Fewer ICU Beds for COVID-19 in Low-Income Areas

How much individuals earn in certain areas can affect whether they get access to a hospital bed for critical care for the coronavirus.

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New findings reveal that a lack of access to intensive care unit (ICU) beds is another reason COVID-19 disproportionately kills people living in poverty, according to Penn Medicine News.

For the study, researchers at the University of Pennsylvania investigated ICU bed capacity at 4,518 short-term and critical access hospitals in the 50 states and Washington, DC. In addition to gathering information about population, age, race and median household income, scientists compared ICU bed capacity by hospital service area (HSA)—a set of ZIP codes corresponding to the location in which residents received most of their hospital care.

Results revealed that 50% of communities with a household income under $35,000 had no critical care units per 10,000 residents age 50 or older, compared with just 3% of locations where people earn $90,000. In addition, more than one third of American communities showed zero ICU beds.

What's more, availability varied by region. For example, half of HSAs in the Midwest and 34% in the West had no ICU beds per 10,000 residents age 50 and older. Meanwhile, 52% of hospital service areas in the Northeast and 54% in the South counted more than four ICU beds per 10,000 residents of the same age. In addition, low-, middle- and high-income urban communities could access more than seven ICU beds for residents in compared with those in rural areas.

"Because low-income communities face higher infection rates of the virus as well as a higher prevalence of comorbidities—which increases the risk of death from the disease—the low supply of ICU beds compounds the impact COVID-19 will have on these communities," said Genevieve P. Kanter, PhD, an assistant professor of Medicine, Medical Ethics, and Health Policy at the Perelman School of Medicine at the University of Pennsylvania and the study's principal investigator. "Plans should be made for coordinating how hospitals can share these burdens."

Researchers suggested that steps must be taken on the county, state and federal levels to help stop the spread and damaging effects of COVID-19 in these regions. This means enabling hospital sharing and using tax dollars to pay for specialized resources, such as ventilators and critical care

doctors.

Study authors added that local emergency medical services should review system guidelines for how and under what conditions patients can be transported to hospitals outside of their immediate communities. Additionally, they urged that hospitals lacking ICU resources—especially those with large older populations who are at greater risk of hospitalization for COVID-19—receive emergency funding.

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