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HOUSE DEMOCRATIC POLICY COMMITTEE
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House of Representatives
COMMONWEALTH OF PENNSYLVANIA

# HOUSE DEMOCRATIC POLICY COMMITTEE HEARING
## Topic: COVID-19 Health Disparities
## G-50 Irvis Office Building – Harrisburg, PA
## July 15, 2020

## AGENDA

2:00 p.m. Welcome and Opening Remarks

2:10 p.m. Panel One:

- Debra Bogen, MD
  Director, Allegheny County Health Department
- Hannah Hardy, MPA
  Director, Allegheny County's Chronic Diseases and Injury Prevention Program
- Jessica Ruffin, MBA
  Senior Leader of Equity and Inclusion, Allegheny County Department of Human Services

*2:30 p.m.* *Questions & Answers*

2:50 p.m. Panel Two:

- Tyra Bryant-Stephens, MD
  Medical Director of the Community Asthma Prevention Program at Children's Hospital of Philadelphia and a Member of the Philadelphia Board of Health
- Tiffany Gary-Webb, MHS, PhD
  Associate Professor in the Departments of Epidemiology and Behavioral and Community Health Sciences, University of Pittsburgh's Graduate School of Public Health
- Meagan Hume, MDP
  Health Coordinator, HIAS Pennsylvania
- Corey Coleman, MBA
  Vice President of Community & Strategic Partnerships, UnitedHealthcare Community Plan of Pennsylvania

*3:30 p.m.* *Questions & Answers*

3:50 p.m. Closing Remarks

COUNTY OF ALLEGHENY
RICH FITZGERALD
COUNTY EXECUTIVE

**TESTIMONY OF DR. DEBRA BOGEN, ALLEGHENY COUNTY HEALTH DEPARTMENT DIRECTOR BEFORE THE HOUSE DEMOCRATIC POLICY COMMITTEE**
**HEARING ON COVID-19 DISPARITIES – JULY 15, 2020**

Good afternoon, Chairman Sturla, and members of the House Democratic Policy Committee. Thank you for this opportunity to participate in this hearing on COVID-19 disparities and thank you to Rep. Frankel for the invitation to offer testimony to you today on this important issue.

Across the United States (U.S.), Pennsylvania, and Allegheny County, COVID-19 continues to disproportionately impact communities of color and we applaud this Committee and our partners throughout the state for pursuing policy strategies to protect the state's most vulnerable.

Like many other jurisdictions, Allegheny County has health outcome disparities that exist along racial and ethnic lines, such as maternal and infant mortality. Communities throughout this country are starkly divided along racial and ethnic lines. With these lines come distinct differences in access to social determinants of health including employment, housing, education, and transportation. These differences translate directly to worse health outcomes among our communities of color and has only been amplified in our current pandemic.

While Allegheny County did not see the glaring racial and ethnic disparities in COVID-19 related outcomes during the early months of the pandemic, we have become increasingly worried about trends that have started to surface. For instance, despite making up only 13% of our population, as of late last week, our Black population has accounted for 24% of positive cases, 31% of hospitalizations, 31% of ICU admissions, and, tragically, 20% of COVID-19 deaths.

The Allegheny County Health Department is committed to pursuing strategies that mitigate these inequities and will continue to take action locally to make COVID-19 disparities data available to inform the emergency response work of the county and our partners. We are also committed to making sure meaningful access to testing, treatment and other medical advancements for our communities of color is a priority for our county. We are committed to collecting and sharing information on race in our COVID-19 data so that we can understand and address the impact of the virus in different communities. We are also working with the county's Department of Human Services, service providers and other local partners to develop strategies to increase health care services for many of our high-risk communities.

DEBRA L. BOGEN, MD, FAAP, FABM, DIRECTOR
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Through local partnerships, we have developed supportive programming to address COVID-19 and associated morbidities for communities with a high proportion of people of color. Perhaps most notably, our health department has worked with 16 Federally Qualified Health Centers throughout Allegheny County to develop a community-based testing approach. These partnerships with local FQHCs have allowed Allegheny County to greatly increase the number locations that are conducting COVID-19 testing as well as target sites in neighborhoods where we have seen disproportionate rates of the illness. Black people account for 30% of the tests administered by FQHCs. At all testing locations countywide, black people account for 15%.

As our state and local surveillance efforts reveal more on how this virus spreads throughout our communities, we must use these findings to inform our work to protect vulnerable minority communities. Disparate rates of underlying conditions such as diabetes and high blood pressure undoubtedly play a role in terms of the risk for developing severe illness from COVID-19; however, the higher rates of positive cases in communities of color cannot be explained by such predispositions. There is growing evidence that demonstrates the pandemic's impact on communities of color is driven by factors that increase the likelihood of exposure. Our Black and Latino residents are more likely to live in multigenerational homes and work in jobs where telecommuting is simply not an option. These characteristics of our most vulnerable communities must shape state and local strategies in this pandemic. For instance, as we learn of increasing rates among our younger population in the weeks following business reopening activities, we must consider how this impacts densely populated communities where young adults are likely to live with older family members who more likely to develop severe illness. We must also continue to be vigilant in enforcing reopening measures designed to protect our frontline workers and other essential employees of all racial and ethnic backgrounds as they are more likely to come from low-income communities.

Again, I thank the House Democrat Policy Committee for this opportunity to share our perspective and I welcome future opportunities to ensure pursuing health equity during the COVID-19 pandemic remains a priority for the Commonwealth of Pennsylvania.

COUNTY OF ALLEGHENY
RICH FITZGERALD
COUNTY EXECUTIVE

**TESTIMONY OF HANNAH E. HARDY, MPA,**
**CHRONIC DISEASE AND INJURY PREVENTION PROGRAM DIRECTOR**
**ALLEGHENY COUNTY HEALTH DEPARTMENT**
**BEFORE THE HOUSE DEMOCRATIC POLICY COMMITTEE**
**HEARING ON COVID-19 DISPARITIES-JULY 15, 2020**

Thank you very much for the opportunity to address this committee on the COVID-19 disparities. Good afternoon to the members of the committee and to Rep. Frankel for the invitation to provide testimony.

Dr. Bogen's testimony addressed the issues with COVID-19 and associated morbidities for communities with a high proportion of people of color. One of the factors she cited are the disparate rates of underlying conditions such as chronic diseases. The Allegheny County Health Department is working in collaboration with a number of partners to address underlying health conditions to reduce health disparities in Allegheny County.

The onset and severity of chronic diseases, such as diabetes, heart disease, or cancer are complex. Having a family history of a disease plays a role, but social factors such as employment, education, access to health care services, safe and inexpensive places for physical activity, and the ability to shop for healthier foods (like fruits and vegetables) are also important determinants of health. These social and economic factors may also influence personal behaviors that add to the risk for chronic diseases, such as tobacco use, a diet high in fat and sodium, and little to no physical activity (sometimes because of very limited free time).

As I mentioned, the Allegheny County Health Department is working with local and national partners to address health disparities in predominantly African-American communities. The REACH program, a Centers for Disease Control-funded initiative, is one example of a program that aims to achieve health equity and prevent chronic diseases in the East End (East Hills, Garfield, Homewood, Larimer, Lincoln-Lemington-Belmar, Wilkinsburg), Hill District, Mon Valley (Clairton, North Versailles, Duquesne, McKeesport, North Braddock, Braddock, Rankin) and the Northside. In these communities we see higher rates of chronic diseases than in the rest of the county.

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| Chronic Disease (Crude) Prevalence and Risk Factors by Geography, 2015 | | |
|---|---|---|
| | Allegheny County† | All REACH Communities (averaged) |
| Heart Disease | 5% | 8% |
| Cancer (excluding skin) | 8% | 7% |
| Diabetes | 10% | 17% |
| High Blood Pressure | 35% | 42% |
| Physical Inactivity | 22% | 35% |
| Obesity | 30% | 41% |
| Smoking | 19% | 31% |
| † 2015-2016 ACHS, weighted | | |

Through a diverse coalition with more than 25 partners, this project is increasing access to healthy foods and physical activity in these communities. Partners are providing breastfeeding supports and linkages between community organizations and residents and clinical organizations.

The REACH coalition has examined various local inequities related to nutrition, physical activity, and access to care. Over the course of the five-year program, the coalition will focus efforts on healthy food policies; new or improved pedestrian, bike and transit routes; and, a pharmacist navigation and referral program.

The coronavirus pandemic is forcing families to stockpile supplies, but for many, not having access to healthy food is a concern. The department and the REACH initiative has begun to devise a nutrition strategy through partnerships with The Pittsburgh Food Policy Council, Children's Hospital of Pittsburgh of UPMC, The Food Trust, Just Harvest, Healthy Start and the Pittsburgh Black Breastfeeding Circle. Although the work was unrelated to the current crisis, the partners began to lay the groundwork for feeding more families and residents experiencing food insecurity.

These are just some of the activities happening among REACH partners:

- The Pittsburgh Food Policy Council is sharing key resources for people, non-profits, businesses across the food system.
- Greater Pittsburgh Community Food Bank continues to monitor the development of COVID-19 and take proactive steps to protect the community. Due to the logistics and observation of social distancing regulations, those in need of food can rely on the large network of food pantries.

- Just Harvest is issuing a call to action to the public to urge state officials to swiftly adopt key measures to protect working families and other vulnerable people during the COVID-19 pandemic.

This just a sample of some of the work that is being done in Allegheny County that aims to address health disparities. These actions contribute to reducing the proportionate impact of COVID-19 on communities of color in Allegheny County.

Thank you for the time this afternoon to share this information with you. I look forward to the opportunity to answer questions.

Allegheny County Department of Human Services

# Presentation to
# PA House Democrat Policy Committee Hearing on COVID-19 Racial and Ethnic Disparities

Jessica Ruffin, MBA
Senior Leader for Equity and Inclusion
Office of Equity and Inclusion, Allegheny County Department of Human Services
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# Target: Low-income communities of color including immigrant and refugee populations

| Need | Recommendations | Special Initiatives / Interventions |
|---|---|---|
| Need #1:<br><br>Getting culturally-responsive mitigation strategies to vulnerable communities. | Strategy #1:<br><br>Develop culturally responsive info kits and post them on Allegheny County's COVID-19 Response website. | - Catalogued guidance in over 100 languages<br>- Supported ACHD in posting updates/guidance in top 5 languages on Allegheny County's COVID-19 website<br>- Collaborated with JFCS and Neighborhood Resilience Project to train nearly 100 volunteers as Community Health Deputies |
| Need #2:<br><br>Communicate and gather feedback on decisions that have already been made that will impact target communities. | Strategy #2:<br><br>Host a special update with community leaders and elected officials on decisions that have been made related to the location of isolation and quarantine facilities. | - Hosted 5 listening sessions with vulnerable communities |
| Need #3:<br><br>On-going thoughtful engagement for future processes, decisions, and or implementation. | Strategy #3:<br><br>Identify and engage a Pandemic Community Advisory Group to gather input, advice, and reactions on an on-going basis. | - Established a COVID-19 Advisory Committee<br>- Planning to reconvene re: CRF investment. Exploring strategies to get information and resources to community-based agencies |

# Residual Impact of COVID-19 on Human Services

- **Unemployment**
  - 16.8% in Pittsburgh MSA in June, reduction in hours will increase need in 2020-21
  - Households earning under $40,000 hit hardest: 65% lost wages vs. 41% for HH earning >$75,000
- **Housing**
  - One in five renters not able to pay rent in August
  - Rent, utility assistance calls to 211 up over same quarter of 2019 (43% of all calls in May)
- **Mental health/substance use**
  - National survey: 36% say COVID-19 has serious impact on MH; 8% reported increase in alcohol/other drugs
  - Symptoms of serious psychological distress highest among young adults, adults with household income of less than $35,000 per year, and Hispanic adults
  - 17% of Pittsburgh residents surveyed in June felt depressed, 14% hopeless about the future
- **Children**
  - Abuse and neglect increases correlated with unemployment
  - Number who are hungry in Allegheny County estimated to increase 58%
  - 23% of children in County estimated to be food insecure (already)

# DHS CRF Priorities

Reduce the spread to people at high-risk of serious illness

Increase access to services

Services and basic needs delivered safely

# Ongoing Community Concerns

- Accessing public benefits (Enrollment / Eligibility)
- Testing (FQHC)
- Employment (Worker’s Rights)
- Language Barriers (Language Access Plans)
- Inclusive COVID-19 Data (Ethnicity, Gender, Sexuality Data)
- Education (Technology Access)
- Food (Access to Culturally-Acceptable Food)
- Culturally-Relevant Communication (Translated Guidance, Appropriate Channels)

# Testimony of Trya Bryant-Stephens

My name is Tyra Bryant-Stephens, I am a primary care pediatrician and the Medical Director of the Community Asthma Prevention Program (CAPP) at the Children's Hospital of Philadelphia. Since its inception CAPP has sought to understand the root causes of asthma disparities. Twenty three years ago we realized that despite practicing guideline-based care, our patients had three times the number of hospitalizations and emergency room visits as compared to the national average. The traditional medical practice of just prescribing medications wasn't working. Traditional medicine alsoblamed the patient for not being compliant. But I was convinced that we (the medical community) had to be missing something because the parents I served cared about their children and would do anything they believed could help their asthmatic child. In fact perhaps the fault was in fact ours for not identifying and addressing the root cause of asthma disparities. I believe that the lessons we have learned in addressing asthma disparities can be applied to the disparities we are currently seeing in COVID19 pandemic outcomes where hospitalizations and deaths are most often seen in Black and Brown patients.
COVID19 magnified those root causes which are grounded in structural/institutional racism that pervades this city, state and country. That includes redlining, geographical segregation, poor housing, lack of healthy food, blaming the victim, and more.

One of the major lessons that I have learned is to listen to the residents of the community- our patients. What are their concerns/fears? How do we remove barriers for health care? How do we provide resources for low-income, low-resourced communities? Where do we need to build trust? How can we build trust? One of the things that I have experienced is that reducing asthma disparities or any health disparities really requires listening to those most impacted and getting boots on the ground to identify and address root causes.

- Our team of 16 Community Health Workers have been speaking with over 400 parents of children diagnosed with asthma over the past 3 months about their COVID19 concerns. Here is what they have heard:
  1) **People are afraid.**
     - Parents are afraid to go to the hospital or emergency room because that's where COVID is. They feel that there are too many germs in hospital already and afraid of being exposed.
     - Parents are afraid to take their children to primary care. They want to be reassured that everything is deep cleaned every day.
     - Adults are afraid of the stigma associated with COVID19 especially if they have to work in order to provide for their families. So why would they get COVID testing without some reassurance that they will not lose their job or that resources for daily survival are available?
     - Is the city opening too soon? Should they trust that public health professionals care more about their health than businesses?
     - Need more testing sites that are easy to get to for anyone who wants it
  2) **People are overwhelmed**
     - With schools and child care centers closed, they now have to daily monitor their education, their sleep, their activities- It's just too much!

3) **People are frustrated with the barriers for testing**
    - They can only get tests if have doctor's note and appointment and results take a long time to get back
    - They can only bring themselves as the patient or one sibling if they are taking their child. What are they supposed to do with the rest of their children?
    - The whole masking, gloves, PPE process was offensive and scary especially for small child
    - They have heard that the test is painful.
4) **People are confused**
    - They are hearing different messages from media, health professionals and government. They don't know who to trust so they don't trust anyone
    - .

Based on my experience and this information I would recommend the following:

1) **<u>Remove Barriers</u>**
   Philadelphia Department of Public Health has partnered with Federally Qualified Health Centers to establish them as testing sites which may remove the barrier of location but there are barriers that we need to address here and across the state. Funding should be allocated so that:
    - COVID19 testing is available to anyone who wants it whether they have an appointment or a prescription from a doctor or not
    - COVID19 testing should be walk up as well as drive up offered in every highly impacted community
    - COVID screening could be made available in kiosks in the neighborhoods in different languages.
2) **<u>Utilize community health workers or community residents to spread messaging about COVID19 and motivate more people to be screened</u>**.
    - In the case of COVID19, CHWs can be helpful in organizing neighborhood screening .
    - About 10 years ago when we wanted to truly understand the impact of asthma in low-income communities, we went door to door to over 2000 homes when data seemed to be lacking. Prior to the screening asthma prevalence was reported to be 14%. We found that instead the prevalence was 25-26%. This helped us to understand the depth and breadth of resources needed to address asthma disparities. We need to make sure that these CHWs have a livable wage with benefits.
3) **<u>Directly intervene to eliminate the root causes of poverty</u>**. This will address not only COVID19 disparities but reduce/eliminate disparities in other chronic diseases which predispose Black and Brown people to have more severe outcomes from infections such as COVID19.
    - I have often been told that we can't do anything about poverty because it's too big. But we know that providing healthy food, safe housing and education lifts people out of poverty. It's not too big, it's a choice. Let's reallocate funding to specifically remediate houses in poor conditions through private/public partnerships. We are currently doing that at CHOP where we are remediating structural deficits in homes of children with asthma in order to eliminate asthma triggers and improve asthma outcomes for children.

- There are non-profit organizations who have found a way to get healthy food to food deserts. There are Medicaid managed care organizations who have found a way to get healthy food to their members. There needs to be an organized network of public/private partnerships that systematically go to low-income, low-resourced neighborhoods and make sure that there is healthy affordable food for families. This is another instance in which CHWs can be used to educate and motivate families to make healthy food choices.
- Schools are important! I have worked with schools in Philadelphia to think about how to bring services into the school that address asthma education and asthma treatment in an effort to reduce asthma disparities. I have to say that when I visit these schools, what brings me to my knees is the poor condition of the buildings. I have been in a school providing asthma training to teachers and when it started raining outside, it was also raining inside. I literally saw the water dropping like rain in one of the "best" classrooms in the school where the limited number of computers were kept. We can't expect children with asthma to breathe well in these schools or any child to be able to learn in schools that are in such poor conditions. <u>It's not okay! It's not acceptable! It's heartbreaking!</u> Schools must be made safe and livable since our children spend most of their waking hours in schools.

<u>In summary</u>

1. We should have COVID-19 testing accessible for all PA residents, with an emphasis on racial and ethnic minorities, at no cost with no barriers
2. Fund community-based education and personal wellness initiatives by utilization of community health/peer educators.
3. Create a plan and develop resources to address structural racism issues such as poor housing and poor school conditions.
4. Partner with community-based organizations to communicate information about existing programs and eligibility to support hard-to-reach populations, using a range of channels
5. Ensure that all employees have access to paid sick leave sufficient for the duration of potential illness and to care for family members
6. Develop a culturally competent/appropriate/responsive, multi-component model to address COVID-19 testing barriers and health disparities with accountability within healthcare systems, a diverse healthcare professionals speakers bureau, strategic partnerships, and upstream education to inform policy
7. Mandatory statewide reporting system to collect epidemiologic data related to testing and morbidity, hospitalizations, mortality, and outcomes specific to racial and ethnic populations with census level data.
8. Develop a PA COVID-19 Preparedness Plan for racial and ethnic minorities in a second wave.
9. Create a PA COVID-19 Comprehensive Strategic Plan that educates racial and ethnic minorities on the seriousness/impact of the virus, the importance of PPE, and Access to PPE in low income communities
10. Increase the state minimum wage to a living wage

# Health Equity Response to COVID-19 in Allegheny County:

# The Black COVID-19 Equity Coalition

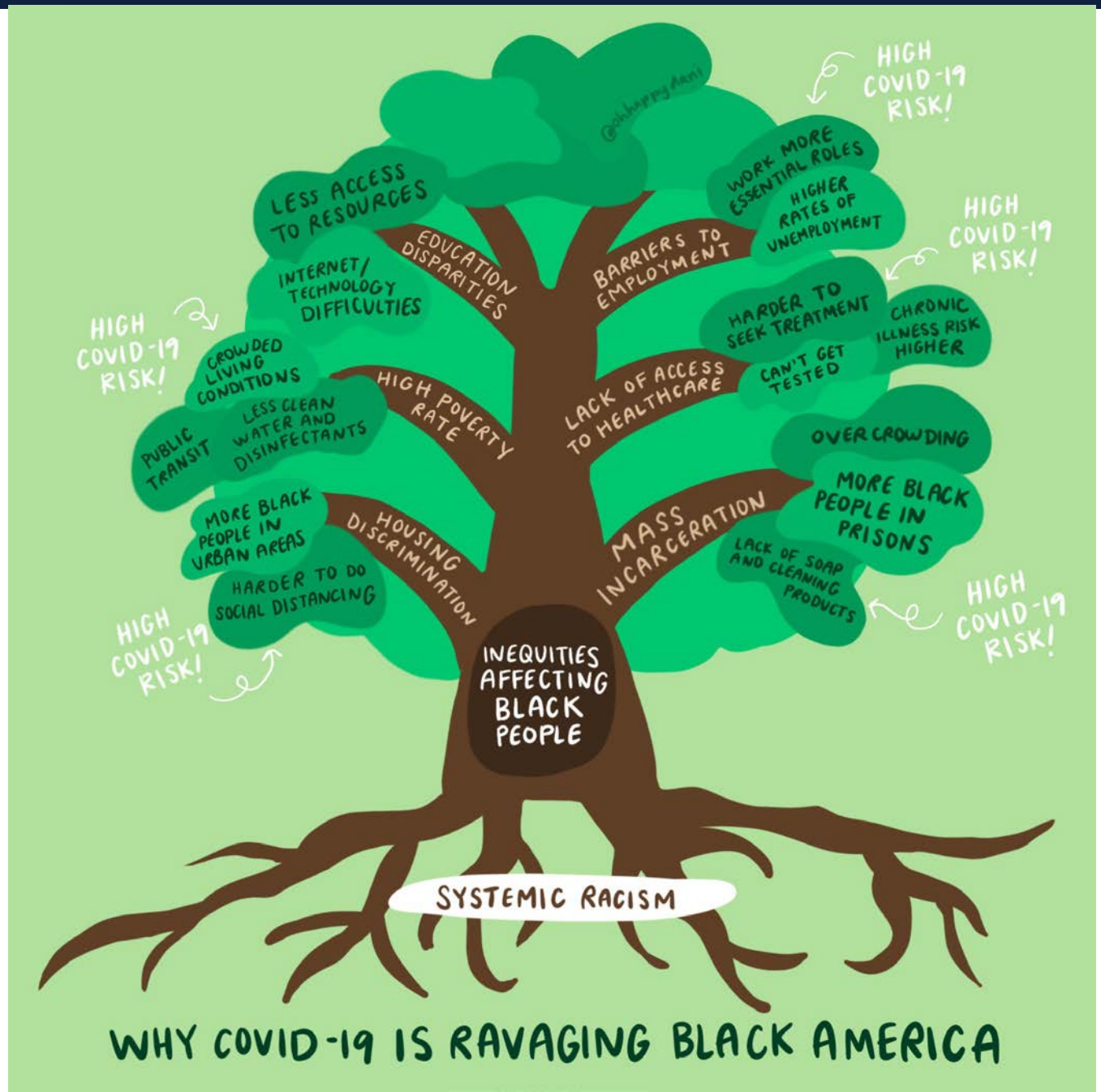
Tiffany L. Gary-Webb, PhD, MHS
Associate Professor of Epidemiology
Associate Director, Center for Health Equity
University of Pittsburgh
Graduate School of Public Health

# Background

- National data show that Blacks have higher rates of diabetes, heart disease, and other conditions linked to COVID-19 severity

- COVID-19 has magnified existing inequities in Black communities:
  - Lack of robust and equitably accessible testing capabilities
  - Lack of adequate reporting for testing, cases, and deaths by race
  - Disproportionate concentration of in-person critical workers in neighborhoods most affected by these deficits in testing and information

- The Color of COVID-19: disproportionate rates and deaths for Blacks




Danielle Coke
@ohhappydani

# A virtual town hall discusses what Black Pittsburgh needs to know about COVID-19

Juliette Rihl | April 7, 2020


# Town hall focuses on lack of resources for Pittsburgh black communities during coronavirus pandemic

TEGHAN SIMONTON | Wednesday, April 22, 2020 12:41 p.m.

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COVID-19

# While Black Americans are disproportionately dying of COVID-19, Allegheny County and PA lack local race data


Pittsburgh’s
Black COVID-19 Equity Coalition

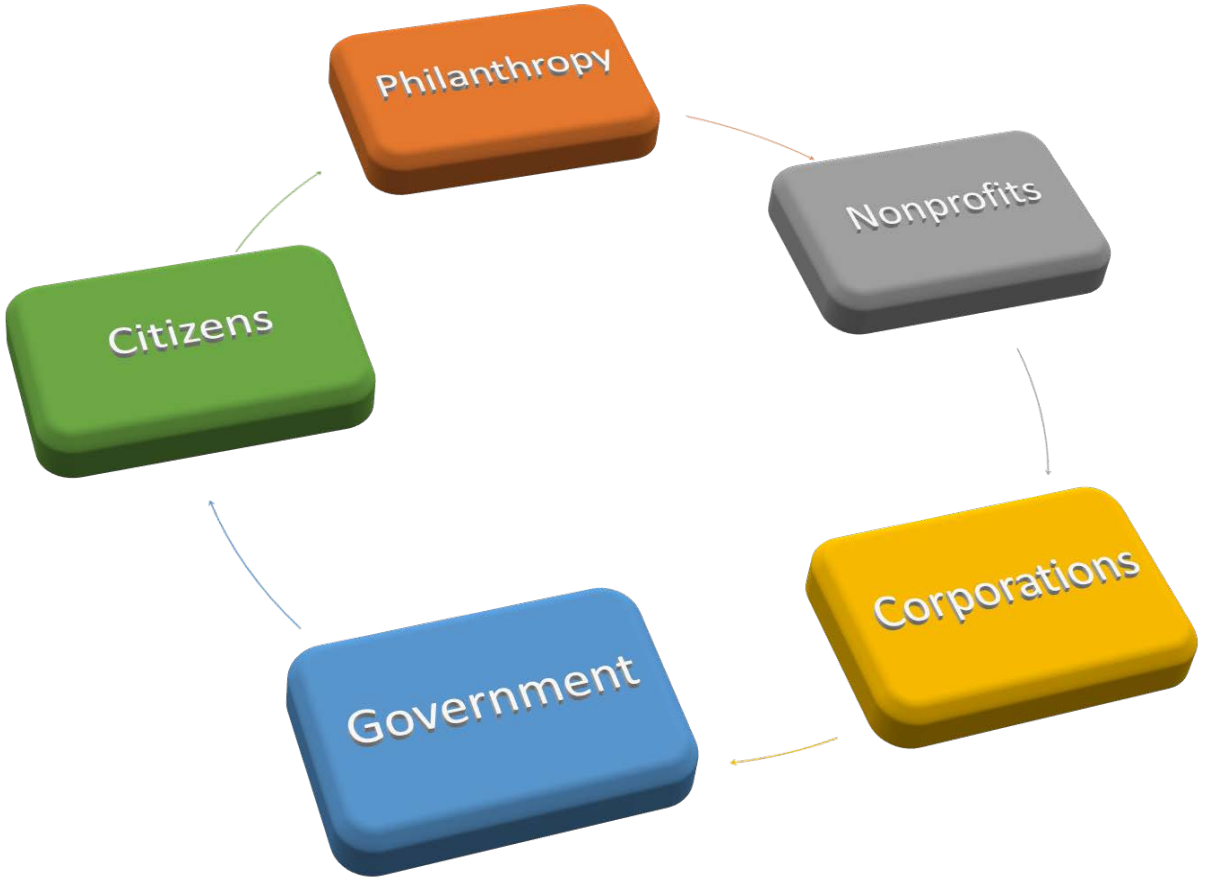
# The Black COVID-19 Equity Coalition is comprised of a group of concerned doctors, researchers, epidemiologists, practitioners, grant makers, and government officials, focused on:

- Establishing a community oriented preventive infrastructure
- Employ a health equity lens
- Operational co-leadership
- Produce culturally relevant data
- Promote equitable responses to COVID-19
- Address institutional racism and structural impediments
- Optimize Federally Qualified Health Centers (FQHCs) community orientated preventive health and primary care services for medically underserved, under resourced, ethnic minorities, undocumented persons and vulnerable populations of people of color.

# A Cross-Sectorial Approach

**Black Pittsburgh's COVID-19 Taskforce Frameworks:** The following overview reflects the current **Black COVID-19 a**ctivity members are currently engaged; the list is not exhaustive: Framing **Systems Change** through the **Social Determinants of Health (SDOH)**

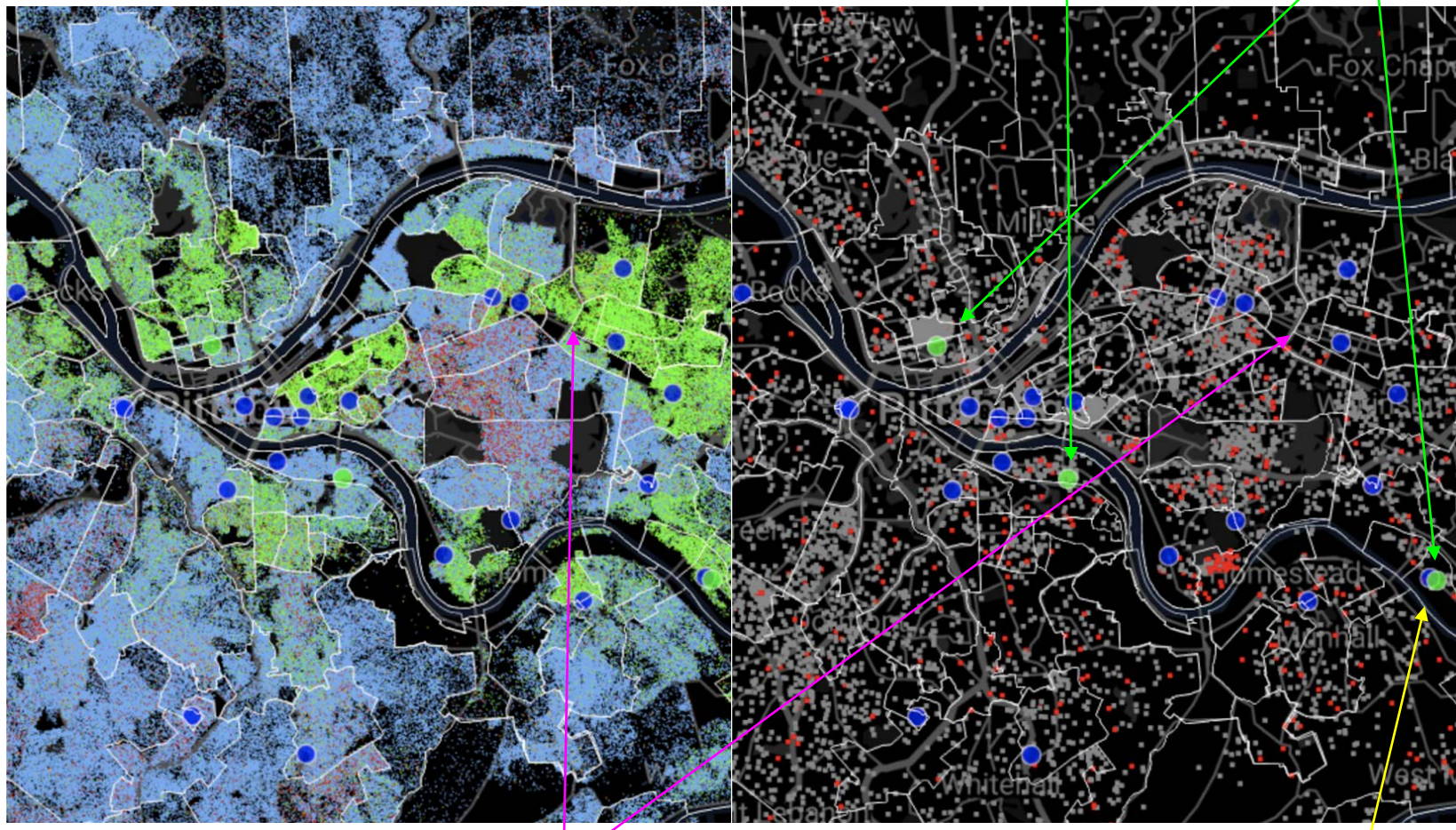
1. Black COVID-19 Data Working Group
2. Black COVID-19 Health Equity Taskforce
3. Black COVID-19 Black Business Taskforce
4. Black COVID-19 PBEOC Taskforce
5. ACHD/DHS COIVD-19 Equity Advisory Committee



# Geographic racial disparities

**Testing rates and access issues resonate with patterns of racial segregation**

- The left map shows people by race: green=Black, blue=White, red=Asian
- All but one test site (green bubbles) are in predominantly White areas
- FQHCs (blue bubbles) are mostly located in predominantly Black, chronically underserved areas



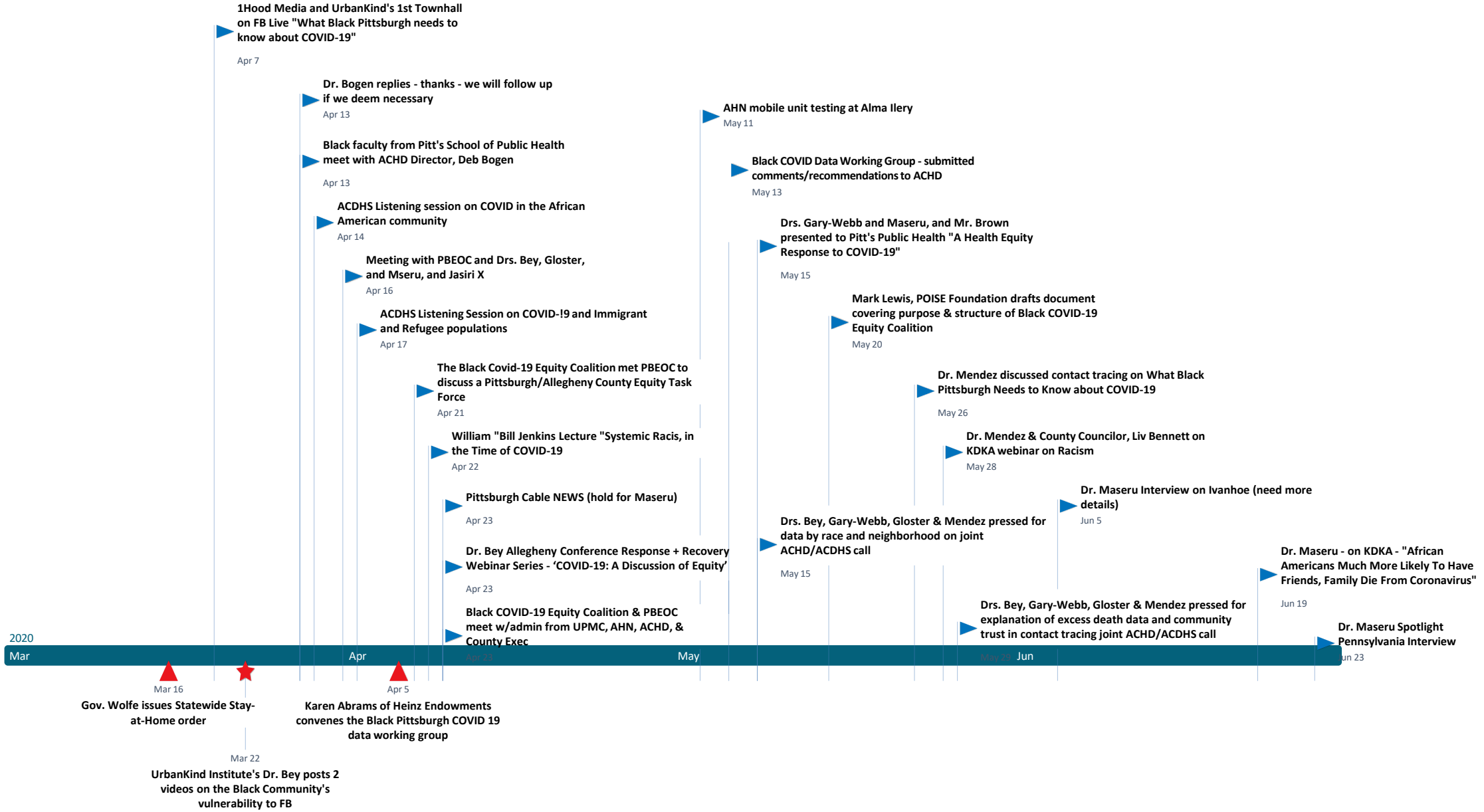
# HERE'S THE PLAN

Optimizing the **FQHCs** to implement a Continuity of Care Model-**Targeted Testing** and **Contact Tracing**

Strategic Collaborations, Community Communications, Wrap Around Services- **Family Centered Model**

Contact Tracing/Isolation/Quarantine **Continuity of Care Continuum-Closed Loop System**

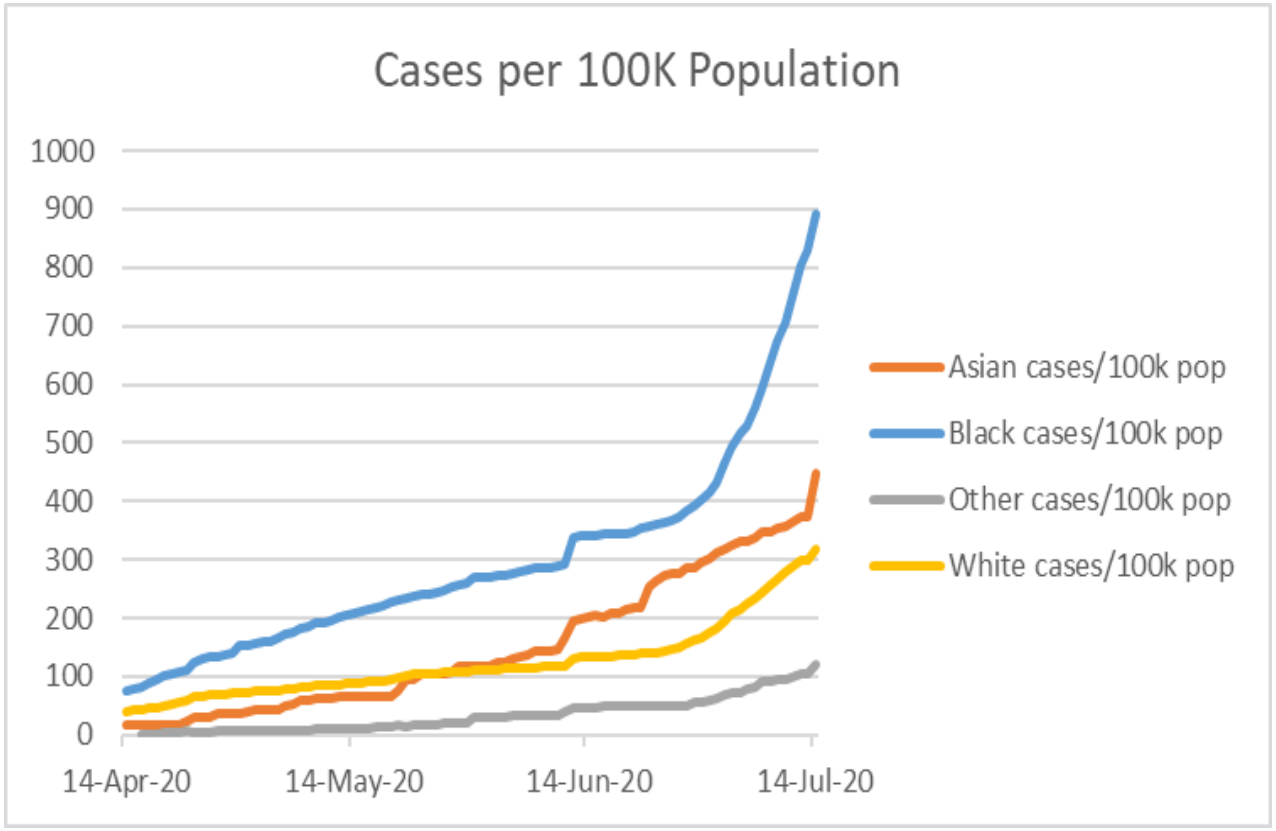
Social Determinants of Health: **Integrated Service Delivery Ecosystem** strategically address underlying **comorbidity** issues

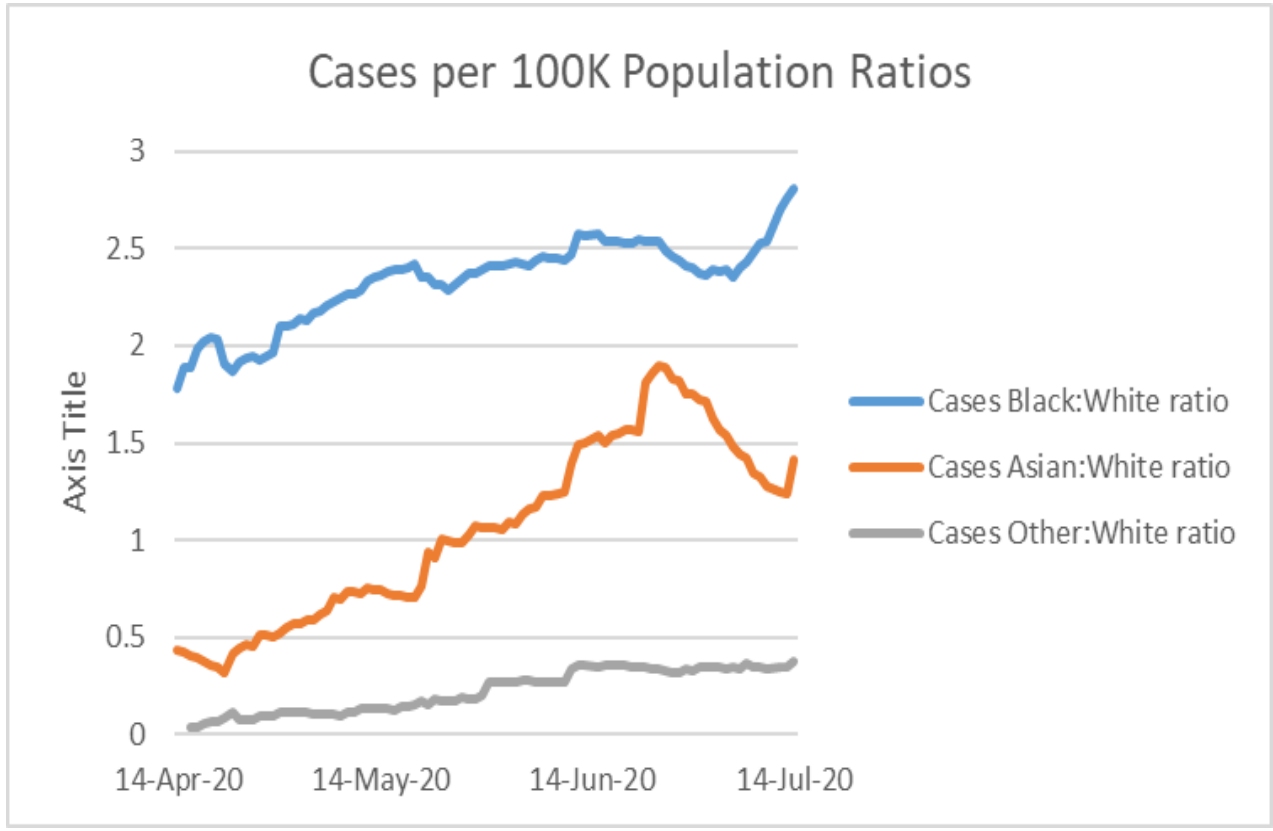

1Hood Media and UrbanKind's 1st Townhall on FB Live "What Black Pittsburgh needs to know about COVID-19"
Apr 7
Dr. Bogen replies - thanks - we will follow up if we deem necessary
Apr 13
Black faculty from Pitt's School of Public Health meet with ACHD Director, Deb Bogen
Apr 13
ACDHS Listening session on COVID in the African American community
Apr 14
Meeting with PBEOC and Drs. Bey, Gloster, and Mseru, and Jasiri X
Apr 16
ACDHS Listening Session on COVID-!9 and Immigrant and Refugee populations
Apr 17
The Black Covid-19 Equity Coalition met PBEOC to discuss a Pittsburgh/Allegheny County Equity Task Force
Apr 21
William "Bill Jenkins Lecture "Systemic Racis, in the Time of COVID-19
Apr 22
Pittsburgh Cable NEWS (hold for Maseru)
Apr 23
Dr. Bey Allegheny Conference Response + Recovery Webinar Series - 'COVID-19: A Discussion of Equity'
Apr 23
Black COVID-19 Equity Coalition & PBEOC meet w/admin from UPMC, AHN, ACHD, & County Exec
Apr 23
AHN mobile unit testing at Alma Ilery
May 11
Black COVID Data Working Group - submitted comments/recommendations to ACHD
May 13
Drs. Gary-Webb and Maseru, and Mr. Brown presented to Pitt's Public Health "A Health Equity Response to COVID-19"
May 15
Drs. Bey, Gary-Webb, Gloster & Mendez pressed for data by race and neighborhood on joint ACHD/ACDHS call
May 15
Mark Lewis, POISE Foundation drafts document covering purpose & structure of Black COVID-19 Equity Coalition
May 20
Dr. Mendez discussed contact tracing on What Black Pittsburgh Needs to Know about COVID-19
May 26
Dr. Mendez & County Councilor, Liv Bennett on KDKA webinar on Racism
May 28
Dr. Maseru Interview on Ivanhoe (need more details)
Jun 5
Drs. Bey, Gary-Webb, Gloster & Mendez pressed for explanation of excess death data and community trust in contact tracing joint ACHD/ACDHS call
May 29
Dr. Maseru - on KDKA - "African Americans Much More Likely To Have Friends, Family Die From Coronavirus"
Jun 19
Dr. Maseru Spotlight Pennsylvania Interview
Jun 23
2020
Mar
Apr
May
Jun
Mar 16
Gov. Wolfe issues Statewide Stay-at-Home order
Mar 22
UrbanKind Institute's Dr. Bey posts 2 videos on the Black Community's vulnerability to FB
Apr 5
Karen Abrams of Heinz Endowments convenes the Black Pittsburgh COVID 19 data working group

# Major Accomplishments (selected)

- Initiation of weekly town hall online event “What Black Pittsburgh needs to know about COVID-19” sponsored by 1Hood Media and UrbanKind Institute (April 2020)
- COVID-19 testing infrastructure created within the Federally Qualified Health Centers and testing working group developed (May 2020)
- Strategic meetings with several PA state health department officials to discuss the coalition, data infrastructure and data needs (June 2020)
- Media articles, webinars to discuss the work of the coalition and critical components to address the disproportionate impact of COVID-19 in Black communities (April-July 2020)

# Allegheny County Case Rates by Race as of 7/14/20



# Next Steps

Given the current situation with respect to:

- Disproportionate rates of cases, hospitalizations and deaths for Blacks in Allegheny County
- Disproportionate concentration of in-person critical workers in neighborhoods most affected by deficits in testing and information
- Potential underreporting of deaths

**The issue of disproportionate impacts on Black communities and vulnerable workers needs to be at the forefront of discussions. Interventions are desperately needed!!!!!**

*Thank you very much for having me here today. My name is Meagan Hume and I am the Health Coordinator at HIAS Pennsylvania, a non-profit that provides legal and social services to low-income immigrants in the Philadelphia region.*

In the fall of 2010, a nine-year old refugee girl in Philadelphia caught the flu. Because of a pre-existing autoimmune disorder, the common flu nearly killed her. Further complicating her already fragile health, doctors and nurses had to heavily rely on telephonic language interpretation to communicate with the family, as there were no in-person interpreters available in the family's native language. I have spent quite a bit of time thinking about that little girl since early March. The flu kills upwards of 61,000 Americans a year,[1] including previously very healthy people. COVID-19 is ten times more deadly than the flu.[2]

For the past decade, I have borne witness to the significant barriers for immigrants attempting to access healthcare in the United States. With my clients, I have spent countless hours in emergency rooms and doctors' offices. And in all of this time, despite progress in technology and policy, the U.S. healthcare system remains largely unchanged.

Since 1996, we have seen the erosion of life sustaining programs and policies for those on the margins of our society. Welfare reform slashed the social safety net and created a system that reinforces poverty instead of alleviating it.[3] While imperfect, the Affordable Care Act enabled millions more residents to access healthcare and yet is constantly undermined and under threat. These changes have resulted in some staggering statistics. 34 million U.S. citizens live below the poverty line.[4] Maternal mortality is on the rise and Black women are even more at risk than their white counterparts.[5] In 2018, 27.5 million Americans were uninsured[6] - a number that is sure to grow in the coming months as over 44.2 million have filed for unemployment in the wake of the

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[1] https://www.cdc.gov/flu/about/burden/index.html
[2] https://www.health.com/condition/cold-flu-sinus/how-many-people-die-of-the-flu-every-year
[3] https://www.politico.com/story/2018/08/22/clinton-signs-welfare-to-work-bill-aug-22-1996-790321
[4] https://www.census.gov/library/publications/2019/demo/p60-266.html#:~:text=Poverty%3A,14.8%20percent%20to%2011.8%20percent.
[5] https://www.hsph.harvard.edu/magazine/magazine_article/america-is-failing-its-black-mothers/
[6] https://policyadvice.net/health-insurance/insights/how-many-americans-are-uninsured/#:~:text=How%20Many%20Americans%20Are%20Uninsured%20(2020),-byTony%20Arevalo&text=According%20to%20a%20recent%20report,is%20currently%20over%2027%20million.

coronavirus pandemic.[7] Black Americans are three times more likely to die of coronavirus than whites.[8] The crisis of COVID-19 has laid bare the inadequacies of our system writ large. It has exacerbated the pre-existing conditions of America: inequality, poverty, sexism, xenophobia, and racism.

I was asked here today, to speak to this distinguished group about how the COVID-19 crisis is impacting immigrants here in Pennsylvania. Immigrants in the Keystone State are not a monolith: each population is comprised of vastly intersecting identities that span geographical origin, race, age, gender, family situation and sexual orientation and gender identity. And just like their U.S.-born counterparts, they too are at the mercy of a broken system. Immigrants are 7.3% of Pennsylvania's population[9] and are not only vital to our economy, but also our lives, for 7% of our nurses and nearly 12% of our health aides are foreign-born.[10] Low-wage immigrants are at higher risk for COVID-19, as they serve as many of our essential workers and are often denied paid sick leave and other benefits access.[11] Immigrants with limited English were already subject to worse health outcomes than their U.S.-born counterparts before the pandemic.[12]

Compounding these challenges, there is an ongoing dismantling of our immigration system. Despite global need, refugee arrivals to the United States have been slashed to a paltry 18,000.[13] The asylum system is being gutted.[14] Residents are being stripped of their legal status, either through policy or intentional inefficiencies.[15] Rampant fear of Immigration and Customs

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[7] https://fortune.com/2020/06/11/us-unemployment-rate-numbers-claims-this-week-total-job-losses-june-11-2020-benefits-claims/

[8] https://www.theguardian.com/world/2020/may/20/black-americans-death-rate-covid-19-coronavirus

[9] https://www.newamericaneconomy.org/locations/pennsylvania/

[10] https://www.newamericaneconomy.org/locations/pennsylvania/

[11] https://www.healthaffairs.org/do/10.1377/hblog20200331.77927/full/

[12] https://www.jointcommission.org/-/media/deprecated-unorganized/imported-assets/tjc/system-folders/joint-commission-online/quick_safety_issue_13_may_2015_embargoed_5_27_15pdf.pdf?db=web&hash=390D4DDA38EF28D1243CE53A9C274B1A

[13] https://www.pewresearch.org/fact-tank/2019/10/07/key-facts-about-refugees-to-the-u-s/

[14] https://www.afsc.org/blogs/news-and-commentary/how-trump-making-it-harder-asylum-seekers

[15] https://www.washingtonpost.com/opinions/how-the-trump-administration-is-turning-legal-immigrants-into-undocumented-ones/2020/07/09/15c1cbf6-c203-11ea-9fdd-b7ac6b051dc8_story.html?fbclid=IwAR038C8m6OA5iFFyzr1jZXHK53vYeXScF6-FWuJ5clOypdDqAodtLmHp97Y

Enforcement[16] activities and confusion around xenophobic "public charge"[17] policies have prevented[18] Pennsylvanians from accessing health care, including COVID-19 testing and treatment.

So, what can be done? Since May of this year, I have had the pleasure of working on a task force under the Pennsylvania Department of Health's Office of Health Equity, wherein we developed four recommendations to alleviate some of the challenges of COVID-19 on immigrants. Through a survey to 130 immigrant service providers, including community based organizations, and extensive research, we drew up four recommendations. In the interest of time, I would like to discuss two of them here today.

Just as the collection of race data has been instrumental in the understanding of and fight against the spread of COVID-19, we propose the assurance of language access and the collection of preferred language at testing sites across the state. Language access is a civil rights issue and one faced all too often by immigrants, particularly in medical settings. This is a unique opportunity for Pennsylvania - we could lead the country in data collection on preferred language, facilitating prevention of coronavirus spread and allowing for accurate contact tracing. As it stands, the collection of race data is a welcome step. But race on its own is not nearly nuanced enough to tell the stories of the lived experiences of all Pennsylvanians in the face of our current global pandemic.

Additionally, expanded testing and treatment access is a must, for all Pennsylvanians. Testing sites have been labeled "free" but unseen barriers are preventing people from testing. Many sites require insurance, require a doctor's prescription, require a car, or are not, in fact, free. There are many potential low-cost solutions to these issues. As part of a two-fold policy solution, we recommend following existing models. For example, the Black Doctors COVID-19 Consortium[19] has proven in Philadelphia that local community-based testing sites can encourage traditionally "hard to reach" populations to get tested. Mobile testing vans can become hubs of health in urban

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[16] https://www.chicagotribune.com/business/ct-biz-immigration-fears-hurt-health-care-access-0225-story.html

[17] https://www.ilrc.org/public-charge

[18] https://www.nilc.org/2020/03/02/public-charge-rule-created-harm-before-it-was-implemented/

[19] https://www.inquirer.com/health/coronavirus/covid-19-coronavirus-testing-african-american-churches-20200609.html

and rural settings alike and are already being utilized to reach migrant farm workers in other states.[20]

Expanded testing and treatment access necessarily includes treatment. Even prior to COVID-19, the uninsurance rate among immigrant populations was much higher than among U.S. citizens: 23% of documented immigrants and 45% of undocumented immigrants, compared to 9% of U.S. citizens.[21] We aim to see the extension of emergency medicaid in covering COVID-19 testing and treatment, for it is one of the few forms of health insurance available to uninsured Pennsylvanians, documented and undocumented.[22]

The challenge of COVID-19 is not exclusively that of a novel virus. It is the real and desperate need to dismantle the pre-existing conditions upon which the United States was built and the reality facing so many residents of Pennsylvania. We cannot afford to cede any more ground in this fight. The health of the entire country depends upon it. As much as I have been disheartened these last few months, I have also been inspired, by my colleagues, my clients, and by you. Thank you for taking the time to convene, listen, and learn. I now welcome your questions.

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[20] https://www.afsc.org/blogs/news-and-commentary/bringing-covid-19-testing-to-migrant-farmworkers-florida

[21] https://www.kff.org/disparities-policy/fact-sheet/health-coverage-of-immigrants/

[22] https://www.nilc.org/issues/health-care/update-on-access-to-health-care-for-immigrants-and-their-families/

# Pennsylvania Community Plan Social Determinants of Health Strategy  Overview

**Corey B. Coleman**

**VP. Community & Strategic Partnerships**

**Navigating health care today is about so much more than just medical care, as 80 percent of what influences a person's health has nothing to do with clinical care. Determinants**

UnitedHealthcare®
COMMUNITY & STATE

# Development and Rollout of UHC PA Universal SDOH Screening

UnitedHealthcare COMMUNITY & STATE

*Complete*

## SDOH Screening Pilot

- Launched pilot in March 2019
- Calls targeted high utilizers in Philadelphia (top 6-8% of utilization)
- SDOH screening used subset of PRAPARE tool questions
- Health plan staff called 300 people with 27% reach rate. 53% of those reached opted into SDOH screening
- Collected both quantitative and qualitative data to inform how to conduct screenings and which questions to use

*Complete*

## Implementation Planning

- HARC and clinical teams reviewed pilot data and provided feedback about questions and screening process
- Health plan finalized script and obtained Commonwealth approval
- Screening questions embedded into HARC and SNU processes; developed response "routing" rules based on member responses (ex: IPV responses escalated immediately to SNU)
- Healthify tool used to refer members to community services
- Training conducted for call center, SNU and other functional partner teams engaging with members
- Developed initial reporting requirements

*In process*

## Universal SDOH Screening

- SDOH screening launched for all new HealthChoices members as of October 2019; members must opt-in to screening
- More advanced reporting in development
- Conducting monthly calibration calls with HARC teams to continue program refinement

# ICUE Build: SDOH Assessment

UnitedHealthcare COMMUNITY & STATE

- **Agent navigates to the PA SDOH Assessment and opens in ICUE**


Confidentiality Notice:

This document contains protected health information, and may only be used by the intended party and in accordance with federal and state law. Any use, copying, or dissemination by an unintended recipient is strictly prohibited.

Name:

Gender: DOB: Subscriber ID: Program:

PA SDOH Assessment

Start Date: Status:

*PA SDOH Assessment (S1)*

**SCRIPT:** We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all your needs, but we will try and help as much as we can. (T6422)

1 *1. How many family members, including yourself, do you currently live with? (Q42531)

2 *2. What is your housing situation today? (Q42533)
- I have housing (own/rent own place, not looking for housing) (No Score)
- I do not have housing (living outside on the street, on a beach, in a car, or in a park) [To: S5] (No Score)
- I have temporary housing (staying with others, in a hotel, in a shelter) [To: S4] (No Score)
- I choose not to answer this question (No Score)

3 *3. Are you worried about losing your housing? (Q42534)
- Yes [To: S4] (No Score)
- No (No Score)
- I choose not to answer this question (No Score)

4 *4. What is the highest level of school that you have finished? (Q42536)
- Less than high school degree [To: S3] (No Score)
- High school diploma or GED (No Score)
- More than high school (No Score)
- I choose not to answer this question (No Score)

5 *5. What is your current work situation? (Q42537)
- Unemployed [To: S4] (No Score)
- Part-time or temporary work [To: S4] (No Score)
- Full-time work (No Score)
- Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: [To: Q42538] (No Score)
- I choose not to answer this question (No Score)

5.1 *Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid care giver) Please write: (Q42538)

6 *6. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply. (Q42542)
- Food [To: S4] (No Score)
- Clothing [To: S4] (No Score)
- Utilities [To: S4] (No Score)
- Child Care [To: S4] (No Score)
- Medicine or any health care (medical, dental, mental health, vision) [To: S4] (No Score)
- Phone [To: S4] (No Score)
- Other (please write) [To: Q42543] (No Score)
- I choose not to answer this question (No Score)

6.1 *Other (please write): (Q42543)

7 *7. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply. (Q42544)
- Yes, it has kept me from medical appointments or from getting my medications (No Score)
- Yes, it has kept me from non-medical meetings, appointment, work, or from getting things that I need (No Score)
- No (No Score)
- I choose not to answer this question (No Score)

8 *8. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings) (Q42545)
- Less than once a week [To: S4] (No Score)
- 1 or 2 times a week (No Score)
- 3 to 5 times a week (No Score)
- 5 or more times a week (No Score)
- I choose not to answer this question (No Score)

9 *9. In the past year, have you spent more than 2 night in a row in a jail, prison, detention center, or juvenile correctional facility? (Q42547)
- Yes [To: S4] (No Score)
- No (No Score)
- I choose not to answer this question (No Score)

10 *10. In the past year, have you felt physically or emotionally unsafe because of where you live? Check all that apply. (Q42549)
- Yes, I have felt physically or emotionally unsafe in my home (No Score)
- Yes, I have felt physically or emotionally unsafe in my neighborhood (No Score)
- Yes, I have felt physically or emotionally unsafe with my partner/ex-partner [To: S5] (No Score)
- Yes, other (please write) [To: Q43043] (No Score)
- No (No Score)
- Unsure (No Score)
- I choose not to answer this question (No Score)

10.1 *Yes, other (Please write) (Q43043)

# ICUE Build: Post-Assessment Agent Instructions

11 *11. Are any of your needs urgent? For example: *I don't have food for tonight, I don't have place to sleep tonight, I am afraid I will get hurt if I go home today?* (Q43042)

- Yes [To: S5] (No Score)
- No (No Score)
- Unknown (No Score)
- I choose not to answer this question (No Score)

## *PRIDE Flag (S3)*

**INSTRUCTIONS:**
**Note: This flag was triggered based on the member's response to Q4 indicating that they have less than a HS degree and may be eligible for the new GED Test Benefit.*
**Step 1. Educate the member** on the new GED test benefit using the GED Benefit Program description.
**Step 2. If the member is interested, first confirm eligibility:**
Is the member age 18 and older? (Yes/No) If No, not eligible.
Are they a current PA resident? (Yes/No) If No, not eligible.
Are they currently enrolled in HS or college? (Yes/No) If Yes, not eligible.
**Step 3. Once confirm eligibility, complete a PRIDE MACESS referral**, recording the following details:
Member name
Member ID
What is the best phone number to call? ___
What is the best day/time to reach you?
Day: Monday, Tuesday, Wednesday, Thursday, Friday, no preference
Time: Morning, afternoon, evening, no preference
(T6444)

## *SNU Flag (S5)*

**INSTRUCTIONS:**
*Note: This flag was triggered based on the member's responses to Qs 2, 10, & 11 indicating that they are experiencing homelessness, and/or area a suspected victim of interpersonal/domestic violence, and/or have other reported urgent needs requiring escalated assistance.
**Due to the seriousness and/or urgency of the members social needs, warm transfer to the Special Needs Unit for additional support: 1-877-844-8844.**
**Note:**
**This flag takes priority over the community resource flag if the member already has a community resource flag, skip those steps and warm transfer to the SNU. However, if the member also has a Transportation and/or PRIDE flag, complete those steps first and then warm transfer.**
(T6445)

## *Community Resource Flag (S4)*

**INSTRUCTIONS:**
**Note: This flag was triggered because their assessment responses indicate the member had 1 or multiple SDOH needs.*
1. Confirm whether the member would like assistance finding community resources at this point, such as:
- Food pantries/soup kitchens (if ever had to do without food in the last year)
- Community re-entry programs (if justice-involved)
- Social/support groups (if limited social interaction)
- Employment programs (if unemployed or under-employed)

2. If yes, use Healthify to search for local resources and create manual referrals. See Healthify Job Aid (note need the appropriate link) for additional instructions. Be sure to log your referrals in Healthify.
(T6446)

These questions come from the national PRAPARE social determinants of health assessment protocol, developed and owned by the National Association of Community Health Centers (NACHC), in partnership with the Association of Asian Pacific Community Health Organization (AAPCHO), the Oregon Primary Care Association (OPCA), and the Institute for Alternative Futures (IAF). For more information, visit www.nachc.org/prapare. 

- **Instructions pop up at the end of the assessment, depending on the "flags" triggered by member responses**

# Broad, Multi-Pronged SDoH Solution:
## Screening & Resource Referral

UnitedHealthcare COMMUNITY & STATE

**New**: Universal, comprehensive SDoH Screening

**Solution Components**

### SDoH Screening

- 11-question SDoH screener based on the PRAPARE tool, covering more than 9 SDoH domains
- Inbound & Outbound call operations & agent training
- Quality assurance committee to ensure positive member experience
- Enhanced data documentation & reporting

### SDoH Resource Referral

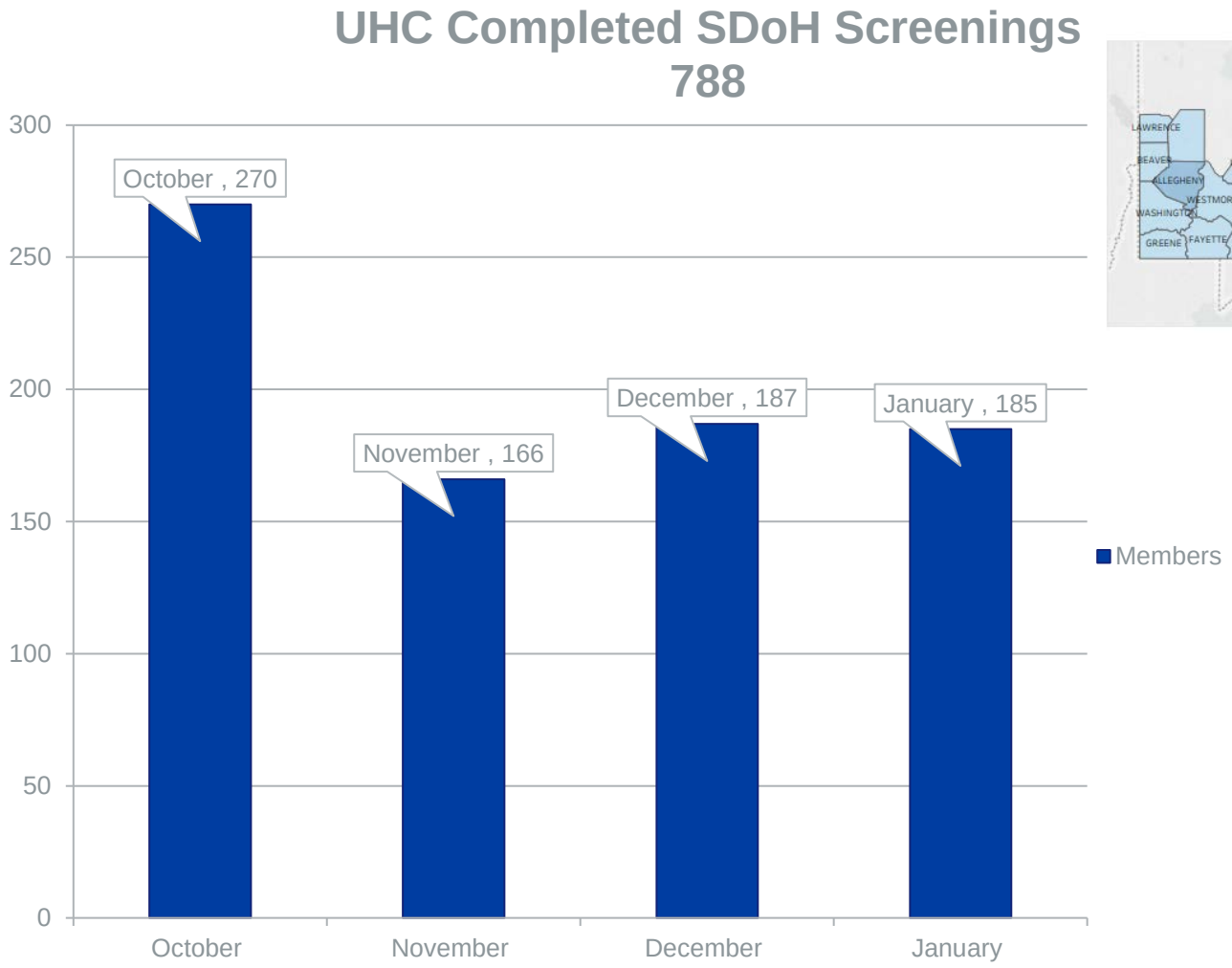
- Advanced navigational support tailored to the member's identified needs, coordinated with other PA programs:
  - Improved use of Healthify
  - Expanded member education
  - Escalation to SNU
  - Routing to PRIDE
- Enhanced referral reporting

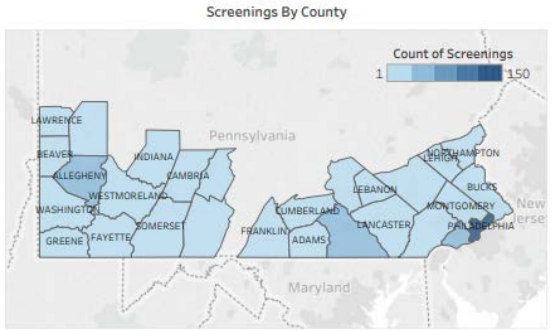
**2018 PRAPARE tool pilot:** 300 outreach calls, 81 members reached, 42 completed, with positive feedback from those who administered the tool

**The pilot helped us shape the SDoH screening process internally:** The feedback that we gathered during the pilot informed our screening approach.

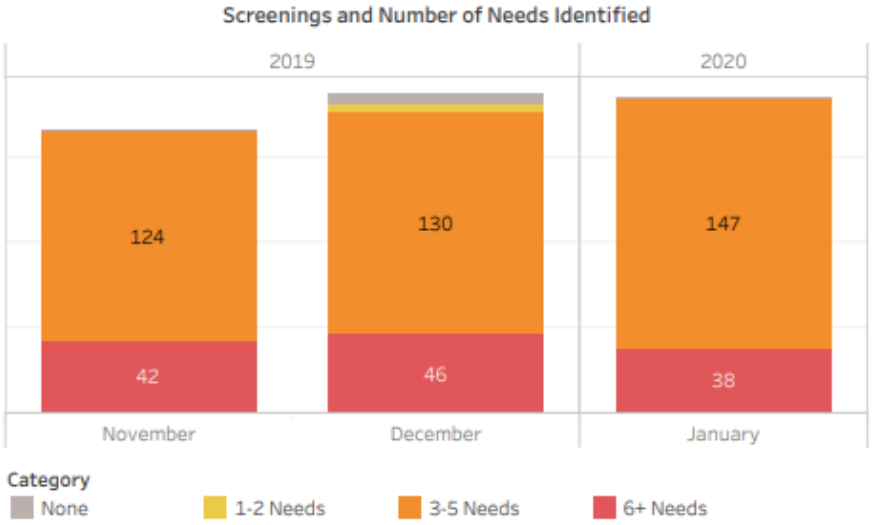
# Initial SDoH Results (Oct-Jan)

UnitedHealthcare COMMUNITY & STATE



# What is the SDoH Data Showing Us




Needs Identified by Month

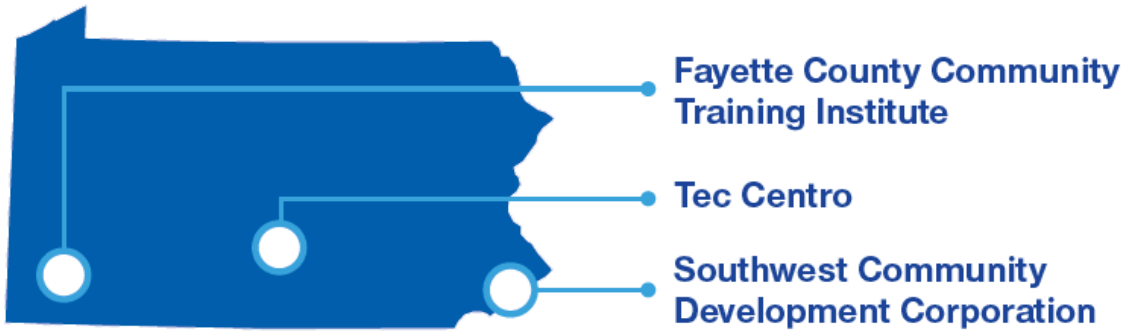
| Category | 2019 November | 2019 December | 2020 January | Grand Total |
|---|---|---|---|---|
| Employment | 85 | 71 | 61 | 217 |
| Transportation | 40 | 49 | 40 | 129 |
| Housing | 33 | 29 | 30 | 92 |
| CJI | 17 | 12 | 15 | 44 |
| Food | 23 | 24 | 13 | 60 |
| Social Isolation | 12 | 11 | 11 | 34 |

# Employment Support Strategies for Members Screened for SDoH

UnitedHealthcare COMMUNITY & STATE

## The Innovation

With the reality that one's health is impacted by factors beyond the health care services they receive, efforts are being made by states and their managed care partners to align the health care and social services systems and are investing in non-clinical interventions and organizations. In the Commonwealth of Pennsylvania, UnitedHealthcare has recently provided capacity building support to three organizations covering various regions of the Commonwealth for employment support services that will be made available to the community and our members. For our members, these services will be provided when employment needs are identified during our comprehensive social needs screening.




### Social Determinants of Health

"The conditions in which people are born, grow, live, work, and age"

### Quality & Stability of Work

associated with health; low quality, unstable, or poorly-paid jobs can be or are associated with negative health impacts

# Employment Pathways Pilot

According to a University of Pennsylvania analysis focusing on new Medicaid members, compared with workers, nonworkers were more likely to be **male, in metro areas**, and have at least one chronic condition.

# Employment Pathways Pilot

*Engagement options for target populations*

UnitedHealthcare COMMUNITY & STATE

**Phase 1:**
Workforce development and placement **education campaign**

- Focus on all non-TANF males between 19-30 in Philadelphia county (n=2,500)
- Conduct broad outreach campaign to educate about public and local workforce development opportunities.
- Allows UHC to engage with larger population

Phase 2:
Pilot population **screening and referrals** to partner workforce/staffing organization

- Focus on subpopulation of non-TANF males between 19-30 in Philadelphia county. Filter further based on UPenn report criteria, including employment history, disability status and chronic conditions (n=300).
- Conduct employment screening to identify interests, skillsets, initial barriers, and social support needs. Refer individuals to local partner organization for support.
- More resource intensive approach that offers opportunity to provide additional non-health related supports that enable employment for members

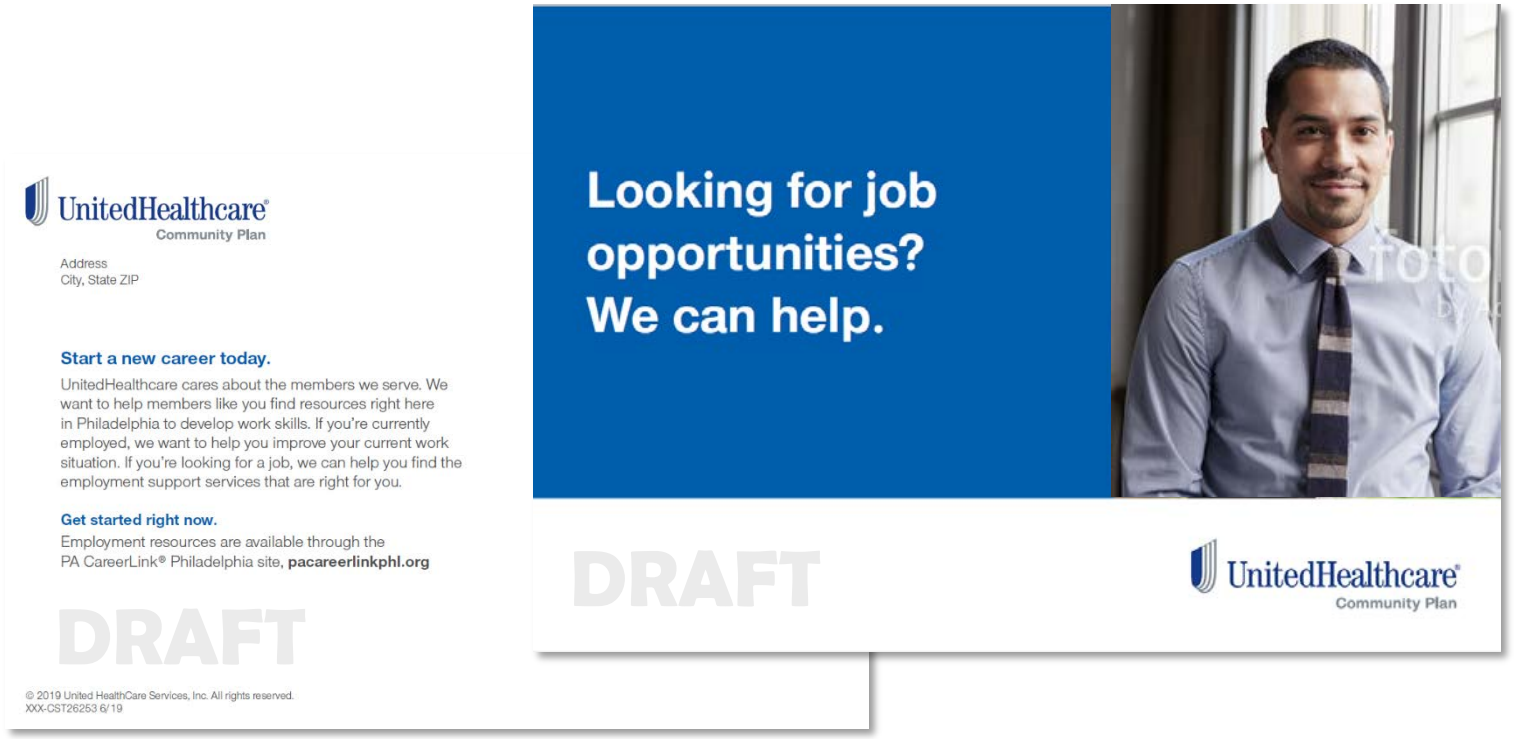
# Employment Pathways Pilot
## *Phase 1: Education Campaign*

UnitedHealthcare COMMUNITY & STATE

**Purpose:** Outreach to non-TANF males between 19-34 in Philadelphia county (n=2,500) to generate awareness about workforce development opportunities and support resources

Campaign elements under consideration:

- Mailer to educate members about PA CareerLink
- Chase call following mailer to reinforce available resources
- Social media and digital placements, including PA CareerLink hyperlink on UnitedHealthcare Community Plan of Pennsylvania website



# Employment Pathways Pilot

## *Phase 2: Screening, Referrals and Support*

UnitedHealthcare COMMUNITY & STATE

**Purpose**: Identify and connect non-TANF males between 19-34 in Philadelphia county with employment and workforce development needs to local resources for support; track progress towards employment goals and impact on health status over time

### Member Identification

- Identify members in Philadelphia County based on criteria, including:
  - Males
  - 19-34
  - Non-TANF
  - Disability status
  - Chronic disease status
  - Employment History*
- **Status:** Initial UHC member data received; meeting pending with Tara Williams to discuss employment history data

### Member Outreach for Pilot Participation

- UHC Team conducts outreach calls to members
- Screening conducted to assess employment or workforce development needs
- UHC obtains consent to participate in pilot
- **Status:** Screening questions in development

### Referral to Partner Organization

- UHC staff refer to local partner organization who can provide employment supports and wrap around services
- **Status:** Initial discussions held with potential partner organization in Southeast PA region

### Ongoing Tracking & Analysis

- Periodic review of member progress towards achievement of employment goals
- Assess changes in employment status and income
- Monitor health outcomes a and changes over time
- **Status:** Initial success metrics defined

# Philadelphia Referral Partners

UnitedHealthcare COMMUNITY & STATE

PHILABUNDANCE

**Mission:** Ending Hunger. For Good.

**Background:**
Philabundance is the Delaware Valley's largest hunger relief organization, acquiring, rescuing and distributing food to help feed those in need, and advocating for policies that increase food access. The mission of Philabundance is to drive hunger from our communities today and end hunger forever.
**Employment Training Services Offered:**

Philabundance Community Kitchen is a 14-week culinary vocational training program.

**From the term of 2020, PCK agrees to provide the following services for up to five UHC (5) pre-screened, appropriate** (based on PCK screening criteria) referrals from United Healthcare's outreach team during our Spring 2020 session:

ceo Center for Employment Opportunities

**Vision:** Anyone with a criminal record who wants to work has the preparation and support needed to find a job and stay connected to the labor force.

**Background:**
- Open since 2015
- Enrolled 136 in 2018

**Services Offered:** Job-Readiness Training, Transitional Employment, Job Coaching & Placement, and Retention Services.
Ensure success of placements by supporting individuals for a full year.

**Objective:** To offer a concentration of job readiness workshops and job opportunities for 40-80 community members in a partnership between United Healthcare and Southwest CDC.

**Dates:** Events will be held in March, May, September and November in 2020.

# Partnering with the State

UnitedHealthcare COMMUNITY & STATE

## Wolf administration announces new partnership connecting Medicaid users to employment

by CBS21 News | Thursday, January 30th 2020 AA

# Housing + Health Initiative

UnitedHealthcare COMMUNITY & STATE

## The Problem

Individuals and families with complex health needs and histories of housing instability face an array of problems which drive up health care costs, without good outcomes. Additionally, the financial resources and delivery systems to address these challenges are fragmented and misaligned.


### UnitedHealthcare Business Solution

**myConnections™**

is a scalable, member-centered and data-driven housing and social service solution for frequent utilizers of the health care system. A first-to-market solution powered by a single integrated platform that enables a better way for low-income and vulnerable populations to participate across a broader range of government-funded and community services.

**Driving Down Spend and Improving Outcomes**

Utilization dropped dramatically in 2017 for 41 Community Plan members who live in myConnections set-aside housing and receive integrated wrap-around.

- ↓ 71% Housing Admits
- ↓ 81% Hospital Days
- ↓ 55% ER Visits

# UHC SDoH Covid-19 Response in the Community

UnitedHealthcare COMMUNITY & STATE

## Covid-19 Commitment to the Community

UHC is supporting Health Food Grants:

**$30, 000 Philabundance  Food Banking**
**$30, 000 PA Central Food Bank**
**$20,000** Community Investment dollars to support the community in **Western PA  Salvation Army** which will provide 6,800 meals in the region.

**$100,000** Project to support Homeless needs in Philadelphia

- 20 computers will be donated from  UHC to the Community Computers Program for low income families served by Aclamo in Montgomery County. **ACLAMO stands for the Latin American Community Action of Montgomery County.**
- 9,000 Evaluating PPE mask for targeted community Based organizations throughout the state. **Hanes  Masks (description of the washable/reusable cloth masks)**
- Upcoming virtual town Hall meeting with existing Community Based Organizations thought the state.

**Community & State / Business News**

### UnitedHealthcare Donates Additional $10,000 to The Salvation Army to Serve 6,800 Meals

**Apr. 22, 2020**

UnitedHealthcare COMMUNITY & STATE  THE SALVATION ARMY DOING THE MOST GOOD

In efforts to meet increased demand for food while also supporting the restaurant industry, UnitedHealthcare has partnered with The Salvation Army to serve a total of 6,800 meals from local restaurants to individuals impacted by Covid-19. UnitedHealthcare's total donation of $20,000 helps serve the most vulnerable populations including children who no longer have access to school lunches and parents who lost their job and can't afford to feed their families.