Nationwide Study Finds Blacks and Hispanics Twice as Likely as White Veterans to Test Positive for COVID-19


BACKGROUND:
There is accumulating evidence that racial and ethnic minority communities in the US are experiencing a disproportionate burden of COVID-19. However, studies to date have focused on those who tested positive or hospitalized patients. This retrospective cohort study examined racial and ethnic disparities in patterns of COVID-19 testing (i.e., who received testing and who tested positive) and subsequent 30-day mortality for Veterans receiving VA healthcare (all testing and services in this study were provided within VA). Investigators adjusted their results for other patient demographics, urban/rural residence, geographic region, site of care, and clinical characteristics (e.g., cancer, asthma, diabetes, COPD, alcohol use disorder). They also assessed potential variations in racial/ethnic disparities by calendar time, U.S. region, and outbreak patterns based on site-level percentages of positive tests per month. Using VA data, investigators identified 5.8 million Veterans (74% non-Hispanic White, 19% non-Hispanic Black, and 7% Hispanic) in VA care. Of this study cohort, 254,595 Veterans were tested for COVID-19 between February 8 and July 22, 2020, of whom 16,317 tested positive and 1,057 died.

FINDINGS:
• Black Veterans were more likely to be tested (rate per 1,000 patients, 60.0) than Hispanic (52.7) or White Veterans (38.6).
• Among those tested, both Black and Hispanic Veterans were twice as likely to test positive than White Veterans, even after accounting for all adjusting variables.
• The disparity between Black and White Veterans in testing positive slightly decreased over the study period – and was highest in the Midwest compared to other regions. The disparity between Hispanic and White Veterans was consistent across time, geographic region, and outbreak pattern.
• Among those who tested positive for COVID-19, there were no other observed differences in 30-day mortality by race/ethnicity group.

IMPLICATIONS:
• Findings suggest a substantial excess burden of COVID-19 infection in U.S. minority communities. Understanding what is driving these disparities is vital so that state- and local-level strategies can be tailored to curb the disproportionate epidemics in racial and ethnic minority communities.

LIMITATIONS:
• Beyond adjusting for rural/urban location and site of care, investigators were unable to explore likely social determinants of the pronounced differential burden of COVID-19 among minority individuals.

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