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# MAINE'S COVID-19 HEALTH DISPARITIES INITIATIVE

MAINE CDC OFFICE OF  
POPULATION HEALTH EQUITY

*OVERVIEW WEBINAR*

*NOVEMBER 17, 2021*

# ZOOM INFORMATION

- During today's webinar, please submit questions/comments through the chat.
- We will respond time permitting, or follow-up with responses following today's webinar.
- The presentation will be recorded for those who are unable to attend. Q&A will not be recorded.

# AGENDA

- COVID-19 Disparities in Maine
- Federal Award Overview
- Maine Specific Initiatives
- Next Steps

# BACKGROUND

Maine DHHS is launching a series of new initiatives to advance health equity in communities at higher risk of COVID-19, supported by a \$32.1 million grant from the U.S. Centers for Disease Control and Prevention (U.S. CDC).

## Grant Purpose

- **Reduce COVID-19-related health disparities**
- **Advance health equity by expanding state and community capacity and services to address COVID-19 disparities, including among people of color and rural communities**

## Stats

**National Grant Amount:**  
\$2.25 billion

**Maine Allocation:**  
\$32.1 million

**Award Period:**  
June 1, 2021- May 31, 2023 (2 years)

This funding provides Maine DHHS a historic, one-time opportunity to invest in new initiatives that will advance health equity across the state.

*\*More Information available on US CDC COVID-19 Disparities Grant Portal Page (FAQs, awards, etc.):*

<https://www.cdc.gov/publichealthgateway/partnerships/COVID-19-Health-Disparities-OT21-2103.html>



# MAINE DEMOGRAPHICS AND COVID-19 HEALTH DISPARITIES

# WHY NOW?

Health equity requires striving for the highest possible standard of health for all people, giving special attention to the needs of those at greatest risk for poor health based on social conditions.

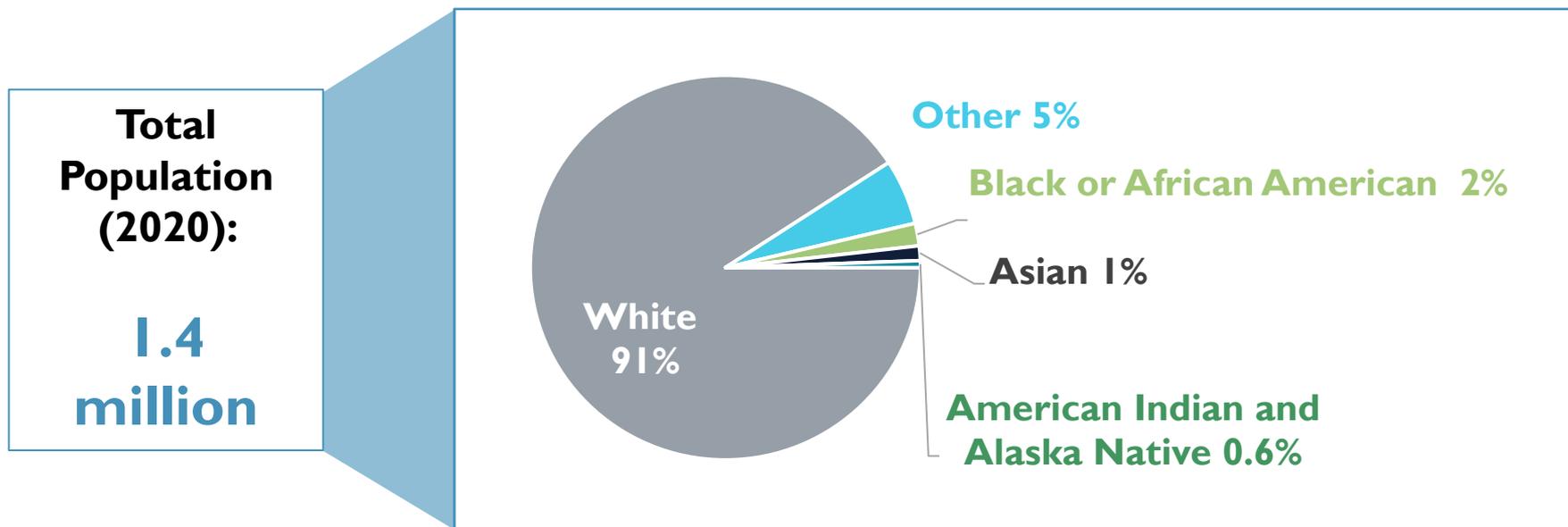
- **People of color and people living in rural communities** have **disproportionate rates of chronic diseases** that increase severity of COVID-19 and face **unique barriers** to accessing testing, treatment, and vaccination.
- **A coordinated and holistic approach is necessary to building and sustaining trust**, ensuring equitable access to services, and advancing health equity related to COVID-19 disparities.
- Disparities are **inextricably linked to complex, widespread, and longstanding health and social inequities** that have increased COVID-19 risk and severity for many communities.

*\*More Information available on US CDC COVID-19 Disparities Grant Portal Page:*

<https://www.cdc.gov/publichealthgateway/partnerships/COVID-19-Health-Disparities-OT21-2103.html>

# MAINE DEMOGRAPHICS: RACE / ETHNICITY

9% of Maine's residents, or roughly 125,000 people, identify as People of Color.



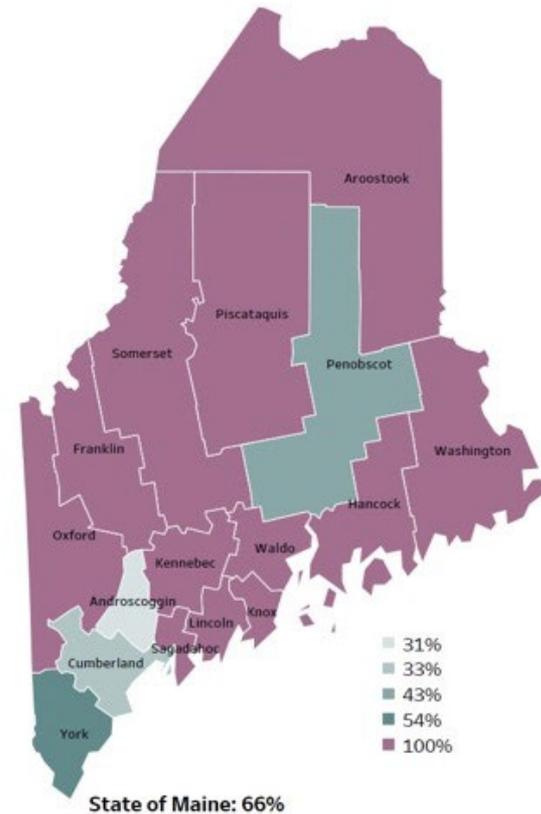
**Mainers who are representatives of racial, indigenous, or tribal populations typically experience unemployment and poverty at twice the rate of white Mainers.**

# MAINE DEMOGRAPHICS: GEOGRAPHY

Maine is the most rural state in the United States.

- **Statewide, over 65% of Maine's residents live in rural areas.**
- **In 12 of 16 counties, 100% of the population lives in a rural area.**

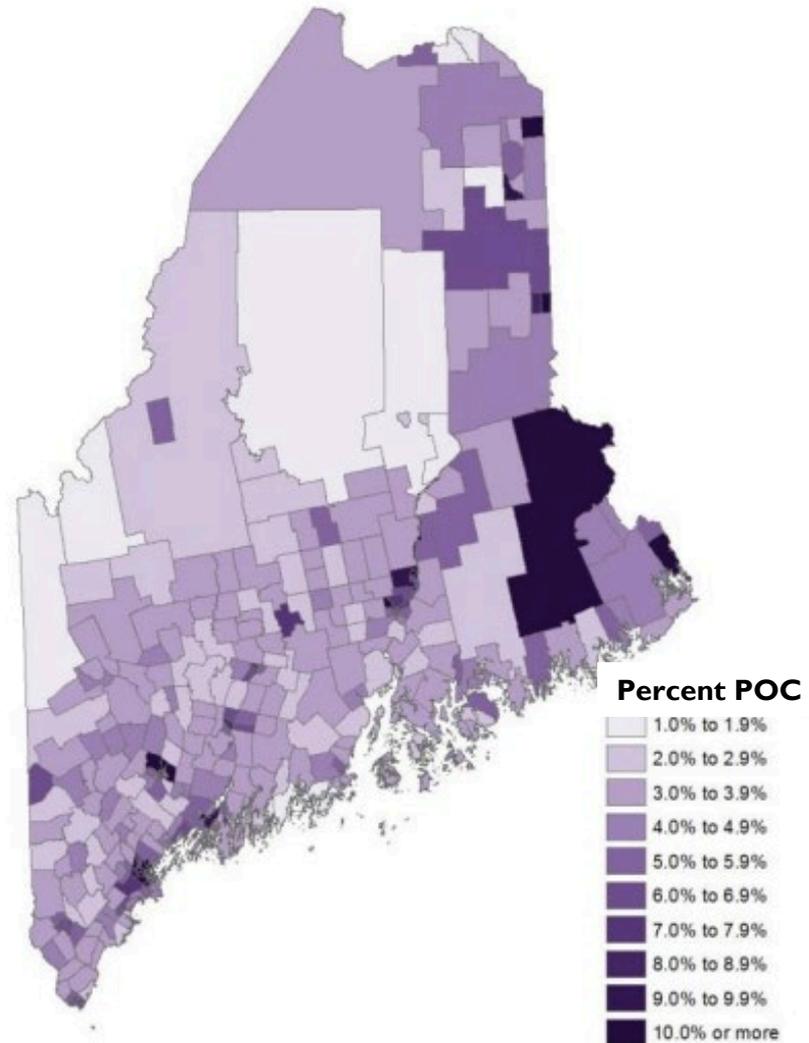
The poverty rate in rural Maine is **13.5%**, compared to **9%** in Maine's urban areas, and **12%** nationwide.



Percentage of people living in rural areas (2019)

# MAINE DEMOGRAPHICS: RACE / ETHNICITY BY GEOGRAPHY

- State-wide average: 9% People of Color.
- Range: 1-84% in individual communities.



# MAINE COVID-19 HEALTH DISPARITIES

People of color and people living in rural communities have been hardest hit by COVID-19 in Maine, mirroring patterns across the nation.

## Racial/Ethnic Disparities

(As of June 2020)

People of color accounted for **47%** of COVID-19 cases, but only **9%** of Maine's population.

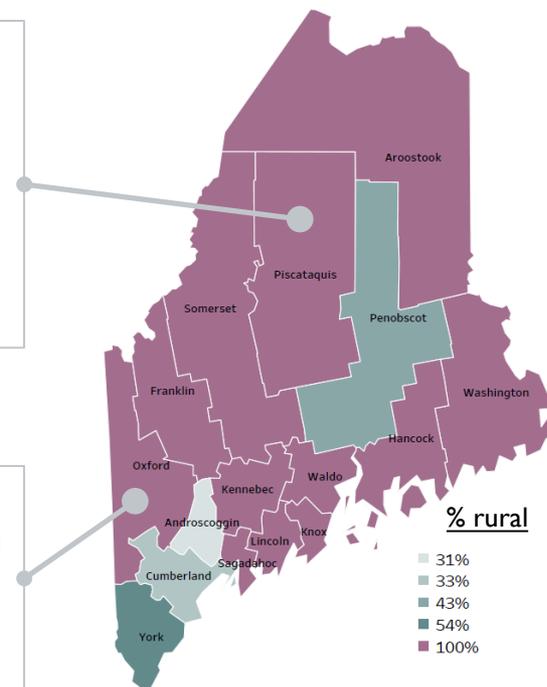
Black people accounted for **24%** of all COVID-19 cases, but only **2%** of Maine's population

## Rural Disparities

(As of Nov 2021)

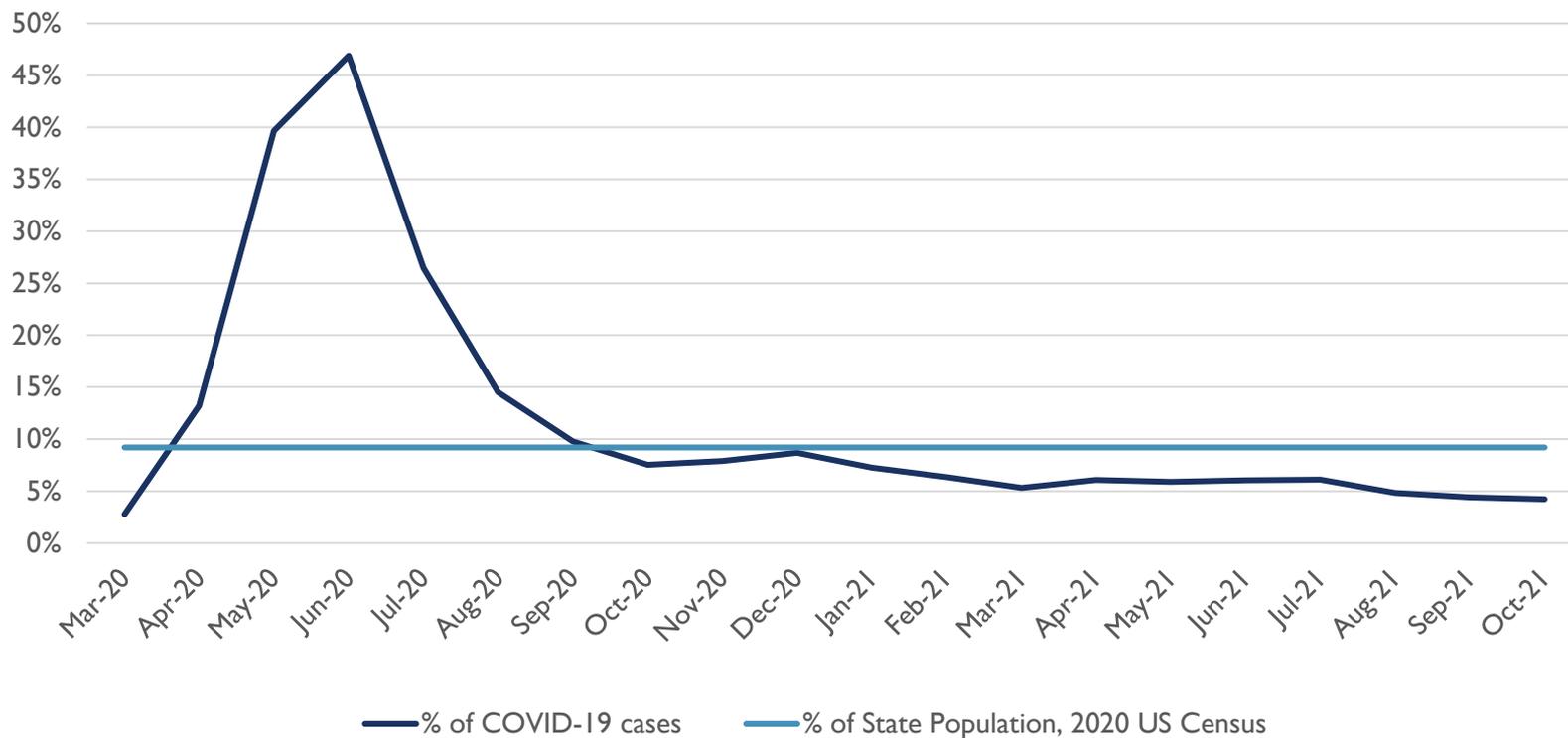
**Piscataquis County** has highest per-capita COVID-hospitalization rate statewide

**Oxford County** has 2<sup>nd</sup> highest COVID rate statewide



# MAINE COVID-19 HEALTH DISPARITIES OVER TIME

Percent of COVID-19 Cases in Maine Among People who are American Indian or Alaska Native, Asian, Black, Native Hawaiian or Other Pacific Islander, Two or More Races, or Another Race (non-white)

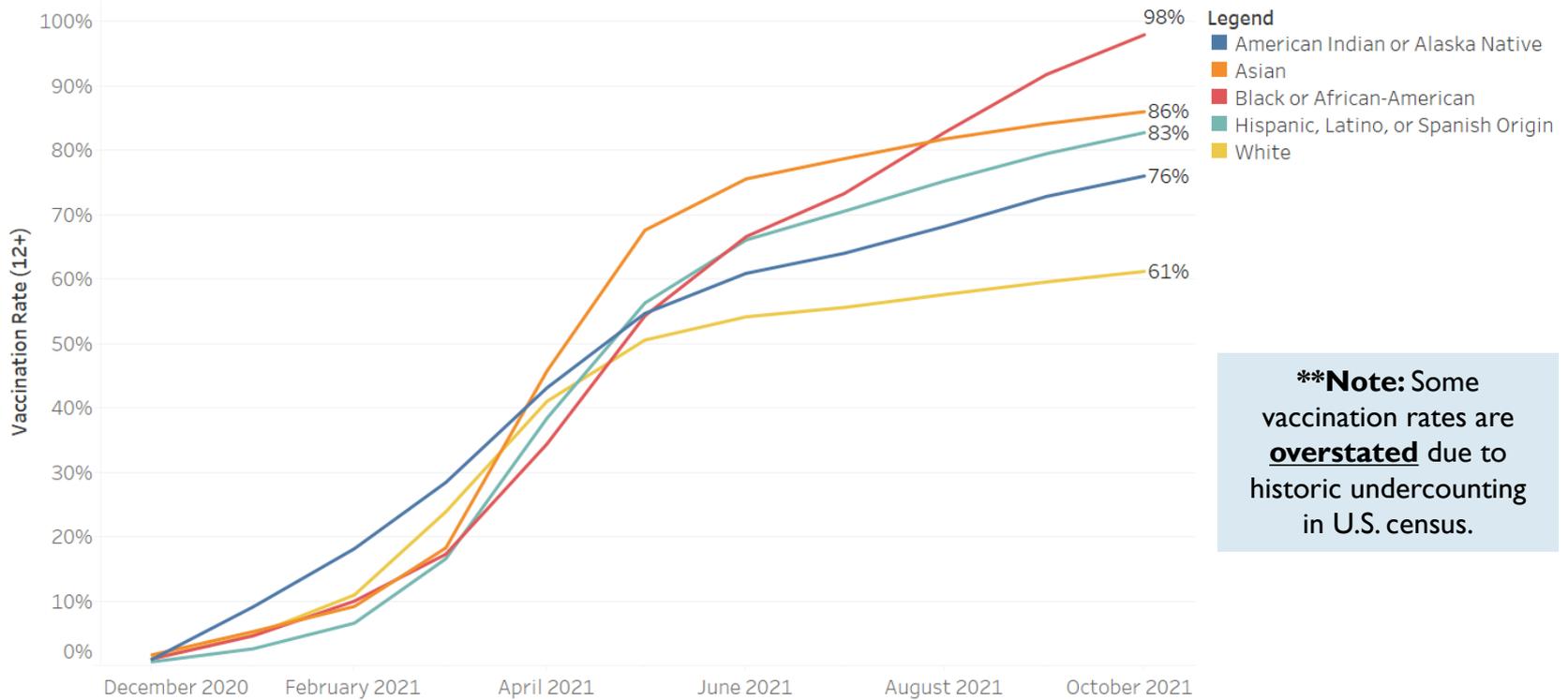


**Source:** Maine CDC. Data are shown for each month separately and are not cumulative. They show the share of cases by race, excluding people for whom race was not collected.

# MAINE COVID-19 VACCINATIONS BY RACE/ETHNICITY

Investment in community-led organizations is a proven strategy to reducing COVID-19 health disparities.

Vaccination Rates by Race and Ethnicity



**\*\*Note:** Some vaccination rates are **overstated** due to historic undercounting in U.S. census.

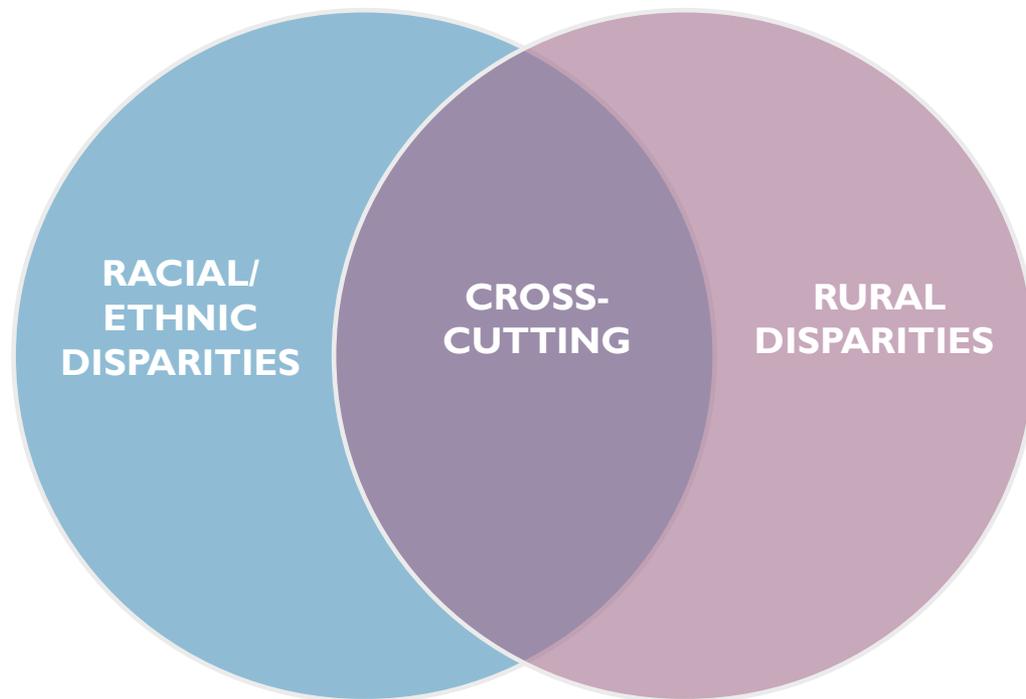
**Source:** Vaccine doses is retrieved from Maine's Immunization Program, ImmPact (at least one dose of Pfizer or Moderna or a final dose of Johnson & Johnson/Janssen) and population data is retrieved from 2019 U.S. Census data. Vaccination rate is calculated uses doses as the numerator and population as the denominator. Data shows vaccination rate trends by race and ethnicity (Hispanic, Latino, or Spanish Origin) from December 2020 to October 2021.



# OVERVIEW OF MAINE'S COVID-19 DISPARITIES INITIATIVES

# APPROACH TO ADDRESSING COVID-19 DISPARITIES

Some of Maine's initiatives focus specifically on racial/ethnic or rural COVID-19 related health disparities. Many address both.



DHHS is using data on Maine's demographics and COVID-19 disparities to drive the initiatives under this historic funding opportunity.

# OVERVIEW: MAINE'S COVID-19 DISPARITIES INITIATIVES

Maine will invest \$32 million to both address current COVID-19 health disparities and invest in infrastructure and partnerships to target root causes of those disparities.

CDC Strategy <sup>1</sup>	Est. Budget <sup>2</sup>	Overview of Maine's Initiatives <sup>3</sup>
<b>DATA &amp; REPORTING</b>	~\$3M	<ul style="list-style-type: none"> <li>Improvements to reporting and data collection systems</li> <li>Community-driven needs assessment to inform health and social service delivery</li> </ul>
<b>INFRASTRUCTURE SUPPORT</b>	~\$11M	<ul style="list-style-type: none"> <li>Improvements to engagement and communications tools</li> <li>Increase DHHS capacity related to racial equity, including re-establishment of Office of Population Health Equity</li> <li>Targeted investments in rural health infrastructure (e.g., community paramedicine and systems of coordinating care, rural health workforce development)</li> </ul>
<b>PARTNER MOBILIZATION</b>	~\$18M	<ul style="list-style-type: none"> <li>Investments in community-based organizations addressing health equity</li> <li>Expanded deployment of community health workers in COVID-19 response efforts</li> <li>Pilot programs with partners addressing unique rural health needs (e.g., rural health clinics and school-based health centers, district and local public health entities)</li> </ul>

<sup>1</sup>No funded initiatives in CDC Strategy 1; similar activities are already being supported through other funding sources (e.g., test and trace initiatives).

<sup>2</sup>Estimated budget figures include grant administration costs, which are allocated across the CDC strategy categories (e.g., project evaluation, DHHS staff).

<sup>3</sup>More information at: <https://www.maine.gov/dhhs/blog/dhhs-has-historic-opportunity-address-covid-19-health-disparities-32-million-federal-funding-2021-11-04>

# DATA & REPORTING INITIATIVES

Initiative	Description	Est. Budget <sup>1</sup>
 <b>Unified Persons Registry</b>	Develop a statewide database of DHHS clients with a unique identifier per person. This effort will help fill gaps in missing data (including race, ethnicity, and address/geography) and enable DHHS to better track progress on closing health disparities.	\$1.8M
 <b>Community-Led Needs Assessments</b>	Facilitate community-led, developed, and owned needs assessments among targeted communities that were disproportionately affected by COVID-19, with a focus on communities of color.	\$700K
 <b>Evaluation of Perinatal Disparities in Maine</b>	Evaluate COVID-19 disparities in maternity services, especially among people of color and rural communities, and conduct trainings with emergency providers to reduce these disparities.	\$260K

<sup>1</sup>Budget figures reflect anticipated amounts to be awarded through contracts and/or grants to non-governmental entities.

# INFRASTRUCTURE SUPPORT INITIATIVES (1 OF 2)

Initiative	Description	Est. Budget
 <p><b>Office of Population Health Equity (OPHE) and Advisory Councils</b></p>	<p>Re-establish OPHE and launch Health Equity Advisory Councils, with involvement from both community leaders/community-based organizations and health/social service provider organizations.<sup>1</sup></p>	<p>\$200K</p>
 <p><b>Culturally and Linguistically Appropriate Member Communications</b></p>	<p>Improve electronic messaging and notifications for individuals receiving benefits from MaineCare and the Office of Family Independence, with a focus on improving culturally and linguistically appropriate messaging.</p>	<p>\$2.7M</p>
 <p><b>Department-Wide Equity Capacity Building</b></p>	<p>Internal DHHS initiatives to improve Department's ability to implement racial equity-informed strategies. Activities will include staff trainings, equity analysis tools, and improvements to procurement systems to increase engagement / awards with organizations led by people of color.</p>	<p>\$1.3M</p>

<sup>1</sup>More information about OPHE available at: [https://www.maine.gov/tools/whatsnew/index.php?topic=DHS+Press+Releases&id=5404800&v=dhhs\\_article\\_2020](https://www.maine.gov/tools/whatsnew/index.php?topic=DHS+Press+Releases&id=5404800&v=dhhs_article_2020)

# INFRASTRUCTURE SUPPORT INITIATIVES (2 OF 2)

## RURAL INITIATIVES

Initiative	Description	Est. Budget
 <b>Rural Health Networks and Workforce Development</b>	Support two existing rural initiatives (Rural Health Networks, implemented by New England Rural Health Association; Rural Workforce Development Services) that will address health-related workforce shortages in rural areas.	\$600K
 <b>EMS Community Paramedicine and Systems of Care</b>	Support EMS-related infrastructure to ensure access to COVID-19 related care in rural areas (e.g., expanding community paramedicine program and improving Maine EMS efforts in coordinating systems of care for time-sensitive conditions.)	\$3.1M
 <b>Rural Telehealth/e-Consult Expansion</b>	Support implementation, engagement, and training strategies to increase use of specialty medical e-Consults in rural communities, with the goal of improving more timely access to specialty medical consultation services.	\$400K

# PARTNER MOBILIZATION INITIATIVES (1 OF 2)

Initiative	Description	Est. Budget
 <b>Health Equity Infrastructure and Technical Assistance</b>	Invest in capacity building and technical assistance for community-based organizations (CBOs) to both address COVID-19 related health disparities in the short-run and advance health equity in the long-term, with a focus on CBOs rooted in and led by communities of color. Investments will focus on enhancing organizational, management, financial, and technical infrastructure. Includes a business incubator with the Office of Aging and Disability Services (OADS) for providers of intellectual and developmental disability (I/DD) services.	\$10M
 <b>Community Health Workers (CHWs)</b>	Train and deploy more CHWs in the communities that have been hit hardest by COVID-19 and among populations at high risk for COVID-19 exposure, infection, and illness, with a focus on racial/ethnic communities and rural communities. Ensure sustainable funding mechanisms through MaineCare.	\$1.6M

# PARTNER MOBILIZATION INITIATIVES (2 OF 2)

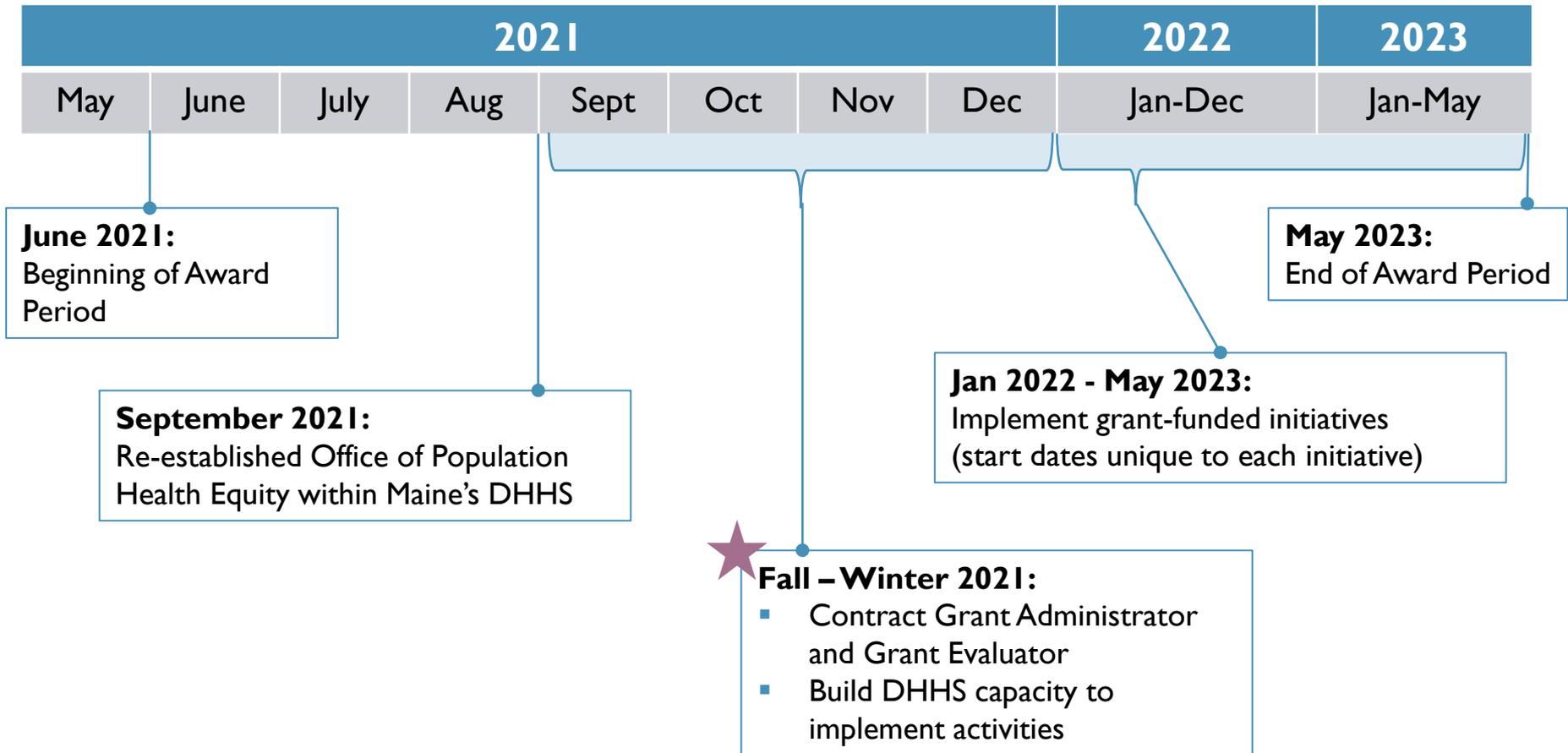
## RURAL INITIATIVES

Initiative	Description	Est. Budget
 <b>District Public Health Emergency Preparedness</b>	Support District Coordinating Councils in emergency planning with local community partners (e.g., CBOs, essential service providers) to address ongoing COVID-19 pandemic and future public health emergencies.	\$2M
 <b>Addressing Rural Health-Related Social Needs</b>	Support the development and initial implementation of a pilot project in an identified rural community that would bring together community-based organizations and health care providers to better identify and address the HRSNs of individuals in rural communities.	\$500K
 <b>Rural School-Based Health Centers</b>	Reduce COVID-19 disparities in school-based oral health and mental health care services.	\$200K



# NEXT STEPS

# TIMELINE



# NEXT STEPS

- **Stakeholder engagement** will be tailored for each initiative to inform further design and implementation
- **Procurement** processes for each initiative will be distinct, to be announced in 2022
- **Questions** can be directed to Ian Yaffe, Director of the DHHS Office of Population Health Equity ([ian.yaffe@maine.gov](mailto:ian.yaffe@maine.gov))