HEALTH FOR A CHANGE

COVID-19 and Health Equity in Kentucky: Beyond this Pandemic

June 12, 2020

Foundation for a Healthy Kentucky’s MISSION

To address the unmet health needs of Kentuckians

Need More Acres Farm, Allen County
Foundation for a Healthy Kentucky’s MISSION

By…

• Developing and influencing policy
• Improving access to care
• Reducing health risks and disparities
• Promoting health equity

www.healthy-ky.org

JOIN THE COALITION FOR A SMOKE-FREE TOMORROW

OUR MISSION: TO ADDRESS THE UNMET HEALTH NEEDS OF KENTUCKIANS BY DEVELOPING AND INFLUENCING POLICY, IMPROVING ACCESS TO CARE, REDUCING HEALTH RISKS AND DISPARITIES, AND PROMOTING HEALTH EQUITY.
www.healthy-ky.org/events/health-for-a-change

Health for a Change

- June 15 12PM ET Kentucky Inspired: A Conversation on Cancer, COVID-19, and Community Webinar
- June 26 2PM ET Kentucky Inspired: Whitesburg, Food & Community
- July 10 11AM ET Kentucky Inspired: A Kentucky Farmer’s Response to COVID-19 and Food Justice
A VIEW OF HEALTH DISPARITIES AMONG AFRICAN AMERICANS THROUGH THE LENS OF COVID-19:
IS THE U.S. READY FOR A SOCIAL JUSTICE APPROACH TO HEALTH?

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ASSOCIATE PROFESSOR
UNIVERSITY OF KENTUCKY
COLLEGE OF MEDICINE

“WHEN WHITE AMERICA GET’S THE FLU, BLACK AMERICA DIES”
PRE-EXISTING CHRONIC SOCIAL CONDITIONS:

PERSISTENT STRUCTURAL AND SYSTEMIC SOCIAL INEQUALITIES IN THE SOCIAL DETERMINANTS OF HEALTH

SOCIAL DETERMINANTS OF HEALTH: ACCOUNT FOR UP TO 80% OF HEALTH RISK

- ECONOMIC STABILITY
- EDUCATIONAL OPPORTUNITIES
- EMPLOYMENT
- NEIGHBORHOOD AND PHYSICAL ENVIRONMENT
- COMMUNITY & SOCIAL CONTEXTS
- HEALTH CARE SYSTEMS
- THE EMBEDDEDNESS OF RACISM IN THESE SOCIAL DETERMINANTS AND THE LIVED EXPERIENCE OF RACISM
ECONOMIC STABILITY

- POVERTY
- WEALTH
- EMPLOYMENT & WAGES

EDUCATIONAL OPPORTUNITIES

- EARLY CHILDHOOD EDUCATION & DEVELOPMENT
- HIGH SCHOOL GRADUATION
- HIGHER EDUCATION
NEIGHBORHOOD AND PHYSICAL ENVIRONMENT:
YOUR ZIP CODE MATTERS MORE THAN YOUR GENETIC CODE

IMPACT OF RED-LINING:
- AIR POLLUTION
- POOR WATER QUALITY
- LACK OF GREEN SPACES
- FOOD DESERTS
- SUBSTANDARD HOUSING
- LIMITED ACCESS TO HOSPITALS AND CLINICS

COMMUNITY AND SOCIAL CONTEXT

- SOCIAL AND ECONOMIC COHESION
- HOMELESSNESS
- CRIMINAL JUSTICE SYSTEM
- RACIALIZED POLICING
- CIVIC ENGAGEMENT
HEALTHCARE ACCESS/HEALTHCARE TREATMENT

• AA’s are least likely to have medical insurance...
• AA’s are more likely to be underinsured...
• AA’s are less likely to see a medical provider due to cost...
• AA’s are more likely to incur substantial medical debt...
• AA’s are least likely to have a primary care provider...

...than their white counterparts.

400 YEARS OF LIVING WITH RACISM

• Enslavement (1619-1865): minimal or no healthcare was provided for African Americans
• Reconstruction and Jim Crow (1865-1965): unequal and inadequate health care facilities, access, and treatments.
• Civil Rights & Civil Rights 2.0 (1965-2020): racial disparities in medical care and treatment recommendations.
• The lived experience of racism as an interpersonal stressor wreaking havoc on the body, with a heavy toll of intergenerational consequences.
A SOCIAL JUSTICE APPROACH TO ADDRESS HEALTH INEQUITIES IS REQUIRED

- THE ROLE OF HEALTHCARE TRAINING INSTITUTIONS
- THE ROLE OF COMMUNITY ADVOCACY AND PARTNERSHIPS
- THE ROLE OF FEDERAL, STATE, AND LOCAL GOVERNMENTS
- THE ROLE OF HEALTHCARE ORGANIZATIONS AND SYSTEMS

Sadiqa N. Reynolds, Esq.
President and CEO of Louisville Urban League
Kentucky Homeplace CHWs go the extra mile to help underserved rural Kentuckians during COVID-19

Less than a year ago, Kentucky Homeplace celebrated 25 years of helping hundreds of thousands of rural, underserved Kentuckians access needed care.

We never fathomed we would be facing a worldwide pandemic just a few short months later.
Barriers to Health Care Access in Appalachia

**Social Determinants of Health**

- Access to the Health Care System
- Lack of Understanding of How to Navigate the Health Care System
- Uninsured/Underinsured/Underserved
- Transportation
- Access to Primary Provider
- Access to Medications
- Health Literacy
- Education on Illness
- Communication (culture)

The Appalachian Population

- Kentucky Homeplace clients suffers from some of the highest health disparities and social determinant of health.
- In the last six months the uninsured rate of the people served remains higher at 11%.

US - 11
Kentucky - 7
Appalachia - 8

2020 County Health Rankings
Social Support and Isolation Increased

Providing CDC Safety and Prevention Education
The COVID 19 pandemic posed immediate challenges

• CHWs normally meet with the people they serve either during a home visit or a CHW office visit.

• Following CDC guidelines, CHWs very quickly adapted their work flow to comply with new protocols, policies and procedures.

Safety of the People Who Desperately Need Services and the Safety of the CHWs

Keys to Adapting:

• Strong and lasting partnerships
• Experienced and dedicated Community Health Workers
• Trust of the people who need services

25

26
With technology and determination on their side, CHWs moved to their homes and quickly set up virtual offices to continue serving the people in their communities.

Traditional Kentucky Homeplace Services

- Assisting in accessing crucial resources like eyeglasses, dentures, home heating assistance, food, diabetic supplies and free medical care and prescription medications
- Facilitating communication between clients helping clients to effectively comply with their medical care instructions
- Assisting clients to improve their health behaviors through educational programs targeting nutrition, physical activity, weight management, smoking cessation and diabetes self-management.
COVID-19 challenges and Changing Needs of Clients

- Businesses Closed
  - Soaring unemployment rates
- Primary Care offices closed
  - People with chronic disease could not make appointments
  - Provider quickly moved to telehealth visits
- Pharmacies Closed
  - Unable to get refills for chronic disease
- Dental Services
- Medical Transportation Ceased
- Lack of Access to Personal Protective Equipment

Mental Health Services

- Depression
- Anxiety
- Fear of unknown
- Isolation
- Increase in overdose
- Recovery services

Picture taken before COVID
COVID-19 challenges and Changing Needs of Clients

Access to Food
- School Children food supply
- Senior Citizens Centers closed
- Short supplies of items
- Increase is price on needed items
- Fear of going to the grocery

They wore masks and gloves while delivering the food boxes.

Kentucky Homeplace expanded their service area to assist Kentuckians in all 120 counties.
2020 Kentucky Census Response Rates

Stimulus Payment Assistance

- Kentucky Homeplace CHWs were also deployed to assist individuals in obtaining their economic impact payment. In order to qualify the CHWs for this role, training and support was provided by the Health and Government Benefits Unit Manager and by Legal Aid of the Bluegrass regarding assisting people who do not file taxes to complete the online form so they can receive the stimulus payment. Kentucky Homeplace CHWs were approved to help people with this process.

In Summary

- Kentucky Homeplace CHWs have adapted service delivery and are meeting the ever-changing needs of the people they serve.
- Updates have been made to the Kentucky Homeplace database to track these new services being offered so a complete and accurate account of their efforts can be quantified.
- CHWs are resilient as we hear the sound of urgency and care in their voices as they discuss strategies for how to get supplies from a food bank to a client when there are no delivery volunteers.
- We see the determination when they set up a three-way phone call using their own personal cell phones to get medication assistance.
- When they run into a road block, they call on each other or community partners to develop an alternative.
Conclusion

• We have a fine, strongly-committed group of CHWs committed to the people they serve and the safety of their communities.
• The CHWs and community partnerships have worked together to go the extra mile during the COVID-19 pandemic.
About State Health and Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University’s Woodrow Wilson School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Questions? Email Heather Howard at heatherh@Princeton.edu.

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5 Key Questions State Policymakers Can Ask Right Now to Advance Health Equity During COVID-19 Response and Recovery Efforts
Question One

Have we identified a person or team of people to apply an equity lens to all of our COVID-19 response and recovery efforts?

State Example: North Carolina

Cooper Establishes New Equity Task Force

The Andrea Harris Social, Economic, Environmental, and Health Equity Task Force will identify best practices for NC agencies to:

- Eliminate health disparities
- Foster economic stability
- Achieve environmental justice

https://www.coastalreview.org/2020/06/cooper-establishes-new-equity-task-force/
State Example: Michigan

The Michigan Coronavirus Task Force on Racial Disparities will suggest ways to:

• Increase transparency in reporting data
• Remove barriers to accessing physical and mental health care
• Reduce the impact of medical bias in testing and treatment
• Mitigate environmental and infrastructure factors contributing to increased exposure during pandemics resulting in mortality
• Develop and improve systems for supporting long-term economic recovery and health care following a pandemic

State Example: Ohio

• In April, Ohio established the Minority Strike Force to respond to and help address COVID-19 disparities
• The Strike Force is comprised of four subcommittees: Health Care; Education and Outreach; Data and Research; and Resources
• In May, the Strike Force released its first report. This report outlined several recommendations, including the importance of testing access in communities of color
  — Walk-up/drive-up Testing Initiative
Question Two

Have we identified at-risk populations and targeted resources specifically to those populations, employing national culturally and linguistically appropriate services standards (CLAS)?

State Example: Virginia

- The commonwealth of Virginia is partnering with the City of Richmond to expand access to personal protective equipment in communities most adversely impacted by the virus.
- To identify areas experiencing disproportionate impact, Virginia’s Health Equity Leadership Task Force and Health Equity Workgroup are working to leverage data collected.
- The state intends to retain this equity mechanism for future disaster planning.

https://www.nbc12.com/2020/05/11/richmond-distribute-k-units-ppe-underserved-neighborhoods/
State Example: North Carolina

North Carolina is ensuring equity in relief funds and resources by:

• Working with the Historically Underutilized Business program to advocate for the economic recovery of minority-owned businesses

• Collaborating with the NC Department of Commerce to guarantee the equitable distribution of Community Development Block Grants

State Example: New York

• The state of New York is expanding access to testing for communities of color and low-income neighborhoods by establishing testing sites at churches in predominantly minority communities

• These testing sites are accessible and trusted locations in neighborhoods that have been hardest hit
Question Three

Have we issued any guidelines that foster health inequity?

Question Four

Are we collecting, analyzing, reporting, and using demographic data for COVID-19 testing, hospitalizations, and deaths?
Best Practices for Reporting Health Equity Data

- Identify data sources
- Include detail about the scope of missing data

### Cases of COVID-19 (State of Delaware)

<table>
<thead>
<tr>
<th>RACE/ETHNICITY</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATE OF DELAWARE</strong></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>1,405 (28%)</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>1,381 (28%)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>1,183 (22%)</td>
</tr>
<tr>
<td>Another/Multiple</td>
<td>365 (6%)</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>78 (1%)</td>
</tr>
<tr>
<td>Unknown**</td>
<td>856 (16%)</td>
</tr>
</tbody>
</table>

- Includes data for three counties: New Castle, Kent, Sussex

*In order to protect privacy, no values are reported when there are fewer than 11 cases.

**The number represents cases for which the person’s race/ethnicity was unavailable or reported as unknown. These data will change as new information becomes available.

https://coronavirus.delaware.gov/

Best Practices, cont.

- Start with the data that is available now, then work toward future analyses as you are able
- Be mindful of burden on data analysts
  - Make sure visualizations require limited manual data manipulation
  - Create documentation to support data updates
Best Practices, cont.

- Benchmark rates to the population

- Collect and report race and ethnicity data, as well as other categories such as gender or zip code

Indiana COVID-19 Data Report

<table>
<thead>
<tr>
<th>Race</th>
<th>% of Cases</th>
<th>% of Indiana population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>45.1%</td>
<td>35.1%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>14.7%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Other Race +</td>
<td>14.8%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Unknown</td>
<td>23.7%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% of Cases</th>
<th>% of Indiana population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Hispanic or Latino</td>
<td>37.5%</td>
<td>92.9%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>9.3%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>52.8%</td>
<td>0%</td>
</tr>
</tbody>
</table>

New Federal Reporting Requirements

On June 4, HHS established new federal requirements for state testing data (pursuant to CARES Act requirement).

States will now be required to collect and report data by:
- Age
- Race
- Ethnicity
- Sex
- Zip Code
Kentucky’s Current Reporting Practices

Reporting Cases by:
- Age
- Gender
- Race
- Ethnicity
- Long-term Care Facilities
- County

Additional Categories Other States are Including:
- Zip code
- Health Care Workers
- Underlying Conditions

State Example: Kansas

Kansas created an indicator to assess testing equity by benchmarking testing rates by race and ethnicity per 1,000 people.

<table>
<thead>
<tr>
<th>Race</th>
<th>Persons Tested</th>
<th>Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>56,551</td>
<td>28.49</td>
</tr>
<tr>
<td>Black or African American</td>
<td>5,771</td>
<td>26.47</td>
</tr>
<tr>
<td>Asian</td>
<td>1,827</td>
<td>17.02</td>
</tr>
<tr>
<td>American Indian or Alaska Na.</td>
<td>506</td>
<td>7.81</td>
</tr>
<tr>
<td>Other Race</td>
<td>5,470</td>
<td>59.42</td>
</tr>
<tr>
<td>Not Reported/Missing</td>
<td>43,045</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>People Tested</th>
<th>Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>11,892</td>
<td>34.13</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>52,789</td>
<td>20.66</td>
</tr>
<tr>
<td>Unknown or Missing</td>
<td>51,489</td>
<td></td>
</tr>
</tbody>
</table>

City Example: Chicago

**Is the rate of disease spread across the city and surrounding counties decreasing?**

- Tracking cases, hospitalizations, ICU admissions, testing, and deaths across city and region
- Monitoring cases over time by zip code, age, sex, race, and ethnicity (and direct resources where they are most needed)


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**Question Five**

Have we collaborated with community organizations and members of heavily impacted neighborhoods to address gaps in outreach and build trust?
State Example: Ohio

Ohio’s Minority Strikeforce recommended that the Ohio Department of Health:

• Partner with Community Health Centers to increase testing rates in communities of color and for high-risk populations
• Hire public health workers who reflect the makeup of their own community for expanding exposure notification capacity

State Example: New Jersey

New Jersey recently launched its contact tracing initiative and has taken intentional steps to integrate equity into the program’s training and public outreach processes.

• The contact tracing training curriculum will be centered on tenants of social justice, health equity, and patient privacy
• In outreach materials, the state emphasized that information collected will not be used for immigrant enforcement or public charge assessments
City Example: New York City

• Of the 1,700 contact tracers hired for the New York City Test & Trace Corp, over 700 are from hardest-hit neighborhoods

• 40 distinct languages are spoken across the Test & Trace Corp

• The city is also partnering with 15 community-based organizations to provide supports to those self-isolating, including food, medicine, and laundry

Shifting from Response to Reopening and Recovery

• As policymakers shift from response to recovery, they will experience new challenges balancing both economic and public health concerns

• Reopening policies will impact residents in very different ways, possibly mitigating or exacerbating preexisting disparities

• Each approach must be tailored to meet the needs of the state or locality

• Any steps – no matter how small – constitute a good beginning in the long journey of advancing health equity
COVID-19 and Health Equity Resources for States

State Health and Value Strategies has created an accessible one-stop source of COVID-19 information for states at www.shvs.org/covid19/. The webpage, which features a variety of health-equity focused materials, is designed to support states seeking to make coverage and essential services available to all of their residents during the COVID-19 pandemic.

Thank You!
TODAY: Survey Via Email

- Give your feedback
- Suggest future topics
- Only 3 minutes
www.healthy-ky.org

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