

VCHIP CHAMP VDH COVID-19

June 3, 2020 | 12:15-12:45pm Call Questions and Answers*

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM

Breena Holmes, MD, FAAP, Director of Maternal & Child Health, Vermont Department of Health (VDH)

Reminder: Starting next week, we will have a new webinar schedule on M, W, F.

Governor's Media Briefing – Wednesday, June 3, 2020

Dr. Wendy Davis reiterated Governor Scott had signed an Executive Order to establish a VT Racial Equity Task Force, led by the Executive Director of Racial Equity, Xusana Davis (Task Force Chair). The Governor will also announce additional reopening information on Friday, June 5. He is also continuing to work on a plan to allow some out-of-state visitors to come to VT without quarantine using a data-driven approach and as a possible threshold, thinking about what the data looks like in our neighboring states. Lastly, the Governor is continuing to work on safely reopening and expanding the capacity for lodging and campgrounds.

The Governor was asked for his reaction to events in D.C. on Monday evening and he stated he watched in disbelief. We have to listen, reflect, and do better. We should all step up and need leadership to unite us.

Commissioner Levine limited his initial remarks to provide an update on the Winooski case cluster that we discussed on Monday. If you recall, on Monday, there were 7 cases that had been identified in that community. On Monday and Tuesday, thanks to expanded testing by VDH, 200 additional residents were tested. The data is now being analyzed by the Epidemiology team. They are also doing contact tracing and follow-ups. Commissioner Levine noted he expects there will be additional cases in the range of 10-20 and will provide additional information as soon as it becomes available. These cases are still active in VT and Commissioner Levine encouraged us all to continue following the guidance around group size/gatherings, facial coverings, and good hygiene practices.

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

LE Faricy, MD FAAP, UVMMC and Rebecca Bell, MD FAAP, UVMMC, VT-AAP

Dr. LE Faricy stated the issue of racial tensions has been thrust into the forefront of our national dialogue, even though it's been simmering in the background for a long time. Dr. Faricy pointed out the two most recent incidents representing patterns of racial injustice, including the Amy Cooper incident in Central Park where she called the police on a black man even though he wasn't doing anything wrong, and right around the same time, George Floyd's death at the hands of law enforcement officers.

The pandemic is showing us on a larger scale that health inequities fall along racial lines. It is important for us to recognize that people are disincented to talk about racism because it's an uncomfortable conversation to have. It is not about being a good person or a bad person – that is explicit racism and not what we are talking about. Dr. Faricy is referring to structural racism, which does not require intent. Structural racism is set up to channel wealth and power. These systems do not need intent to keep going and are supported by implicit biases that we all carry and are in the policies that still stand.

Dr. Faricy discussed who is represented in our community and what the data shows in VT. Nationally speaking, non-Hispanic black people have been disproportionately hospitalized with COVID-19. Even though the majority of VT COVID-19 cases are white, when the cases are adjusted to be representative of the VT population, people of color in VT are contracting the virus at twice the rate of white Vermonters. White

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

Vermonters make up the majority of COVID-19 deaths, but there is a higher proportionate death rate among people of color.

The 2019 Youth Risk Behavior Survey (YRBS) data showed 20% of students identified as non-white in both middle schools and high schools in VT. Students of color in VT are disciplined at higher rates than their white counterparts. Alarming, lower levels of connectedness to family, school, and community are reported among students of color. There is also a disproportionately high proportion of the population of people of color in VT represented in VT prisons.

It's time for empathy. People of color in our community are hurting. We need to be listening to their experiences of what it is like to be a racial minority here and how to support them. As their pediatricians and support system, we need to understand what their day-to-day challenges are as a person of color living in VT. Additionally, our pediatrician colleagues and trainees of color are also not okay. We need to think about how we can use our power to create action. It is up to us, as white physicians and white people, to educate ourselves about racism and help come up with meaningful plans to make changes.

Dr. Bell provided Vermont stories of racism below. The most important piece of this is to listen to their stories.

- 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: [Racism – And Anti-Racism – In Vermont](#)

The most well-known national news story is of Kiah Morris, who resigned from VT state legislature after enduring racist harassment from a white nationalist in Bennington. This highlights the legal system's inability to protect her and others. Some of the other stories talk about how a black man feels physiologically when he drives in rural areas of the state that do not have great cell phone service. He talks about the fear of getting out of the car in that area if something happened and asking for help.

We also need to think about youth voices on representation fatigue - what do people of color feel like when they are in the minority and feel like they have to represent their religion or their race and how exhausting that can be. We are also trying to make a list that is short, concise, and high-yield that represents Vermont voices, but is not necessarily comprehensive. Erica Gibson, MD, provided a list of Vermont-based organizations for potential collaboration.

What are we doing in VT? The Vermont Medical Society (VMS) issued a press release on June 2, 2020, condemning police brutality and calling out racism as a public health threat.

Dr. Bell noted the policy statement that came out a year ago in *Pediatrics* on The Impact of Racism on Child and Adolescent Health. Dr. Bell focused on the section outlining how pediatricians can address and ameliorate the effects of racism on children and adolescents and the sub-headings under this section of optimizing clinical practice, optimizing workforce, optimizing systems, and optimizing research.

We can all start to think about what we do in our practices, what other practices may do, what are the tools already at our disposal, and how can we make that easy and available for all to use in our state. Some recommendations are as follows:

- 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. Using strategies such as Raising Resisters approach during anticipatory guidance to provide support for youth and families.
 - Implicit bias training – important to do but also important to have an expert to debrief with staff on those findings.
 - Are we assessing our patients around racism and their experiences with racism? We will need to find ways to support them.

Statements of support are fine but a very first step in all of this. The AAP-VT Chapter is interested in starting a task force. Dr. Bell provided objectives:

- Guidance and resources for practices working towards creating a culturally safe medical home
- Resources for families experience racism and screening tools and guidance for pediatricians
- Guidance and resources for families to promote anti-racism

If you are interested in being part of the task force, please email Dr. Bell at Rebecca.Bell@uvmhealth.org and Stephanie Winters at swinters@vtmd.org.

Dr. Lewis First thanked both Drs. Bell and Faricy and stated this is not a one and done issue. The pandemic and everything we do impacts this. There are lots of individual things you can do (i.e. look at your waiting room, look at the questionnaires – does the word race come up to open a dialogue, etc.). These are things we can do to break down the barriers and turn these words into action.

Dr. Faricy noted people of color are asked to teach white people about racism. It is not their problem to fix these structures that white people put in place. We have to listen and learn and not ask them to take on the extra burden of teaching.

Dr. Breana Holmes reiterated the following sentiment on the last slide: Read, listen, and keep learning. Our state has done a great job with youth voice, but we have more work to do there.

Comments

C: YRBS is **Youth Risk Behavior Survey** and is completed by High School and Middle School students in VT and the U.S. every other year. Data link: <https://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-yrbs>

C: Cyberbullying seems to be a problem for all young youth. I have seen an increase in this in all patients.

C: Training is so essential for staff and the entire system of care for families. Again, LEND has some great in-office type trainings that can help transform Medical Homes ability to be culturally safe.

C: Most behavioral health questionnaires don't ask specifically about racism, they ask about bullying and "feeling safe", but we need to be asking specifically about racism. Asking more routinely helps lift the topic up and into everyone's consciousness.

C: This is such an important topic and so easy to forget that we all have patients who are affected by this, even more so up here in the Kingdom. These are sobering numbers even from our small state. I'm also interested in this as a CHAMP project.

C: Our youth are really energized right now and I think they could be so helpful as members of the task force. My daughter just got home from a PEACEFUL protest in Hinesburg.