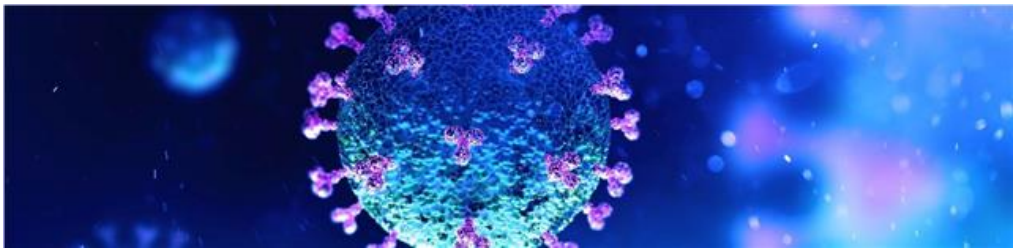


April 22: COVID-19 Clinical Update

New PPE Guidelines Webinar, COVID-19 and Black Patients

This daily communication is intended to facilitate the sharing of important clinical information during the COVID-19 healthcare crisis and to help respond to questions from physicians across Northwestern Medicine.

Today's COVID-19 Clinical Update contains information about the latest PPE guidelines, and features a discussion with Pulmonologist and Critical Care Specialist Khalilah Gates, MD, and Chief of Cardiology and Associate Director, Bluhm Cardiovascular Institute, Clyde Yancy, MD, MSc, about the impact of COVID-19 on black communities

THE LATEST PPE GUIDELINES

The Northwestern Medicine Infectious Disease team hosted a webinar last week on the latest information regarding personal PPE, including safety, evidence and guidelines. Leaders also highlighted frequently asked questions around PPE answered questions from participants. To learn more, view the **PPE Guidelines Webinar**.

COVID-19 AND AFRICAN AMERICANS

In an editorial that appeared April 15 on the *Journal of the American Medical Association* (JAMA), titled **COVID-19 and African Americans**, Cardiologist and Associate Director of Bluhm Cardiovascular Institute Clyde Yancy, MD, MSc, discussed the healthcare disparities among black Americans and how COVID-19 is disproportionately impacting this population. Here, Dr. Yancy and Pulmonologist and Critical Care Specialist Khalilah Gates, MD, share their insights on how this disparity is manifesting at Northwestern Medicine and what steps might be taken to mitigate the impact of COVID-19 on black Americans.

Q: The statistics presented in Dr. Yancy's JAMA editorial regarding the disparity of the COVID-19 experience among black Americans are staggering. How is this disparity being manifested in Northwestern Medicine hospitals?

Dr. Gates: Black/African American patients represent the majority of COVID-19 positive patients admitted to Northwestern Memorial Hospital, accounting for 40% of patients admitted to the ICU and 46% of those admitted to medical wards. The statistics are similar to the local and national data showing higher infection rates in African Americans. Thankfully, where NMH differs is in mortality rate. As of last week, we have not seen increased mortality in our African American patients. It is still too early to understand all the factors that are contributing to this difference, but we believe that access to testing and quality of care will be important differentiating factors.

Dr. Yancy: Based on Dr. Gates' exceptional presentation last week, we know the NMH experience. I agree with Dr. Gates, that fortunately, our overall mortality rates are substantially lower than

reported rates in public health repositories or in other cities. Patient characteristics are always central in these analyses, but the excellent bedside care and pulmonary critical care services provided by Northwestern Medicine physicians have been – and continue to be – laudable. We are witnessing "better" at NM every day.

We should also highlight the great but quiet essential work being executed by our medical assistants, Food Service teams, Security personnel and Patient Transport teams. Like other ancillary personnel in health care, these groups are disproportionately composed of under-represented minorities. These NM team members are serving admirably despite the obvious risks incurred. Our NM community is a microcosm of society; no system is perfect, but I applaud our community sense of humanism.

Q: How are you managing/treating this impacted patient population to help reduce the risk and severity of COVID-19 infection?
Dr. Yancy: Treatments should be uniform, regardless of race, ethnicity, age and socioeconomic status. We treat everyone according to need unless the patient or patient's family redirects us otherwise. I am confident that we are executing well on the goal of equitable care. Beyond the bedside, the most important consideration for all of us is public health awareness that better informs best practices regarding prevention, especially in our at-risk communities.

Q: How has COVID-19 changed your approach to care with respect to black American patients with comorbidities from high-risk communities?
Dr. Yancy: One cannot experience the local impact of this pandemic without recognizing the pernicious influence of social determinants of health and the necessity to improve the burden of hypertension, obesity and diabetes that plague our local Chicago communities. Emerging from this crisis, it will be important for us to reassess how we engage with targeted communities, and work to raise awareness and more comprehensively initiate best treatments.

Q: As a physician, what can be done proactively to help reduce exposure and severity of infection for this high-risk patient population?
Dr. Gates: To impact the disparities, we must continue to provide education and resources to high-risk communities. We also must continue to provide and work to increase testing offered, particularly to those in communities with lower access to care and testing. This week, the City of Chicago offered a comprehensive program to assist high-risk patients in many aspects of the fight against COVID-19. Providing testing, education and alternative living options to reduce the spread of SARS-CoV-2 is extremely important in the acute setting to combat the disparities that have been observed.

Dr. Yancy: We know that the most intense concentration of coronavirus infection and subsequent COVID-19 infections are clustered in just five neighborhoods on the South Side of Chicago. That's remarkable. The public health directive and imperative are clear. The lessons we are learning now will evaporate quickly if we don't redouble our public health focus. Regardless of our professional domains, we all have an opportunity to champion best public health practices.

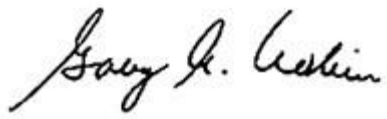
Q: What are the socioeconomic factors that physicians should be aware of that increase risk of COVID-19?
Dr. Yancy: It is important to recognize the complexity of the social determinants of health (SDOH). Taken as singular elements, socioeconomic status, education level, housing density, area crime density, and access to fresh fruits and vegetables might easily fail as identifying characteristics. It is instead the constellation of risk factors that constitute the SDOH that puts patients at risk. There is no eyeball test; we have to engage at the grassroots/community level to address these variables.

Q: Are there steps physicians in other specialties can take to help reduce the risks of COVID-19 infection and hospitalization for their high-risk black Americans patients?
Dr. Yancy: Testing and physical distancing do not know race or ethnicity. In the communities that we now know to be at highest risk, ready access to low-cost testing is the specific preventive measure to deploy. So many of us have close relationships with our patients; a proactive phone call that reinforces the importance of physical distancing would still be beneficial and may be the best action we can take for our patients.

Q: Are there specific proactive measures primary care physicians can take to assist patients in this high-risk population?
Dr. Yancy: Primary care physicians have major opportunities here. Oftentimes as the first to engage with patients, the primary care physician can determine the need for testing, triage to emergency department facilities for prompt care before symptoms worsen, and can again reinforce the importance of distancing measures and personal hygiene.

Q: What else should people know about this issue?
Dr. Yancy: We should all understand that what we are seeing nationwide, including here in Chicago, is seemingly abject evidence of health disparities as a function of race. We should be careful, and wait for much more data and subsequent analytics. However, the presence of important healthcare disparities will likely remain true. It is COVID-19 today but will soon yield again to cardiovascular disease, breast cancer, prostate cancer, peripheral vascular disease, asthma and solid organ transplantation. What position do leading hospital systems and academic medical centers take on this persistent issue of health disparities? I am pleased to highlight that Northwestern Medicine is focused on community engagement, diversity and health equity. Our needle is going in the correct direction. How we galvanize the general community and the social and political enterprises to push back against disproportionate suffering will be the challenge that awaits. Perhaps COVID-19 will launch new efforts and allow us to definitively address health disparities.

Thank you for your extraordinary dedication and collaboration in providing exceptional care to our patients and supporting one another during this unprecedented crisis. If you have questions, or would like to share the story of an NM hero, please email us at **covid-19md@nm.org**.



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