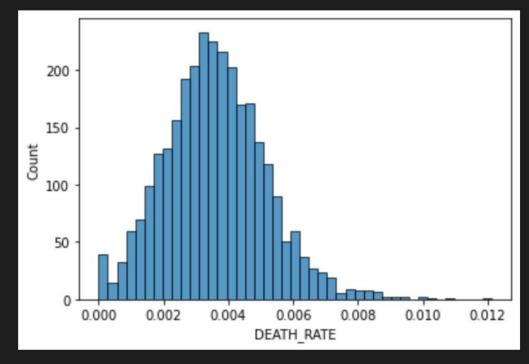
Classifying High COVID Fatality Rates

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There is a huge variance in the USA county-level COVID death rate.

coun	t 2952.000000
mean	0.003601
std	0.001580
min	0.000000
25%	0.002550
50%	0.003524
75%	0.004584
max	0.012113
Name	: DEATH_RATE, dtype: float64



This variance is a tragedy.

1 std = .001580 * 330 Million people = 521,000 Lives = 10 football

stadiums.



















What might be behind the variance?

- Income inequality in a community is a strong predictor of COVID fatality rates [Tan 2021]
- Broadband access appears to be a strong predictor [Lin 2022]
- Political orientation of a county wasn't a strong predictor of COVID deaths at first [Gao 2021]. That has changed since vaccines [NPR 2021].

My Approach: As Broad As Possible

- Pull in as much data as possible about US counties (100 metrics total)
 - Examples: infant mortality rate, ethnic makeup, homicide rate, median household income, access to healthcare
 - Drawn from countyhealthrankings.org, vaccinetracking.us, US Census, the CDC's Social Vulnerability Index, MEDSL voting data
 - Based on 2018/9 (pre-pandemic) data
- Determining which factors most strongly predict high COVID fatality rates by fitting machine learning models to the data.

Data Details

- All metrics with > 5% missing values were tossed.
 - Median value was used for imputation
 - Many metrics were only missing a handful of values
- 2919 US Counties x 70 metrics
- A handful of metrics are very similar (ex. different estimates of household income and life expectancy - not obvious which is best source)
- Also tried just larger counties (>50K population). 932 counties x 81 metrics.

Model Details

- Predict when a county will have a higher than average COVID fatality rate
- Two models: for the first year of COVID (before vaccines) and the second year (after vaccines). This is because the demographics of COVID deaths changed after vaccines [NPR 2021]
- Multiple supervised learning models: SVM, AdaBoost, RandomForest, Logistic Regression

Evaluation - what does success look like?

- Statistically: How accurately can we predict high fatality rates from pre-pandemic county data?
- What statistically significant factors were correlated with changes in fatality rates year over year?
- Conceptually: Can we understand at least some of the variance?

Evaluation

- Use accuracy score and 5-fold cross validation to decide best model for classifying higher than average fatality rate counties
- Determine most important factors with permutation importance
- Find top 10 factors that predicted high COVID fatality rates for year 1 and year 2 (separately)
- Re-run model on only larger counties

Correlations - Year One vs Year Two

+	r^2 (Year One)
Age-Adjusted Mortality (Hispanic) (CHR)	0.376
Teen Birth Rate (CHR)	0.351
% Disconnected Youth (CHR)	0.338
MV Mortality Rate (CHR)	0.337
% No HS Diploma (SVI)	0.321
Homicide Rate (CHR)	0.32
Years of Potential Life Lost Rate (CHR)	0.311
Child Mortality Rate (CHR)	0.305
Age-Adjusted Mortality (CHR)	0.304
% Physically Inactive (CHR)	0.299
+	·+

+		+ r^2 (Year Two)	
+		·+	
Ī	Age-Adjusted Mortality (CHR)	0.495	
1	Life Expectancy (CHR)	-0.49	
1	% Disabled (SVI)	0.482	
1	Years of Potential Life Lost Rate (CHR)	0.467	
1	Median Family (Wikipedia)	-0.457	
1	Physically Unhealthy Days (CHR)	0.453	
1	Teen Birth Rate (CHR)	0.45	
1	% Some College (CHR)	-0.443	
1	COVID Complete Coverage	-0.44	
1	Median Household (Wikipedia)	-0.434	
+		·+	

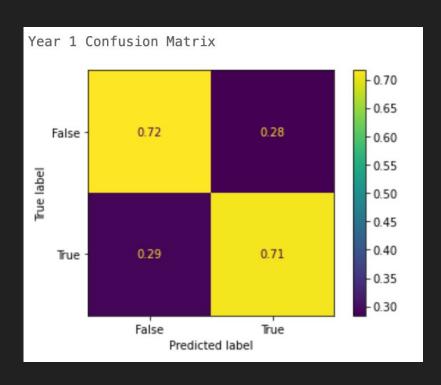
Strong correlations between some factors:

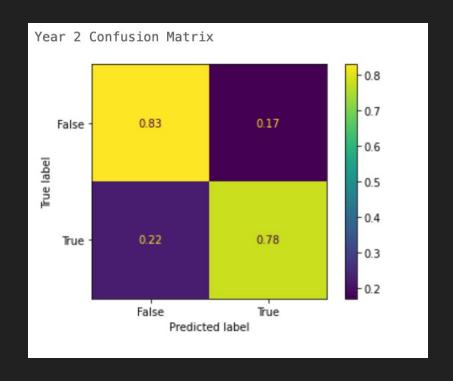
+		-+		-+	+
l	Column	I	Highest Correlated With	1	r^2
	% Physically Inactiv	-+ 	% Diabetic (CHR)	-+ 	0.758
1	% Children in Povert	1	% Fair/Poor (CHR)	1	0.837
1	% No HS Diploma (SVI	1	% Fair/Poor (CHR)	1	0.779
1	Teen Birth Rate (CHR	1	% Fair/Poor (CHR)	1	0.749
	Mentally Unhealthy D	1	% Frequent Mental Di	1	0.953
ı	Physically Unhealthy	1	% Frequent Physical	1	0.982
1	% Frequent Mental Di	I	% Frequent Physical	1	0.954
Ī	% Fair/Poor (CHR)	1	% Frequent Physical	1	0.928
1	% Diabetic (CHR)	1	% Physically Inactiv	1	0.758
ı	2016 Repub Vote Shar	1	% Physically Inactiv	1	0.398
Ĩ	% Uninsured (SVI)	Ī	% Uninsured (CHR)	Ī	0.865
ĺ	% Uninsured (CHR)	1	% Uninsured (SVI)	1	0.865
ì	YPLL (CHR)	Ì	Age-Adjusted Mortali	ĺ	0.96
İ	COVID Partial Covera	Ì	COVID Complete Cover	İ	0.97
i	COVID Booster Covera	i	COVID Complete Cover	i	0.851
i	COVID Complete Cover	ì	COVID Partial Covera	i	0.97
+		-+		-+	+
502		- 10		10.50	4

Training on Y2 death rates were more accurate than Y1

```
Classifier
                            Year 1 | Year 2 | Both | Total |
  RandomForestClassifier
                             0.636
                                             | 0.725 | 2.101 |
                                       0.74
           SVC
                            0.652
                                    0.756
                                              | 0.725 | 2.133 |
   LogisticRegressionCV
                                      0.758
                                             | 0.741 | 2.131 |
    RidgeClassifierCV
                             0.637
                                      0.751
    AdaBoostClassifier
                                             | 0.695 | 2.045 |
                             0.623
                                    0.726
    BaggingClassifier
                             0.624
                                      0.704 | 0.683 | 2.011 |
GradientBoostingClassifier | 0.648
                                      0.734
                                               0.723 | 2.105 |
        LinearSVC
                             0.633
                                    0.757
```

Best classifier - LinearRegressionCV





Permutation - what matters to the classifier?

+	-+	-+
Factor	Importance (Year One)	
+	-+	-+
% Over 65 (SVI)	0.032	
Life Expectancy (CHR)	0.025	1
Physically Unhealthy Days (CHR)	0.02	
% Disabled (SVI)	0.02	1
% Physically Inactive (CHR)	0.018	
Median Household (Wikipedia)	0.017	1
% Rural (CHR)	0.017	
2016 Repub Vote Share	0.016	1
Mentally Unhealthy Days (CHR)	0.016	Ī
% Screened (CHR)	0.013	1
+	-+	-+

+-		-+-		-+
1	Factor	1	<pre>Importance (Year Two)</pre>	1
+-		-+-		-+
1	2016 Repub Vote Share	1	0.038	1
	Teen Birth Rate (CHR)		0.018	
1	% Some College (CHR)	1	0.017	1
	% Hispanic (CHR)		0.016	
1	% Insufficient Sleep (CHR)	1	0.016	1
-	% Diabetic (CHR)		0.016	
1	% Limited English (SVI)	1	0.015	1
-	% Rural (CHR)		0.015	
1	% Fair/Poor (CHR)	1	0.013	1
1	Clinical Care Percentile (CHR)		0.011	
+-		-+-		-+

What do other classifiers say?

+-	Factor	+		Maan Dank	+	
1			LRCV Rank	 -	Mean Rank	1
Ī	2016 Repub Vote Share	Ì	1	İ	1.5	ĺ
-1	Teen Birth Rate (CHR)	1	2	1	16.25	
-	% Some College (CHR)		3	Ī	10.25	
1	% Hispanic (CHR)	1	4	1	23.125	
1	% Insufficient Sleep (CHR)		5	I	39.125	
1	% Diabetic (CHR)	1	6	1	9.25	
1	% Limited English (SVI)		7	Ī	18.875	
1	% Rural (CHR)	1	8	1	37.875	
1	% Fair/Poor (CHR)		9	Ī	20.5	
1	Clinical Care Percentile (CHR)	1	10	1	16.5	
- [% Obese (CHR)		11	Ī	26.875	
1	% Severe Housing Problems (CHR)	1	12	1	36.625	
-	% Frequent Physical Distress (CHR)		13	Ī	27.25	
1	Median Family (Wikipedia)	1	14	1	25.5	
-	% Uninsured (CHR)		15	Ī	27.625	
1	% No HS Diploma (SVI)	1	16	1	21.5	
1	Physically Unhealthy Days (CHR)		17	Ī	32.5	
-	Income Ratio (CHR)		18	1	28.625	
1	Life Expectancy (CHR)		19	Ī	38.5	
1	COVID Complete Coverage	1	20	1	9.75	
+-		+-		+-		+

- Ran LinearSVC, GradientBoost,
 Ridge and RandomForest on data
- "2016 Repub Vote Share" was highly ranked by all models
- Rankings may be muddied by very similar factors (eg Median Family vs. Per Capita Income)

references

[Tan 2021] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2779417

[Gao 2021] https://pubmed.ncbi.nlm.nih.gov/34226856/

[Lin 2022] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789619

[NPR 2021]

https://www.wbur.org/npr/1059828993/data-vaccine-misinformation-trump-counties-covid-death-rate