

Supplemental Table 3: Association Between Race and COVID-19 Status Stratified by SDOH Risk Factor

| At least one SDOH Risk Factor | | |
|--------------------------------------|-------------------|--------------|
| Breslow Day Test p-value: 0.9075 | | |
| | COVID Test Result | |
| Race | Positive | Negative |
| Black | 48 (30.77%) | 63 (31.66%) |
| White | 108 (69.23%) | 136 (68.34%) |
| Odds ratio (95%CI): 0.96 (0.61,1.51) | | |

| No SDOH Risk Factors | | |
|--------------------------------------|-------------------|--------------|
| | COVID Test Result | |
| Race | Positive | Negative |
| Black | 150 (30.93%) | 181 (32.50%) |
| White | 335 (69.07%) | 376 (67.50%) |
| Odds ratio (95%CI): 0.93 (0.72,1.21) | | |

Supplemental Table 4: Evaluating the Association Between Age and Ethnicity to Evaluate Age as a Potential Confounder

| Age | Ethnicity | | p-value |
|----------|--------------|--------------|---------|
| | Hispanic | Non-Hispanic | |
| Under 18 | 76 (5.39%) | 16 (3.09%) | <0.0001 |
| 18-44 | 803 (56.91%) | 246 (47.58%) | |
| 45-64 | 448 (31.75%) | 199 (38.49%) | |
| 65+ | 84 (5.95%) | 56 (10.83%) | |

Supplementary Materials: Social Determinants of Health Questionnaire

ENGLISH

Name _____

DOB _____

Medical Record # _____

STAFF ONLY

Completed:

- In-person By mail
 By phone By Email
 Other

Directions: Please fill out all the questions, whether you are answering for yourself or for a child, so that your care team has the most complete information to care for you.

1. Today's Date: ____/____/____

2. What is your housing situation today?

- I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
 I have housing today, but I am worried about losing housing in the future
 I have housing
 I am not sure

3. Think about the place you live. Do you have problems with any of the following? (Check all that apply)

- Pests such as bugs, ants, or mice
 Mold
 Lead paint or pipes
 Inadequate heat
 Oven or stove not working
 No or not working smoke detectors
 Water leaks
 None of the above
 I am not sure

4. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- Often true
 Sometimes true
 Never true

5. Within the past 12 months, the food you bought just didn't last and you didn't have enough money to get more.

- Often true
 Sometimes true
 Never true

6. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (Check all that apply)

- Yes, it has kept me from medical appointments or getting medications
 Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
 No
 I am not sure

7. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

- Yes
 No
 Already shut off
 I am not sure

8. Do you want help finding or keeping work or a job?

- Yes, help finding work
 Yes, help keeping work
 I do not need or want help
 I am not sure



English 06/19