

VCHIP CHAMP VDH COVID-19

January 18, 2021 | 12:15-12:45pm Call Questions and Answers*

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Breena Holmes, MD, FAAP, Physician Advisor, Maternal & Child Health, Vermont Department of Health (VDH), VCHIP Senior Faculty

Practice Issues: AAP VT Task Force on Race & Health Equity by Rebecca Bell, MD MPH FAAP & Stephanie Winters, Executive Director

Wendy Davis, MD, VCHIP: Please see the slides for national AAP work because your national organization, for those of you who are AAP members, has been hard at work on this topic for a number of years now, but particularly intense over the past several months. We're also happy to share any available resources with our community colleagues who are not AAP members. The AAP has articulated their approach that all children and all systems of care should maintain health equity and that it's our collective job to equip ourselves and our colleagues with the resources needed to do this. Dr. Bell is going to tell us how she's leading that work in Vermont. The AAP has some foundational task forces and documents, one on diversity and inclusion, and another on addressing bias and discrimination in healthcare. In January 2020, we established an AAP Equity Committee. That committee has borrowed heavily from the work and guidance of Aletha Maybank, MD MPH, who is the Chief Health Equity Officer at the American Medical Association (AMA). Dr. Maybank and the AMA have done some tremendous work in this arena. The events of last spring accelerated the urgency of our work, which was already quite urgent. During the summer of 2020, we published "Truth, Reconciliation, and Transformation: Continuing on the Path to Equity" (available at: <https://pediatrics.aappublications.org/content/146/3/e2020019794.long>), which looks back at our own AAP history and recognizes the tremendous gaps in how we've looked at this topic over the decades. In August, we passed a resolution and agreed on an AAP national bylaws referendum to specifically address this. It was amazing to me that this didn't previously exist in our language, but our bylaws now explicitly indicate the AAP does not discriminate on the basis of race, ethnicity, religion, sex, sexual orientation, gender identity, disability or national origin. This stems from the overt discrimination against folks who wished to apply to join the AAP back in the 1930s and 40s. The graphic on slide X reflect the domains the one year work plan we have well underway.

Rebecca Bell, MD MPH, UVMMC & AAP VT: I'm just going to give folks an update on the AAP Vermont Chapter Task Force on Race and Health Equity. If you recall, we recruited child health care providers from this call over the summer to join the task force. We started out with about 25 members, a mixture of all different types of child health providers, including residents and a medical student. Some folks have stepped back a little bit, but we have a good group of folks throughout the state on this task force. Stephanie Winters, who is on the call, has been the rock in organizing a lot of this and keeping it running smoothly. Our guiding principles are listed on slide X. We start our Task Force meetings by centering and acknowledging that racism occurs in Vermont through local stories.

I added a few slides from the annual AAP national conference, which was virtual this year. I would recommend watching the presentations listed on slides X-X. The materials, including downloadable slides and recording talks, are available through the end of the month. These presentations are just an example of

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

some of the content available to us by national speakers, which we're relying on a lot in our task force moving forward.

Questions/Discussion

C: Breena Holmes, MD, VCHIP, VDH: Here is the language of the preferred protocol for getting test results from CIC on-demand & VDH pop-up test sites: "Providers should first check VITL for any testing completed through Dr. Levine's orders – this will be the most expedient and immediate way to access results. If they do not have access to VITL, and cannot gain access to VITL, then the provider may contact: ahs.vdhocovidresultsletters@vermont.gov and provide the name and date of birth of their patient and the request for their results in order to help treat that patient."

Q: I saw a patient who had COVID exposure, quarantined and had a negative test 7 days later and then developed a few symptoms the next day. I'm recommending they get retested. However, the local testing site indicated the patient would need to wait a week to get another test. Any thoughts on this?

A: Breena Holmes, MD, VCHIP, VDH: *Your guidance to get tested when symptoms developed sounds right to me. Not sure if Dr. Lee or Dr. Raszka are on. No reason to wait a week if symptoms are present.*

C: Breena Holmes, MD, VCHIP, VDH: Here's a link to the action and allyship resource from Xusana Davis: https://racialequity.vermont.gov/sites/reap/files/doc_library/Action%20and%20Allyship%20Guide.pdf