



Testimony
Philadelphia City Council
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Good Morning.

Councilmembers Green and Bass and members of the Committee on Public Health & Human Services, thank you for this opportunity to discuss racial and ableist disparities that have been exacerbated by the current pandemic. My name is Bryant Greene, and I am the owner of Always Best Care Senior Services in Philadelphia. My agency serves seniors and individuals with disabilities in the Philadelphia area. Thanks to the dedication of our caregivers, Always Best Care has been able to keep the most vulnerable Philadelphians safe in their homes during this time. In addition to owning my own homecare agency, I also serve as a Board member for the Pennsylvania Homecare Association, a state trade association representing more than 700 organizations that bring medical care, personal care, and end-of-life care into thousands of people's homes everyday across the Commonwealth and this great city.

I will lead off today's discussion providing you with a brief overview of home-based care – what it is, who we serve, and who pays, and then I will address the racial and ableist disparities which have disproportionately affected black and brown communities. I am more than happy to answer any questions about my testimony following my remarks.

OVERVIEW

At the Pennsylvania Homecare Association, we like to say, "There's No Place Like Home." It is the desire of most individuals to age in place and receive care and supports in their own homes. Pennsylvania has one of the fastest growing aging populations in the nation, and many of these individuals need assistance to remain ambulatory and active. Individuals who are frail and/or disabled should not be relegated into institutions if they are otherwise able to remain in the community, especially at a time when COVID-19 has had devastating consequences on those living in congregate care settings. Under the Community HealthChoices waiver, which is part of the Medical Assistance (MA) program here in Pennsylvania, individuals receive non-medical, personal assistance services that help them maintain their independence at home.

Agencies like mine provide care and assistance with everyday activities to over 100,000 individuals in the Southeastern part of the state alone. Every individual receiving personal assistance services is evaluated to ensure that their specific needs and level of care is adequately addressed. For example, a wheelchair-bound individual may only need help getting out of bed and ready for work in the morning. Through receiving personal assistance services, this individual is able to maintain employment and stay active in the community. Without these services, this same individual may be forced into an institution setting, which in this case could actually jeopardize this individual's quality of life. For an aging individual who may need assistance with grocery shopping and meal preparation, a homecare agency can provide them the support to stay healthy at home.

DISPARITIES OF COVID-19

At the onset of COVID-19 in Pennsylvania, Philadelphia and the surrounding communities felt the first impacts as the wave of new cases began to rise. It was also at that time, that news reports began to circulate about the disproportionate impact of the novel coronavirus on minorities and low-income populations.

Urban areas were hit especially hard given population density, inequitable access to health care, and heavy reliance on public transportation. It became clear that black and brown populations were being hit especially hard, a reality that became even more pronounced among aging and disabled populations in those communities. There are a few reasons for this high impact on communities of color:

- The prevalence of certain underlying conditions in minority populations;
- Increased challenges for individuals with disabilities;
- A higher incidence of comorbidities in aging populations;
- A disproportionate number of minorities serving as part of the essential workforce.

Underlying Conditions in Minority Populations

Social determinants of health have left minority populations in urban areas at a disadvantage. Minority and low-income populations are more likely to be uninsured or underinsured; this creates a barrier of care that precludes these populations from seeking consistent and regular healthcare in order to combat chronic disease. Conditions such as obesity, hypertension, and diabetes, among others, which are especially prevalent in black and brown communities, are complicating factors for individuals who may contract COVID-19.

The likelihood of hospitalization dramatically increases in situations where the patient has at least one underlying medical condition. This is the reason why we have seen a disproportionate number of black and brown individuals are being diagnosed and hospitalized for COVID-19.

Increased Challenges for Individuals with Disabilities

Living with a disability creates daily challenges and barriers. Because COVID-19 is a rapidly changing, uncharted situation, information has been disseminated at a rapid pace. At times, this can create a challenge for those who have vision, hearing, or cognitive disabilities. This puts these vulnerable populations at risk, as they may not have time or ability to comprehend rapidly changing guidance or safety measures. This is further compounded in minority and low-income populations, where access to things like internet may further exacerbate the inability to receive the most up-to-date news and resources.

Additionally, many guidelines released by public health official do not adequately consider the dynamic needs of individuals with disabilities. For example, many of the Philadelphians that my agency serves rely on caregivers to help them get out of bed and bathe themselves. Social distancing has been a standard mitigation tactic since March. For those individuals who are relying on homecare and direct care workers for their wellbeing, maintaining a social distance from other people is impractical – it simply cannot happen – and increases the likelihood that the virus will spread. In this regard, some families have refused services, which creates a larger problem. It is understood that long-term care in the home results in better outcomes, but where a consumer is refusing services, they may forgo assistance in getting to doctors' appointments or receiving the provisions of care that keep them healthy and safe in their home.

A Higher Incidence of Comorbidities in Aging Populations

There has been much conversation about the death rates in congregate care settings throughout Pennsylvania. One reason for this is that pre-existing conditions, called comorbidities, exist more frequently in aging populations. In the black and brown communities, where access to health care is likely not equal to that in many white communities, comorbidities pose a risk in even younger populations. As these individuals age and become frailer they are more susceptible to the risk posed by COVID-19. Equal access to health care has been a pervasive issue, even before COVID-19 hit Philadelphia. For those with chronic health conditions that have historically gone either untreated or under-treated, the need for equal access to health care is more important now than it has ever been.

Minority seniors are the most vulnerable members of our communities. The role of homecare is even more critical for these individuals. Direct care workers can ensure that these individuals make it to doctor's appointments and remember to take daily medications, all while monitoring the overall health of the individual receiving care.

A Disproportionate Number of Minorities Serving as Part of the Essential Workforce

The direct care workforce in the homecare industry is disproportionately made up of minority women. In Pennsylvania, these individuals are doing incredibly important work, keeping our most vulnerable safe in their homes, for an average pay of \$11.50/hour. Given their "essential worker" status, they are unable to work from home, and in many cases rely on public transportation in order to commute to their clients' homes. Since March, these caregivers have selflessly risked their own health, as well as their family members' health, to ensure that those they serve continue to receive necessary care.

Their risk of contracting COVID-19 has been exacerbated by the ongoing shortage of PPE. Homecare agencies, who employ these courageous frontline heroes, have not been prioritized by Pennsylvania's Department of Health for personal protective equipment (PPE). However, the Department of Health has prioritized consumer directed direct care workers and long-term care facilities. It is wrong to not equally prioritize the safety of direct care workers employed by home-based care agencies, as these individuals play an essential role in keeping vulnerable populations out of congregate care settings and hospitals.

As a business owner operating on the healthcare continuum, I, like all my colleagues, braced for impact when the PPE shortage became imminent. Since the start of this pandemic we have not only seen shortages of PPE, but price gouging has become a prevalent practice in PPE sales. Ensuring the safety of my employees is paramount; and I'm sure that my fellow home-based care providers across the Commonwealth and the country would echo that sentiment. We have all creatively sourced PPE and paid exorbitant prices to ensure adequate supplies are available for our caregivers. We should not have to wait with bated breath to see if a shipment of PPE placed actually arrives to our agency's doorstep. Our direct care workers, especially those who are part of the black and brown communities, where health disparities already existed, should be fairly recognized and prioritized for PPE accordingly.

CONCLUSION

Thank you for your time and attention to these very important issues. Home-based care providers are a critical piece of the healthcare continuum, as are the direct care workers, nurses, and therapists who bring quality care to the home.