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### THE IMPACT ON OUR HEALTH SYSTEM

This is the 17th update for Regents regarding the SARS-CoV-2 virus pandemic and its impact on the University's health and academic enterprise.

### COVID-19 BY THE NUMBERS

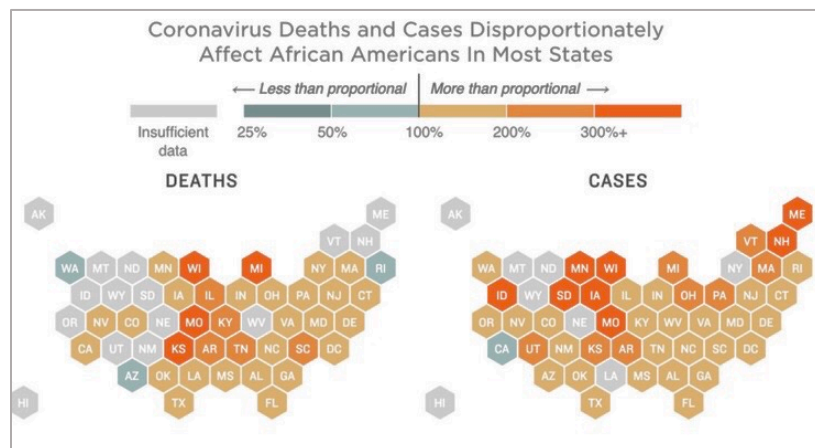
As of June 4, California has 119,807 confirmed cases with 4,422 deaths, according to the California Department of Public Health ([CDPH](#)). Nationally, as of June 5, there are 1.86 million cases with 108,064 deaths, based Centers for Disease Control and Prevention ([CDC](#)) data.

As noted in previous updates, COVID-19 is disproportionately impacting communities of color. CDPH notes that "Overall, for adults 18 and older, Latinos, African Americans and Native Hawaiians and Pacific Islanders are dying at disproportionately higher levels. The proportion of COVID-19 deaths in African Americans is about one-and-a half times their population representation across all adult age categories. For Native Hawaiians and Pacific Islanders, overall numbers are low, but more than double the difference between the proportion of COVID-19 deaths and their population representation." More data [here](#).

The COVID-19 pandemic has starkly revealed racial and ethnic disparities across our society. In these past weeks, the impact of the pandemic has been compounded by senseless violence that has led to the deaths of a number of African Americans including, Ahmaud Arbery, killed while jogging in Georgia, and Breonna Taylor, a first responder killed during a "no-knock" police raid on her home. These tragedies were compounded by the death of George Floyd on May 25, in Minneapolis. After responding to a call about a potentially counterfeit \$20 bill, police pinned him to the ground and one officer pressed his knee into Floyd's neck for nearly nine minutes resulting in Floyd's death.

The deaths from COVID-19 and violence, once again highlight the painful legacy and ongoing reality of systemic racism in the US.

To see what coronavirus disparities look like state-by-state, [see this story](#) and [The COVID Racial Data Tracker](#) (adjacent map graphic).



Our hearts ache from the lack of fairness and equity. Across UC and UC Health, [leaders and employees responded](#) with sadness, anger and moments of silence and reflection.

## CONGRATULATIONS DR. ANDERSON - DEAN OF UC'S 19TH HEALTH SCHOOL

I'd like to congratulate [Dr. Cheryl Anderson](#) on her selection as the Founding Dean of the [Herbert Wertheim School of Public Health](#) and Human Longevity at UC San Diego Health.

This marks the 19th health professional school at UC and our third in the field of public health. The school was established at UC San Diego in 2019 with a \$25 million lead gift from the Dr. Herbert and Nicole Wertheim Family Foundation with an emphasis on research and education designed to prevent disease, prolong life and promote health through organized community efforts.



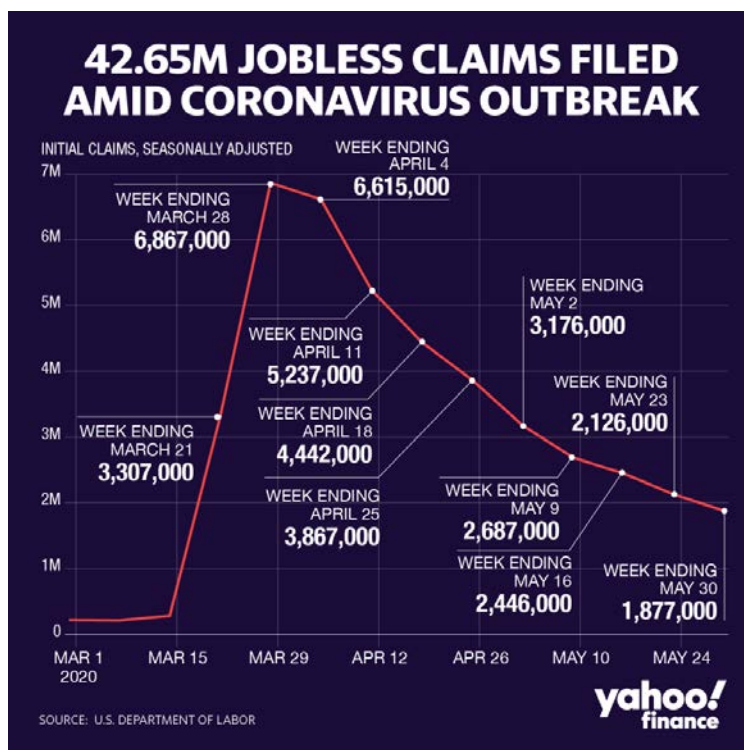
Dr. Anderson is a Professor, an experienced researcher and formerly the Director of the UC San Diego Center of Excellence in Health Behavior and Equity. Her research focuses on nutrition and chronic disease prevention. She was elected to the National Academy of Medicine in 2016. Chancellor Khosla notes, “Dr. Anderson shares the unique vision of Dr. Herbert and Nicole Wertheim to positively impact the well-being of individuals by implementing solutions to reduce or eliminate disparities in disadvantaged or underserved communities and improving the overall health of our communities.”

Please [join me in congratulating Dr. Anderson](#) on her new role. Public health, and the inequities of it, are foundational to our efforts to improve the health of all Californians.

## NEW UNEMPLOYMENT CLAIMS RISE TO 42 MILLION NATIONALLY


































The U.S. Department of Labor released advance numbers for new unemployment claims on June 4. Over the past three months, more than 42 million Americans have filed for unemployment.

The silver lining of the latest data is that the rate of new claims has been slowing. Resumption of certain business operations in various states may further slow the pace of job losses as people are called back to work; however, some economists estimate that the unemployment rate nationally may reach 20% once adjusted, final numbers are available. Information about who is classified as unemployed is available [here](#).



In California, [April's unemployment rate was 15.5%](#), but updated numbers, to be released June 19, may be notably higher.

### California Industries Payroll Jobs by Biggest Month-Over Change

| Major Industries   | Month-over Change<br>(March 2020 - April 2020)   | Year-over Change<br>(April 2019 - April 2020)  | Total Payroll Jobs<br>as of April 2020 |
|--|--|--|--|
|  Leisure and Hospitality            |  -866,200   |  -934,700  | 1,094,200                              |
|  Trade, Transp., Utilities          |  -388,700   |  -380,700  | 2,666,300                              |
|  Education and Health Services      |  -280,400   |  -238,600  | 2,548,100                              |
|  Professional and Business Services |  -242,800   |  -237,400  | 2,476,100                              |
|  Other Services                     |  -142,500   |  -162,900  | 411,100                                |
|  Construction                       |  -132,100   |  -133,100  | 746,400                                |
|  Manufacturing                      |  -118,700  |  -142,100 | 1,185,000                              |
|  Government                       |  -101,000 |  -68,700 | 2,532,500                              |
|  Information                      |  -40,500  |  -8,900  | 545,800                                |
|  Financial Activities             |  -31,300  |  -16,500 | 821,600                                |
|  Mining and Logging               |  -500     |  -400    | 22,200                                 |

### UNEMPLOYMENT POINTS TO CHANGES IN PAYOR MIX

In California, 60% of employers offered health insurance to employees in 2018, according to the [California Health Care Foundation](#). Job losses directly correlate to losses in employer-sponsored health insurance with a potential material impact on our reimbursements.

Recently laid-off workers who have lost employer-sponsored health insurance may choose COBRA, purchase coverage through Covered California or apply for Medi-Cal.

COBRA, also known as the Consolidated Omnibus Budget Reconciliation Act, allows former employees to [continue their current employer-sponsored coverage](#) under certain conditions. However, without an employer's financial contribution, the former employee will pay the entire premium and administrative overhead, usually totaling 102% of actual cost. In general Federal COBRA coverage lasts a maximum of 18 months, but may be extended an additional 18 months under [Cal-COBRA](#) under certain circumstances.

The U.S. House included subsidies for COBRA in its Health and Economic Recovery Omnibus Emergency Solutions Act ([HEROES Act](#)), it has not been acted on by the U.S. Senate.

Coverage also is available through Covered California, which opened a special enrollment period on March 20. Thus far it has enrolled nearly 124,000 additional Californians in various tiers of health insurance plans. This enrollment period will continue through June 30, but may be further extended. Government support through Covered California [subsidies are available depending on income](#).

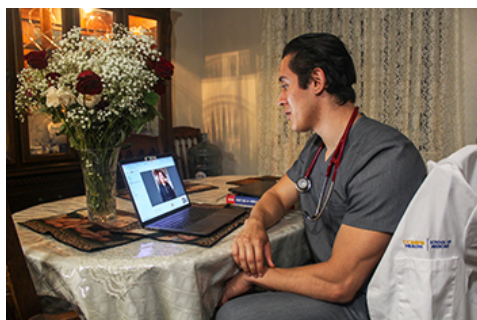
Medi-Cal uses annual income to determine overall eligibility, usually up to 138% of the federal poverty level. [Medi-Cal enrollment information here](#).

Some estimates suggest Medi-Cal enrollment in California may swell from 13 million to 14 million by the end of this year. The rise in Medi-Cal enrollment will further strain the state's budget. Costs for Medi-Cal enrollees prior to the expansion of Medicaid are split roughly evenly, depending on a state's per capita income, while costs for adult enrollees who joined as a result of [Medicaid expansion](#) are shared under a different formula. In 2020, 10% of the costs for enrollees under the expansion will be absorbed by state governments.

Historically, budgetary pressures on Medicaid led states to reduce provider reimbursements, limit the services covered, or narrow eligibility criteria. At UC Health, 35% of our inpatient days are associated with Medi-Cal enrollees, [based on FY 18-19 figures](#) (see page 102) and we expect this proportion to increase significantly as a result of the pandemic.

### CLINICA TEPATI GETS HELPING HANDS FROM UC DAVIS

[Clínica Tepati](#), a student-run non-profit clinic in Sacramento, quickly switched to telehealth appointments when 'stay at home' orders made in-person appointments difficult.



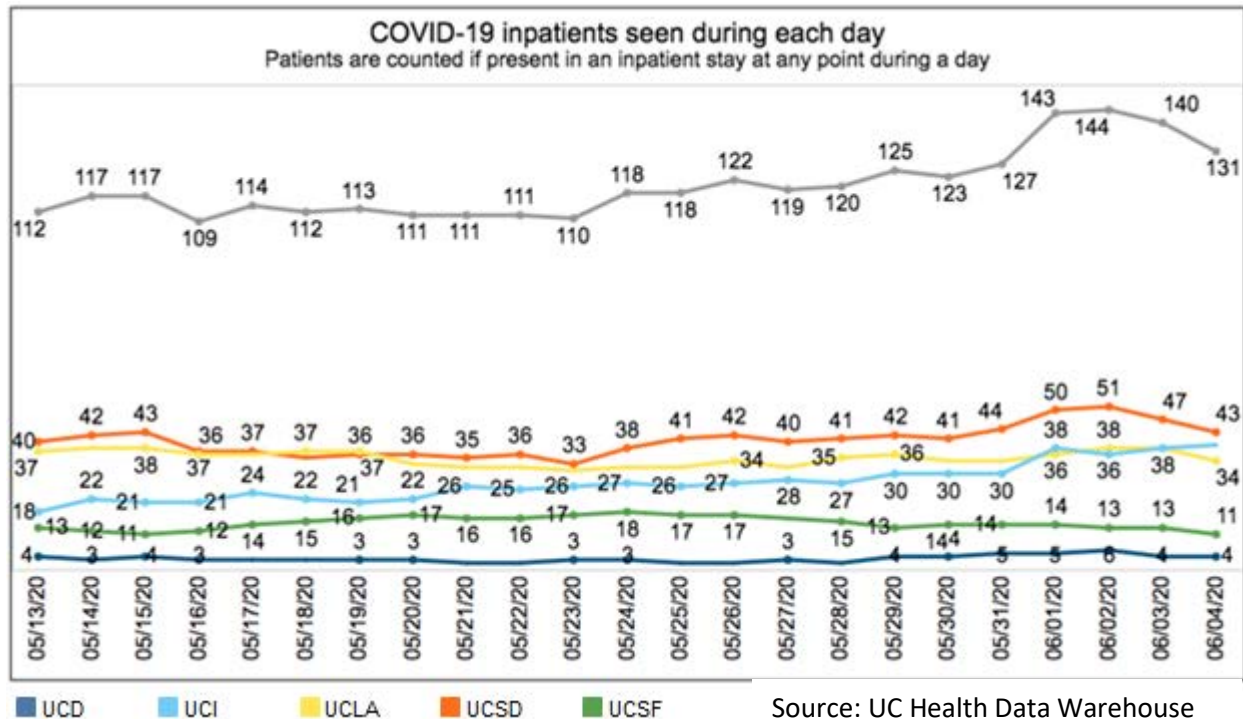
Clínica Tepati provides basic health care services to low-income persons who are typically Latino/Hispanic and have limited English proficiency. The clinic is made possible by UC Davis medical students who, under the supervision of a faculty physician, help patients manage diabetes, hypertension and other chronic conditions, provide screenings and immunizations and follow-up with patients who have been referred for other types of care.

**One outcome of the transition to telehealth is that the clinic's Saturday-only hours became more accessible throughout the week.**

| 2020 Federal Poverty Guidelines for 48 Contiguous States                                     |                   |
|--|-------------------|
| Persons in family/household  | Poverty Guideline |
| 1  | \$12,760          |
| 2  | \$17,240          |
| 3  | \$21,720          |
| 4  | \$26,200          |
| 5  | \$30,680          |
| For additional information, please visit Health & Human Services site <a href="#">here</a> . |                   |

| Medi-Cal Benefit Eligibility   |                               |
|--|-------------------------------|
| Family Size  | Qualifying 138% Poverty Level |
| 1  | \$17,609                      |
| 2  | \$23,792                      |
| 2 Adults   | \$23,792                      |
| 3  | \$29,974                      |
| 4  | \$36,156                      |
| 5  | \$42,339                      |
| For additional information, visit the <a href="#">Department of Health Care Services</a> . |                               |

## TRENDS IN INPATIENT VOLUME FROM COVID-19



Our inpatient census has risen after a period of slow decline. As of June 4, we have **131 inpatients with a COVID-19 diagnosis**, primarily in Southern California with increases at UC San Diego Health, UCI Health and UCLA Health. More detail on Twitter [@UofCAHealth](#).

## UCSF CONDUCTS SARS-CoV-2 TESTING AMONG UNHOUSED

Among the disadvantaged groups in need of support during the pandemic are people experiencing homelessness. This weekend, [UCSF will join with the San Francisco Department of Public Health](#) and other community groups to test up to 1,000 unhoused individuals in the Bayview-Hunters Point, Potrero Hill and the Dogpatch neighborhoods. These neighborhoods, part of District 10, (adjacent map) have the largest African American populations and some of the lowest median incomes in San Francisco.



The UCSF COVID-19 Community Public Health Initiative is under the leadership of Dr. Kirsten Bibbins-Domingo, vice dean for population health and health equity at UCSF School of Medicine. Previous testing drives focused on the City's Mission District, which is heavily Latino, and the Bayview, Sunnyside and Visitacion Valley neighborhoods along San Francisco's southern boundary.

Persons who test positive are connected to health care and other support services, including a hotel room, as well as food, water, cleaning supplies, and personal protective equipment like masks and gloves.

Dr. Bibbins-Domingo shared her observations about health disparities during the pandemic with an audience of viewers from the Exploratorium recently. View the interview [here](#).

## SOME OF THE HEROES OF THE PANDEMIC



"I can't breathe." These words are a universal distress call recognized by all emergency providers. We cannot ignore these words as emergency physicians, or as human beings. We reject racism and injustice in all forms and condemn senseless violence.

We join our friends and colleagues across the country in outrage at the senseless deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and so many others.

Daily, we see the effects of violence and structural racism on our patients' health. Racism is a root cause of health disparities and poor health outcomes. We are committed to provide equal and guaranteed access to compassionate emergency care for all members of our community. And as a Department, we will speak up and stand up when we see health compromised by inequities based on race, ethnicity, gender, sexual orientation, disability, religion, or any other of the characteristics that shape the diversity of humankind. We recognize a single statement cannot begin to address the inequities in our healthcare and our society but instead requires a sustained effort.

We will not let up.

To all those who are and have been victims of discrimination – you are not alone. We see you, we value you, we stand in solidarity with you, and we are your partners in the struggle for change and equity.

UC DAVIS DEPARTMENT OF EMERGENCY MEDICINE



**Top L and R:** On both sides of the Bay, [UCSF Health workers take a knee](#) against discrimination.

**Middle:** UC Davis Emergency physicians [respond](#) to "I can't breathe."

**Bottom:** [UCI Health student Doctors of Nursing Practice](#) answer the call for those in the medical community to protest racial injustices.

## IN CLOSING

As members of the health care community, we need to recognize and address systemic racism and the health disparities that are the painful result.

A number of our health campuses have chapters of [White Coats 4 Black Lives](#), [Black Men in White Coats](#), and similar groups that highlight the moral imperatives of creating a more just society. Like our students, we must dare to stand up, speak up, and create ways to have difficult and essential conversations.

These times are a clarion call for a mindset of remaking. At UC Health, we will push through layers of individual and institutional discomfort so that instead of working to ‘return to normal,’ we will be forging a ‘new normal’ — one that is more accessible to all.

Progress will not come easily. It never has. Fiat Lux

With Gratitude,

Carrie L. Byington, MD  
Executive Vice President  
UC Health

