VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Vermont Child Health Improvement Program, UVM Breena Holmes, MD FAAP – Director of Maternal & Child Health, Vermont Department of Health June 3, 2020









Technology Notes

1) All participants will be muted upon joining the call.

If you dialed in or out, unmute by pressing #6 to ask a question (and press *6 to mute).

Presenters: Please avoid the use of speakerphone and make sure your computer speaker is muted if you dialed in via phone.

2) To ask or respond to a question using the *Chat* box, type your question and click the *p* icon or press Enter to send.

Chat (Everyone)	≣∗
Everyone	



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New Schedule of COVID-19 Update Calls

Starting <u>this</u> week: 3 days/week
 Monday (6/1), Wednesday (6/3), Thursday (6/4)

Thereafter: Monday, Wednesday, Friday

Anticipate two days with clinical focus and one day with practice operations/coding/billing/payment focus – but subject to change per the current situation, your feedback and availability!







Overview

- Today is Love Conquers All Day
- □ Situation update
 - Surveillance
- □ Updates: VDH, UVM MC
- Today's media briefing
- Practice Issues: At the Intersection of the Pandemic and the Impact of Racism on Child and Adolescent Health
- Q & A, Discussion

[Please note: the COVID-19 situation continues to evolve very rapid so the information we're providing today may change quickly]







Situation update





Total tests (6/2/20) = 736 Zero patients in hospital!

As of May 16, the total testing numbers decreased by about 1,000 due to a change in reporting data. The "total tests" number no longer includes serology tests (also known as antibody tests) that were being reported by some labs. The "total test" number now only reflects people who were tested for a current COVID-19 infection.

Reminder: "Total People Recovered" based on the number of confirmed positive cases (VT residents & non-VT residents who tested positive in VT; does not include deaths or patients currently hospitalized).



June 3, 2020

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Situation update (cont'd.)



Investment Child Health Insprovements Program



VDH/Other Updates

- New VDH Health Advisory COVID19 Diagnostic Anterior Nares Testing: Prioritization and Specimen Collection
- New VDH Weekly Summary of Vermont COVID-19 Data (5/29/20)

https://www.healthvermont.gov/sites/default/files/documents/pdf/Weekly-Summary-of-Data.pdf

Next PMI –PCC Webinar: The Business Impact of COVID-19 on Pediatric Practices

Thursday, June 4 at 7 p.m. Eastern





Updates from UVM Medical Center

□ Email from Dr. Mike D'Amico, Medical Staff President (6/3/20)

□ UVM MC plans to "re-emerge and re-open"

Helpful links:

General COVID-19 information/current policies: <u>https://www.uvmhealth.org/Pages/Coronavirus/For-Medical-Professionals</u>

Pre-procedural COVID19 testing policy (and exceptions): <u>https://www.uvmhealth.org/Documents/COVID19/UVMHN_POLICY_COVID</u> <u>Testing</u>

https://www.uvmhealth.org/Documents/COVID19/Ordering%20and%20Use %20of%20COVID-19%20Serology%20Testing





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Governor Scott:



- Signed Executive Order to establish VT Racial Equity Task Force, led by Executive Director of Racial Equity, Xusana Davis (Task Force Chair)
- □ Will announce additional reopening information Friday, 6/5.
- Working on plan to allow some out-of-state visitors to come to VT without quarantine (data-drive approach; threshold for active cases in VT and NE).
 - Consider whether can safely increase capacity for lodging & campgrounds
- He was asked for reaction to events in DC 6/1/20: "I watched in disbelief...we have to listen & reflect & do better. We should all step up – we need leadership and someone to unite us."







Today's Media Briefing

Commissioner Levine

- Winooski case cluster: expanded testing (200 residents on 6/1 and 6/2) revealed new cases in range of 10 – 20 (not unexpected).
- VDH Epi Team in process of verifying/validating data; details will be forthcoming as possible.
 - Contact tracers are working with those involved (using standard public health approach)
 - Cases indicate that virus is still active in Vermont.
 - VDH continues to collaborate with city of Winooski and community partners; assure all are taking steps to stop the spread.









Practice Issues

At the Intersection of the Pandemic and the Impact of Racism on Child and Adolescent Health

LE Faricy, MD FAAP and Rebecca Bell, MD FAAP







June 3, 2020



Amy Cooper's 911 call to report "an African American man threatening my life"



George Floyd dies after being handcuffed and pinned to the ground by a white police officer

IT'S BEEN A REAL WEEK.

Reported cases in the United States



Pandemic shows on a large scale what we have known for a long time: that health inequities fall along racial lines

RACISM IS ABOUT POWER

- It is not about being a good person or a bad person (explicit racism)
- Structural racism doesn't require intent
 - Systems (or social forces, institutions, ideologies, processes) that generate and reinforce inequities by preferentially siphoning wealth and power towards one group and away from another based on perceived race





- Let's bring out empathy and compassion to center children and families who are at higher risk for poor health outcomes based on race/ethnicity
- Brainstorm tangible actions as a department to address these disparities affecting our patients.

When comparing to residents who live in COVID-NET counties, non-Hispanic black people were disproportionately hospitalized with COVID-19.



COVID-NET is a surveillance system that tracks COVID-19 hospitalizations in selected counties in 14 states. Data from March 1-April 18, 2020. *Note: Data are currently insufficient to draw conclusions about race in hospitalized patients that are <18 years old. LATEST DATA

CENSUS DATA

	Vermont	United States
Total population est 2019	623,989	328,239,523
White (%)	94.2%	76.5%
Black/African American	1.4%	13.4%
American Indian or Alaska Native	0.4%	1.3%
Asian	2.0%	5.9%
2+ races	2.0%	2.7%
Hispanic or Latino	2.0%	18.3%
White/Non-Hispanic	92.5%	60.4%

COVID-19 IN VERMONT

White Vermonters represent the majority of COVID-19 cases. African American Vermonters have the highest rate. Rate per 10,000 Vermonters



Non-Hispanic Vermonters represent the majority of COVID-19 cases. Hispanic Vermonters have the higher rate. Rate per 10,000 Vermonters



From Weekly Summary of COVID-19 Data reflecting cases identified between March 5 - May 27, 2020

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COVID-19 IN VERMONT

Approximately 64% of people* with COVID-19 have a pre-existing condition.

A higher percentage of COVID-19 patients with pre-existing conditions have been hospitalized than those without pre-existing conditions.



*of the 771 people that the Health Department has pre-existing condition data.

Condition	Count	Percentage
Heart Disease	118	16%
Chronic Lung Disease (includes asthma and COPD)	111	15%
Chronic Liver Disease	7	1%
Chronic Kidney Disease	22	3%
Current/Former Smoker	209	27%
Diabetes	81	11%
Immunocompromised Condition	42	6%
Neurologic Condition/Intellectual Disability	32	4%
Other Chronic Condition**	252	34%
Pregnant	8	1%

**Not mutually exclusive, includes things like arthritis, thyroid conditions, multiple free text entries. The Health Department has information about pre-existing conditions in 79% (771) of 974 total COVID-19 cases

Vermont Department of Health

51% of people with a preexisting condition have two or more conditions.



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From Weekly Summary of COVID-19 Data reflecting cases identified between March 5 - May 27, 2020

Case Demographics

COVID-19 IN VERMONT

White Vermonters represent a majority of COVID-19 deaths. However the rate is higher among racial minorities.

Rate per 10,000 Vermonters



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From Weekly Summary of COVID-19 Data reflecting cases identified between March 5 - May 27, 2020

CENSUS DATA

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RACE/ETHNICITY IN VERMONT SCHOOLS (YRBS 2019)

- HS: 66 of 67 eligible schools participated (99%); 74% of students (18,613/25,144) submitted usable questionnaires) (73% overall response rate)
- MS: 123 of 123 eligible school participated; 85% of students (13,998 of 16,455) submitted usable questionnaires (85% overall response rate)

Race/Ethnicity	High school, n (unweighted %)	Middle School, n (unweighted %)
White Non-Hispanic	15,226 (82%)	10,491 (81%)
Asian/PI/Native Hawaiian	697 (4%)	350 (3%)
Black/African American	479 (3%)	425 (3%)
Multiracial	854 (5%)	682 (5%)
Native Amer/Alaska native	177 (1%)	231 (2%)
Hispanic/Latino	942 (5%)	711 (6%)

IN 2019, VT STUDENTS OF COLOR REPORTED (STATISTICALLY SIGNIFICANT) HIGHER RATES OF:

- Skipping school due to safety concerns at or on their way to school
- Carrying a weapon on school property; being threatened with a weapon at school
- Being in a physical fight at school
- Experiencing unwanted sexual contact, emotional abuse in a dating, and physical violence in dating
- Feeling sad/hopeless, self-harming, making a suicide plan, attempting suicide
- Smoking tobacco, misusing prescription drugs, using heroin, cocaine, inhalants, or methamphetamines

2019 Vermont <u>YRBS</u> Data

IN 2019, VT STUDENTS OF COLOR REPORTED STATISTICALLY SIGNIFICANT DIFFERENCES COMPARED TO WHITE NON-HISPANIC STUDENTS :

- Food insecurity Students of color more likely to report being hungry "most of the time" or running out of food at home
- Housing insecurity: more likely to have slept away from home because they were kicked out, ran away, or were abandoned
- Lower levels of connectedness to family (eating dinner together), school (having a trusted adult at school, participating in extracurriculars), and community (feeling that they matter to people in their community)
- Students of color reported lower rates of sunburn, HS students had lower rates of alcohol and marijuana use

2019 Vermont <u>YRBS</u> Data

STUDENTS OF COLOR IN VERMONT ARE DISCIPLINED AND SUSPENDED FROM SCHOOL AT Center for Civil Rights Remedies HIGHER RATES THAN WHITE PEERS





BURLINGTON SCHOOL DISTRICT

Demographic	Enrollment	# Suspended	Suspension Rate
All	1,795	130	7.24%
Black/AA	245	35	14.29%
White	1,285	85	6.61%
Latino	45	0	0.00%
Hawaiian/PI	0	0	0.00%
American Indian	5	0	0.00%
Asian-American	175	5	2.86%
English Learner	215	20	9.30%



Risk for Suspension - Percentage Rates for Race, Ethnicity & English Learners

SOUTH BURLINGTON SCHOOL DIST

Demographic	Enrollment	# Suspended	Suspension Rate
All	1,420	50	3.52%
Black/AA	45	5	11.11%
White	1,205	40	3.32%
Latino	15	0	0.00%
Hawaiian/PI	0	0	0.00%
American Indian	0	0	0.00%
Asian-American	115	0	0.00%
English Learner	70	5	7.14%

MINORITIES ARE OVER-REPRESENTED IN VERMONT PRISONS

Racial and ethnic disparities in prisons and jails in Vermont Whites are underrepresented in the incarcerated population while Blacks, Latinos and American Indians are overrepresented. 100% White 82% 75% 25% Black Latino Native State population Prison/Jail population PRISON Compiled from 2010 Census, Summary File 1.

VERMONT INCARCERATION RATES BY RACE/ETHNICITY, 2010

(Number of people incarcerated per 100,000 people in that racial/ethnic group)



PRISON POLICY INITIATIVE Source: Calculated from U.S. Census 2010 Summary File 1. Incarceration populations are all types of correctional facilities in a state, including federal and state prisons, local jails, halfway houses, etc. Statistics for Whites are for Non-Hispanic Whites.

TIME FOR THE EMPATHY PART

- People of color in Vermont are not ok.
- Our pediatrician colleagues (and trainees) of color are not ok.

PEDIATRICIANS IN OUR COMMUNITY HAVE POWER

- We are a smart group of committed people who care about kids and families
- We have a platform
- We train students and residents who leave here to go all over the country
- We work for the largest employer in the state
- We have the backing of well-organized professional organization (AAP, but also many other sections/societies) and we connect nationally all the time
- We advocate for children, which tends to help unify people

WHAT ARE WE GOING TO DO?

- Education is a big part of this but it isn't enough
 - Please read AAP Policy statement on racism
 - Educate yourself about racism in our community/country explore the links provided. Don't ask people of color to teach you about this right now.
 - Engage in meaningful ways to ACT

THE MENU

1) Please read the 2019 AAP Policy Statement <u>"The Impact of Racism on Child and Adolescent Health"</u>

2) Pick something on this list to explore:

- <u>1619 Project</u> in New York Times Magazine or NYT audio
- <u>"Seeing White"</u> Podcast series by Scene on Radio
- <u>A Framework to Approach Racial Health Inequities during the COVID 19</u> <u>Pandemic</u> (~20 min webinar by AAP member Jacqueline Douge)
- <u>75 Things White People Can Do For Racial Justice (Medium)</u>
- Compilation of anti-racism resources (thanks, Andrea!)

PEDIATRICS[®]

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

From the American Academy of Pediatrics Policy Statement

The Impact of Racism on Child and Adolescent Health

Maria Trent, Danielle G. Dooley, Jacqueline Dougé, SECTION ON ADOLESCENT HEALTH, COUNCIL ON COMMUNITY PEDIATRICS and COMMITTEE ON ADOLESCENCE Pediatrics August 2019, 144 (2) e20191765; DOI: https://doi.org/10.1542/peds.2019-1765

RACISM AND CHILD HEALTH IN VERMONT

Rebecca Bell, MD, MPH AAP-VT Chapter

VERMONT STORIES OF RACISM

Brave Little State: Why is VT so overwhelmingly white? History and personal interviews

VT Edition: What does racism look like in VT?

Breakdown in Bennington is a VPR series examining the story of Kiah Morris, the second black woman to be elected to the VT legislature, and her resignation after becoming the target of a white nationalist who lives in her district.

Kiah Morris speaks about her experience as a black woman in Vermont

Earl Ransom speaks to VPR about life as a black dairy farmer

VT Edition: <u>Racism – And Anti-Racism – In Vermont</u>

STORIES FROM VERMONT YOUTH OF COLOR

Kiran Waqar on <u>Representation Fatigue</u> in VT

Muslim Girls Making Change on VPR

PEDIATRIC EXPERTS ON RACISM AND PUBLIC HEALTH

National-level <u>interview of Rhea Boyd, MD, FAAP</u> on the impact that police violence has on public health and what can be done to minimize these effects, particularly on children. Dr. Boyd has specific recommendations for pediatricians on how to have these conversations with patients.

AAP Section on Minority Health, Equity, and Inclusion Webinar "<u>A Framework to Approach</u> <u>Racial Health Inequities During the COVID-19 Pandemic</u>" "The people who are trained ... to respond to crises without violence are health care professionals. And we have to assume that role."

TRADEOFFS

- Rhea Boyd, MD, MPH, pediatrician and police violence researcher

VT-BASED ORGS FOR COLLABORATION*

Windham County NAACP and Rutland Area NAACP **Migrant Justice** Black Lives Matter of Greater Burlington Peace & Justice Center Loving Day Vermont Rise! Upper Valley Showing Up for Racial Justice Burlington Vermont Coalition for Ethnic and Social Equity in the Schools Human Rights Commission Community Voices for Immigrant Rights Justice for All and the Racial Justice Alliance The Root Social Justice Center *List provided by Erica Gibson

SOCIETY POLICY PAPERS

AAP Section on Adolescent Health, Council on Community Pediatrics, and Committee on Adolescence: <u>The Impact of Racism on Child and Adolescent Health</u>

Society for Adolescent Health and Medicine (SAHM): <u>Racism and Its Harmful Effects on Non-</u> <u>Dominant Racial-Ethnic Youth and Youth Serving Providers: A Call To Action</u>
Vermont Medical Society condemns police brutality and pronounces systemic racism a public health threat

MONTPELIER – June 2, 2020 – The physicians and physician assistants of the Vermont Medical Society (VMS) denounce the recent brutal and senseless acts of violence towards Black people by law enforcement officers and acknowledge the impact systemic racism has in driving adverse health outcomes in our State and across the nation.

VMS President, Catherine Schneider, M.D. and VMS President-Elect, Simha Ravven, M.D., state, "The VMS stands with the Vermont State Police, the American Medical Association (AMA), the American Psychiatric Association (APA) and the American Academy of Pediatrics in Vermont (AAPVT) in denouncing not only police brutality against Black people, but in recognizing that racism and violence against people of color is unacceptable, unwarranted and a detriment to our country. The continued discrimination against people of color has deep lasting health impacts, as well as divisive social impacts. We cannot have a healthy nation if we continue to marginalize and harm any sector of our population."

There are harmful health impacts of structural racism and racism in law enforcement. The <u>AMA's May 29 statement</u> condemning police brutality notes: "Research demonstrates that racially marginalized communities are disproportionally subject to police force... An increased prevalence of police encounters is linked to elevated stress and anxiety levels, along with increased rates of high blood pressure, diabetes and asthma—and fatal complications of those comorbid conditions."

The Vermont Medical Society supports the <u>Vermont State Police</u> in condemning police brutality in the death of George Floyd and their commitment to fair and impartial policing, de-escalation, and relationship building in communities of color.

"The civil unrest taking place in America is a call to action to all Americans to address the longstanding racial inequalities facing the Black community," said <u>APA CEO and Medical Director Saul Levin, M.D.</u> "Centuries of systemic and institutional racism toward Black Americans has led to decreased access to health care and multiple adverse health outcomes—as recently seen during the COVID-19 pandemic—in addition to anxiety and lower life-expectancy".

Vermont Medical Society condemns police brutality and pronounces systemic racism a public health threat

Dr. Rebecca Bell, M.D., President of the American Academy of Pediatrics Vermont Chapter said, "Racism is a public health issue and a social determinant of health that creates toxic stress and impacts health. Children will not be able to reach their full potential until we prevent and counteract these experiences for all children–in medicine and everyday life. The AAPVT Chapter condemns violence, especially when perpetrated by authorities, and calls for a deep examination of how to improve the role of policing. Systemic violence requires systemic response."

We are watching these tragic events unfold during the COVID-19 global health pandemic, where in Vermont and across the nation, incidence of more severe illness is disproportionately impacting certain racial and ethnic populations and exposing the uneven access to care that leads to disparities in health outcomes. The VMS is committed to addressing bias in health care, as evidenced by our <u>policy from 2018</u>, in which we resolve to support systems designed to combat biases within the health care system and to work to mitigate the unequal treatment of patients and health care professionals.

The VMS grieves for the families of George Floyd, Ahmaud Arbery and Breonna Taylor, and countless others, where race was a determining factor in their interaction with law enforcement and ultimately their untimely deaths. Systemic racism not only destroys the social cohesion of our nation, it also produces devasting health impacts born from trauma, chronic stress and differential access to health care. We as a State and a nation must do better for the health of all.

PEDIATRICS[®]

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How Pediatricians can address and ameliorate the effects of racism on children and adolescents

- Optimizing clinical practice
- Optimizing workforce development and professional education
- Optimizing systems through community engagement, advocacy, and public policy
- Optimizing research

OPTIMIZING CLINICAL PRACTICE

Create a culturally safe medical home where the providers acknowledge and are sensitive to the racism that children and families experience by integrating patient- and family-centered communication strategies and evidence-based screening tools that incorporate valid measures of perceived and experienced racism into clinical practice.

Use strategies such as Raising Resisters approach during anticipatory guidance to provide support for youth and families to:

- (1) recognize racism in all forms, from subversive to blatant displays of racism
- (2) differentiate racism from other forms of unfair treatment and/or routine developmental stressors
- (3) safely oppose the negative messages and/or behaviors of others; and (4) counter or replace those messages and experiences with something positive.

OPTIMIZING CLINICAL PRACTICE

Train clinical and office staff in culturally competent care according to national standards for culturally and linguistically appropriate services.

Assess patients for stressors (eg, bullying and/or cyberbullying on the basis of race) and social determinants of health often associated with racism (eg, neighborhood safety, poverty, housing inequity, and academic access) to connect families to resources.

Assess patients who report experiencing racism for mental health conditions, including signs of posttraumatic stress, anxiety, grief, and depressive symptoms, using validated screening tools and a trauma-informed approach to make referrals to mental health services as needed.

Integrate positive youth development approaches, including racial socialization, to identify strengths and assess youth and families for protective factors, such as a supportive extended family network, that can help mitigate exposure to racist behaviors.

OPTIMIZING CLINICAL PRACTICE

Infuse cultural diversity into AAP-recommended early literacy–promotion programs¹⁴⁷ to ensure that there is a representation of authors, images, and stories that reflect the cultural diversity of children served in pediatric practice.

Encourage pediatric practices and local chapters to embrace the challenge of testing best practices using Community Access to Child Health grants and participation in national qualityimprovement projects to examine the effectiveness of office-based interventions designed to address the impact of racism on patient outcomes.

Encourage practices and chapters to develop resources for families with civil rights concerns, including medicolegal partnerships and referrals to agencies responsible for enforcing civil rights laws.

Encourage pediatric-serving organizations within local communities, including pediatric practices, hospitals, and health maintenance organizations, to conduct internal quality-assurance assessments that include analyses of quality of care and patient satisfaction by race and to initiate improvement protocols as needed to improve health outcomes and community trust.

AAP-VT CHAPTER TASK FORCE

Child health and mental health providers, trainees, family advisors, youth, representing diverse geographic and clinical practice areas throughout Vermont

Objectives:

Guidance and resources for practices working towards creating a culturally safe medical home Resources for families experiencing racism and screening tools and guidance for pediatricians

Guidance and resources for families to promote anti-racism

NEXT STEPS

If interested in joining task force:

Email <u>Rebecca.Bell@uvmhealth.org</u> and <u>swinters@vtmd.org</u>

Look forward to task force recommendations in the coming months

Read, listen, keep learning

New Schedule of COVID-19 Update Calls

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Wednesday, June 3

- Current events and the impact of racism on child and adolescent health – continued discussion and action planning with our leaders and local experts
- Thursday, June 4 Drs. Ben Lee & Bill Raszka
- Pediatric Transmission of COVID-19
- WHO mask guidance (further discussion)
- COVID-19 Transmission and Children: The Child is Not to Blame (Commentary in *Pediatrics*)





- □ Emerging guidance for school re-opening, fall 2020
- □ Immunization strategies/policy: catch-up, flu, COVID-19
- □ Refining guidance re: testing of HCWs in practices
- In MIS-C (Multi-System Inflammatory Syndrome in Children)
- □ Testing: anterior nares & supply chain update
- □ Continue to follow developments in telehealth/telephone coverage
- □ Health care "restart" details
- Summer camps/other recreational activities
- OneCare Vermont all-payer model adjustments





Questions/Discussion

- Q & A Goal: monitor/respond in real time record/disseminate later as needed (and/or revisit next day).
- □ For additional questions, please e-mail:
 - vchip.champ@med.uvm.edu
 - What do <u>you</u> need how can we be helpful (specific guidance)?
- □ VCHIP CHAMP VDH COVID-19 website:

https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates

- Next CHAMP call: Wednesday, June 4, 12:15-12:45 (same webinar/call information invitation to follow) – last call for this week.
- □ Please tune in to VMS call with Commissioner Levine:

Tomorrow, Tuesday, June 9, 12:15-12:45

Phone: 1-802-552-8456

Conference ID: 993815551



