

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

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



OFFICE OF THE  
ASSISTANT SECRETARY FOR HEALTH





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

This virtual symposium is presented by the  
HHS Office of Minority Health

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2020



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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 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.



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## LOUISIANA COVID-19 HEALTH EQUITY TASK FORCE



## 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.



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# Task Force Structure and Members

## Co-Chairs

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### **Sandra Brown, DNS**

Southern University and A&M Baton Rouge  
Dean and Professor, College of Nursing and Allied Health

### **Thomas LaVeist, Ph.D.**

Tulane University  
Weatherhead Presidential Chair in Health Equity, Dean of  
Public Health and Tropical Medicine

## Task Force Administration

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### **Ray L. Belton, Ph.D.**

Southern University System  
President-Chancellor

### **Kim Hunter-Reed, Ph.D.**

Louisiana Board of Regents  
Commissioner

### **Kimberly Lewis Robinson, JD**

Louisiana Department of Revenue  
Secretary

### **Katara Williams, Ph.D.**

Southern University System  
Chief of Staff

### **Adren Wilson, Ph.D.**

Office of the Governor  
Deputy Chief of Staff

## Legislative Members

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### **Sen. Regina Barrow**

Louisiana State Senate  
District 15

### **Rep. Dustin Miller**

Louisiana House of Representatives  
District 40



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# Task Force Structure and Members

## Task Force Members

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Louisiana Department of Health- Office of Health  
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Deputy Director

**Takeisha Charles Davis, M.D.**  
New Orleans East Hospital  
President and Chief Executive Officer

**Rebekah E. Gee, M.D.**  
LSU Health Care Services  
Chief Executive Officer

**Corey Hebert, M.D.**  
Dillard University  
Chief Medical Officer / Assistant  
professor - Tulane and LSU

**Theron J. Jackson, M.Div.**  
Morning Star Baptist Church/Together Louisiana  
and Nehemiah Faith-Based Coalition  
Pastor

**Raymond A. Jetson**  
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Chief Executive Catalyst

**Kathleen B. Kennedy, Pharm.D.**  
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Professor and Dean, College of Pharmacy

**Michael W. McClanahan**  
NAACP  
State President

**Orlando McMeans, Ph.D.**  
Southern University Agricultural Research  
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Chancellor

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LSUHSC School of Nursing – Dean and Professor  
President, Louisiana Council of Administration of Nursing Education

**Rani G. Whitfield, M.D.**  
Our Lady of the Lake Physician Group  
Family Practice Physician

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Exec. Dir. For Population and Public Health Sciences

**Judy Reese Morse**  
Urban League of Louisiana  
President and CEO

**Gary M. Wiltz, M.D.**  
Teche Action Clinics  
Chief Executive Officer



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Healthcare Consultant

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# Subcommittee Members

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**Councilwoman Cyndi Nguyen**

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Vice Provost for Diversity and Chief Diversity Officer



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# Subcommittee Members

## COVID-19 Health Equity Dashboard

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Urban League of Louisiana  
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National Organization of Black Law Enforcement  
Executives (NOBLE)  
National 2nd VP



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# Subcommittee Members

## COVID-19 in Special Populations — Nursing Home Residents

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## COVID-19 Community Outreach and Stakeholder Engagement

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Executives (NOBLE)  
National 2nd VP



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# Subcommittee Members

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### Co-Chair

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University of Queensland



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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



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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



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# 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**



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# 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**



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# 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**



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# 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**



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**#InThisTogether**



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

## The Puerto Rico Experience to COVID-19

*OMH Virtual Symposium: Advancing the Response to COVID-19: Sharing Promising Programs and Practices for Racial and Ethnic Minority Communities*

*September 17, 2020*

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

**(Asociación de Salud Primaria de Puerto Rico, Inc.)**



# OBJECTIVES

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- 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



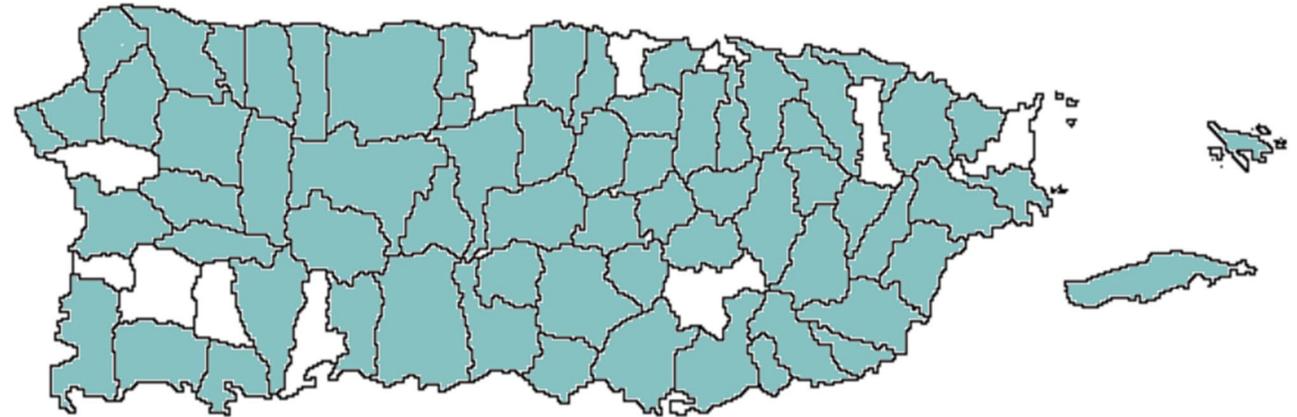
# PUERTO RICO COMMUNITY HEALTH CENTERS

## Patients served

- 425,830 in 2019

## Insurance status

- Medicaid (Vital): 59.8%
- Medicare: 11%
- Private: 13.2%
- Uninsured: 13.5%



85 primary care  
clinics

110 delivery sites

67 municipalities

➤ **425,000 patients served in 2019**

# ISSUES AFFECTING PRIOR TO COVID 19

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## Access

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

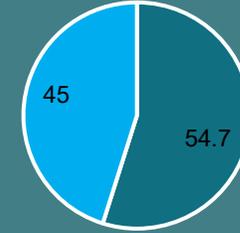
## Care Delivery

- 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

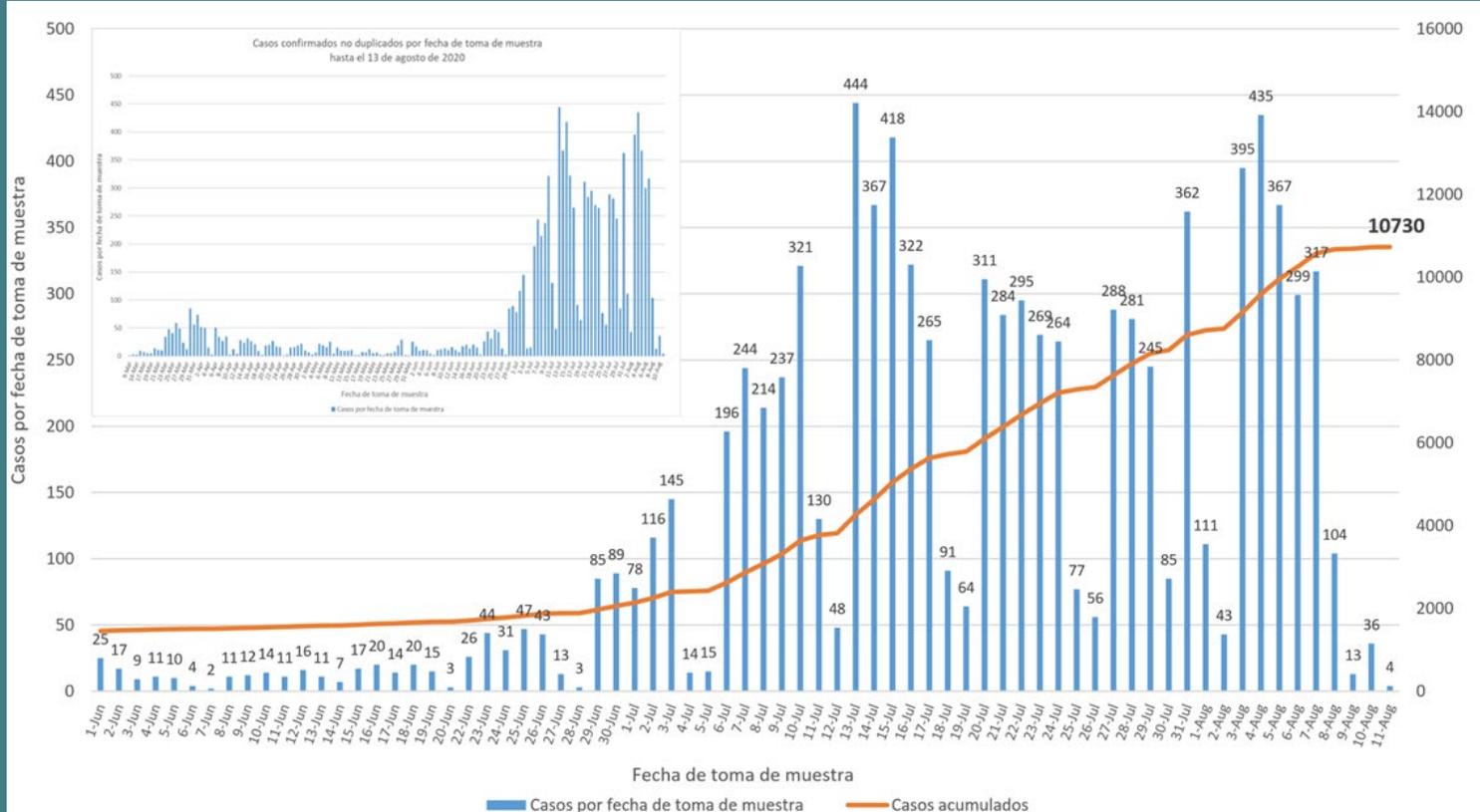
**COVID-19 Severity:**  
 Mortality Rate: 3% (317)  
 Hospitalized: 4% (428)

**Gender distribution:**

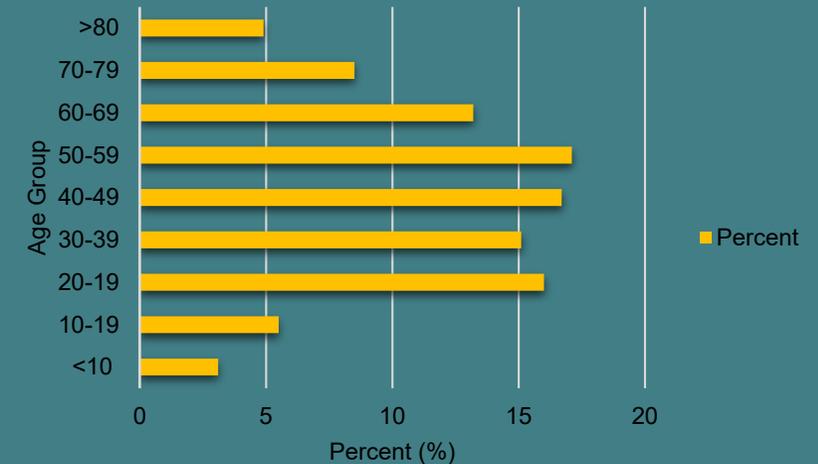


Female Male

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



## COVID19 cases by age group in Puerto Rico to August 13, 2020



Reference: Puerto Rico Department of Health, COVID 19 Cases Report August 14, 2020

# 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 testes 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

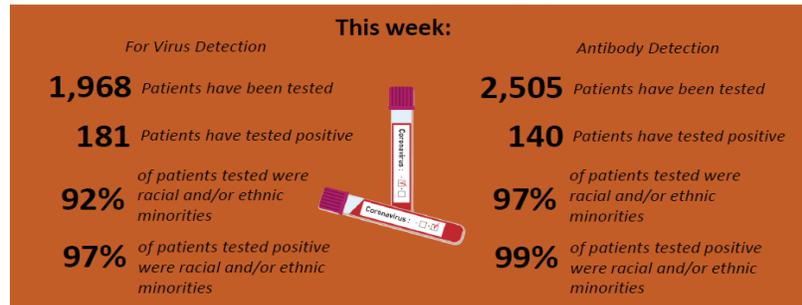
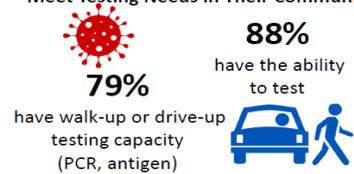
## Puerto Rico Health Centers' Response to COVID-19



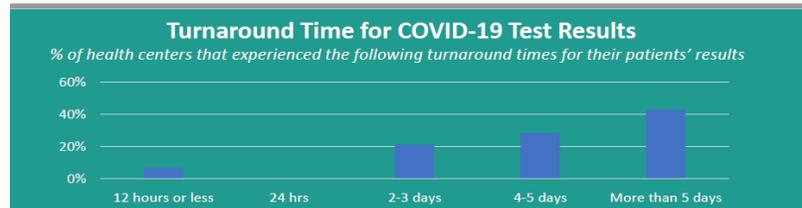
Results as of August 7, 2020

The Health Resources and Services Administration (HRSA) is surveying health centers weekly to track their COVID-19 response and their patient and staff impacts. 73% (16) of Puerto Rico health centers responded during this week. Their results present a snapshot of an unprecedented and evolving situation.

Health Centers are Rapidly Adapting to Meet Testing Needs in Their Communities

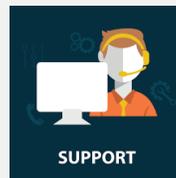
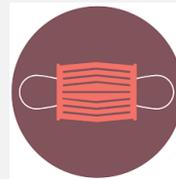


SINCE APRIL 3RD<sup>1</sup>



# 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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**OMH**<sup>™</sup> U.S. Department of  
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