



Delaware Pandemic  
Resurgence Advisory  
Committee

## **Final Report**

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SEPTEMBER 30, 2020



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# Letter from the Co-Chairs

To our Governor Carney and our fellow Delawareans:

This final report prepared by the Pandemic Resurgence Advisory Committee (“PRAC”) is intended to inform Governor Carney’s response to the anticipated resurgence of the SARS-CoV-2 virus (COVID-19). The PRAC was created by the governor through Executive Order 39 with the mandate to:

- **Develop a healthcare system and public health strategy** that is ready in case of a resurgence of COVID-19;
- **Identify tactics and resources to manage a resurgence** of COVID-19 including, but not limited to, testing capabilities, personal protective equipment (PPE), social distancing, economic development and recovery, and health facility readiness; and
- **Assess methods to protect vulnerable populations and consider disproportionate effects on minority-owned businesses** in the event of a resurgence of COVID-19.

This report is the result of a private and public sector collaboration of over fifty Delaware leaders focused on three elements of the response: Health, business, and equity. It incorporates input from each of three subcommittees, which included representation from health experts, business leaders, local and state officials, community leaders, and impacted citizens as well as public comments received from August 1 through September 13. Together, these subcommittees and the PRAC explored how Delawareans were affected by COVID-19 in the first wave of the pandemic, including how certain communities were disproportionately impacted. Based on the lessons learned from Delaware’s and the nation’s experience with COVID-19 to date, the Committee developed a set of recommendations that can guide our collective actions as we (a) navigate the “new normal” of living with COVID-19 until a vaccine or effective treatment becomes available and (b) address a local or widespread resurgence of the infection that may arise during this fall or at a later time. Thank you to all of the essential workers across Delaware for the work that you are doing on a daily basis during this pandemic.

It is important to note that the situation surrounding COVID-19 is dynamic and rapidly evolving. New aspects about the virus and best practices to address it are continuously being discovered. Our decision-making in times of crisis must always be based on the latest scientific insight and understanding of our social and economic realities. Therefore, the State’s plans to address the virus may and should evolve as it incorporates these recommendations. However, given the learnings over the last seven months, we emphasize the importance of rapidly incorporating these recommendations in our ongoing response and preparations for a possible resurgence. The need for urgency, transparency, and a joint sense of accountability underpinned the PRAC’s work. Those principles will continue to be important as the State incorporates these recommendations into its ongoing pandemic response and into its budget planning and legislative efforts.

We want to extend our deepest appreciation to the subcommittee chairs, Dr. Nancy Fan, Katherine Wilkinson, and Eugene Young for their dedicated leadership, as well as to each of the subcommittee members who volunteered a significant amount of their time and to the staff from the Governor’s office who supported the committees.

Sincerely,

**Lieutenant Governor Bethany Hall-Long,  
Ph.D, RNC, FAAN**  
Pandemic Resurgence Advisory  
Committee Co-Chair

**Secretary of State Jeffrey Bullock**  
Pandemic Resurgence Advisory  
Committee Co-Chair



# Guiding principles for managing COVID

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## Principles for planning

To help guide the process to create its recommendations, the PRAC adopted a set of principles:

- **We will place life and health first**, particularly as we address how the virus affects the most vulnerable Delawareans. We will also consider a broader view of well-being, including financial health and social cohesion
- **We will be data and science-driven** to develop insights, challenge hypotheses, and refine our recommendations
- **We will craft targeted scope recommendations**, aiming to propose interventions that limit disruption
- **We will listen to and incorporate the perspectives** of our diverse communities, our businesses, and our public health experts to reinforce the role that each Delawarean has in crafting solutions for our State
- **We will model the principle of transparency** in our work to build trust and ensure Delaware has a strong foundation upon which to translate strategies into actionable efforts
- **We will work with the speed and urgency this moment requires**
- **We will incorporate lessons of the past seven months** gathered from our own communities and from others across the nation and world
- We believe businesses, healthcare providers, the government, and the general population **share a responsibility in managing COVID**



# Creating Joint Accountability

- I. Ensure fairness and consistent enforcement for both general population and businesses
- II. Communicate guidelines to all citizens (e.g. mask wearing)
- III. Update guidance as health conditions change or upon new learnings in science
- IV. Introduce targeted restrictions only on as needed basis

- I. Provide healthcare guidance for the public (e.g., importance of testing) to support public health needs
- II. Plan to ensure sufficient capacity (e.g., ICU bed, PPE, labor) to continue provision of care in the event of a resurgence
- III. Work jointly with State to advance access, testing and other public health goals

- I. Comply with guidelines
- II. Act responsibly and proactively to avoid resurgence
- III. Encourage customers and enforce employees to comply

- I. Abide by restrictions and guidelines
- II. Report businesses that flout guidelines

- I. Advocate for the needs of their communities
- II. Act as trusted communicators of health guidance
- III. Provide resources for equity and resiliency



# Goals for resurgence response

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The PRAC aligned on a set of common goals to guide its recommendations as it balanced the factors required to keep Delaware safe and economically resilient.

1. **Monitor** the pandemic to proactively develop a plan in case a widespread resurgence occurs
2. **Communicate regularly and effectively** to all Delaware residents, businesses, and visitors
3. **Ensure readiness and accessibility** of the entire healthcare system
4. **Maximize economic opportunity** by limiting job losses and creating equitable opportunities in the community
5. **Support individuals and businesses** who have been disproportionately affected by COVID-19
6. **Mitigate stress and social disruption** caused by the pandemic and transmission control measures
7. **Capitalize on trends emerging** out of the new ways of working to foster growth and innovative new businesses
8. **Foster a culture of compliance** to create a sense of shared accountability for individuals and businesses to adhere to public health guidance



There's been so much misconception about the virus. At one point people thought that only a particular ethnicity could get it; then they thought only a particular age group could get it. We could really benefit from more education for the community."

– **Delaware Resident**



I don't have a support system. I tried to file for a loan for the church from the government, but we were rejected. We live by faith."

– **Pastor in the Haitian community**



The concern is that we can't continue to operate like that... You have staff who want to work, but they can't work full time -we don't have the money to support it. And expenses are going up because you have companies coming in to disinfect. And it doesn't appear that that is going to change."

– **Small business owner**



# Recommendations to prepare for and respond to a resurgence

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The PRAC built its recommendations on a foundation of lessons learned from the last seven months and what we are still learning across Delaware, the rest of our nation, and globally. The recommendations on the following pages are a synthesis of each subcommittee's detailed recommendations.

## *What should be done now?*

These are broad, highly applicable interventions that will help address the pressing issues highlighted by COVID-19. Given their broad utility and the importance of proactively addressing the expected next wave, it is recommended that these be implemented in the near term.

## *What should we do to prepare for a potential resurgence?*

These are proactive interventions that target and help prepare for any future resurgence of the virus, based in part on the lessons learned during the first wave.

## *How can we use this crisis to accelerate longer-term change?*

These are interventions that aim to achieve near-term impact while also positioning Delaware to achieve longer-term goals.

# What should be done now?



- Establish a mechanism to better incorporate the experience and expertise of healthcare operators and others to inform the State’s decision making by creating a small, cross-functional working group, supported by a broader advisory panel, responsible for advising the State in their COVID response and improve shared accountability
- Expand Delaware’s approach to collecting and reporting COVID-19-related data to increase transparency into the status of the disease and the rationale for the State’s decisions, by including (a) additional relevant metrics and (b) a better method to put information in context for public consumption (e.g., a color-coded status system).



## Readiness metrics should meet four key design criteria:

### Strength of metric

1. **Action-oriented**  
Clear linkage to a potential action for DE to take

2. **Leading indicator**  
Demonstrates issues in advance of any issues with sufficient lead time

### Feasibility

3. **Possible to collect**  
Realistic to assemble data associated with metric

4. **Generalizable across settings**  
Data for metric can be compared across care settings and geographies

## Example goals used to monitor COVID-19

Metric	Goal	Description
1 New cases	Sustained decrease over 14 days	Sustained decreases in daily new cases indicate that the virus is not spreading
2 New hospitalizations	Sustained decrease over 14 days	Sustained decreases in hospitalizations due to COVID indicate that the severity of the virus is not increasing
3 Effective disease reproduction rate	<1.0	A growth rate of <1.0 indicates that the virus spread is slowing and is on track to eventually decay to zero
4 Positive test rate	<5% positive	The WHO has advised that positive test rates >5% indicate insufficient testing to track true prevalence of COVID-19
5 ICU capacity	<10% capacity, including surge	An ICU capacity <10% would begin to indicate decreasing capacity to care for the critically ill
6 PPE stock	90-day supply for facilities	The end-to-end supply chain for PPE takes approximately 90 days
7 Successful contacts traced	>90%	At rates of >90% successful contacts traced, outbreaks can be reliably controlled even at high rates of transmission

- Expand on the existing communications plan, improving ability to craft targeted messages that more precisely address the needs and expectations of all Delawareans, in particular the most vulnerable communities
- Explore how expanding the dissemination of safety guidance, increasing enforcement, and targeting high risk populations / settings can help Delawareans better understand and comply with COVID-19 transmission-reducing guidelines
- Put additional measures in place to improve how businesses and employees can safely address COVID-19, including increasing businesses' accountability, further ensuring restrictions on businesses are consistently applied, and better facilitating employee support (e.g., assistance in isolation, obtaining PPE, procuring paid medical leave)
- Increase the number of tests conducted, support existing contact tracing efforts, and remove barriers to testing, particularly among Delaware's Black and Latino populations as well as in high-risk and congregant settings (e.g., poultry plants and long-term care facilities)
- Increase the number, variety, and the accessibility of safe work and education opportunities by expanding workforce development and retraining programs, investing in community and family resources that allow for attendance (e.g., childcare, broadband access), and ensuring employees have access to PPE
- Address the needs of Delawareans in severe financial distress as a result of pandemic by (a) improving funding of (including housing, food and transit access), access to, and eligibility for existing State and local assistance programs and by (b) supporting private philanthropy and community organizations to implement programs that increase impact

## What should we do to prepare for a potential resurgence?

- Maintain business continuity to the maximum extent possible across all sectors of the economy
- Develop a plan to maintain access to healthcare services during a resurgence by partnering with healthcare providers on the planning process, ensuring access to PPE, and making sure there is adequate capacity available (space and staff), with a focus on long-term care facilities
- Plan for an expected increase in demand for state resources by improving the state's ability to (a) process requests (e.g., by redeploying personnel to where they are most needed and considering short term staff augmentation), (b) build infrastructure (e.g., through initiatives to temporarily place laid-off workers), and (c) allocating additional funding towards social safety net programs
- Build a more financially resilient and equitable business community, by (a) increasing number and availability of guidance resources, (b) improving access to capital and credit by expanding eligibility requirements, especially for minority-owned businesses and low-income individuals, including developing equitable State procurement targets and strategies to be implemented for any additional State or federal recovery spending, and (c) temporarily reducing regulations and accelerating State payments to contractors to help drive growth to increase near-term business liquidity and drive longer-term growth



## How can we use this crisis to accelerate longer-term change?

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Allocate resources to meet the healthcare sector's near-term financial needs, while incentivizing advancement towards Delaware's long-term healthcare goals such as value-based care

Capitalize on changing economic trends to encourage growth and innovation of Delaware businesses, with a focus on building longer term wealth\* equality and economic mobility

Prioritize critical programs focused on economic mobility to improve the financial resilience of low-income Delawareans and address the widening wealth gap

\* all property that has a monetary value or an exchangeable value or economic utility



## Next Steps

This crisis is with us and here to stay for a while, so we all need to continue to work together and stay diligent. Some of the recommendations included in this report are already being put in place by our communities, the state agencies, businesses and the health system and others are currently being explored.

We appreciate your engagement in this process and look forward to the State incorporating these learnings into its ongoing pandemic response.



## Recommendations from the PRAC subcommittee focused on health

### Overall

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- 1. Establish a mechanism to better incorporate the expertise and experience of relevant healthcare subsectors into the Division of Public Health's decision making and to improve the coordination and communication between the Division of Public Health and those subsectors**
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- 1.1** Convene a small working group of healthcare operators from relevant subsectors (e.g., community providers like FQHC) and provide means for two-way communication with the Delaware Division of Public Health to inform health related decision making
  - 1.2** Establish a larger advisory body with membership similar to the PRAC health and equity subcommittees to represent relevant subsectors and communities across Delaware

### Overall

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- 3. Build on Delaware's existing communications plan and tailor messaging/communication channels to the needs and expectations of Delaware's diverse population**
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- 3.1** Provide ongoing education on COVID-19 transmission risk, including the impact on short-term and long-term health
  - 3.2** Build upon existing efforts to refine public health messaging, content, communication channels, and messenger(s) to meet the specific needs of each population
  - 3.3** Coordinate guidance on targeted closures and safe reopening of high-risk areas or institutions
  - 3.4** Clearly communicate the need to continue seeking preventative care, with particular emphasis on promoting the importance of vaccines, and care for chronic conditions

### Overall

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- 2. Further develop Delaware's approach to monitoring the disease, communicating its status, and informing the State's response**
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- 2.1** Clarify the shortlist of metrics, and consider using goals or thresholds to monitor and report the status of COVID-19 in Delaware
  - 2.2** Build on current dashboard to more clearly communicate status of COVID-19 with a public facing format to health, business, community, and education stakeholders, and Delawareans overall
  - 2.3** Link the metrics and the dashboard to actions the State, healthcare providers, and businesses can take as the COVID-19 status changes

### Testing

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- 4. Increase the number of tests conducted, with specific focus on providing more testing for at-risk populations**
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- 4.1** Increase number of tests, and reduce median turnaround times, especially for high-risk population
  - 4.2** Closely monitor and increase targeted testing (e.g., through mobile testing, community engagement) in difficult to reach communities to identify cases in high-risk settings earlier
  - 4.3** Support existing contact tracing efforts with targeted campaigns, sharing of best practices, quarantine services, and use of digital tools

## Spread

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### 5. Help Delawareans better understand and comply with transmission prevention protocols, in particular within high-risk settings

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- 5.1 Build upon public relations campaign to promote transmission-reducing practices, including messaging designed to reach noncompliant and vulnerable populations
- 5.2 Develop a set of methods to drive compliance of mask-wearing, social distancing, and any other proven ways of reducing transmission in public spaces and businesses
- 5.3 Build on existing collaborations in support of long-term care facilities for early identification of potential outbreaks, handling continuity of care, and sharing of best practices
- 5.4 Partner with high-risk facilities to share guidance, best practices, and supply needs in emergencies

## Capacity: personal protective equipment

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### 7. Ensure sufficient personal protective equipment is available in (a) healthcare facilities (e.g., health systems, physician offices, clinics), (b) long-term care facilities (including nursing homes, long-term living, home health and intellectually/developmentally disabled residential facilities), and (c) in the State's own stockpile

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- 7.1 Introduce strong recommendation that healthcare facilities and other live-in congregate settings plan for (a) a 90-day PPE supply and (b) PPE optimization strategies in emergency operations plans
- 7.2 With hospital system and long-term care operator input, build out monitoring process so Delaware Health and Social Services can ensure adequacy of supply relative to requirements
- 7.3 Compile and share personal protective equipment guidelines for emergency medical services and independent clinics (e.g., physician/dental offices, physical therapy, etc.) based on state/national association guidelines
- 7.4 Build plan to facilitate supply and demand matching among users (e.g., exchanges, loans, buy-back programs)
- 7.5 Plan for DE to maintain a State stockpile consisting of a 30-day PPE supply across all relevant categories (based on understanding of access to PPE, case rates, drawdown rates, and conservation methods)
- 7.6 Refine guidelines for disbursement from State PPE stockpile (e.g., to maintain good faith efforts of healthcare organizations to prevent over utilization)

## Access

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### 6. In case of a second wave, (a) support healthcare providers to maintain the ongoing provision of healthcare services, focusing on vulnerable populations and certain specialties (e.g., primary care; behavioral health incl. mental health and substance abuse providers; pediatrics; geriatrics; OB/GYN); (b) enable and encourage patients with chronic conditions to continue to seek care; and (c) encourage continued provision of healthcare services where possible, placing restrictions only when absolutely necessary

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- 6.1 Create plan to maintain access to care by supporting increased healthcare services provided in the community (e.g., curbside care, telehealth), particularly for primary care, behavioral health, pediatrics, geriatrics, and OB/GYN
- 6.2 Incentivize providers to offer non-facility based care by advancing adequate reimbursement, e.g., reimbursement parity
- 6.3 Coordinate with community leaders to build trust, especially in vulnerable communities, and spread messages that resonate using channels that maximize reach

## Capacity: space

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### 8. Coordinate use of physical capacity across facilities and systems, in close consultation and coordination with health system leadership

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- 8.1 Use lessons learned about ability to handle demand for healthcare services in Wave 1 to collaborate and better inform future decisions about surge capacity needs at various stages of a resurgence
- 8.2 Build on successful collaborations (e.g., acute care and skilled nursing facility coordination) from Wave 1 to support the continued safe transfer between acute care and long-term care facilities, taking into account patient risk and facility capacity

## Recommendations from the PRAC subcommittee focused on health

### Capacity: labor

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#### 9. Address potential workforce shortages by facilitating movement of underutilized healthcare labor and reducing regulatory barriers

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- 9.1 Leverage Coronavirus Relief Fund to facilitate the movement of under-utilized healthcare staff to long-term care facilities and other settings with greater need
- 9.2 Clearly identify and address critical regulatory barriers (e.g., licensure) to support workplace growth and flexibility in response to a surge or additional outbreak

### Finance

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#### 10. Maintain health of Delawareans and financial resilience of the healthcare sector by facilitating the continued provision of care

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- 10.1 Encourage the continued provision of healthcare services where possible, placing restrictions only when, in consultation with health systems and community partners, it is absolutely necessary
- 10.2 Support the financial resilience of health care facilities, (particularly smaller, independent providers) by building infrastructure to guide them towards resources which help them continue the provision care
- 10.3 Ensure continued provision of care by building upon statewide emergency operations plan to address potential PPE, space, and labor shortages

### Finance

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#### 11. Facilitate in-need providers' access to expected federal funding (e.g., Health and Human Services Provider Relief, Paycheck Protection Program) by conducting targeted outreach and providing technical assistance

### Finance

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#### 12. Allocate coronavirus relief funding in a way that is consistent with Delaware's longer term healthcare goals

## Recommendations from the PRAC subcommittee focused on business

### Build resilience

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#### 1. Deploy a targeted approach to containment efforts and relax guidelines as expeditiously as possible without risking a resurgence

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- 1.1 Tie business restrictions to health risk (e.g. contact proximity, contact length, number of contacts, ability to modify to reduce health risk), with core goal to prioritize health while minimizing business impact
- 1.2 Leverage contact tracing to understand which types of businesses / activities are leading to spreads and inform future action
- 1.3 Continue to update guidance to businesses consistently and in a timely manner, based on new scientific learnings

### Build resilience

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#### 3. In resurgence scenario, provide financial relief for businesses and individuals

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- 3.1 Create / expand rapidly deployable short-term financial support programs for disproportionately impacted sectors
- 3.2 Accelerate payments on public procurement to increase vendors' liquidity
- 3.3 Provide relief for workers displaced due to COVID

### Build resilience

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#### 2. Provide financial and advisory assistance to DE businesses

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- 2.1 Augment loans, grants, subsidies, and other forgivable financial measures to support businesses impacted by the crisis, targeting disproportionately impacted businesses & sectors
- 2.2 Provide advisory support to Subject Matter Experts by partnering with businesses with relevant expertise and willingness to provide guidance
- 2.3 Temporarily lower regulatory cost of doing business and offer regulatory flexibility to local businesses
- 2.4 Expand state capacity to handle high volume of requests for support from local businesses

### Protect employment

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#### 4. Leverage and expand existing industry-based workforce training programs and support for job placement and retraining / reskilling

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- 4.1 Expand existing state training programs and create further credentialing & educational opportunities for displaced workers
- 4.2 Communicate available opportunities to unemployed workforce in a timely and consistent manner
- 4.3 Partner with Delaware business community on training, apprenticeship & employment opportunities for workforce development

## Recommendations from the PRAC subcommittee focused on business

### Protect employment

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#### 5. Expand key enablers to support workforce

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- 5.1 Provide expanded access to key enablers for both existing workforce and unemployed (e.g. childcare, broadband, public transit)
- 5.2 Provide workforce access to sufficient protective equipment and safety measures (e.g. PPE, health checks, hotline to report noncompliant employers) & support workforce impacted by COVID-19 (e.g. paid family leave)

### Capitalize on trends

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#### 6. Create and leverage entrepreneurship opportunities through new and existing programs

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- 6.1 Support joint public-private sector mentorship programs to help entrepreneurs and small business owners overcome challenges to pivot and grow their business
- 6.2 Expand entrepreneurship loans / grants and accelerators

### Capitalize on trends

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#### 7. Incentivize growth of Delaware businesses by investing in state projects and advocating for in-state business

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- 7.1 Invest in expanding DE growth areas while employing in-state workforce / contractors and engaging DE businesses
- 7.2 Match temporarily displaced workers to needed short-term government jobs
- 7.3 Direct greater amount of state procurement to Delaware-based small and medium businesses
- 7.4 Outreach / incentives to high-impact employers to re-shore supply chain to Delaware

### Capitalize on trends

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#### 8. Support businesses to invest in capabilities and infrastructure to capitalize on needs gaps exposed by COVID-19 crisis

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- 8.1 Encourage businesses to adapt to new hybrid / remote working and servicing environment by supporting new capabilities and infrastructure buildouts (e.g. contactless payments, digital enablement, web / mobile servicing, etc.)

## Create accountability and consistency

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### 9. Create accountability measures for businesses and public

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- 9.1 Require all businesses to self-certify
- 9.2 Offer financial assistance to expand public health inspection capabilities across all sectors
- 9.3 Offer trainings and educational material at state-level for public health inspectors and businesses
- 9.4 Consider enforcement actions to businesses and customers that do not comply with guidelines
- 9.5 Make sentinel testing program mandatory for congregate settings

## Communicate proactively

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### 11. Communicate proactively to DE businesses and public

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- 11.1 Set up ongoing communication strategy (e.g. timely and targeted messaging across business sectors and sizes, multi-channel messaging, clarity to businesses and consumers about restrictions and timing / limits of the restrictions, clarity to businesses on decision parameters and rationale, etc.)
- 11.2 Devise and implement holistic state PR campaign to boost self-enforcement of guidelines
- 11.3 Leverage associations, chambers, intergovernmental leaders, and legislators as key channels of communication and advocacy

## Create accountability and consistency

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### 10. Establish consistency in tightening and loosening of restrictions

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- 10.1 Ensure restrictions are applied consistently across sectors, driven by health risk of activities

## Communicate proactively

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### 12. In resurgence scenario, establish clear and rapidly deployable communication measures

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- 12.1 Set up resurgence-specific communication strategy and channels

## Health equity overall framework



**Addressing risk factors underlying transmission**



**Increased access and target communications**



**Increased testing and reach**



**Guidelines for care continuity and clinic resilience**



**Capture and monitor population-specific data**

### Addressing risk factors

#### 2. Increase employer accountability in providing safe working environments and support for medical leave

- 2.1 Clearly communicate minimum standards and increase accountability of employers for safe work environments
- 2.2 Ensure full use of existing federal protections for paid medical leave and quarantine by employers and employees
- 2.3 Help Delawareans better understand and increase uptake of workers' rights to paid medical leave to take care of themselves or as a caregiver
- 2.4 Establish and communicate clear guidelines for both government and non-government institutions and congregate settings, including adult and juvenile correctional centers, mental health facilities, shelters, long term care and nursing home settings, for COVID-19 risk mitigation and protection of residents and employees while maintaining overall security and safety, including maintaining a 90-day supply of PPE and strategies for increasing compliance with social distancing measures and testing access to employees and residents

### Addressing risk factors

#### 1. To reduce transmission risk, provide state-supported housing options for residents who need to self-isolate

- 1.1 Extend funding and explore expanded eligibility for emergency non-congregate sheltering (e.g., hotels/motels, shelters)
- 1.2 Increase public awareness of and access to state-funded sheltering sites

### Addressing risk factors

#### 3. Coordinate with community partners to increase access to PPE (masks and gloves) for DE residents in congregant and high density living situations, especially targeting geographies hardest hit by COVID

- 3.1 Using system of ongoing reporting and monitoring, coordinate with community organizations to provide masks and gloves for individuals in need of resources to meet basic PPE needs

## Access and communication

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### 4. Work with community organizations on culturally-sensitive resident education about COVID risks and safety guidelines

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- 4.1 Partner with community organizations that have existing initiatives, and centralize resources to lower barriers to access
- 4.2 Launch coordinated public relations campaign to promote transmission-reducing practices, including messaging designed to reach vulnerable populations
- 4.3 Provide training and toolkits for educators and educational institutions to ensure awareness of and alignment with state guidelines for safe operations

## Access and communication

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### 6. For healthcare providers, expand capacity for interpretive services

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- 6.1 Incentivize healthcare providers to increase the number of frontline healthcare workers who are fluent in languages other than English (e.g., Spanish, Haitian Creole)
- 6.2 Provide funding for healthcare providers to contract with video remote interpretation services to expand interpreter capacity

## Access and communication

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### 5. Increase home access to wireless broadband with infrastructural investment and support for low-income residents to enable access, education, and telemedicine

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- 5.1 Coordinate with carriers and local jurisdictions to rapidly expand wireless broadband access
- 5.2 Onboard unconnected households to increase access, especially for low-income individuals and rural communities
- 5.3 Use earmarked funds and identify additional funding sources to increase State visibility of overall coverage and connectedness, especially for low-income individuals

## Access and communication

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### 7. Increase testing accessibility, allocation, and proactive community-wide programs for Black and Latino populations and other vulnerable populations

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- 7.1 Increase testing allocation and uptake in Black and Latino populations to target positive test rate benchmarks
- 7.2 Increase accessibility of testing for Black and Latino populations with more sites and expanded hours
- 7.3 Partner with non-profits and other groups to increase access to testing for vulnerable populations (e.g., people with behavioral health conditions, in congregate living) and transient populations (e.g., homeless, recently incarcerated)
- 7.4 Expand proactive community-wide testing and reduce eligibility restrictions for testing

# Recommendations from the PRAC subcommittee focused on equity - health

## Access and communication

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- 8.** Expand contact tracing program, hiring and training displaced workers from most affected communities as contact tracers to maximize engagement and accuracy of information
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- 8.1** Prioritize hiring of field tracers for communities with high rates of untraced contacts
- 8.2** Partner with neighboring states in Northeast coalition to identify best practices for effective contact tracing of vulnerable populations

## Care continuity and clinic resilience

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- 9.** Ensure continuity of healthcare facilities, encourage patients to address chronic care needs, and increase access to care for Black, Latino, and medically vulnerable populations
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- 9.1** Support ability of healthcare facilities in underserved areas to stay operational
- 9.2** Encourage residents to address chronic care needs by coordinating with community leaders to build trust and spread messaging
- 9.3** Ensure continuous care for Black, Latino, and medically vulnerable populations by establishing tailored care delivery options (e.g., telemedicine) with reimbursement parity

## Care continuity and clinic resilience

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- 10.** Develop a proactive plan and guidelines for allocation of healthcare resources in the event of a shortage
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- 10.1** Coordinate hospital patient volumes between Delaware facilities through DHSS and the State Health Operations Center, based on patient risk and capacity constraints
- 10.2** Facilitate distribution of personal protective equipment to healthcare providers in underserved areas in cases of critical shortage
- 10.3** Consider advance guidelines related to care allocation in case of severe shortage to ensure clear protocols for populations with preexisting conditions

## Data

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- 11.** Increase data availability across key demographics related to testing, transmission, and mortality rates to target interventions and improve health outcomes
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- 11.1** Collect geographic testing and treatment data that includes household, workplace, and testing site for more insights related to work and home transmission and testing availability
- 11.2** Increase visibility of State health data as part of comprehensive COVID data dashboard
- 11.3** Track more comprehensive demographic data, incl. more racial categorizations, household structure, gender, etc. to be included in publicly available data

## Economic equity overall framework



**Support to Delawareans in financial crisis**



**Target support to minority-owned businesses**



**Focus longer term efforts on wealth gap**



**Promote employment and education**

### Support to Delawareans in financial crisis

**2. Maximize enrollment in existing public social safety net programs; State agencies to proactively prepare to increase surge capacity in event of deepening economic crises**

- 2.1** Work with community organizations on enrollment for newly unemployed and others eligible for State and Federal programs
- 2.2** Expand eligibility, increase benefit and extend deadlines where possible for local and State programs
- 2.3** Agencies to proactively prepare surge capacity for processing unemployment claims and social services applications in the event of deepening economic crisis

### Support to Delawareans in financial crisis

**1. Expand emergency financial assistance funds for low income workers impacted by pandemic**

- 1.1** Increase emergency financial assistance to low income workers in industries facing prolonged challenges
- 1.2** Leverage philanthropic dollars and community partners for emergency financial assistance for Delawareans but ineligible for public benefits (e.g., undocumented workers)
- 1.3** Expand rental subsidy and eviction arbitration support for renters and mortgage assistance and foreclosure support for homeowners

### Support to Delawareans in financial crisis

**3. Support community-based organizations/non-profits providing financial assistance**

- 3.1** Partner with and support local community organizations with preexisting relationships and trust with impacted communities for implementation of economic/food assistance, recovery and health programs

# Recommendations from the PRAC subcommittee focused on equity - economic

## Target support to minority-owned businesses

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### 4. Expand incentives to increase access to capital and credit for minority and women-owned businesses

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- 4.1 Increase funding for and capacity of Community Development Financial Institutions (CDFIs) in Delaware
- 4.2 For financial institutions, increase employer partnerships in DE that incentivize savings and retirement funds, especially for MBEs

## Target support to minority-owned businesses

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### 6. Implement measures for equitable State procurement opportunities and set goals for MBE participation in contracts awarded by the State

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- 6.1 Increase number of minority-owned businesses registered at Office of Supplier Diversity by streamlining certification process
- 6.2 Provide state-supported financial incentive to encourage inclusion of MBEs for procurement and contracting
- 6.3 Track progress towards specific targets for MBE participation in State procurement and state-supported projects as part of broader strategic plan

## Target support to minority-owned businesses

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### 5. Expand eligibility of State loan programs and partner with local CDFI's to drive uptake for existing public pandemic aid programs (e.g., PPP, HELP), reducing barriers where possible, and proactively target MBEs

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- 5.1 Reduce requirements related to credit access, size of business, and industry type that limit eligibility for grants and loans for small business owners
- 5.2 Offer support services for small and minority business owners to receive assistance for grant/loan applications

## Target support to minority-owned businesses

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### 7. Support grants/loans for COVID-related expenses and entrepreneurship, with targeted outreach to MBEs and ensure any economic development programs and projects created target MBEs

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- 7.1 Expand entrepreneurship loans/grants and accelerators, designating allotment of program funds for MBEs specifically
- 7.2 Augment loans, grants, subsidies, and other forgivable financial measures to support businesses impacted by the crisis, designating allotment of program funds for MBEs specifically
- 7.3 Assist MBEs in adapting to new working and servicing models by supporting capabilities and infrastructure buildouts (e.g., contactless payments, digital enablement, web/mobile servicing, etc.)
- 7.4 Support joint public-private sector mentorship programs to help entrepreneurs and small business owners overcome challenges to pivot and grow their business, with particular focus on MBEs

## Focus longer term efforts on wealth gap

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### 8. Establish incentives for low income families to build emergency savings funds to weather pandemic-related economic uncertainty

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- 8.1 Provide tax credits for savings and retirement planning targeted at low income and minority households
- 8.2 Review eligibility requirements for social assistance programs to avoid disincentivizing personal savings

## Promote employment and education

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### 10. Expand/Create workforce placement and development programs, with focus on service sector incentives to businesses to hire from non-traditional talent pools

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- 10.1 Partner with private sector on training & employment opportunities for workforce development, focus on service sector placement into growth industries
- 10.2 Provide incentives to businesses to hire from non-traditional talent pools and reducing eligibility requirements

## Promote employment and education

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### 12. Provide workforce access to sufficient protective equipment and safety measures (e.g., PPE) & support workforce impacted by COVID-19 (e.g., paid family leave)

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- 12.1 Provide workforce access to sufficient protective equipment and safety measures, including PPE, health checks, and a hotline to report noncompliance
- 12.2 Support workforce impacted by COVID-19 through increased access to paid medical and family leave

## Focus longer term efforts on wealth gap

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### 9. Continue investment in critical programs focused on economic mobility

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- 9.1 In budget constrained environment, maintain funding for State programs that address wealth inequality and promote economic mobility
- 9.2 Continue to support Delaware higher education institutions and community colleges to avoid tuition increases or reduction in student loan/grants

## Promote employment and education

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### 11. Subsidize supportive services for both existing workforce and unemployed (e.g., childcare, broadband, public transit, rent, utilities)

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- 11.1 Continue or expand subsidy programs for caregivers (e.g. childcare, adult care) for low-income families
- 11.2 Create/expand public transit commuter subsidy/voucher programs for low-income families
- 11.3 Provide increased funding and incentives for schools and districts to increase internet connectivity for Delaware students
- 11.4 Expand high speed internet connectivity for Delaware low income and rural residents (see Health Equity Recommendation #5)

## Promote employment and education

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### 13. Provide necessary supports for schools, students, and families to navigate flexibly through multiple possible scenarios, ensuring safety and continuous access to education and childcare

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- 13.1 Provide relief for public K-12 schools to help recover costs through a grant process for eligible expenses include PPE
- 13.2 Address food insecurity for students who typically rely on schools for meals

# Impact of COVID on Delaware



March 11, 2020 marked the beginning of an unprecedented period in the State's history when public health officials detected the first case of the novel-COVID-19 virus in New Castle County. In the days, weeks and months that followed, Delaware joined thousands of communities around the globe in managing a tragic, unfolding crisis. Delaware has not experienced the kind of surge that overwhelmed infrastructure in other Northeast states, aided in part by decisive action on the part of officials and a health system with sufficient capacity to manage its case rates. However, every aspect of Delawarean life has been impacted and with approximately 625 confirmed deaths, many have lost friends and loved ones.

In the face of what quickly became a dual health and economic crisis, State and local governments and the health sectors launched a response unlike anything in recent history. Since the beginning of February, the Governor's Office and Delaware's State Agencies have been tirelessly working to address the range of challenges created by the pandemic. Various agencies, including the Department of State, the Department of Health and Social Services (DHSS), the Division of Public Health (DPH), The Department of Housing, the Department of Labor, and the Delaware Emergency Management Agency (DEMA) have been working around the clock to respond to COVID, adjusting their approach in response to the developing health and economic crisis.

In addressing COVID-19, Governor Carney issued nearly 35 executive orders and modifications of those orders between mid-March and early-September. Delaware's initial response focused on reducing the virus's spread and improving health outcomes by introducing statewide restrictions (e.g., business closures, social distancing, and mask requirements). The State's more recent actions and reopening plans have broadened the focus, balancing the health of Delawareans with the need to reopen the economy and the need to address health and economic disparities. The following details the impact COVID-19 had on Delaware; all facts are as of September 30, 2020, unless noted otherwise.

## *Health outcomes*

Overall, Delaware has been successful in reducing the impact of the disease with the third lowest per capita death rate and the fourth lowest per capita case rate amongst the Northeast consortium.<sup>1</sup> Since Delaware reached its peak number of statewide COVID hospitalizations on April 27, it has made significant progress and has managed to reduce the daily number of new cases diagnosed in the state to an average of 100 during the first half of September (from a high of 510 new cases on May 10). Localized outbreaks drove an uptick in cases and hospitalizations in early summer, culminating in 220 new cases on July 11.<sup>2</sup> When that local outbreak began, the Division of Public Health responded through ramped up testing and contact tracing, helping to inform targeted restrictions on high risk settings (e.g., bars) to reduce risk of transmission. The successful testing response highlighted how statewide testing and contact tracing is integral to proactively manage the spread of the disease.

<sup>1</sup> As of September 16, 2020, CDC

<sup>2</sup> As of September 16, 2020. Delaware Health and Social Services, My Healthy Community

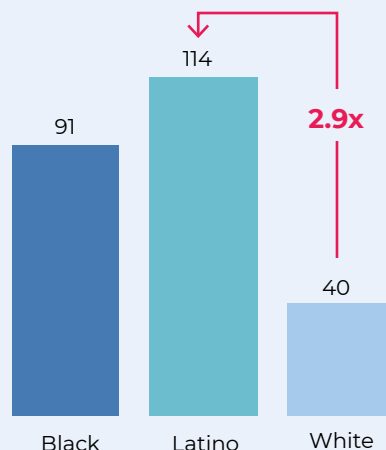
## New cases in Delaware



Source: Delaware Health and Social Services

However, the global pandemic has not impacted all ethnicities equally, and Delaware has been no exception. Consistent with national trends, health outcomes for Black and Latino Delawareans have been worse than their white counterparts: While improved since the summer, Black and Latino Delawareans have an age-adjusted COVID-19 case rate two and a half times higher and five and a half times higher respectively than white Delawareans. Further, Black and Latino Delawareans have an age-adjusted COVID-related death rate that is 2.3 and 2.9x as high as their white counterparts, respectively.<sup>3</sup> Additionally, outbreaks in congregant settings have become common hotspots across the country. Delaware has experienced outbreaks in poultry plants, in long term care facilities and in prisons. For example, Delaware State prisons have, at times, experienced outbreaks similar to many other Correctional facilities across the nation: While the facility has not had an inmate test positive since July 30, the Sussex Correctional Institution experienced an outbreak impacting one third of more than 900 inmates in residence. Fortunately, there have been relatively few deaths in relation to the total population that the unified correctional system manages: eleven inmates have succumbed to COVID as of September 7. As has been the case globally and across the nation, the most pronounced disparity in health outcomes occurred for elderly populations. As of September, Delawareans age 65 and greater made up approximately 20 percent of Delaware's population and accounted for just 15 percent of cases statewide but accounted for 83 percent of total deaths. Dissimilarly, Delawareans under the age of thirty-five accounted for greater than sixty percent of Delaware's population but approximately two percent of total deaths.<sup>4</sup>

## Age-adjusted death rates in Delaware by race/ethnicity, per 100,000 people



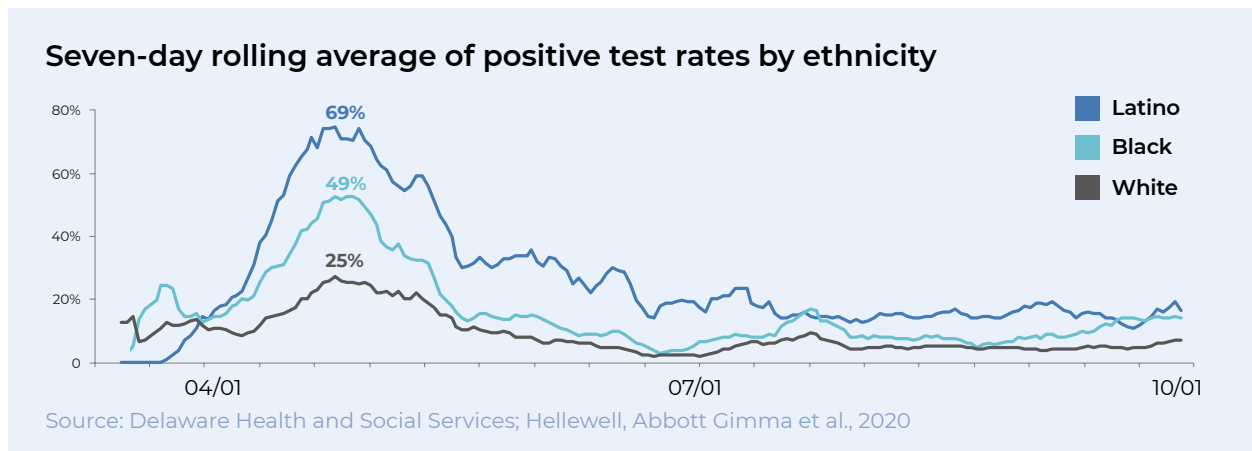
Source: Delaware Health and Social Services

<sup>3</sup> As of September 16, 2020. Delaware Health and Social Services, My Healthy Community

<sup>4</sup> Delaware Health and Social Services, My Healthy Community, Census data 2019 estimates

## Testing and access to care

Due to a dedicated effort, testing in Delaware has risen steadily since March and the Governor announced the state's first comprehensive testing plan on May 8, setting a goal of 80,000 tests per month, and a statewide contact tracing plan on May 12. Since then, the State has continually updated and improved its testing program to increase accessibility, announcing its expansion and new pharmacy partnerships on July 15 and the opening of fixed testing sites on September 11. To better target testing efforts, the State launched a new contact tracing app, COVID Alert DE, on September 15, which was downloaded 19,000 times within the first three days of its release. Monitoring the evolving situation, DHSS tracks COVID-19 related metrics and makes the data available to the public through the My Healthy Community site. To proactively reduce the transmission of the disease, all non-essential mass gatherings were cancelled on March 12 (since refined), non-essential businesses were closed on March 22 (since modified), and out-of-state visitors were ordered to quarantine for 14 days on March 29 (since lifted on June 1). Throughout this time, the DPH has drafted and disseminated information to encourage risk mitigation practices.



Like many other areas in the nation, adequate testing and access to healthcare continue to be challenges, particularly in minority communities. The State quickly recognized the need within these communities and started to increase testing in hotspots. In response to the significant impact on the Latino and Black communities, DPH tested Latino and Black Delawareans 28% and 24% more per capita than white Delawareans.<sup>5</sup> The Latino and Black communities experienced high initial positive test rates, with the 7-day moving average peaking at 69% and 49% in late April for Latino and Black Delawareans respectively. The increased testing efforts to date have reduced the 7-day moving average to 15% for Latinos and 13% for Black Delawareans, while white Delawareans are at 7%<sup>6</sup> (vs. 5% recommended under WHO guidance). These elevated values demonstrate that the current testing levels may not be enough to capture true prevalence. To reach these highly affected populations, continued focus on improving and expanding access to testing through specific, targeted initiatives (e.g., additional testing sites, extended hours) is important. Since the pandemic began, members of both Black and Latin communities have reported long delays for testing sites and sometimes-inconsistent messaging about testing and access.

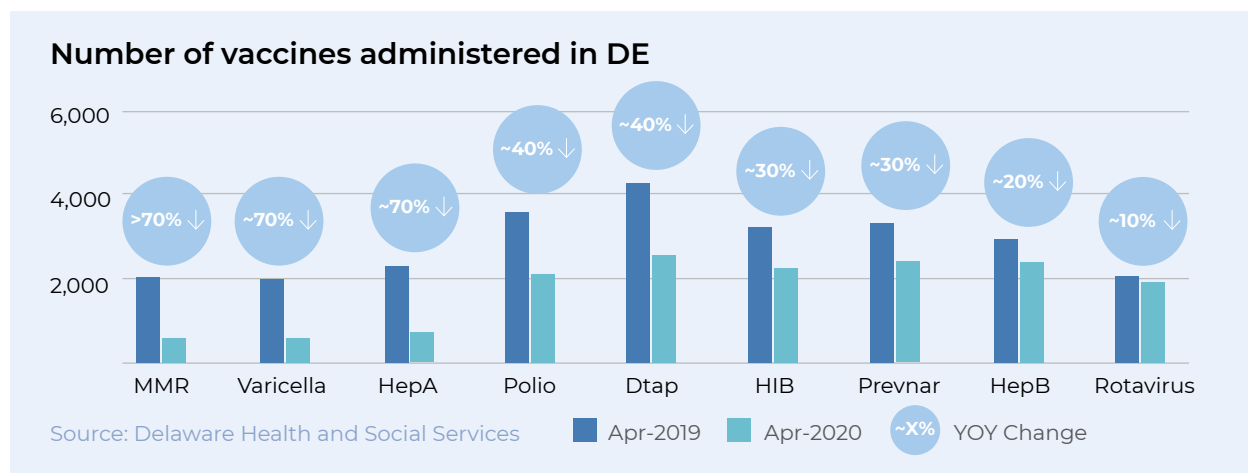
<sup>5</sup> Delaware Health and Social Services, My Healthy Community

<sup>6</sup> Delaware Health and Social Services, My Healthy Community

Although COVID-19 drove down healthcare usage across the nation, and similarly in Delaware, it disproportionately disrupted access for low-income and vulnerable populations. Routine vaccinations serve as indicators for access to routine and preventative care. During the height of the pandemic, six of the nine main vaccines administered in Delaware declined between 10 and 40 percent year-over-year in May 2020, while vaccines administered under the Vaccines for Children Program (VFC) targeting low income populations dropped 74 percent on average.<sup>7</sup> Though vaccine administration rebounded by June when both total vaccine and VFC administration increased YoY, reductions in vaccine administration since then demonstrate that access to preventative care remains an issue to monitor. Embedded resource and infrastructure issues compound impediments to access caused by the pandemic. For example:

- Interpretive services are not consistently available across testing, in person, and telehealth care settings despite being critical to building trust and ensuring full access to care
- Telehealth accounted for greater than fifty percent of all physician visits the last week of April and continues to account for nearly a quarter of all physician visits as of mid-August,<sup>8</sup> yet access to broadband, devices and data may be challenging for low income Delawareans<sup>9</sup>

To help support access, the State has made a number of changes to drive continued access to health care during this time. For example, Delaware relaxed regulations to permit out-of-state telehealth practitioners to provide mental health services and ensured telehealth reimbursement even when only audio capabilities are available, which increased access to care. Hospital capacity across the state was monitored to ensure those who needed urgent care were able to receive it. The State made distributions from its PPE stockpile to hospitals, LTC facilities, primary care clinics, and other critical service providers. As requests to the state for PPE declined, the State Health Operations Center (SHOC) has steadily added to it by (a) leveraging its partnership with Delaware Emergency Management Agency and (b) entering into a seven-state consortium to increase the ability to acquire PPE. As of mid-September, SHOC reported 60+ days' supply (under conservation methods) for most PPE,<sup>10</sup> up from 21-30 days in early summer.



<sup>7</sup> Delaware Department of Health and Social Services

<sup>8</sup> Chartis Group, "Telehealth: Current Trends and Long-Term Implications," 2020

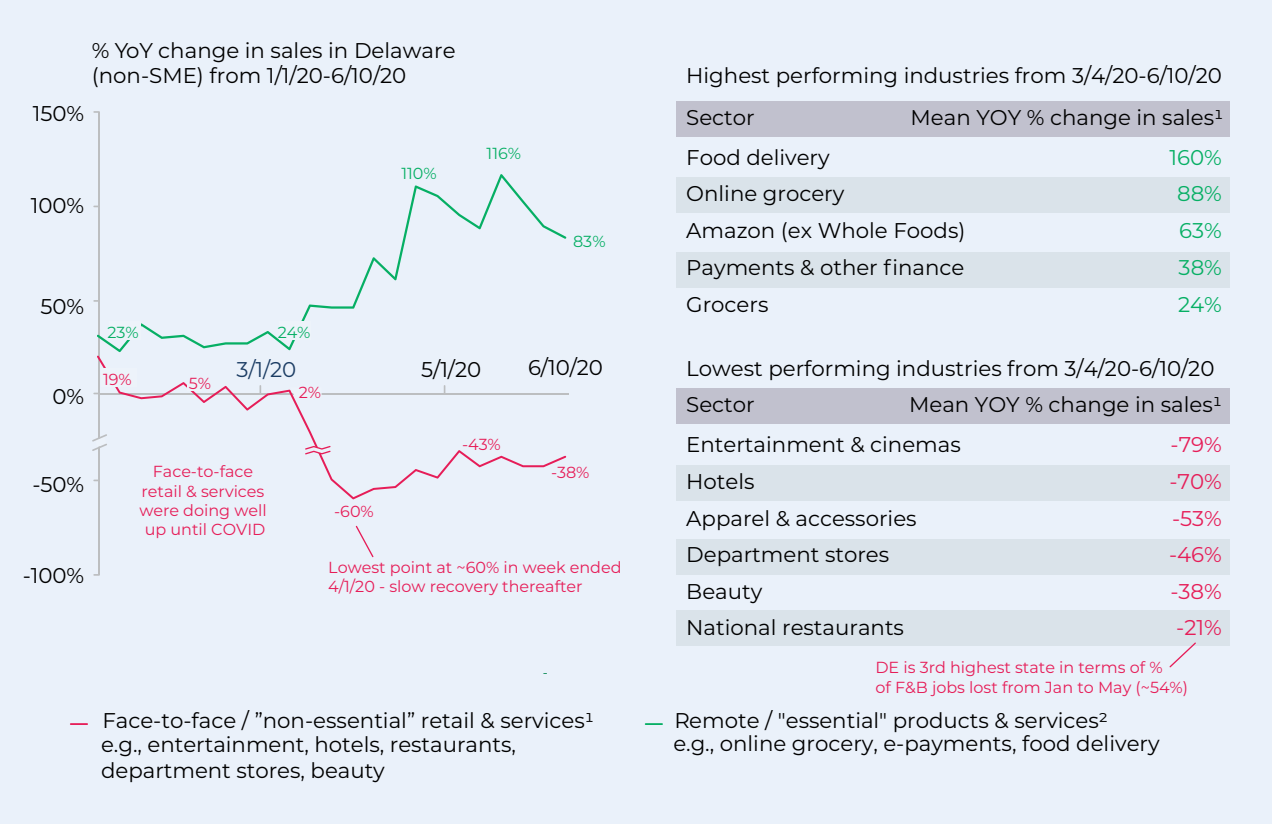
<sup>9</sup> Policymap.com

<sup>10</sup> Receipt of additional gloves and isolation gowns pending

## Economic impact

Economically, Delaware has put in place various programs to support local businesses and protect employment. To build financial resilience, the State helped sponsor COVID financial relief programs, including loan guarantees for community development financial institutions, as well as significant regulatory flexibility to reduce the cost of doing business. To continue fostering economic growth, tax credits were introduced, regulatory barriers for new businesses were reduced, and entrepreneurial assistance programs and business grants were established, including the \$100 million DE Relief Grants program, which launched and began grant distributions in September. To protect displaced workers, the State built on its existing Department of Labor programs by collaborating with private industry to create apprenticeship programs and launched the Rapid Workforce Training & Redeployment Initiative which committed \$10 million of CARES Act funding to establish training and certification programs for unemployed and underemployed Delawareans. Additionally, businesses and individuals looking for guidance on how to safely begin reopening have been supported with industry-specific guidelines for safe operations from the Division of Public Health or the Division of Small Business.

Though the State's efforts have tempered the effect the pandemic has had on Delaware's business community and the workers they employ, the impact on Delaware's economy has been significant nevertheless. Unemployment increased from 3.9% in February to 15.8% in May, but has since dropped to 8.9% in August.<sup>11</sup> Forty percent of Delaware's employment pre-COVID was driven by sectors most impacted by the pandemic,<sup>12</sup> including retail, accommodation, food,



<sup>11</sup> Bureau of Labor Statistics

<sup>12</sup> BEA, QECW

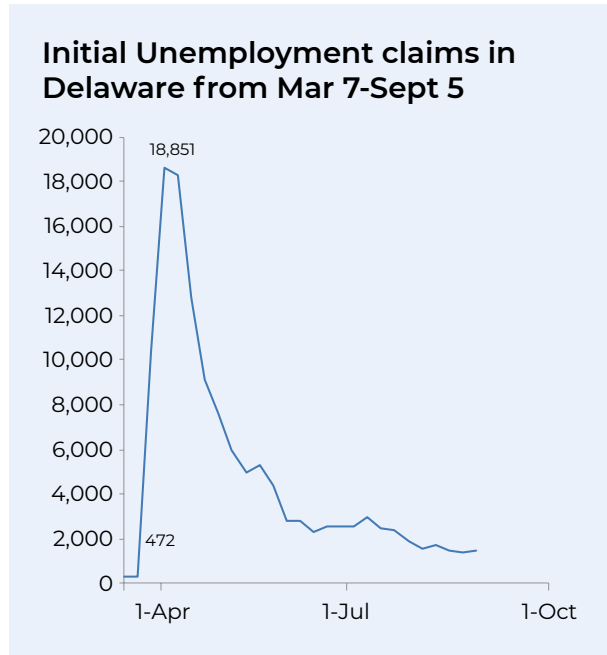
<sup>13</sup> Includes social assistance, personal services, arts, entertainment, and recreation

healthcare and childcare (“fragile sectors”).<sup>13</sup> At the height of the pandemic, those fragile sectors accounted for ~75 percent of Delaware’s continued unemployment claims.<sup>14</sup> Similarly, statewide deferrals on elective care led to unused capacity and disrupted the financial standing of many within the healthcare sector. Temporary regulatory adjustments increased the accessibility of telehealth, which mitigated some of the impact on providers’ financials by providing an alternative for in-person visits, especially for primary care and behavioral health. The focus for future surges should be on maintaining access to healthcare to the extent possible.

Within the business community, small and medium enterprises (“SMEs”) were hardest hit. SMEs are responsible for employing almost half of all Delaware workers, and are overrepresented in the hardest-hit fragile sectors. Almost 70 percent of all workers in the accommodation and food and services sector, and 94 percent of workers in the personal services sector, are employed by SMEs.<sup>15</sup> Earlier this summer, businesses that rely on face-to-face interactions faced an approximately 60 percent decrease in YoY sales. Sectors with significant SME presence,

such as restaurants and personal services, also have lower mean wages, putting relatively low-income workers that are predominant in those sectors at greater risk.<sup>16</sup> In addition, SMEs faced unique struggles that exacerbated the situation, including a lack of sufficient cash reserves (the median small business holds twenty-seven cash buffer days in reserve) limited access to external guidance, substantial challenges accessing capital, and difficulty obtaining the federal PPP loans available earlier this year.<sup>17</sup> State and federal aid provided some relief, but was insufficient to sustain businesses – particularly smaller and minority-owned businesses – through a prolonged economic downturn. For example, as of May, about 90 percent of MBEs were unable to apply for PPP loans from mainstream banks because they were either too small or lacked an existing line of credit.<sup>18</sup> Therefore, while Black Delawareans make up 23 percent of the overall population and ten percent of business owners in Delaware, they received only three percent of PPP loans.<sup>19</sup>

Experience from the 2008 recession suggests that a potential wave of SME closures will linger for years after the current crisis. In order to mitigate these challenges, SMEs may require dedicated financial assistance programs and temporary regulatory relief to mitigate these structural challenges that have been compounded by COVID-19 crisis.



<sup>14</sup> Delaware DOL unemployment data

<sup>15</sup> SBA DE small business profile

<sup>16</sup> USB annual data

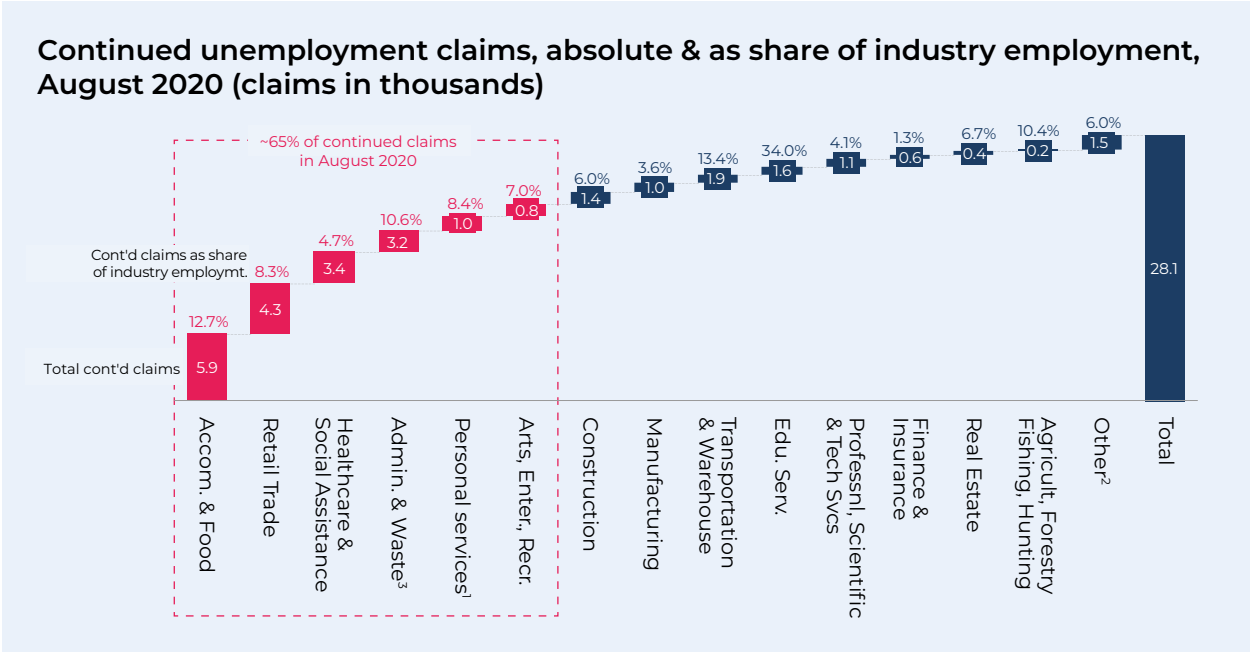
<sup>17</sup> JP Morgan Chase Institute Small Business Cash Flow Report

<sup>18</sup> SBA PPP Report; Center for Responsible Lending 2020 Report; U.S. Census

<sup>19</sup> Ibid.

Demand is likely to take time to return to pre-pandemic levels. As of May, over 40 percent of continuing unemployment claims are from sectors that stayed open throughout the pandemic, and the vast majority are generated from workers in sectors that opened in Phase 1, signaling that the dip in economic harm was not exclusively driven by the mandate to close businesses, but also due to consumer confidence and lower willingness to spend. In Delaware, continued claims have dropped by greater than 50% since May highs in the important Accommodations and Food and Arts, Entertainment & Recreation sectors signaling a potential rebound, but consumer demand may continue to struggle to return to pre-pandemic levels: national consumer spending dropped 0.1% in August, further indicating a potentially slow recovery, particularly if additional federal stimulus programs do not become available.<sup>20</sup>

Additionally, if Delaware’s robust labor recovery plateaus due to a reduction in federal aid and a substantial portion of temporary unemployed workers become permanently unemployed, it will be vital to support them with expanded workforce development programs and greater access to training so they can transition into new professions and re-enter the workforce. Going forward, businesses and the state government will have to work closely together to bolster consumer sentiment through clear and consistent messaging.



**Societal impact**

In addition to impacting the health and business communities, the pandemic exposed vulnerabilities and created challenges for some of Delaware’s social systems. Delaware has not been alone in experiencing these issues as all states adjust to the new normal. For example, the shift of education to remote learning came unexpectedly in the spring, with seventy percent of teachers nationally reporting not being prepared for distanced learning<sup>21</sup> and parents struggling

<sup>20</sup> US Commerce Department

<sup>21</sup> Delaware DOL unemployment data, BLS current population survey

to manage sudden childcare needs. To support the low-income workforce during COVID-19, the Governor waived the co-pay for the Delaware Childcare Subsidy Program from April through September. However, when in-person classes were canceled, the approximately one hundred thousand students eligible for free and reduced-cost lunch in Delaware were threatened with food insecurity and the broad range of critical, student support services, like mental health counseling, had to be reconfigured. Many school districts quickly organized lunch pickup and other work-arounds, but barriers like transportation and WiFi remained for others. As the current academic year begins under a remote or hybrid model, many of the same barriers may remain, in addition to the broader question of when and to what extent schools remain open. To inform schools' decision-making, the state is monitoring key metrics such as new case rate, percentage of positive tests, and average daily hospitalizations on a week-to-week basis.<sup>22</sup> Additionally, as families face additional challenges to housing security, the State has committed \$40 million to the Delaware Housing Assistance Program and Delaware Emergency Mortgage Assistance Program to provide grants to renters and homeowners at risk of losing housing due to financial hardship resulting from the pandemic.

During this time, digital communication has become more important than ever before, providing the conduit to telehealth, education and government services, so solutions have been needed for the estimated 18 percent of Delawareans lacking a broadband internet subscription and more than 35,000 Delawareans with no access to the internet at all.<sup>23</sup> To address these gaps, the State has dedicated \$20 million in CARES Act funding to increase access to broadband equipment and services for families in financial need, cover equipment installation and broadband service for students from low-income households, and accelerate the building of towers and laying of fiber optic cable to complete Delaware's rural wireless update. In cities and towns, local governments offered more free public Wi-Fi hotspots and student devices were offered through school programs, but challenges remained for many of the thousands of low-income residents who do not have in-home internet connectivity, devices or access to affordable data. Reports from earlier this year of students attending class from parking lots of libraries and schools demonstrate the critical need for solutions as remote learning remains necessary for many students this academic year.

As COVID-19 also created additional hurdles for women experiencing domestic violence, such as limited access to services, intensified economic challenges, and fewer legal channels, there has been an increase in domestic violence-related calls for help since quarantine began. Overall, between March and May, there was a fifty percent increase in calls to the 211 hotline compared to the same time period in 2019.<sup>24</sup> Delaware has also seen a spike in overdoses; by the end of May, Delaware reported 160 suspected deaths from overdoses in 2020, representing 48 percent and 60 percent increases over the same period in 2018 and 2019 respectively.<sup>25</sup> Those suffering from substance use disorder, mental illness, or both have been especially susceptible to the negative emotional impacts of quarantine.

<sup>22</sup> Delaware Health and Social Services, My Healthy Community

<sup>23</sup> Delaware Women's Advancement & Advocacy July 2020 Report

<sup>24</sup> Women's Advancement & Advocacy

<sup>25</sup> Delaware Health and Social Services; National Healthcare Safety Network

# Lessons learned from select COVID-19 experiences

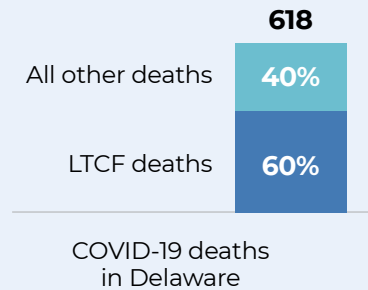
## Long-term care facilities

During the first wave of the pandemic, residents of long-term care (LTC) facilities were disproportionately affected across the country. During the height of the pandemic in Delaware, 64 percent of COVID-19-related fatalities were in LTC facilities, above the national average of 42 percent, but roughly in line with most states in the Northeast and Mid-Atlantic. While LTC fatalities have dropped modestly, making up 60% of COVID-19 related fatalities as of September, LTC facilities reported a number of challenges that resulted in increased risk of exposure to the virus for the residents: (a) It was difficult adjusting to technical guidance as understanding of the virus evolved, specifically regarding resident separation; (b) Testing protocols were applied unevenly – for example staff were required to be tested regularly while drivers who transported residents to dialysis were not; (c) Staff worked across multiple facilities to financially support themselves, which risked spreading the virus between facilities; and (d) Limited PPE availability led to inconsistent use among staff and residents. For example, as demand for PPE spiked in March, LTC facilities did not have adequate supplies on hand and requested a significant volume from the state stockpile, receiving fewer than twenty percent of what they requested.<sup>26</sup> While LTC facilities have taken steps to manage the spread within their facilities, a focused effort must be made to improve the coordination between the State and the facilities, increase testing availability, and improve risk mitigation techniques (e.g., by providing PPE guidelines and limiting cross-facility staffing).

## Poultry plants

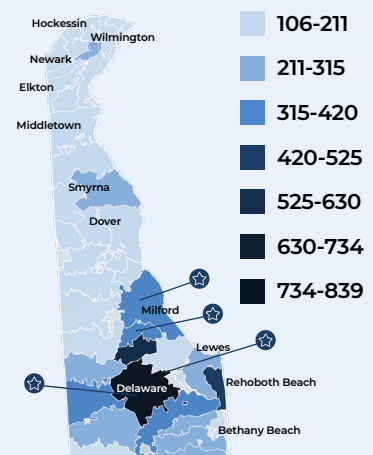
In the three months after the first positive cases in Delaware poultry plants were identified in Milford on March 28th, the poultry industry was a hotspot. The industry employs over 20 thousand people across the Delmarva Peninsula area (in Delaware, Maryland, and Virginia), and, as of August 25, a total of 1,032 positive cases and 604 COVID-related deaths were identified among Delaware poultry workers. While case rates among poultry plant workers have subsided since the height of the pandemic – the State did not see a single positive case among poultry workers through most of July and August - in Delaware's six poultry plants, case rates rose dramatically in late spring as some employers experienced challenges

### Majority of deaths in Delaware occur among long term care facility residents



1. Weighted average based on estimated total US long term care population
  2. As of September 15, 2020
- Source: FREOPP; Delaware Health and Social Services

### Meatpacking plant locations correlate with coronavirus hotspots



<sup>26</sup> Delaware Health and Social Services

implementing social distancing and COVID-19 disinfection guidelines, with one Delaware poultry plant experiencing a positive case rate of thirty percent. While some poultry employers took early measures to address risk factors, others were less consistent, and some employees continued working despite concerns of illness out of fear of loss of work or disruptions to payment. To combat outbreaks, the State assisted plants in providing universal testing to its workers, and for future outbreaks, targeted employee communication, testing, and outreach (with the support of employers, if possible) will continue to be necessary.

## ***Restaurants***

While COVID-19 has adversely impacted the food service industry nationally, restaurants in Delaware have been hit especially hard. In a survey of DE food/accommodation establishments during the shutdown, 94 percent reported that weekly sales had declined seventy percent or more as a result of COVID-19. The restaurant industry entered the pandemic especially vulnerable as they had profit margins of around two to six percent on average, challenges with cash availability, and seasonality constraints on operations. As is the case nationally, COVID-19's effect on Delaware's restaurant industry has particularly impacted low-income and minority communities: In Delaware, restaurants comprise about ten percent of state employment (of which approximately 69 percent comes from SMEs), and employ many low-wage Black and Latino workers. While restaurants have found new ways to service customers (e.g., alcohol takeout, expanded outdoor seating), thanks to the regulatory relief provided by the Governor and General Assembly, they also report continued financial distress and difficulty enforcing customer compliance with guidelines.

## ***Community engagement***

As the response continued through the summer months, there was a growing recognition of the needs of vulnerable populations. While a statewide shutdown was in place during the peak of the crises, strong two-way communication was vital for addressing the health needs of Delaware residents and to better understand the latest news from the ground. Targeted and culturally appropriate community engagement efforts were also led by community organizations and faith leaders and those partnerships can be expanded. They became important sources of information for community members and for the State government, disseminating key messages in both directions. Nonprofits coordinated efforts to pool and disseminate resources and information through efforts like the DCF COVID-19 Strategic Response Fund.<sup>27</sup> In July, the DPH and Healthy Communities Delaware initiative collaborated with community organizations to provide over \$700,000 in funding to assist with food assistance, translation services, and risk reduction efforts, expanding their ability to address community needs. Additionally, in early September, the State launched the Nonprofit Support Fund, which will provide \$25 million in support to community organizations that provide important services for Delawareans such as homelessness assistance, food assistance, substance abuse services, domestic abuse services, and assistance for Delawareans who have lost employment. Despite these efforts, some community leaders report that citizens in their communities continue to express distrust, fear, and confusion about the coronavirus and uncertainty about their ability to access care if they need it. This highlights the importance of continued outreach and maintenance of partnerships that use the expertise of those closest to the communities most impacted.

<sup>27</sup> U.S. Census Bureau, 2018

## Members of the sub-committees for Health

### CHAIR OF THE HEALTH SUBCOMMITTEE



**Dr. Nancy Fan**  
Chair of the Delaware  
Health Care Commission



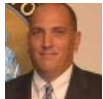
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**Vickie Cox**  
VP – Director of Operations  
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**Dr. Janice Nevin**  
CEO of Christiana Care



**AJ Schall**  
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**Dr. Joseph Straight**  
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**Taryn Dalmasso**  
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**Kurt Foreman**  
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**Carrie Leishman**  
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**Chris Schell**  
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**Dick Willey**  
President  
Perdue Agribusiness



**Nicole Poore**  
Senate Majority Leader  
(D-New Castle)



**Jeff Spiegelman**  
State Rep. (R-Clayton)



**Dave Wilson**  
State Sen. (R-Bridgeville)

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Urban League of Wilmington



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**Gerald Hocker**  
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**Elizabeth Lockman**  
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