

CORONAVIRUS DISEASE 2019 (COVID-19)

Prevention/Mitigation of COVID-19 for those who are poor and underserved



Audience: RHM Leadership, CHWB, Advocacy, Philanthropy, Diversity & Inclusion

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COVID-19 Response Team Owner: Clinical and Operations

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What's Changed: The Social Care description has been updated along with the removal of Trinity Health ministry engagement examples in preventing and mitigating COVID-19 disparities.

Community-based solutions to prevent COVID-19 among those who are poor and underserved

Communities of color, and people who are poor and underserved, have been disproportionately affected by COVID-19 infections and death. There are both short and longer-term interventions that can be implemented to reduce the disproportionate impact of COVID-19 on these patient populations.

Definition: Poor and Underserved

- Racial and ethnic minorities¹
- People with low incomes
- People experiencing homelessness
- People with serious mental illness, substance use disorders or intellectual and/or developmental disabilities
 - Particularly those living in group homes or in residential settings

Why focus on these populations?

Evidence suggests these populations are at an increased risk. Trinity Health is committed to ensuring our most vulnerable population is protected.

- **Homelessness** poses multiple challenges that can exacerbate and amplify the spread of COVID-19. Homeless shelters are often crowded, making social distancing difficult. Many persons experiencing homelessness are older or have underlying medical conditions^{2,3} placing them at higher risk for severe COVID-19-associated illness⁴.

¹ https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html?deliveryName=USCDC_277-DM26455

² US Department of Housing and Urban Development. 2017 annual homeless assessment report to Congress. Part 1: point-in-time estimates of homelessness. Washington, DC: US Department of Housing and Urban Development; 2017. <https://www.hudexchange.info/resource/5639/2017-ahar-part-1-pit-estimates-of-homelessness-in-the-us/external-icon>

³ Fazel S, Geddes JR, Kushel M. The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. *Lancet* 2014;384:1529–40. [CrossRefexternal icon](#) [PubMedexternal icon](#)

⁴ CDC COVID-19 Response Team. Preliminary estimates of the prevalence of selected underlying health conditions among patients with coronavirus disease 2019—United States, February 12–March 28, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:382–6. [CrossRefexternal icon](#) [PubMedexternal icon](#)

- **Not having health insurance:** Compared to whites, Hispanics are almost 3 times as likely to be uninsured, and African Americans are almost twice as likely to be uninsured.⁵ In all age groups, blacks were more likely than whites to report not being able to see a doctor in the past year because of cost.⁶
- **Inadequate healthcare access** is also driven by a long-standing distrust of the health care system, language barriers, and financial implications associated with missing work to receive care.
- **Serious underlying medical conditions:** Compared to whites, black Americans experience higher death rates, and higher prevalence rates of chronic conditions.⁷
- **Stigma and systemic inequalities** may undermine prevention efforts, increase levels of chronic and toxic stress, and ultimately sustain health and health care disparities.

Overview of Best Practices for *Immediate* Implementation

Promote the utilization of HM Social Care to address social needs that disproportionately affect people who are poor and underserved, including minorities.

Collect race/ethnicity data on all patients tested or treated for COVID-19 and **utilize these data to inform outreach and targeted communication efforts and locations for community-based testing** (when and where there is testing capacity).

Expand outreach to unsheltered individuals to provide education, sanitation resources and testing.

Promote Crisis and Warmlines for behavioral health support and expand prescribing and **dissemination of opioid overdose reversal medication**.

Identify local grant opportunities to support initiatives for people who are poor and underserved.

Additional Information on Community-based solutions

- I. Promoting social care
- II. Collect race/ethnicity data
- III. Expand testing (when and where there is testing capacity)
- IV. Homeless outreach and support
- V. Targeted communication campaign
- VI. Promoting Behavioral Health Supports
- VII. Support grant seeking/fundraising for the above
- VIII. Continue Advocacy efforts both during and after COVID-19

I. Promote Social Care

Social Care is comprised of coordinated activities between our health ministries and community-based organizations to address social needs. Social Care helps ensure that the people we serve, colleagues and community members have access to food, housing, and/or healthcare through Trinity Health programs or linkages to community-based organizations. While Social Care varies in design and scale depending on the Health Ministry's capacity, it is grounded in strong community partnerships and best practices to facilitate the delivery of

⁵ Bartel AP, Kim S, Nam J, Rossin-Slater M, Ruhm C, Waldfogel J. Racial and ethnic disparities in access to and use of paid family and medical leave: evidence from four nationally representative datasets, Monthly Labor Review, U.S. Bureau of Labor Statistics, January 2019. <https://doi.org/10.21916/mlr.2019.2>.

⁶ 10-Cunningham, T. J., Croft, J. B., Liu, Y., Lu, H., Eke, P. I., & Giles, W. H. (2017). Vital signs: racial disparities in age-specific mortality among blacks or African Americans—United States, 1999–2015. MMWR. Morbidity and mortality weekly report, 66(17), 444.

⁷ 10-Cunningham, T. J., Croft, J. B., Liu, Y., Lu, H., Eke, P. I., & Giles, W. H. (2017). Vital signs: racial disparities in age-specific mortality among blacks or African Americans—United States, 1999–2015. MMWR. Morbidity and mortality weekly report, 66(17), 444.

social care activities. Contact your Health Ministry's Community Health & Well-Being department for more information.

II. Collect race/ethnicity data

The CDC recommends health systems act to reduce Covid-19 disparities in racial/ethnic minorities by doing the following:

- Implement standardized protocols [in accordance with CDC guidance](#) and quality improvement initiatives, especially in facilities that serve large minority populations.
- Identify and address implicit bias⁸ that could hinder patient-provider interactions and communication.
- Provide medical interpretation services for patients who need them.
- Work with communities and healthcare professional organizations to reduce cultural [barriers](#) to care.
- Connect patients with community resources that can help older adults and people with underlying conditions adhere to their [care plans](#), including help getting extra supplies and medications they need and reminders for them to take their medicines.
- [Learn about social and economic conditions](#) that may put some patients at higher risk for getting sick with COVID-19 than others — for example, conditions that make it harder for some people to take steps to prevent infection.
- Promote a trusting relationship by encouraging patients to call and ask questions.

In order to effectively target where and to whom interventions are offered, we must have the data to make informed decisions.

- Ensure race/ethnicity is collected for all people tested and those sent home during person under investigation (PUI) follow up
- Ensure race/ethnicity is collected for all covid+, hospitalized, on ventilators and those who die

III. Expand Testing (when and where there is testing capacity)

- Provide community based testing to neighborhoods/zipcodes already identified as vulnerable
- Minimize transportation and other barriers to testing
- Offer access to translators and translate educational material so it reflects the community's predominant cultures
- Please see additional Trinity Health guidance around [Diagnostic Testing for SARS-CoV-2](#)

IV. Support people experiencing homelessness

- Advocate for continued pause on evictions and expansion of incentives and subsidies for affordable housing
- Reduce new entries into homelessness by ensuring that individuals exiting jail and hospitals are connected to housing
- Expand outreach to unsheltered individuals
 - Equipping them with water, hand sanitizer and other items to help them stay safe
 - Reductions of camps that are highly concentrated
 - Providing toileting and handwashing stations
- Link the homeless population to permanent housing options when available
- Support contact tracing amongst homeless populations

V. Support people with behavioral health conditions

- Promote state warm lines to support individuals experiencing anxiety and depression
- Expanded distribution of opioid overdose reversal medication
- Increase funding for program and housing support services for individuals with behavioral health conditions

⁸ Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T., Payne, B. K., Eng, E., Day, S. H., & Coyne-Beasley, T. (2015). Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review. *American journal of public health*, 105(12), e60–e76. <https://doi.org/10.2105/AJPH.2015.302903>.

- Advocate with the Social Security Administration (SOAR) to accept and process SOAR applications during the pandemic
- Outreach to support maintain routine and healthy habits (taking medication as prescribed, eating meals, social interactions, exercise and smoking cessation)
- Train behavioral health providers to identify signs of COVID-19 and link patients to medical care
- Mitigate cross contamination in group homes and residential settings
- Maintain essential services in the community that keep people well and converting to telehealth when possible
 - i. Assertive Community Treatment (ACT)
 - ii. Vocational/educational services
 - iii. Day treatment or activity programs
 - iv. Crisis services
- Explore opportunities for additional technology to support remote behavioral health services

VI. Launch a targeted communication campaign

- Use community organizing principles to reach the target population⁹:
- Engage local public health departments and community partners to reach out to diverse populations to help develop and disseminate prevention, testing and treatment information via:
 - i. Phone banking
 - ii. Door hangers
 - iii. Radio/TV/Social media

VII. Focus grant seeking and fundraising efforts

Addressing Social Needs (specifically food, housing, and access to medical care):

Most states have instituted shelter in place declarations and more than 15 million people have lost their jobs – leading to a dramatic increase in demand for emergency food and resources like shelter, medication and social support. Food banks across the country are reporting shortages in staffing, supply and funding necessary to support the increase and states are struggling to process emergency enrollments in public benefits like unemployment, Medicaid and SNAP. Without increased support from trusted community partners like Trinity Health, our patients and colleagues may not have access to the resources necessary to meet basic human needs. Funding support could include:

- Sanitation supplies for homeless shelters and temporary isolation units such as: Lysol wipes, toilet paper, masks, gloves, other cleaning supplies
- Food boxes for Seniors and other vulnerable individuals and families
- Delivery of food to those unable to leave their homes and/or those in isolation
- Emergency cash assistance for individuals/families in need of emergency food and other household supplies
- Tablets for children and families to effectively engage in distance learning and/or for families to communicate with loved ones who may be hospitalized and/or isolated
- Transportation vouchers/credits to support those to get to and from grocery and/or medical appointments

Reducing Health Disparities Efforts:

As we combat the COVID-19 pandemic we are seeing first-hand the intersection between race, poverty, and mortality. Recent reports have proven that COVID-19 is adversely impacting people of color at a disproportionate rate. To fulfill our mission to be the most trusted health partner for life, Trinity Health must proactively address the health inequities that exist for the people of color that we serve. The goal is to reduce unnecessary deaths among minority populations with multiple chronic conditions-- when coupled with COVID-19, distrust in the health system, poverty and poor access to care-- result in a significant difference in the death rate. Funding support is needed to:

- Provide targeted outreach, education and increase awareness for Trinity Health members who are the most impacted by health disparities and susceptible to proportionately high incidents of death. (through the use of community health workers, nurses making phone calls)
- Develop and disseminate door hangers in high poverty, minority communities
- Develop and disseminate communication materials on covid risk factors, symptoms and testing locations at food pantries, school food distribution sites and grocery stores

VIII. Continue Advocacy efforts both during and after COVID-19 should prioritize:

⁹ <https://www.communitycatalyst.org/resources/publications/document/2017/ItsAllAboutTheBase-Report-FINAL.pdf>

- Community health workers as part of a reimbursable service
- Funding and establishing Medical respite programs
- Funding and securing more permanent supportive housing units
- Pausing evictions and expansion of incentives and subsidies for affordable housing
- Support funding of eviction prevention courts in the same fashion as the drug courts
- Create more affordable housing throughout the country