

TO: David Saunders, PA DOH Director of Health Equity

FROM: Diana Montoya-Williams, Kate Wallis, Kate Yun, Tyra Bryant-Stephens, Katie McPeak, Wanjiku Njoroge, Meredith Matone, Caroline La Rochelle, Rebecka Rosenquist

SUBJECT: PA DOH COVID-19 Health Equity Response Team Draft Action Plan

DATE: May 1, 2020

Thank you for inviting PolicyLab at Children's Hospital of Philadelphia (CHOP) to take part in the Pennsylvania COVID-19 Health Equity Response Team (hereafter 'the Response Team'). We appreciate the Commonwealth's ongoing commitment to addressing health inequities as a critical issue both during this pandemic and into the future, including through the creation of the governor's Taskforce on Health Disparities and COVID-19.

We have the following feedback on the PA Department of Health's draft action plan to improve health equity during the COVID-19 pandemic (hereafter 'the action plan'), which was shared with the Response Team on April 22. We would be happy to provide ongoing support to the state on implementing these recommendations, as well as identifying and sharing best practices.

Populations identified as 'vulnerable'

In addition to the populations listed in the action plan, we also emphasize the importance of including the following groups:

- Single parents, who if they fall ill may have limited resources and may not seek care when needed due to concerns about child care. A CHOP clinician [recently wrote](#) about families facing this choice.
- American Indian and Alaska Native communities, who may be an overlooked minority group in Pennsylvania
- Children, who while at overall lower risk of direct morbidity from COVID-19 are acutely vulnerable to other adverse outcomes during this pandemic. These include, but are not limited to:
 - Lapse in education and the social supports of the education system
 - Food insecurity
 - Maltreatment and endangerment
 - Delays in developmental assessments with reduced access to early intervention and early education services
 - Decreased access to and utilization of behavioral health services, particularly for youth who have limited access to digital technology
 - Reduced screening for routine EPSDT recommended services, e.g. lead screening, depression screening, etc.
 - Postponement of primary care and chronic disease management visits
 - Decreased uptake of necessary childhood vaccinations

On this last point, current severe declines in vaccination rates are putting children at risk of life-threatening illnesses. To promote this message, we suggest that the state include messaging on continuance of pediatric well-child visits as part of its public service announcements and/or

work with trusted community organizations, including those delivering home visiting programs. We would be happy to further strategize with you about alternative ways to ensure continued access to necessary childhood vaccinations while being responsive to the constraints of this pandemic.

We also welcome the inclusion of rural populations as a marginalized group in the action plan. A recent [PolicyLab blog post](#) detailed key areas of concern related to COVID-19 and children living in rural parts of Pennsylvania, including insufficient broadband access, inadequate health care and rising food insecurity. In general, we emphasize that disparities will likely be exacerbated for youth who have limited access to technology for digital services and education.

Strategies to improve clinical care coordination

In addition to the strategies outlined in the action plan, we emphasize the importance of ensuring access to interpretation/translation services during the provision of clinical care. The provision of these services should be considered a necessary data point for understanding and reporting on clinically appropriate care for individuals with limited English proficiency.

It is also essential that clinicians are prepared to support immigrant families. We have compiled [recommendations](#) for policymakers, health systems, and medical educators that would help ensure this is the case. Coordination with community leaders among immigrant groups may help improve quality of care for these populations.

Strategies for predictive modeling

The action plan highlights the importance of using “predictive modeling to measure the COVID-19 curve in urban and rural neighborhoods compared to the curve for Pennsylvania as a whole.” To this end, a new PolicyLab and University of Pennsylvania data model uses actual COVID-19 case data to track and project, in real time, the spread of the virus across 260 U.S. counties (211 with active outbreaks)—providing local context that goes beyond current national and state-level models.

These data show that the factors influencing the spread of COVID-19 are social distancing, population density and daily temperatures. County-level data visualizations are available [here](#). This work is led by PolicyLab Director David Rubin, who has been working closely with Governor Wolf’s office.

Strategies for strategic communications

Working with trusted nonprofit organizations and community partners is an important part of reaching marginalized populations with targeted messaging. In outreach to immigrant populations, specifically, we emphasize the importance of communicating and explaining the following information:

- The “public charge” rule does not apply to public coverage of testing or treatment for COVID-19.
- The services that are available for undocumented communities at testing and treatment sites, and the privacy rights that are in place to protect patients
- Immigration and Customs Enforcement (ICE) has committed to not conducting enforcement activities at or near health care facilities during the public health emergency, except in the most extraordinary circumstances.
- The right to interpretation services for those with limited English proficiency

Without this information, immigrant populations may be reluctant to seek care or social services, increasing the risk COVID-19 poses to their communities and Pennsylvanians at large.

Strategies for coordination of strategic partnerships

We appreciate that the Response Team includes partners experienced in working with different marginalized populations, and that it represents a diversity of voices. While we do not have access to the full membership of the group, if not already included, we suggest ensuring representation from:

- The PA Refugee Resettlement Program or the State Refugee Health Program
- Occupational health experts involved in developing and enforcing the state's workplace safety protocols. Marginalized populations are at particular risk of workplace exposure to COVID-19, and close coordination between occupational health experts and the Response Team will be essential.

Improving data collection and reporting

As researchers, we cannot emphasize enough the importance of accurate and timely data in informing the state's response to addressing COVID-19 health disparities. While we recognize that the state faces challenges in obtaining reports on COVID-19 testing, hospitalization and mortality that includes race/ethnicity, this information is vital to ensuring that pandemic-related disparities are documented and addressed.

We appreciated Secretary Levine's recent [Health Alert](#) requiring testing facilities and health care providers to report on race/ethnicity, and urge the Department of Health to also add English language proficiency as a required data field. We also support the points raised by LGBTQ advocates on the April 30 Response Team call that it is important to collect the data necessary to ensure equitable access to testing and treatment for LGBTQ individuals.

While we hope the recent Health Alert continues to improve the low rate of race/ethnicity data currently available to the state, we appreciate the inclusion in the action plan of alternative data collection methods. We would stress that bi-directional communication between the state and local municipalities and counties is essential to gathering more complete data. One approach to acquiring missing race/ethnicity data could be to cross reference information on laboratory submission forms with information in existing databases, such as immunization registries or health care systems' electronic medical records. Testing sites must also be accessible to marginalized populations, who may face barriers such as limited transportation. We encourage the state to explore testing in locations such as Federally Qualified Health Centers (FQHCs).

In addition, we highlight the importance of working toward data disaggregated by racial/ethnic subgroups. Broad ethnic and racial categorizations may obscure significant disparities among subgroups. For instance, the Asian American and Pacific Islander (AAPI) racial/ethnic category encompasses a broad range of different communities. We have witnessed and been warned about a rapid spread of COVID-19 in Philadelphia among the Bhutanese community, but this disparity will not be reflected in official data.

Looking ahead

While the action plan lays out steps to reach vulnerable and marginalized populations during the pandemic, there is much room to address the underlying vulnerabilities for disease transmission experienced by many of these groups. These vulnerabilities include, but are not

limited to: dependence on public transit, more crowded living conditions, working as “essential workers,” lack of insurance, and reliance on multi-generational family as caregivers. Taking into account these risk factors as part of planning for future phases of the COVID-19 pandemic will be essential to protecting the health and safety of vulnerable and marginalized groups.

We hope that this action plan is the beginning of a long-term equity-focused response to the COVID-19 pandemic and its ripple effects, including how we plan for future waves of the pandemic and associated shelter-in-place actions. We welcome the opportunity to work with the state on this important task.

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