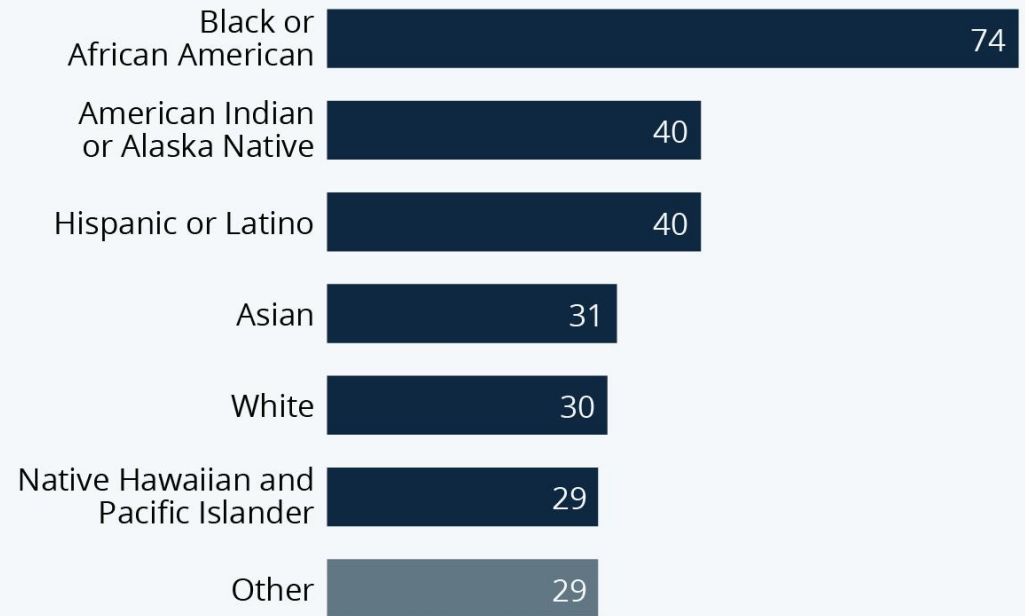


Sources: 2010 Census, respective state/city health departments



# The Pandemic's Racial Disparity

Covid-19 deaths per 100,000 people in the U.S. by race or ethnicity (as of July 30, 2020)



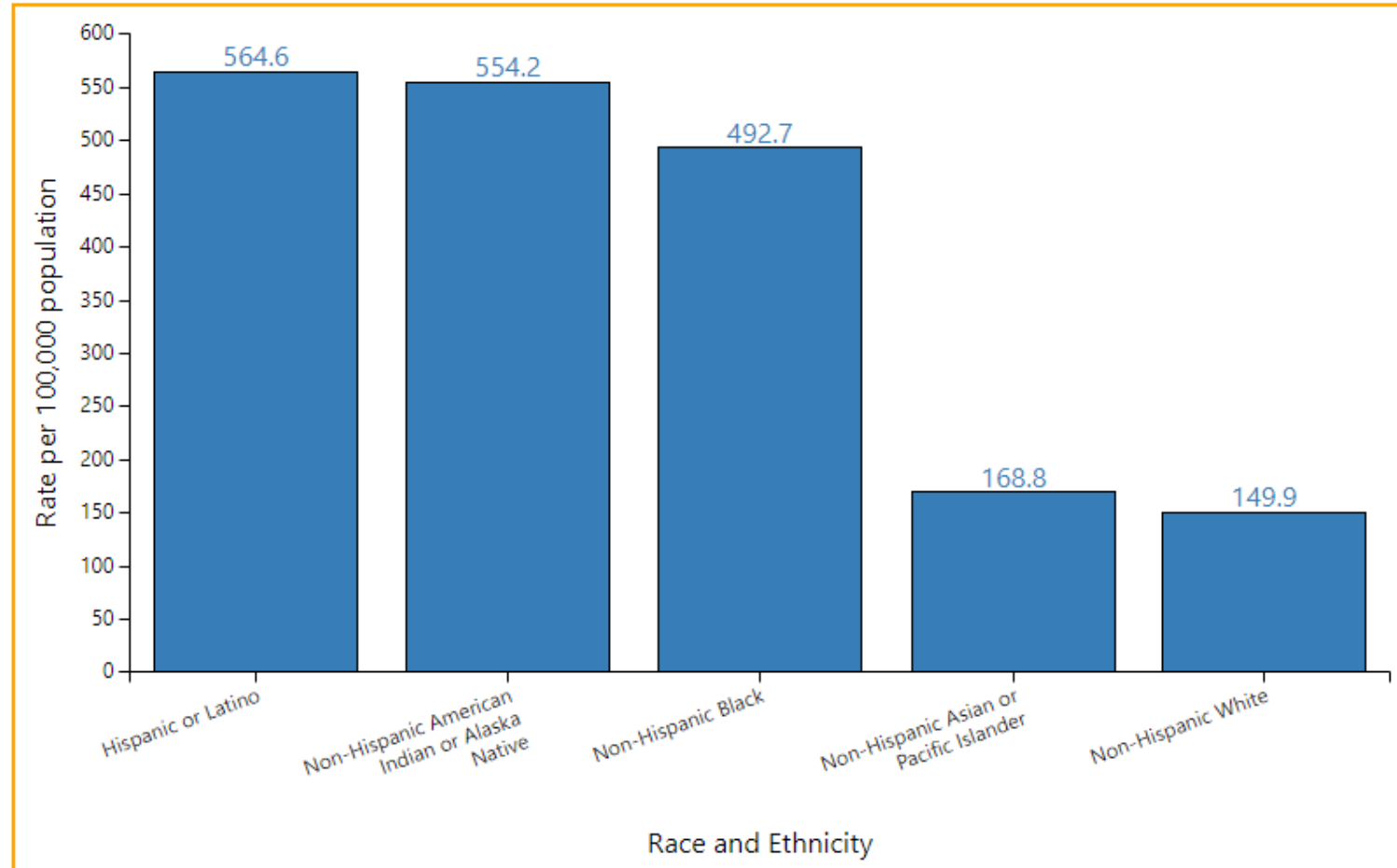
Source: The COVID Tracking Project



<https://www.statista.com/chart/21364/african-american-share-of-covid-19-deaths/>  
<https://www.statista.com/chart/22430/coronavirus-deaths-by-race-in-the-us/>



## Age-adjusted COVID-19-associated hospitalization rates by race and ethnicity — COVID-NET, March 1–December 5, 2020





# Confirmed COVID-19 Cases and Deaths in US Correctional and Detention Facilities By State

Overall Cases Deaths

**1,205**

Affected Facilities

**420,793**

Total Cases

**342,622**

Total Resident Cases

**78,171**

Total Staff Cases

**2,127**

Total Deaths

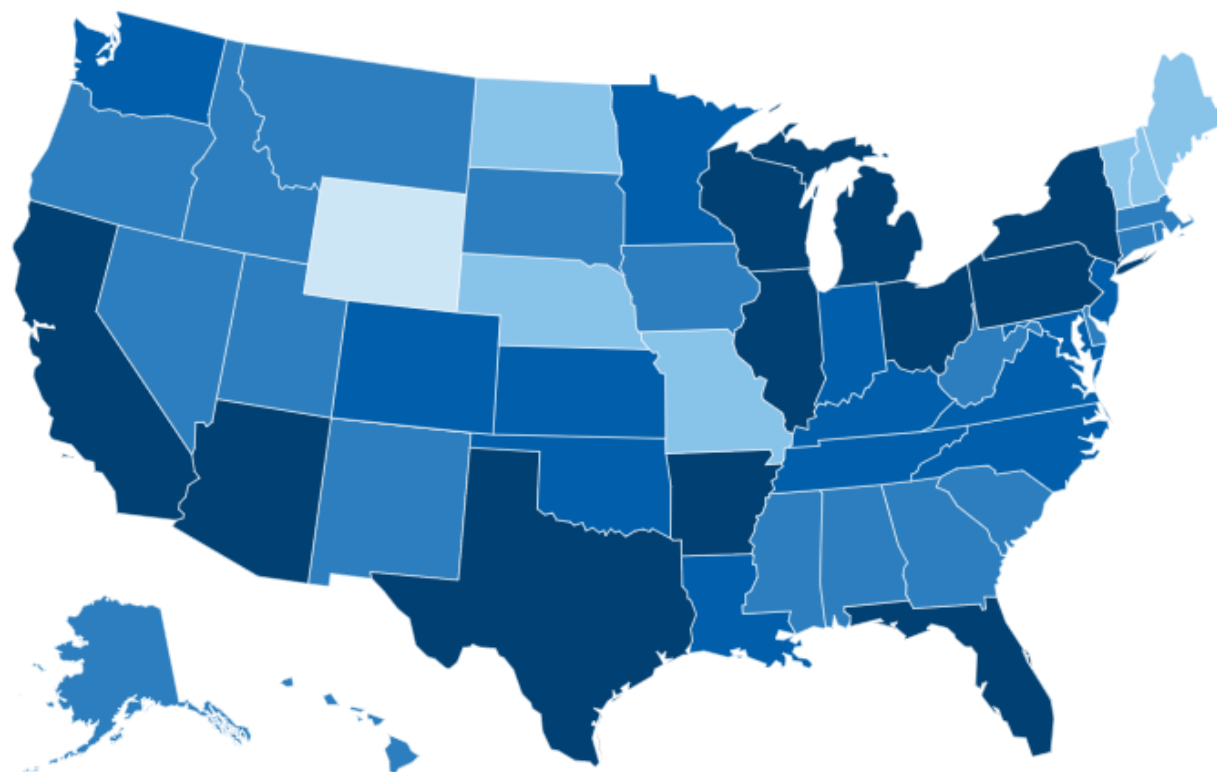
**2,007**

Total Resident Deaths

**120**

Total Staff Deaths

Last updated 17-Jan-21



**Total Number of Cases** ● A: 0-100 ● B: 101-1,000 ● C: 1,001-5,000 ● D: 5,001-9,999 ● E: 10,000+

Jurisdiction	Cases	Deaths	Facilities
California*	74,995	203	78
Texas	40,713	268	119
Michigan	26,856	133	41
Florida*	24,201	213	12
Illinois	16,877	13	42
New York*	16,028	73	55
Pennsylvania*	15,407	90	38
Arizona*	14,778	53	21
Wisconsin	12,932	0	42
Ohio	12,114	146	30
Arkansas*	10,277	1	2
Colorado	9,335	26	25
North Carolina	9,275	67	57
Virginia	8,750	52	41
Tennessee	8,221	40	22
Kentucky	8,177	60	19
Kansas	7,252	18	11
New Jersey	7,152	52	20

31-Mar-20

Reported data from

15-Jan-21

Data Through

**Table 3.** Odds Ratios for Hospitalization among 3481 Covid-19–Positive Patients.\*

Variable	Model 1	Model 2	Model 3
		<i>odds ratio (95% CI)</i>	
Race: black vs. white	1.71 (1.46–1.99)	2.35 (1.97–2.80)	1.96 (1.62–2.37)
Age, in 5-yr units	—	1.34 (1.30–1.37)	1.29 (1.25–1.33)
Sex: female vs. male	—	0.57 (0.49–0.66)	0.56 (0.48–0.65)
Charlson Comorbidity Index score	—	—	1.05 (1.00–1.10)
Residence in low-income area: yes vs. no	—	—	1.22 (1.04–1.43)
Insurance			
Medicare vs. commercial	—	—	1.73 (1.39–2.14)
Medicaid vs. commercial	—	—	1.65 (1.29–2.12)
Other vs. commercial	—	—	0.91 (0.70–1.20)
Obesity: yes vs. no	—	—	1.43 (1.20–1.71)

\* Model 1 is the unadjusted race-only model; model 2 includes race with the additional covariates of age and sex; and model 3 includes race with the additional covariates of age, sex, Charlson Comorbidity Index score, residence in a low-income area, insurance plan, and obesity.



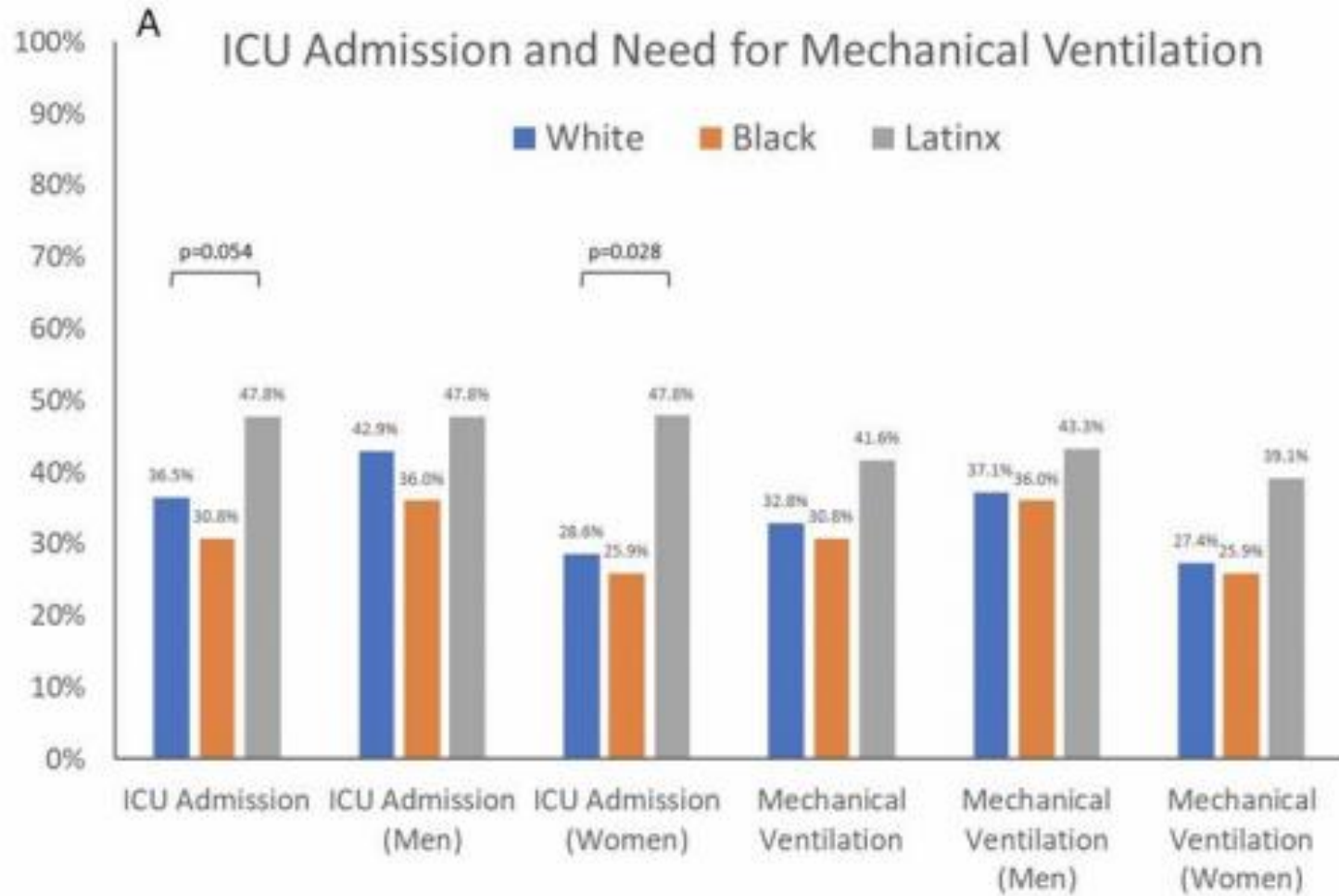
**Table 4. Hazard Ratios for In-Hospital Death among 1382 Patients Hospitalized for Covid-19.\***

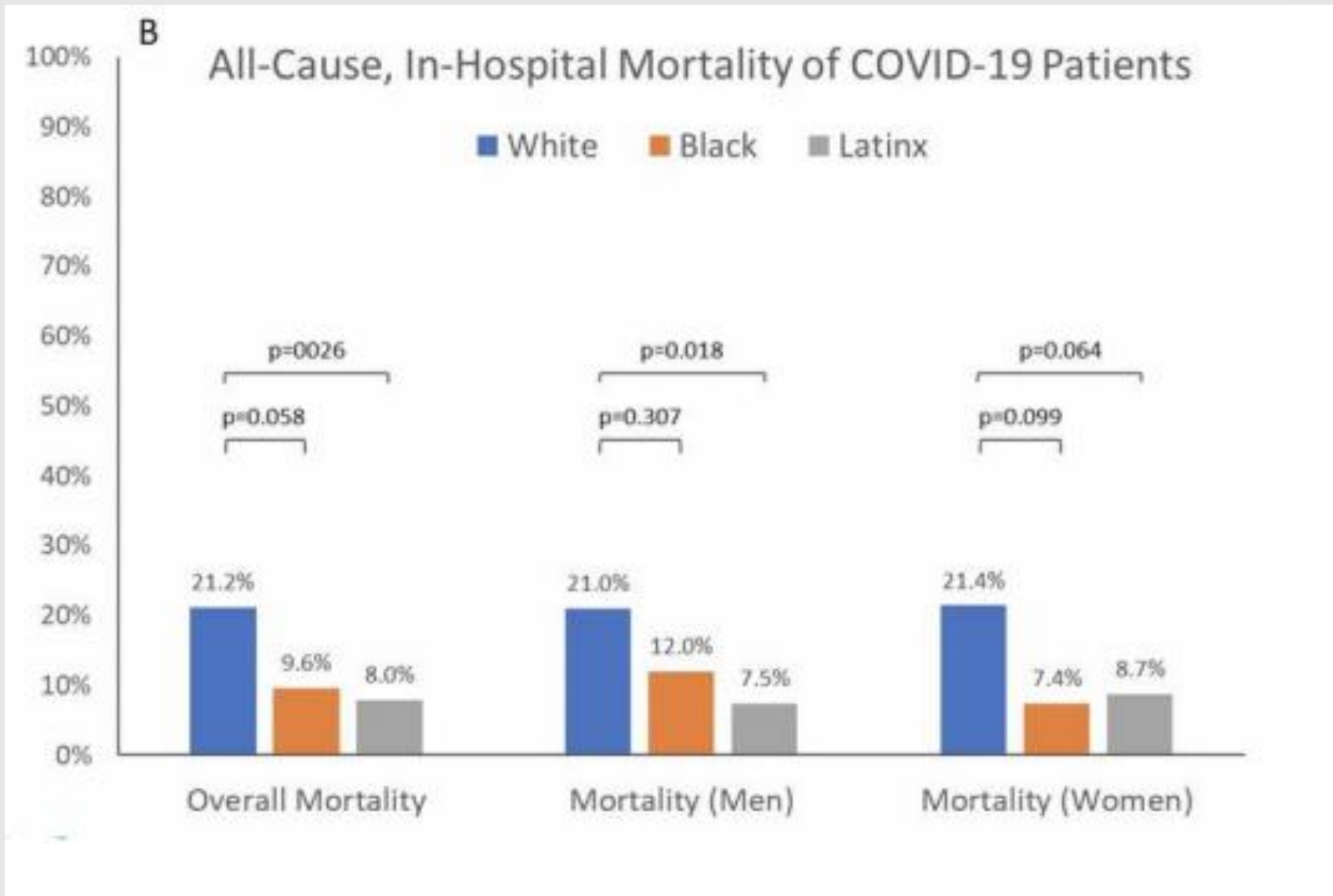
Variable	Model 1	Model 2	Model 3	Model 4
	<i>hazard ratio (95% CI)</i>			
Race: black vs. white	0.78 (0.62–0.99)	1.08 (0.84–1.38)	1.14 (0.88–1.49)	0.89 (0.68–1.17)
Age, in 5-yr units	—	1.18 (1.13–1.23)	1.19 (1.13–1.24)	1.18 (1.13–1.24)
Sex: female vs. male	—	0.63 (0.50–0.79)	0.62 (0.49–0.78)	0.88 (0.68–1.13)
Charlson Comorbidity Index score	—	—	0.99 (0.94–1.03)	0.99 (0.95–1.04)
Residence in low-income area: yes vs. no	—	—	0.84 (0.67–1.06)	0.89 (0.71–1.13)
Obesity: yes vs. no	—	—	1.05 (0.83–1.34)	0.99 (0.77–1.27)
Respiratory rate $\geq$ 24 breaths/min	—	—	—	2.00 (1.34–2.99)
Absolute lymphocyte count $<$ 1000/ $\mu$ l	—	—	—	1.33 (1.01–1.74)
Platelet count $<$ 150,000/ $\mu$ l	—	—	—	1.26 (1.00–1.60)
Creatinine $>$ 1.5 mg/dl	—	—	—	1.32 (1.02–1.71)
Aspartate aminotransferase $>$ 40 U/liter	—	—	—	1.28 (0.97–1.68)
Bilirubin $\geq$ 1.2 mg/dl	—	—	—	1.17 (0.88–1.55)
Venous lactate $>$ 2.2 mmol/liter	—	—	—	1.64 (1.26–2.13)
Procalcitonin $>$ 0.25 ng/ml	—	—	—	1.40 (1.06–1.84)
C-reactive protein $>$ 8.2 ng/ml	—	—	—	1.01 (0.49–2.08)

\* Model 1 is the unadjusted race-only model; model 2 includes race with the additional covariates of age and sex; model 3 includes race with the additional covariates of age, sex, Charlson Comorbidity Index score, residence in a low-income area, and obesity; and model 4 includes race with the additional covariates of age, sex, Charlson Comorbidity Index score, residence in a low-income area, obesity, and indicators for baseline vital signs and laboratory measures above or below predefined clinical thresholds (respiratory rate; levels of aspartate aminotransferase, venous lactate, creatinine, bilirubin, procalcitonin, and C-reactive protein; and counts of lymphocytes and platelets). Multiple imputation was used to estimate missing values for BMI; levels of venous lactate, procalcitonin, and C-reactive protein; and lymphocyte count.

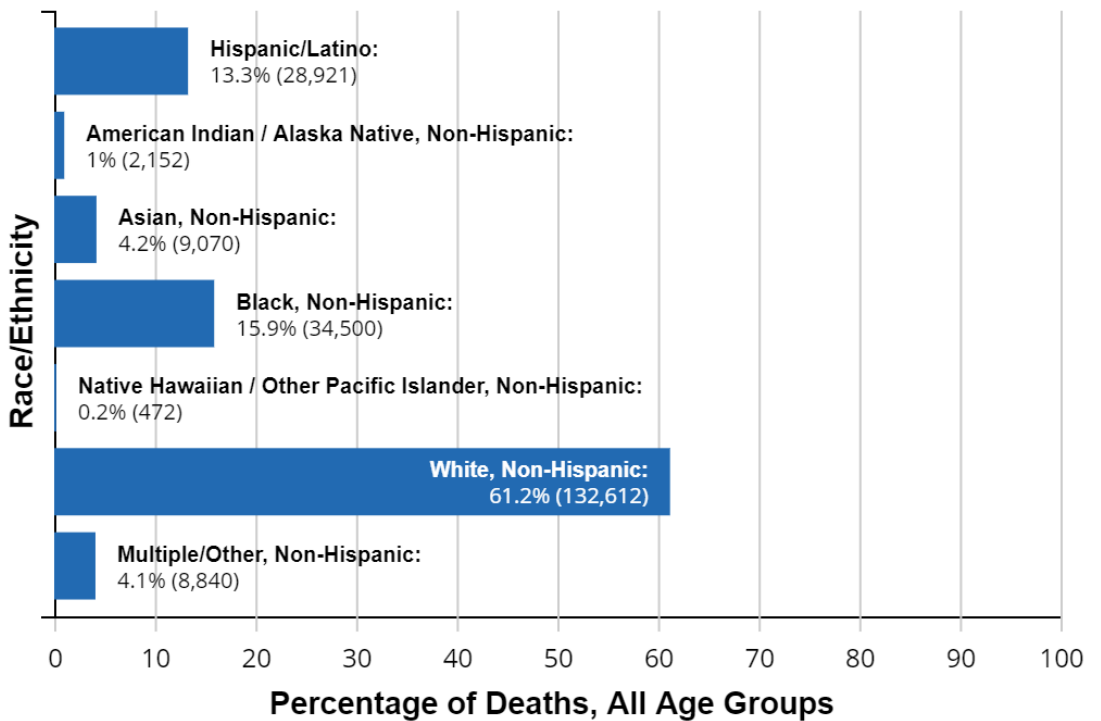
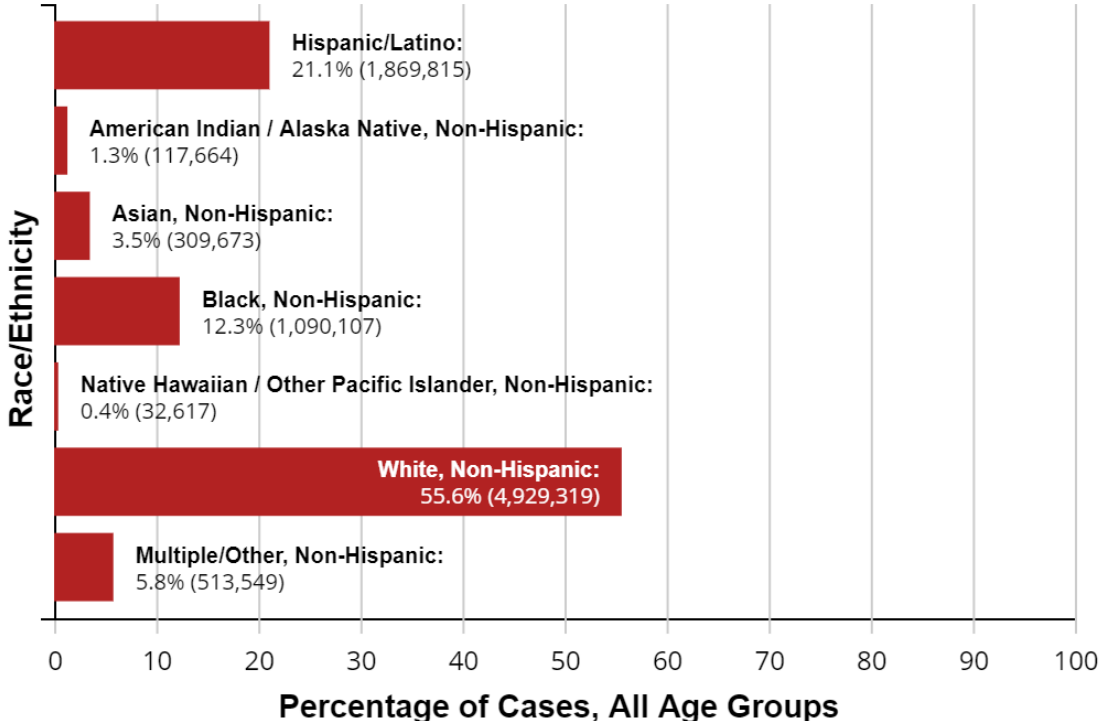


Figure 1



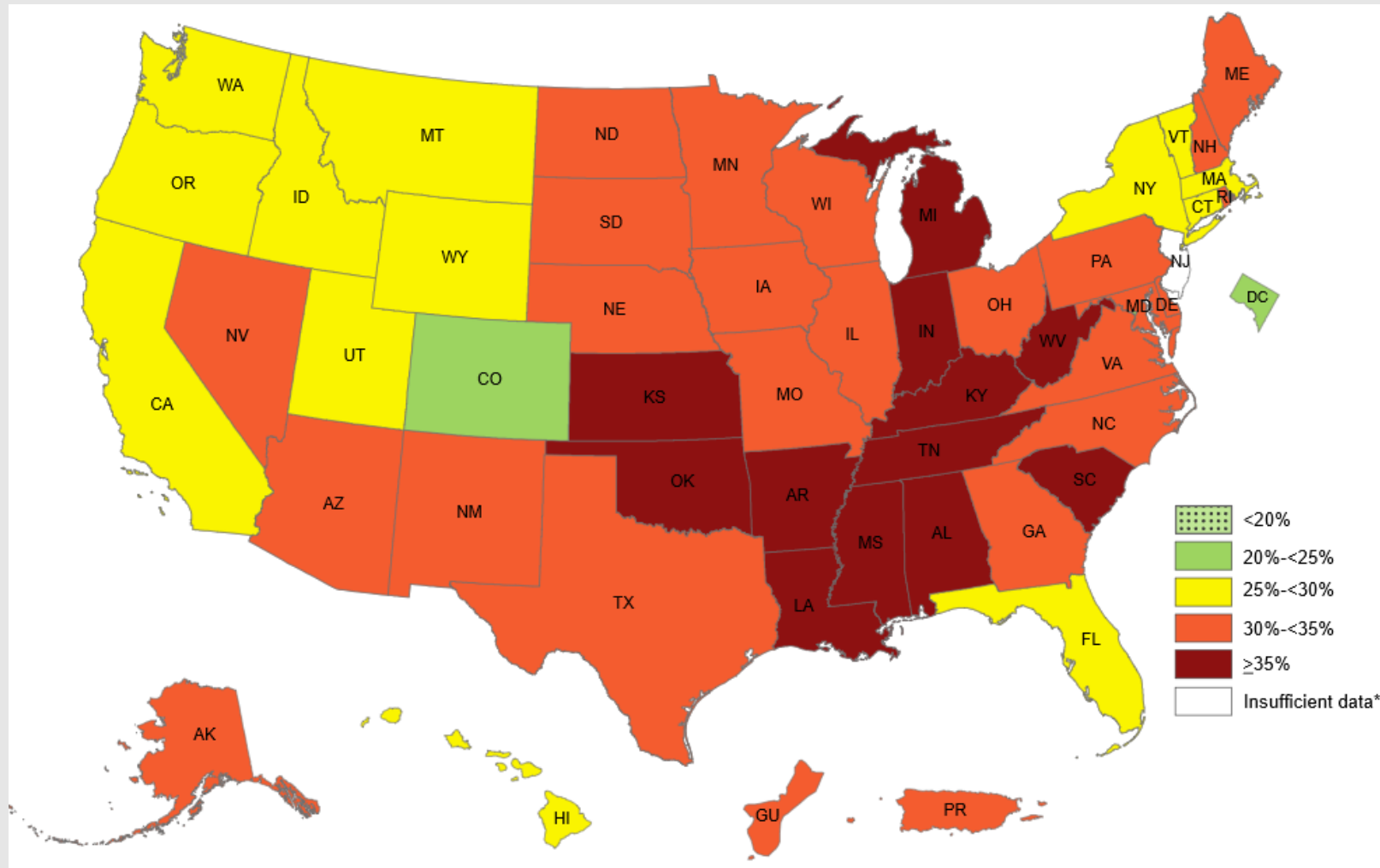


# Cases and Deaths of COVID-19 (current)



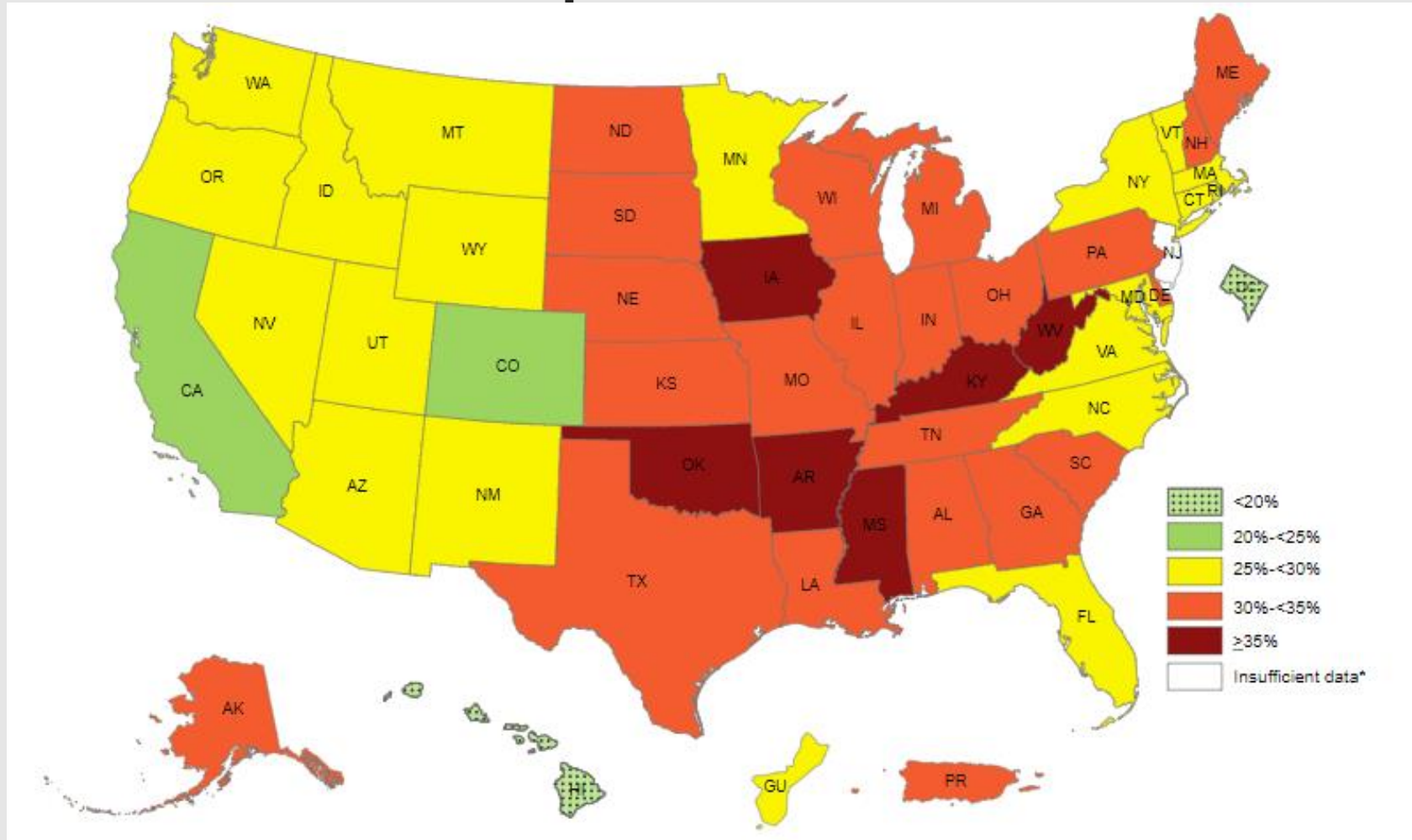


# Prevalence† of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2019

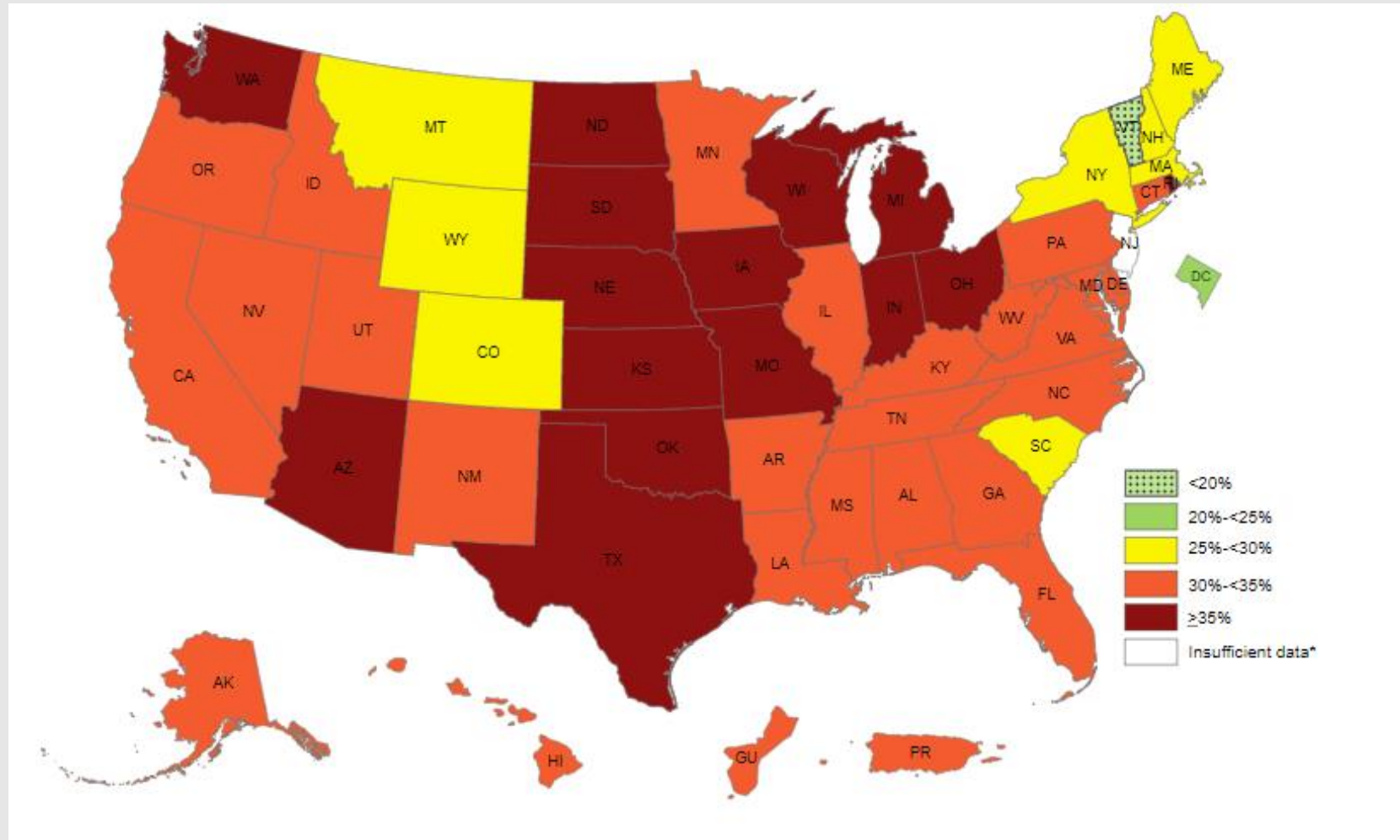


# Prevalence† of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2019

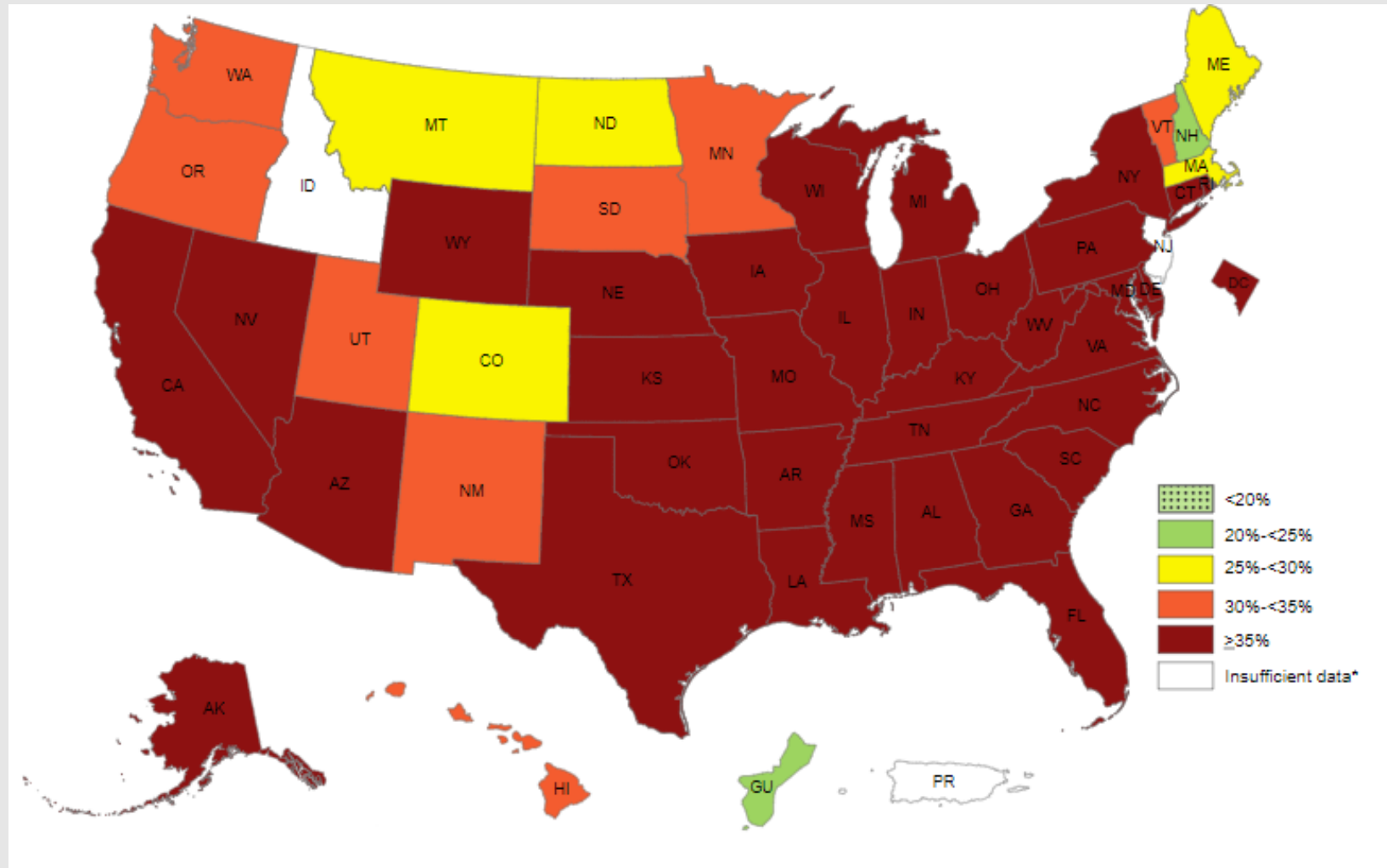
## Non-Hispanic White Adults












# Prevalence† of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2019 **Hispanic Adults**

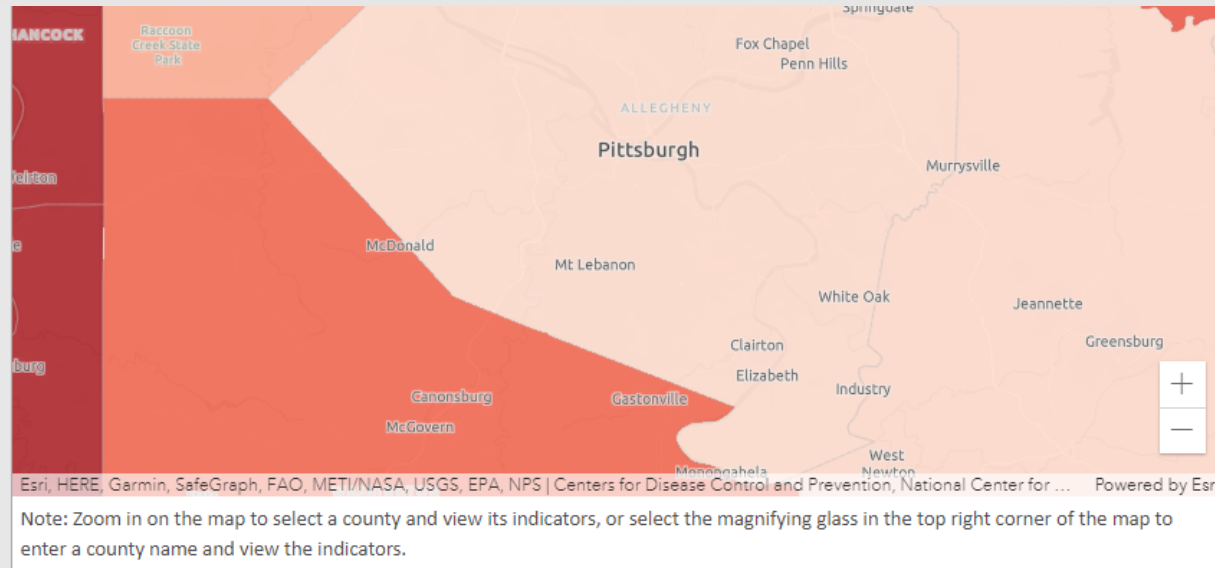


# Prevalence† of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2019 **Non-Hispanic Black Adults**



# Selected Chronic Conditions with COVID-19 in Allegheny County, PA

-  Allegheny, PA
-  Armstrong, PA
-  Beaver, PA
-  Butler, PA
-  Indiana, PA
-  Washington, PA
-  Westmoreland, PA
-  Brooke, WV
-  Hancock, WV



ever been told by a doctor.

**Any condition**  
**41.7 %**  
 estimated number: 413,499

2018 county population estimate for adults 18 years and above was 990,703.

Allegheny, PA

Chronic kidney disease

**2.9 %**

estimated number: 28,884

Allegheny, PA

COPD

**6.8 %**

estimated number: 66,908

Allegheny, PA

Heart disease

**6.8 %**

estimated number: 67,212

Allegheny, PA

Diagnosed diabetes

**10.3 %**

estimated number: 101,890

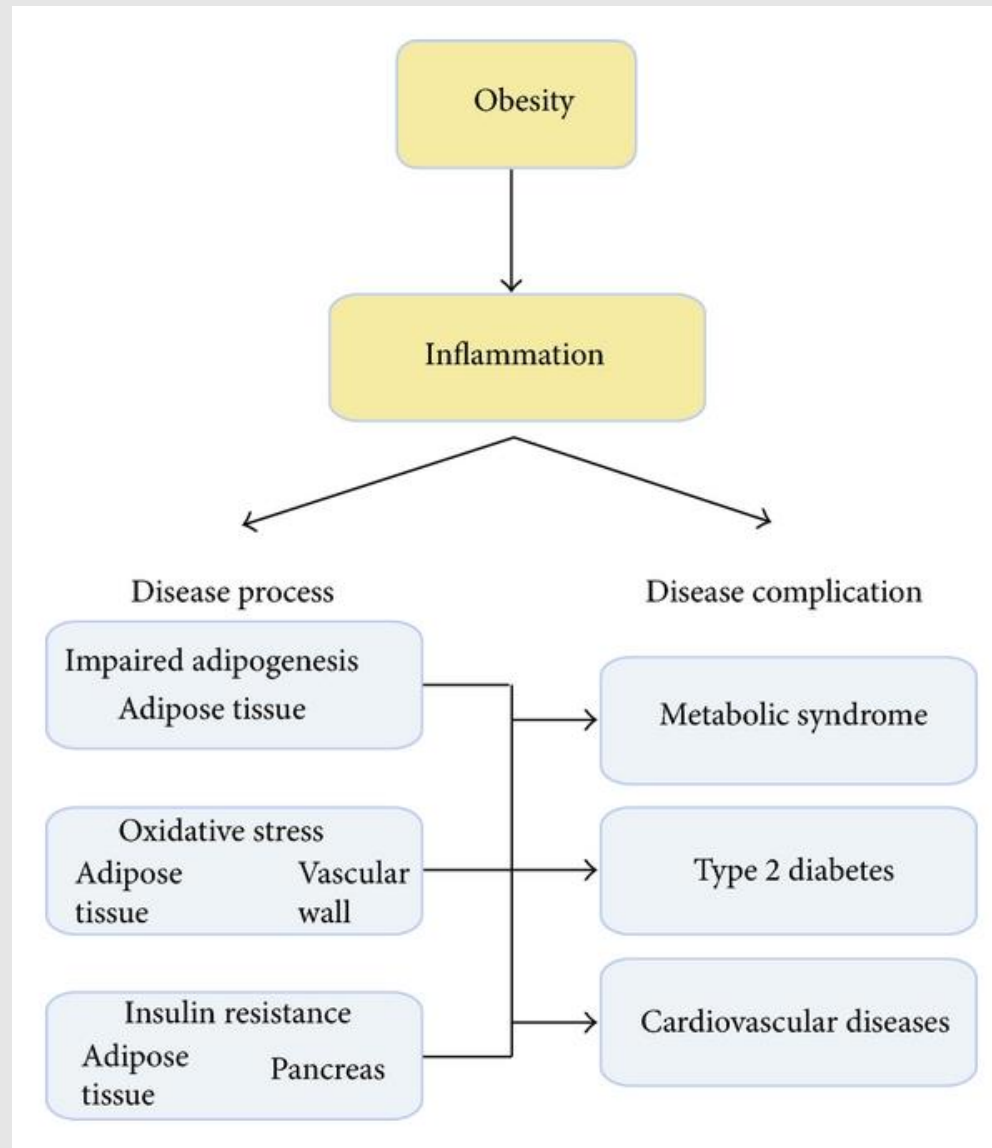
Allegheny, PA

Obesity (BMI>=30)

**31.9 %**

estimated number: 316,034





Scientifica (Cairo). 2012. PMID: 24278677



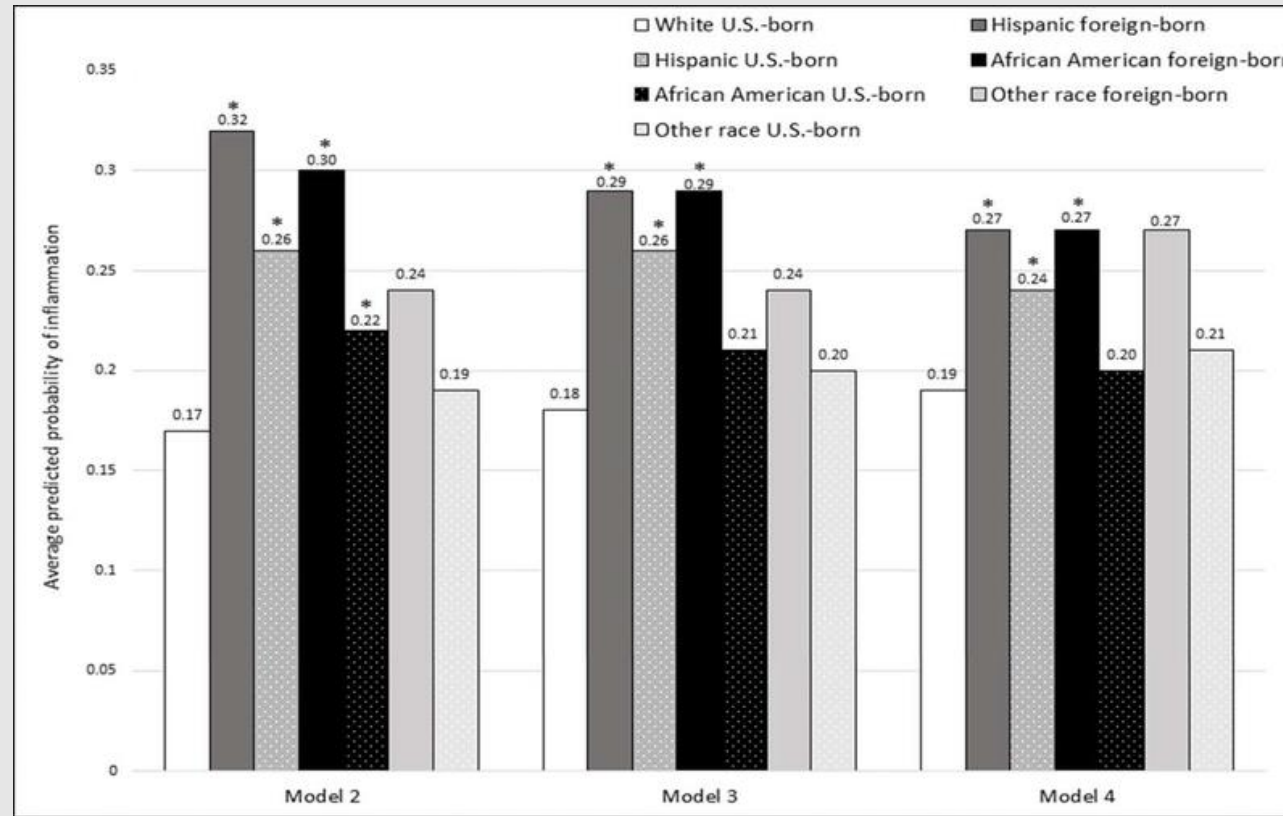


# Weighted child CRP Children ages 2–10 years with valid CRP data $\leq 10$ mg/L, NHANES 1999–2010. N=6652

	C-Reactive Protein (CRP)		
	Mean (mg/L)	Std. Error	% low-grade inflammation (CRP 1–10mg/L)
Full sample	0.83	0.02	21%
By child race/ethnicity, parent nativity			
Non-Hispanic white, U.S.-born parent	0.68	0.03	17%
Hispanic, foreign-born parent	1.18	0.06	31%
Hispanic, U.S.-born parent	0.93	0.05	26%
African American, foreign-born parent	0.90	0.11	26%
African American, U.S.-born parent	0.92	0.04	22%
Other race, foreign-born parent	0.90	0.15	22%
Other race, U.S.-born parent	0.76	0.11	19%

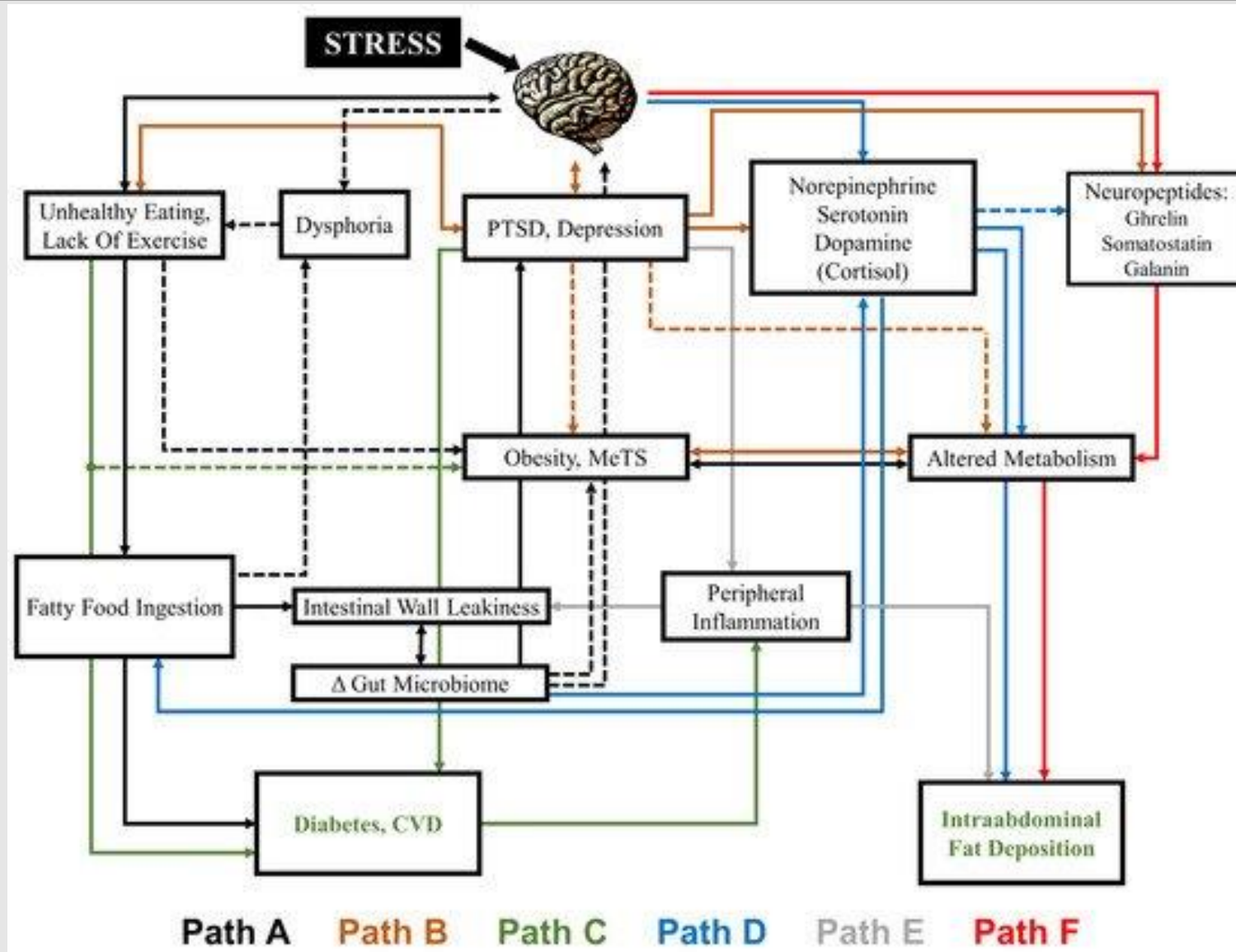


# Predicted probabilities of low-grade inflammation (CRP >1 mg/L) by child race/ethnicity/parent nativity.

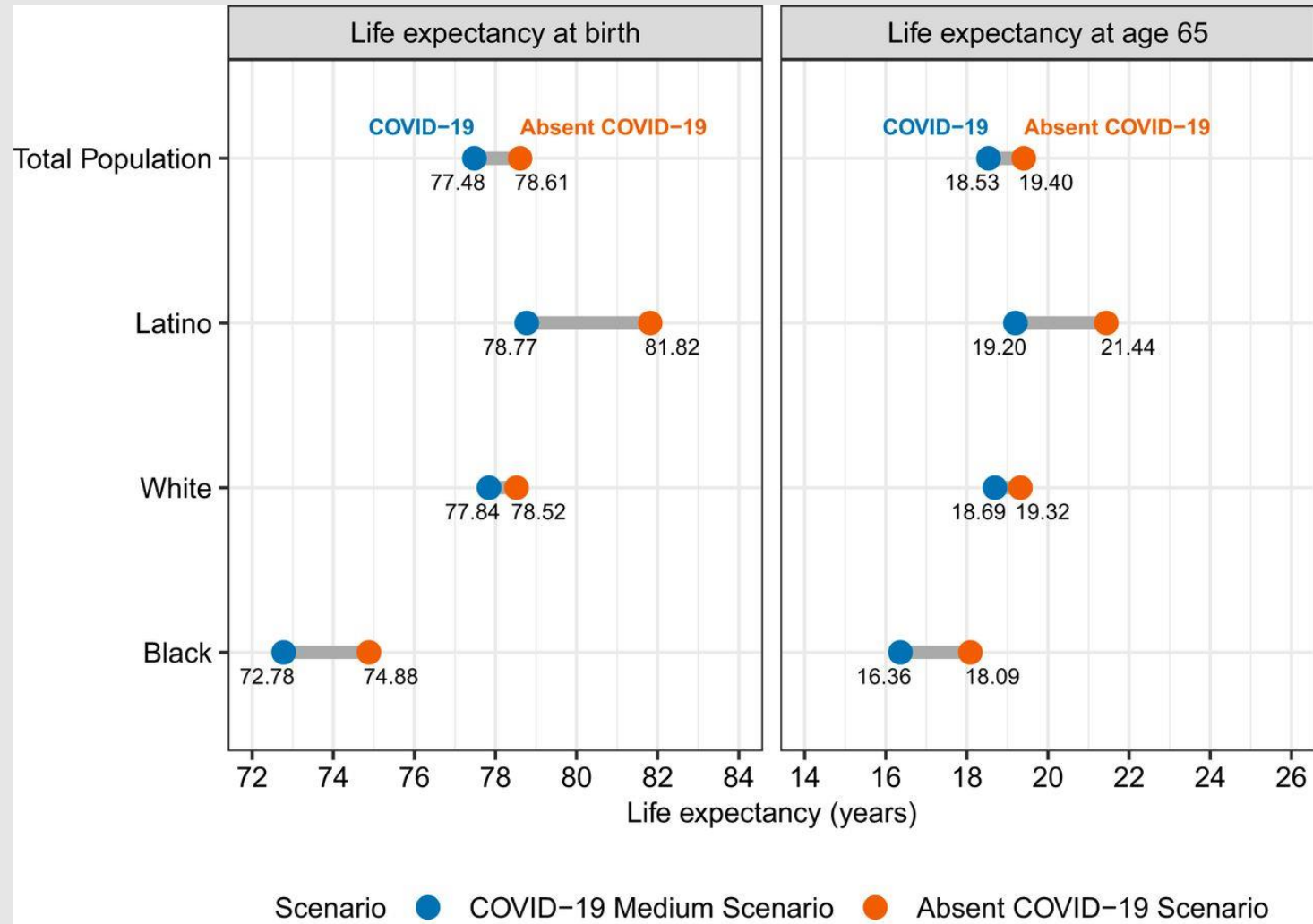


\*Significantly different from white children at p < .05. Results calculated using imputed data.





## Life expectancy projections for 2020 by race and ethnicity in the absence of COVID-19 and under the medium scenario.



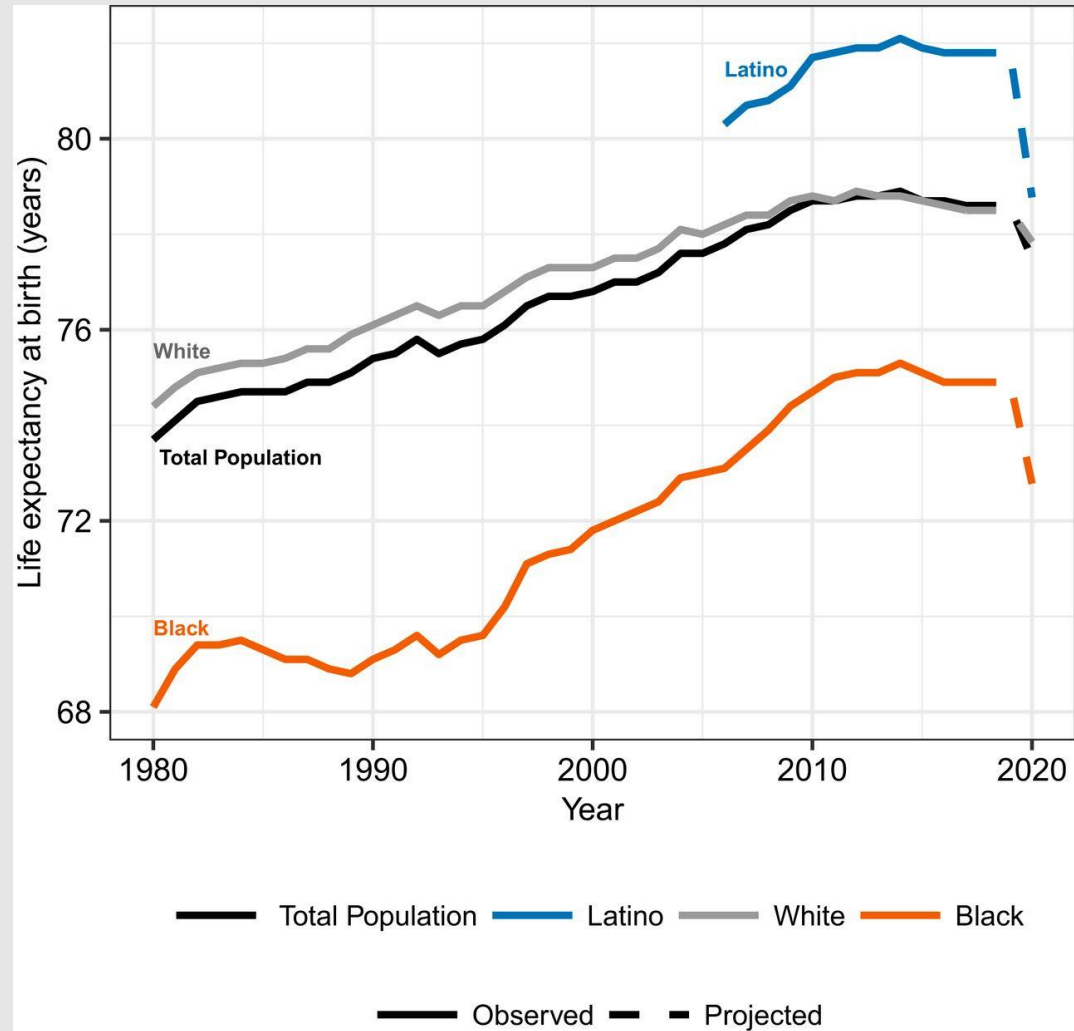
PNAS



Theresa Andrasfay, and Noreen Goldman PNAS  
2021;118:5:e2014746118



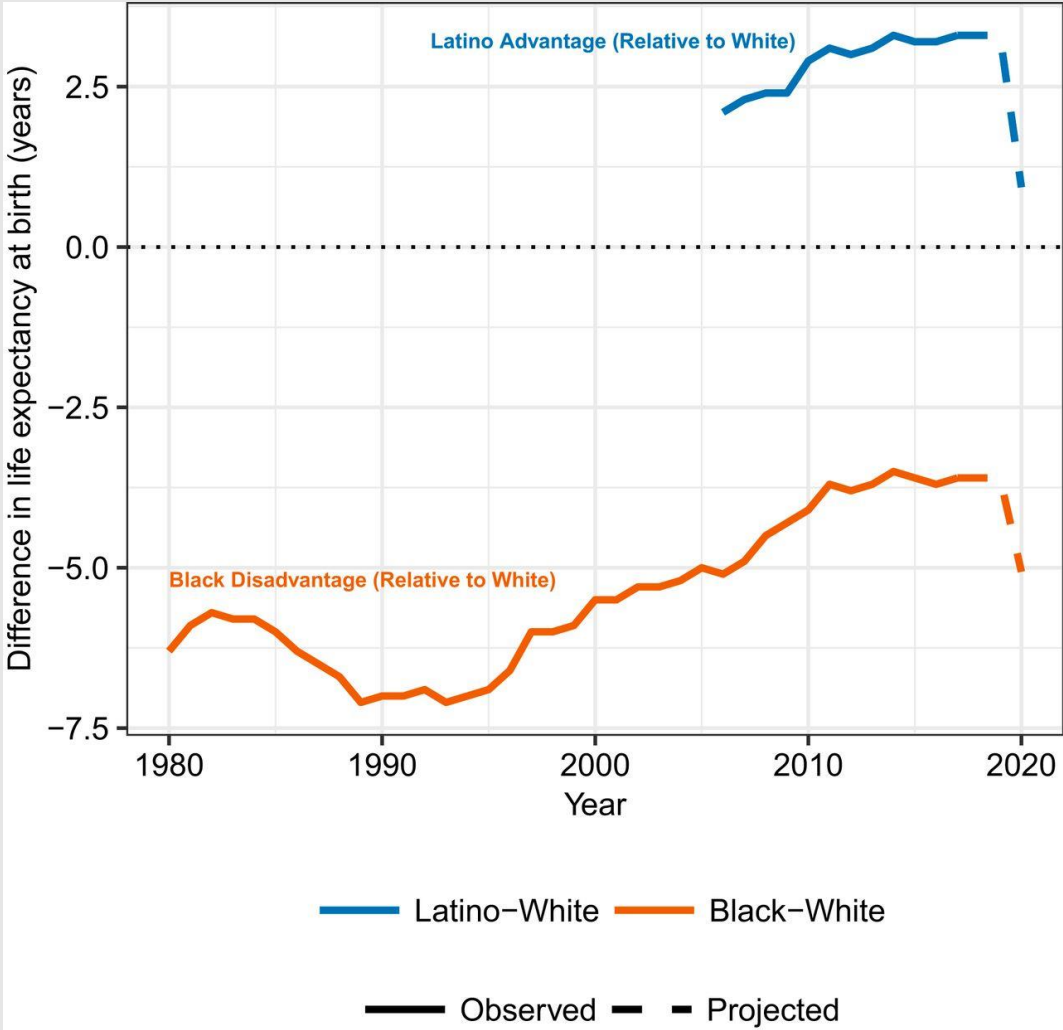
# Trends in life expectancy at birth by race and ethnicity: 1980–2020.



Theresa Andrasfay, and Noreen Goldman PNAS  
2021;118:5:e2014746118



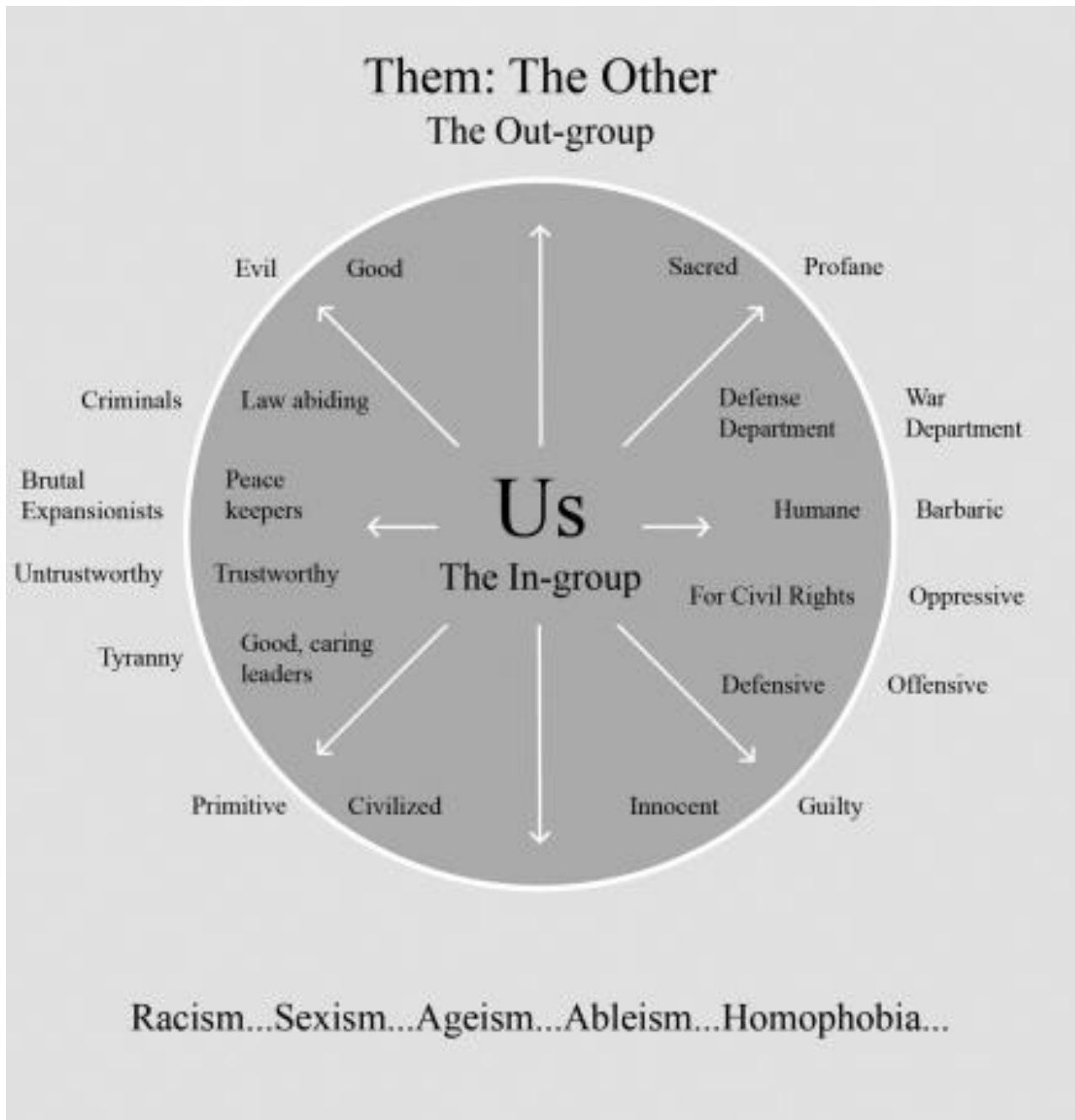
# Trends in racial and ethnic differences in life expectancy at birth: 1980–2020.



Theresa Andrasfay, and Noreen Goldman PNAS  
2021;118:5:e2014746118







# Attributes to In/Out Group Membership

# COVID-19, Social Determinants of Health, and Race

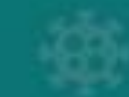
- Based on publicly available data from through October 28, 2020
- Evaluated clinical covariates and social determinants of health at the county level
- Counties with higher death rates:
  - Higher proportion of Black residents
  - Higher levels of adverse social determinants of health
- A one percentage point increase in the following caused increase in COVID death rates:
  - Black residents- 0.9% (95% CI 0.5%–1.3%)
  - uninsured adults- 1.9% (95% CI 1.1%–2.7%)
  - low birthweight- 7.6% (95% CI 4.4%–11.0%)
  - adults without high school diploma- 3.5% (95% CI 2.5%–4.5%)
  - incarceration rate- 5.4% (95% CI 1.3%–9.7%)
  - Without internet- 3.4% (95% CI 2.5%–4.2%)



## Does tailoring COVID-19–related public health messages to race/ethnicity improve Black and Latinx individuals' knowledge and information-seeking behavior?



14 267 Black and Latinx  
US adults  
13–26 May 2020



Each participant viewed  
3 of 42 videos that varied by:

- Race/ethnicity of messenger
- Acknowledgement of racism and community perceptions of masks



Knowledge improved following  
all messages without observed  
benefit of tailored messages

Black, but not Latinx,  
participants' information  
seeking was greater with  
tailored messages from  
race/ethnicity–concordant  
physicians



**Annals**  
of Internal Medicine

Alvan H, Stanford PC, Banerjee A, et al. Comparison of knowledge and information-seeking behavior following general COVID-19 public health messages and messages tailored for Black and Latinx communities: A randomized controlled trial. *Ann Intern Med* 2020. [pub ahead of print].

doi:10.7326/M20-6141

<https://ajphjournal.org/doi/10.7326/M20-6141>

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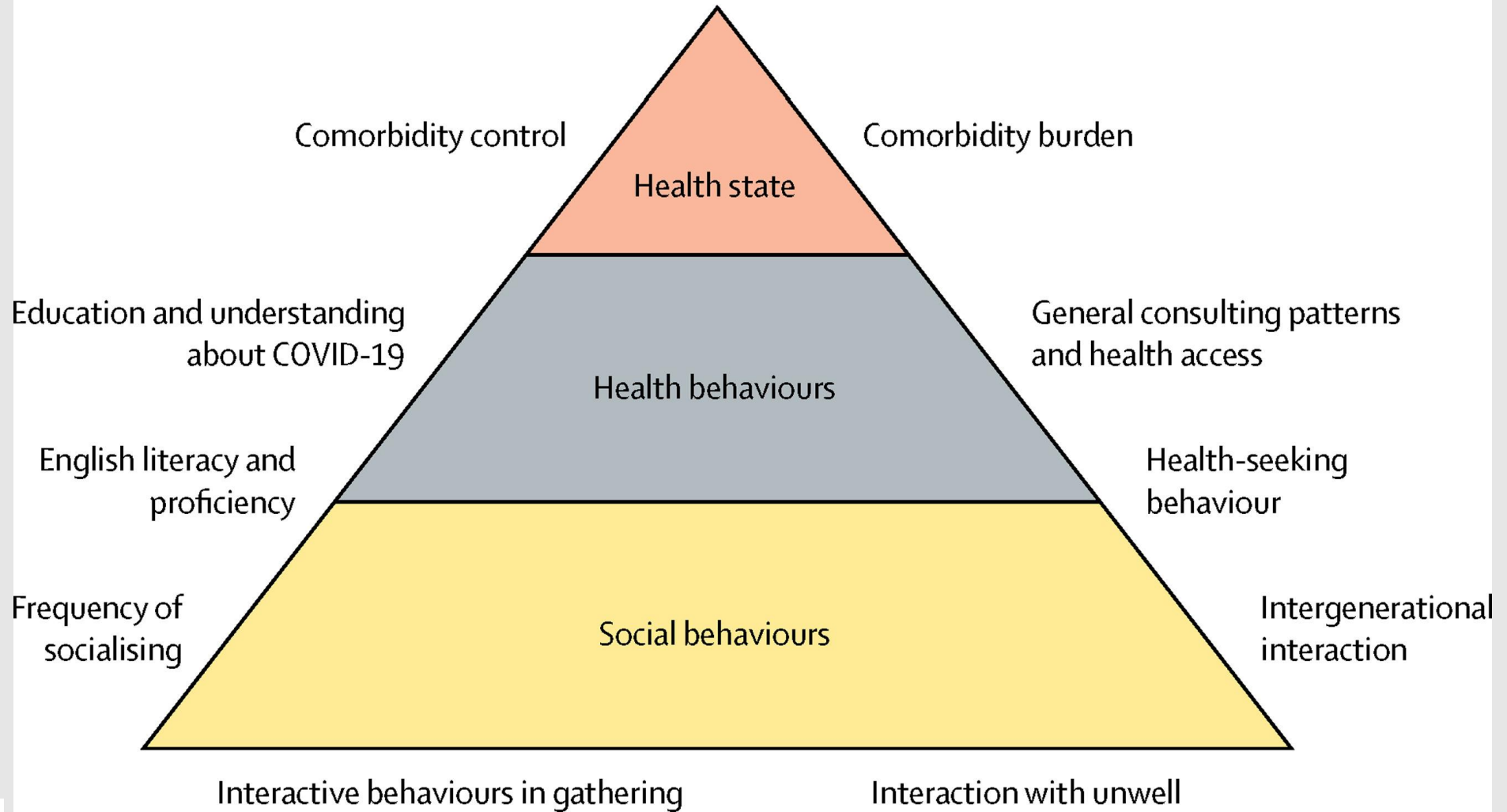


# Disparities, Obesity, and COVID-19



- Economic Status
- Underlying Health Conditions
- Household Crowding
- Pathophysiologic Differences in Inflammation

# Genomically determined response to viral pathogens?

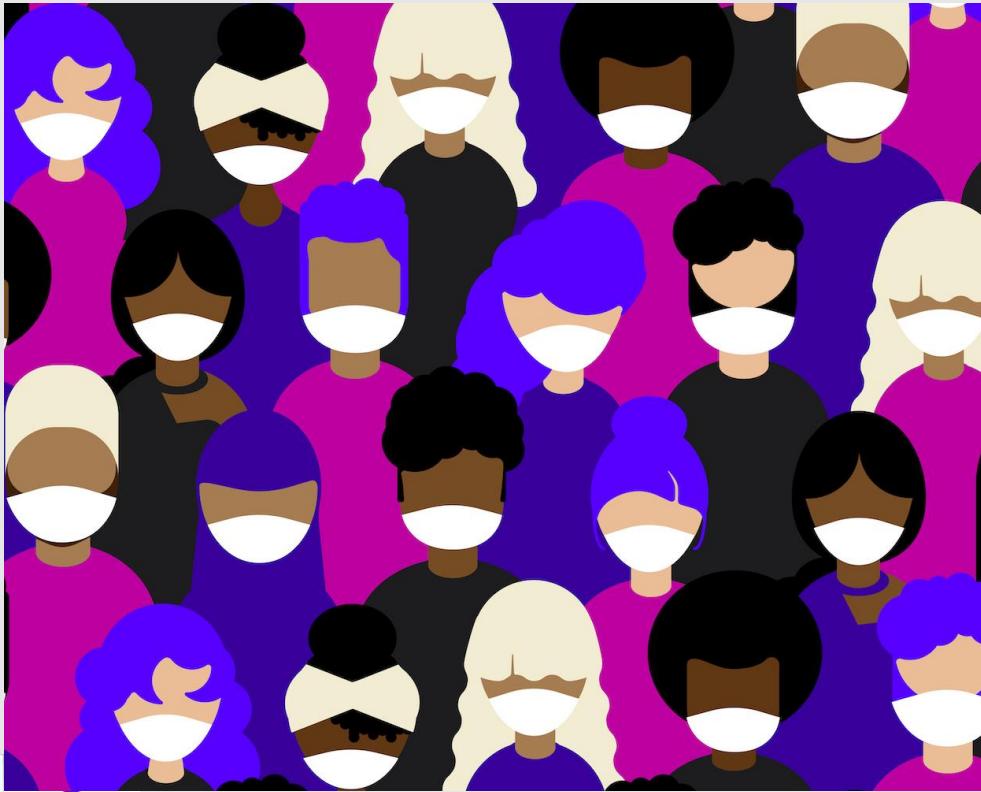


*The Lancet* 2020 3951421-1422 DOI: (10.1016/S0140-6736(20)30922-3)





# COVID-19 and Race/Ethnicity



- Obesity and ethnicity are additive, multiplicative, mediators or confounders—and the degree to which obesity increases risk independent from its many comorbidities—have significant implications for our medical and public health response.



# Thank You For Your Time

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