

Case Reporting on Disproportionately Affected Populations: Current Status and Future Opportunities

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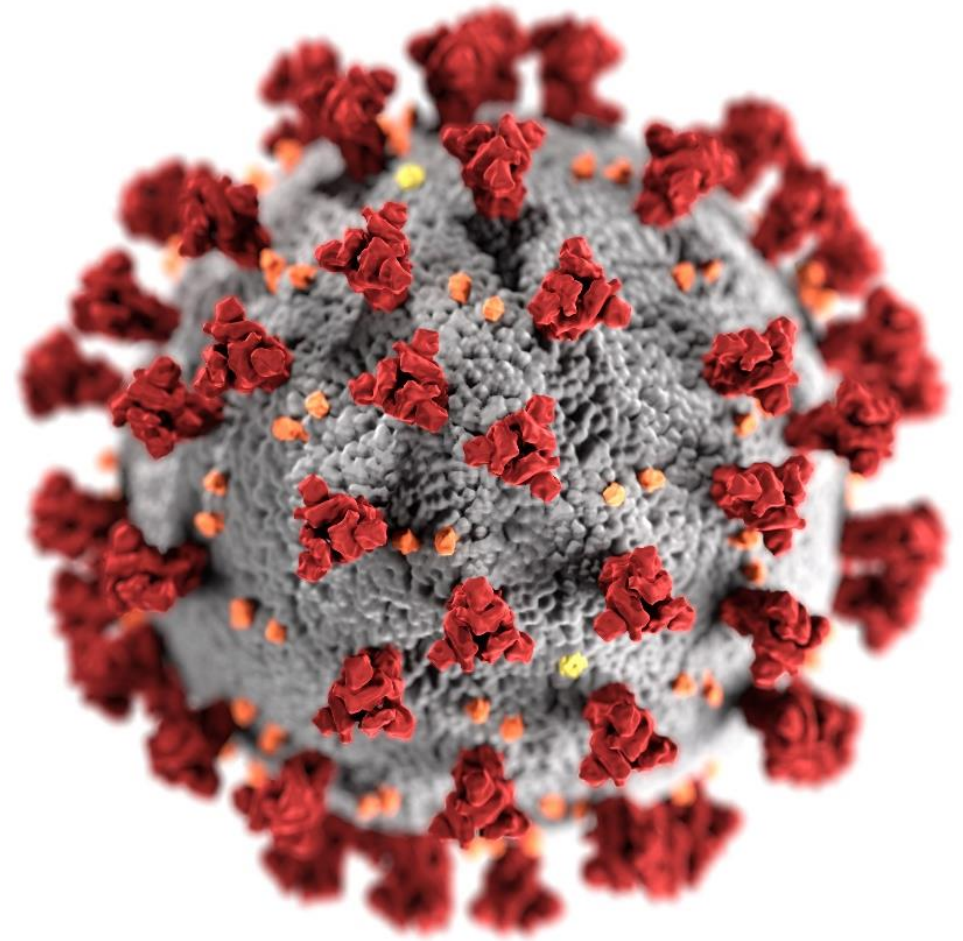
COVID-19 Response

Centers for Disease Control and Prevention

CSTE Health Disparities Subcommittee Meeting

September 24, 2020

The information in this presentation is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of September 3, 2020.



cdc.gov/coronavirus

Disproportionately Affected Populations Team

- **Mission:** Ensure that CDC's COVID-19 response includes and supports U.S. populations that disproportionately experience COVID-19 related sickness, death, or other consequences.
- Our team focuses on:
 - People experiencing homelessness,
 - Older adults,
 - People with a disability,
 - People in correctional facilities, and
 - People who use drugs or have substance use disorders.
- **Objective Today:**
 - Discuss the gaps in COVID-19-related data on these disproportionately affected populations
 - Discuss ways that CSTE can possibly partner with CDC to address these gaps.



COVID-19 and Disproportionately Affected Populations

■ Older adults

- Data on older adults widely available
- 8 out of 10 COVID-19-related deaths are among adults age 65 and over

■ People experiencing homelessness (PEH)

- Definition: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - Has a primary nighttime residence that is a public or private place not meant for human habitation
 - Is living in a publicly or privately operated shelter
- Limited data from emergency departments, homeless healthcare facilities, and Google alerts
- 213 deaths reported in 17 jurisdictions (<http://homelessdeathscount.org>)
- COVID-Net: PEH represent ~2% of hospitalized cases



State-Level COVID-19 Testing and Positivity Trends

Dashboard Summary

updated 9/16/20



241

Total Testing Events Submitted



10,094

Total Clients Tested



8.18%

Client COVID-19 Positivity Rate



2,093

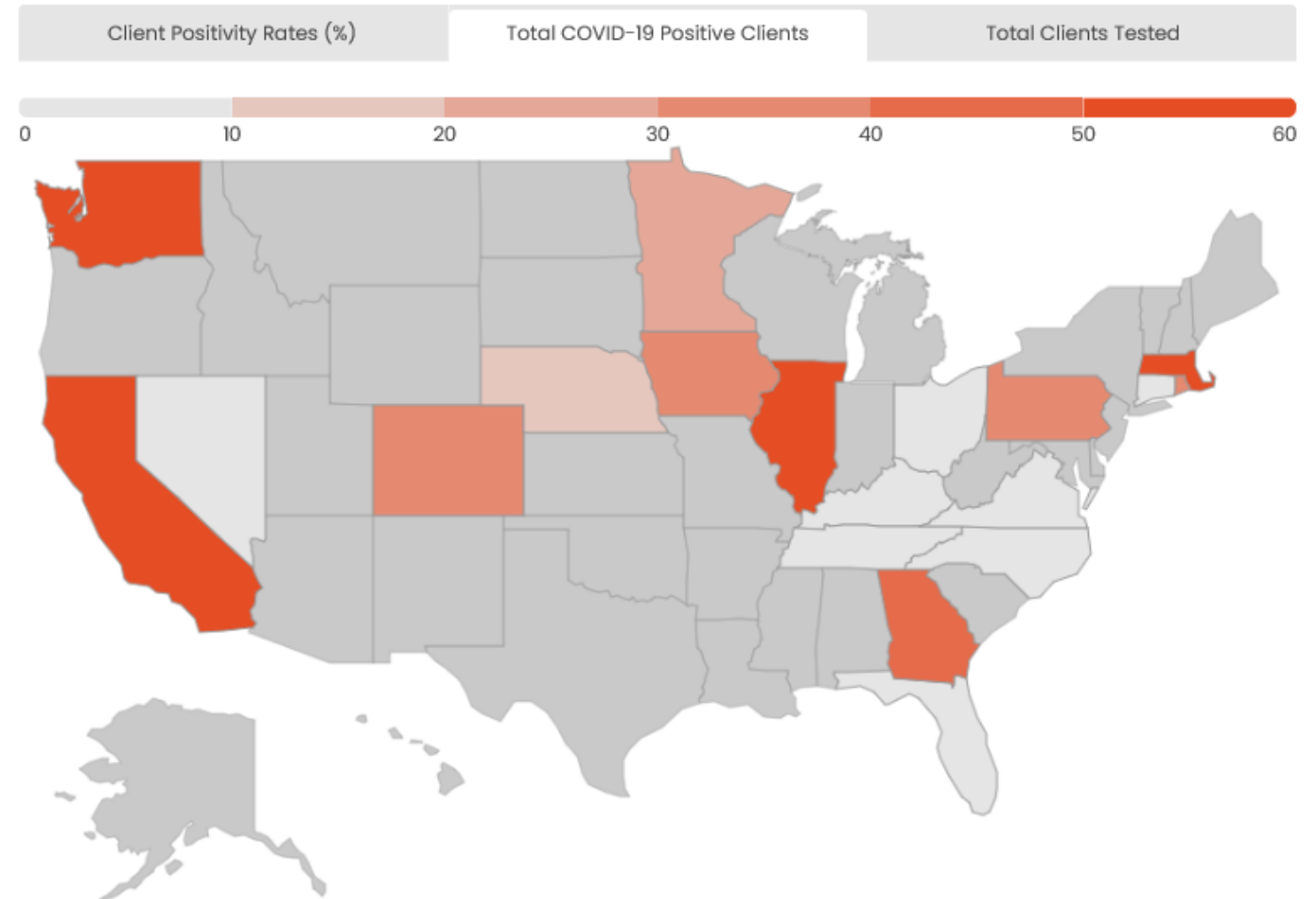
Total Staff Tested



4.30%

Staff COVID-19 Positivity Rate

Cumulative State-Level Testing Data



<https://nhchc.org/cdc-covid-dashboard/home/> Accessed 23 Sept 2020 (National Healthcare for the Homeless Council/ CDC COVID Dashboard)

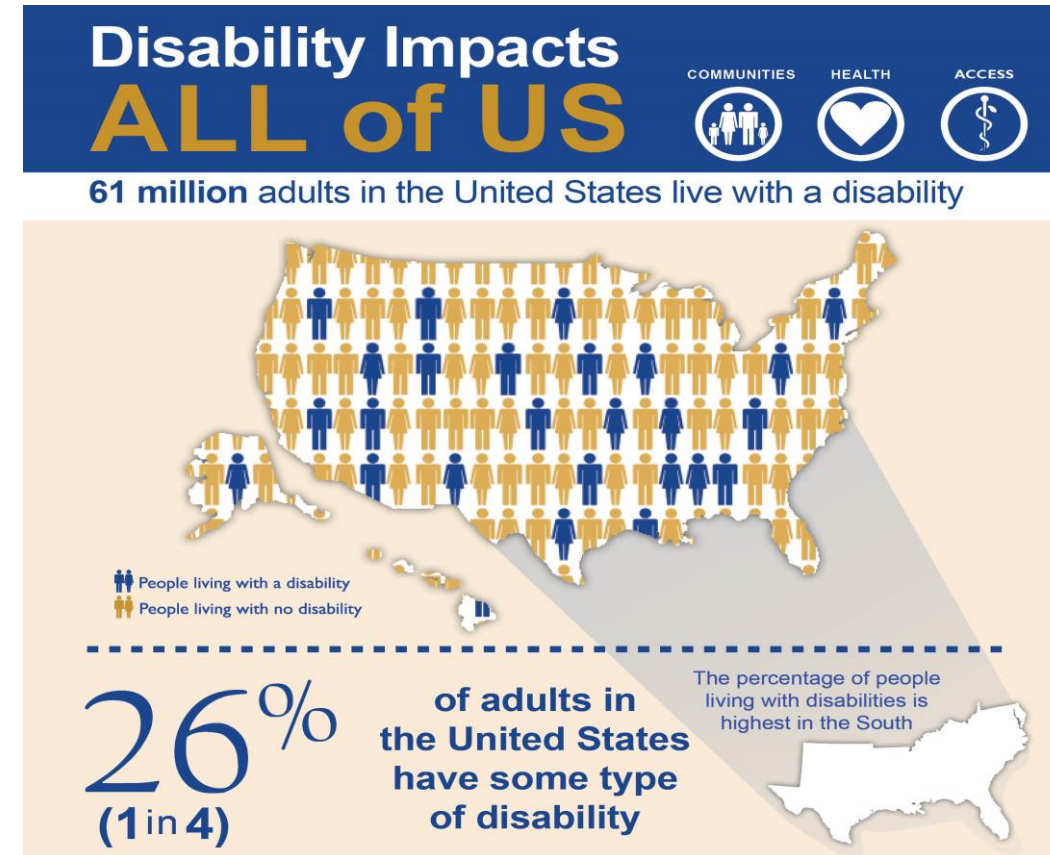
COVID-19 and Disproportionately Affected Populations

■ People with disabilities

- Definition: Physical or mental impairment that substantially limits ≥ 1 major life activity
- Population: ~**61 million** US adults; **1 in 5 children** have special healthcare needs

• COVID-19 risk for people with a disability

- Disability may make it harder to practice social distancing, wear a mask, and perform hand hygiene
- Increased rate of underlying condition: Adults with disabilities are **3X more likely** to have heart disease, stroke, diabetes, or cancer; more likely to have high BP and obesity



COVID-19 Disability Data: Analysis of Existing Data Systems

- 2010 Affordable Care Act, Section 4302, established Department of Health and Human Services data collection standards for 5 demographic categories, including disability status
 - However, there is a lack of available data on disabilities and COVID-19
- Analysis of existing COVID-19 data systems
 - 15 data systems evaluated
 - **5 collected specific data on disability**; 2 use tested and validated disability measures
 - Challenge of incomplete data on case surveillance forms



How are disabilities captured?

Electronic Health Records: ICD-10 Codes

■ Physical Disability/Mobility Limitation

- Fibromyalgia, Chronic Pain and Fatigue
- Mobility Impairments
- Multiple Sclerosis and Transverse Myelitis
- Muscular Dystrophy
- Osteoarthritis
- Rheumatoid Arthritis
- Spina Bifida and Other Congenital Anomalies of the Nervous System
- Spinal Cord Injury

■ Vision Disability

- Sensory- Blindness and Vision Impairment

■ Hearing Disability

- Sensory – Deafness and Hearing Impairment

■ Intellectual/Developmental Disability

- Autism Spectrum Disorders
- Cerebral Palsy
- Intellectual Disability and Related Conditions
- Other Developmental Delays

■ Central Nervous System Limitation

- Epilepsy
- Traumatic Brain Injury
- Stroke, TIA

COVID-19 and Disproportionately Affected Populations

- **People who use drugs or have substance use disorders**
 - People who use drugs may have underlying medical conditions that put them at increased risk for severe illness from COVID-19, and they may have concerns and questions related to their risk
 - Limited data: 1% of case reports in DCIPHR have data on substance use disorder
- **People in correctional facilities**
 - Limited data as cases in correctional facilities are not systematically tracked
 - New Resource: COVID Tracker



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

1,242

Affected Facilities

163,489

Total Cases

133,726

Total Resident Cases

29,763

Total Staff Cases

1,022

Total Deaths

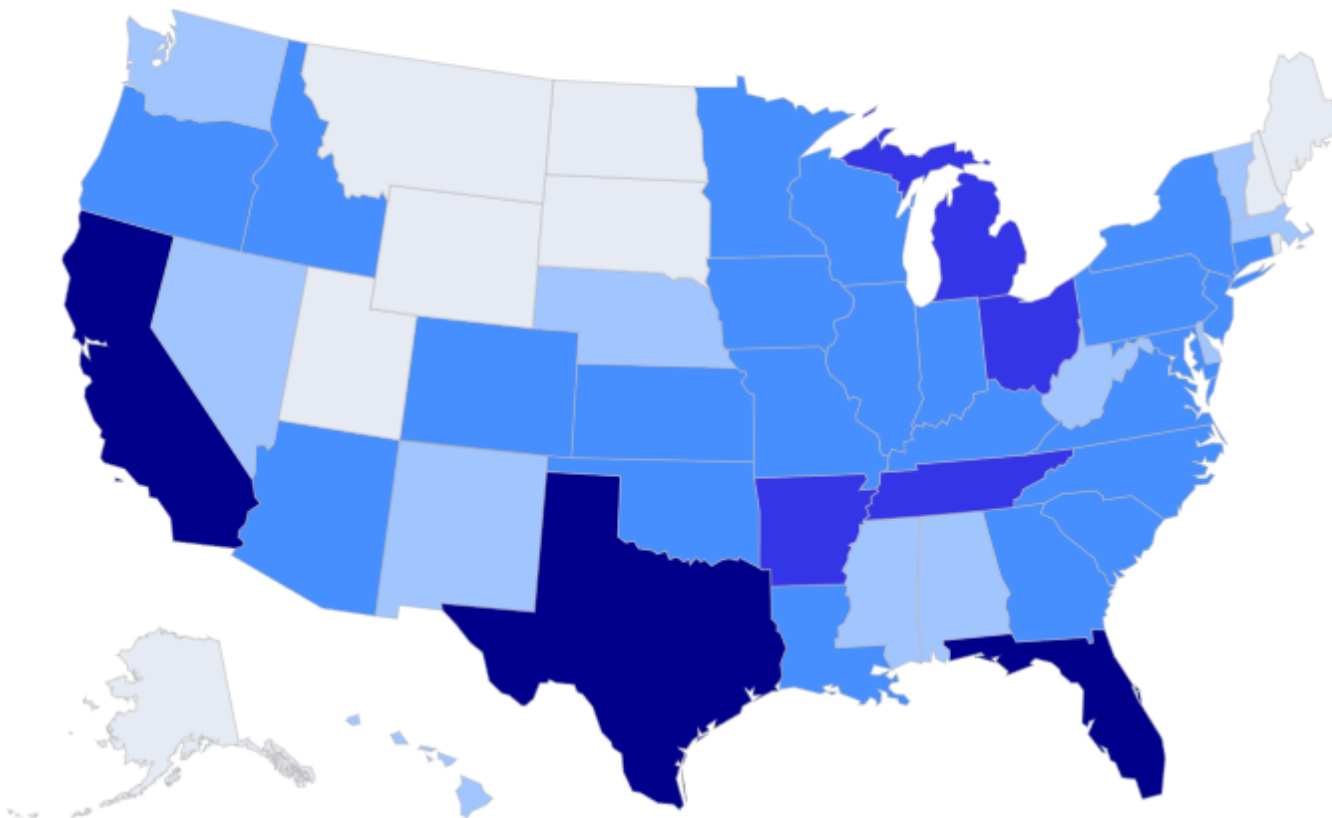
969

Total Resident Deaths

53

Total Staff Deaths

Last updated 23-Sep-20



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
Texas	28,494	191	164
California*	23,812	82	80
Florida	20,200	59	79
Ohio	7,380	110	31
Arkansas	6,934	5	4
Michigan	6,253	80	36
Tennessee	6,040	16	20
Arizona	4,986	29	23
South Carolina	4,801	2	28
New Jersey	4,185	49	30
New York*	3,979	35	36
Illinois	3,977	33	44
Virginia	3,892	23	34
North Carolina	3,538	39	51
Louisiana*	3,339	42	13
Georgia	2,871	61	78
Kansas	2,477	7	13
Connecticut	2,086	8	15
Missouri	2,054	0	25
Indiana	1,837	29	23
Maryland	1,775	12	23
Idaho	1,711	2	17
Kentucky	1,542	22	18
Pennsylvania	1,415	12	39
Oklahoma	1,343	7	24

31-Mar-20

Reported data from

20-Sep-20

Data Through

Cases and deaths are reported by state Department of Corrections and the Federal Bureau of Prisons at the facility-level unless indicated by *, which designates cumulative state-wide totals (county-wide for DC) from one or more facilities, not named, in addition to cases and deaths reported from any named facilities. Data contain cumulative confirmed COVID-19 counts in U.S. correctional and detention facilities, separately for staff and residents, starting from March 31, 2020. Data collected from the Department of Corrections websites are principally represented by prisons, with exception of a few states that include jails. Citation: UCLA Law COVID-19 Behind Bars Data Project, <https://law.ucla.edu/centers/criminal-justice/criminal-justice-program/related-programs/covid-19-behind-bars-data-project/>

- https://covid.cdc.gov/covid-data-tracker/?deliveryName=USCDC_425-DM31971#correctional-facilities Accessed 23 September 2020



Options for Addressing the Data Gaps for People with Disabilities, People Experiencing Homelessness, and People Who Use Drugs

- **Disability:** Include as a demographic variable (subject to minimal reporting recommendations) on case surveillance forms per HHS data collection standards
 - Has CSTE conducted any feasibility studies on this during COVID-19?
 - Lessons learned?
- **People who use drugs/have substance use disorders and PEH:** Include as a case definition?
 - Not demographic variables
 - Requires multiple systems to enhance case reporting
 - Has CSTE conducted feasibility studies on these variables?
 - Lessons learned?



What Are the Opportunities to Improve Case Reporting?

- **CSTE Workgroup** could raise awareness/stress the importance of reporting on disproportionately affected populations
- **Electronic Case Reporting (eCR):** The eCR team is working with HL7 to update the standard to include disability status.
 - What are the limitations to leveraging eCRs for capturing disability data?
 - Other avenues to consider (e.g., “ask on order entry” (AOE) questions)?
 - What materials/resources are needed?
- **Are there other ways that reporting on these populations can be built into the reporting infrastructure so that it can be sustained beyond COVID-19?**

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