Ongoing Resources List

Resources from today’s session and past sessions can be found in our ongoing resources list:

https://iecho.unm.edu/sites/uidaho/download.hns?i=440
<table>
<thead>
<tr>
<th>Time (MT)</th>
<th>Presentation</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noon – 12:10 pm</td>
<td>Welcome, Announcements, Introductions</td>
<td>Lachelle Smith, Director, ECHO Idaho</td>
</tr>
<tr>
<td>12:10 – 12:15 pm</td>
<td>Idaho Epidemiology Curves and Public Health Updates</td>
<td>Megan Dunay, MD, MPH</td>
</tr>
<tr>
<td>12:15 – 12:30 pm</td>
<td>COVID-19 and Health Equity: Underserved Communities in a Pandemic</td>
<td>Maria Gulan, RN, BSN, MBA, CMPE</td>
</tr>
<tr>
<td>12:30 – 12:50 pm</td>
<td>Patient Case Presentation</td>
<td>Maria Gulan, RN, BSN, MBA, CMPE</td>
</tr>
<tr>
<td>12:50 – 1 pm</td>
<td>Closing Pearls, Announcements, Call to Action</td>
<td>ECHO Panelists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lachelle Smith, Director, ECHO Idaho</td>
</tr>
</tbody>
</table>
Idaho Epidemiology Curves and Public Health Updates

Prepared: Carolyn Buxton Bridges, MD, FACP
Governor’s Coronavirus Working Group, Former CDC Public Health Physician and Researcher

Presented: Megan Dunay, MD, MPH
Geriatrician, Boise VA and Medical Director for Geriatrics and Extended Care for VA Pacific Northwest Region
Case Counts and SARS-CoV-2 PCR Testing in Idaho

Lab-confirmed and probable cases: 2,260

Deaths: 70 (3%)

At least 210 (9.3%) hospitalized

At least 87 (3.8%) ICU, ~41% of hospitalized in ICU

At least 275 (12.2%) HCP

Number of people tested: 32,518

https://coronavirus.idaho.gov
Rebound Idaho Criteria

• Epi/capacity criteria required to move to next stage – Epidemiology data examples
  • Downward trend or <20/day on average over 14 days lab confirmed COVID-19 cases
  • Downward trend or <20/day on average over 14 days ED visits for suspected COVID-19 cases

• Next phase – May 16 if criteria met
  • Restaurants, indoor gyms, hair salons
United States COVID-19 Cases By Report Date
Idaho vs U.S. Clinical Labs Epi Curve of Tests Completed and % Positive

Weekly Percent Positivity of PCR Testing by Specimen Collection Date

- **4 – 7%** (Current - Peak)
- **9 – 13%** (Current - Peak)

COVID-19 and Health Equity: Underserved Communities in a Pandemic

Maria Gulan, RN, BSN, MBA, CMPE
Chief Nursing Officer, Family Medicine Residency of Idaho
Coronavirus And The Underserved
“We Are Not All In This Together”

Underserved Populations, Health Disparity and COVID-19

**What** are health disparities and inequalities?
- CDC... they are gaps in health or health determinants between segments of the population. Examples; differences in disease rates, receipt of preventive services or risky behaviors
- WHO... they are the conditions in which persons are born, grow, live, work and age–are mostly responsible for health inequities.

**Who?**
- Homeless
- African Americans
- Incarcerated
- Immigrants
- Native Americans
- Others

**Why?**
- Inability to social distance, socially isolate if ill and lack of hand washing
- Higher rates of chronic health conditions
- Emotional and psychological stressors
- Financial challenges; limited access to affordable health care
- Food scarcity increases during a pandemic – usual sources of food are no longer available as restaurants are closed
The effects of COVID-19 on the health of racial and ethnic minority groups is still emerging; however, current data suggest a disproportionate burden of illness and death among racial and ethnic minority groups.

A recent CDC MMWR report included race and ethnicity data from 580 patients hospitalized with lab-confirmed COVID-19 found:

- 45% were white, 55% of individuals in the surrounding community
- 33% of hospitalized patients were black compared to 18% in the community
- 8% were Hispanic, compared to 14% in the community

Among COVID-19 deaths for which race and ethnicity data were available, New York City identified death rates among Black/African American persons (92.3 deaths per 100,000 population) and Hispanic/Latino persons (74.3) that were substantially higher than that of white (45.2) or Asian (34.5) persons. Studies are underway to confirm these data and understand and potentially reduce the impact of COVID-19 on the health of racial and ethnic minorities.

Caution: cannot look at race and ethnicity alone, should tie to socioeconomic status.
What can be done to minimize disparities for the vulnerable populations during COVID-19?

- Collaboration and innovation
- Communication and education
- Mobile access to testing sites
- Improve health care coverage to the underserved and uninsured
- Support Federally Qualified Health Centers who are the safety net
- More preplanning preparedness for pandemic situations
- Pandemic policies that give full consideration to unique needs of the underserved
Attempt to aid in Healthcare Disparity -

A Collaboration Between City of Boise, Shelters, St Lukes, St Als and FMRI

- City of Boise partners with the shelters and with FMRI to house those individuals at a local hotel

- FMRI assigns a provider and MA to the homeless program for the day, they provide evening testing as needed at Interfaith Sanctuary, Women and Children’s Alliance and Boise Rescue Mission both locations; River of Life (the men’s shelter) and City Light (the women’s shelter)

- As of April 22, FMRI providers are seeing individuals who are COVID-19 positive and experiencing homelessness, who are temporarily housed in the hotel