# 1 Hour Session and Learning Collaborative

## COVID-19 Update & Impact on those with Respiratory Conditions

September 11, 2020

2:00pm-3:00pm

3:00pm-3:30pm (LC Participants Only)

**Learning Collaborative Participants Please remain on the WebEx following presentation**

OneCare Vermont

onecarevt.org

# WebEx Details

**Please use Mozilla's Firefox or Google's Chrome to access the WebEx application. If you do not have one of these browsers installed, you will need to download one of them.**

1. Open FireFox or Google Chrome
2. Enter: **www.webex.com** or click link: **https://onecarevt.webex.com/onecarevt/j.php?MTID=mf20e69490d852cea0aedf5d5435f30f1**
3. Click on "Join" in the upper right hand corner
4. Enter Meeting Number: 160 094 7095
5. Enter Meeting Password: OCVT
6. Enter Your Name and Enter Your Email Address
7. Call 1-415-655-0001 & 160 094 7095

# Monitoring Form

**Date:** 09/11/2020

**Title of Program:** OneCare Vermont – COVID-19 Update and Impact on Those with Respiratory Conditions

**Where:** via WebEx

**Please list speaker/moderator:**
Norman Ward, MD; Mark Levine, MD

**Please list all planning committee members:**
Norman Ward, MD; Susan Shane, MD; Jennifer Gordon, LICSW; Emily Martin, RN; Tawnya Safer, BS

**Purpose Statement/Goal of this activity:** Provide up to date information on the COVID-19 pandemic; including impacts specifically to those with respiratory illness, and data on variations of demographic and social determinates of health.

**Learning objectives (do not use "understand"):**
1.Learn about the current state of the COVID-19 pandemic in Vermont
2.Discuss data available on how different populations have been impacted by the pandemic with special focus on those with preexisting respiratory conditions such as Asthma and COPD.

**Does the speaker or any of the planners have anything to disclose?**☐Yes ☒No
If yes, please list all potential conflicts of interest: If yes, were the potential conflicts resolved: ☐Yes ☒No

**Did this activity receive any commercial support (grants or in-kind)?**☐Yes ☒No
If yes, please list all organizations and support type:

In support of improving patient care, The Robert Larner College of Medicine at The University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

The University of Vermont designates this live activity for a maximum of 1AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This program has been reviewed and is acceptable for up to 1 Nursing Contact Hours.

As a Jointly Accredited Organization, The Robert Larner College of Medicine at the University of Vermont is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. The University of Vermont maintains responsibility for this course. Social workers completing this course receive 1 continuing education credits.

This activity was planned by and for the healthcare team, and learners will receive 1Interprofessional Continuing Education (IPCE) credit for learning and change.

## Important Reminder:

All WebEx Participants will be muted during this session. Please put any questions in the chat box and Dr. Levine will answer if time permits.

# Welcome

**Norman Ward, MD**
**Chief Medical Officer**

# Agenda

| | Presenter | Time |
|---|---|---|
| **Noon-12:05pm** | Norman Ward, MD<br>Chief Medical Officer, OneCare Vermont<br>Introduction & Session Logistics | 15 Minutes |
| **12:15pm-12:45pm** | Dr. Mark Levine<br>Commissioner of Health<br>Vermont Department of Health | 30 Minutes |
| **12:45pm-1:00pm** | Q&A | 15 Minutes |

# Presenter Bio(s)

Dr. Mark Levine was appointed commissioner of health by Governor Phil Scott and began service on March 6, 2017. Prior to his appointment he was a Professor of Medicine at the University of Vermont, and most recently the Associate Dean for Graduate Medical Education and Designated Institutional Official at the College of Medicine and the UVM Medical Center. He also served as the Vice Chair for Education in the Department of Medicine. Dr. Levine obtained his B.A. in Biology from the University of Connecticut and received his M.D. degree from the University of Rochester. He completed his Internal Medicine Residency and a Chief Resident year at the University of Vermont and a fellowship in general internal medicine at the University of North Carolina, which emphasized clinical epidemiology, research training, teaching, and administration of educational programs.

Dr. Levine has gained a reputation as an outstanding teacher and educational program innovator, receiving teaching awards from the medical school and the Department of Medicine. He maintains his faculty appointment and continues to actively teach. He has successfully directed large NIH and HRSA educational grants addressing the generalist physician and nutrition-preventive medicine competencies he cares deeply about from a population health perspective.

Dr. Levine actively practiced general internal medicine with special interests in solving complex diagnostic dilemmas, health promotion/ disease prevention, screening and clinical nutrition. This provided him with personal perspective on the challenges our healthcare system holds for physicians as well as patients. Further insights have come through leadership and advocacy roles he has assumed locally and nationally with the American College of Physicians (the largest physician specialty organization in the US), where he is on the Board of Regents and was formerly Governor of the Vermont Chapter, and the Vermont Medical Society, where he has been Vice-President and President-Elect. He has also been a longstanding member of the Vermont Department of Health Primary Care-Public Health Integration Workgroup. At the nexus of Dr. Levine's clinical, education, public health and advocacy efforts is his heightened interest in improving health at the population level through health policy directed at fostering a culture of health.

As Health Commissioner, Dr. Levine takes great pride in leading the Department of Health's efforts to fulfill its mission – *To protect and promote the best health for all Vermonters*, and is honored to represent its vision of *Healthy Vermonters living in healthy communities*.

# Session Goal & Learning Objectives

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IPCE CREDIT™

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# COVID-19 Update & Impact on those with Respiratory Conditions

Mark A. Levine, MD
Commissioner

September 11, 2020

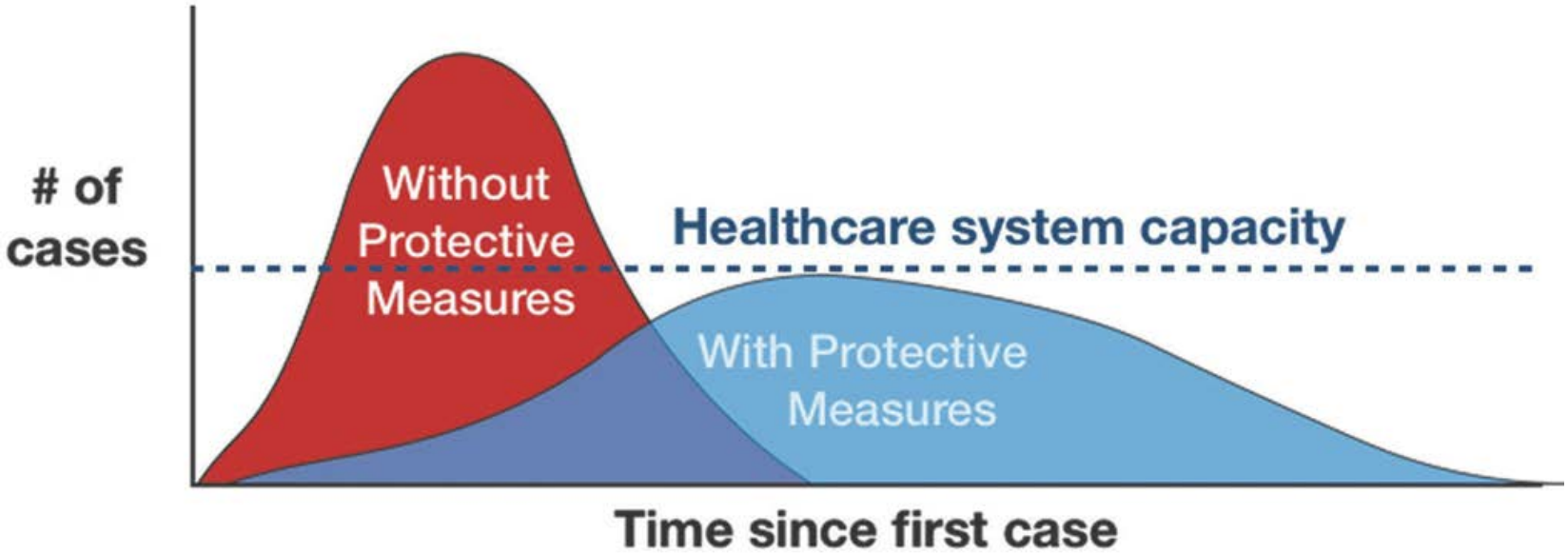
VERMONT
DEPARTMENT OF HEALTH

# History and Initial Problems

- A slow and inept national response.
- A novel virus
- The role of travel
- Inability to pursue containment
  - Inadequate testing
  - Inadequate PPE

# Fundamental Components of Vermont's Early Response

- Early activation of HOC/SEOC
- Sense of urgency from the outset
- Early recognition of community spread
- Utilization of pandemic flu 2017 playbook
- Knowledge that containment would not work
- Analysis of the epi curve and exponential growth
- Phased progressive introduction of community mitigation strategies
- A Governor who prioritizes health and safety, believes in science and data




*Adapted from CDC / The Economist*

# Milestones - People

- 3/7 First case
- 3/11 Second case
- 3/19 First death
- 3/21 First outbreak (nursing home)
- 4/3 Peak of cases

# Milestones - Mitigation

3/13 State of Emergency and restrictive visitation policies

3/15 Reduced mass gatherings

3/17 Restaurant and bar closures

3/18 School closure

3/21 – 23 Other closures, close contact professions, further decrease mass gatherings

3/24 Stay Home Stay Safe

# What Explains Vermont's Low Incidence Rate, Low Deaths and % Positivity Rates

- Vermonters cooperation, compliance, prioritization of health
- Protecting the most vulnerable
- Not reopening until sufficient level of virus suppression
- Phased and gradual reopening
- Trusted messengers, being a trusted resource
- Understanding "contact science"

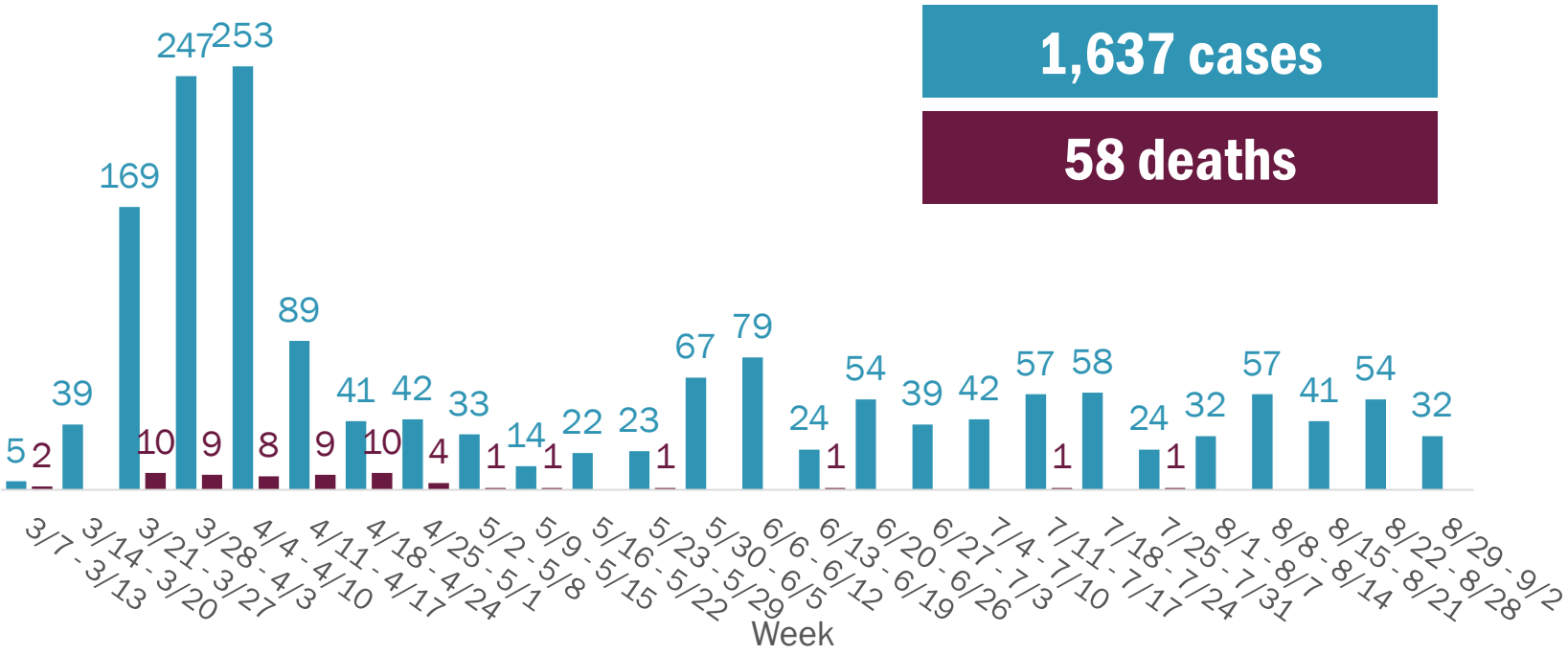
# Lessons Learned

- Importance of asymptomatic spread
- Validation of “simplified guidance”
- Containment works!
  - But requires testing and contact tracing capacity
  - Strategic targeting
  - Importance of stockpiles
- How to protect the most vulnerable
- Health equity
- Reopening and risk can be balanced

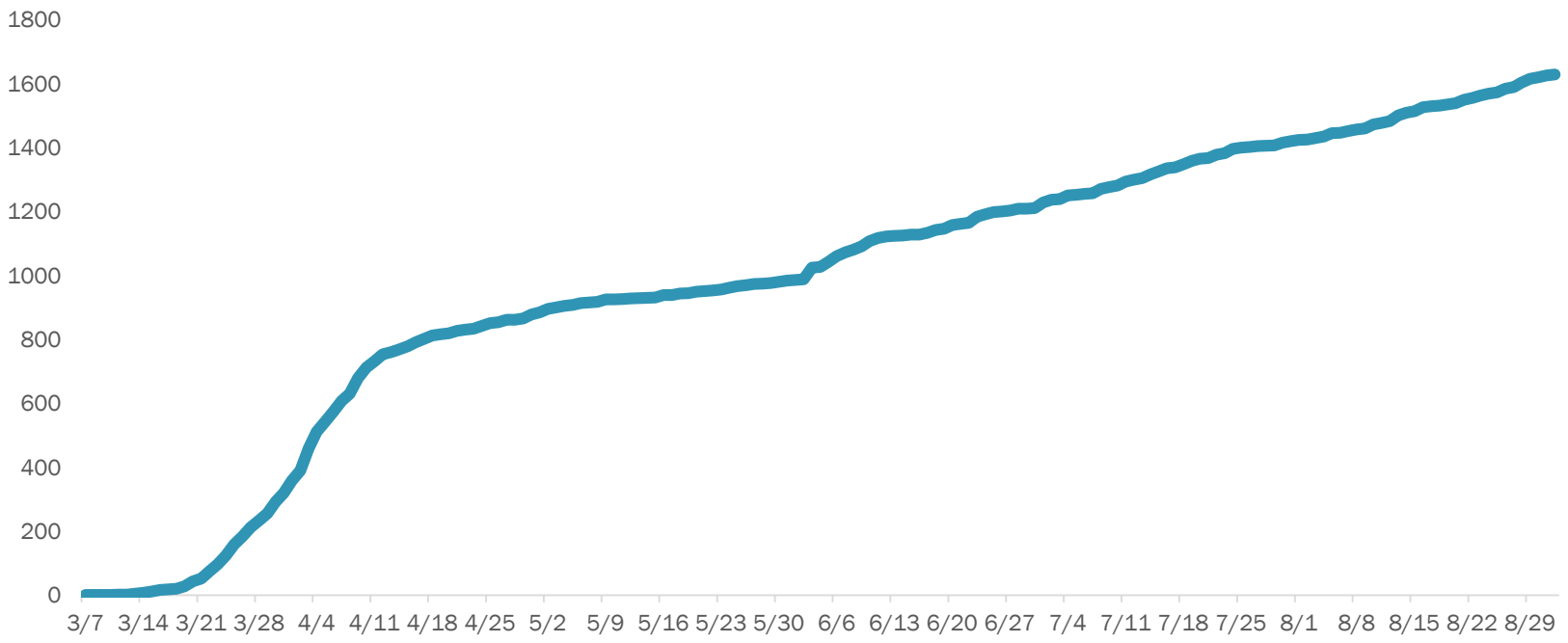
# Lessons Learned continued

- Public health and economic health can coexist
- Everything is potentially “controversial”
  - Examples: deaths, pandemic, role of kids, flu vaccine
- Rurality is not totally protective

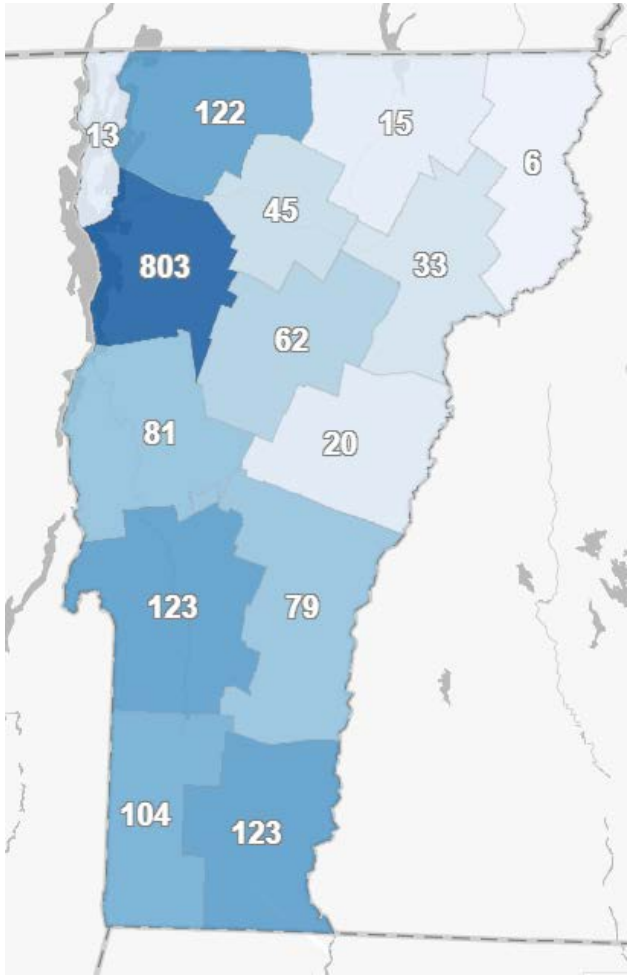
# Number of COVID-19 cases and deaths by week

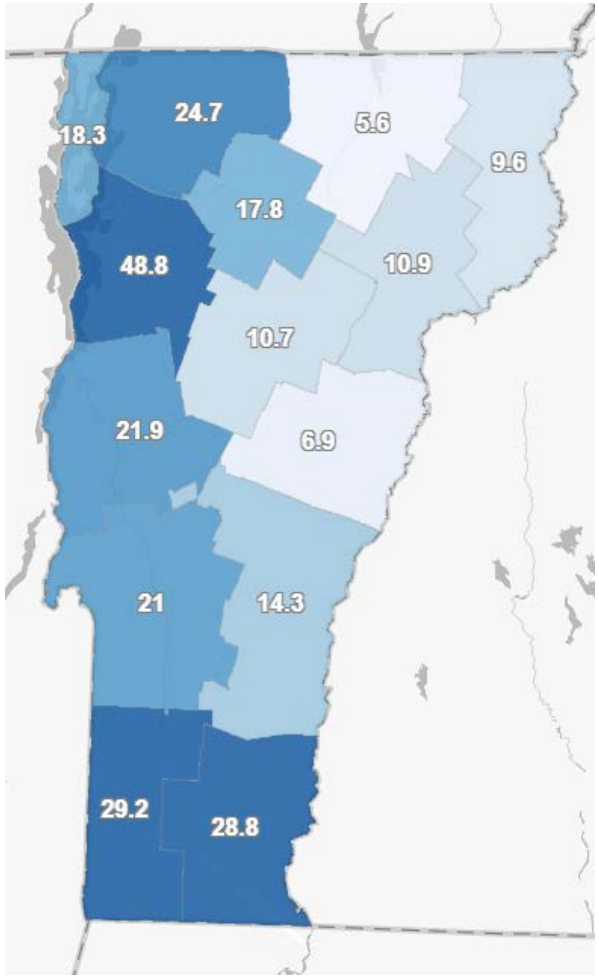


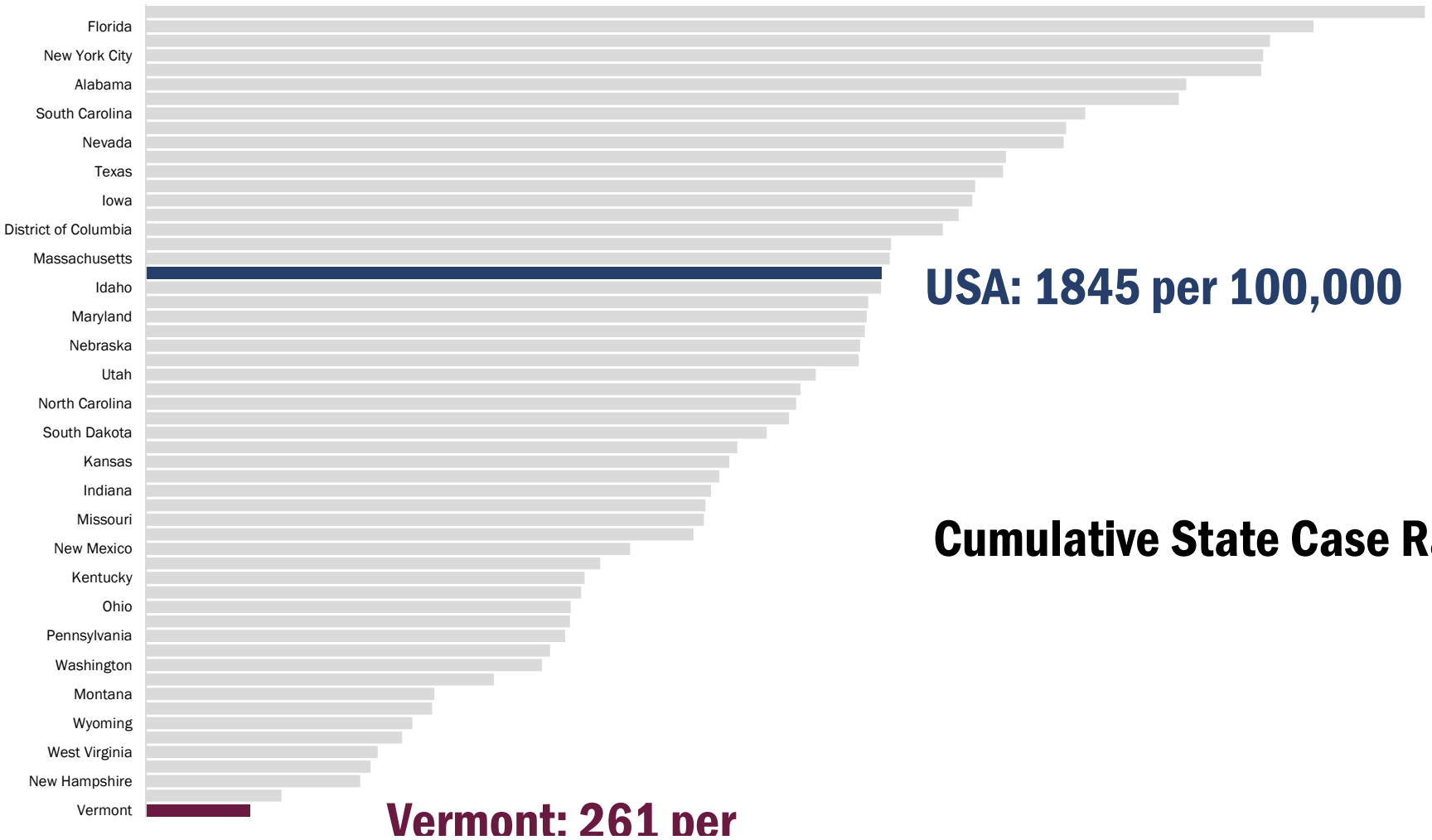
# Cumulative case count over time



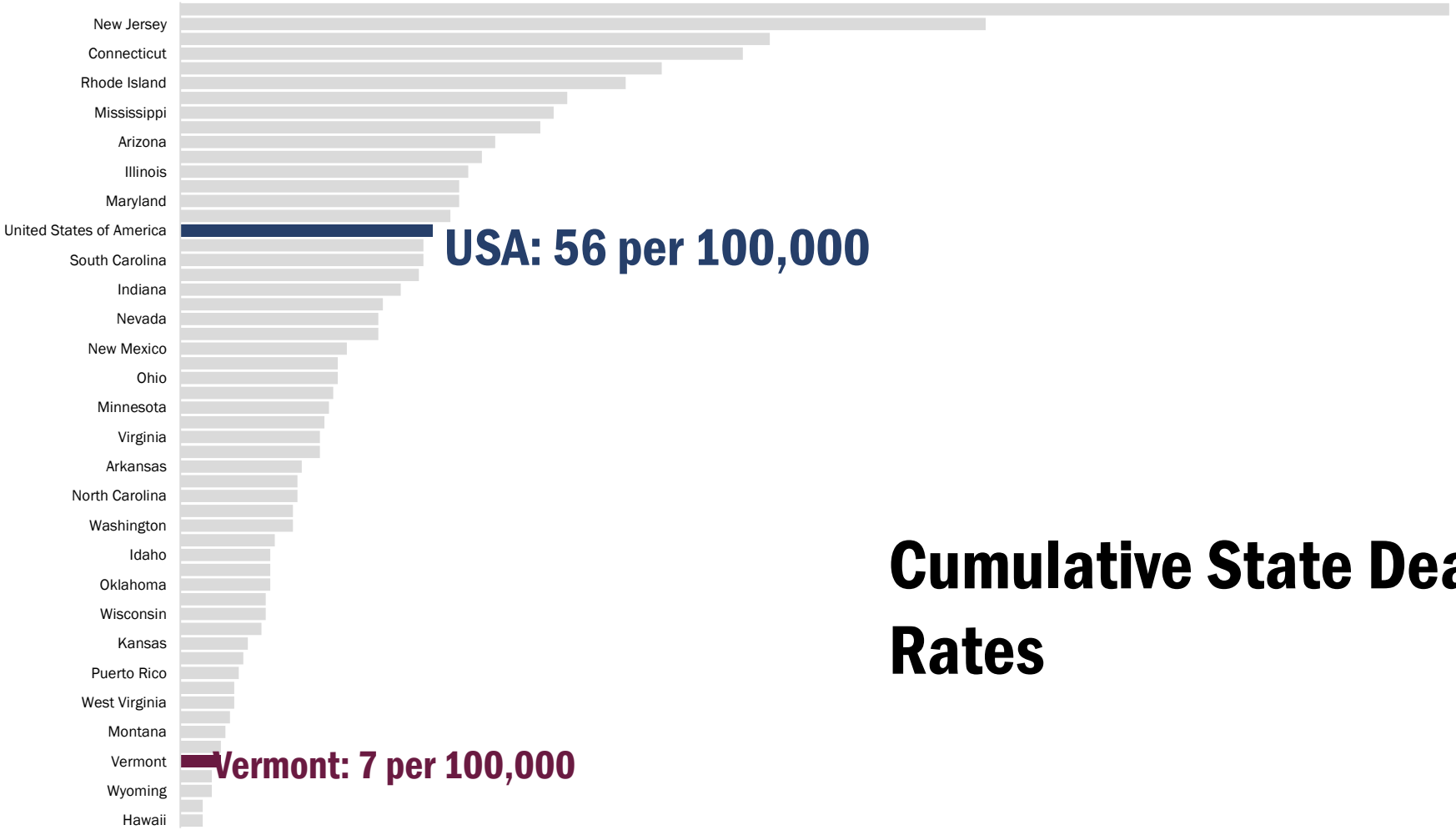
# Cumulative counts and incidence rate by county



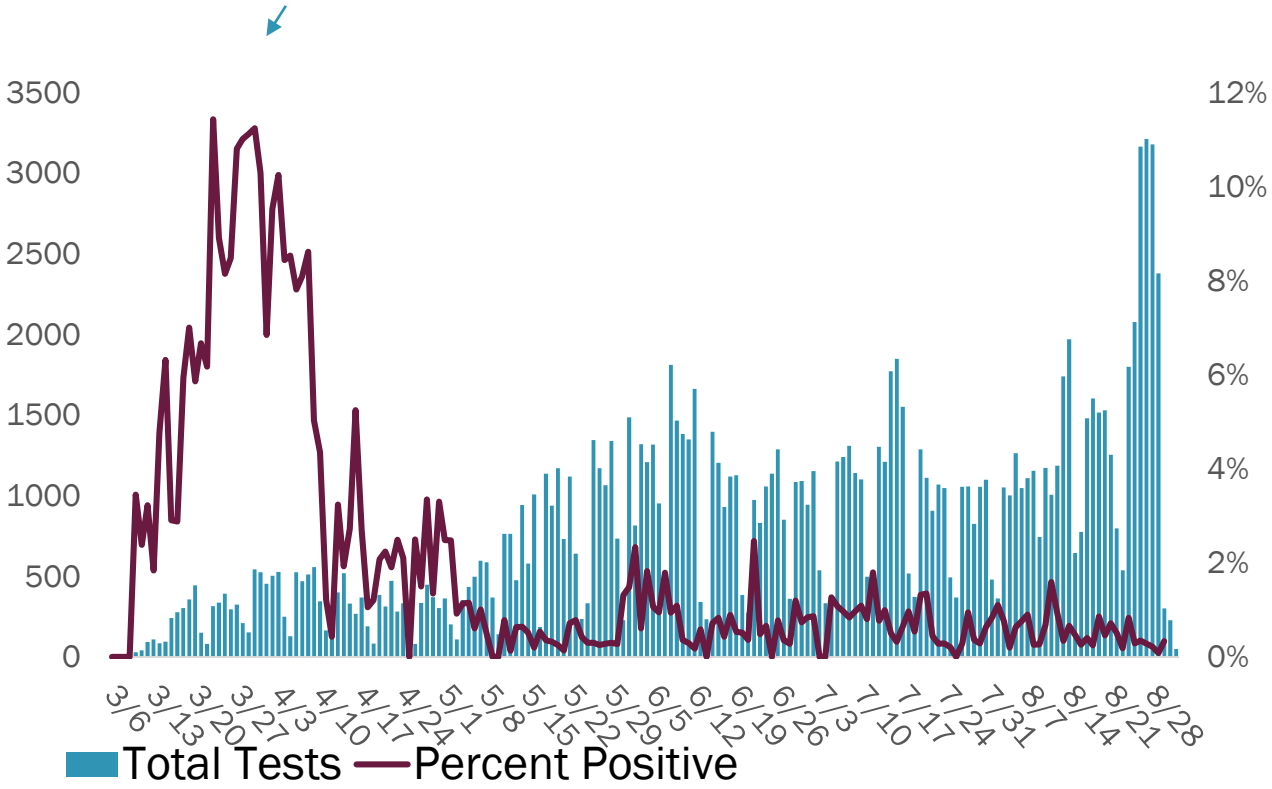



# Cumulative State Case Rates




# Cumulative State Death Rates

# Percent of positive COVID-19 tests may indicate how prevalent the disease is in the population.

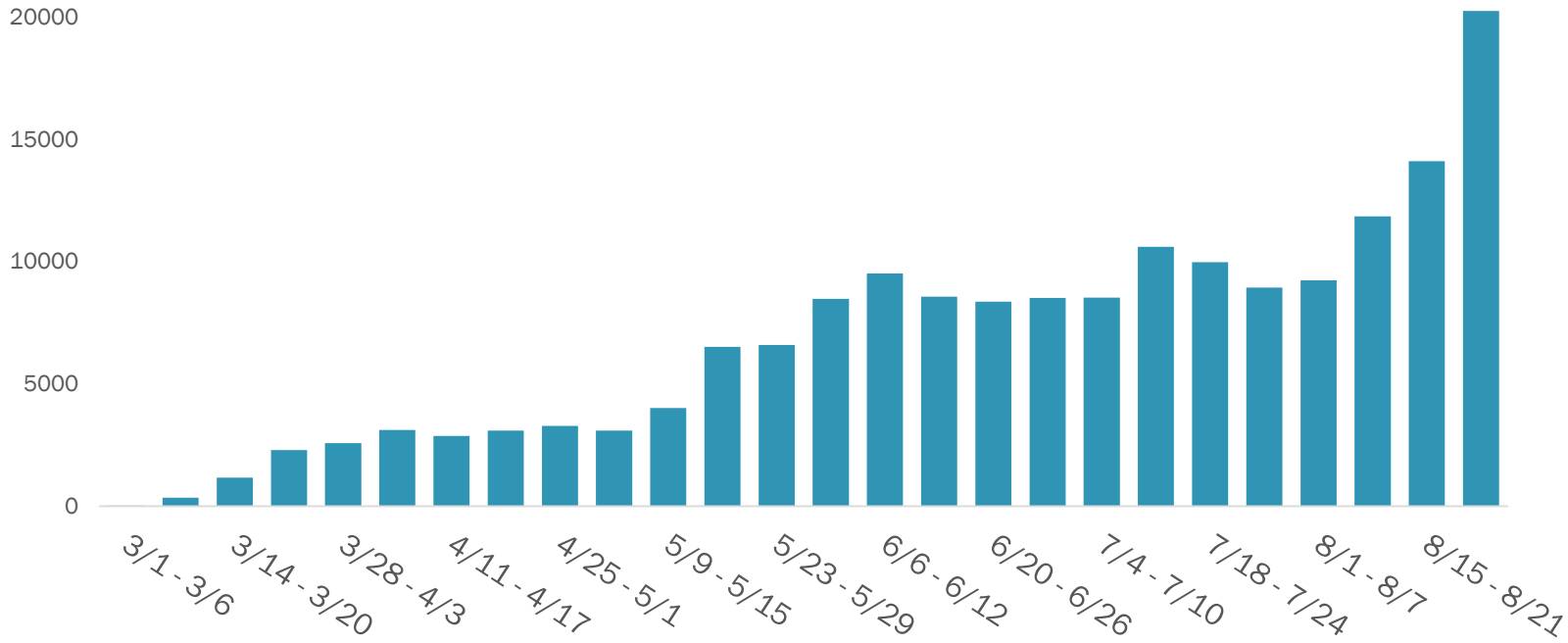



**Average percent positive = 2%**

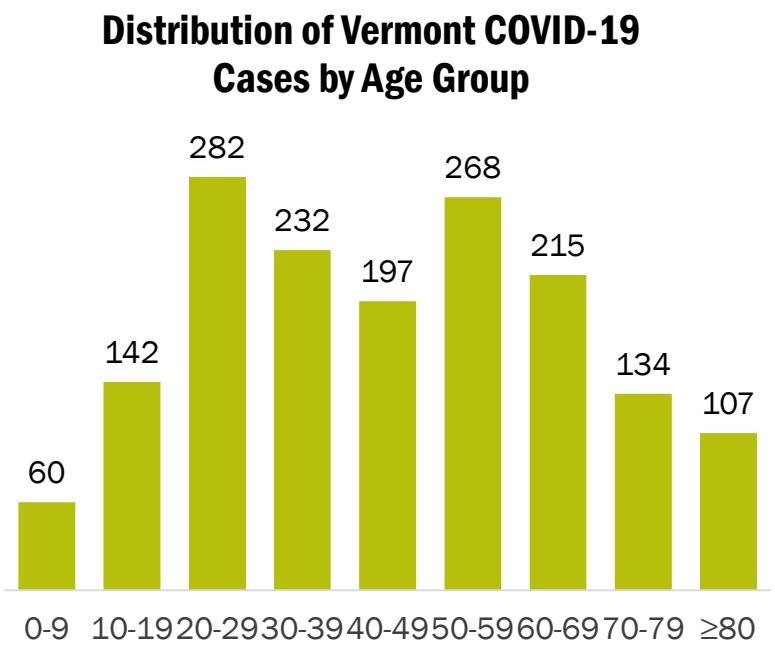
**Min percent positive = 0%**

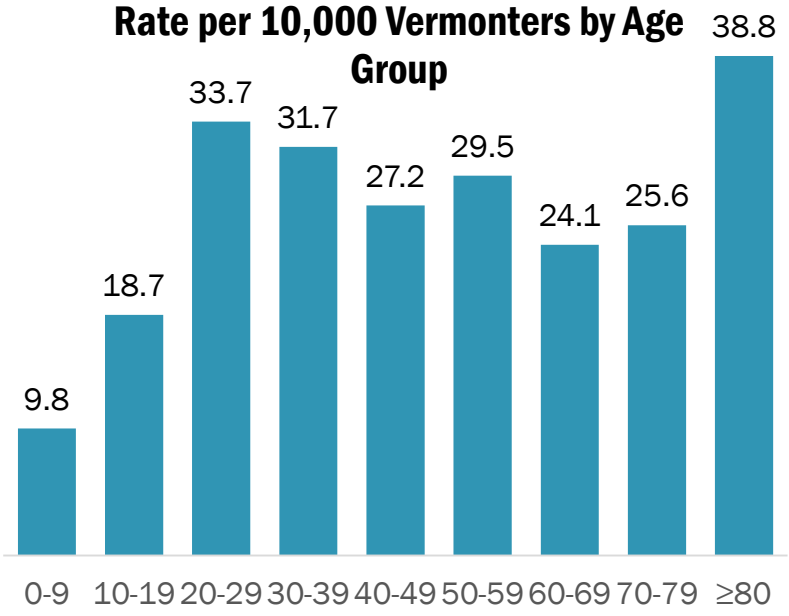
**Max percent positive = 11%**

# The number of tests performed has increased overtime. There have been over 190,000 PCR tests reported to the Health Department.



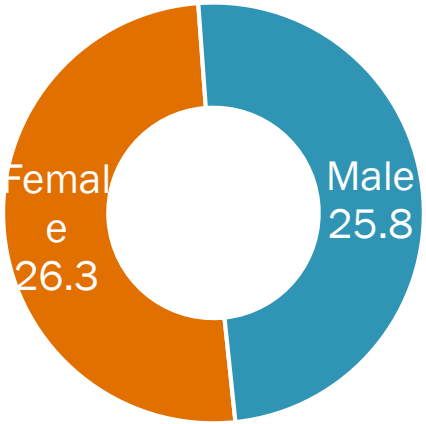
# Rates of COVID-19 are disproportionately high among Vermonters 80 years and older



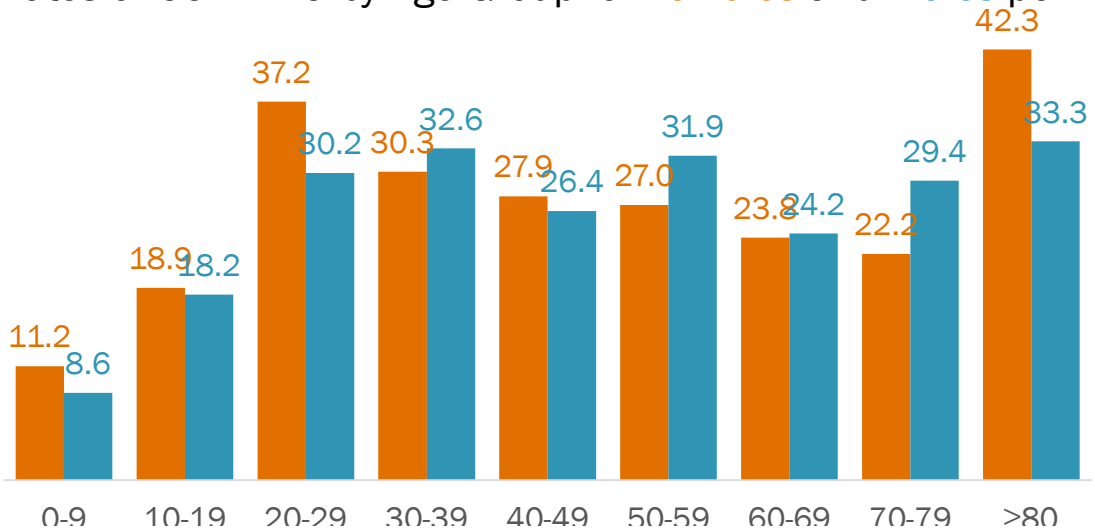
# Females and males have similar rates of COVID-19.

**Rate per 10,000 Vermonters by Sex**




**There are differences in age and sex of Vermonters with COVID-19.**

Rates of COVID-19 by Age Group for Females and Males per



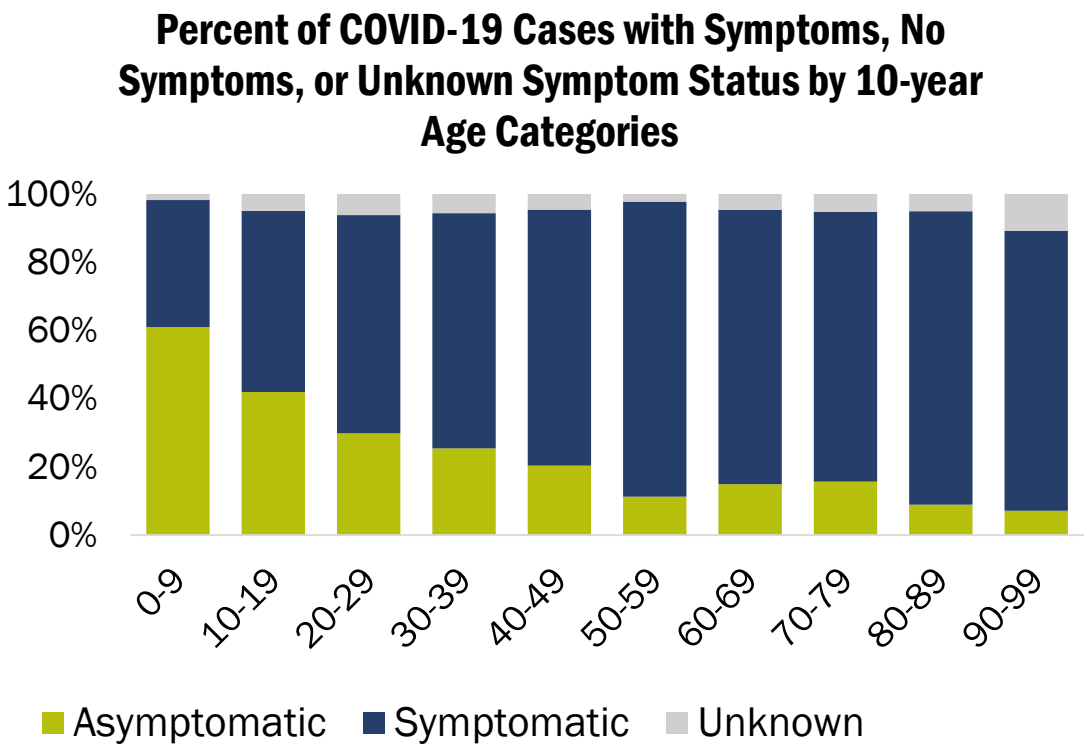
# 73% of cases experienced symptoms. Pediatric cases are more likely to be asymptomatic.

**13 days**
Average illness duration

**73%**
Cases with symptoms

| Sign or Symptom | Percent of Symptomatic Cases |
|---|---|
| Cough | 67% |
| Fatigue | 65% |
| Headache | 53% |
| Muscle Pain | 50% |
| Fever | 46% |

Vermont Department of Health



# Most cases were not hospitalized. 141 cases have been hospitalized; 35% were in the ICU.

**Distribution of Hospitalization Status Among COVID-19 Cases**

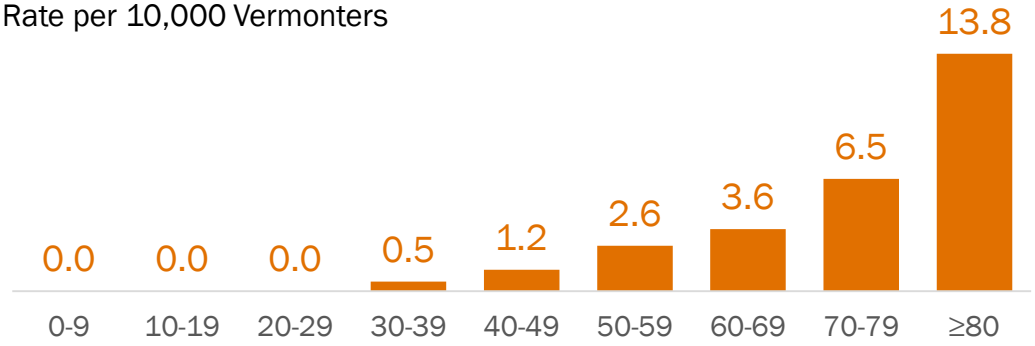

**15%**
Of those hospitalized were on a ventilator

**35%**
Of those hospitalized were in the ICU

**9 days**
Average hospital stay (range: 0-43 days)

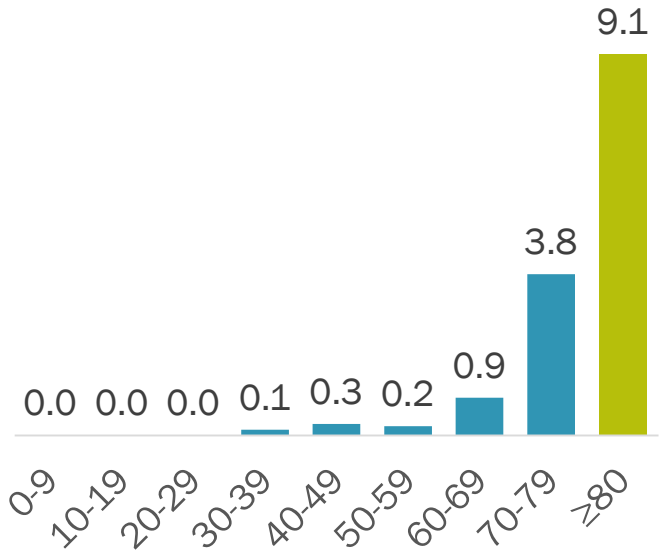
**Vermonters 80 years and older are more likely to be hospitalized for COVID-19.**

Rate per 10,000 Vermonters



# There have been 58 COVID related deaths reported among Vermonters

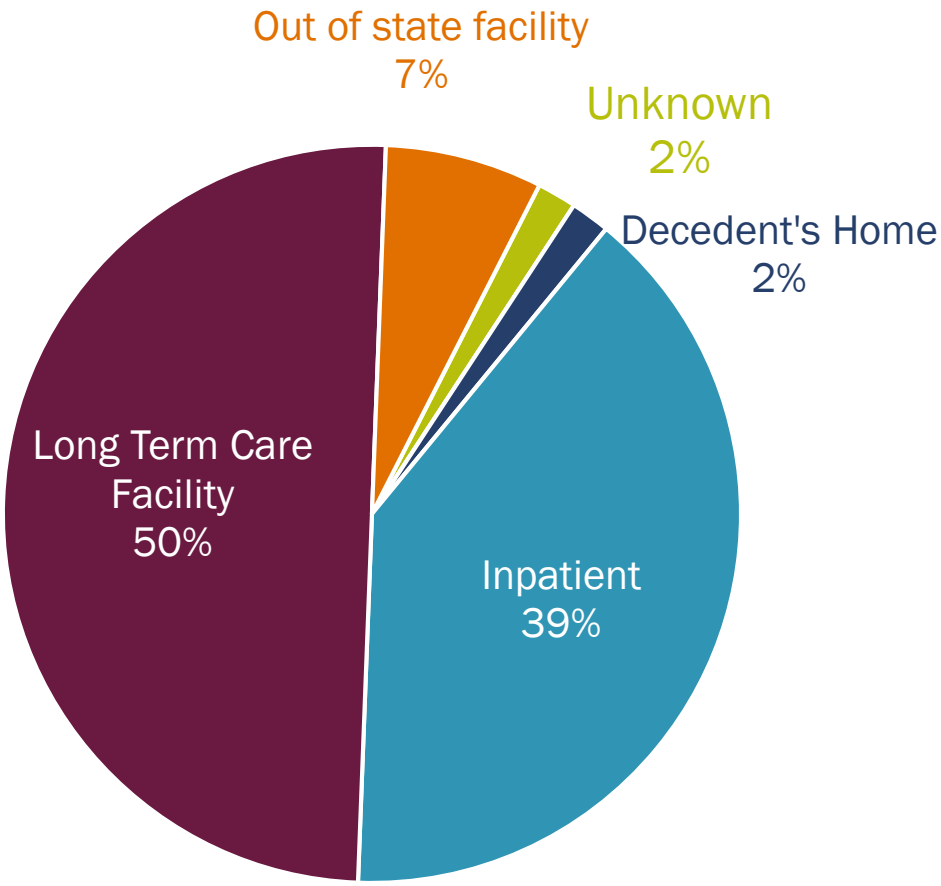
**Vermonters 80 years and older have higher rates of COVID-19 death than other age groups.**
Rate per 10,000 Vermonters




**White Vermonters represent a majority of COVID-19 deaths. Death rates by race are similar.**
Rate per 10,000 Vermonters


Note: No deaths have identified as Hispanic or Latino.

# Most COVID-19 deaths occurred in an inpatient hospital setting or a long-term care facility



# Approximately 55% of people* with COVID-19 have a pre-existing condition or health risk factor,

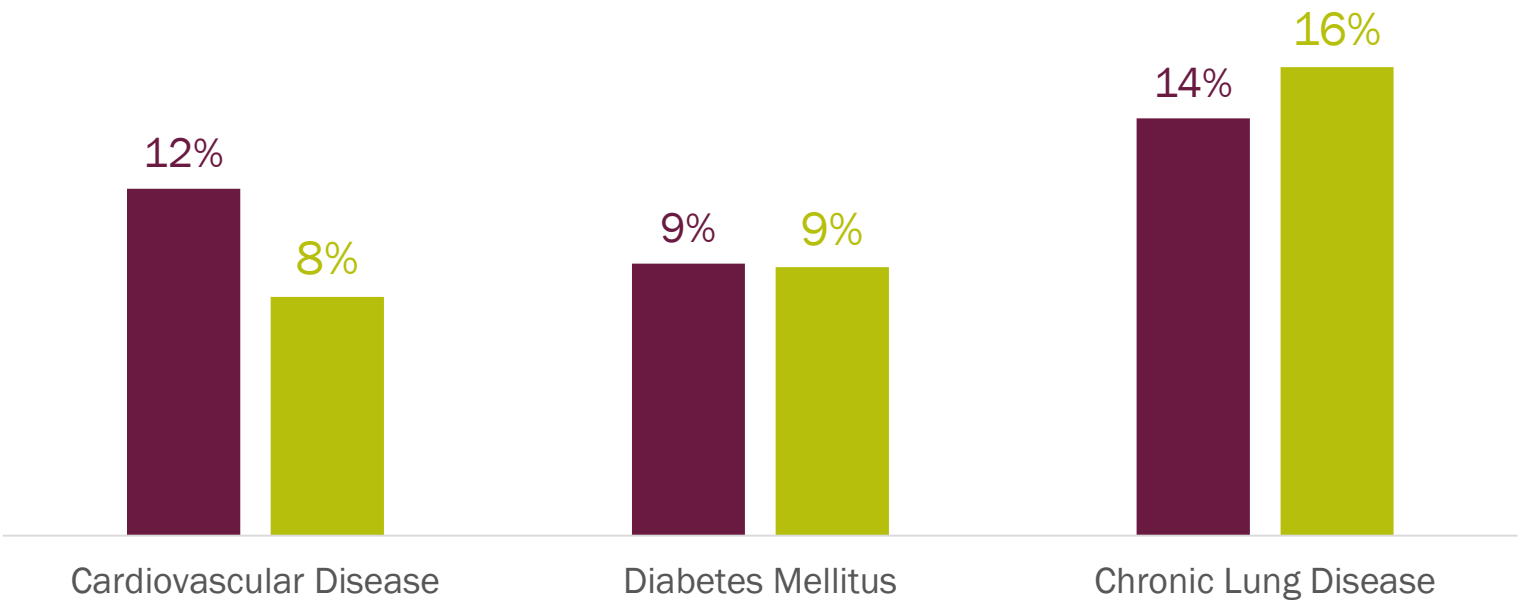
*of the 1,273 people that the Health Department has pre-existing condition data for.

| Condition/Risk Factor | Count | Percentage |
|---|---|---|
| Heart Disease | 148 | 12% |
| Chronic Lung Disease (includes asthma and COPD) | 178 | 14% |
| Chronic Liver Disease | 11 | 1% |
| Chronic Kidney Disease | 34 | 3% |
| Current/Former Smoker | 271 | 21% |
| Diabetes | 116 | 9% |
| Immunocompromised Condition | 52 | 4% |
| Neurologic Condition/Intellectual Disability | 36 | 3% |
| Other Chronic Condition** | 324 | 26% |
| Pregnant | 12 | 1% |

**45% of people with a pre-existing condition have two or more conditions.**

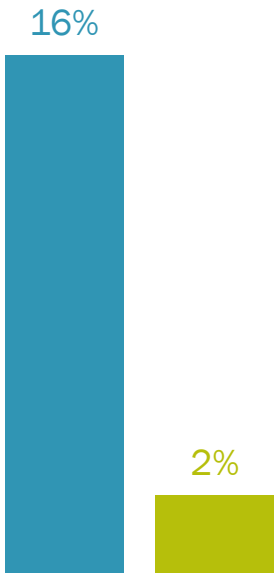
**Not mutually exclusive, includes things like arthritis, thyroid conditions, multiple free text entries.

# Prevalence of select conditions in COVID-19 patients and Vermont adults.

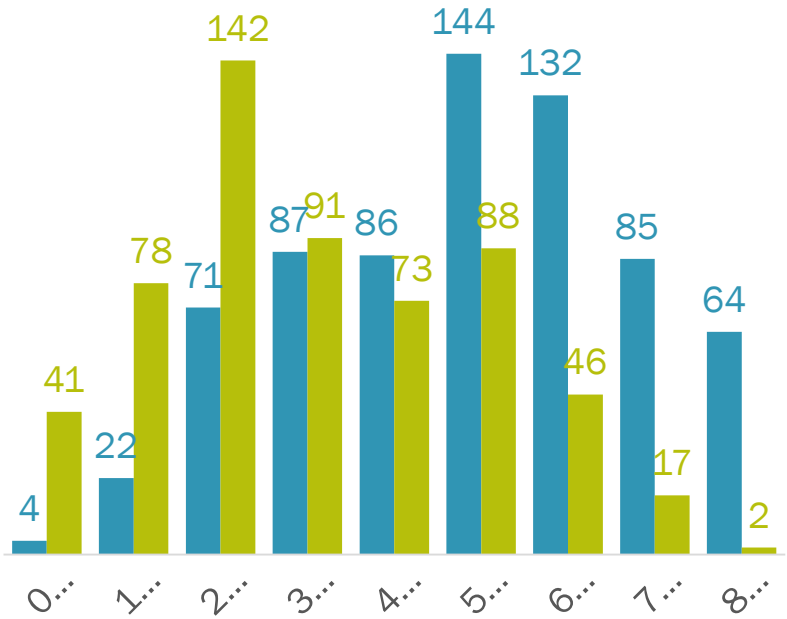



Data Source: Cardiovascular disease and diabetes, BRFSS 2018 annual report.
Chronic lung disease, 3-4-50 Community profile (2016-2017 BRFSS).

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

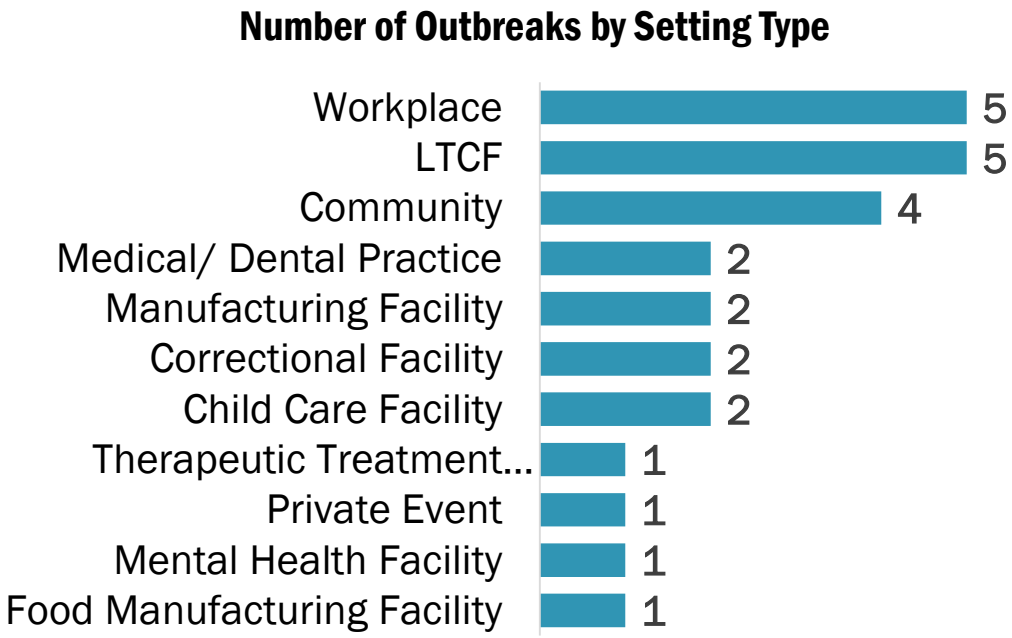



**COVID-19 patients with pre-existing conditions tend to be older than those without pre-existing conditions.**

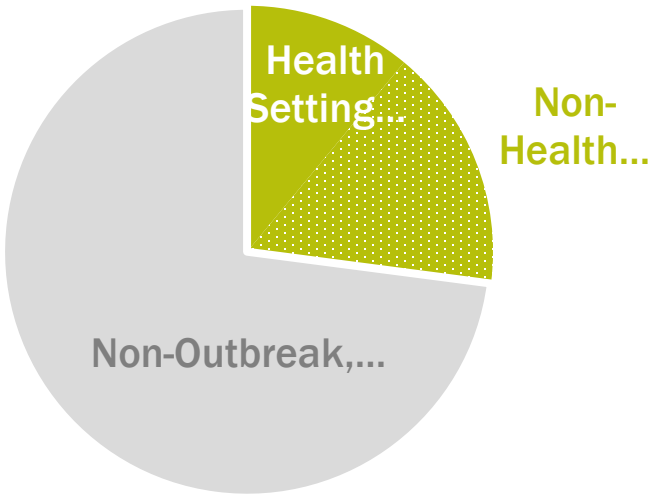


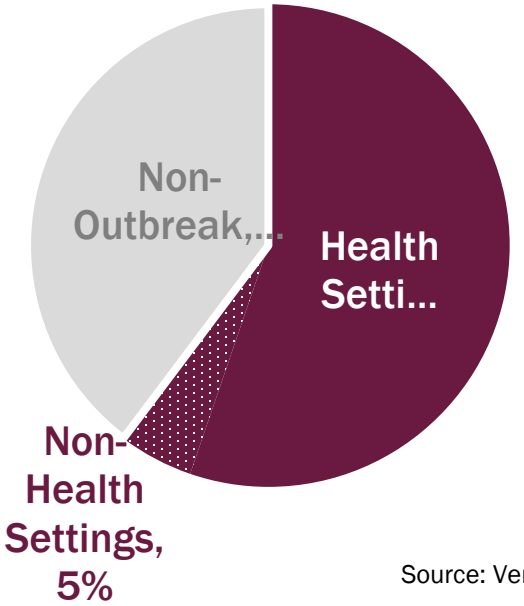
# 26 outbreaks have been identified and investigated

**27%** of COVID-19 cases are associated with an outbreak



# While only 27% of all COVID-19 cases are associated with outbreaks, more than half of COVID-19-related deaths occur in outbreak settings.



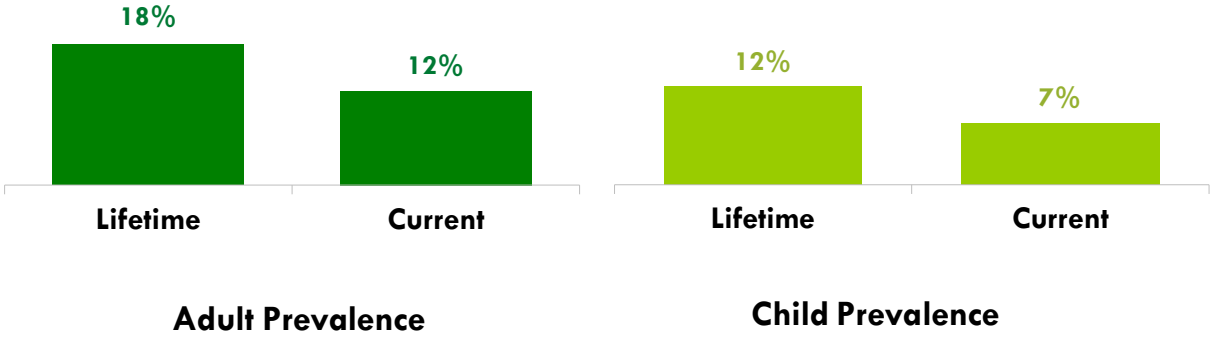

Values in these charts are rounded to the nearest whole number and therefore may not always add to 100% due to

Source: Vermont Department of

# How have people with reversible (asthma) or irreversible chronic (COPD) respiratory disease been impacted by COVID19?

# Asthma Prevalence In Vermont

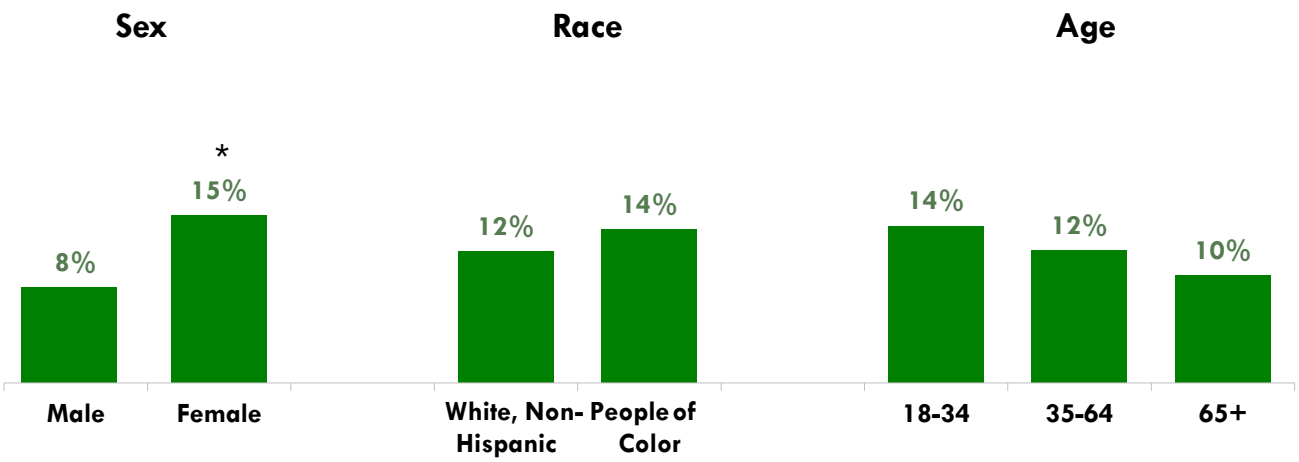
- VT's asthma rate among adults is 5th highest in the nation.
- In 2018, 12% of adult Vermonters reported having current asthma. This equates to approximately 59,000 adult Vermonters with current asthma. Eighteen percent of adult Vermonters reported being diagnosed with asthma at some point in their lifetime.
- One in 14 children in Vermont (7%) had current asthma in 2017, which equates to approximately 8,200 children.




Vermont Department of Health Source: 2018 VT Behavioral Risk Factor Surveillance System (BRFSS)

# Asthma Prevalence Higher among Adult Women

Vermont women had a significantly higher prevalence of current asthma compared to men. Asthma prevalence did not differ significantly across racial groups or age groups.

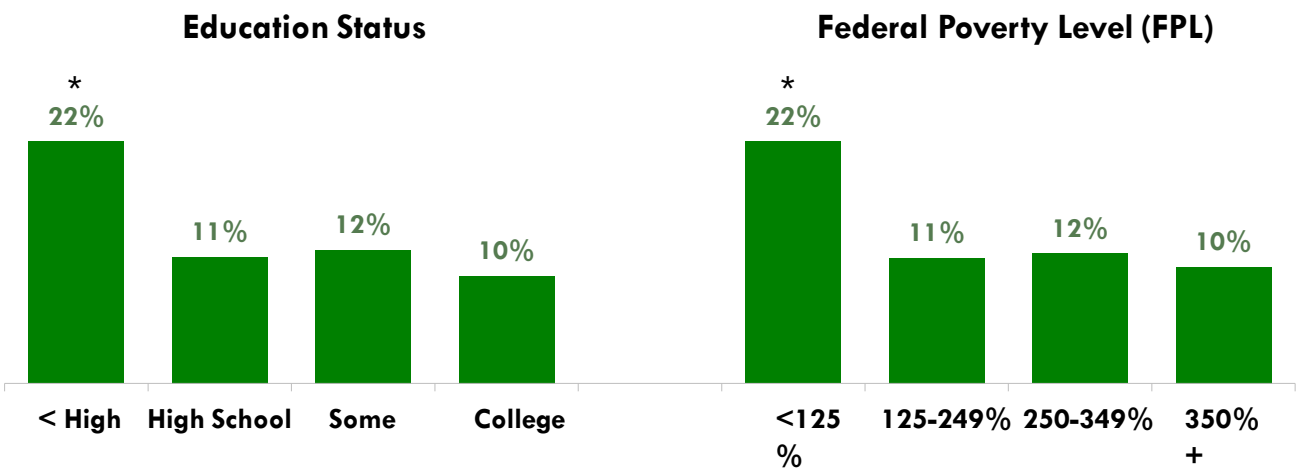



* Group is significantly different from other groups within demographic breakdown

Vermont Department of Health - Source: 2017 VT BRFSS

# Adult Asthma Prevalence by Education and Income

Adults that did not graduate from high school and those with a household income closer to the federal poverty level (FPL < 125%) had significantly higher rates of current asthma which were approximately twice that of Vermonters with higher levels of education or household income.

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Vermont Department of Health - Source: 2017 VT BRFSS

**Vermonters with lung disease (asthma or COPD) experience**

- **poorer health and more health-related activity limitations**
- **more chronic disease (arthritis, cancer, cardiovascular disease, depression, diabetes or obesity)**

**than Vermonters without lung disease.**

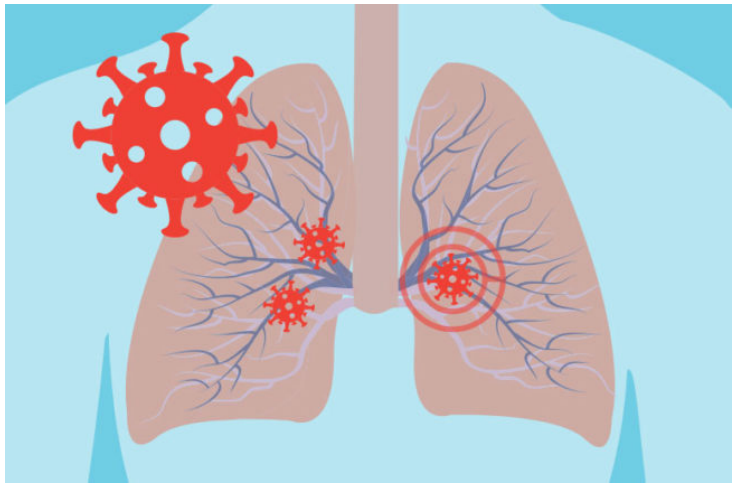
**Chronic lower respiratory diseases (including COPD and asthma) have been the third leading cause of death among Vermont residents since 2005.**

**VT's mortality rate due to an underlying cause of asthma has been twice the U. S. rate (2.2 vs.1.1 per 100,000 deaths, VT Vital Records 2016).**

# COVID-19 Can Have Long-term Health Impacts

Pneumonia associated with COVID-19 can cause damage to the air sacs (alveoli) in the lungs.

Resulting scar tissue can lead to breathing problems.

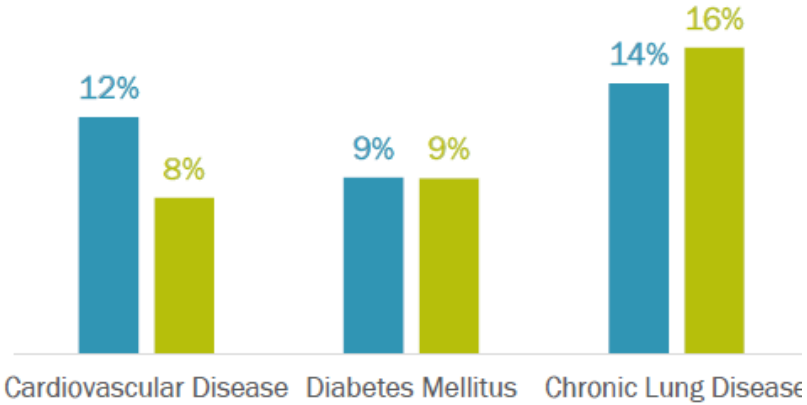


https://health.clevelandclinic.org/heres-the-damage-coronavirus-covid-19-can-do-to-your-lungs/

https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-long-term-effects/art-20490351

# Prevalence of Lung Disease is Similar, Risk of Serious Illness Can Be Greater

**Prevalence of select conditions in COVID-19 patients and Vermont adults.**




Data Source: Cardiovascular disease and diabetes, BRFSS 2018 annual report.
Chronic lung disease, 3-4-50 Community profile (2016-2017 BRFSS).

# Underlying medical conditions that put individuals at increased risk for severe illness from COVID-19

## Strongest Evidence of Impact from COVID-19: COPD Mixed Evidence of Impact: Asthma

CDC Extra Precautions Evidence Table, https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/evidence-table.html 45

# COVID Increases Health Risks

- **Moderate to Severe Asthma**: might be at higher risk of getting very sick from COVID-19 (CDC).
- **COPD**: are at increased risk of serious illness
- Can affect the nose, throat, lungs (respiratory tract) and cause an asthma or COPD exacerbation.
- Can lead to pneumonia and acute respiratory disease.
- More serious outcomes, including increased risk of hospitalization.

# COVID-19 and Asthma

- Asthma doesn't increase risk of infection (AAAAI); higher risk of hospitalization among subpopulations with asthma
- Northwestern Medicine study of 1,500 COVID-19 patients/10 hospitals
  - didn't find higher rate of hospitalization among those with asthma compared to those without asthma
  - Non-Hispanic African Americans and Hispanics were significant % of the asthma cohort - and had higher likelihood of hospitalization
- Harvard study assessed asthma phenotypes. Adults with asthma had higher risk of severe COVID-19 driven by increased risk among those with nonallergic asthma (J Allerg Clin Immunol)
- ACE2 expression lower in allergic asthma, could protect from viral infection; ACE2 serves as receptor for SARS COV-2
- Important for patients to stay on controller medication to maintain asthma management, even if steroid-based



https://www.aaaai.org/conditions-and-treatments/library/asthma-library/covid-asthma

# COVID-19 and COPD

- COPD is a high-risk disease for readmission to hospital. Important for patients to stay at home, strict physical distancing, follow treatment plan
- Provider visit waived for initial and 12-month visit for at-home oxygen
- CARES Act requires insurers to cover 90- day $O_2$ supply
- ACCP, ALA, ATS and COPD Foundation released guidelines for mask wearing and messaging providers can use with patients
- Lung Helpline offers science-based information for patients and providers, 1-800-LUNGUSA

# Concerns for those with Respiratory Disease

- Increased risks due to exposures to new cleaning products & protocols
- Mandated face masks can pose challenges for those with breathing problems
- Changes in accessing health care, pulmonary lung function testing and medicines
- Changes in location and types of environmental exposures: assessment may be needed among home, work, school triggers
- Concerns about school reopening
  - ❖Kids are potential vectors for at-risk teachers and parents with asthma or COPD

- Additional stresses for patients related to their medical condition(s) and feelings of isolation from staying at home

# Benefits: Reduced Viral Infections, Improved Air Quality

- Reduced exposure to viruses and bacterial infections
  - Significant reductions seen in flu rates in southern hemisphere
- New opportunities and emphasis on outdoor activities for physical fitness and quality of life
- Improved air quality due to reduced foot (dust) and vehicle traffic (diesel particulates)
- Reduced exposure to environmental triggers in workplace, commerce and other community (e.g. schools, places of worship, etc.)

# Guidance: Maintain Asthma and COPD Management

- Establish protocols to maintain regular monitoring of patients' asthma and COPD control, including telemedicine
- Ensure patients have a steady supply of medications and can access them safely via mail order, pharmacy delivery
- Discuss changes in trigger exposures and how to address
  - Use cleaning products that are fragrance-free, non-toxic, and certified by a third-party, Green Seal or EPA's Safer Choice
- Refer patients to chronic disease self-management programs, and/or intensive self-management programs
  - Refer to https://myhealthyvt.org/
  - Introduce (remote) home visiting interventions for uncontrolled or severe persistent asthma for clinical education, trigger identification and elimination
- Address COVID-19 related stress, a potential new trigger

# Best Practices that Support Patient Care

- Screen and provide cessation counseling for smoking and vaping, refer to 802Quits
- Determine patient exposure to SHS smoke by asking if someone has vaped or smoked in the house in the past week
- Ensure patients have annual Asthma or COPD Action Plan, should include new COVID-19 challenges
- Ensure patients know how to use their devices (inhalers, spacers and nebulizers) properly
- Help patients know common triggers
  - Carpeting and pets in bedroom, wood stoves, tobacco smoke, unvented gas stoves; provide guidance to reduce exposures
- Confirm asthma or COPD control by using an evidence-based assessment tool (ACT, TRACK, Spirometry)

# There's Never Been a Better Time to Quit Smoking

802 QUITS YOU CAN QUIT. WE CAN HELP.

REASONS TO QUIT ▾ I WANT TO QUIT ▾ STAYING QUIT ▾ ENROLL > FOR PROVIDERS >

WHEREVER YOU ARE ON YOUR PATH TO QUITTING, HELP IS HERE.

WANT TO QUIT TOBACCO?

MAKE YOUR QUIT PLAN >

TRYING TO STAY QUIT?

FUN QUIT TOOLS >

# Additional Considerations and Supports

- Reinforce good hygiene – especially handwashing
- Reinforce physical distancing
- Address mask wearing challenges for those with asthma and COPD – how to balance mandate with breathing difficulties
- Support overall good nutrition, sleep hygiene and physical activity
- Promote vaccines for flu and pneumococcal

*Health equity exists when all people have a fair and just opportunity to be healthy, **especially those** who have experienced socioeconomic disadvantage, historical injustice, and other **avoidable systemic inequalities** that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation and disability.*

Vermont Department of Health, https://www.healthvermont.gov/about-us/our-vision-mission/health-equity

# Social Determinants of Health

**Social Determinants of Health (SDOH) are the conditions in which people are born, grow, live, work and age.** The social, economic, and physical environment that affect a wide range of health, functioning, quality of life, risks and outcomes.

They include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.

The World Health Organization recognizes 10 factors that affect health and life expectancy: social gradient, stress, early life experiences, social exclusion, work, unemployment, social support, addiction, food, and transportation

Figure 1

# Social Determinants of Health

| Economic Stability | Neighborhood and Physical Environment | Education | Food | Community and Social Context | Health Care System |
|---|---|---|---|---|---|
| Employment<br>Income<br>Expenses<br>Debt<br>Medical bills<br>Support | Housing<br>Transportation<br>Safety<br>Parks<br>Playgrounds<br>Walkability<br>Zip code / geography | Literacy<br>Language<br>Early childhood education<br>Vocational training<br>Higher education | Hunger<br>Access to healthy options | Social integration<br>Support systems<br>Community engagement<br>Discrimination<br>Stress | Health coverage<br>Provider availability<br>Provider linguistic and cultural competency<br>Quality of care |

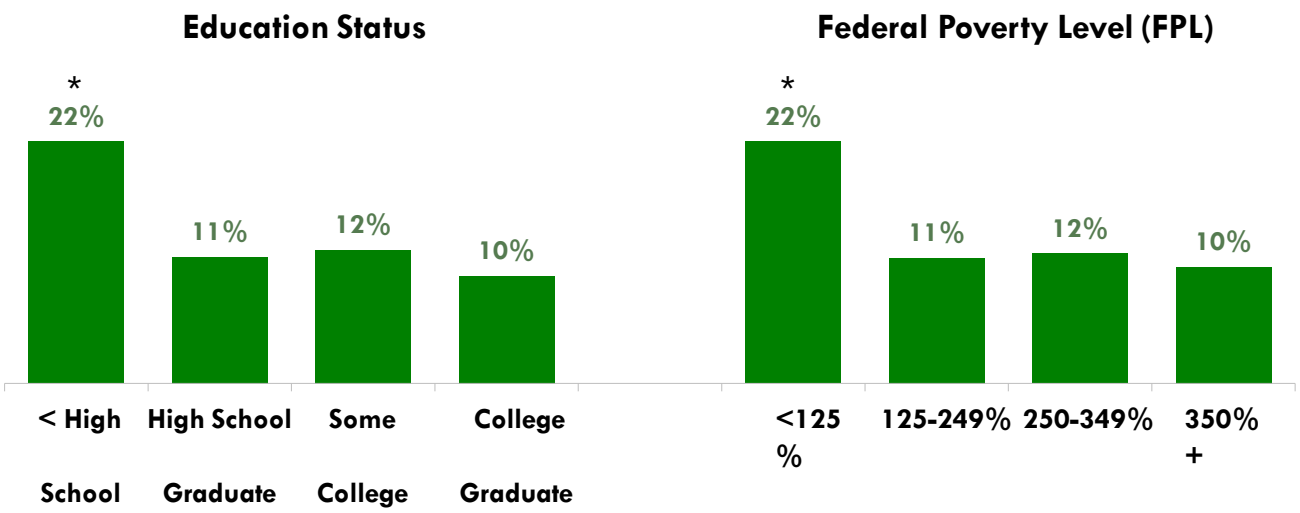
**Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF
HENRY J. KAISER FAMILY FOUNDATION

# Example of SDOH in Action: Adult Asthma Prevalence by Education and Income

Adults that did not graduate from high school and those with a household income closer to the federal poverty level (FPL < 125%) had significantly higher rates of current asthma which were approximately twice that of Vermonters with higher levels of education or household income.





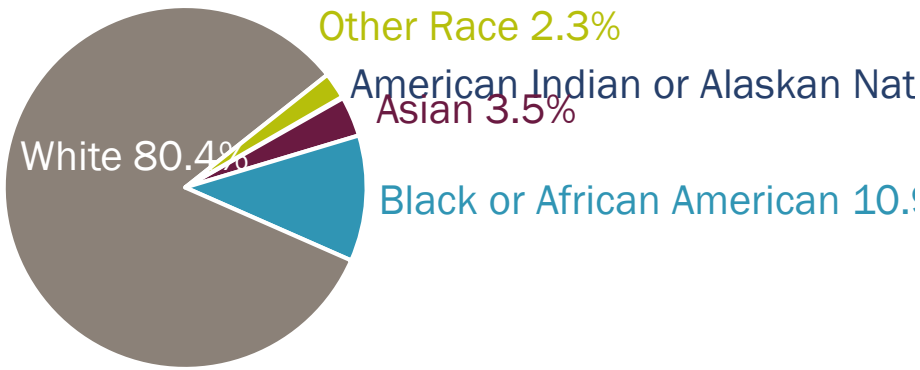

* Group is significantly different from other groups within demographic breakdown

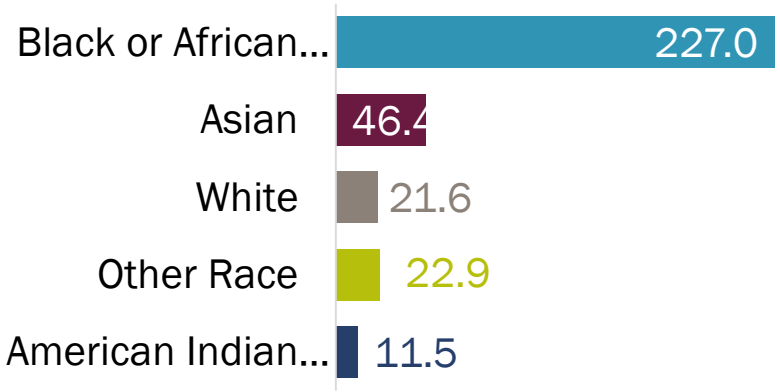
Vermont Department of Health - Source: 2017 VT BRFSS

# There are racial disparities among COVID cases.

**White Vermonters represent the majority of COVID-19 cases. African American Vermonters have the highest rate.**

Rate per 10,000 Vermonters



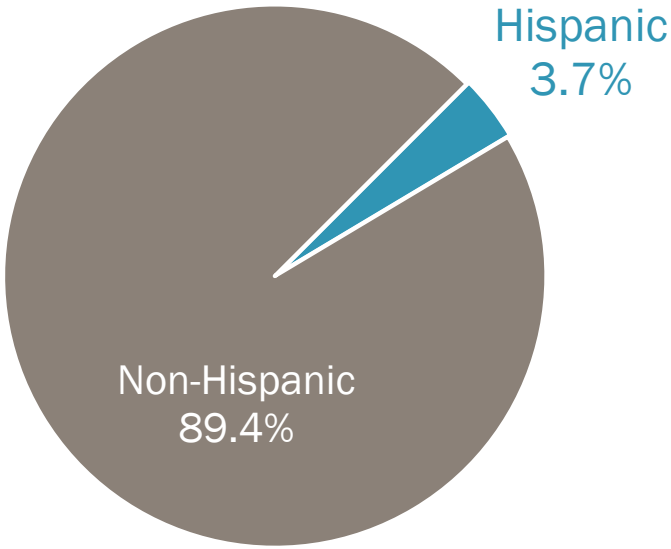

Vermont Department of Health

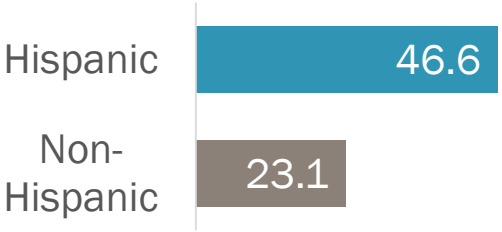
**Other Race** includes people who identify as two or more races, or a race other than White, Asian, African American or Black, and American Indian or Alaskan Native.
Note: Race is unknown in 3% of cases (n = 45) and ethnicity is unknown in 7% of cases (n = 110).

# There are ethnic disparities among COVID cases.

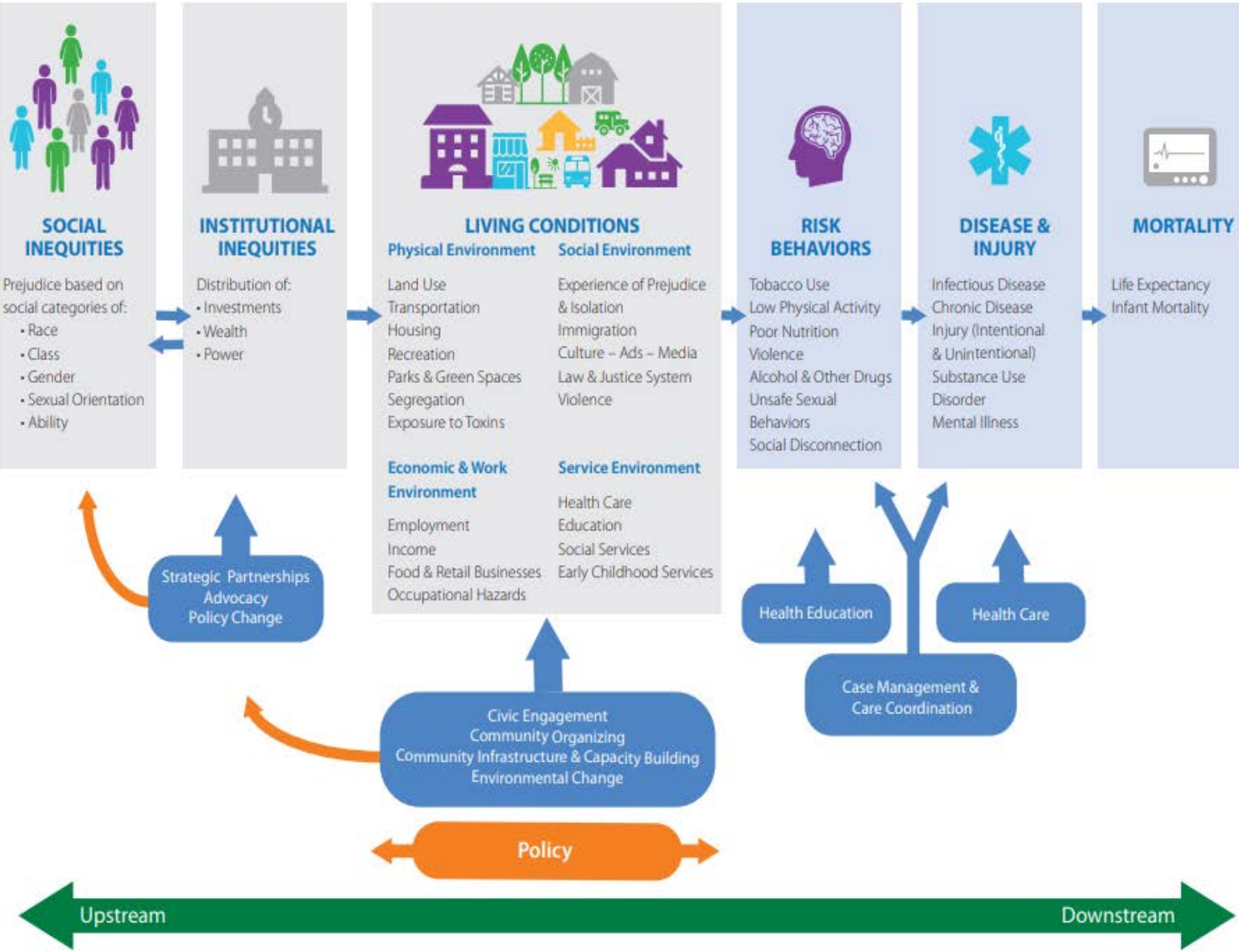
**Non-Hispanic Vermonters represent the majority of COVID-19 cases. Hispanic Vermonters have the higher rate.**

Rate per 10,000 Vermonters



# A Public Health Framework for Reducing Health Inequities



Health inequities exist across all aspects of public health.

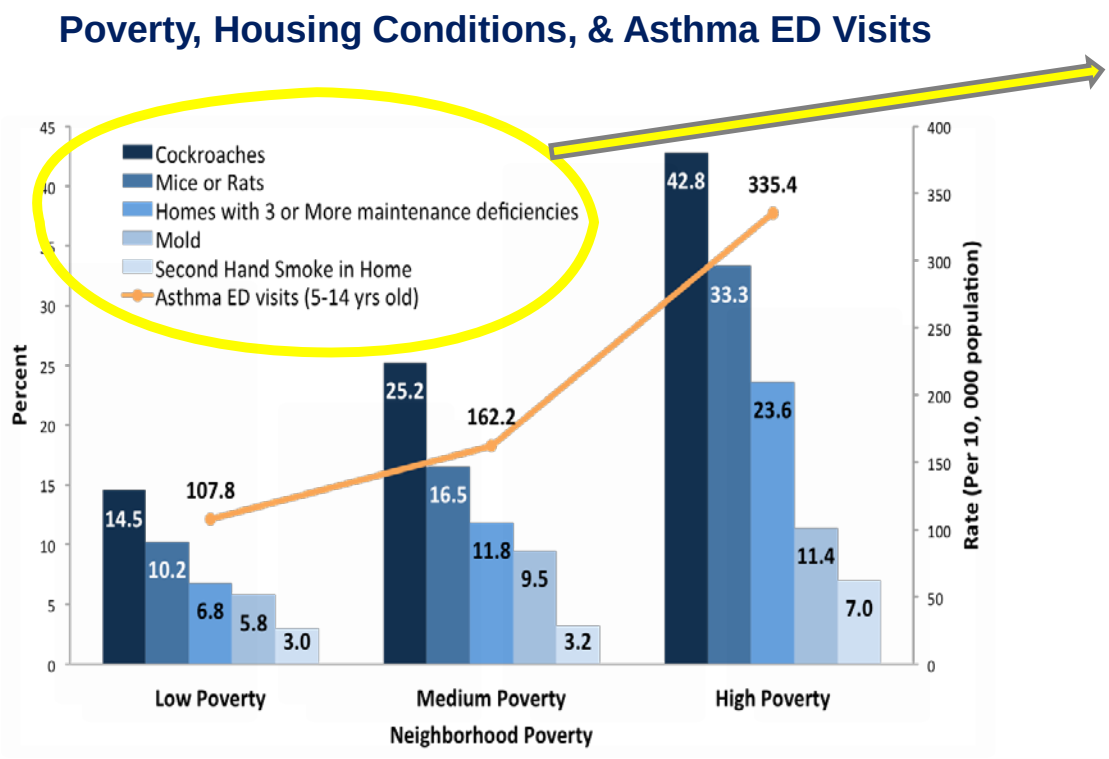
Some conditions have been exacerbated by the COVID-19 pandemic, such as respiratory conditions like asthma and COPD.

Reframe from focusing on populations with health conditions to **systemic conditions** causing the conditions.

A health equity lens would ask questions like:

- Why are different populations being impacted more than others?
- What are the systemic, root causes contributing to these inequities?
- Where is the power imbalance to maintain these inequities?
- What is public health's role in addressing these root causes beyond addressing the health condition?

# Applying an Equity Lens: Example




Vermont Department of Health

## Applying an Equity Lens:

What are maintenance requirements for rented properties in your jurisdiction?

How do these requirements (or lack of) maintain harmful living conditions that exacerbate asthma/ respiratory conditions?

What are statewide resources for mold treatment and removal?

How accessible are resources? What resources are available for rented vs. owned properties?

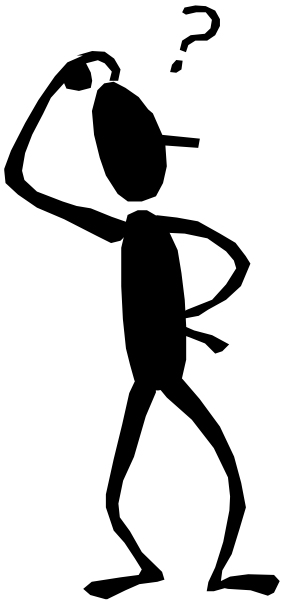
# Health Equity and Community Engagement Team

As part of the Department of Health's COVID-19 response, a **Health Equity and Community Engagement (HECE) Team** was created to engage partners across the state and enhance the Health Operations Center's (HOC) educational, prevention, and outbreak response strategies.

- The team focuses on applying a health equity lens to the following areas:
  - Priority populations disproportionately impacted by COVID-19
  - Partnerships with organizations serving BIPOC communities
  - Internal and external communication
  - Data collection
  - Culturally appropriate COVID-19 plans
  - Workforce Development
  - Providing support for Coronavirus Relief Fund distribution

# Coronavirus Relief Funds (Act 136)

- Funding for continuum of services for priority populations to assist them in meeting essential needs for food, shelter, health care, and emotional support.
  - Populations include any that face adverse health outcomes based on factors such as:
    - Race or Ethnicity
    - Immigrant status
    - SOGIE (sexual orientation, gender identity and expression)
    - Disability
    - Age
    - Geographic location
- Organizations may:
  - Provide education and resources regarding prevention of COVID-19 in languages and formats appropriate to the population
  - Assist with access to COVID-19 testing and treatment
  - Identify and address difficulties in safely meeting essential needs, including food, shelter, health care, and emotional support, during the public health emergency.



**If time permits**
**Chat Box Only: Questions**

# UVM CME/CEU

**If you are interested in claiming 1.0 Credit for attending this session, please use the following or scan the QR code below.**

http://www.highmarksce.com/uvmmed/index.cfm?do=ip.claimCreditApp&eventID=14920

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*In support of improving patient care, The Robert Larner College of Medicine at The University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.*

***The University of Vermont designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This program has been reviewed and is acceptable for up to 1 Nursing Contact Hours.***

*As a Jointly Accredited Organization, The Robert Larner College of Medicine at the University of Vermont is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit.* ***The University of Vermont maintains responsibility for this course. Social workers completing this course receive 1 social work continuing education credits.***

# Survey Monkey Session Evaluation Link:

https://www.surveymonkey.com/r/COVID19UpdateImpactonthosewithRespiratoryConditions

## Who to Contact with Questions:

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# Thank You!

**Learning Collaborative Participants Please remain on the WebEx**

OneCare Vermont

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