



House Committee on Health, Education and Welfare

June 15, 2020

- **Timeline**
- Early Challenges
- Early Successes
- Persistent Challenges – Working to Address
- Looking Ahead

Timeline



- December 2019: First identified in Wuhan City, Hubei Province, China
- January 20: US reports first confirmed case
- January 27: RIDOH stands up task force
- January 30: World Health Organization declares a public health emergency of international concern
- January 31: United States declares a public health emergency
- February 3: US implements travel monitoring program
- March 1: RI announces first presumptive positive case

Timeline



- March 9: RI declares a State of Emergency
- March 11: WHO declares Pandemic
- March 12: RI restricts visitation in nursing homes
- March 13: RI imposes quarantine restrictions for international travel
- March 14: President Trump declares National Emergency
- March 23: RI imposes quarantine restrictions for domestic air travel
- March 28: RI issues stay-at-home order

- Timeline
- **Early Challenges**
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Early Challenges



- Limited evidence about disease transmission
- No effective treatment
- Unstable testing supply
 - Worked within limited capacity to test those most at risk (e.g. healthcare workers, nursing home residents)
- Unstable PPE supply
 - Worked to source PPE amid global shortages and get it to highest risk settings as fast as possible

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Early Successes



Acted fast to slow spread, flatten the curve.

- Prevented overwhelming healthcare system.

Expanded access to telemedicine.

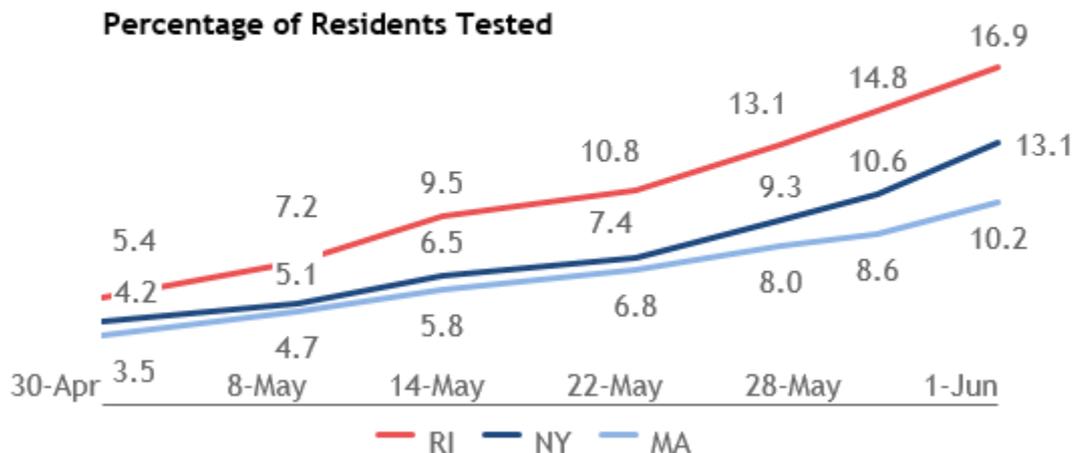
Made testing widely available and accessible.

- **Highest testing rate per capita** in the US.
- Options for those without insurance or transportation.

Early Successes



RI remains the state with the highest per capita testing in the country; percent positives low/flat



RI has tested
~17% of
residents¹



USA Avg
is ~6.6%

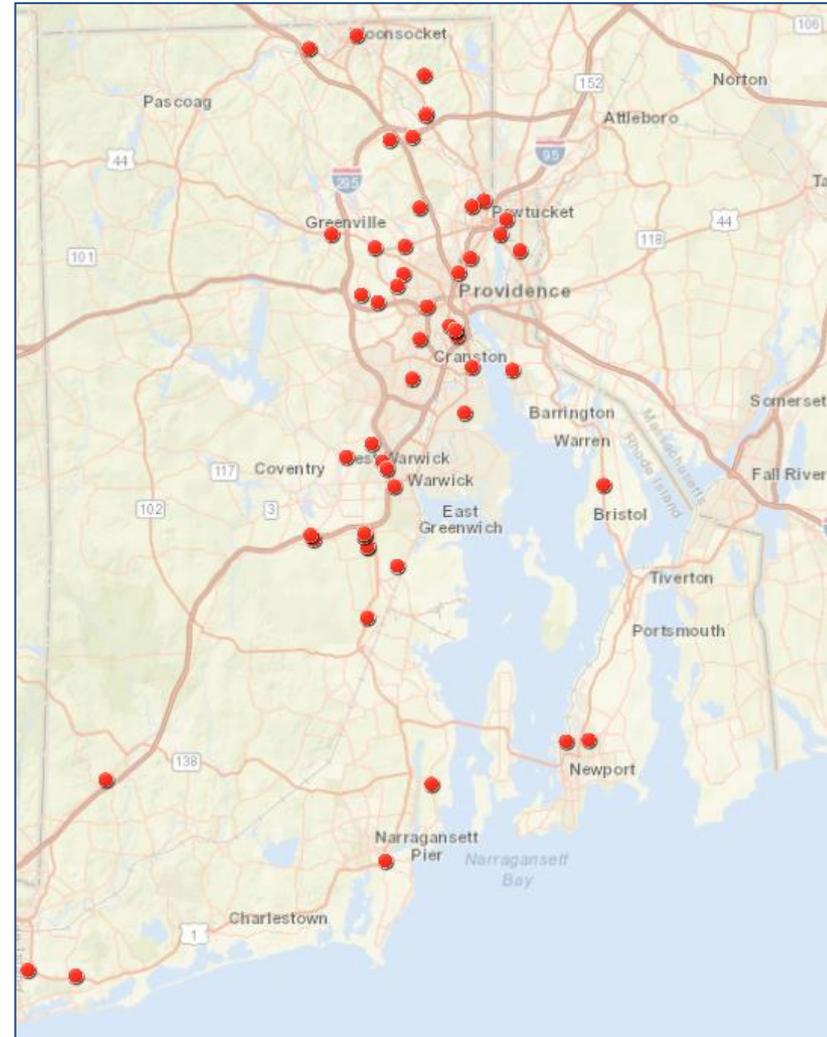
Early Successes



Processes and capacity to test all symptomatic and at-risk asymptomatic groups and transition to a private industry/supplier-based model

Current footprint

- 40+ sites offering specimen collection in the State, including over 30 respiratory clinics and urban sites, 18+ with walk-up service



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Persistent Challenges



- Nursing homes and congregate care settings
- High-density communities
- Equity considerations

NURSING HOMES AND CONGREGATE CARE SETTINGS

Dual Objectives: Support strong public health response in nursing facilities & congregate care settings, and incentivize long-term care system rebalancing to reduce future risk to consumers

Workforce Development, Policy, & Payment

Focus on stabilizing workforce



Nursing Facility & Congregate Care Support Teams

Focus on building capacity

System Cohorting

Focus on improved health outcomes for patients



Nursing Facility & Congregate Care Reorientation & Readiness

Focus on reopening a better system

PROBLEM STATEMENT

Our team identified three key needs for nursing homes (NHs) and other congregate care (CC) settings within health and human services (HHS).



Rapid spread & fatality

COVID-19 is spreading rapidly within non-hospital congregate settings, with significant rates of fatality within NHs.



Staffing shortages

Staffing shortages in NHs and other HHS CC settings due to illness, quarantine and other staff safety & wage concerns.



Capacity needs

Providers & staff feel under-supported, are seeking relief in divergent manners, & indicate confusion as to how to get help.

CONGREGATE SETTING SUPPORT TEAM

A multi-agency, public/private team, that provides guidance to congregate care facilities for improving infection control, optimizing PPE use, and building capacity to stabilize operations and mitigate COVID-19

**RHODE
ISLAND**

CONGREGATE SETTING SUPPORT TEAM - Impact

GOAL: Implement a “Congregate Settings Support Team” to provide Nursing Homes and other Congregate Care Settings with a “One-Stop Shop” approach to stabilize a setting to protect residents and the workforce.



63 Requests

Includes VETS home on 4/25-26 and the Wyatt Detention Center



58 RNAs

Rapid Needs Assessments (RNAs) performed
5 Providers were non-responsive



45 Missions*

10 Zoom; 3 Telephonic TA visits provided;
*Includes TA/Training for BHDDH & RIDOH Inspectors



2 Pending

2 Zoom Tech Assistance planned for OHA and DCYF Protective Service staff

39 or 62% of requests to date were nursing facilities.

10 Workstream/Agency Direct Referrals

Persistent Challenges



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Reminder | High-density communities are critical in Rhode Island's COVID response



COVID-19 is disproportionately impacting the health of high-density communities



COVID case rates are much higher in HDCs than RI average

In HDCs, Black and Latinx populations have disproportionately higher case numbers and are overrepresented by 2x hospitalizations

We cannot open and stay open without successfully controlling COVID-19 within high-density communities



Service and hospitality workforces are largely sourced from HDCs

Current statewide response mechanisms have not been as successful in high-density communities



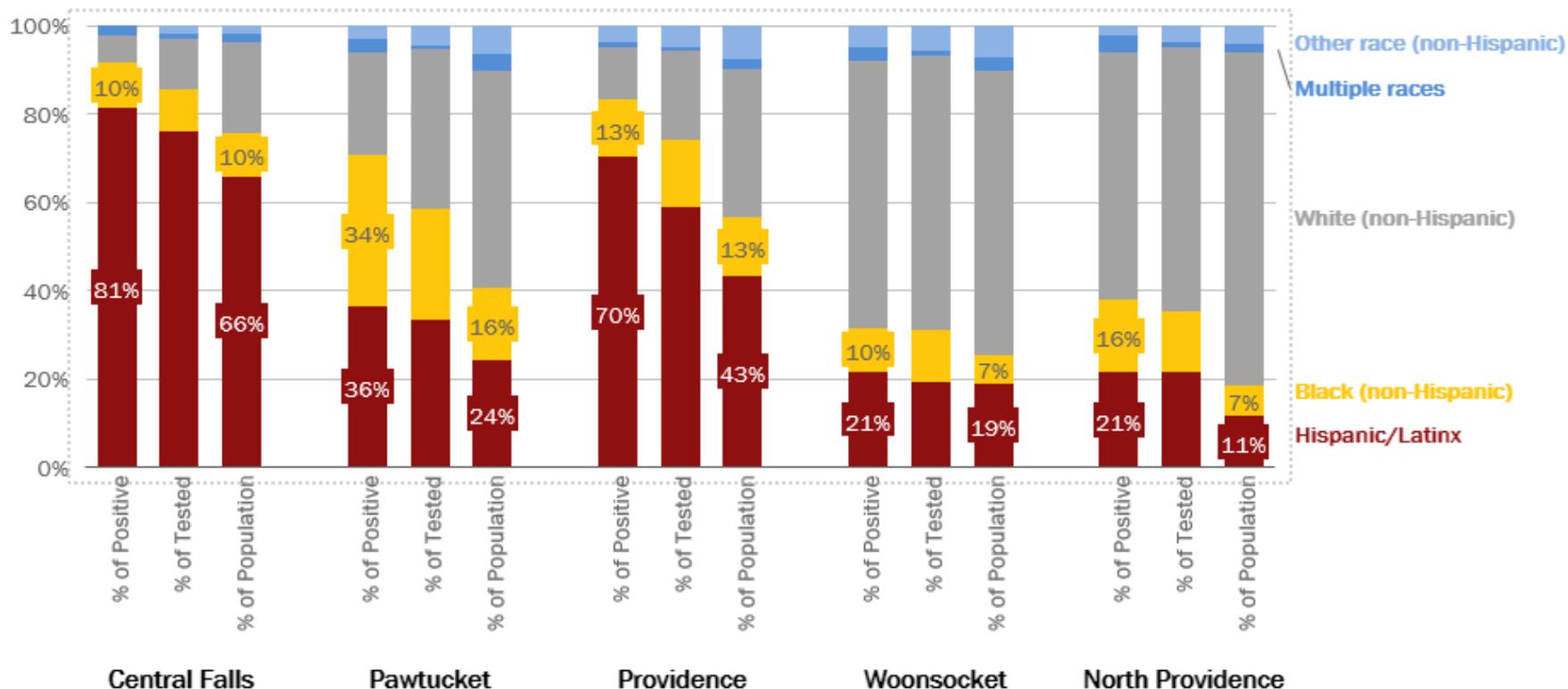
Higher case rates in HDCs despite receiving same interventions as rest of state

Interventions will need to be customized to address community-specific challenges to be most successful

Case Rates by Race/Ethnicity



Comparison of Percent of Race/Ethnicity that is COVID-19 Positive, Percent Tested, and Percent of Population by Race/Ethnicity for Selected RI Communities



High-Density Communities (HDCs)



The COVID-19 response creates the opportunity to prioritize interventions that support long-term policy plans for HDCs.

- Immediate term – working to control outbreak:
 - Reduce case rates to mirror that of the rest of the State.
 - Ultimately, reduce to no cases.

High-Density Communities (HDCs)



- Medium and long-term – we must work together to create a more equitable system by supporting Rhode Island Health Equity Measures.

**Integrated
health care**



**Community
resiliency**



**Physical
environment**



**Socio-
economics**



**Community
trauma**



High-Density Communities (HDCs)



Four-part strategy to support high-density communities experiencing an outbreak:

Name Coordinated Response Lead to collaborate with key stakeholders

Focus on key initiatives

Leverage Health Equity Zone (HEZ) Infrastructure

Employ fast response High-Density Setting Support Team

Health Equity Zones Can Provide On-the-Ground Support for Communities



HEZs have existed for several years to address root causes of disparate health outcomes...

Structure

- Collaboratives made up of community organizations, residents, leaders, and stakeholders

General goals

- Conduct assessments of community's unique needs and engage with residents to identify priorities
- Implement data-driven plans of action to achieve priorities
- Develop community-led solutions to address root causes of disparate health outcomes

Health Equity Zones Can Provide On-the-Ground Support for Communities



...and are currently deploying resources in CF / Pawtucket to address COVID-specific issues

Short-term response plan – In progress

- **Expand community infrastructure:** working with and expanding current response infrastructure to connect those in need with appropriate resources
 - **Community Support:** increasing culturally appropriate support, tracking and documenting support requests, and aligning HEZ resources with community-based service delivery
 - **Communications:** ensuring culturally and linguistically appropriate communications about COVID prevention, response and available resources reach community members
- **Testing and Contact Tracing:** expanding access to and utilization of available testing in hard-to-reach communities and encouraging participation in contact tracing through trust-building, support and piloting new solutions

Medium-term response plan

- Increase community participation in the COVID response

Longer-term response plan

- Ensure long-term availability of HEZ infrastructure to respond to emergencies and increase civic engagement / community resilience

Persistent Challenges



- Nursing homes and congregate care settings
- High-density communities
- Equity considerations

Inclusion is at the Heart of What We Do

The **Equity Considerations Planning Team** works with the **Equity Council** to address and uproot structural, institutional, and internalized racism.

These inequities are at the core of the disproportionate impact COVID-19 is having on residents of color.

It is our vision that we not only recover from the current crisis but work together and with all to be stronger after it.

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Progress

- **Mask Distribution:** Recently provided > 400,000 masks to Health Equity Zones and 4,000 to churches.
- **Needed Inspections:** The Department of Business Regulation had 5 to 7 inspectors go out with Central Falls Spanish-speaking leaders to do inspections on Central Falls' two main streets.
- **Eviction Assistance:** Governor Raimondo recently announced an additional \$5 million in funding for the Housing Help RI emergency rental assistance fund, for people struggling to pay rent.

Progress

- **Increased Communication:** Translating key documents into 12 languages <https://health.ri.gov/covid/multiplelanguages/>
- **Free Testing:** A collaborative effort across State government that started with a conversation in an Equity Council meeting to ensure all testing sites are either providing free tests, or alerting patients to where they can receive free tests.
- **Data:** COVID-19 city/town and race data has been updated on the RIDOH website: <https://ri-department-of-health-covid-19-data-rihealth.hub.arcgis.com/>

Outline



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Testing goals | Test all symptomatic individuals, rapidly respond to outbreaks, & set up a sentinel surveillance system for early detection



Symptomatic testing (symptomatics)

Quickly identifies new COVID cases, so that patients can be placed in Q&I and contacts can be traced



Outbreak rapid response (symptomatics and asymptomatics)

Prevents rapid spread of COVID in areas of high demographic density, or where at-risk individuals could be exposed



Sentinel surveillance system (asymptomatics)

Monitors incidence of COVID infections at the population level, and among at-risk groups.

Enables quick, targeted responses that prevent closing again

Early Warning System

For each category of testing, we will maintain our focus on our communities of color.



Congregate Care Settings

- nursing homes
- assisted living
- DOC



First Responders

- law enforcement
- firefighters
- EMS
- high-risk healthcare workers



Close Contact Workers

- hair salons
- barber shops
- gym workers
- nail salons
- tattoo parlors
- tanning parlors
- estheticians
- massage
- restaurant staff
- bus drivers



Education Workers

- child care workers

Guidance for Industries and Settings

RIDOH continues to work with Commerce, the Department of Business Regulation, and industries to ensure businesses are operating in a safe way to minimize the chance of outbreaks.

Preparing for a Vaccine

- As advised by the CDC, RIDOH has been planning for both pandemic and mass dispensing of vaccine scenarios for decades.
- RI has always been one of top scorers on the CDC tool that measures preparedness in these areas.
- RIDOH has already begun purchasing to support a vaccine response.
- We are also working to secure a new software platform to support physical distancing at vaccine distribution sites, scheduling and screening, and real-time record keeping and inventory tracking