May Featured Content

Institute for Healthcare Improvement: Why States May Fall Short on Contact Tracing

By Shreya Kangovi | Wednesday, May 20, 2020

The US National Governor’s Association and public health experts have recommended a multibillion dollar federal investment in contact tracing. This tool for preventing the spread of infectious diseases, they asserted, is necessary to ease the physical distancing measures imposed because of the COVID-19 pandemic and safely restart the economy.

Yet, unless contact tracing is conducted by trusted community members and coupled with social and economic supports, the US risks wasting precious time and money on an ineffective approach.

Imagine George, a 43-year-old restaurant worker from Southwest Philadelphia who supports his family. Now imagine a 22-year-old volunteer graduate student tracer from a different sociocultural background calling to explain that George was been exposed to COVID-19. George is hardly surprised by the fact of his exposure; he takes the bus every day and works in a crowded galley kitchen.

The tracer goes on to pedantically “educate” George about the need to self-isolate. George understands the importance of self-isolation, but he doesn’t know how he can possibly do it. Who will explain this to his boss? How is he going to put food on the table? When George is compelled to break quarantine to return to work or buy groceries, he will become “the bad guy” Central Ohio Pathways HUB COVID-19 Response

In the midst of the COVID-19 pandemic, the role and potential of the HUB and our CCAs, CHWs and Supervisors is multi-faceted. HUB CHWs are already on the front lines ensuring that clients are connected to care and services. They continue to enroll and educate clients on the virus itself as well as other critical pieces of information like the telemedicine options available to clients, how to maintain necessary appointments, what social service agencies are still open, new transportation guidelines,
and could even be fined. The result is victim-blaming and hardship for George and continued spread of COVID-19.

Circumstances like George’s call for a trusted individual who can advocate with employers, battle eviction notices, drop off food, and connect to the health care system.

Fortunately, this type of person exists, and is called a **community health worker**. Community health workers are not just random do-gooders, but a bona fide workforce with an official **Bureau of Labor classification**. For the past 80 years, US community organizations, public health departments, and health systems have hired community health workers, trusted **laypeople** who come from within the communities they serve. Their job is to meet people where they are and support a broad range of social and health needs. Community health workers have a including the proven ability to save Medicaid $4,200 per beneficiary. If scaled to even 15 percent of Medicaid beneficiaries, this would save US taxpayers $47 billion per year.

Community health workers can form the backbone of nascent contact tracing efforts. They can provide social, economic, and preventive health support to individuals and families. They can link together surveillance, health care and public health systems.

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**Insights from the HCGC Blog**

**Racism and its Impact on Health**

A guest blog from The Columbus Medical Association by Anita Somani, MD, OB/GYN and current Past-President of the CMA

When African-American respondents were asked about their own personal experiences regarding discrimination:

- 32% say they have personally experienced racial discrimination when going to a doctor or a health clinic; 22% have avoided seeking medical care out of concern about discrimination;

- 60% say that they or a family member have been unfairly stopped or treated by police; 31% have avoided calling the police when in need to avoid potential discrimination;

- 45% say they have been discriminated against when trying to rent or buy a house;

- 27% say they avoid day-to-day tasks like using a car or participating in social events.

(Robert Woods Johnson Foundation, 2017)

A large and growing body of research shows that the day-to-day experiences of African-Americans create physiological responses that lead to premature aging (meaning that people are biologically older than their chronological age). Or, as described in the **American Behavioral Scientist**, “experiences of racial discrimination are an important type of psychosocial stressor that can lead to adverse changes in health status and altered behavioral patterns that increase health risks.”
Research on Telehealth

Evidence gaps leave unclear whether telehealth strategies are effective for particular conditions, patient populations, or settings. PCORI funds studies that seek to help patients, clinicians, and others answer critical question.

Read more on PCORI's website

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60% of Households Have Responded to the Census: Franklin County 63rd in the State for responses

ADAM-H First Responders Support

HPIO data brief explores Ohio COVID-19 disparities by race

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