HEALTH FOR A CHANGE

COVID-19 and Health Equity:
Views from Eastern Kentucky

March 19, 2021
To address the unmet health needs of Kentuckians

by.

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

And VALUES.

✓ Integrity ✓ Leadership
✓ Respect ✓ Policy Equity
✓ Effectiveness ✓ Collaboration
www.healthy-ky.org/events/health-for-a-change
CONTACT

Rachelle Seger
Community Health Research Officer
rseger@healthy-ky.org
@kyhealthfacts
(502) 238-2139
SHIFTING THE LENS

COVID-19 & Health Equity: Views from Eastern Kentucky

Friday, March 19 | 1-2 PM ET
COVID-19 and Health Equity: Views from Eastern Kentucky

Kentucky Homeplace

Presented by:
Samantha Bowman
Certified Community Health Worker

Funding for the program is a joint collaboration of the Kentucky Cabinet for Health and Family Services and the University of Kentucky and the Center of Excellence in Rural Health.
Celebrating 25 years of service

Taken May 2019
COVID-19 Challenges

- Remote work began March 17, 2020
- Setup off-site offices
- Change of contact information
- Connections in a virtual world (ZOOM, Rightfax, Skype, Text, Social Media)
- Began weekly staff meeting & weekly reports
COVID-19 Challenges cont.

• Focus on new services available
• Challenge current policies and procedures
  • IRB Consent
  • Verbal Consent for services
  • HIPAA Compliance
• Attended community meetings online
• Presented Homeplace virtually
New Services

- 2020 Census
- Presumptive Eligibility Medicaid (statewide ongoing)
- Pandemic – Electronic Benefit Transfer (P-EBT) (statewide)
- Economic Impact Payment assistance
- Meal plans
- Assisting clients in obtaining free PPE
- Educating individuals on COVID-19
- Cellphones for telehealth
New Services cont.

- COVID - 19 testing sites
- COVID - 19 vaccination appointments
- Scheduling telehealth appointments
- Absentee voting request forms
- Unemployment assistance
- Flood relief
- Self-Management Resource Center- Tool Kit Workshop
Counties Served By Kentucky Homeplace During COVID-19
March 17, 2020 – December 31, 2020

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presumptive Eligibility Medicaid</td>
<td>2,064</td>
</tr>
<tr>
<td>Census</td>
<td>560</td>
</tr>
<tr>
<td>Economic Impact Payment</td>
<td>340</td>
</tr>
<tr>
<td>Meal Plan</td>
<td>374</td>
</tr>
<tr>
<td>Telehealth Visits</td>
<td>22</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,360</strong></td>
</tr>
</tbody>
</table>
Thank you!
ARH COVID Experience

Maria Braman, MD
Chief Medical Officer at Appalachian Regional Healthcare, Inc.
DATA

- Covid Test = 137,422
- Positive Test = 8,624
- Overall 6.3% positivity (range from 2.0-12%)
- Covid + inpatients = 2,058
- Deaths = 205
- Overall 9.96 % mortality rate
DATA (cont.)

• Vaccinations:
  • 44,273 total vaccines (> 30K fully vaccinated)
  • Moderna and Pfizer
Lessons learned:

• Communication, communication, communication
• PPE (no longer just in time inventory)
• Tele visits
• Tele medicine
• Tele Icu
• Teams meetings
• Work from home
New Normal

• Masking, social distancing, smaller crowds
• Reduced visitation (10 family members in a small room is not safe)
• Re-imagine the workplace design
• Virtual visits are here to stay
• Bring patients back for preventative and routine care
• Be prepared, respond quickly and maintain safety of staff
Rural COVID-19 Data Review
David J. Bensema, MD, MBA, Infectious Disease Branch Manager

March 19, 2021
# 2013 Urban-Rural Classification Rules

<table>
<thead>
<tr>
<th>Urban-rural category</th>
<th>Classification rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan</td>
<td>Counties in a metropolitan statistical area of 1 million or more population:</td>
</tr>
<tr>
<td></td>
<td>1) that contain the entire population of the largest principal city of the metropolitan statistical area, or</td>
</tr>
<tr>
<td></td>
<td>2) whose entire population resides in the largest principal city of the metropolitan statistical area, or</td>
</tr>
<tr>
<td></td>
<td>3) that contain at least 250,000 of the population of any principal city in the metropolitan statistical area</td>
</tr>
<tr>
<td>Large central metro</td>
<td>Counties in a metropolitan statistical area of 1 million or more population that do not qualify as large central Medium metro counties in MSAs 205,000 to 999,999 population.</td>
</tr>
<tr>
<td>Medium metro</td>
<td>Counties in a metropolitan statistical area of 250,000 to 999,999 population</td>
</tr>
<tr>
<td>Small metro</td>
<td>Counties in a metropolitan statistical area less than 250,000 population</td>
</tr>
<tr>
<td>Nonmetropolitan</td>
<td></td>
</tr>
<tr>
<td>Micropolitan</td>
<td>Counties in a micropolitan statistical area</td>
</tr>
<tr>
<td>Noncore- Rural</td>
<td>Counties that are neither metropolitan nor micropolitan</td>
</tr>
</tbody>
</table>
National Center for Health Statistics Classification Scheme for Counties (2013)
Kentucky Population Distribution

- Large Central Metro: 766,757
- Large Fringe Metro: 692,441
- Medium Metro: 729,194
- Small Metro: 452,608
- Micropolitan: 857,222
- Rural: 969,451
## Case Distribution*

- Large Central Metro: 75,337
- Large Fringe Metro: 62,353
- Medium Metro: 68,529
- Small Metro: 42,951
- Micropolitan: 80,815
- Rural: 89,361

*Figures and Calculations for all slides are current as of March 18, 2021*
Hospital Admissions

- Large Central Metro: 5,206
- Large Fringe Metro: 1,823
- Medium Metro: 2,461
- Small Metro: 2,207
- Micropolitan: 4,127
- Rural: 4,227
ICU Admissions

- Large Central Metro: 1,161
- Large Fringe Metro: 402
- Medium Metro: 479
- Small Metro: 370
- Micropolitan: 839
- Rural: 895
Deaths

- Large Central Metro: 882
- Large Fringe Metro: 529
- Medium Metro: 613
- Small Metro: 563
- Micropolitan: 1,062
- Rural: 1,438
Incidence per 10,000 Population

- Large Central Metro: 982.54
- Large Fringe Metro: 900.48
- Medium Metro: 939.79
- Small Metro: 948.97
- Micropolitan: 942.75
- Rural: 921.77
Case Hospitalization Rate per 10,000 Cases

- Large Central Metro: 691.03
- Large Fringe Metro: 292.37
- Medium Metro: 359.12
- Small Metro: 513.84
- Micropolitan: 510.67
- Rural: 473.03
Case ICU Admission Rate per 10,000 Cases

- Large Central Metro: 154.11
- Large Fringe Metro: 64.47
- Medium Metro: 69.90
- Small Metro: 86.14
- Micropolitan: 103.82
- Rural: 100.16
### Case Fatality Rate per 10,000 Population

<table>
<thead>
<tr>
<th>Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Central Metro</td>
<td>117.07</td>
</tr>
<tr>
<td>Large Fringe Metro</td>
<td>84.84</td>
</tr>
<tr>
<td>Medium Metro</td>
<td>89.45</td>
</tr>
<tr>
<td>Small Metro</td>
<td>131.08</td>
</tr>
<tr>
<td>Micropolitan</td>
<td>131.41</td>
</tr>
<tr>
<td>Rural</td>
<td>160.92</td>
</tr>
</tbody>
</table>
### Direct Comparison Urban to Rural

<table>
<thead>
<tr>
<th>Classification</th>
<th>Cases</th>
<th>Hospital Admits</th>
<th>ICU Admits</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>329,985</td>
<td>15,824</td>
<td>3,251</td>
<td>3,649</td>
</tr>
<tr>
<td>Rural</td>
<td>89,361</td>
<td>4,227</td>
<td>895</td>
<td>1,438</td>
</tr>
</tbody>
</table>
### Direct Comparison Urban to Rural

<table>
<thead>
<tr>
<th>Classification</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>3,498,222</td>
</tr>
<tr>
<td>Rural</td>
<td>969,451</td>
</tr>
</tbody>
</table>
## Direct Comparison Urban to Rural*

<table>
<thead>
<tr>
<th>Classification</th>
<th>Incidence</th>
<th>Case Hosp Rate</th>
<th>Case ICU Rate</th>
<th>Case Fatality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>939.43</td>
<td>479.54</td>
<td>98.52</td>
<td>110.58</td>
</tr>
<tr>
<td>Rural</td>
<td>917.55</td>
<td>473.03</td>
<td>100.16</td>
<td>160.92</td>
</tr>
</tbody>
</table>

*All incidence rates are per 10,000 population in category*
COVID-19 Vaccination Uptake & Activities in Kentucky

Emily Messerli DNP, APRN, FNP-C
Immunization Branch Manager
Kentucky Department for Public Health

March 19, 2021
Ensure equitable distribution and administration of COVID-19 vaccines

- Monitor vaccination coverage among population subgroups, identifying populations and geographic areas with low coverage

- Implement and evaluate interventions and direct vaccine and vaccination efforts to increase coverage

- Monitor and improve access to vaccinations in communities of high social vulnerability. (CDC's Social Vulnerability Index (SVI))
Jurisdiction Report - Kentucky

CDC COVID-19 Response - Routine Reporting Team

2021-03-11

Doses administered in relation to doses delivered and SVI at county level

Leaflet (https://leafletjs.com) | © OpenStreetMap (http://openstreetmap.org) contributors, CC-BY-SA (http://creativecommons.org/licenses/by-sa/2.0)
High Vaccination Rate/ High SVI

- Carter
- Floyd
- Johnson
- Knott
- Lawrence
- Leslie

- Letcher
- Magoffin
- Perry
- Pike
- Rowan
Low vaccination rate/High SVI

- Bell
- Breathitt
- Estill
- Harlan

- Martin
- Montgomery
- Morgan
- Whitley
Equitable access to Vaccine

- Continue and expand on the work of Vaccine Equity Committees (or similar committees) to ensure transparency and engagement with the community.
- Have a written plan to address high-risk and specific populations (including older adults) and how to reach each group, including congregate settings (e.g. correctional facilities), homeless populations, essential workers, and others.
https://www.cdc.gov/mmwr/volumes/70/wr/m7012e1.htm#F1_down
Partner, plan, and implement vaccination activities with critical organizations:

• Colleges and Universities
• Occupational health settings for large employers
• Churches or religious institutions
• Federally Qualified Health Centers (FQHCs), including Community Health Centers (CHCs)
• Pharmacies
• Long-term care facilities (LTCFs), including independent living facilities, assisted living centers, and nursing homes
Stakeholder Engagement

- Organizations and businesses that employ critical workforce
- First responder organizations
- Non-traditional providers and locations that serve high-risk populations
- Other partners that serve underserved populations
- Plan and implement vaccination activities with organizations and business that employ frontline essential workers
Resources/Toolkits

• How to talk about COVID-19 vaccines with friends and family
• Facts about COVID-19 Vaccines
• Communication Resources for COVID-19 Vaccines
• Myths and Facts about COVID-19 Vaccines
• Benefits of Getting a COVID-19 Vaccine
• COVID-19 Vaccine Toolkit for School Settings and Childcare Programs
Thank you!
Emily Messerli DNP, APRN, FNP-C
Immunization Branch Manager
Kentucky Department for Public Health
Emily.Messerli@ky.gov
502-892-9019
https://govstatus.egov.com/kycovid19
https://chfs.ky.gov/agencies/dph/dehp/idb/Pages/kyir.aspx