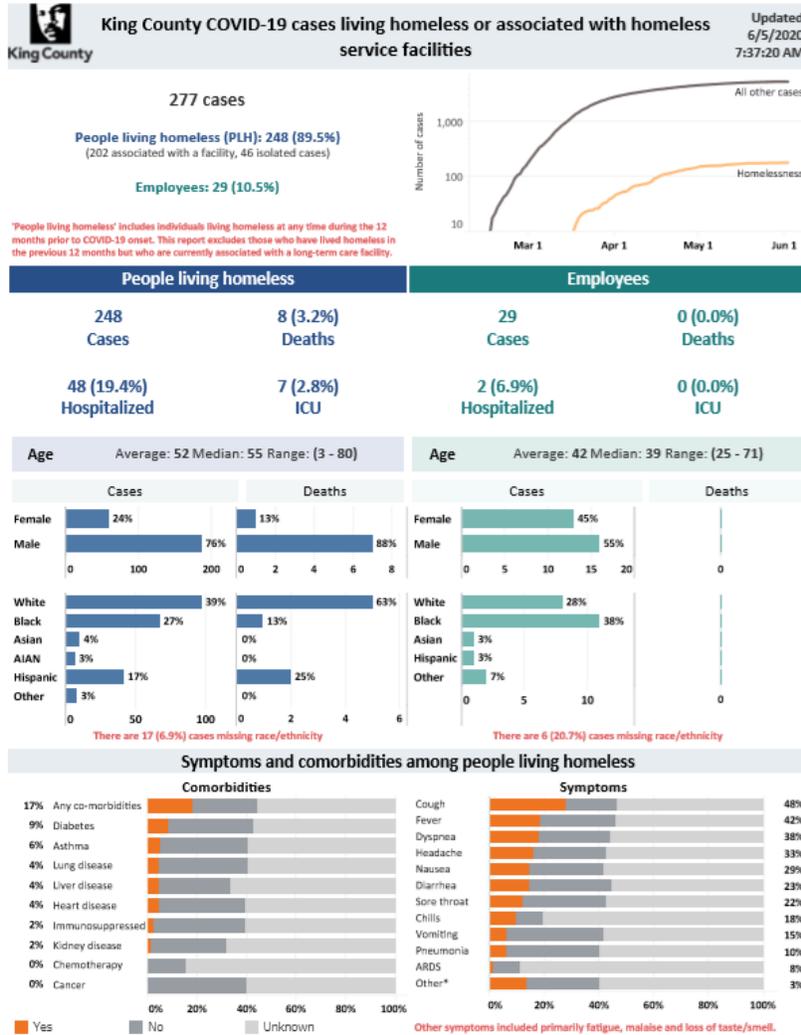


Communities Most Impacted by COVID-19

Summary: COVID-19 case, hospitalization, and death data shows disappointing - and potentially retraumatizing - findings for communities of color. Like many other diseases, COVID-19 is disproportionately impacting these communities. In general, individuals that were most vulnerable before the emergency remain the most vulnerable during and after.

While a comparison between cases among individuals living homeless and the general population can't be made, logic dictates that existing racial and ethnic inequities among individuals living homeless are also being further exasperated.



Communities Most Impacted

Rates are higher for nearly all communities of color, with statistical significance, than whites. The rate of confirmed cases is highest among Native Hawaiian/Pacific Islanders (1052.4 per 100,000) and Hispanics (923.2 per 100,000); followed by Blacks (513.9 per 100,000) and Asians (208.3 per 100,000). Rates are higher for American Indians/Alaska Natives (271.7 per 100,000) but the rate is not statistically significant due to small case numbers.

Evolution of Cases by Race, Ethnicity & Homeless Status

Over the past month, the proportion of COVID-19 cases among Whites has decreased, while the proportion of cases among communities of color has increased. This trend is consistent with the evolution from many cases initially associated with skilled nursing facilities to more transmission and cases in the larger community.

Geographic differences: map of confirmed cases shows that while cases are found throughout the county, there are higher rates in south Seattle and south King County, and smaller concentrations in north King County and a pocket in northeast King County. The locations of higher rates of cases among persons of color generally overlay with where there are larger concentrations of communities of color and individuals experiencing homelessness.

Sources: King County COVID-19 dashboards. Cases among individuals living homeless is internal document.

330h Impact of COVID-19 on Core HRSA 330h Performance Measurements

Summary: the majority of visits reflected below occurred in January and February with an obvious decline in subsequent months. We anticipate HRSA releasing some amended guidance on annual UDS reporting requirements and approach to clinical measurements.

As of 6/10/2020, HRSA has new weekly reporting requirements that specifically focus on COVID-19 testing capacity and supply needs. The program evaluation committee will review performance measurements at a deeper level in the Fall.

Unduplicated Patients

<i>Measurement</i>	<i>Target by 12/31/2020</i>	<i>YTD (1/1-5/31/2020)</i>	<i>% Towards Goal</i>	<i>Total Served Last Year</i>	<i>% Target Achieved</i>
Total # Patients	21,852	13,255	61%	21,723	99%
<i>patients by major service category</i>					
Medical	16,314	7,625	47%	13,275	81%
Dental	4,350	1,492	34%	2,792	64%
Mental Health	5,438	2,840	52%	4,884	90%
Substance Use	3,698	2,333	63%	3,197	86%
Enabling	3,045	2,184	72%	1,904	63%

Visits

<i>Measurement</i>	<i>Target by 12/31/2020</i>	<i>YTD (1/1-5/31/2020)</i>	<i>% Towards Goal</i>	<i>Total Served Last Year</i>	<i>% Target Achieved</i>
Total # Visits	110,450	63,665	58%	114,726	104%
<i>patients by major service category</i>					
Medical	78,765	24,854	31%	71,013	90%
Dental	11,457	2,317	20%	8,583	75%
Mental Health	16,040	7,260	47%	17,300	108%
Substance Use	9,166	4,643	51%	9,674	106%
Enabling	5,729	3,141	55%	5,712	100%