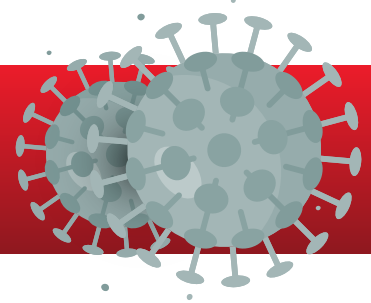




# COVID-19 EXPOSES HEALTH SYSTEM FLAWS, RAISES RISK FOR MANY



## COVID-19 HAS EXPOSED SERIOUS FLAWS IN HOW OUR HEALTH SYSTEM PREVENTS, TREATS, AND MANAGES CHRONIC DISEASES.

Poorly managed diabetes, cardiovascular disease and other chronic conditions increase risks for poor health outcomes and drives higher costs. Preliminary research has linked severe COVID-19 illness to hypertension, diabetes, and poor diabetes control. Millions in America have multiple risk factors for severe complications from COVID-19, due largely to the high prevalence of underlying chronic conditions and poor disease management.

### Even before the pandemic began:



**More than half of adults** living with **diabetes** are not meeting clinical guidelines for diabetes control.



Among adults living with **high blood pressure**, **more than 1 in 4** do not meet clinical guidelines for control.



**More than 1 in 7 adults** living with **asthma** experienced at least one asthma-related ED visit last year.

**As we continue to manage consequences of the pandemic, it will be critical to address preventable risks related to chronic disease. Some early warning signs tell us:**



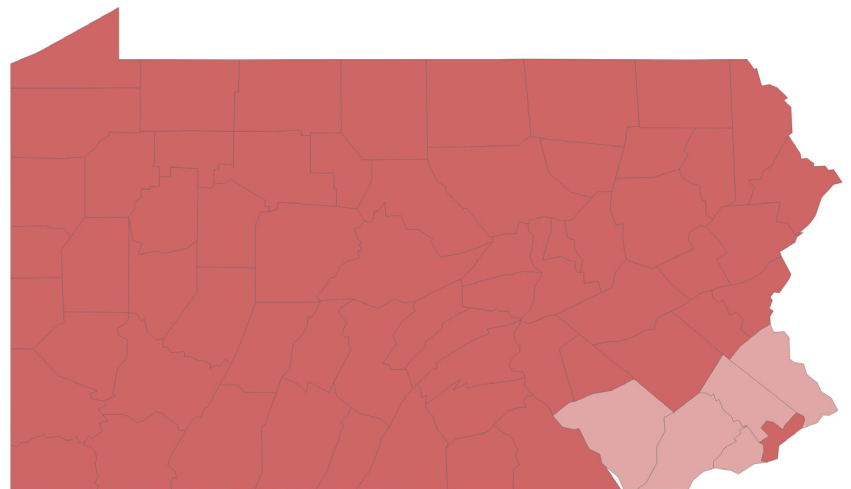
**Nearly half of** PA adults have two or more risk factors for a severe case of COVID-19, such as having two or more chronic conditions or being age 65 or older with at least one chronic condition.



**Nearly half of all people** living in rural areas have two or more risk factors for severe COVID-19 illness.

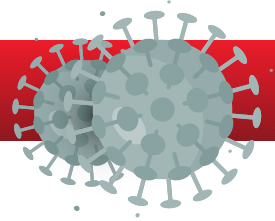


**Racial and ethnic health disparities**, including a higher prevalence of chronic conditions, less access to health care, and increased risk of viral exposure, are causing more COVID-19 cases and poorer outcomes among communities of color.



**Percent of population with 2 or more risk factors for severe illness from COVID-19**

- >55%
- 41-55%
- 26-40%
- 10-25%



**COVID-19 HITTING HARDEST AMONG COMMUNITIES OF COLOR NATIONWIDE**

RATES COMPARED TO WHITE, NON-HISPANIC PERSONS	AMERICAN INDIAN OR ALASKA NATIVE, NON-HISPANIC PERSONS	ASIAN, NON-HISPANIC PERSONS	BLACK OR AFRICAN AMERICAN, NON-HISPANIC PERSONS	HISPANIC OR LATINO PERSONS
Cases	<b>2.8x</b> higher	<b>1.1x</b> higher	<b>2.6x</b> higher	<b>2.8x</b> higher
Hospitalizations	<b>5.3x</b> higher	<b>1.3x</b> higher	<b>4.7x</b> higher	<b>4.6x</b> higher
Deaths	<b>1.4x</b> higher	No Increase	<b>2.1x</b> higher	<b>1.1x</b> higher

Race and ethnicity are risk markers for other underlying conditions that affect health status – including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

**SOLUTIONS**

**1**



**PRIORITIZE PREVENTION AND MANAGEMENT OF CHRONIC CONDITIONS**

Our health care system needs reforms to encourage better prevention, detection, treatment, and management of chronic diseases – both physical and mental – before they become an acute problem.

**3**



**ADVANCE HEALTH EQUITY IN ALL ASPECTS**

We must act to counter the pervasive health disparities that undermine both health status and economic opportunities for all individuals. To foster greater health equity, we need to capture health disparities data to identify the root causes and systemically address them.

**2**



**IMPROVE ACCESS TO RECOMMENDED CARE**

To put Americans in the best position to prevent and manage chronic disease, every American must have affordable access to care recommended by his or her health care provider, including improving coverage and lowering cost sharing for consumers.

**4**



**ENCOURAGE CONTINUED INNOVATION IN TREATMENT AND CARE DELIVERY**

Our health care system must be structured to improve the health of Americans by supporting innovations that enhance the quality of care delivered and health outcomes achieved for all people.

Sources: Population estimates are based on a microsimulation analysis conducted by IHS Markit; health disparities risk data from CDC, Hospitalization & Death by Race/Ethnicity as of Aug. 18, 2020.