



Delaware Pandemic
Resurgence Advisory
Committee

Interim Report

JULY 31, 2020



Contents

1. **Letter from the Pandemic Resurgence Advisory Committee Co-Chairs**
pg. 4
2. **Guiding principles for managing COVID**
pg. 6
3. **Goals for resurgence response**
pg. 9
4. **Recommendations to prepare for and response to resurgence**
pg. 11
5. **Impact of COVID on Delaware**
pg. 28

Letter from the Co-Chairs

To our Governor Carney and our fellow Delawareans:

This document is the interim report prepared by the Pandemic Resurgence Advisory Committee (“PRAC”). The final version of the report, which is due September 30th, 2020 and will incorporate public comment submitted prior to that date, will help 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. The subcommittees met weekly from June 8 – July 31 and included representation and input from health experts, business leaders, local and state officials, community leaders, and impacted citizens. Together, these subcommittees and the PRAC explored how Delawareans were affected by COVID-19 in the first wave of the pandemic, including which 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. Five months into the crisis, new aspects about the virus and best practices to address it are 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, as a result of ever-changing circumstances and learnings from the public, our recommendations may and should evolve. We must create a joint sense of accountability across our society to work together in preparing for a possible resurgence.

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 sub-committee 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

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 five 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

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

The PRAC built its recommendations on a foundation of lessons learned from the last five months and what we are still learning across Delaware, the rest of our nation, and globally. Details of the lessons can be found in Section 5 of this report. The PRAC grouped its recommendations into three categories based on when each would likely be implemented. The recommendations on the following pages are a synthesis of each subcommittee's detailed recommendations, which can be found in Section 4.

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 next six months.

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).

- 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

Readiness metrics should meet four key design criteria:

Strength of metric		Feasibility	
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	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

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?

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. 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.

The PRAC at this point is seeking public comment on these materials to help refine them ahead of the release of the final report and to inform our thinking on an ongoing basis.

We appreciate your engagement in this process so far and we look forward to your comments.

Comments can be made at www.de.gov/prac or via email at prac@delaware.gov.



Recommendations from the PRAC subcommittee focused on health

Overall

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

- 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

Spread

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

- 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

Overall

2. Further develop Delaware's approach to monitoring the disease, communicating its status, and informing the State's response

- 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 to health, business, and community 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

Access

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

- 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

Overall

3. Build on Delaware's existing communications plan and tailor messaging/communication channels to the needs and expectations of Delaware's diverse population

- 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

Capacity: personal protective equipment

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

- 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)

Testing

4. Increase the number of tests conducted, with specific focus on providing more testing for at-risk populations

- 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

Capacity: space

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

- 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

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

- 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

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

- 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

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

12. Support the healthcare sector while advancing Delaware's healthcare goals (e.g., alternative reimbursement models) by allocating a portion of Coronavirus Relief Fund to healthcare providers based, in part, on their commitment in advancing those goals

Recommendations from the PRAC subcommittee focused on business

Build resilience

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

- 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

2. Provide financial and advisory assistance to DE businesses

- 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

Build resilience

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

- 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

Protect employment

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

- 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

5. Expand key enablers to support workforce

- 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

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

- 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

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

- 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

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

- 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

9. Create accountability measures for businesses and public

- 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

Create accountability and consistency

10. Establish consistency in tightening and loosening of restrictions

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

Communicate proactively

11. Communicate proactively to DE businesses and public

- 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

Communicate proactively

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

- 12.1 Set up resurgence-specific communication strategy and channels

Recommendations from the PRAC subcommittee focused on equity - health

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

Access and communication

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

- 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

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

Access and communication

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

- 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

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

Access and communication

6. For healthcare providers, expand capacity for interpretive services

- 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

Addressing risk factors

3. Coordinate with community partners to increase access to PPE (masks and gloves) for DE residents in congregate 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

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

- 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

8. Expand contact tracing program, hiring and training displaced workers from most affected communities as contact tracers to maximize engagement and accuracy of information

- 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

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

- 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

10. Develop a proactive plan and guidelines for allocation of healthcare resources in the event of a shortage

- 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

11. Increase data availability across key demographics related to testing, transmission, and mortality rates to target interventions and improve health outcomes

- 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

Recommendations from the PRAC subcommittee focused on equity - economic

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

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

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

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

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

- 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

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

- 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

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

- 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

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

- 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

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

- 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

Focus longer term efforts on wealth gap

9. Continue investment in critical programs focused on economic mobility

- 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

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

- 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

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

- 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

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)

- 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

Promote employment and education

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

- 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 nearly 600 confirmed deaths, many have lost friends and loved ones.

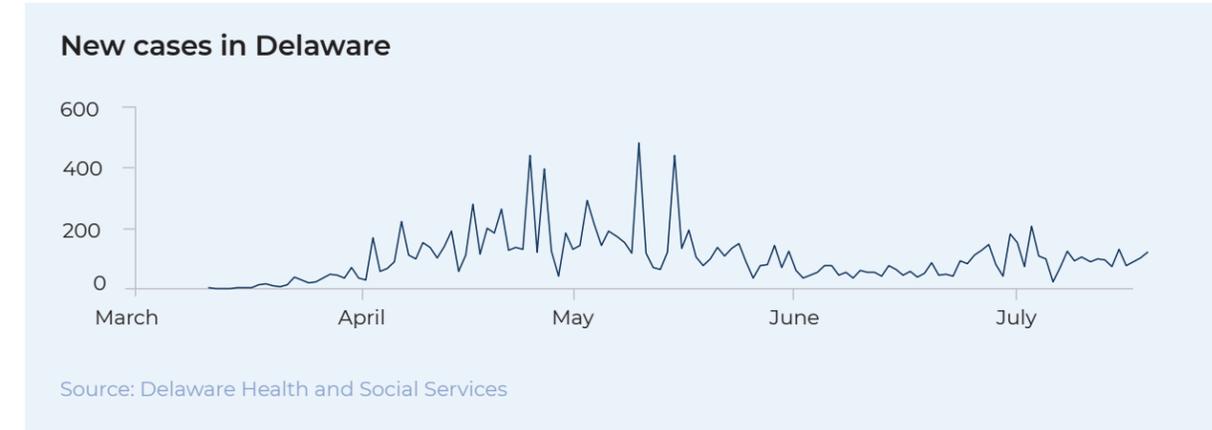
In the face of what quickly became a dual health and economic crisis, State and local governments and the health sectors launched a response unlike anything in recent history. Since the beginning of February, the Governor's Office and Delaware's State Agencies have been tirelessly working to address 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 more than 30 executive orders and modifications of those orders between mid-March and the end of June. 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 July 31, 2020, unless noted otherwise.

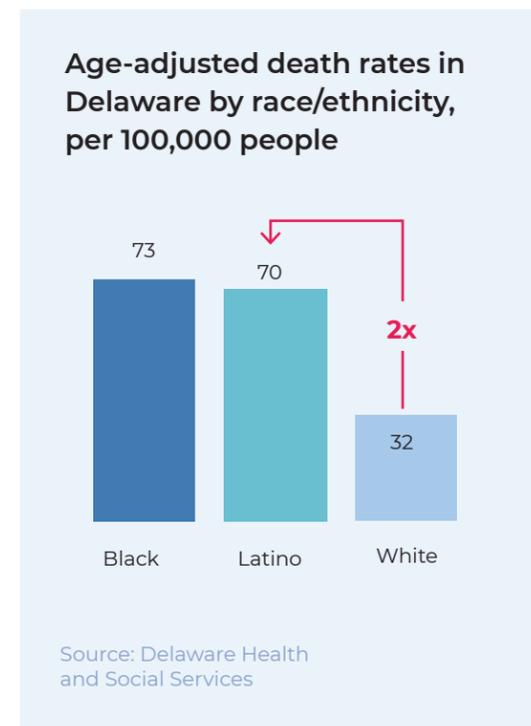
Health outcomes

Overall, Delaware has been successful in reducing the impact of the disease with the lowest per capita death rate and the fourth lowest case rate per capita amongst the Northeast consortium.¹ Since Delaware reached its peak number of statewide COVID hospitalizations on April 27, it has made significant progress and has managed to reduce the number of new cases diagnosed in the state to an average of 54 during the first half of June (from a high of 496 new cases on May 10). Localized outbreaks drove an uptick in cases and hospitalizations in early summer, culminating in 210 new cases on July 4.² 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.



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: Black and Latino Delawareans have an age-adjusted COVID-19 case three times higher and eight times higher respectively than white Delawareans. Further, Black and Latino Delawareans have an age-adjusted COVID-related death rate that is 2.3 and 2.2x as high as their white counterparts, respectively.³ 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, despite early success in containing the virus, Delaware State prisons have experienced outbreaks similar to many other Correctional facilities across the nation. A recent outbreak at the Sussex Correctional Institution impacted one third of more than 900 inmates in residence. Fortunately, there have been

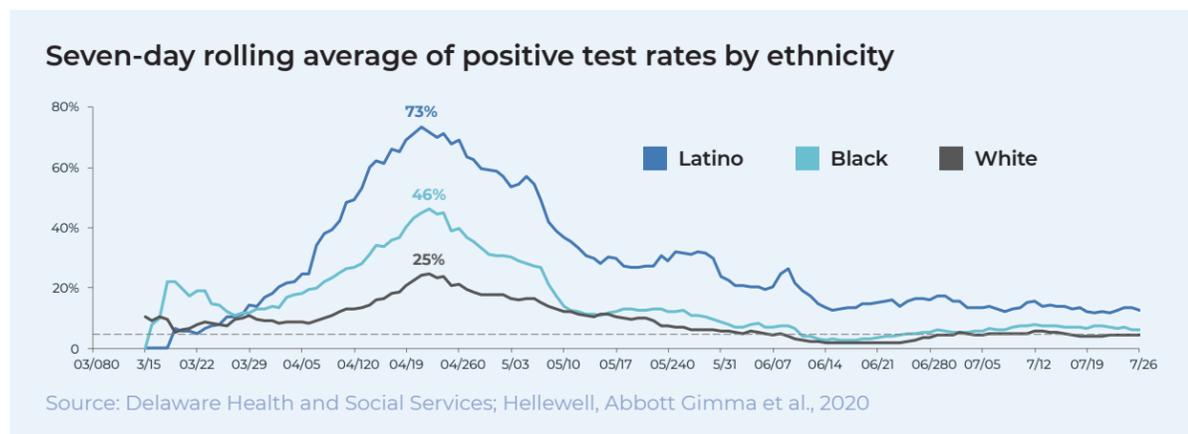


¹ As of July 18, 2020, CDC
² As of July 17, 2020. Delaware Health and Social Services, My Healthy Community
³ Delaware Health and Social Services

relatively few deaths in relation to the total population that the unified correctional system manages: eight inmates have succumbed to COVID to date, a rate lower than the State's overall per capita death rate. As has been the case globally and across the nation, the most pronounced disparity in health outcomes occurred for elderly populations. As of mid-July, Delawareans age 65 and greater made up 19 percent of Delaware's population and accounted for just 17 percent of cases statewide but accounted for 83 percent of total deaths. Dissimilarly, Delawareans under the age of forty accounted for greater than sixty percent of Delaware's population but approximately five percent of total deaths.⁴

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. The DPH updated the state's COVID-19 testing plan on July 15, announcing its expansion and new partnerships with pharmacies to further improve testing access. 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, 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 May 26). 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 30% more per capita than to white Delawareans.⁵ The Latino and Black

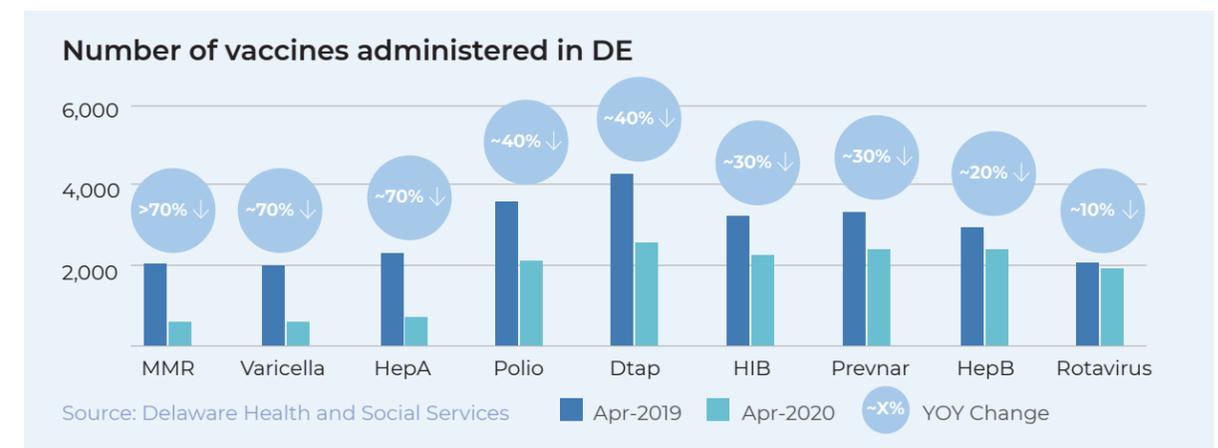
⁴ COVID-19 Data State of Delaware website (<https://myhealthycommunity.dhss.delaware.gov/locations/state>), Census data 2019 estimates
⁵ Delaware Health and Social Services, myhealthycommunity.dhss.delaware.gov
⁶ Delaware Health and Social Services, myhealthycommunity.dhss.delaware.gov
⁷ Delaware Department of Health and Social Services
⁸ Chartis Group, "Telehealth: Current Trends and Long-Term Implications," 2020
⁹ Policymap.com

communities experienced high initial positive test rates, with the 7-day moving average peaking at 73% and 45% in Late April for Latino and Black Delawareans respectively. The increased testing efforts to date have reduced the 7-day moving average to 13% for Latinos, 6% for Black Delawareans, while white Delawareans are at 4%⁶ (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, improved and expanded access to testing through specific, targeted initiatives (e.g., mobile testing, extended hours) is important. Members of both Black and Latin communities report long delays for testing sites and sometimes-inconsistent messaging about testing and access.

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 targeting low income populations dropped 74 percent on average.⁷ 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,⁸ yet can access to broadband, devices and data may be challenging for low income Delawareans⁹

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

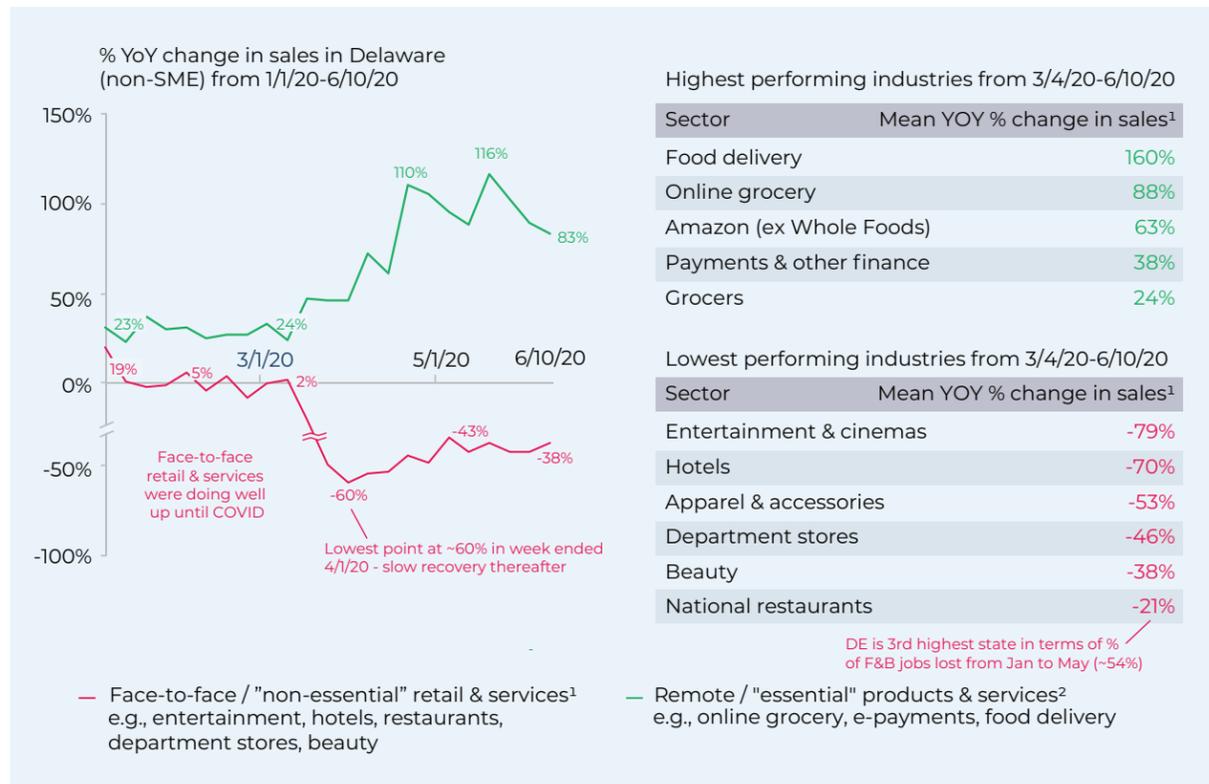


declined, the State Health Operations Center (SHOC) has steadily added to it by (a) leveraging its partnership with Delaware Emergency Management Agency and (b) entering into a seven-state consortium to increase the ability to acquire PPE. As of early summer, SHOC reported 21-30 days' supply of PPE (under conservation methods).

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, entrepreneurial assistance programs were established, and regulatory barriers for new businesses were reduced. To protect displaced workers, the State built on its existing Department of Labor programs by collaborating with private industry to create apprenticeship programs. 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.

Despite these efforts, the pandemic has had a significant adverse effect on Delaware's business community and the workers they employ, similar to trends seen across the nation. Just like the rest of the country, COVID-19 has had a substantial impact on Delaware's economy: Unemployment increased by a factor of four since the crisis began, with Delaware's May 2020 unemployment rate at 15.8 percent, compared to 3.7 percent a year prior.¹¹ Forty



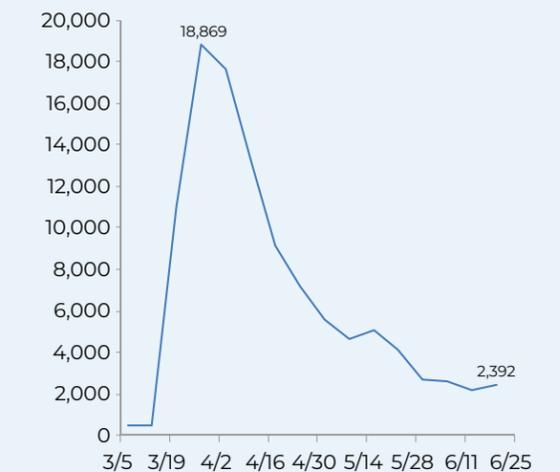
percent of Delaware's employment pre-COVID was driven by sectors most impacted by the pandemic,¹² including retail, accommodation, food, healthcare and childcare ("fragile sectors").¹³ At the height of the pandemic, those fragile sectors accounted for ~75 percent of Delaware's continued unemployment claims.¹⁴ 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.¹⁵ 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.¹⁶ 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 federal PPP loans.¹⁷ 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, 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.¹⁸ 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.¹⁹

Initial unemployment claims in Delaware from Mar 1 – Jun 20th



¹⁰ Delaware Governor's Office

¹¹ Bureau of Labor Statistics

¹² BEA, QECW

¹³ Includes social assistance, personal services, arts, entertainment, and recreation

¹⁴ Delaware DOL unemployment data

¹⁵ SBA DE small business profile

¹⁶ SUSB annual data

¹⁷ JP Morgan Chase Institute Small Business Cash Flow Report

¹⁸ SBA PPP Report; Center for Responsible Lending 2020 Report; U.S. Census

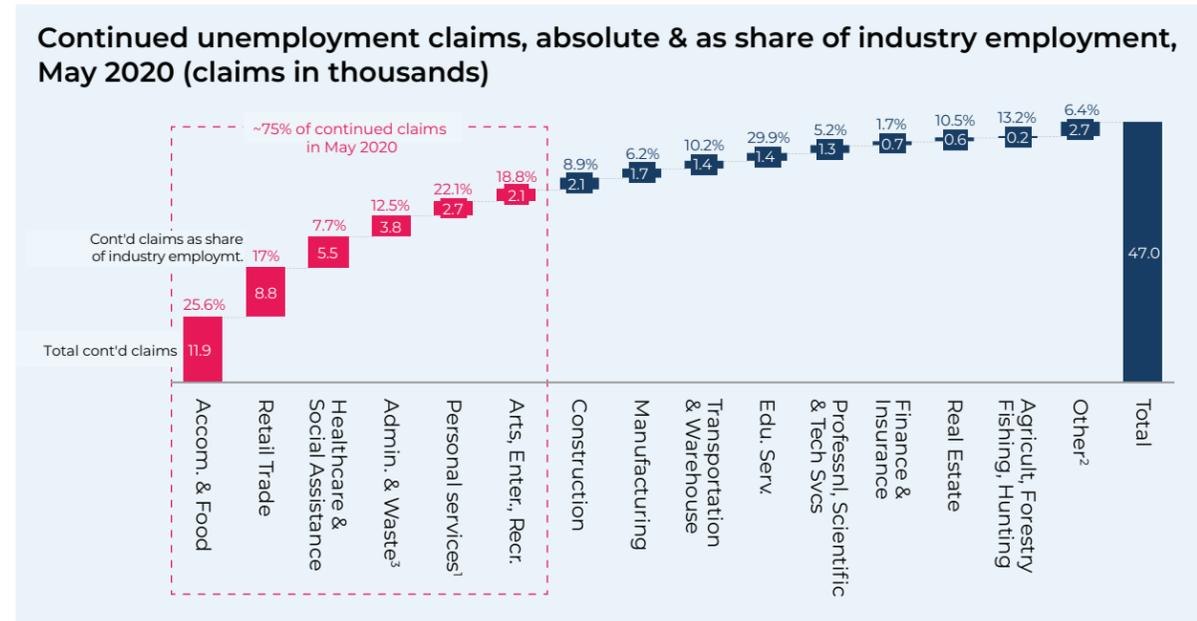
¹⁹ Ibid.



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.

Early signs show that demand is likely to take time to return to pre-pandemic levels. 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.

Of the May 2020 unemployment claims, about 75 percent came from individuals with a high school degree or less.²⁰ If a substantial portion of these 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, with seventy percent of teachers nationally report not being prepared for distanced learning²¹ and parents struggling 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 for the first four months of the pandemic to provide some financial relief. However, with in-person classes 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. Details on plans for the fall school semester had not yet been released at the time of the interim report's publication and is outside the scope of this Committee, but a range of additional solutions may be needed for children of all ages and their parents.

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.²² To address these gaps, the State has accelerated building of towers and laying of fiber optic cable to compete Delaware's rural wireless update and to increase access to thousands of rural Delawareans by July. 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 of students attending class from parking lots of libraries and schools demonstrate the critical need for solutions in the case of continued online learning in the fall.

COVID-19 also created additional hurdles for women experiencing domestic violence, such as limited access to services, intensified economic and fewer legal channels, and there has been an increase in domestic violence-related calls for help since quarantine began and an overall fifty percent increase in calls to the 211 hotline.²³ 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.²⁴ Those suffering from substance use disorder, mental illness, or both have been especially susceptible to the negative emotional impacts of quarantine.

²⁰ Delaware DOL unemployment data, BLS current population survey

²¹ Ibid.

²² Delaware Women's Advancement & Advocacy July 2020 Report

²³ DHSS article

²⁴ Delaware Health and Social Services; National Healthcare Safety Network

Lessons learned from select COVID-19 experiences

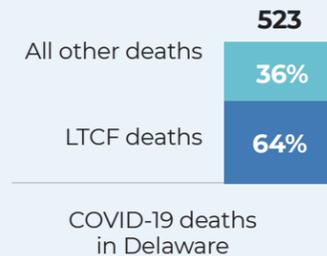
Long-term care facilities

During the first wave of the pandemic, residents of long-term care (LTC) facilities were disproportionately affected across the country. In Delaware, 64 percent of COVID-19-related fatalities were in LTC facilities, above the national average of 42 percent,²⁵ but roughly in line with most states in the Northeast and Mid-Atlantic. LTC facilities reported a number of challenges that resulted in increased risk of exposure to the virus for the residents: (a) 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) Limited PPE availability led to inconsistent use among staff and residents, and; (d) Staff worked across multiple facilities to financially support themselves, which risked spreading the virus between facilities. 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.²⁶ 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

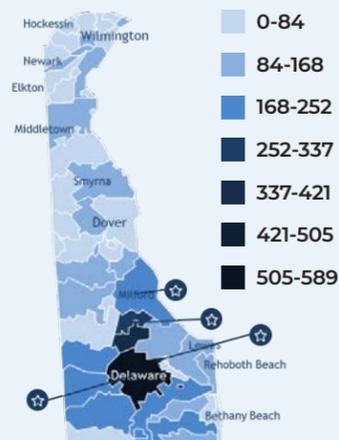
Since the first positive cases in Delaware poultry plants were identified in Milford on March 28th, the poultry industry has been a hotspot. The poultry industry employs over 20 thousand people across the Delmarva Peninsula area (in Delaware, Maryland, and Virginia), and in the two months since the first cases were identified, over 2,200 positive cases were discovered in poultry plants across three states, with at least one Delaware poultry plant experiencing a positive case rate of thirty percent. In Delaware's six poultry plants, case rates rose dramatically as some employers experienced challenges implementing social distancing and COVID-19 disinfection guidelines. While some poultry employers

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 July 18, 2020
 Source: FREOPP; Delaware Health and Social Services

Meatpacking plant locations correlate with coronavirus hotspots



Source: Delaware Health and Social Services

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 these trends, targeted employee communication, testing, and outreach (with the support of employers, if possible) will 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 was sustained 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.²⁷ 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. Still, some community members continued to express distrust, fear, and confusion about the coronavirus and their ability to access care if they needed it, indicating a need to continue outreach efforts and double down on partnership that leverage the expertise of those closest to the communities most impacted.

²⁶ Delaware Health and Social Services

²⁷ U.S. Census Bureau, 2018

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