STATE/TERRITORIAL/TRIBAL PERSPECTIVES ON COVID-19 AND HEALTH EQUITY

How Health Equity Can Drive State, Territorial and Tribal COVID-19 Response
This virtual symposium is presented by the HHS Office of Minority Health

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PRESENTERS

• **Moderator: Winston Wong**, MD, MS, FAAFP, Chair and Acting CEO, National Council of Asian Pacific Islander Physicians

• **Sandra Brown**, DNS, APRN, FNP-BC, CNE, ANEF, FAANP, FAAN, Dean and Professor, College of Nursing and Allied Health, Southern University and A&M Baton Rouge

• **Darielys Cordero**, MPH, Director of Special Programs, Puerto Rico Primary Healthcare Association

• **Stacy A. Bohlen**, Chief Executive Officer, National Indian Health Board
OBJECTIVE

• Highlight state, territorial and tribal perspectives and recommendations for applying a health equity lens to COVID-19 response efforts.
Charge
To provide recommendations relative to health inequities which are affecting communities that are most impacted by the coronavirus. The task force will examine opportunities which provide greater access to high quality medical care and improve health outcomes.

Goals/Outcomes
• Provide reliable and data driven information on COVID-19 safety and prevention
• Provide the medical community with best practices and protocols for treating communities with underlying medical conditions and health disparities
• Ensure testing availability and ease of access for all communities

Timeline
Louisiana’s COVID-19 Health Equity Task Force will begin its work immediately and continue as needed. Its actions and research will ultimately result in improved health equity in Louisiana, serve as a foundation and resource for addressing healthcare disparities in vulnerable populations, and contribute to the progression and improvement of Louisiana's healthcare rankings. To measure progress, a statewide Dashboard on Health Equity will be created.
Task Force Structure and Members

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Dean and Professor, College of Nursing and Allied Health

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Rep. Dustin Miller
Louisiana House of Representatives
District 40

LOUISIANA COVID-19 HEALTH EQUITY TASK FORCE
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## Task Force Structure and Members

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<th>Task Force Members</th>
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Priorities

COVID-19 Testing for Vulnerable and At-Risk Communities

COVID-19 Communication and Messaging

COVID-19 Data and Analysis

COVID-19 Health Equity Dashboard

COVID-19 in Special Populations – LA Prisons

Louisiana COVID-19 Health Equity Task Force
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Priorities

COVID-19 in Special Populations - Nursing Home residents
COVID-19 Policy and Regulatory Affairs
COVID-19 Community Outreach and Stakeholder Engagement
COVID-19 Racial Disparities in Healthcare
Deliverables

COVID-19 Testing for Vulnerable and At-Risk Communities

Review State-wide Testing Plan for COVID-19 and antibody testing and quarantine. Review statewide protocols for testing, geomapping of testing, barriers to testing, location of testing sites, COVID-19 mobile testing efforts, and local government’s role in testing, contact tracing efforts. A comprehensive recommendation to facilitate COVID-19 testing for vulnerable and at-risk communities (symptomatic and asymptomatic) will be produced.

SHORT TERM GOAL: ATTAINABLE WITHIN 30 DAYS

COVID-19 Communication and Messaging

Develop a Health Equity Task Force website with a social media platform inclusive of COVID-19 safety and prevention, cultural relevant messaging, de-stigmatization, misperceptions, etc. utilizing The Skin You’re In platform as a template. Incorporate measures to reach rural communities and the elderly with limited or no access to broadband. Include street campaign strategies and incorporate measures such as geofencing to reach our youth.

SHORT TERM GOAL: ATTAINABLE WITHIN 30 DAYS
Deliverables

COVID-19 Data and Analysis
A comprehensive statewide report on COVID-19 data based on age, gender, and race with geospatial analysis of mortality will be developed. Obtain COVID-19 data to include deaths by age/race/zip codes; hospitalizations by age and race; cases and deaths in nursing homes and prisons by age and race; # of people tested by age and race; obesity data; cross tabulation of data with co-morbidities; Various nationalities, including Latino community numbers, will be included.
SHORT TERM GOAL: ATTAINABLE WITHIN 30 DAYS

Health Equity Dashboard
Develop a Louisiana Health Equity Dashboard. Explore Health Equity Dashboards in other states to use as a guide.
IMMEDIATE GOAL: ATTAINABLE WITHIN 60 DAYS
Deliverables

COVID-19 in Special Populations – LA Prisons

Explore the impact of COVID-19 on special populations, specifically Louisiana’s prison population (examining the # of positive cases, deaths, age, gender, race, geographic location). A comprehensive plan to address safety and prevention of COVID-19 in Louisiana’s prison population will be developed.

SHORT TERM GOAL: ATTAINABLE WITHIN 30 DAYS

COVID-19 in Special Populations — Nursing Home Residents

Explore the impact of COVID-19 on special populations, specifically Louisiana’s nursing home population (examining the # of positive cases, deaths, age, gender, race, geographic location). A comprehensive plan to address safety and prevention of COVID-19 in nursing home residents will be developed.

SHORT TERM GOAL: ATTAINABLE WITHIN 30 DAYS
Deliverables

COVID-19 Policy and Regulatory Affairs
This committee will recommend policies and regulations to state legislature to minimize inequitable distribution of healthcare services as it relates to discrimination, access to care, quality of care and other fundamental drivers of health disparities.

INTERMEDIATE GOAL: ATTAINABLE WITHIN 60 DAYS

COVID-19 Community Outreach and Stakeholder Engagement
Develop a comprehensive guide for best practices, strategies, and resources to address COVID-19 utilizing community and faith-based organizations as it relates to isolation, grieving, and COVID-19 survivorship inclusive of older adults. This subcommittee will also identify platforms to increase community engagement and outreach for COVID-19.

SHORT TERM GOAL: ATTAINABLE WITHIN 30 DAYS
Deliverables

COVID-19 Racial Disparities in Healthcare

Review *Crisis of Care Standards for Louisiana* and make recommendations for modification or updates. Review provider bias influence on health outcomes. Explore medical mistrust among African Americans. Provide a comprehensive inventory of best practices, evidenced-based solutions that address racial disparities in healthcare for Louisiana.

**INTERMEDIATE GOAL: ATTAINABLE WITHIN 60 DAYS**
Contact Us

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"How Health Equity Can Drive State, Territorial and Tribal COVID-19 Response"

The Puerto Rico Experience to COVID-19


September 17, 2020

Darielys Cordero, MPH, DrPhc
Special Programs Director
Puerto Rico Primary Care Association

(Associación de Salud Primaria de Puerto Rico, Inc.)
OBJECTIVES

• Provide an overview of the community health centers & role during emergencies
• Puerto Rico territorial & health centers COVID-19 response
• Main Challenges
• Best practices & Innovation
Puerto Rico Community Health Centers/Federally Qualify Health Centers (FQHC)

Primary and Preventive Care

- Non-profit federally-funded organizations
- **Main Goal:** Improving **access** to health care and provide **quality services**.
  - Primary
  - Mental
  - Dental
- Decrease **healthcare disparities** for most vulnerable population.
- Addressing health care and **social community needs**.
- **Community Outreach**

Critical Infrastructure for emergencies

- Served as **first responders** for most vulnerable and geographically limited communities
  - Provide access to health care
  - Support other social needs
  - Know and understanding of community
- Foster **continuity of operations** and services
  - Clinical care
  - Outreach care & preventive services
- **Partnership & Accountability**
PUERTO RICO COMMUNITY HEALTH CENTERS

Patients served
• 425,830 in 2019

Insurance status
• Medicaid (Vital): 59.8%
• Medicare: 11%
• Private: 13.2%
• Uninsured: 13.5%

425,000 patients served in 2019
ISSUES AFFECTING PRIOR TO COVID 19

Access

• Limited retention of health care providers
• Increase uninsured population
• Lack of medical residencies/training programs
• Providers MCO’s certifications
• Medicaid Cliff

Care Delivery

• High rates of chronic conditions
• Elderly population & isolation
• High need to address social determinants of health
  • Housing/infrastructure, poverty, unemployment, mental health.
COVID-19 Impact in Puerto Rico

Confirmed COVID-19 cases by testing date in PR, August 13, 2020

COVID-19 Severity:
- Mortality Rate: 3% (317)
- Hospitalized: 4% (428)

Gender distribution:

COVID-19 RESPONSE EFFORTS

Emerging and evolving local needs

● Supporting State-Level Response
  – Support limited capacity of state’s health department testing among elderly population.
● Mitigating inequality of the COVID response
● Expansion of access to testing
  – Assess patients' symptoms
  – Triage, including screen and temperature checks
  – Some offering drive thru clinics
  – Define separate testing sites as tents
● Contact Tracing Surveillance
● Workforce
  – Safety and security of employees
  – Staff training
  – Remote Work

Continue delivering high quality care

● Keep patients from flooding local hospital systems
● Adjustment in clinical operations
● Patient & community education
● Sustain crucial health care to the nation’s most vulnerable populations
● Experiencing a surge of patients needing COVID-19 screening and treatment.
COVID-19 RESPONSE FROM THE COMMUNITY HEALTH CENTERS

- > 90% HC’s have the ability to test
- 64,507 has been tested in a HC’s; 4,483 positive.
- 92% tested patients were racial/ethnic minorities; 97% positives.
- Turn around time
  - more than 40% report more than 5 days
MAIN CHALLENGES

● Testing capacity
  – Shortages, FDA approval

● Personal Protective Equipment (PPE) Shortage
  – Limited access for primary care sector and increase prices
  – Delay delivery to territorial and priority to the states

● Decreased/delayed non-essential services
  – Severe decline in number of patient's visits
  – Including for medical, behavioral health, and dental services

● Staff reductions
  – Licenses
  – Furlough
  – Positive cases (quarantine)

● Financial impact
  – Visits reduction
  – Services limited (dental, non-essential primary care)
  – Increase PPE demand

● Estimated revenue loss
  – $115 millions & 1,605 jobs
  – 482,615 patient visits on a six-month period

● Telehealth
  – Elderly population
  – Lack access to internet & smartphones
ADAPTABILITY AND IMPLEMENT INNOVATIVE MEASURES

- **Care delivery**
  - Determine how to deliver services safely and limit transmission of disease
  - Continue care essential wellness check & immunizations
  - Transition services to Telehealth & Telemedicine
  - Identify high risk patients (social risk)

- **Virtual health education**
  - Social Media platforms, & host educational FB Live events, webpages, New digital content
  - Radio events, and local magazines & newspapers publications

- **Infrastructure Development**
  - Drive-thru care & outdoor tents
  - New IT/Communications Equipment
  - Telemedicine/Telehealth

- **Telehealth**
  - HC’s reimbursement for providing telehealth services to in their homes is limited.
  - Statutory changes are needed to ensure consistency in payment.

- **Non-governmental organizations alliances**
  - On previous relationship
  - Municipality (counties) emergency response efforts (public health & primary care)
THANK YOU

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Advancing the Response to COVID-19: Sharing Promising Programs and Practices for Racial and Ethnic Minority Communities
A Virtual Symposium Hosted by HHS Office of Minority Health

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