



# 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**
- Early Successes
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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.**

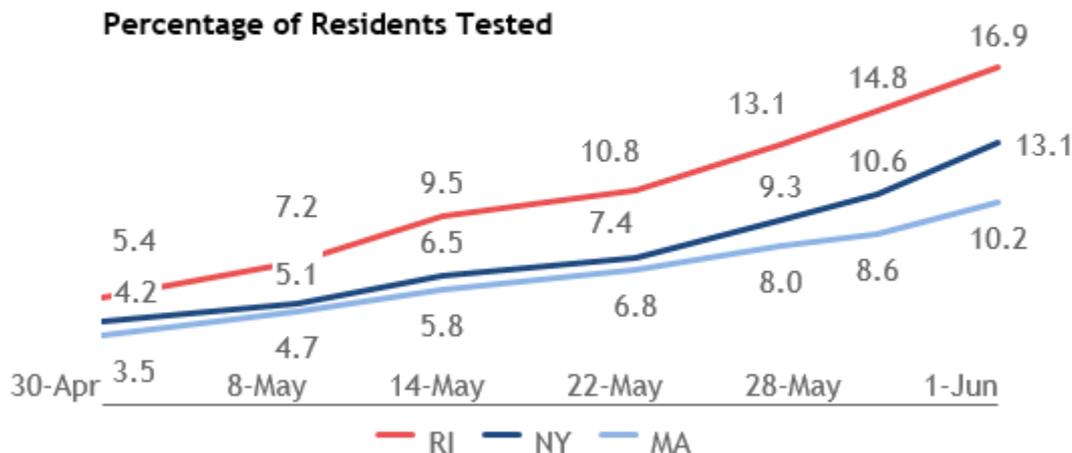
**Made testing widely available and accessible.**

- **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  
residents<sup>1</sup>



USA Avg  
is ~6.6%

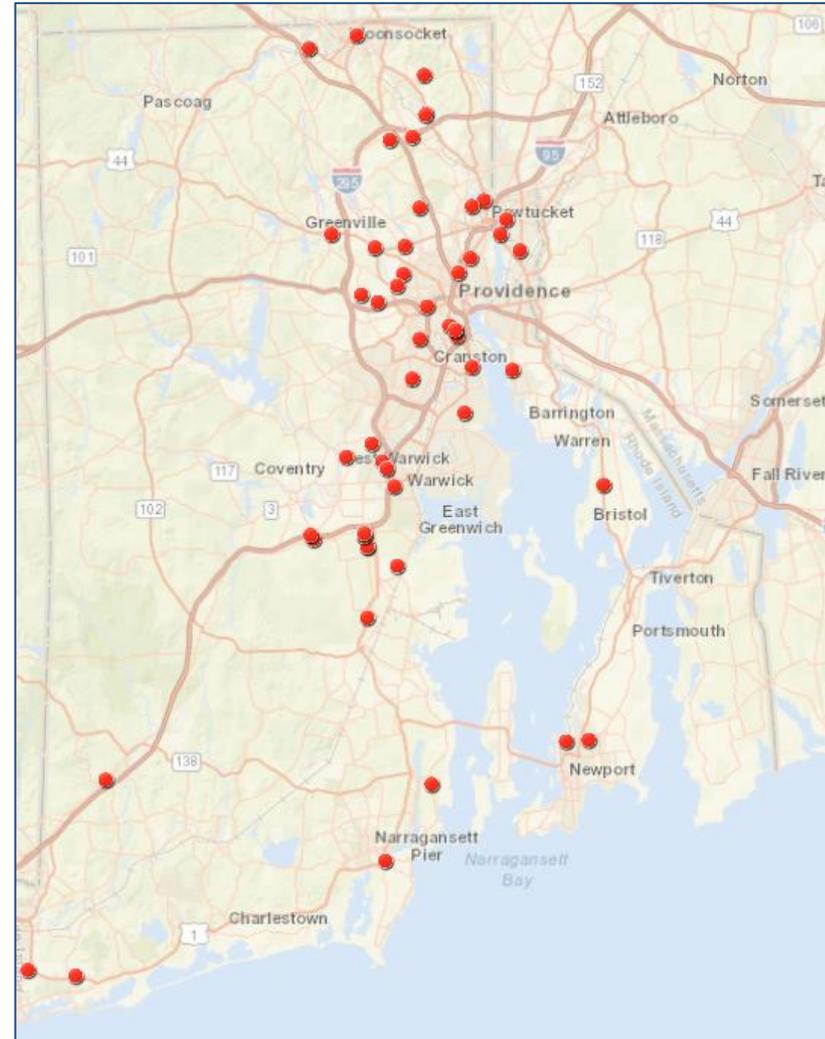
# Early Successes



**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



- Nursing homes and congregate care settings
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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**



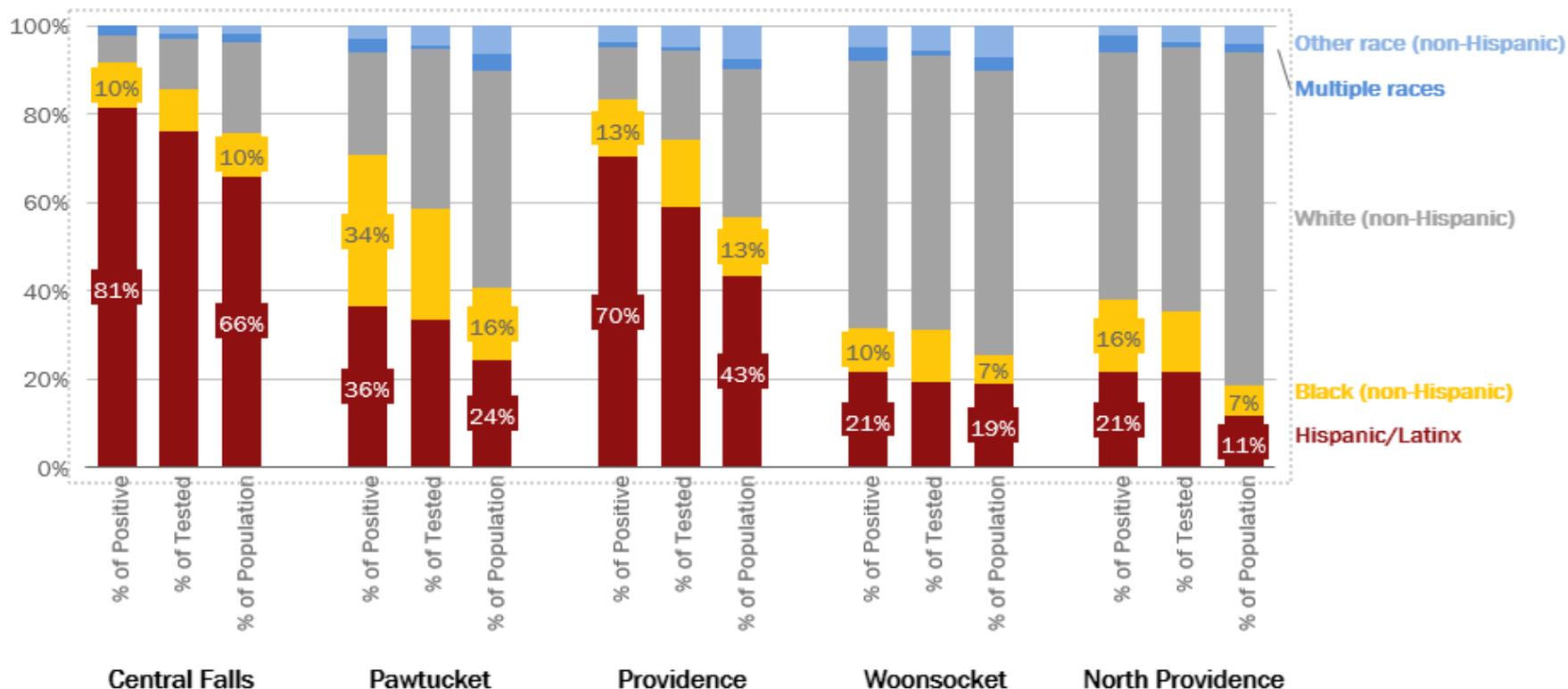
Higher case rates in HDCs despite receiving same interventions as rest of state

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

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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.

## **Team Lead:**

Secretary Womazetta Jones

Executive Office of Health and Human Services

[Womazetta.Jones@ohhs.ri.gov](mailto:Womazetta.Jones@ohhs.ri.gov)

## **Project Manager:**

Yvette Mendez

Department of Human Services

[Yvette.Mendez@dhs.ri.gov](mailto:Yvette.Mendez@dhs.ri.gov)

# Progress

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- **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

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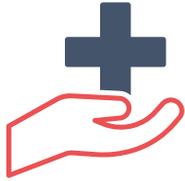
- **Increased Communication:** Translating key documents into 12 languages <https://health.ri.gov/covid/multiplelanguages/>
- **Free Testing:** A collaborative effort across State government that started with a conversation in an Equity Council meeting to ensure all testing sites are either providing 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