

Reducing VA COVID-19 Disparities

Second, I want to welcome everyone and thank you all for joining. My name is Lauren Korshak and I lead translation activities for the VA's office of HealthEquity, the Office of HealthEquity champions, the advancement of HealthEquity, and reduction of health disparities and veterans. My job means that I get to tell stories about the data that we have about veterans and their health today on the HealthEquity and Veterans Podcast series will be discussing new research on racial and ethnic disparities in veterans who test positive for COVID-19 and what the VA is doing to ensure that veterans, regardless of their racial and ethnic background, do not experience disparities and treatment outcomes. But before we begin, I want to introduce our speakers. Doctor Christopher Wrench is an assistant professor of epidemiology at the London School of Hygiene and Tropical Medicine. He is also a VA investigator and has collaborated with researchers in numerous VA facilities around the country since 2011. Doctor Kevin Matthews is chief medical officer of the Veterans Health Administration, the Nations integrated Federal Health System for veterans and other beneficiaries. She came to this position in September of this year. From her role in Vca's office of Community Care, Doctor Ranch, you just had some really important research published. Can you tell me more about your work? Sure, first I want to thank you Lauren for you. Putting this program together and for inviting me to present on behalf of many colleagues at VA facilities around the country. It's also an honor doctor Matthew to share this virtual stage with you. There has been growing concern that racial and ethnic minorities in the United States are experiencing a disproportionate burden of COVID-19 We use electronic health records from the VA to investigate racial and ethnic disparities in coronavirus testing and deaths from COVID-19. In this study, we looked at all veterans who were active in care prior to coronavirus becoming widespread in the US. We then followed them to identify one who was tested, two who tested positive and three who died within 30 days after testing positive at each of these three stages, we look to see if there were differences between 3 racial and ethnic groups. Those being non Hispanic, white, non Hispanic, black and Hispanic individuals. So what did we find? First, we found that black and Hispanic veterans were twice as likely as white veterans to test positive for coronavirus even after accounting for other demographic variables, geographic location and a large number of underlying health conditions. Second, we found that there was no difference in 30 day mortality by race or ethnicity when restricting the analysis to those who tested positive for coronavirus. So let's focus on what could be driving the differences in testing positive. Findings from our analysis showed that a portion of the disparity was explained by demographics, including age, urban versus rural residents, and geographic location. Interestingly, after accounting for these variables, I just mentioned the chronic health conditions like diabetes, cancer or hypertension did not explain anymore of the disparity. Beyond adjusting for demographics, I've mentioned that are included in VA data. We were unable to directly account for a socioeconomic conditions likely related to the pronounced differential burden of coronavirus infections amongst minority populations. These include living in densely populated areas or multi generational households which can lead to reduced capacity to implement physical distancing. Black and Hispanic workers are also more likely than their white counterparts to be working in essential industries, including high contact jobs and therefore continue to work outside the home despite outbreaks in their communities, making them more prone to exposure, leading to infection Doctor Matthews. Why is this information that Doctor Wrench published so important? And can you tell me about how VA is using this information to ensure that there are no disparities in treatment outcomes for. Veterans, sure, thanks so much. Lauren and Chris. Thanks so much for sharing your work. This is quite exciting for me personally, but also across the VA, 'cause I think this data really speaks to the excellent work that VA provides. Our frontline providers are our doctors, our nurses, because we're able to do so with equity equity with which we treat our veterans what the

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state is showing is that when they seek out care when indeed they have a reason for that care, they are positive with COVID-19. We then provide at the highest level quality of care that actually does balance out the unfortunate disparities that that Chris is describing. So I, I think this really highlights the work that VA is doing, but additionally it also is showing that there's some work that we need to do that we need to continue to do not only within the VA but across the national community, because there are indeed those risk factors that lead to these desperate infection rates for black select next. People mortal alone, of course is important. Many of us may even be personally affected and had family members die. That of course, is is the ultimate outcome that we want to track. But there's these longer term issues and arguably more difficult issues that are affecting these numbers. As Chris even mentioned, there's social determinants of health, their housing situations, their access to health care, and other social services that are making these communities more likely to be exposed to a virus. Like COVID-19 and potentially even others, we need to continue to address these concerns through prevention through public health approaches and in collaboration with local Community resources, state and local governments, and of course through the continued excellent efforts that are VA teams are able to provide to really make an impact on these concerns. Services like our homelessness programs, nutrition and food services that address food insecurity in addition to supporting black and Latin X veterans who are essential workers are really. Necessary steps. Doctor wrench. I have a couple questions to follow up. How do these findings in the VA generalized to EU S civilian population? Well, we argue that our findings related to testing positive are likely generalizable to the civilian population. Since these disparities are mostly driven by community driven risk of exposure and infection. However, we need to be cautious when interpreting the 30 day mortality findings from our paper in contacts with similar studies in EU. S earlier I I said that we found no difference in 30 day mortality by race or ethnicity. It's important to underscore that those findings were from a model restricted to those who tested positive for coronavirus. That means we essentially created an even playing field by removing the disparity in being exposed infected. And testing positive so that we could focus in on whether coronavirus itself is affecting different racial and ethnic groups. After testing positive, I should stress that even in the VA, the substantial excess burden of coronavirus infections among black and Hispanic veterans inevitably translates to excess COVID-19 related deaths in these groups at the population level. One more thing to remember is that health disparities and the VA tend to be smaller than in the private sector. And in fact, an analysis very similar to ours was conducted in a large, multistate private health insurance company, and they found that racial and ethnic minority groups were at increased risk of death even in models restricted to those who tested positive, it's difficult to tease out exactly what explains these differences in our findings. However, the VA is more equitable. Access to care certainly plays a part. So what surprised you most in your analysis, I think. We were surprised most to learn that differences in testing positive for coronavirus remained even after accounting for a large number of underlying health conditions and chronic medication exposures, which numerous scholars and individuals have suggested and still continued to suggest, are driving the disparity. And So what? Can VA data offer to better understand the COVID-19 pandemic? So I love this question since I'm based in the UK. And work with a number of international data sources on COVID-19 research. I think I might hold a somewhat distinct perspective on this. First, most coronavirus research to date has been limited to individuals admitted to hospital, which can inform on certain questions, but unfortunately cannot provide insights into anything occurring outside hospital settings. For example, a population level understanding of who is at risk for being exposed to coronavirus and developing COVID-19 as well as. Following up the vast majority of individuals who had asymptomatic or even symptomatic infection that

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did not result in a hospitalization because it holds records on all care received, the VA represents one of the few very large, extremely detailed longitudinal nationwide data sources that makes it uniquely suited to answer many important questions still unanswered in this pandemic. So Doctor Matthews I want to close with. I think a really important question. To you, what are the next steps that veterans should be aware of with regard to this pandemic? What should they expect? Oh, thank you so much. This is so critical and and why I think these these forms. These conversations are so helpful. I mean, this is amazing work that that Chris is describing and and continue to questions. Of course, that we will continue to try to answer, but I think what veterans need to be most aware of is that we still have some time within this pandemic where we need to. Continue to keep ourselves safe. Keep our families safe so that's really through the continued promotion of wearing masks and physical distancing. And when we're talking about differences in infection rates, I'm a primary care provider myself. First and foremost, what we should do is try to prevent those infections from occurring in the first place, so I know it's difficult and and I know we miss a lot of our normal activities, but this new normal of the pandemic just needs to continue a bit longer, so I. I really do hope that veterans here really are playing to continue to keep themselves safe, keep their families safe, keep their community safe by wearing masks and and physically distancing second on this day, it's a bit of a interesting day here in the states as we are really getting started with the administration of of the COVID-19 vaccine today's day one. I would say that would be the next step. I would ask veterans who are falling into the highest priority groups. As we get these first rounds of vaccines into the communities into our VA facilities that you seek out your health care professionals are teams to get immunized. This not only really has great potential for protecting yourself again, but your your friends and family. Again, we need you to understand that the vaccine itself is still very new and we understand there's concerns about it. We understand there may be some concerns about trusting whether the vaccine can work or whether it might cause some side effects. But I myself will take this when my priority group comes up and and I hope that we can convince other veterans that indeed the the safety profiles do show that this is something that we we should be doing on a broader scale. Then lastly, I would ask veterans this. This may be taking it to another level, but there are many additional research opportunities, particularly about the vaccine testing. But then other actual treatment that we need to explore that we need their assistance with that by stepping into. Clinical trials that veterans can help other veterans. Other members of our community by helping us find those solutions that we need. And as we continue to hopefully evolve how that research can involve different communities, hopefully will have treatments so that we can get back to our normal normal. We can get past this pandemic as soon as possible, so I think those are a couple of really important steps that that veterans can take and can hopefully help all of us as we try to really. Solve the concerns that this pandemic is creating. Thank you so much. I want to also thank Doctor Wrench, Doctor Matthews. Thank you for being a part of this really important discussion. I want to thank everyone who came and listened in and I hope that everyone stays safe and healthy and that we can get to the other side of this pandemic and and talk about. Remember when so thank you all.