MATERNAL TELEHEALTH ACCESS PROJECT

AUGUST 2020
FULL REPORT

COMMUNITY ASSESSMENT LITERATURE SCAN

PREPARED BY

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MATERNAL TELEHEALTH ACCESS PROJECT:
COLLABORATION AND INNOVATION FOR HEALTH EQUITY

ABOUT THE PROJECT

The Maternal Telehealth Access Project (MTAP): Collaboration and Innovation for Equity and Healthy Families (Grant # H7EMC37564) is a collaborative initiative with several partnering agencies aimed at ensuring that women at highest risk are receiving quality maternal care services via telehealth during the COVID-19 pandemic. The project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an Award totaling $4,000,000 for one year with 0% percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

BACKGROUND

Quality and respectful care throughout pregnancy and the postpartum period are critical to ensuring the health and well-being of families, communities, and populations. COVID-19 social-distancing restrictions have disrupted access to essential and wrap-around perinatal and postpartum care services across the U.S. Maternal and infant mortality is higher within Black, Indigenous, and People of Color (BIPOC) communities, a long-standing public health crisis that has been exacerbated by COVID-19.

Telehealth* and other forms of remote services delivery are a promising means to improve equitable delivery of maternity care. There is an urgent need to rapidly scale up the accessibility and use of quality telehealth services for perinatal and postpartum care in BIPOC communities and other underserved communities. Telehealth and various models of remote/virtual care have potential to ensure timely, equitable care delivery before, during, and after the birth of an infant, and in the first-year postpartum during COVID-19 times.

OUR GOALS AND OBJECTIVES

The overall goal of the Maternal Telehealth Access Project (MTAP) project is to ensure that quality telehealth perinatal and postpartum services are accessible and available in communities bearing a disproportionate burden of maternal and infant disease and death during the COVID-19 pandemic.

*In this report, the concept of "telehealth" is inclusive of a broad array of services that are provided remotely (i.e., not face-to-face or in-person care), for example, telemedicine, video consultations, phone consultations, remote monitoring, mHealth, online services, social media,and text/SMS messaging.

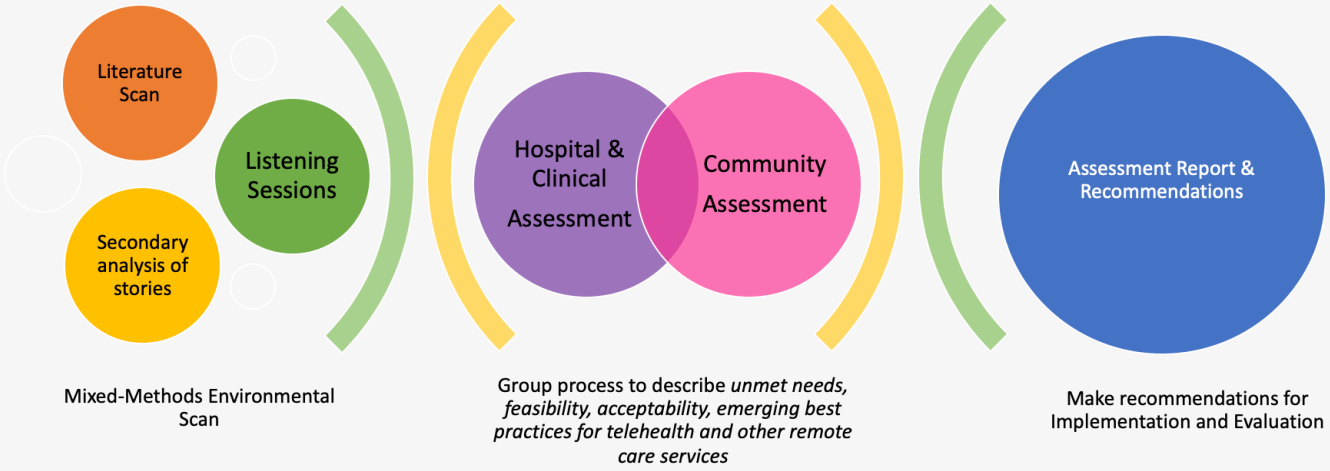
COMMUNITY ASSESSMENT

The goal of the MTAP Community Assessment is to listen to providers and birthing people from many backgrounds about their specific needs and concerns around telehealth as a way to guide our technical assistance, supply purchases, contracts, training curricula, and media/outreach/messaging.

In order to learn about the current state of knowledge regarding telehealth in community-based settings, the Community Assessment also includes a literature scan and secondary analysis of stories from the field gathered by Moms Rising and the United States Breastfeeding Committee.

This Executive Summary presents an overview of findings from the literature scan.

COMMUNITY ASSESSMENT PROCESS



The Community Assessment Team for MTAP includes representatives from the: National Birth Equity Collaborative, Reaching Our Sisters Everywhere, Morehouse School of Medicine, the Georgia Health Policy Center, and the University of North Carolina at Chapel Hill.

LITERATURE SCAN APPROACH

Our literature scan included (i) a **scoping review of the peer-reviewed literature** on telehealth, COVID-19, and communities and (ii) a **purposive review of grey literature** on community-based support for pregnancy, birth, and the postnatal period.

For the scoping review of peer-reviewed literature, we employed a five-step approach (Charlton et al 2019; Khalil et al. 2016) to review 123 peer-reviewed articles.

- **Step 1** • Identify the research question by clarifying and linking the purpose and the question
- **Step 2** •identify relevant studies using a three-step literature search to balance feasibility with breadth and comprehensiveness
- **Step 3** •careful selection of studies using a team approach
- **Step 4** •extracting and charting the data in a tabular and narrative format
- **Step 5** •collating the results to identify the implications of the study findings for policy, practice, or research.

We employed purposive review of grey literature on topics related to implementing telehealth in BIPOC communities. We selected grey literature that was complementary to articles found in the peer-reviewed literature. Selection of materials was focused on identifying perspectives on the needs of BIPOC communities generally for COVID-19 that were not adequately addressed in the peer-reviewed literature.

We reviewed 44 documents to identify content describing the telehealth needs of MTAP priority maternal and child health populations that should be amplified; unmet needs of pregnant and postpartum people that might be addressed with telehealth; and descriptions of emerging beast practices specific to maternal and child health populations (e.g., toolkits, training curricula, resources, model policies).

TELEHEALTH EQUITY

While telehealth has potential to provide distant-care perinatal & postpartum services during the COVID-19 pandemic, there is concern that the rapid transition to telehealth may widen the gap in maternal-infant disparities. Equity-centered transitions to telehealth are imperative in communities facing the greatest structural, political economic, legal, sociocultural, and geographic barriers. In particular, strategies are needed that provide anti-racist solutions to breaking down barriers in access to quality and respectful care.

Telehealth-based maternity care services should help to resolve health inequities, not worsen them.

RELATIONSHIPS OF TRUST WITH COMMUNITY-BASED PERINATAL SUPPORT PROVIDERS INCREASES THE ACCEPTABILITY, QUALITY, & UPTAKE OF TELEHEALTH SERVICES, IN BLACK, INDIGENOUS, & PEOPLE OF COLOR COMMUNITIES.

KEY THEMES

BARRIERS, FACILITATORS, & ACCEPTABILITY OF TELEHEALTH

BARRIERS

low digital literacy; lack of access to consistent, reliable, stable & secure internet/wifi; lack of devices or knowledge of how to use them; communication challenges, legal issues & concerns; maternity care deserts; shortage of mental health providers; barriers to health care due to immigration status; unemployment; loss of income; food and housing insecurity; lack of transportation

FACILITATORS

financial assistance; access to devices, WiFi, and internet; reliable technology with synchronous (e.g. video-to-home consults) & asynchronous (e.g., remote monitoring, mobile apps) capabilities; programs that improve continuity of clinical-to-community care services; community health worker teams that include doulas, midwives, lactation consultants, and mental health providers to provide visits & telehealth; non-English language translation services; communication support for people with disabilities; coordination with services & programs that can provide cash assistance, food, shelter, transportation, essential needs for self and infants.

ACCEPTABILITY

relationships of trust with perinatal supporters in the community increases acceptability & uptake of telehealth services; translation services are needed to reach non-English speaking immigrant & refugee communities; providing training to patients/clients to use telehealth can increase acceptability among people who are resistant because they do not know how to use technologies.

EMERGING BEST PRACTICES

Telehealth operates in the context of structural inequities that existed before the COVID-19 pandemic. Attempting to implement telehealth without also addressing structural barriers in access to basic needs and services does not make sense in many of the poorest and underserved communities across the U.S. The literature offers examples of different telehealth approaches that may be repurposed for prenatal and postpartum services in community-settings. **This section highlights examples of telehealth innovations that may improve access to equitable maternity care during COVID-19.**

IN UNDERSERVED COMMUNITIES, PEOPLE ARE STRUGGLING TO FIND FOOD, SHELTER, MONEY, & SAFETY.

TELEHEALTH CAN PROVIDE A LIFELINE THAT LINKS FAMILIES WITH PROGRAMS PROVIDING ESSENTIAL NEEDS AS WELL AS HEALTH CARE.

FLORIDA

INSIGHTS FROM THE FLORIDA MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV) INITIATIVE

Marshall et al. (2020) describe the adaptation of the FL MIECHV program during COVID-19. It is particularly helpful report that describes the complex issues that contextualize telehealth maternity care needs in BIPOC communities.

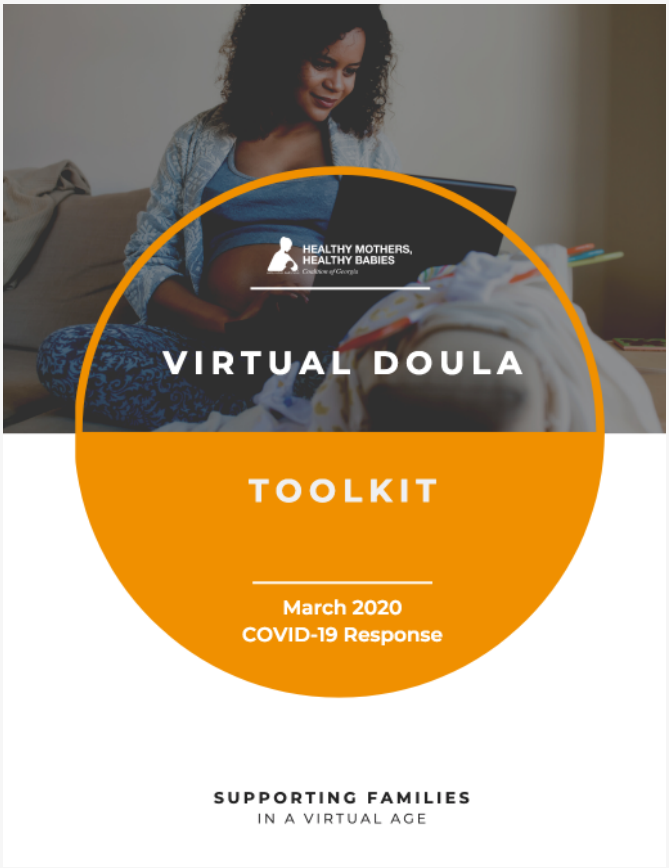
They note: **"Virtual platforms allow continuation of communication with families to assure needed resources, including supplies, health information, mental health services, and referrals to other programs are provided."** (Marshall et al 2020, p.7)

SUPPLIES FAMILIES NEEDED:

- financial assistance due to unemployment
- lack of unemployment benefits due to immigration status
- mental health services & support
- medical services
- childcare
- internet or data for phone
- transportation
- housing
- diapers
- formula
- wipes
- toiletries
- food
- disinfectant & cleaning supplies
- medical supplies

GEORGIA

DOULAS PROVIDE ESSENTIAL SUPPORT SERVICES & COMMUNITY LINKAGES DURING PREGNANCY, BIRTH, AND POSTPARTUM.



Healthy Mothers, Healthy Babies Coalition of Georgia developed a Virtual Doula Toolkit to ensure that doulas supporting families during COVID-19 had access to all of the technology, training, and policy-related information needed to rapidly transition to online services. **Virtual video consults are provided via Skype, FaceTime, Google Hangouts, WhatsApp, and Zoom**. The toolkit includes a comprehensive list of referrals to assist families in finding timely information about prenatal and postpartum needs.

DOULA SUPPORT IMPROVES QUALITY OF MATERNITY CARE, BIRTH OUTCOMES, & BREASTFEEDING OUTCOMES, ESPECIALLY IN BLACK COMMUNITIES.

DOULAS ARE ESSENTIAL DURING COVID-19.

NEW YORK

TELEHEALTH FOR HIGH-RISK PREGNANCIES DURING COVID-19

Aziz et al. (2020) describe guidance for adapting telehealth to meet the needs of high-risk obstetric patients, based on their experience as a prolonged hot spot early in the U.S. COVID-19 pandemic experience. The article outlines the importance of a **home automated blood pressure cuff** for hypertensive disorders of pregnancy. **Remote monitoring of glucose** may be done with patients who have gestational diabetes. A **camera on a tablet or smartphone** can assist providers to visually evaluate a cesarean incision on postpartum follow-up. Postpartum breastfeeding consultations may be performed virtually.

VIRTUAL VISITS FOR HIGH-RISK PRENATAL CARE INCLUDED CLINICAL HISTORY-TAKING, COUNSELING, EDUCATION, GENETIC SCREENING OPTIONS, PRENATAL VITAMIN PRESCRIPTION, HOME MONITORING OF BLOOD PRESSURE & WEIGHT

RHODE ISLAND

COVID-19 stay-at-home orders and social distancing has led to a "horrifying global surge" in intimate partner violence (IPV) across the U.S. Odette & Meghan (2020) report on an elevated risk of Intimate Partner Violence (IPV) in Rhode Island, especially among immigrant women. Immigrant women face increased social isolation, fear of law enforcement, lack of information on available IPV resources, language barriers, and legal status. Stigma and fear of reporting to health care providers are also key barriers. **Virtual telehealth visits and IPV screening are a lifeline to support, resources, legal counsel, education, and a barrier against isolation.**

"EVERY VIRTUAL VISIT IS A VALUABLE OPPORTUNITY TO CONNECT WITH PATIENTS, LEARN ABOUT THEIR MENTAL HEALTH, AND ASK DIRECTLY ABOUT ABUSE TO GET THEM THE HELP THEY NEED"

CLÍNICA ESPERANZA

Clínica Esperanza is a free clinic serving immigrant undocumented patients in RI. They began COVID-19 screening in May 2020.Virtual telehealth visits provide opportunities to build relationships of trust. Screening questions include, "We know this is a difficult time for many people. How are you feeling with everything that is going on? We know this situation can cause a lot of stress at home. Because of this we are asking all patients if they feel safe with the people they live with." The authors note that all undocumented immigrant women should be reminded that they will not be reported to U.S. Immigration enforcement, and also provided with information regarding their legal rights. **Undocumented immigrant victims of IPV can qualify for legal status under the Violence Against Women Act.**

SAN FRANCISCO BAY AREA

CULTURALLY SPECIFIC MENTAL HEALTH & SPIRITUALITY APPROACH FOR AFRICAN-AMERICAN COMMUNITIES

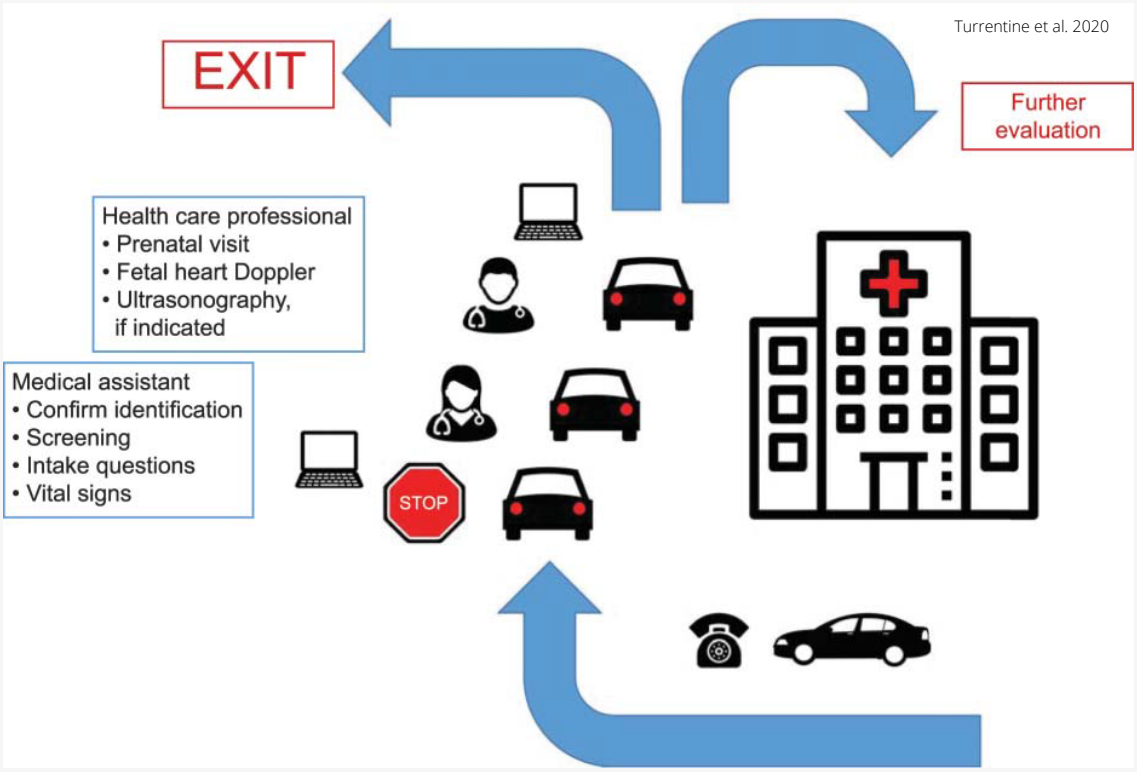
Thompkins et al. (2020) describe their experience with Project Trust, a program that supported development of **online videos to support faith-leaders to share information about COVID-19** with their communities. The videos posted on the website platform, hosted by Justice and Peace Foundation (JPF) reached 951 congregations with approximately 206, 450 members.

While not focused specifically on maternal and child health, this model of **public health partnerships with faith communities has great potential for broad impact** in enhancing the dissemination of information that Black families need to support pregnant and postpartum health during the COVID-19 pandemic.

"FAITH-BASED COMMUNITIES ARE A SOURCE OF COMMUNITY RESILIENCE."

TEXAS

DRIVE-THROUGH PRENATAL CARE + LIMITED HOME MONITORING



Turrentine et al. (2020) describe the design and implementation of a drive-through prenatal care model (see figure above). They describe the use of a **handheld ultrasound probe connected to a smartphone** to evaluate fetal heart tones, maximum vertical pocket of amniotic fluid, fetal presentation, and other measures of fetal wellbeing. Drive-through visits can provide a limited contact setting for prenatal care. This model also reduces the amount of PPE required by the clinic.

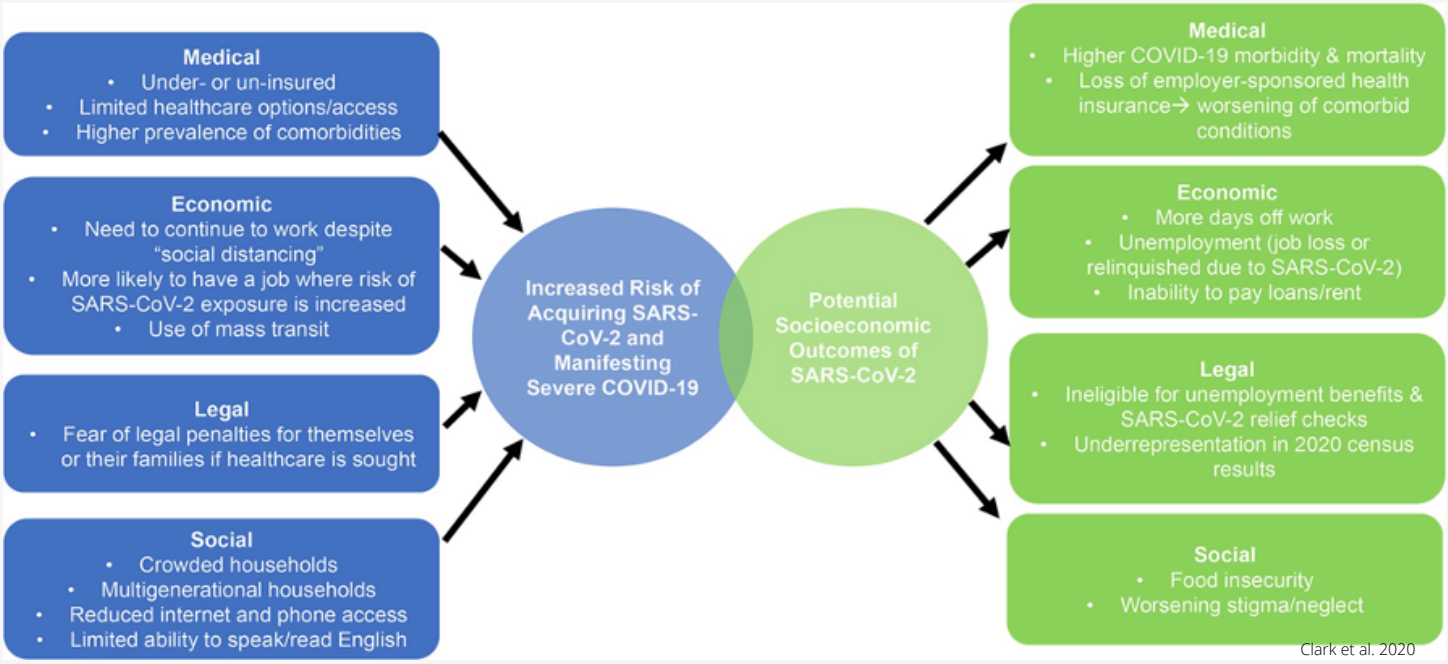
While this is a model of care set up at a hospital, it provides inspiration for adaptations (e.g., walk-through options) that may be possible for non-clinical, wrap-around services in community-settings.

"SUPPLIES FOR HOME MONITORING RESOURCES & ABILITY TO PEFORM THESE PROCEDURES ACCURATELY MAY BE LIMITED, THUS DIMINISHING THE FEASIBILITY OF RELIABLE HOME MEASUREMENTS."

COVID-19 DISPARITIES AMONG IMMIGRANTS

Clark et. al (2020) provide the conceptual framework below to explain the high burden of COVID-19 among immigrant communities without citizenship status in the U.S. There are an estimated 1.6 million immigrants in Houston alone, primarily from Mexico, El Salvador, Vietnam, India, and Honduras. Over 500,000 are undocumented.

"ACUTELY, HEALTH CARE FACILITIES SHOULD BE DESIGNATED AS LOCATIONS WHERE IMMIGRATION ENFORCEMENT IS PROHIBITED."



Clark et al. 2020

This study is consistent with other reports in the literature related to general health access needs of immigrants during COVID-19. **There is a critical lack of available digital technologies, telehealth services, and mHealth apps in the languages spoken by immigrant and refugee communities**, Unreliable translation services, lack of intrapartum advocates, and concerns about deportation are barriers to care among immigrant communities. Digital literacy and acceptability of telehealth is low in immigrant communities.

VIRTUAL MENTAL HEALTH

EMERGING INNOVATIONS FOR COVID-19

DIGITAL APPS

VIDEO-TO-HOME

PHONE CALLS & SMS TEXT MESSAGES

Investments in tele-mental health today will improve care in the emergencies of tomorrow. Tourus et al. (2020) review various modes of providing digital therapy during COVID-19. While not focused specifically on perinatal mental health, these approaches may be readily adapted to meet the unique needs of maternal and child health populations. The authors note that **the most effective mHealth apps are ones that may be customized to each patient and fit their goals and needs.** Virtual mental health has potential to buffer against increases in IPV, suicide, and substance use.

Lindsay et al. (2020) describe **video-to-home (VTH) telehealth** as an intervention with evidence that it is equivalent to in-person care. **Contact through VTH promotes relationship building, trust, and a more personal experience**. VTH requires more equipment, such as a video-enabled device or web-based video solution.

"PATIENTS WANT TO BE SEEN, AND THEY WANT TO SEE US."

VIRTUAL LACTATION SUPPORT

LACTATION SUPPORT DURING COVID-19 THROUGH VIRTUAL SOLUTIONS

BREASTFEEDING IS A SOURCE OF FOOD SECURITY, PERSONALIZED MEDICINE, & A NURTURING ENVIRONMENT FOR INFANTS.

Anticipatory guidance for breastfeeding, through pre-natal breastfeeding education, and continued access to lactation support postpartum improves infant feeding outcomes. Breastfeeding supports immediate and long-term maternal-infant health and well-being. Lactation Education Resources (LER) has developed a telehealth toolkit to assist lactation support providers to provide virtual support to families in their homes and virtual facilitated courses for prenatal breastfeeding education (Carolina Global Breastfeeding Institute, Ready, Set Baby Live!).

MOBILE HEALTHCARE ASSOCIATION

INNOVATIONS IN MOBILE HEALTH + TELEHEALTH FOR COVID-19

Attipoe-Dorcoo et al. (2020) describe how mobile health clinics across the U.S. have shifted their work during COVID-19. **Mobile health clinics are reaching patients via phone calls, texts, and well-being telecare check-ins.** Harvard Medical School Family Van hosts call-in hours, provides health education, and distributes COVID-19 health literacy materials. Morehouse School of Medicine converted their mobile clinic to telehealth service where medical students and a faculty member provide care to patients in need. **42% of mobile clinics reported maintaining care through phone/texts** and **36% reported using telehealth**. Mobile telehealth is a promising and cost-effective means to ensure continuity of a range of maternity care services in underserved communities.

"STAFF EXPERTISE AND MOBILE CLINICS SITTING IDLE ARE VITAL RESOURCES NEEDED TO BE UTILIZED IN AN ALL HANDS ON DECK APPROACH TO ADDRESS THE COVID-19 PANDEMIC."

HIGH PRIORITY POPULATIONS

Telehealth services for pregnancy until the first year postpartum should be prioritized in communities with the greatest needs:

- **Black and African American communities** in all geographic settings (urban/rural), regardless of economic status, educational attainment, and access to resources. Racism in clinical and community settings increases the risk of preventable adverse maternal-infant morbidity and mortality among Black/African Americans.

- **Native American/Indigenous communities** are at elevated risk due to racism and structural barriers to care. Some tribal communities are facing critical water shortages, food insecurity, and shortage of health care providers, all of which have led to an increased burden of COVID-19 illness and death.

- **Latinx communities, especially immigrants and refugees** who do not have citizenship are at risk for being detained or deported. Concerns about detainment and deportation often prevent people from seeking timely prenatal care. Language and communication barriers are a barrier to prenatal and postpartum care.

- **Communities in Puerto Rico** face similar issues as other Latinx/Hispanic populations on the continental U.S. However Puerto Rico has faced numerous natural disasters in the last 2 years in addition to COVID-19, and has not received adequate support to rebound from these events. Puerto Rican families face economic hardship, food insecurity, housing insecurity, chronic lack of power and internet, and lack of health services.

- **Native Hawaiian and other Pacific Islander communities** have reported the highest rates of COVID-19 in Los Angeles, Portland, and Honolulu. Like other BIPOC groups, Native Hawaiian/Pacific Islanders in Hawai'i also face the highest rates of homelessness, perinatal substance use, perinatal intimate partner violence, and mental health disorders. In Hawai'i, Native Hawaiian and other Pacific Islander communities are often living in poor, rural areas where access to services is more difficult.

- **Urban communities with a high proportion of Black/African American and Latinx/Hispanic people**, that are facing severe shortages of maternity care facilities and service providers, including Chicago, Detroit, and New York.

- **Rural communities**, where access to telehealth services, maternity care, and mental health services are limited. Pregnant, birthing, and postpartum individuals are at high risk for adverse and preventable perinatal morbidity and mortality due to geographic scarcity of services.

- **Other communities facing significant barriers in access to care** include LGBTQIA+ people seeking sexual and reproductive health services; non-English speaking Asian American people; people with disabilities; currently or recently incarcerated people; people with substance use disorders; homeless people; essential workers; sex workers; people experiencing intimate partner violence; people with mental health issues.

COMMUNITY-BASED CARE

TELEHEALTH IN COMMUNITIES ADDRESSES UNMET NEEDS

Community-based organizations that provide perinatal and postpartum support are critical to ensuring continuity of care from hospital to home. Trained birthworkers and lactation support persons in the community can ensure that families have access to telehealth resources. They can provide training to use the various tools required for remote monitoring and assist in relaying health information to obstetric and other care providers. Community-based support persons can provide education and information about COVID-19 prevention, testing, and care. They are also critically important in connecting families to telehealth services, including:

- translation services, visual aids, and resources for communicating with special needs populations
- rapid referrals to financial, governmental, and philanthropic resources for families in need
- referrals to and provision of mental health services providing culturally appropriate, respectful, and compassionate trauma-informed care.
- access to real-time, responsive health and birthing advocates, especially when support persons are not permitted to accompany birthing people
- video consults to address issues related to prenatal and postpartum education, information, and questions
- filling gaps in providing family members and other supporting persons helping to care for birthing people and their babies
- developing "Know your rights" resources and referrals to virtual advocates on-call

RECOMMENDATIONS

- **Fund community-based organizations based on what they indicate they need,** especially when they demonstrate a long-standing relationship of trust and effective community-engagement. The strongest interventions for telehealth are based on trust, community-centered programming, and community-defined needs and priorities.

- **Understand that different priority communities will have different needs related to telehealth.** Community-based organizations with experience providing support to priority populations will understand the unique needs and how best to integrate telehealth in ways that overcome structural barriers.

- **Trauma-informed care should be provided to all pregnant and postpartum individuals** throughout their pregnancy through at least the first year after giving birth. It is widely considered essential care during the COVID-19 pandemic. All pregnant and postpartum people should be screened for risk of intimate partner violence and mood disorders in a safe and compassionate manner and provided with appropriate referrals to care.

- **Scale up community-based prenatal and postpartum care** including doulas, midwives, lactation supporters, mental health, counseling and parenting support, and community health workers.

- **All services for pregnancy and postpartum should serve as an opportunity to coordinate care for basic and essential needs**, like food, housing, and economic assistance, not only telehealth.

- **Strengthen systems that ensure continuity of care from hospital to home**. Consider using telehealth as part of a diverse program of home visits, mobile clinic visits, and drive-through visits.

- **Ensure digital literacy education and training is provided to all recipients of any telehealth intervention.**

- **Provide basic information about COVID-19 prevention, testing, and care as part of telehealth services.** Barriers that prevent people from accessing maternity care services are often the same barriers that prevent them from receiving accurate information about COVID-19 prevention during pregnancy and breastfeeding.

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APPENDICES

APPENDIX 1: BIBLIOGRAPHY

APPENDIX 2: SUMMARY TABLE OF PEER REVIEWED LITERATURE

APPENDIX 3: SUMMARY TABLE OF GREY LITERATURE

Maternal Telehealth Access Project
Literature Scan Executive Summary
Appendix 1. Bibliography

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Author	Report Title	Publication Title	Abstract Note	Community Assessment Notes	Assessment Tags	Automatic Tags
Abu-Rustum et al.	ISUOG Consensus Statement on organization of routine and specialist obstetric ultrasound services in context of COVID-19	Ultrasound in Obstetrics & Gynecology: The Official Journal of the International Society of Ultrasound in Obstetrics and Gynecology	ACOG Clinical Opinion.	The clinical opinion has an obstetric population focus. Provides algorithms to follow for ultrasound assessment during COVID and for prioritizing appointments. Professional organization statement, clinical guidance.	Pregnancy related (abortion; birth; doula midwifes; obstetric; perinatal; postpartum; pregnant; reproduction)	Female; Humans; Pregnancy; Obstetrics; Delivery of Health Care; Mass Screening; Triage; Pandemics; Telemedicine; Coronavirus Infections; Pneumonia, Viral; Appointments and Schedules; Infectious Disease Transmission, Patient-to-Professional; Infectious Disease Transmission, Professional-to-Patient; Masks; Patient Isolation; Point-of-Care Testing; Quarantine; Ultrasonography, Prenatal
Alavi et al.	Implementing COVID-19 Mitigation in the Community Mental Health Setting: March 2020 and Lessons Learned	Community Mental Health Journal	In March 2020, at the beginning of the COVID-19 pandemic, state-funded community mental health service programs (CMHSP) in Michigan, organized into 10 regions known as a “Prepaid Inpatient Health Plan” (PIHP), grappled with the task of developing a modified plan of operations, while complying with mitigation and social distancing guidelines. With the premise that psychiatric care is essential healthcare, a panel of physician and non-physician leaders representing Region 5, met and developed recommendations, and feedback iteratively, using an adaptive modified Delphi methodology. This facilitated the development of a service and patient prioritization document to triage and to deliver behavioral health services in 21 counties which comprised Region 5 PIHP. Our procedures were organized around the principles of mitigation and contingency management, like physical health service delivery paradigms. The purpose of this manuscript is to share region 5 PIHP’s response; a process which has allowed continuity of care during these unprecedented times.	This article explains how mental health services were triaged and adapted to promote mitigation of viral infection. While not specific to MCH populations, this article describes facilitators to equitable care through the use of their patient prioritization document.	Community; Mental Health	

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Alberti et al.	Equitable Pandemic Preparedness and Rapid Response: Lessons from COVID-19 for Pandemic Health Equity	Journal of Health Politics, Policy and Law	The novel coronavirus pandemic has set in high relief the entrenched health, social, racial, political, and economic inequities within American society as the incidence of severe morbidity and mortality from the disease caused by the virus appears to be much greater in Black and other racial/ethnic minority populations, within homeless and incarcerated populations, and in lower-income communities in general. The reality is that the U.S. is ill equipped to realize health equity in prevention and control efforts for any type of health outcome, including an infectious disease pandemic. In this article, we address an important question: When new waves of the current pandemic emerge or another novel pandemic emerges, how can the U.S. be better prepared and also ensure a rapid response that reduces rather than exacerbates social and health inequities? We argue for a health equity framework to pandemic preparedness, grounded in meaningful community engagement that, while recognizing the fundamental causes of social and health inequity, has a clear focus on upstream and midstream preparedness and downstream rapid response efforts that put social and health equity at the forefront.	This commentary focuses on general (not MCH specific) health inequities during COVID-19. It presents a health equity framework for pandemic preparedness that is grounded in meaningful community engagement. Emphasizes focus on upstream and midstream PREPAREDNESS and downstream RAPID RESPONSE that CENTERS HEALTH EQUITY.	Black/African-American; Community; Equity; Incarceration (jail; prison; detention; correctional); Mental Health; Transportation/ Spatial (location; mobility; housing; homeless)	community engagement; COVID-19; health equity; inequities; pandemic; preparedness
Alsharaydeh et al.	Challenges and solutions for maternity and gynecology services during the COVID-19 crisis in Jordan	International Journal of Gynecology & Obstetrics	Objective To describe regional experiences and measures implemented to safely maintain obstetrics and gynecology services during the COVID-19 pandemic at King Abdullah University Hospital in Jordan. Methods All policies and measures were implemented in keeping with World Health Organization and other international recommendations and guidelines. Results With concerted effort and a multidisciplinary approach, most maternity and gynecology services were provided and all other training and educating responsibilities were maintained. Conclusion COVID-19 caused an unprecedented global healthcare crisis. Our institution addressed the challenges and implemented several measures at different levels to maintain services and facilitate the training and teaching of trainees and medical students.	This report contains clinical guidance on post-discharge management of newborn care. The authors describe a triage algorithm at Penn State Hospital based for newborn care. It is more relevant to the provider assessment but may be helpful in thinking through connections between clinic-to-community based care.	Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction)	Jordan; COVID-19; Aerosol-generating procedures; Cesarean delivery; Coronavirus; Personal protective equipment; Telemedicine

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Amatya et al.	Management of newborns exposed to mothers with confirmed or suspected COVID-19	Journal of Perinatology: Official Journal of the California Perinatal Association	There is limited information about newborns with confirmed or suspected COVID-19. Particularly in the hospital after delivery, clinicians have refined practices in order to prevent secondary infection. While guidance from international associations is continuously being updated, all facets of care of neonates born to women with confirmed or suspected COVID-19 are center-specific, given local customs, building infrastructure constraints, and availability of protective equipment. Based on anecdotal reports from institutions in the epicenter of the COVID-19 pandemic close to our hospital, together with our limited experience, in anticipation of increasing numbers of exposed newborns, we have developed a triage algorithm at the Penn State Hospital at Milton S. Hershey Medical Center that may be useful for other centers anticipating a similar surge. We discuss several care practices that have changed in the COVID-19 era including the use of antenatal steroids, delayed cord clamping (DCC), mother-newborn separation, and breastfeeding. Moreover, this paper provides comprehensive guidance on the most suitable respiratory support for newborns during the COVID-19 pandemic. We also present detailed recommendations about the discharge process and beyond, including providing scales and home phototherapy to families, parental teaching via telehealth and in-person education at the doors of the hospital, and telehealth newborn follow-up.	This review article describes current state of clinical guidance on post-discharge management of newborn care. It is more relevant to the provider assessment, but may be helpful in thinking through connections between clinic-to-community based care.	Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	Female; Humans; Infant, Newborn; Pregnancy; Postnatal Care; Pregnancy Complications, Infectious; Infectious Disease Transmission, Vertical; Infant Care; Practice Guidelines as Topic; Triage; Evidence-Based Practice; Pandemics; Betacoronavirus; Coronavirus Infections; Pneumonia, Viral

Author	Report Title	Publication Title	Abstract Note	Community Assessment Notes	Assessment Tags	Automatic Tags
Attipoe-Dorcoo et al.	Mobile health clinic model in the COVID-19 pandemic: lessons learned and opportunities for policy changes and innovation	International Journal for Equity in Health	BACKGROUND: Mobile Clinics represent an untapped resource for our healthcare system. The COVID-19 pandemic has exacerbated its limitations. Mobile health clinic programs in the US already play important, albeit under-appreciated roles in the healthcare system. They provide access to healthcare especially for displaced or isolated individuals; they offer versatility in the setting of a damaged or inadequate healthcare infrastructure; and, as a longstanding community-based service delivery model, they fill gaps in the healthcare safety-net, reaching social-economically underserved populations in both urban and rural areas. Despite an increasing body of evidence of the unique value of this highly adaptable model of care, mobile clinics are not widely supported. This has resulted in a missed opportunity to deploy mobile clinics during national emergencies such as the COVID-19 pandemic, as well as using these already existing, and trusted programs to overcome barriers to access that are experienced by under-resourced communities. MAIN TEXT: In March, the Mobile Healthcare Association and Mobile Health Map, a program of Harvard Medical School's Family Van, hosted a webinar of over 300 mobile health providers, sharing their experiences, challenges and best practices of responding to COVID 19. They demonstrated the untapped potential of this sector of the healthcare system in responding to healthcare crises. A Call to Action: The flexibility and adaptability of mobile clinics make them ideal partners in responding to pandemics, such as COVID-19. In this commentary we propose three approaches to support further expansion and integration of mobile health clinics into the healthcare system: First, demonstrate the economic contribution of mobile clinics to the healthcare system. Second, expand the number of mobile clinic programs and integrate them into the healthcare infrastructure and emergency preparedness. Third, expand their use of technology to facilitate this integration. CONCLUSIONS: Understanding the economic and social impact that mobile clinics are having in our communities should provide the evidence to justify policies that will enable expansion and optimal integration of mobile clinics into our healthcare delivery system, and help us address current and future health crises.	This report includes a description of how to coordinate telehealth/telemedicine with mobile care (e.g., home visiting programs; mobile clinics). It includes a call to action to incorporate mobile care with remote and in-person care services in high need and underserved communities. They provide specific examples of a variety of adaptations of existing mobile care units based on their survey of mobile care across the U.S. during COVID-19. The report also includes a call to action, which may be helpful to the MTAP assessment.	Barriers; Community; Mapping (GIS; Hot Spot; geography); Rural; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual); Transportation/ Spatial (location; mobility; housing; homeless)	Coronavirus Infections; COVID-19 pandemic; Diffusion of Innovation; Emergency preparedness; Health Policy; Humans; Mobile clinics; Mobile Health Units; Models, Organizational; Pandemics; Pneumonia, Viral; Underserved; United States

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Aziz et al.	Telehealth for High-Risk Pregnancies in the Setting of the COVID-19 Pandemic	American Journal of Perinatology	As New York City became an international epicenter of the novel coronavirus disease 2019 (COVID-19) pandemic, telehealth was rapidly integrated into prenatal care at Columbia University Irving Medical Center, an academic hospital system in Manhattan. Goals of implementation were to consolidate in-person prenatal screening, surveillance, and examinations into fewer in-person visits while maintaining patient access to ongoing antenatal care and subspecialty consultations via telehealth virtual visits. The rationale for this change was to minimize patient travel and thus risk for COVID-19 exposure. Because a large portion of obstetric patients had underlying medical or fetal conditions placing them at increased risk for adverse outcomes, prenatal care telehealth regimens were tailored for increased surveillance and/or counseling. Based on the incorporation of telehealth into prenatal care for high-risk patients, specific recommendations are made for the following conditions, clinical scenarios, and services: (1) hypertensive disorders of pregnancy including preeclampsia, gestational hypertension, and chronic hypertension; (2) pregestational and gestational diabetes mellitus; (3) maternal cardiovascular disease; (4) maternal neurologic conditions; (5) history of preterm birth and poor obstetrical history including prior stillbirth; (6) fetal conditions such as intrauterine growth restriction, congenital anomalies, and multiple gestations including monochorionic placentation; (7) genetic counseling; (8) mental health services; (9) obstetric anesthesia consultations; and (10) postpartum care. While telehealth virtual visits do not fully replace in-person encounters during prenatal care, they do offer a means of reducing potential patient and provider exposure to COVID-19 while providing consolidated in-person testing and services.	This review paper describes the adoption of telehealth for high-risk obstetric patients and provides specific recommendations based on high risk conditions. The protocol was evaluated among pregnant women receiving care at two hospitals and an affiliated clinic system in New York City. Prenatal care regimens were developed from prior studies and expert recommendations, including resources from the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine. Within the article there are useful tables of recommendations of how and what for implementation. This report is more relevant to the provider assessment, but may be helpful in thinking through connections between clinic-to-community based care. KEY POINTS: (1) Telehealth for prenatal care is feasible. (2) Telehealth may reduce coronavirus exposure during prenatal care. (3) Telehealth should be tailored for high risk prenatal patients.	Mental Health; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	Female; Humans; Pregnancy; Pregnancy Complications; Prenatal Care; Infection Control; Health Services Accessibility; New York City; Pandemics; Telemedicine; Betacoronavirus; Coronavirus Infections; Pneumonia, Viral; Genetic Counseling; Pregnancy, High-Risk; Prenatal Diagnosis; Remote Consultation

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Bachtel, Hayes & Nelson	The push to modernize nursing regulations during the pandemic	Nursing Outlook	Advanced Practice Registered Nurses (APRNs) stand ready and willing to improve access to care across the United States, both during the COVID-19 pandemic and beyond. Yet, their practice remains restricted in certain states due to long outdated regulations, even as many other healthcare regulatory changes have occurred via executive order (e.g., allowing for telehealth reimbursement and expediated licensing). For instance, the APRN Compact has been on standby since 2015. When the Federal HHS Secretary called upon all governors to lift restrictions on APRNs during the public health crisis, seven of the 28 restricted states took no action, and the Southeast remained the most restricted area of the country. Now-in the Year of the Nurse and Midwife, during the COVID-19 pandemic-is the time to push forward on permanently removing APRN practice barriers. Nationwide, this can be accomplished by increased engagement of nurses, who may, in turn, engage the public, physician champions, and other pro-nursing organizations.	While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced. This paper describes the importance of removing policy restrictions on midwifery/APRN practice in community health settings for MCH care during COVID-19.	Barriers; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	Access to Care; Alex Azar; APRNs; COVID-19; Federal Health and Human Services; Governors executive orders; Restrictions

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Baker, Peckham & Seixas	Estimating the burden of United States workers exposed to infection or disease: A key factor in containing risk of COVID-19 infection	PloS One	INTRODUCTION: With the global spread of COVID-19, there is a compelling public health interest in quantifying who is at increased risk of contracting disease. Occupational characteristics, such as interfacing with the public and being in close quarters with other workers, not only put workers at high risk for disease, but also make them a nexus of disease transmission to the community. This can further be exacerbated through presenteeism, the term used to describe the act of coming to work despite being symptomatic for disease. Quantifying the number of workers who are frequently exposed to infection and disease in the workplace, and understanding which occupational groups they represent, can help to prompt public health risk response and management for COVID-19 in the workplace, and subsequent infectious disease outbreaks. METHODS: To estimate the number of United States workers frequently exposed to infection and disease in the workplace, national employment data (by Standard Occupational Classification) maintained by the Bureau of Labor Statistics (BLS) was merged with a BLS O*NET survey measure reporting how frequently workers in each occupation are exposed to infection or disease at work. This allowed us to estimate the number of United States workers, across all occupations, exposed to disease or infection at work more than once a month. RESULTS: Based on our analyses, approximately 10% (14.4 M) of United States workers are employed in occupations where exposure to disease or infection occurs at least once per week. Approximately 18.4% (26.7 M) of all United States workers are employed in occupations where exposure to disease or infection occurs at least once per month. While most exposed workers are employed in healthcare sectors, other occupational sectors also have high proportions of exposed workers. These include protective service occupations (e.g. police officers, correctional officers, firefighters), office and administrative support occupations (e.g. couriers and messengers, patient service representatives), education occupations (e.g. preschool and daycare teachers), community and social services occupations (community health workers, social workers, counselors), and even construction and extraction occupations (e.g. plumbers, septic tank installers, elevator repair). CONCLUSIONS: The large number of persons employed in occupations with frequent exposure to infection and disease underscore the importance of all workplaces developing risk response plans for COVID-19. Given the proportion of the United States workforce exposed to disease or infection at work, this analysis also serves as an important reminder that the workplace is a key locus for public health interventions, which could protect both workers and the communities they serve.	This report focuses on how the in-person work environment impacts the risk of contracting COVID-19 and spreading it within your community. Due to this risk, non-health related occupations, still need to provide a process to ensure the safety of their employees. Although this is not within the scope of our research, it's an important topic to keep in mind when speaking with individuals who work in fields where they may be at risk of contracting COVID-19.	Community; Incarceration (jail; prison; detention; correctional)	Betacoronavirus; Coronavirus Infections; Humans; Occupational Exposure; Occupations; Pandemics; Pneumonia, Viral; Public Health; Risk Factors; United States; Workplace

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Behbahani et al.	Vulnerable Immigrant Populations in the New York Metropolitan Area and COVID-19: Lessons Learned in the Epicenter of the Crisis	Academic Medicine: Journal of the Association of American Medical Colleges	The epicenter of the COVID-19 crisis since March 17, 2020-the New York metropolitan area-is home to some of the largest Latino immigrant communities in the nation. These communities have long faced barriers to health care access, challenges due to immigration status, and financial and labor instability. The COVID-19 pandemic has aggravated these existing issues in a vulnerable, often forgotten, immigrant community. It is challenging for this population to access public information regarding COVID-19 testing, treatment, and assistance programs because this information is seldom disseminated in Spanish and even less frequently in Portuguese. While long-term solutions will require time and changes to policy, some short-term measures can mitigate the current situation. The authors share their experience from Newark, New Jersey, where partnerships of public and private community-based organizations (CBOs) have been successful in establishing trust between the health care system and a fearful Latino community. The Ironbound Initiative, a student group at Rutgers New Jersey Medical School in Newark, New Jersey, has partnered with Mantena Global Care, a Brazilian CBO in Newark, to facilitate dissemination of COVID-19-relevant information. Medical student volunteers, removed from their clinical duties, serve as virtual patient navigators, using social media to reach community members with the goals of improving awareness of precautions to take during the pandemic and of increasing access to needed medical care. These students have collaborated with colleagues in other disciplines to provide necessary legal guidance to community members fearful of seeking care because of their immigration status. The authors urge other academic institutions across the country to recruit multidisciplinary teams of medical, health professional, and law students invested in their local communities and to empower students to partner with CBOs, immigrant community leaders, faith-based organizations, hospitals, and local authorities to support these vulnerable communities during this crisis.	This report is focused generally on COVID-19 and health inequities (not MCH specific). It describes COVID-19 response in the New York Metropolitan area and Newark, NJ. This report describes emerging best practices for immigrant, non-English speaking populations and developing effectives community-private-academic partnerships to address the complex needs within these communities. A case study to learn from is the Ironbound Initiative in which a student group at Rutgers New Jersey Medical School in Newark, New Jersey, has partnered with Mantena Global Care, a Brazilian CBO in Newark, to facilitate dissemination of COVID-19-relevant information.	Barriers; Community; Immigration/ Citizenship; Latinx/Hispanic; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	

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Bhandari et al.	Validation of Newly Developed Surveys to Evaluate Patients' and Providers' Satisfaction with Telehealth Obstetric Services	Telemedicine and e-Health	Background: Patient and/or provider satisfaction and experience are among the most important indicators for quality assurance of health care services, including telehealth. Validated surveys should be used for this purpose to provide reliable information for a program evaluation. Objective: To validate the newly developed satisfaction surveys, report patient, and provider satisfaction with Antenatal and Neonatal Guidelines, Education and Learning Systems (ANGELS) telehealth services. Methods: Two self-administered paper surveys were developed by a multidisciplinary team. The surveys were validated among obstetric patients who received telehealth services in 2016 and providers in Arkansas from July to August 2017. Psychometric testing was performed to establish reliability and validity of both the surveys. Descriptive statistics was performed to describe patient and provider satisfaction. Results: A total of 89 patient- and 66 provider surveys were analyzed. Construct validity and internal consistency reliability (Cronbach's a >0.7) were confirmed on both the surveys. Many patients were highly satisfied with telehealth services and reported positive perceptions toward future use of services. In the past 12 months, telehealth (78.6%) was the most used ANGELS service by providers. Finally, >90% of the providers reported high satisfaction and rated telehealth services as ''excellent.'' Conclusions: The newly developed patient and provider telehealth surveys were reliable and valid.	This report includes patient and/or provider use surveys that could be adopted to evaluate health care programs or services, not restricted to only telehealth, and can be easily modified to be delivered in different administration modes such as web-based administration. While not focused specifically on MCH populations, the tools could still be relevant to pregnant and postpartum care.	Mental Health; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	

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Boserup, McKenney, & Elkbuli	Alarming trends in US domestic violence during the COVID-19 pandemic	The American Journal of Emergency Medicine	The COVID-19 pandemic caused by the acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has caused significant destruction worldwide. In the United States (US) as of April 18, 2020 there were 690,714 reported cases and 35,443 deaths. In order to curb the spread of SARS-CoV-2 quarantines, social isolation, travel restrictions and stay-at-home orders have been adopted. While many states in the US implement stay-at-home orders differently, in most cases individuals are expected to stay indoors except for essential activities (e.g., obtaining food, medication, medical treatment) or for work in essential businesses (e.g., health care, essential infrastructure operations). Although these measures can be effective to control the spread of disease, they have a profound impact on society leading to social, financial and psychological repercussions. Isolation may expose or worsen vulnerabilities due to a lack of established social support systems. The temporary shutdown of non-essential businesses has led to unemployed and economic strain. Quarantine conditions are associated with alcohol abuse, depression, and post-traumatic stress symptoms. Stay-at-home orders may cause a catastrophic milieu for individuals whose lives are plagued by domestic violence (DV).	This report is relevant to understanding unmet needs and barriers to access of telehealth for IPV. Rates of IPV are drastically elevated during COVID-19. Pregnant individuals and lactating parents are at elevated risk of IPV and physical and mental health sequalae. Telehealth interventions are critical in bridging gaps in care, particularly in BIPOC communities. A note for the community assessment is that this report includes a map and chart of % increase in IPV/DV in select U.S. cities.	Mapping (GIS; Hot Spot; geography); Mental Health; Violence (child maltreatment; domestic; gender-based; intimate partner; sexual)	
Bowleg, L	We're Not All in This Together: On COVID-19, Intersectionality, and Structural Inequality	American Journal of Public Health	Now, and when COVID-19 ends, we—policymakers, public health officials, and all of us who care about public health—have amoral imperative to center and equitably address the health, economic, and social needs of those who bear the intersectional brunt of structural inequality. This could move us a bit closer to all being in this together. Or we could maintain the inequitable status quo and acknowledge "we're all in this together" for what it is: another hollow platitude of solidarity designed to placate the privileged and temporarily uncomfortable and inconvenienced.	This article provides great talking points around why focusing COVID-19 prevention efforts towards minority communities is so important. Although this article may not assist when creating the intervention, it could be used as a reading resource around COVID-19 and minority communities.	Equity	

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Bryant, Oo & Damian	The rise of adverse childhood experiences during the COVID-19 pandemic	Psychological Trauma: Theory, Research, Practice and Policy	Adverse childhood experiences, which is defined by different forms of abuse, neglect, and household dysfunction occurring before the age of 18 years, is a major public health problem in the United States that has the potential to worsen in the current COVID-19 pandemic. Moreover, the challenge is even greater for children and youth from low-income communities and communities of color. Thus, there is a greater need for investments in youth-serving systems within and beyond health care and public health to effectively address adverse childhood experiences and prevent its short- and long-term negative health and social sequelae well beyond the current public health crisis.	This paper focuses on the importance of preventing and mitigating the effects of ACEs during the pandemic. This adds to the community assessment a longitudinal perspective on the importance of early childhood and family-centered intervention.	Violence (child maltreatment; domestic; gender-based; intimate partner; sexual)	Adverse Childhood Experiences; Child; Child Abuse; Coronavirus Infections; Exposure to Violence; Humans; Pandemics; Pneumonia, Viral; Psychological Trauma
Clark et al.	Disproportionate impact of the COVID-19 pandemic on immigrant communities in the United States	PLOS Neglected Tropical Diseases	In early 2020, a novel coronavirus (SARS-CoV-2) began to trickle through global communities, resulting in a pandemic of proportions not seen since 1918. In the US, while the disease caused by SARS-CoV-2, COVID-19, initially affected international travelers and their close contacts, it is now ravaging many disadvantaged communities. As in past pandemics, social and economic determinants will strongly influence susceptibility to and health outcomes of COVID-19; thus, it is predictable that low-income and vulnerable US populations will be disproportionately affected. Certain “hot spots” have already demonstrated high rates of COVID-19–related mortality in minority populations, particularly those of impoverished communities, likely due to increased prevalence of comorbid conditions as a result of unequal socioeconomic factors and inadequate access to timely healthcare [1–5]. We can anticipate similar outcomes in other vulnerable populations, particularly in immigrant communities, which have similar socioeconomic status and rates of comorbidities. With over 46.7 million immigrants currently living in the US, of which 11 million are undocumented [6], a socioeconomic perspective of the ongoing COVID-19 pandemic within the US immigrant community is necessary. Here, we will focus on the potential impact of COVID-19 on immigrant communities in the US, particularly those in Texas.	This paper is important to the community assessment because it provides background on the disproportionate burden of COVID-19 among poor and immigrant communities in the U.S. that stem from lack of resources, fear, and systemic barriers in access to care. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced. It elevates the need for mental health and psychosocial support that is culturally appropriate (e.g., considers language needs and fears of citizenship status disclosure) and raises issues of equity and unmet needs.	Community; Equity; Immigration/Citizenship; Mapping (GIS; Hot Spot; geography)	COVID 19; H1N1; Jobs; Medical risk factors; Pandemics; SARS CoV 2; Socioeconomic aspects of health; United States

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Claudio et al.	Mobilizing a Public Health Response: Supporting the Perinatal Needs of New Yorkers During the COVID-19 Pandemic	Maternal and Child Health Journal	COVID-19 has exacerbated longstanding racial and ethnic inequities in perinatal outcomes, rooted in structural racism with the intentional, systematic disinvestment in Black and brown communities, and policies supporting hospital segregation and inequitable distribution of resources to hospitals serving Black, brown and low-income people. As the above stories illustrate, we have been flexible and creative in adapting in this unprecedented time, worsened by the decades long underfunding of public health nationally.(Trust for America's Health 2020) Moving forward, we must advocate to center and adequately fund services for people who are giving birth and people caring for newborns. This capacity must be built into future emergency responses, so that it is not an afterthought. What we have seen and experienced during the pandemic makes clearer than ever the need to transform perinatal care to meet all people's needs, including full integration of midwives with power-sharing in the provision of care, support for non-hospital births, doula support as an option for all, and community participation in planning for and making these changes.	This is a useful report for the community assessment because it contains narratives of health care providers providing maternity care in NY during a major hot spot event. The findings of this report are relevant to acceptability, feasibility, training needs, and supplies for prenatal telehealth during COVID-19. This report is more relevant to the provider assessment, but may be helpful in thinking through connections between clinic-to-community based care. This report contains illustrative quotes and stories that may be incorporated into assessment reports as HRSA has indicated an interest in stories from the field.	Black/African-American; Community; Equity; Mapping (GIS; Hot Spot; geography); Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Racism (race; racial; racist); Transportation/Spatial (location; mobility; housing; homeless)	
Cloud et al.	Medical Isolation and Solitary Confinement: Balancing Health and Humanity in US Jails and Prisons During COVID-19	Journal of General Internal Medicine	In the face of the continually worsening COVID-19 pandemic, jails and prisons have become the greatest vectors of community transmission and are a point of heightened crisis and fear within the global crisis. Critical public health tools to mitigate the spread of COVID-19 are medical isolation and quarantine, but use of these tools is complicated in prisons and jails where decades of overuse of punitive solitary confinement is the norm. This has resulted in advocates denouncing the use of any form of isolation and attorneys litigating to end its use. It is essential to clarify the critical differences between punitive solitary confinement and the ethical use of medical isolation and quarantine during a pandemic. By doing so, then all those invested in stopping the spread of COVID-19 in prisons can work together to integrate medically sound, humane forms of medical isolation and quarantine that follow community standards of care rather than punitive forms of solitary confinement to manage COVID-19.	This paper makes the distinction between medical isolation and solitary confinement, with an aim of contributing to efforts to curb the spread of COVID-19 in jails and prisons. While not MCH-population-specific, this article speaks to equity and unmet needs of incarcerated women.	Community; Incarceration (jail; prison; detention; correctional)	

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Cohen et al.	Special Ambulatory Gynecologic Considerations in the Era of COVID-19 and Implications for Future Practice	American Journal of Obstetrics and Gynecology	The COVID-19 pandemic has altered medical practice in unprecedented ways. While much of the emphasis in obstetrics and gynecology to date has been on the as yet uncertain impacts of COVID-19 in pregnancy and on changes to surgical management, the pandemic has broad implications for ambulatory gynecologic care as well. In this article we review important ambulatory gynecologic topics including safety and metal health, reproductive life planning, sexually transmitted infections, and routine screening for breast and cervical cancer. For each topic, we review how care may be modified during the pandemic, provide recommendations when possible for how to ensure continued access to comprehensive healthcare at this time, and discuss ways that future practice may change. Social distancing requirements may place patients at higher risk for intimate partner violence and mental health concerns; threaten continued access to contraception and abortion services; impact prepregnancy planning; interrupt routine screening for breast and cervical cancer; increase risk of sexually-transmitted infection acquisition and decrease access to treatment; and exacerbate already underlying racial and minority disparities in care and health outcomes. We advocate for increased use of telemedicine services with increased screening for intimate partner violence and depression using validated questionnaires. Appointments for long-acting contraceptive insertion can be prioritized. Easier access to patient-controlled injectable contraception and pharmacist-provided hormonal contraception can be facilitated. Reproductive healthcare access can be ensured through reducing needs for ultrasound and laboratory testing for certain eligible patients desiring abortion and conducting phone follow-up for medication abortions. Priority for in-person appointments should be given to patients with sexually-transmitted infection symptoms, particularly if at risk for complications, while also offering expedited partner therapy. While routine mammography screening and cervical cancer screening may be safely delayed, we discuss society guideline recommendations for higher-risk populations. There may be an increasing role for patient-collected human papilloma virus self-samples using new cervical cancer screening guidelines that can be expanded in light of the pandemic situation. While the pandemic has strained our healthcare system, it also affords ambulatory clinicians with opportunities to expand care to vulnerable populations in ways that were previously underutilized to attempt to improve health equity.	Social distancing requirements may: place patients at higher risk for intimate partner violence and mental health concerns; threaten continued access to contraception and abortion services; impact pre-pregnancy planning; interrupt routine screening for breast and cervical cancer; increase risk of sexually-transmitted infection acquisition and decrease access to treatment; and exacerbate already underlying racial and minority disparities in care and health outcomes. The authors outline specific recommendations for telehealth interventions and prioritization of care.	Equity; Mental Health; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Racism (race; racial; racist); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual) ; Violence (child maltreatment; domestic; gender-based; intimate partner; sexual)	intimate partner violence; Abortion; contraception; COVID-19; telemedicine; cervical cancer screening; health equity; reproductive healthcare access

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Contreras et al.	Telemedicine: Patient-Provider Clinical Engagement During the COVID-19 Pandemic and Beyond	Journal of Gastrointestinal Surgery: Official Journal of the Society for Surgery of the Alimentary Tract	BACKGROUND: The novel coronavirus pandemic has drastically affected healthcare organizations across the globe. METHODS: We sought to summarize the current telemedicine environment in order to highlight the important changes triggered by the novel coronavirus pandemic, as well as highlight how the current crisis may inform the future of telemedicine. RESULTS: At many institutions, the number of telemedicine visits dramatically increased within days following the institution of novel coronavirus pandemic restrictions on in-person clinical encounters. Prior to the pandemic, telemedicine utilization was weak throughout surgical specialties due to regulatory and reimbursement barriers. As part of the pandemic response, the USA government temporarily relaxed various telemedicine restrictions and provided additional telemedicine funding. DISCUSSION: The post-pandemic role of telemedicine is dependent on permanent regulatory solutions. In the coming decade, telemedicine and telesurgery are anticipated to mature due to the proliferation of interconnected consumer health devices and high-speed 5G data connectivity.	This study provides a discussion of the importance of policy innovations to make telemedicine more accessible and sustainable. Table 1: is helpful in outlining acceptable telemedicine platforms during COVID-19 period of non-enforcement context.	Barriers; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	Betacoronavirus; Coronavirus Infections; COVID-19; Humans; Novel coronavirus; Pandemics; Pneumonia, Viral; Telemedicine; Telesurgery
Crear-Perry et al.	Moving towards anti-racist praxis in medicine	The Lancet	“There must exist a paradigm, a practical model for social change that includes an understanding of ways to transform consciousness that are linked to efforts to transform structures.”	A call to action and a roadmap for anti-racist praxis in medicine. Relevant to evaluating the proposed interventions and implementation of telehealth for MTAP.	Racism (race; racial; racist)	
Cuartas, J	Heightened risk of child maltreatment amid the COVID-19 pandemic can exacerbate mental health problems for the next generation	Psychological Trauma: Theory, Research, Practice and Policy	The spread of the COVID-19 disrupted ecological systems in which children develop, exacerbating threats to their safety and increasing their vulnerability to future psychopathology. Supports to reduce sources of stress for caregivers and protect children from threats to their safety are warranted.	The short article speaks on the increased maltreatment of children during COVID-19. This is a very important topic but is not in our scope.	Mental Health; Violence (child maltreatment; domestic; gender-based; intimate partner; sexual)	Adaptation, Psychological; Adult; Child; Child Abuse; Child Rearing; Coronavirus Infections; Family; Humans; Mental Disorders; Pandemics; Pneumonia, Viral; Stress, Psychological

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Dasgupta et al.	Axes of alienation: applying an intersectional lens on the social contract during the pandemic response to protect sexual and reproductive rights and health	International Journal for Equity in Health	While economic inequalities have been a key focus of attention through the COVID 19 pandemic, gendered relations of power at every level have undermined health rights of women, girls and gender diverse individuals. Sexual and reproductive health rights (SRHR) have always been sites of power contestations within families, societies, cultures, and politics; these struggles are exacerbated by economic, racial, religious, caste, citizenship status, and other social inequities, especially in times of crisis such as these. Policy responses to the COVID pandemic such as lockdown, quarantine, contact tracing and similar measures are premised on the existence of a social contract between the government and the people and among people, with the health sector playing a key role in preventive and curative care. We propose the use of an intersectional lens to explore the impact of the COVID-19 pandemic on the social contract, drawing on our field experiences from different continents particularly as related to SRHR. Along with documenting the ways in which the pandemic hinders access to services, we note that it is essential to interrogate state-society relations in the context of vulnerable and marginalized groups, in order to understand implications for SRHR. Intersectional analysis takes on greater importance now than in non-pandemic times as the state exercises more police or other powers and deploys myriad ways of 'othering'. We conclude that an intersectional analysis should not limit itself to the cumulative disadvantages and injustices posed by the pandemic for specific social groups, but also examine the historical inequalities, structural drivers, and damaged social contract that underlie state-society relationships. At the same time, the pandemic has questioned the status quo and in doing so it has provided opportunities for disruption; for re-imagining a social contract that reaches across sectors, and builds community resilience and solidarities while upholding human rights and gender justice. This must find place in future organizing and advocacy around SRHR.	Inequalities have been a problem in the USA for years, however, COVID-19 has increased attention to these issues. This article highlights the impact inequalities have on sexual and reproductive health in the US.	Community; Equity; Immigration/Citizenship; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Racism (race; racial; racist); Violence (child maltreatment; domestic; gender-based; intimate partner; sexual)	Social contract; Intersectionality; Pandemic; SRHR/sexual and reproductive health and rights; Marginalized groups

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Dashraath et al.	Coronavirus disease 2019 (COVID-19) pandemic and pregnancy	American Journal of Obstetrics and Gynecology	The current coronavirus disease 2019 (COVID-19) pneumonia pandemic, caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is spreading globally at an accelerated rate, with a basic reproduction number (R0) of 2–2.5, indicating that 2–3 persons will be infected from an index patient. A serious public health emergency, it is particularly deadly in vulnerable populations and communities in which healthcare providers are insufficiently prepared to manage the infection. Here we present a review of COVID-19 in pregnancy, bringing together the various factors integral to the understanding of pathophysiology and susceptibility, diagnostic challenges with real-time reverse transcription polymerase chain reaction (RT-PCR) assays, therapeutic controversies, intrauterine transmission, and maternal–fetal complications. We discuss the latest options in antiviral therapy and vaccine development, including the novel use of chloroquine in the management of COVID-19. Fetal surveillance, in view of the predisposition to growth restriction and special considerations during labor and delivery, is addressed. In addition, we focus on keeping frontline obstetric care providers safe while continuing to provide essential services. Our clinical service model is built around the principles of workplace segregation, responsible social distancing, containment of cross-infection to healthcare providers, judicious use of personal protective equipment, and telemedicine. Our aim is to share a framework that can be adopted by tertiary maternity units managing pregnant women in the flux of a pandemic while maintaining the safety of the patient and healthcare provider at its core.	This report is a review of clinical management recommendations for antenatal, intrapartum, and immediate postpartum care during the COVID-19 pandemic. It has a brief mention of the integration of a HIPAA compliant telemedicine platform used in ambulatory care, which allows joint management decisions to be made with primary care providers in real time. It is more relevant to the provider assessment, but may be helpful in thinking through connections between clinic-to-community based care.	Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	
Davis-Floyd, Gutschow & Schwartz	Pregnancy, Birth and the COVID-19 Pandemic in the United States	Medical Anthropology	How quickly and in what ways are US maternity care practices changing due to the COVID-19 pandemic? Our data indicate that partners and doulas are being excluded from birthing rooms leaving mothers unsupported, while providers face lack of protective equipment and unclear guidelines. We investigate rapidly shifting protocols for in- and out-of-hospital births and the decision making behind them. We ask, will COVID-19 cause women, families, and providers to look at birthing in a different light? And will this pandemic offer a testing ground for future policy changes to generate effective maternity care amidst pandemics and other types of disasters?	This report contains qualitative/narrative quotes from a survey focused primarily on pregnancy/birth. This report is relevant to understanding unmet needs and barriers to access care for the community assessment. The paper addresses the importance of policies that protect the basic human rights of respectful care and support during birth.	Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction)	Betacoronavirus; birth; Coronavirus Infections; COVID-19; Delivery, Obstetric; doulas; Doulas; Fear; Female; freebirth; Home Childbirth; homebirth; Hospitals; Humans; Maternal Health Services; maternity care; Midwifery; midwives; obstetricians; Pandemics; Pneumonia, Viral; pregnancy; Pregnancy; Pregnancy Complications, Infectious; United States

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Desai & Samari	COVID-19 and Immigrants' Access to Sexual and Reproductive Health Services in the United States	Perspectives on Sexual and Reproductive Health	The perilous health impact of COVID-19 on immigrants in the country has been highlighted by the fact that Latinx individuals, one-third of whom are immigrants, 4 are becoming infected and hospitalized at substantially higher rates than are U.S.-born White individuals. Noticeably absent from the public discussion is an intersectional consideration of how the public health response to the pandemic may affect access to SRH care for immigrants in the United States. Immigrants represent 14% (44.4 million people) of the U.S. population and account for 17% of women of reproductive age and 23% of births. Although immigrants' SRH is not currently well documented, many immigrant groups face intractable social, economic and political barriers to obtaining SRH care, 7 and are now being largely overlooked in COVID-19 relief efforts. Public health experts, policymakers and advocates need to anticipate and mitigate the SRH risks of COVID-19 and the potential consequences for immigrants, whose SRH needs are often invisible even in nonpandemic times. The simultaneous exclusion of immigrants from the COVID-19 response and from SRH care in the United States violates a key public health commitment to leaving no one—especially those who are most marginalized—behind.	This article shines a light on the policies and norms in the USA around immigrate health and how it is currently negatively impacting the reproductive health of black and brown immigrants. The recommendations that are at the end of this article are a great resource to consider how to address immigrant repro health when looking at women's health more broadly.	Barriers; Immigration/Citizenship; Latinx/Hispanic; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction)	
Duane et al.	Collective trauma and community support: Lessons from Detroit	Psychological Trauma: Theory, Research, Practice and Policy	The COVID-19 crisis can be defined as a collective trauma, which contributes to an upheaval of community connection and functioning. The current pandemic has also illuminated disparities in mental health supports. In this commentary, we highlight one community organization, located in metro Detroit, that has responded to the trauma by bolstering resources and supports for residents, many of whom are ethno-racial minorities.	This paper is important to the community assessment because it provides background on preexisting trauma and mental health disparities that are likely compounded by the COVID-19 crisis. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced. It raises issues of equity and unmet needs.	Community; Equity; Mental Health	Community Mental Health Services; Coronavirus Infections; Healthcare Disparities; Humans; Michigan; Pandemics; Patient Acceptance of Health Care; Pneumonia, Viral; Poverty; Psychological Trauma

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Dyal, J	COVID-19 Among Workers in Meat and Poultry Processing Facilities — 19 States, April 2020	MMWR. Morbidity and Mortality Weekly Report	This report indicates that coronavirus disease 2019 cases among workers in 115 meat or poultry processing facilities were reported by 19 states. What is already known about this topic? Persons in congregate work and residential locations are at increased risk for transmission and acquisition of respiratory infections. What is added by this report? COVID-19 cases among U.S. workers in 115 meat and poultry processing facilities were reported by 19 states. Among approximately 130,000 workers at these facilities, 4,913 cases and 20 deaths occurred. Factors potentially affecting risk for infection include difficulties with workplace physical distancing and hygiene and crowded living and transportation conditions. What are the implications for public health practice? Improving physical distancing, hand hygiene, cleaning and disinfection, and medical leave policies, and providing educational materials in languages spoken by workers might help reduce COVID-19 in these settings and help preserve the function of this critical infrastructure industry.	This prevalence count of COVID-19 cases among workers in food processing plants across the country could help contextualize and add a dimension of risk to community assessment responses related to workplace or economic insecurity or unsafety.		
Emeruwa et al.	Associations Between Built Environment, Neighborhood Socioeconomic Status, and SARS-CoV-2 Infection Among Pregnant Women in New York City	JAMA	This cross-sectional study investigates associations of residential building characteristics and markers of neighborhood socioeconomic status (SES) with screen-detected SARS-CoV-2 prevalence among pregnant women delivering in 2 New York City hospitals. In this study, SARS-CoV-2 transmission among pregnant women in New York City was associated with neighborhood- and building-level markers of large household membership, household crowding, and low socioeconomic status. These data may aid policy makers in the design of interventions to reduce the spread of SARS-CoV-2.	This report includes geographic/spatial and demographic analyses which are helpful to the community assessment and considering prioritization of programming and funding recommendations. It includes graphs illustrating neighborhood characteristics of pregnant women delivering babies in NYC hospitals during the COVID-19 pandemic. This provides methodological insights for how to consider social and geographic vulnerability indexes in mapping COVID-19 priority areas.	Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction)	

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Farewell et al.	A Mixed-Methods Pilot Study of Perinatal Risk and Resilience During COVID-19	Journal of Primary Care & Community Health	Introduction/Objectives: National guidelines underscore the need for improvement in the detection and treatment of mood disorders in the perinatal period. Exposure to disasters can amplify perinatal mood disorders and even have intergenerational impacts. The primary aim of this pilot study was to use mixed-methods to better understand the mental health and well-being effects of the coronavirus disease 2019 (COVID-19) pandemic, as well as sources of resilience, among women during the perinatal period. Methods: The study team used a simultaneous exploratory mixed-methods design to investigate the primary objective. Thirty-one pregnant and postpartum women participated in phone interviews and were invited to complete an online survey which included validated mental health and well-being measures. Results: Approximately 12% of the sample reported high depressive symptomatology and 60% reported moderate or severe anxiety. Forty percent of the sample reported being lonely. The primary themes related to stress were uncertainty surrounding perinatal care, exposure risk for both mother and baby, inconsistent messaging from information sources and lack of support networks. Participants identified various sources of resilience, including the use of virtual communication platforms, engaging in self-care behaviors (e.g., adequate sleep, physical activity, and healthy eating), partner emotional support, being outdoors, gratitude, and adhering to structures and routines. Conclusions: Since the onset of COVID-19, many pregnant and postpartum women report struggling with stress, depression, and anxiety symptomatology. Findings from this pilot study begin to inform future intervention work to best support this highly vulnerable population.	This report addresses perinatal and postpartum care and mental health needs. They describe using a mixed-methods approach to identify needs and to inform their intervention approach. This report is relevant to understanding unmet needs and barriers to access of telehealth for the community assessment. The findings of this report are relevant to acceptability, feasibility, training needs, and supplies for prenatal telehealth during COVID-19. This report may be helpful to the Implementation and Evaluation team as they consider methodologies to determine prioritization of funding and measuring impact.	Communication; Mental Health; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	Adult; Anxiety; Coronavirus Infections; Depression; disasters; Female; Health Surveys; Humans; Middle Aged; mood disorders; Pandemics; perinatal mental health; Pilot Projects; Pneumonia, Viral; postpartum care; Postpartum Period; Pregnancy; Pregnant Women; prenatal care; Qualitative Research; Resilience, Psychological; Risk Assessment; Stress, Psychological; United States; Young Adult

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Fegert et al.	Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality	Child and Adolescent Psychiatry and Mental Health	Background: The coronavirus disease 2019 (COVID-19) is profoundly affecting life around the globe. Isolation, contact restrictions and economic shutdown impose a complete change to the psychosocial environment in affected countries. These measures have the potential to threaten the mental health of children and adolescents significantly. Even though the current crisis can bring with it opportunities for personal growth and family cohesion, disadvantages may outweigh these benefits. Anxiety, lack of peer contact and reduced opportunities for stress regulation are main concerns. Another main threat is an increased risk for parental mental illness, domestic violence and child maltreatment. Especially for children and adolescents with special needs or disadvantages, such as disabilities, trauma experiences, already existing mental health problems, migrant background and low socioeconomic status, this may be a particularly challenging time. To maintain regular and emergency child and adolescent psychiatric treatment during the pandemic is a major challenge but is necessary for limiting long-term consequences for the mental health of children and adolescents. Urgent research questions comprise understanding the mental health effects of social distancing and economic pressure, identifying risk and resilience factors, and preventing long-term consequences, including-but not restricted to-child maltreatment. The efficacy of telepsychiatry is another highly relevant issue is to evaluate the efficacy of telehealth and perfect its applications to child and adolescent psychiatry. Conclusion: There are numerous mental health threats associated with the current pandemic and subsequent restrictions. Child and adolescent psychiatrists must ensure continuity of care during all phases of the pandemic. COVID-19-associated mental health risks will disproportionately hit children and adolescents who are already disadvantaged and marginalized. Research is needed to assess the implications of policies enacted to contain the pandemic on mental health of children and adolescents, and to estimate the risk/benefit ratio of measures such as home schooling, in order to be better prepared for future developments.	This report addresses issues in evaluating the efficacy of telepsychiatry and its applications to child and adolescent psychiatry. This review is particularly helpful in understanding broader family context and stressors that may impact maternal-infant mental health and well-being during COVID-19. Infant maltreatment should be considered as part of child maltreatment and ACEs. Screening for child maltreatment via telehealth visits may be a training priority to note for the community assessment as well as the training arms of the MTAP project.	Disability/ Accessibility; Equity; Mental Health; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual); Violence (child maltreatment; domestic; gender-based; intimate partner; sexual)	Adolescents; Adverse childhood experiences; Children; Coronavirus disease 2019 (COVID-19); Domestic violence family; Economic hardship; Mental health; Pandemic; Recession; SARS-CoV-2

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Fitzpatrick, Harris & Drawve	How bad is it? Suicidality in the middle of the COVID-19 pandemic	Suicide & Life-Threatening Behavior	OBJECTIVE: The current paper examines the intersection between social vulnerability, individual risk, and social/psychological resources with adult suicidality during the COVID-19 pandemic. METHOD: Data come from a national sample (n = 10,368) of U.S. adults. Using an online platform, information was gathered during the third week of March 2020, and post-stratification weighted to proportionally represent the U.S. population in terms of age, gender, race/ethnicity, income, and geography. RESULTS: Nearly 15 percent of sampled respondents were categorized as high risk, scoring 7+ on the Suicide Behaviors Questionnaire-Revised (SBQ-R). This level of risk varied across social vulnerability groupings: Blacks, Native Americans, Hispanics, families with children, unmarried, and younger respondents reported higher SBQ-R scores than their counterparts ($p < .000$). Regression results confirm these bivariate differences and also reveal that risk factors (food insecurity, physical symptoms, and CES-D symptomatology) are positive and significantly related to suicidality ($p < .000$). Additionally, resource measures are significant and negatively related to suicidality ($p < .000$). CONCLUSIONS: These results provide some insight on the impact COVID-19 is having on the general U.S. POPULATION: Practitioners should be prepared for what will likely be a significant mental health fall-out in the months and years ahead.	This research study found that many individuals in the US are struggling with their mental health during COVID-19, especially those Blacks, Native Americans, Hispanics, families with children, unmarried, and younger respondents. Mental health screening may need to become more regular and a more predominate part of the telehealth process to ensure no individual falls through the cracks during a mental health crisis.	Black/African-American; Latinx/Hispanic; Mapping (GIS; Hot Spot; geography); Mental Health; Native/Indigenous; Violence (child maltreatment; domestic; gender-based; intimate partner; sexual)	
Fortuna, et al.	Inequity and the disproportionate impact of COVID-19 on communities of color in the United States: The need for a trauma-informed social justice response	Psychological Trauma: Theory, Research, Practice and Policy	COVID-19 has had disproportionate contagion and fatality in Black, Latino, and Native American communities and among the poor in the United States. Toxic stress resulting from racial and social inequities have been magnified during the pandemic, with implications for poor physical and mental health and socioeconomic outcomes. It is imperative that our country focus and invest in addressing health inequities and work across sectors to build self-efficacy and long-term capacity within communities and systems of care serving the most disenfranchised, now and in the aftermath of the COVID-19 epidemic.	This article speaks on the how COVID-19 is impact Black and Brown communities. They highlight that many of the factors that are exacerbating their outcomes are problems like low wage and low health literacy, that have always been an issue.	Black/African-American; Equity; Latinx/Hispanic; Mental Health; Native/Indigenous;	Adult; Child; Coronavirus Infections; Health Status Disparities; Healthcare Disparities; Humans; Mental Health Services; Pandemics; Pneumonia, Viral; Psychological Trauma; Self Efficacy; Social Justice; Socioeconomic Factors; United States; Vulnerable Populations

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Frye et al.	Implementation of Obstetric Telehealth During COVID-19 and Beyond	Maternal and Child Health Journal	Purpose The purpose of this article is to illustrate and discuss the impact the 2019 novel Coronavirus (COVID-19) pandemic on the delivery of obstetric care, including a discussion on the preexisting barriers, prenatal framework and need for transition to telehealth.	This report describes preexisting barriers to prenatal care and need for transition to telehealth. The authors discuss the impact of COVID-19 on the delivery of obstetric care in a transition to the OB NEST virtual care model, which may be considered as an emergent best practice. The OB NEST is a sustainable model to reduce barriers to prenatal care post-COVID-19 for pregnant women in Hillsborough County, Florida, a racially diverse county. Barriers to rapid implementation of prenatal telehealth visits may include: a lack of technology, high start-up costs, the need for HIPAA compliance, integration with existing electronic medical record systems, and provider malpractice insurance coverage. There is a lack of coverage, or clarity surrounding coverage of telehealth visits by other insurance providers besides Medicaid. This report is relevant to understanding unmet needs and barriers to access of telehealth for the community assessment.	Barriers; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	
George et al.	How to Leverage Collaborations Between the BME Community and Local Hospitals to Address Critical Personal Protective Equipment Shortages During the COVID-19 Pandemic	Annals of Biomedical Engineering	The global COVID-19 pandemic disrupted supply chains across the world, resulting in a critical shortage of personal protective equipment (PPE) for frontline healthcare workers. To preserve PPE for healthcare providers treating COVID-19 positive patients and to reduce asymptomatic transmission, the Department of Bioengineering at the University of Colorado, Denver | Anschutz Medical Campus collaborated with National Jewish Health to design and test patterns for cloth face coverings. A public campaign to sew and donate the final pattern was launched and over 2500 face coverings have been donated as a result. Now that nearly three million cases of COVID-19 have been confirmed in the United States, many state and local governments are requiring cloth face coverings be worn in public. Here, we present the collaborative design and testing process, as well as the final pattern for non-patient facing hospital workers and community members alike.	This article describes a face-covering design, production, and donation campaign for medical providers. It does not add to the community assessment.	Community	

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Gildner & Thayer	Birth plan alterations among American women in response to COVID-19	Health Expectations: An International Journal of Public Participation in Health Care and Health Policy	It remains unclear how the pandemic has influenced maternal care choices, in particular how women have altered their birth plans. Data on common birth plan changes are needed to help providers better understand factors shaping care decisions, information that can be used to address patient concerns and tailor care recommendations. Here, we use an online convenience survey to assess how American women's birth plans (e.g. intended labour support and delivery location) have changed in response to the COVID-19 pandemic.	There is a table in this article detailing what changes in the birthing process pregnant women are expecting due to COVID-19. It may be helpful to provide a simplified version of this to the expecting mothers to introduce them with changes they may experience due to the pandemic.	Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Transportation/ Spatial (location; mobility; housing; homeless)	
Gostin, Friedman & Wetter	Responding to Covid-19: How to Navigate a Public Health Emergency Legally and Ethically	Hastings Center Report	Few novel or emerging infectious diseases have posed such vital ethical challenges so quickly and dramatically as the novel coronavirus SARS-CoV-2. The World Health Organization declared a public health emergency of international concern and recently classified Covid-19 as a worldwide pandemic. As of this writing, the epidemic has not yet peaked in the United States, but community transmission is widespread. President Trump declared a national emergency as fifty governors declared state emergencies. In the coming weeks, hospitals will become overrun, stretched to their capacities. When the health system becomes stretched beyond capacity, how can we ethically allocate scarce health goods and services? How can we ensure that marginalized populations can access the care they need? What ethical duties do we owe to vulnerable people separated from their families and communities? And how do we ethically and legally balance public health with civil liberties?	This paper investigates the ethical dilemmas that arise when resources in terms of medical supplies and services are outstripped by overwhelming need. While not specific to MCH populations or telehealth, this article speaks to equity, unmet needs, and potential facilitators of telehealth, if demand for (in-person) care outpaces supply.	Community	allocation of scarce resources; civil liberties; Covid-19; crisis standards of care; novel coronavirus SARS-CoV-2; public health emergency; public health ethics
Graves et al.	Barriers to Telemedicine Implementation in Southwest Tribal Communities During COVID-19	The Journal of Rural Health	Tribal communities across the United States (US) face significant health and mental health disparities, including rates of suicide that far exceed those of non-tribal communities. Timely access to health care is limited across most rural areas in the US, particularly in remote tribal communities. It is likely that the COVID-19 pandemic will exacerbate disparities among American Indian tribes, particularly when coupled with existing barriers to access health services.	This report describes the needs of Native American communities and supports its inclusion as a high priority population in need of telehealth and remote services. Mental health is a focus that is explicitly named. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced. This report is relevant to understanding unmet needs and barriers to access of telehealth for the community assessment.	Barriers; Equity; Mental Health; Native/Indigenous; Rural; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual);	

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Grimes et al.	A guide for urogynecologic patient care utilizing telemedicine during the COVID-19 pandemic: review of existing evidence	International Urogynecology Journal	INTRODUCTION AND HYPOTHESIS: The COVID-19 pandemic and the desire to "flatten the curve" of transmission have significantly affected the way providers care for patients. Female Pelvic Medicine and Reconstructive Surgeons (FPMRS) must provide high quality of care through remote access such as telemedicine. No clear guidelines exist on the use of telemedicine in FPMRS. Using expedited literature review methodology, we provide guidance regarding management of common outpatient urogynecology scenarios during the pandemic. METHODS: We grouped FPMRS conditions into those in which virtual management differs from direct in-person visits and conditions in which treatment would emphasize behavioral and conservative counseling but not deviate from current management paradigms. We conducted expedited literature review on four topics (telemedicine in FPMRS, pessary management, urinary tract infections, urinary retention) and addressed four other topics (urinary incontinence, prolapse, fecal incontinence, defecatory dysfunction) based on existing systematic reviews and guidelines. We further compiled expert consensus regarding management of FPMRS patients in the virtual setting, scenarios when in-person visits are necessary, symptoms that should alert providers, and specific considerations for FPMRS patients with suspected or confirmed COVID-19. RESULTS: Behavioral, medical, and conservative management will be valuable as first-line virtual treatments. Certain situations will require different treatments in the virtual setting while others will require an in-person visit despite the risks of COVID-19 transmission. CONCLUSIONS: We have presented guidance for treating FPMRS conditions via telemedicine based on rapid literature review and expert consensus and presented it in a format that can be actively referenced.	Urogynecology issues are a complication of pregnancy that often go untreated and undiscussed in the postpartum period. This article provides specific clinical guidance on treatment of UTIs , voiding dysfunction and retention, urinary incontinence, pelvic organ relapse, fecal incontinence, urgent visit considerations, etc. It is more relevant to the provider assessment, but may be helpful in thinking through connections between clinic-to-community based care.	Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	Female; Humans; Infection Control; Gynecology; Systematic review; COVID-19; Pandemics; Telemedicine; Betacoronavirus; Coronavirus Infections; Pneumonia, Viral; Female Urogenital Diseases; FPMRS; Pandemic; Urogynecology; Virtual visit

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Grünebaum et al.	Professionally responsible counseling about birth location during the COVID-19 pandemic	Journal of Perinatal Medicine	If the worries about the coronavirus disease 2019 (COVID-19) pandemic are not already enough, some pregnant women have been questioning whether the hospital is a safe or safe enough place to deliver their babies and therefore whether they should deliver out-of-hospital during the pandemic. In the United States, planned out-of-hospital births are associated with significantly increased risks of neonatal morbidity and death. In addition, there are obstetric emergencies during out-of-hospital births that can lead to adverse outcomes, partly because of the delay in transporting the woman to the hospital. In other countries with well-integrated obstetric services and well-trained midwives, the differences in outcomes of planned hospital birth and planned home birth are smaller. Women are empowered to make informed decisions when the obstetrician makes ethically justified recommendations, which is known as directive counseling. Recommendations are ethically justified when the outcomes of one form of management is clinically superior to another. The outcomes of morbidity and mortality and of infection control and prevention of planned hospital birth are clinically superior to those of out-of-hospital birth. The obstetrician therefore should recommend planned hospital birth and recommend against planned out-of-hospital birth during the COVID-19 pandemic. The COVID-19 pandemic has increased stress levels for all patients and even more so for pregnant patients and their families. The response in this difficult time should be to mitigate this stress and empower women to make informed decisions by routinely providing counseling that is evidence-based and directive.	This report provides specific recommendations on prenatal counseling about birth options during COVID-19. It clarifies the context of the landscape of current hospital policies for COVID-19 and their direct impact on patient's birthing decisions. It raises the importance of policy advocacy as an important funding strategy for community access to care and support in making informed-decisions, all of which may be facilitated by telehealth/remote services.	Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Transportation/ Spatial (location; mobility; housing; homeless)	Betacoronavirus; birth center; birth location; Birth Setting; Coronavirus Infections; counseling; COVID-19 pandemic; Delivery, Obstetric; Directive Counseling; Evidence-Based Medicine; Female; home birth; Hospitalization; Humans; Pandemics; Patient Participation; Patient Safety; Pneumonia, Viral; Pregnancy; Prenatal Care; professional ethics in obstetrics; professional virtue of integrity; public health emergency

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Harlem & Lynn	Descriptive analysis of social determinant factors in urban communities affected by COVID-19	Journal of Public Health (Oxford, England)	OBJECTIVES: To provide a descriptive analysis of communities severely impacted by COVID-19 to that of communities moderately affected by COVID-19, with an emphasis on the social determinant factors within them. METHODS: To compare the communities with extremely high COVID-19 rates to that of communities with moderate COVID-19 cases, we selected six community districts in Queens, New York using public data from New York City Health Department that provides the percentage of positive COVID-19 cases by zip codes from March 1st, 2020 to April 17th, 2020. RESULTS: The results of the study showed that COVID-19 cases were 30% greater in communities with extremely high cases than in communities with moderate cases. There were also the several outstanding social determinants commonalities that were found in communities with extremely high COVID-19 cases. These include severe overcrowding, lower educational status, less access to healthcare, and more chronic diseases. CONCLUSION: This study adds to existing literature on vulnerable urban communities affected by COVID-19. Future studies should focus on the underlying factors in each social determinant discussed in this study to better understand its association with the spread of COVID-19.	This comparison between communities with severe and moderate impacts of COVID-19 underscores equity and unmet needs. While not focused specifically on MCH populations, this report describes the context in which mental health care for pregnancy and postpartum care will be experienced.	Community	COVID-19; descriptive analysis; health disparities; severely affected communities; social determinants

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Harriel et al.	Management of neonates after postpartum discharge and all children in the ambulatory setting during the coronavirus disease 2019 pandemic	Current Opinion in Pediatrics	PURPOSE OF REVIEW: The present coronavirus disease 2019 (COVID-19) pandemic has created additional challenges with an increased number of presumed healthy, full-term newborns being discharged at 24 h after delivery. Short lengths of stay raise the possibility of mother-infant dyads being less ready for discharge, defined as at least one of the three informants (i.e., mother, pediatrician, and obstetrician) believing that either the mother and/or infant should stay longer than the proposed time of discharge. This public health crisis has reduced the number of in-person well child visits, negatively impacting vaccine receipt, and anticipatory guidance. RECENT FINDINGS: Extra precautions should be taken during the transition period between postpartum discharge and follow-up in the ambulatory setting to ensure the safety of all patients and practice team members. This should include restructuring office flow by visit type and location, limiting in-person visits during well infant exams, instituting proper procedures for personal protective equipment and for cleaning of the office, expanding telehealth capabilities for care and education, and prioritizing universal vaccinations and routine screenings. SUMMARY: Based on current limited evidence, this report provides guidance for the post discharge management of newborns born to mothers with confirmed or suspected disease in the ambulatory setting as well as prioritizing universal immunizations and routine screenings during the COVID-19 pandemic.	This review article describes current state of clinical guidance on post-discharge management of newborn care. It is more relevant to the provider assessment, but may be helpful in thinking through connections between clinic-to-community based care.	Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	

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Heimer, McNeil & Vlahov	A Community Responds to the COVID-19 Pandemic: A Case Study in Protecting the Health and Human Rights of People Who Use Drugs	Journal of Urban Health: Bulletin of the New York Academy of Medicine	Effective responses to a global pandemic require local action. In the face of a pandemic or similar emergencies, communities of people who use drugs face risks that result from their ongoing drug use, reduced ability to secure treatment for drug use and correlated maladies, lack of access to preventive hygiene, and the realities of homelessness, street-level policing, and criminal justice involvement. Herein, we document the efforts of a coalition of people who use drugs, advocates, service providers, and academics to implement solutions to reduce these risks at a municipal and state level focusing on New Haven and the State of Connecticut. This coalition identified the communities at risk: active users needing access to harm reduction services, persons in treatment needing access to their medications, the homeless and marginally housed needing improved hygiene, people engaged in sex work, and the incarcerated needing release from custody. The section describing each of the risks demonstrates how the coalition acted preemptively at early stages of the pandemic, ahead of official initiatives, to develop ameliorative risk reduction solutions. Outcomes discussed include instances in which obstacles were overcome or still remain.	This article explains the importance and impact of local organizing and collaborative intervention design. While not MCH specific, this paper outlines facilitators of equitable, community-driven solutions for high-risk populations.	Community; Incarceration (jail; prison; detention; correctional); Transportation/ Spatial (location; mobility; housing; homeless)	COVID-19; Harm reduction; Homelessness; Incarceration; People who use drugs; Substance abuse disorders; Treatment for opioid use disorders

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Henry, B	Social Distancing and Incarceration: Policy and Management Strategies to Reduce COVID-19 Transmission and Promote Health Equity Through Decarceration:	Health Education & Behavior	Incarcerated people are at disproportionately high risk of contracting COVID-19. Prisons are epicenters for COVID-19 transmission, including to the community. High rates of preexisting health conditions, limited access to quality health care, and inability to social distance make it impossible to reduce the impact of COVID-19 in prisons. Due to a history of compounded social determinants, incarcerated populations are disproportionately composed of people of color and people with stigmatized behavioral health disorders. Rapid decarceration is needed to promote health equity. Historical mass decarceration events demonstrate feasibility to rapidly release large groups of people while maintaining public safety. Iran and Ireland have released substantial portions of their prison populations by transitioning people to home confinement. In the United States and Uganda, some jurisdictions have reduced new incarcerations through policies that decrease arrests. These policies must be globally expanded to contain the epidemic, and its potential health consequences, while addressing health equity.	This paper provides data for the increased burden of COVID-19 on incarcerated people. The proportion of incarcerated individuals who are pregnant and lactating is unknown, but previous literature indicates this is a highly vulnerable and largely invisible population at high risk of infectious disease exposure, maltreatment, and violence during pregnancy, birth, and lactation. For people who remain incarcerated during the COVID-19 pandemic, harm reduction strategies must be applied. The authors offer recommendations for staff and incarcerated people including access to the following must be universally available to both staff and incarcerated people free of charge: COVID-19 screening, testing, and health care; soap and sanitation facilities; space to maintain social distancing (working, sleeping, eating, and recreation locations that are at least 6feet apart); appropriate personal protective equipment, such as face masks. Programs that provide telehealth services to currently and recently incarcerated pregnant and lactating individuals can provide critical information on improving care during the pandemic, with potential to have sustained impact on improving access to care and perinatal health outcomes.	Community; Incarceration (jail; prison; detention; correctional)	Betacoronavirus; coronavirus; Coronavirus Infections; COVID-19; health equity; Health Equity; Humans; incarceration; Pandemics; Pneumonia, Viral; policy; Policy; prison; Prisons; social determinants of health; Social Determinants of Health

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Hochstatter et al.	Potential Influences of the COVID-19 Pandemic on Drug Use and HIV Care Among People Living with HIV and Substance Use Disorders: Experience from a Pilot mHealth Intervention	AIDS and behavior	People living with HIV (PLWH) and substance use disorder (SUD) are particularly vulnerable to harmful health consequences of the global COVID-19 pandemic. The health and social consequences of the pandemic may exacerbate substance misuse and poor management of HIV among this population. This study compares substance use and HIV care before and during the pandemic using data collected weekly through an opioid relapse prevention and HIV management mobile-health intervention. We found that during the pandemic, PLWH and SUD have increased illicit substance use and contact with other substance-using individuals and decreased their confidence to stay sober and attend recovery meetings. The proportion of people missing their HIV medications also increased, and confidence to attend HIV follow-up appointments decreased. Optimal support for PLWH and SUD is critical during pandemics like COVID-19, as drug-related and HIV antiretroviral therapy (ART) non-adherence risks such as overdose, unsafe sexual behaviors, and transmission of infectious diseases may unfold.	This article has a wonderful table 2 that shows that illicit drug use has increase among the population surveyed during COVID-19.	Addiction/Substance Use; Transportation/Spatial (location; mobility; housing; homeless); Violence (child maltreatment; domestic; gender-based; intimate partner; sexual)	COVID-19; HIV; Mobile-health intervention; Substance use disorder

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Holcomb et al.	Patient Perspectives on Audio-Only Virtual Prenatal Visits Amidst the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Pandemic	Obstetrics and Gynecology	OBJECTIVE: To evaluate patient satisfaction after integration of audio-only virtual visits into a pre-existing prenatal care schedule within a large, county-based system during the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic. METHODS: We implemented audio-only prenatal virtual visits in response to the SARS-CoV-2 pandemic within a large, county-based prenatal care system serving predominantly women with low socioeconomic status and limited resources. Using a four-question telephone survey, we surveyed a cross-section of patients who had opted to participate in virtual visits to assess their level of satisfaction surrounding audio-only visits. In addition, average clinic wait times and attendance rates by visit type were examined. RESULTS: From March 17 to May 31, 2020, more than 4,000 audio-only virtual prenatal visits were completed in our system. After implementation, the percentage of visits conducted through the virtual platform gradually rose, with nearly 25% of weekly prenatal visits being performed through the virtual platform by the month of May. Clinic wait times trended downward after implementation of virtual visits (P<.001). On average, 88% of virtual prenatal visits were completed as scheduled, whereas only 82% of in-person visits were attended (P<.001). Hospital administration attempted to contact 431 patients who had participated in at least one virtual visit to assess patient satisfaction; 283 patients were reached and agreed to participate (65%). Ninety-nine percent of respondents reported that their needs were met during their audio-only virtual visits. The majority of patients preferred a combination of in-person and virtual visits for prenatal care, and patients reported many benefits with virtual visits. CONCLUSION: Audio-only virtual prenatal visits-as a complement to in-person prenatal visits-have specific and distinct advantages compared with video-enabled telehealth in a vulnerable population of women and offer a viable option to increase access to care.	This study is useful in considering how to improve continuity of hospital-based care and community/wrap around support. Provides example of implementation of audio only virtual prenatal visit. It is more relevant to the provider assessment, but may be helpful in thinking through connections between clinic-to-community based care.	Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	

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Hong et al.	Population-Level Interest and Telehealth Capacity of US Hospitals in Response to COVID-19: Cross-Sectional Analysis of Google Search and National Hospital Survey Data	JMIR Public Health and Surveillance	Background: As the novel coronavirus disease (COVID-19) is widely spreading across the United States, there is a concern about the overloading of the nation's health care capacity. The expansion of telehealth services is expected to deliver timely care for the initial screening of symptomatic patients while minimizing exposure in health care facilities, to protect health care providers and other patients. However, it is currently unknown whether US hospitals have the telehealth capacity to meet the increasing demand and needs of patients during this pandemic. Objective: We investigated the population-level internet search volume for telehealth (as a proxy of population interest and demand) with the number of new COVID-19 cases and the proportion of hospitals that adopted a telehealth system in all US states. Methods: We used internet search volume data from Google Trends to measure population-level interest in telehealth and telemedicine between January 21, 2020 (when the first COVID-19 case was reported), and March 18, 2020. Data on COVID-19 cases in the United States were obtained from the Johns Hopkins Coronavirus Resources Center. We also used data from the 2018 American Hospital Association Annual Survey to estimate the proportion of hospitals that adopted telehealth (including telemedicine and electronic visits) and those with the capability of telemedicine intensive care unit (tele-ICU). Pearson correlation was used to examine the relations of population search volume for telehealth and telemedicine (composite score) with the cumulative numbers of COVID-19 cases in the United States during the study period and the proportion of hospitals with telehealth and tele-ICU capabilities. Results: We found that US population–level interest in telehealth increased as the number of COVID-19 cases increased, with a strong correlation (r =0.948, P<.001). We observed a higher population-level interest in telehealth in the Northeast and West census region, whereas the proportion of hospitals that adopted telehealth was higher in the Midwest region. There was no significant association between population interest and the proportion of hospitals that adopted telehealth (r =0.055, P =.70) nor hospitals having tele-ICU capability (r =–0.073, P =.61). Conclusions: As the number of COVID-19 cases increases, so does the US population's interest in telehealth. However, the level of population interest did not correlate with the proportion of hospitals providing telehealth services in the United States, suggesting that increased population demand may not be met with the current telehealth capacity. Telecommunication infrastructures in US hospitals may lack the capability to address the ongoing health care needs of patients with other health conditions. More practical investment is needed to deploy the telehealth system rapidly against the impending patient surge.	Interesting study mapping interest, but not likely relevant to the communities and specific MCH populations that RRMIST will be prioritizing.	Communication; Mapping (GIS; Hot Spot; geography); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	

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Hser & Mooney	Integrating Telemedicine for Medication Treatment for Opioid Use Disorder in Rural Primary Care: Beyond the COVID Pandemic	The Journal of Rural Health	Even before the 2019 Novel Coronavirus (COVID for short) crisis, telemedicine (TM) enabled by digital health technologies was considered a key solution to the health care access problem in rural communities. However, use of TM to treat opioid use disorder (OUD) has been limited even during the recent opioid crisis in America, despite the high rates of opioid overdose and death rates in many rural areas. This limited use of TM-based medication treatment for OUD (MOUD) has been mostly attributed to restrictions imposed by federal and state regulations for TM (e.g., licensing, reimbursement) and patient challenges (e.g., accessing and using the technology). The current “collision of the COVID and addiction epidemics" forces a drastically increased demand for remote care models for MOUD. We reflect on what virtual high-quality care entails and how access to these services can be expanded. Primary care is at the core of rural health care systems. To expand MOUD access, national efforts have focused on primary care to promote office-based opioid treatment (OBOT), which allows clinicians to provide medication such as buprenorphine or naltrexone to treat OUD in their own clinical settings. Nevertheless, OBOT uptake has been slow in rural communities, with 29.8% of rural Americans compared with 2.2% of urban Americans living in a county without a buprenorphine provider. While much is still unknown regarding TM best practices in primary care (e.g., which patients are appropriate for TM, whether and how remote therapeutic relationship are maintained), TM-based MOUD is likely to be expanded, particularly in rural areas with severe opioid problems. Scientific knowledge in these areas and technology advancement are needed to guide and support future development of efficient and effective remote care models in primary care for treating OUD.	This outlines policy-level barriers to access in telemedicine (TM) including: restrictions imposed by federal and state regulations for TM (e.g., licensing, reimbursement) and patient challenges (e.g., accessing and using the technology). The authors also discuss the concept of quality TM care and how access to these services can be expanded. They outline specific policy change recommendations that may be relevant to MCH specific populations include some emerging best practices. They focus on TM-based opioid use disorder care, in response to increased rates of opioid overdose and death rates in many rural areas. TM-based MOUD is likely to be expanded, particularly in rural areas with severe opioid problems. A priority issue for new programs would be to increase evidence around what kinds of programs works for OUD treatment using TM for MCH populations.	Addiction/Substance Use; Rural; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	COVID-19; medication treatment for opioid use disorder; primary care; rural; telemedicine
Hynan, M	Covid-19 and the need for perinatal mental health professionals: now more than ever before	Journal of Perinatology	When the healthcare system has endured the disaster of the Covid-19 pandemic, leaders of perinatal medicine will have many conversations. Topics will include re-analyses of priorities of care within hospitals, across healthcare systems and beyond. A greater role for perinatal mental health professionals must be part of these conversations.	This commentary emphasizes the need for perinatal mental health services during the COVID-19 pandemic. It is helpful in building the case for prioritization of mental health in services and training for telemental health among providers. This report is relevant to understanding unmet needs and barriers to access of telehealth for the community assessment.	Mental Health; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction)	

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Ijadi-Maghsoodi et al.	Leveraging a public-public partnership in Los Angeles County to address COVID-19 for children, youth, and families in under resourced communities	Psychological Trauma: Theory, Research, Practice and Policy	There is growing concern about the mental health and social impact of COVID-19 on under resourced children, youth, and families given widespread social disruption, school closures, economic impact, and loss of lives. In this commentary we describe how an existing public-public partnership between a large county mental health department and a state university responded to COVID-19. This partnership, originally designed to address workforce needs, rapidly pivoted to support providers through a trauma- and resilience-informed approach to mitigating adverse mental health effects among youth and families in Los Angeles County.	This article would add to the clinician assessment by demonstrating the effectiveness and feasibility of cross-sector collaboration and public-public partnerships.	Mental Health; Violence (child maltreatment; domestic; gender-based; intimate partner; sexual)	Adolescent; Adult; California; Child; Consumer Health Information; Coronavirus Infections; Education, Distance; Humans; Intersectoral Collaboration; Local Government; Los Angeles; Mental Health Services; Pandemics; Pneumonia, Viral; Program Development; Psychological Trauma; Resilience, Psychological; Universities; Vulnerable Populations; Young Adult

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Irvine et al.	Modeling COVID-19 and Its Impacts on U.S. Immigration and Customs Enforcement (ICE) Detention Facilities, 2020	Journal of Urban Health	U.S. Immigration and Customs Enforcement (ICE) facilities house thousands of undocumented immigrants in environments discordant with the public health recommendations to reduce the transmission of 2019 novel coronavirus (COVID-19). Using ICE detainee population data obtained from the ICE Enforcement and Removal Operations (ERO) website as of March 2, 2020, we implemented a simple stochastic susceptible-exposed-infected-recovered model to estimate the rate of COVID-19 transmission within 111 ICE detention facilities and then examined impacts on regional hospital intensive care unit (ICU) capacity. Models considered three scenarios of transmission (optimistic, moderate, pessimistic) over 30-, 60-, and 90-day time horizons across a range of facility sizes. We found that 72% of individuals are expected to be infected by day 90 under the optimistic scenario (R0 = 2.5), while nearly 100% of individuals are expected to be infected by day 90 under a more pessimistic (R0 = 7) scenario. Although asynchronous outbreaks are more likely, day 90 estimates provide an approximation of total positive cases after all ICE facility outbreaks. We determined that, in the most optimistic scenario, coronavirus outbreaks among a minimum of 65 ICE facilities (59%) would overwhelm ICU beds within a 10-mile radius and outbreaks among a minimum of 8 ICE facilities (7%) would overwhelm local ICU beds within a 50-mile radius over a 90-day period, provided every ICU bed was made available for sick detainees. As policymakers seek to rapidly implement interventions that ensure the continued availability of life-saving medical resources across the USA, they may be overlooking the pressing need to slow the spread of COVID-19 infection in ICE's detention facilities. Preventing the rapid spread necessitates intervention measures such as granting ICE detainees widespread release from an unsafe environment by returning them to the community.	This study looked at the heightened risk of COVID-19 infection among individuals detained in ICE facilities. This adds a context of risk and threat to community members without US citizenship documentation and validates their fears of safety. While not focused specifically on MCH populations, this report describes the context in which mental health care for pregnancy and postpartum care will be experienced.	Community; Immigration/ Citizenship; Incarceration (jail; prison; detention; correctional)	
Jarnecke & Flanagan	Staying safe during COVID-19: How a pandemic can escalate risk for intimate partner violence and what can be done to provide individuals with resources and support	Psychological Trauma: Theory, Research, Practice and Policy	The emergence of COVID-19 presents unprecedented challenges in keeping individuals experiencing intimate partner violence (IPV) safe in the United States and abroad. This commentary explores how COVID-19 may be increasing risk for IPV and what strategies may be used presently, and in the future, to mitigate IPV risk during crises.	This report is relevant to understanding unmet needs and barriers to access of telehealth for IPV. Rates of IPV are drastically elevated during COVID-19. Pregnant individuals and lactating parents are at elevated risk of IPV and physical and mental health sequalae. Telehealth interventions are critical in bridging gaps in care, particularly in BIPOC communities.	Violence (child maltreatment; domestic; gender-based; intimate partner; sexual)	Adult; Consumer Health Information; Coronavirus Infections; Humans; Intimate Partner Violence; Pandemics; Pneumonia, Viral; Socioeconomic Factors; Telemedicine; United States

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Jelliffe-Pawlowski et al.	Examining the Impact of the 2019 Novel Coronavirus and Pandemic-Related Hardship on Adverse Pregnancy and Infant Outcomes: Design and Launch of the HOPE COVID-19 Study	Reproductive Medicine	The 2019 novel coronavirus disease (COVID-19) pandemic caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) continues to spread and worsen in many parts of the world. As the pandemic grows, it is especially important to understand how the virus and the pandemic are affecting pregnant women and infants. While early data suggested that being infected with the virus did not increase the risk of adverse pregnancy or infant outcomes, as more information has emerged, it has become clear that risks for some adverse pregnancy and infant outcomes are increased (e.g., preterm birth, cesarean section, respiratory distress, and hospitalization). The Healthy Outcomes of Pregnancy for Everyone in the time of novel coronavirus disease-19 (HOPE COVID-19) study is a multi-year, prospective investigation designed to better understand how the SARS-CoV-2 virus and COVID-19 impact adverse pregnancy and infant outcomes. The study also examines how the pandemic exacerbates existing hardships such as social isolation, economic destabilization, job loss, housing instability, and/or family member sickness or death among minoritized and marginalized communities. Specifically, the study examines how pandemic-related hardships impact clinical outcomes and characterizes the experiences of Black, Latinx and low-income groups compared to those in other race/ethnicity and socioeconomic stratum. The study includes two nested cohorts. The survey only cohort will enroll 7500 women over a two-year period. The survey testing cohort will enroll 2500 women over this same time period. Participants in both cohorts complete short surveys daily using a mobile phone application about COVID-19-related symptoms (e.g., fever and cough) and complete longer surveys once during each trimester and at 6–8 weeks and 6, 12 and 18 months after delivery that focus on the health and well-being of mothers and, after birth, of infants. Participants in the survey testing cohort also have testing for SARS-CoV-2 and related antibodies during pregnancy and after birth as well as testing that looks at inflammation and for the presence of other infections like Influenza and Rhinovirus. Study results are expected to be reported on a rolling basis and will include quarterly reporting for participants and public health partners as well as more traditional scientific reporting.	This research is still being conducted and as a result there are no findings to learn from.	Black/African-American; Latinx/Hispanic; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Transportation/ Spatial (location; mobility; housing; homeless)	newborn; preterm birth; pregnancy; neonatal; infancy; 2019 novel coronavirus disease (COVID-19); cesarean section; intra-uterine-growth-restriction (IUGR); preeclampsia; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

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Julien, Eberly & Adusumalli	Telemedicine and the Forgotten America	Circulation	Telemedicine in the time of pandemic novel coronavirus disease 2019 (COVID-19) had arrived, and neither patient nor doctor knew what to make of it. The COVID-19 pandemic has served as a stress test for a multitude of sectors of our society. The fault lines that marginalized its most vulnerable members in the best of times now have the potential to expand into chasms. As our healthcare delivery systems pivot to adapt to a challenge, the scope of which it has not seen in more than a century, we increasingly look to technological solutions to help span these divides. Telemedicine solutions come in 2 forms: audio-only encounters typically conducted via mobile phone or traditional landline telephone, or synchronous 2-way audio–video conferencing. Although very few comparative effectiveness studies between modalities have been conducted, synchronous video conferencing adds the capability to perform visual medication reconciliation, review test results via screenshare capabilities, and perform limited elements of the physical examination such as jugular vein and lower extremity edema assessment. Videoconferencing can give providers new context to the realities of a patient's living conditions and offer the beginnings of a home safety assessment. A successful transition to telemedicine requires the intersection of at least 3 key factors: access to broadband internet, an internet-capable device, and sufficient technology literacy to take advantage of the first 2 factors.	This paper contains a description of telehealth in clinical settings and issues with access and quality, generally, for medicine. This report is more relevant to the provider assessment, but may be helpful to identifying training needs for health care providers in both community and clinical settings.	Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual) ; Transportation/ Spatial (location; mobility; housing; homeless)	

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Kaholokula et al.	COVID-19 Special Column: COVID-19 Hits Native Hawaiian and Pacific Islander Communities the Hardest	Hawai'i Journal of Health & Social Welfare	In the United States (US), public health officials also expected this novel virus to infect Indigenous communities, such as American Indians and Alaska Natives, at a higher rate.2 The rates of COVID-19 positive cases among members of the Navajo Nation, the largest American Indian tribe in the US, are among the highest of any group with 1716 cases in their population of about 300 000.3 This raises the question, what about Native Hawaiians and Pacific Islanders (NHPI)? It is important to know that NHPI hold on to bitter memories of how infectious diseases decimated our thriving populations throughout our history. The Native Hawaiian population declined from roughly 700 000 in 1778 to barely 40 000 by 1900 due to infectious diseases such as smallpox, whooping cough, dysentery, tuberculosis, influenza, and measles.4,5 The recent measles outbreak in Samoa and elsewhere in the Pacific is a harsh reminder to NHPI communities of our vulnerability to infectious diseases as close-knit island communities.6 This vulnerability has taken hold of the NHPI diaspora with the arrival of COVID-19.	This is one of the few peer-reviewed reports describing the high burden of COVID-19 among Native Hawaiian and other Pacific Islander communities. It includes a table summarizing NH burden of COVID_19 cases. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced in NH/PI communities.	Native/Indigenous	Betacoronavirus; Coronavirus Infections; Hawaii; Humans; Oceanic Ancestry Group; Pandemics; Pneumonia, Viral; Residence Characteristics; Resilience, Psychological

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Karaye & Horney	The Impact of Social Vulnerability on COVID-19 in the U.S.: An Analysis of Spatially Varying Relationships	American Journal of Preventive Medicine	INTRODUCTION: Because of their inability to access adequate medical care, transportation, and nutrition, socially vulnerable populations are at an increased risk of health challenges during disasters. This study estimates the association between case counts of COVID-19 infection and social vulnerability in the U.S., identifying counties at increased vulnerability to the pandemic. METHODS: Using Social Vulnerability Index and COVID-19 case count data, an ordinary least squares regression model was fitted to assess the global relationship between COVID-19 case counts and social vulnerability. Local relationships were assessed using a geographically weighted regression model, which is effective in exploring spatial nonstationarity. RESULTS: As of May 12, 2020, a total of 1,320,909 people had been diagnosed with COVID-19 in the U.S. Of the counties included in this study (91.5%, 2,844 of 3,108), the highest case count was recorded in Trousdale, Tennessee (16,525.22 per 100,000) and the lowest in Tehama, California (1.54 per 100,000). At the global level, overall Social Vulnerability Index ($e\beta$=1.65, p=0.03) and minority status and language ($e\beta$=6.69, p<0.001) were associated with increased COVID-19 case counts. However, on the basis of the local geographically weighted model, the association between social vulnerability and COVID-19 varied among counties. Overall, minority status and language, household composition and transportation, and housing and disability predicted COVID-19 infection. CONCLUSIONS: Large-scale disasters differentially affect the health of marginalized communities. In this study, minority status and language, household composition and transportation, and housing and disability predicted COVID-19 case counts in the U.S. Addressing the social factors that create poor health is essential to reducing inequities in the health impacts of disasters.	This study measured associations between indicators of social vulnerability and rates of COVID-19 infections in counties in the US. Associations were found between certain social factors (minority status and language, household composition and transportation, and housing and disability) and COVID-19 county case counts. This underscores the differential impact, across geographic areas and depending on social factors, of the pandemic.	Communication; Disability/ Accessibility; Equity; Mapping (GIS; Hot Spot; geography); Transportation/ Spatial (location; mobility; housing; homeless)	

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Kaufman et al.	Half of Rural Residents at High Risk of Serious Illness Due to COVID-19, Creating Stress on Rural Hospitals	The Journal of Rural Health	Purpose: During the COVID-19 epidemic, it is critical to understand how the need for hospital care in rural areas aligns with the capacity across states. Methods: We analyzed data from the 2018 Behavioral Risk Factor Surveillance System to estimate the number of adults who have an elevated risk of serious illness if they are infected with coronavirus in metropolitan, micropolitan, and rural areas for each state. Study data included 430,949 survey responses representing over 255.2 million noninstitutionalized US adults. For data on hospital beds, aggregate survey data were linked to data from the 2017 Area Health Resource Files by state and metropolitan status. Findings: About 50% of rural residents are at high risk for hospitalization and serious illness if they are infected with COVID-19, compared to 46.9% and 40.0% in micropolitan and metropolitan areas, respectively. In 19 states, more than 50% of rural populations are at high risk for serious illness if infected. Rural residents will generate an estimated 10% more hospitalizations for COVID-19 per capita than urban residents given equal infection rates. Conclusion More than half of rural residents are at increased risk of hospitalization and death if infected with COVID-19. Experts expect COVID-19 burden to outpace hospital capacity across the country, and rural areas are no exception. Policy makers need to consider supply chain modifications, regulatory changes, and financial assistance policies to assist rural communities in caring for people affected by COVID-19.	By using a combination of BRFSS survey data and hospital utilization data, this study reported higher risks of hospitalization among rural residents than micropolitan and metropolitan. In 19 states, more than 50% of rural populations are at high risk for serious illness and death if infected with COVID-19. The risk of overburdening rural medical infrastructure is also raised as a concern. This comments directly on the increased risks among rural populations.	Rural	access to care; COVID-19; health care utilization; rural health; serious illness
Khatri & Perrone	Opioid Use Disorder and COVID-19: Crashing of the Crises	Journal of Addiction Medicine	The COVID19 crisis has created many additional challenges for patients with opioid use disorder, including those seeking treatment with medications for OUD. Some of these challenges include closure of substance use treatment clinics, focus of emergency departments on COVID-19 patients, social distancing and shelter in place orders affecting mental health, bystander overdose rescue, threats to income and supply of substances for people who use drugs. While the initial changes in regulation allowing buprenorphine prescribing by telehealth are welcomed by providers and patients, many additional innovations are required to ensure that additional vulnerabilities and hurdles created by this pandemic scenario do not further fan the flames of the opioid epidemic.	This report provides helpful information on barriers to care for opioid use disorder (OUD) treatment during COVID-19 generally (not MCH specific). Pregnant and postpartum patients in need of OUD treatment should be included as a high priority population that may benefit immediately from increased access to telehealth services during the COVID-19 pandemic.	Addiction/Substance Use; Mental Health; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	

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Killgore et al.	Loneliness: A signature mental health concern in the era of COVID-19	Psychiatry Research	In response to the COVID-19 pandemic, most communities in the United States imposed stay-at-home orders to mitigate the spread of the novel coronavirus, potentially leading to chronic social isolation. During the third week of shelter-in-place guidelines, 1,013 U.S. adults completed the UCLA Loneliness Scale-3 and Public Health Questionnaire (PHQ-9). Loneliness was elevated, with 43% of respondents scoring above published cutoffs, and was strongly associated with greater depression and suicidal ideation. Loneliness is a critical public health concern that must be considered during the social isolation efforts to combat the pandemic.	This paper reports on elevated risk of isolation and its negative effects on mental health during COVID-19 stay-at-home orders. These issues may affect pregnant and lactating parents differently. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced. This paper supports prioritizing mental health for MCH populations during the COVID-19 pandemic.	Mental Health	
Kim & Bostwick	Social Vulnerability and Racial Inequality in COVID-19 Deaths in Chicago	Health Education & Behavior	Although the current COVID-19 crisis is felt globally, at the local level, COVID-19 has disproportionately affected poor, highly segregated African American communities in Chicago. To understand the emerging pattern of racial inequality in the effects of COVID-19, we examined the relative burden of social vulnerability and health risk factors. We found significant spatial clusters of social vulnerability and risk factors, both of which are significantly associated with the increased COVID-19-related death rate. We also found that a higher percentage of African Americans was associated with increased levels of social vulnerability and risk factors. In addition, the proportion of African American residents has an independent effect on the COVID-19 death rate. We argue that existing inequity is often highlighted in emergency conditions. The disproportionate effects of COVID-19 in African American communities reflect racial inequality and social exclusion that existed before the COVID-19 crisis.	Social vulnerability is a relevant concept in considering prioritization of funding and programming. This paper is important to the community assessment because it provides background on the disproportionate burden of COVID-19 among Black communities in the U.S. that stem from racism, violence, and systemic barriers in access to care.	Black/African-American; Equity; Racism (race; racial; racist)	

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Kline, N	Rethinking COVID-19 Vulnerability: A Call for LGTBQ+ Im/migrant Health Equity in the United States During and After a Pandemic	Health Equity	Public health responses to the coronavirus disease 2019 (COVID-19) pandemic have emphasized older adults' vulnerability, but this obfuscates the social and political root causes of health inequity. To advance health equity during a novel communicable disease outbreak, public health practitioners must continue to be attentive to social and political circumstances that inform poor health. Such efforts are especially needed for populations who are exposed to numerous social and political factors that structure health inequity, such as lesbian, gay, bisexual, transgender, or otherwise-queer identifying (LGBTQ+) populations and immigrant populations. The COVID-19 outbreak is, therefore, a critical time to emphasize root causes of health inequity.	Although we often prioritize older adults as the main vulnerable population for COVID-19, this article argues that the LGBTQ+ and immigrant populations are also at great risk. Factors such as discrimination, lower insurance rates, and distrust between them and the medical community levels these groups susceptible to negative outcomes due to COVID.	Equity; Immigration/ Citizenship; Violence (child maltreatment; domestic; gender-based; intimate partner; sexual)	COVID-19; immigrant health; intersectionality; LGBTQ+ health
Kofman & Garfin	Home is not always a haven: The domestic violence crisis amid the COVID-19 pandemic	Psychological Trauma: Theory, Research, Practice and Policy	The novel coronavirus (SARS-CoV-2) and the associated disease it causes, COVID-19, have caused unprecedented social disruption. Due to sweeping stay-at-home orders across the United States and internationally, many victims and survivors of domestic violence (DV), now forced to be isolated with their abusers, run the risk of new or escalating violence. Numerous advocates, organizations, and service centers anticipated this: Upticks in domestic violence were reported in many regions soon after stay-at-home directives were announced. In this commentary, we delineate some of the recent events leading up to the reported spike in DV; review literature on previously documented disaster-related DV surges; and discuss some of the unique challenges, dilemmas, and risks victims and survivors face during this pandemic. We conclude with recommendations to allocate resources to DV front-liners and utilize existing DV guidelines for disaster preparedness, response, and recovery.	Domestic abuse has always been a public health issue in the US but the rates of domestic abuse have skyrocketed during COVID-19. Since this does tie into women's health, we may want to research how to teach practitioners to safely check for signs of domestic abuse while conducting a telehealth appointment.	Latinx/Hispanic; Violence (child maltreatment; domestic; gender-based; intimate partner; sexual)	Adult; Coronavirus Infections; Domestic Violence; Female; Humans; Pandemics; Pneumonia, Viral; Psychological Trauma; Stress Disorders, Post-Traumatic; Survivors; United States

Author	Report Title	Publication Title	Abstract Note	Community Assessment Notes	Assessment Tags	Automatic Tags
Kopelovich et al.	Community Mental Health Care Delivery During the COVID-19 Pandemic: Practical Strategies for Improving Care for People with Serious Mental Illness	Community Mental Health Journal	The COVID-19 pandemic has presented a formidable challenge to care continuity for community mental health clients with serious mental illness and for providers who have had to quickly pivot the modes of delivering critical services. Despite these challenges, many of the changes implemented during the pandemic can and should be maintained. These include offering a spectrum of options for remote and in-person care, greater integration of behavioral and physical healthcare, prevention of viral exposure, increased collaborative decision-making related to long-acting injectable and clozapine use, modifying safety plans and psychiatric advance directives to include new technologies and broader support systems, leveraging natural supports, and integration of digital health interventions. This paper represents the authors' collaborative attempt to both reflect the changes to clinical practice we have observed in CMHCs across the US during this pandemic and to suggest how these changes can align with best practices identified in the empirical literature.	The findings of this report are relevant to acceptability, feasibility, training needs, and supplies for mental health care via telehealth during COVID-19. Venn diagram of continuum of care for community mental health clients is useful. While not focused specifically on MCH populations, this report describes the context in which mental health care services during pregnancy and postpartum care may be experienced.	Community; Mental Health; Racism (race; racial; racist); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	
Kristal et al.	A Phone Call Away: New York's Hotline and Public Health in The Rapidly Changing COVID-19 Pandemic	Health Affairs	In early March 2020 an outbreak of coronavirus disease 2019 (COVID-19) in New York City exerted sudden and extreme pressures on emergency medical services and quickly changed public health policy and clinical guidance. Recognizing this, New York City Health + Hospitals established a clinician-staffed COVID-19 hotline for all New Yorkers. The hotline underwent three phases as the health crisis evolved. As of May 1, 2020, the hotline had received more than ninety thousand calls and was staffed by more than a thousand unique clinicians. Hotline clinicians provided callers with clinical assessment and guidance, registered them for home symptom monitoring, connected them to social services, and provided a source of up-to-date answers to COVID-19 questions. By connecting New Yorkers with hotline clinicians, regardless of their regular avenues of accessing care, the hotline aimed to ease the pressures on the city's overtaxed emergency medical services. Future consideration should be given to promoting easy access to clinician hotlines by disadvantaged communities early in a public health crisis and to evaluating the impact of clinician hotlines on clinical outcomes.	This article shows the potential success of a clinical hotline, where information, reassurance, and connection to resources was successful in serving an urban population in NYC. The responses from the community assessment about what sorts of resources or services they need could inform a strategy similar to this hotline.	Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	

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Kullar et al.	Racial Disparity of Coronavirus Disease 2019 (COVID-19) in African American Communities	The Journal of Infectious Diseases	The COVID-19 pandemic has unveiled unsettling disparities in the outcome of the disease among African Americans. These disparities are not new, but are rooted in structural inequities that must be addressed to adequately care for communities of color. We describe the historical context of these structural inequities, their impact on the progression of COVID-19 in the African American (Black) community, and suggest a multifaceted approach to addressing these healthcare disparities. Of note, terminology from survey data cited for this article varied from Blacks, African Americans or both; for consistency, we use African Americans throughout.	This paper is important to the community assessment because it provides background on the disproportionate burden of COVID-19 among Black communities in the U.S. that stem from racism, violence, and systemic barriers in access to care. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced. It elevates the need for mental health and psychosocial support that is culturally appropriate (e.g., accounts for historical impacts of racism) and raises opportunities to think about how telehealth and other remote care might be part of these kinds of community support among pregnant and parenting families.	Black/African-American; Community; Equity; Racism (race; racial; racist)	
Laster Pirtle, W	Racial Capitalism: A Fundamental Cause of Novel Coronavirus (COVID-19) Pandemic Inequities in the United States	Health Education & Behavior: The Official Publication of the Society for Public Health Education	Racial capitalism is a fundamental cause of the racial and socioeconomic inequities within the novel coronavirus pandemic (COVID-19) in the United States. The overrepresentation of Black death reported in Detroit, Michigan is a case study for this argument. Racism and capitalism mutually construct harmful social conditions that fundamentally shape COVID-19 disease inequities because they (a) shape multiple diseases that interact with COVID-19 to influence poor health outcomes; (b) affect disease outcomes through increasing multiple risk factors for poor, people of color, including racial residential segregation, homelessness, and medical bias; (c) shape access to flexible resources, such as medical knowledge and freedom, which can be used to minimize both risks and the consequences of disease; and (d) replicate historical patterns of inequities within pandemics, despite newer intervening mechanisms thought to ameliorate health consequences. Interventions should address social inequality to achieve health equity across pandemics.	This report addresses racial capitalism, which is fundamental cause of the racial and socioeconomic inequities within the novel coronavirus pandemic (COVID-19) in the United States. This article helps us realize and name the factors working against minority communities and hope to explain why they have worse COVID-19 outcomes than other groups.	Black/African-American; Equity; Mental Health; Racism (race; racial; racist); Transportation/ Spatial (location; mobility; housing; homeless)	Betacoronavirus; capitalism; Capitalism; coronavirus; Coronavirus Infections; COVID-19; fundamental causes; Health Equity; health inequities; Health Status Disparities; Humans; Michigan; Pandemics; Pneumonia, Viral; racism; Racism; Risk Factors; Socioeconomic Factors; United States

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Lau et al.	Staying Connected In The COVID-19 Pandemic: Telehealth At The Largest Safety-Net System In The United States	Health Affairs (Project Hope)	NYC Health + Hospitals (NYC H+H) is the largest safety net health care delivery system in the United States. Prior to the novel coronavirus disease (COVID-19) pandemic, NYC H+H served over one million patients, including the most vulnerable New Yorkers, and billed fewer than 500 telehealth visits monthly. Once the pandemic struck, we established a strategy to allow us to continue to serve existing patients and treat the surge of new patients. Starting in March 2020 we were able to transform the system using virtual care platforms through which we conducted almost 83,000 billable tele visits in one month and more than 30,000 behavioral health encounters via telephone and video. Telehealth also enabled us to support patient-family communication, post-discharge follow-up, and palliative care for COVID-19 patients. Expanded Medicaid coverage and insurance reimbursement for telehealth played a pivotal role in this transformation. As we move to a new blend of virtual and in-person care, it is vital that the major regulatory and insurance changes undergirding our COVID-19 telehealth response be sustained to protect access for our most vulnerable patients.	This report describes the launch of a novel virtual buprenorphine clinic in order to increase access to life-saving medication-assisted treatment. The clinic was made available citywide through a phone hotline, which connected patients to same-day video visits with our addiction treatment providers. This service was also made possible by relaxations in federal regulations allowing for addiction treatment through telemedicine. (this is the treatment of choice for pregnant women with OUD)	Communication; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	Health care providers; Access to care; Health policy; COVID-19; Pandemics; Behavioral health care; Coronoavirus; Patient care; Patient safety; Safety net hospitals; Systems of care; Telehealth
Laurencin & McClinton	The COVID-19 Pandemic: a Call to Action to Identify and Address Racial and Ethnic Disparities	Journal of Racial and Ethnic Health Disparities	The Coronavirus disease 2019 (COVID-19) pandemic has significantly impacted and devastated the world. As the infection spreads, the projected mortality and economic devastation are unprecedented. In particular, racial and ethnic minorities may be at a particular disadvantage as many already assume the status of a marginalized group. Black Americans have a long-standing history of disadvantage and are in a vulnerable position to experience the impact of this crisis and the myth of Black immunity to COVID-19 is detrimental to promoting and maintaining preventative measures. We are the first to present the earliest available data in the peer-reviewed literature on the racial and ethnic distribution of COVID-19-confirmed cases and fatalities in the state of Connecticut. We also seek to explode the myth of Black immunity to the virus. Finally, we call for a National Commission on COVID-19 Racial and Ethnic Health Disparities to further explore and respond to the unique challenges that the crisis presents for Black and Brown communities.	This study took an early look at disparities among infection counts in CT along racial/ethnic lines. Discrepancies in misinformation and protections for Black and Brown communities can add to the community assessment's focus on equity. Provides insight into particular issues related to equitable telehealth care, that could be helpful for MTAP.	Black/African-American; Equity; Mental Health; Racism (race; racial; racist)	

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Lemke & Brown	Syndemic Perspectives to Guide Black Maternal Health Research and Prevention During the COVID-19 Pandemic	Maternal and Child Health Journal	The coronavirus 2019 (COVID-19) pandemic and related policies have led to an unequal distribution of morbidity and mortality in the U.S. For Black women and birthing people, endemic vulnerabilities and disparities may exacerbate deleterious COVID-19 impacts. Historical and ongoing macro-level policies and forces over time have induced disproportionately higher rates of maternal morbidity and mortality among Black women and birthing people, and contemporary macroeconomic and healthcare policies and factors continue to hold particular consequence. These factors induce detrimental psychological, health, and behavioral responses that contribute to maternal health disparities. The COVID-19 pandemic is likely to disproportionately impact Black women and birthing people, as policy responses have failed to account for the their unique socioeconomic and healthcare contexts. The resulting consequences may form a 'vicious cycle', with upstream impacts that exacerbate upstream macro-level policies and forces that can further perpetuate the clustering of maternal morbidity and mortality in this population. Understanding the impacts of COVID-19 among Black women and birthing people requires theoretical frameworks that can sufficiently conceptualize their multi-level, interacting, and dynamic nature. Thus, we advocate for the proliferation of syndemic perspectives to guide maternal disparities research and prevention during the COVID-19 pandemic. These perspectives can enable a holistic and nuanced understanding of the intersection of endemic and COVID-19-specific vulnerabilities and disparities experienced by Black women and birthing people. Syndemic-informed research can then lead to impactful multi-level prevention strategies that simultaneously tackle both endemic and COVID-19-specific factors and outcomes that lead to the clustering of vulnerabilities and disparities over time.	This is a theoretical report describing the potential of employing syndemics theory to inform prioritization of programs and to advocate for fundamental structural changes in the delivery of care in Black communities as a way to dismantle racism. Syndemics theory may be helpful to the Implementation and Evaluation team as they consider methodologies to determine prioritization of funding and measuring impact.	Black/African-American; Equity; Mental Health; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction)	African American; COVID-19; Maternal health services; Maternal mortality; Syndemic

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Levin, J	The Faith Community and the SARS-CoV-2 Outbreak: Part of the Problem or Part of the Solution?	Journal of Religion and Health	The current outbreak of the SARS-CoV-2 virus is a critical moment in time for institutional religion in the USA and throughout the world. Individual clergy and congregations, across faith traditions, have been sources of misinformation and disinformation, promoting messages and actions that engender fear, animosity toward others, and unnecessary risk-taking. But there is a positive role for religion and faith-based institutions here, and many examples of leaders and organizations stepping up to contribute to the collective recovery. Personal faith and spirituality may be a source of host resistance and resilience. Religiously sponsored medical care institutions are vital to health care response efforts. Ministries and faith-based organizations are source of religious health assets that can help to meet community-wide needs. There is a pastoral role for clergy and laypeople who are instrumental in providing comfort and strength to the suffering and fearful in our midst. The outbreak presents an ethical challenge to all of us to step outside of our own preoccupations and to be present and of service for others. This includes having the courage to represent the highest values of our faith in speaking out against religiously motivated foolishness and hatred and in calling for political and public health leaders to be truthful and transparent in their messages to us.	This article outlines roles for faith-based organizations to partner in efforts to care for communities, share information about COVID-19, and contribute to medical response efforts. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced. It elevates the need for community and cross-sector collaboration, and incorporation of religion/culture in service design.	Communication; Community; Mental Health	COVID-19; Faith-based; Religion; SARS-CoV-2
Lindsay et al.	The Importance of Video Visits in the Time of COVID-19	The Journal of Rural Health	The Covid-19 pandemic has changed nearly every aspect of life recently, including mental health (MH) care. Video-to-Home (VTH) telehealth, conducting therapy over video platforms, has been demonstrated as clinically equivalent to in-person care. As care delivery advances, every resource should be used to ensure the integrity and continuity of MH care, using treatment modalities, such as VTH, the effectiveness of which has been proven. VTH allows a more seamless transition and enhances care delivery for an already isolated and vulnerable population. COVID-19 has resulted in temporary loosening of guidelines related to VTH, making now the ideal time to dedicate resources to build capacity and competence for VTH care delivery. Health care systems and providers that capitalize on the recent demand and easing of restrictions will be best positioned to continue with VTH in the future.	This commentary calls for mental health care that preserves, as much as possible, video-based telehealth to enhance communication, rapport, and quality of care. This report contains illustrative quotes and stories that may be incorporated into assessment reports as HRSA has indicated an interest in stories from the field. While not focused specifically on MCH populations, this report describes the context in which mental health care for pregnancy and postpartum care will be experienced. Recommendation to consider video options as part of telehealth services, particularly for mental health and psychosocial support needs.	Barriers; Mental Health; Rural; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	mental health; mHealth; rural health; telehealth

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Macias et al.	COVID-19 Pandemic: Disparate Health Impact on the Hispanic/Latinx Population in the United States	The Journal of Infectious Diseases	In December 2019, a novel coronavirus known as SARS-CoV-2, emerged in Wuhan, China, causing the Coronavirus disease 2019 we now refer to as COVID-19. The World Health Organization declared COVID-19 a pandemic on March 12th, 2020. In the United States, the COVID-19 pandemic has exposed pre-existing social and health disparities among several historically vulnerable populations, with stark differences in the proportion of minority individuals diagnosed with and dying from COVID-19. In this article we will describe the emerging disproportionate impact of COVID-19 on the Hispanic/Latinx (henceforth: Hispanic or Latinx) community in the U.S., discuss potential antecedents and consider strategies to address the disparate impact of COVID-19 on this population.	This report is helpful in making the case for high priority populations in need of telehealth services. This paper is important to the community assessment because it provides background on the disproportionate burden of COVID-19 among Latinx/Hispanic communities. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced.	Latinx/Hispanic	

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Madden et al.	Telehealth Uptake into Prenatal Care and Provider Attitudes during the COVID-19 Pandemic in New York City: A Quantitative and Qualitative Analysis	American Journal of Perinatology	This study aimed to (1) determine to what degree prenatal care was able to be transitioned to telehealth at prenatal practices associated with two affiliated hospitals in New York City during the novel coronavirus disease 2019 (COVID-19) pandemic and (2) describe providers' experience with this transition. Study Design Trends in whether prenatal care visits were conducted in-person or via telehealth were analyzed by week for a 5-week period from March 9 to April 12 at Columbia University Irving Medical Center (CUIMC)-affiliated prenatal practices in New York City during the COVID-19 pandemic. Visits were analyzed for maternal-fetal medicine (MFM) and general obstetrical faculty practices, as well as a clinic system serving patients with public insurance. The proportion of visits that were telehealth was analyzed by visit type by week. A survey and semi structured interviews of providers were conducted evaluating resources and obstacles in the uptake of telehealth. Results: During the study period, there were 4,248 visits, of which approximately one-third were performed by telehealth (n = 1,352, 31.8%). By the fifth week, 56.1% of generalist visits, 61.5% of MFM visits, and 41.5% of clinic visits were performed via telehealth. A total of 36 providers completed the survey and 11 were interviewed. Accessing technology and performing visits, documentation, and follow-up using the telehealth electronic medical record were all viewed favorably by providers. In transitioning to telehealth, operational challenges were more significant for health clinics than for MFM and generalist faculty practices with patients receiving public insurance experiencing greater difficulties and barriers to care. Additional resources on the patient and operational level were required to optimize attendance at in-person and video visits for clinic patients. Conclusion Telehealth was rapidly implemented in the setting of the COVID-19 pandemic and was viewed favorably by providers. Limited barriers to care were observed for practices serving patients with commercial insurance. However, to optimize access for patients with Medicaid, additional patient-level and operational supports were required.	This is a helpful report describing the rapid adaptation to telehealth prenatal care. It is more relevant to the clinical assessment, however, there are recommendations for supplies and practices that include remote monitoring that are relevant for the community assessment. Table 2 contains qualitative perspectives on telehealth (clinic-based), which are relevant to acceptability, feasibility, training needs, and supplies for prenatal telehealth during COVID-19.	Barriers; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	

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Mann et al.	COVID-19 transforms health care through telemedicine: Evidence from the field	Journal of the American Medical Informatics Association: JAMIA	This study provides data on the feasibility and impact of video-enabled telemedicine use among patients and providers and its impact on urgent and nonurgent healthcare delivery from one large health system (NYU Langone Health) at the epicenter of the coronavirus disease 2019 (COVID-19) outbreak in the United States. Between March 2nd and April 14th 2020, telemedicine visits increased from 102.4 daily to 801.6 daily. (683% increase) in urgent care after the system-wide expansion of virtual urgent care staff in response to COVID-19. Of all virtual visits post expansion, 56.2% and 17.6% urgent and nonurgent visits, respectively, were COVID-19-related. Telemedicine usage was highest by patients 20 to 44 years of age, particularly for urgent care. The COVID-19 pandemic has driven rapid expansion of telemedicine use for urgent care and nonurgent care visits beyond baseline periods. This reflects an important change in telemedicine that other institutions facing the COVID-19 pandemic should anticipate.	This report provides information on trends and uptake of telehealth generally. It is a helpful resource in better understanding existing telehealth systems and uses and the potential for expanding these services, generally, for COVID-19.	Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	ambulatory care; COVID-19; remote patient monitoring; telemedicine

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Maroko, Nash & Pavilonis	COVID-19 and Inequity: a Comparative Spatial Analysis of New York City and Chicago Hot Spots	Journal of Urban Health: Bulletin of the New York Academy of Medicine	There have been numerous reports that the impact of the ongoing COVID-19 epidemic has disproportionately impacted traditionally vulnerable communities associated with neighborhood attributes, such as the proportion of racial and ethnic minorities, migrants, and the lower income households. The goal of this ecological cross-sectional study is to examine the demographic and economic nature of spatial hot and cold spots of SARS-CoV-2 rates in New York City and Chicago as of April 13, 2020 using data from the New York City Department of Health and Mental Hygiene, Illinois Department of Public Health, and the American Community Survey. In both cities, cold spots (clusters of low SARS-CoV-2 rate ZIP code tabulation areas as identified by the Getis-Ord (GI*) statistic) demonstrated social determinants of health characteristics typically associated with better health outcomes and the ability to maintain physical distance ("social distancing"). These neighborhoods tended to be wealthier, have higher educational attainment, higher proportions of non-Hispanic white residents, and more workers in managerial occupations (all p values < 0.01 using Wilcoxon two-sample test). Hot spots (clusters of high SARS-CoV-2 rate ZIP code tabulation areas) had similarities as well, such as lower rates of college graduates and higher proportions of people of color. It also appears that household size (more people per household), rather than overall population density (people per square mile), is more strongly associated with hot spots. New York City had an average of 3.0 people per household in hot spots and 2.1 in cold spots ($p < 0.01$), and Chicago had 2.8 people per household in hot spots and 2.0 in cold spots ($p = 0.03$). However, hotspots were located in neighborhoods that were significantly less dense (New York City: 22,900 people per square mile in hot spots and 68,900 in cold spots ($p < 0.01$); Chicago: 10,000 people per square mile in hot spots and 23,400 in cold spots ($p = 0.03$)). Findings suggest important differences between the cities' hot spots as well. NYC hot spots can be described as working-class and middle-income communities, perhaps indicative of greater concentrations of service workers and other occupations (including those classified as "essential services" during the pandemic) that may not require a college degree but pay wages above poverty levels. Chicago's hot spot neighborhoods, on the other hand, are among the city's most vulnerable, low-income neighborhoods with extremely high rates of poverty, unemployment, and non-Hispanic Black residents.	This paper linked hotspots of viral infection in two major cities (Chicago and NYC) to social variables, including low education rates, high proportions of people of color, and more people per household. This is helpful to the community assessment in considering prioritization of programming and funding recommendations	Black/African-American; Community; Equity; Latinx/Hispanic; Mapping (GIS; Hot Spot; geography); Mental Health; Transportation/ Spatial (location; mobility; housing; homeless)	Chicago; COVID; Equity; Geography; GIS; Hot spot; New York; SARS-CoV-2

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Marshall et al.	Statewide Implementation of Virtual Perinatal Home Visiting During COVID-19	Maternal and Child Health Journal	PURPOSE: This evaluation describes efforts taken by MIECHV administrators and staff during the pandemic using data collected from 60 MIECHV staff surveys and nine statewide weekly focus groups. DESCRIPTION: The Florida Maternal, Infant and Early Childhood Home Visiting (MIECHV) Initiative funds perinatal home visiting for pregnant women and families with infants throughout the state. Florida MIECHV has shown resilience to disasters and times of crises in the past, while generating a culture of adaptation and continuous quality improvement among local implementing agencies. Florida MIECHV responded to the COVID-19 pandemic crisis within the first few days of the first reported case in Florida by providing guidance on virtual home visits and working remotely. ASSESSMENT: Findings highlight the role of administrative leadership and communication, staff willingness/morale, logistical considerations, and the needs of enrolled families who face hardships during the pandemic such as job loss, limited supplies, food insecurity, technology limitations, and stress. Home visitors support enrolled families by connecting them with resources, providing public health education and delivering evidence-based home visiting curricula virtually. They also recognized the emotional burden surrounding COVID-19 impacts and uncertainties along with achieving work-life balance by caring for their own children. CONCLUSION: This evaluation helped in understanding the impact of the pandemic on this maternal and child health program and fundamentals of transition to virtual home visiting services. Virtual home visiting appears to be feasible and provides an essential connection to supports for families who may not otherwise have the means or knowledge to access them.	Emerging best practices report of the Maternal Infant and Early Childhood Home Visiting (MIECHV) program in FLORIDA. Provides recommendations for COVID-19 telehealth needs prioritization; description of unmet needs; integration of home visiting and virtual care in communities for MCH populations carrying a disproportionate burden of disease. This report contains illustrative quotes and stories that may be incorporated into assessment reports as HRSA has indicated an interest in stories from the field.	Communication; Mental Health; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	COVID-19 pandemic; MIECHV; Virtual home visiting
McElroy, Day & Becevic	The Influence of Telehealth for Better Health Across Communities	Preventing Chronic Disease	Rapid spread of coronavirus disease 2019 (COVID-19) forced an abrupt shift in the traditional US health care delivery model to meet the needs of patients, staff, and communities. Through federal policy changes on telehealth, patient care shifted from in-person to telephone or video visits, and health care providers reached out to patients most at risk for exacerbation of chronic disease symptoms. ECHO (Extension for Community Healthcare Outcomes), a videoconferencing peer learning application, engaged health care providers across Missouri in the treatment and management of complex COVID-19-positive patients. Re-envisioning health care in the digital age includes robust utilization of telehealth to enhance care for all.	This report describes the Extension for Community Healthcare Outcomes (ECHO), a videoconferencing peer learning application, engaged health care providers across Missouri in the treatment and management of complex COVID-19-positive patients. It is an example of a videoconferencing platform to improve health care providers more effectively use telehealth. It is focused more on clinician training and skills, but may be considered an emerging best practice in communities.	Community; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	

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Melvin, S.	The Role of Public Health in COVID-19 Emergency Response Efforts From a Rural Health Perspective	Preventing Chronic Disease	As the country responds to coronavirus disease 2019 (COVID-19), the role of public health in ensuring the delivery of equitable health care in rural communities has not been fully appreciated. The impact of such crises is exacerbated in rural racial/ethnic minority communities. Various elements contribute to the problems identified in rural areas, including a declining population; economic stagnation; shortages of physicians and other health care providers; a disproportionate number of older, poor, and underinsured residents; and high rates of chronic illness. This commentary describes the challenges faced by rural communities in addressing COVID-19, with a focus on the issues faced by southeastern US states. The commentary will also address how the COVID-19 Community Vulnerability Index may be used as a tool to identify communities at heightened risk for COVID-19 on the basis of 6 clearly defined indicators.	This paper describes a Community Vulnerability Index, which is relevant to the community assessment. As a method a CVI can strengthen identification of high priority communities in need of telehealth services. This report also makes the case for greater investment in community health centers as part of the immediate response for COVID-19. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced.	Rural	

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Millett et al.	Assessing Differential Impacts of COVID-19 on Black Communities	Annals of Epidemiology	Purpose: Given incomplete data reporting by race, we used data on COVID-19 cases and deaths in US counties to describe racial disparities in COVID-19 disease and death and associated determinants. Methods: Using publicly available data (accessed April 13, 2020), predictors of COVID-19 cases and deaths were compared between disproportionately (>13%) black and all other (<13% black) counties. Rate ratios were calculated and population attributable fractions (PAF) were estimated using COVID-19 cases and deaths via zero-inflated negative binomial regression model. National maps with county-level data and an interactive scatterplot of COVID-19 cases were generated. Results: Nearly ninety-seven percent of disproportionately black counties (656/677) reported a case and 49% (330/677) reported a death versus 81% (1987/2,465) and 28% (684/ 2465), respectively, for all other counties. Counties with higher proportions of black people have higher prevalence of comorbidities and greater air pollution. Counties with higher proportions of black residents had more COVID-19 diagnoses (RR 1.24, 95% CI 1.17-1.33) and deaths (RR 1.18, 95% CI 1.00-1.40), after adjusting for county-level characteristics such as age, poverty, comorbidities, and epidemic duration. COVID-19 deaths were higher in disproportionally black rural and small metro counties. The PAF of COVID-19 diagnosis due to lack of health insurance was 3.3% for counties with <13% black residents and 4.2% for counties with >13% black residents. Conclusions: Nearly twenty-two percent of US counties are disproportionately black and they accounted for 52% of COVID-19 diagnoses and 58% of COVID-19 deaths nationally. County-level comparisons can both inform COVID-19 responses and identify epidemic hot spots. Social conditions, structural racism, and other factors elevate risk for COVID-19 diagnoses and deaths in black communities.	This paper is important to the community assessment because it provides background on the disproportionate burden of COVID-19 among Black communities in the U.S. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced. It raises issues of equity and unmet needs.	Black/African-American; Equity; Mapping (GIS; Hot Spot; geography); Racism (race; racial; racist); Rural; Violence (child maltreatment; domestic; gender-based; intimate partner; sexual)	African-American; Black; COVID-19; disparity; race

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Minkler, Griffin & Wakimoto	Seizing the Moment: Policy Advocacy to End Mass Incarceration in the Time of COVID-19:	Health Education & Behavior	The mass human and economic casualties wrought by the COVID-19 pandemic laid bare the deep inequities at the base of the disproportionate losses and suffering experienced by diverse U.S. populations. But the urgency and enormity of unmet needs requiring bold policy action also provided a unique opportunity to learn from and partner with community-based organizations that often are at the frontlines of such work. Following a review of Kingdon's model of the policy-making process, we illustrate how a partnership in a large California county navigated the streams in the policy-making process and used the window of opportunity provided by the pandemic to address a major public health problem: the incarceration of over 2 million people, disproportionately African American and Latinx, in overcrowded, unsafe jails, prisons, and detention centers. We highlight tactics and strategies used, challenges faced, and implications for health educators as policy advocates during and beyond the pandemic.	This report is relevant to the community assessment in providing a case example of policy that can improve care and mitigate the risks of COVID-19 exposure due to incarceration. While not specific to MCH populations, it may serve as an exemplary partnership for policy to improve care for vulnerable MCH populations facing current/recent incarceration and might benefit from telehealth.	Equity; Incarceration (jail; prison; detention; correctional)	
Minkoff, H.	You Don't Have to Be Infected to Suffer: COVID-19 and Racial Disparities in Severe Maternal Morbidity and Mortality	American Journal of Perinatology	Both coronavirus disease 2019 (COVID-19) and maternal mortality disproportionately affect minorities. However, direct viral infection is not the only way that the former can affect the latter. Most adverse maternal events that end in hospitals have their genesis upstream in communities. Hospitals often represent a last opportunity to reverse a process that begins at a remove in space and time. The COVID-19 pandemic did not create these upstream injuries, but it has brought them to national attention, exacerbated them, and highlighted the need for health care providers to move out of the footprint of their institutions. The breach between community events that seed morbidity and hospitals that attempt rescues has grown in recent years, as the gap between rich and poor has grown and as maternity services in minority communities have closed. COVID-19 has become yet another barrier. For example, professional organizations have recommended a reduced number of prenatal visits, and the platforms hospitals use to substitute for some of these visits are not helpful to people who either lack the technology or the safe space in which to have confidential conversations with providers. Despite these challenges, there are opportunities for departments of obstetrics and gynecology. Community-based organizations including legal professionals, health-home coordinators, and advocacy groups, surround almost every hospital, and can be willing partners with interested departments. COVID-19 has made it clearer than ever that it is time to step out of the footprint of our institutions, and to recognize that the need to find upstream opportunities to prevent downstream tragedies.	This paper addresses the following KEY POINTS: (1)COVID-19 will exacerbate disparities in perinatal outcomes. (2) The virus, per se, is not the pandemic's biggest threat to the health of minority women. (3) The solution to maternal mortality cannot be found within the walls of hospitals.	Barriers; Community; Equity; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Racism (race; racial; racist)	

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Moore et al.	Six feet apart or six feet under: The impact of COVID-19 on the Black community	Death Studies	To date, 110,000+ people in the United States have died from the COVID-19 pandemic. In this paper, the authors will discuss COVID-19 relative to Black people and their overrepresentation among those who are infected and died from the disease. Their dying, death, and grief experiences are explored through a cultural and spiritual lens. The physical distancing, social isolation, misinformation, and restrictive burials and cremations now elicited by this unprecedented pandemic have had diminished familial, cultural, emotional, and economic impacts on the Black community. Implications for public health and Black peoples' involvement in the political process are also addressed.	This paper is important to the community assessment because it provides background on the disproportionate burden of COVID-19 among Black communities in the U.S. that stem from racism, violence, and systemic barriers in access to care. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced. This report contains illustrative quotes and stories that may be incorporated into assessment reports as HRSA has indicated an interest in stories from the field. It elevates the need for mental health and psychosocial support that is culturally appropriate (e.g., meeting spiritual needs) and raises opportunities to think about how telehealth and other remote care might be part of these kinds of community support among pregnant and parenting families.	Black/African-American; Community	

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Murphy, Helen R.	Managing Diabetes in Pregnancy Before, During, and After COVID-19	Diabetes Technology & Therapeutics	Background: Pregnant women with diabetes are identified as being more vulnerable to the severe effects of COVID-19 and advised to stringently follow social distancing measures. Here, we review the management of diabetes in pregnancy before and during the lockdown. Methods: Majority of antenatal diabetes and obstetric visits are provided remotely, with pregnant women attending hospital clinics only for essential ultrasound scans and labor and delivery. Online resources for supporting women planning pregnancy and for self-management of pregnant women with type 1 diabetes (T1D) using intermittent or continuous glucose monitoring are provided. Retinal screening procedures, intrapartum care, and the varying impact of lockdown on maternal glycemic control are considered. Alternative screening procedures for diagnosing hyperglycemia during pregnancy and gestational diabetes mellitus (GDM) are discussed. Case histories describe the remote initiation of insulin pump therapy and automated insulin delivery in T1D pregnancy. Results: Initial feedback suggests that video consultations are well received and that the patient experiences for women requiring face-to-face visits are greatly improved. As the pandemic eases, formal evaluation of remote models of diabetes education and technology implementation, including women's views, will be important. Conclusions: Research and audit activities will resume and we will find new ways for supporting pregnant women with diabetes to choose their preferred glucose monitoring and insulin delivery.	This report describes current guidance for care of diabetes during pregnancy. For the community assessment, it is useful to think about home-based monitoring options for high risk pregnancies during COVID-19. It is more relevant to the provider assessment, but may be helpful in thinking through connections between clinic-to-community based care.	Native/Indigenous; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	Female; Humans; Adult; Pregnancy; Prenatal Care; Diabetes Mellitus, Type 2; Pregnancy Complications, Infectious; Pregnancy in Diabetics; Diabetes, Gestational; Type 2 diabetes; COVID-19; Pandemics; Telemedicine; Betacoronavirus; Coronavirus Infections; Pneumonia, Viral; Gestational diabetes; Blood Glucose Self-Monitoring; Closed-loop; Continuous glucose monitoring; Diabetes Mellitus, Type 1; Diabetes pregnancy; Hypoglycemic Agents; Insulin; Insulin Infusion Systems; Insulin pump therapy; Self-Management; Type 1diabetes
Nanavaty, J.	Volunteerism during COVID-19	Public Health Nursing	Health care workers have been asked to do their part to make a difference and give back to their community. This personal reflection is a result of an experience as a medical reserve corps nurse volunteer for a local health department in the northeastern United States. Volunteering resulted in positive social and personal benefits for me. It inspired a sense of pride in helping others and knowing that someone's well-being may be enhanced. The individuals whom I spoke with via the phone appreciated the concern for their health, and some individuals seemed to enjoy the interaction with another person, possibly due to their isolation. Descriptions of interactions via phone calls with coronavirus positive individuals are provided that support the benefits of volunteering. Volunteerism has personal value in its ability to inspire someone to continue to make an impact. Volunteerism allowed me to give to others and to gain a sense of purpose.	This reflects a contact tracer's experience communicating over the phone with COVID-19 + individuals. Perhaps useful for the clinician assessment, demonstrating positive perceptions of providers.	Community	benefits of volunteerism; coronavirus; nurse; volunteerism

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Niles et al.	Reflecting on Equity in Perinatal Care During a Pandemic	Health Equity	Growing discourse around maternity care during the pandemic offers an opportunity to reflect on how this crisis has amplified inequities in health care. We argue that policies upholding the rights of birthing people, and policies decreasing the risk of COVID-19 transmission are not mutually exclusive. The explicit lack of standardization of evidence-based maternity care, whether expressed in clinical protocols or institutional policy, has disproportionately impacted marginalized communities. If these factors remain unexamined, then it would seem that equity is not the priority, but retaining power and control is. We advocate for a comprehensive understanding of how this pandemic has revealed our deepest failures.	This article addresses the idea that the COVID-19 safety policies are not ethically correct and negatively impact Black and Brown families specifically. The idea that fear has been weaponized in order to allow harmful policies to be passed is an important concept that needs to be considered when deciding how to speak to the providers and mothers about COVID-19.	Equity; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction)	
Nouhjah, S; Jahanfar, S; & Shahbazian, H	Temporary changes in clinical guidelines of gestational diabetes screening and management during COVID-19 outbreak: A narrative review	Diabetes & Metabolic Syndrome	BACKGROUND AND AIMS: New clinical approaches are needed to minimize complications of gestational diabetes during the COVID-19 outbreak with timely screening and proper management. The present study aims to highlight changes in the clinical guideline for gestational diabetes during the pandemic. METHODS: In a narrative review, multiple databases were searched. Furthermore, online searches were conducted to identify guidelines or support documents provided by NGOs, local health authorities, and societies and organizations in the field of diabetes and obstetrics. RESULTS: We included five national guidelines that were published in English from Canada, the United Kingdom, Australia, New Zealand, and Australia health agencies. FBG, A1C, RPG were recommended as alternative tests instead of a 2-h oral glucose tolerance test (OGGT) for GDM screening at 24-28 weeks of gestation. Recommendations also included a deferral of postpartum screening till the end of the pandemic, or postponement of testing to 6-12 months after delivery, use telemedicine and telecare. CONCLUSIONS: Updated temporary changes in clinical guidelines are sensible and accommodates social distancing and minimizes risk of exposure to COVID-19. Despite many unsolved controversies in screening, treatment, and follow-up of gestational diabetes, it seems involvement with novel coronavirus have made a reach to a global agreement simpler.	This is not necessarily pertinent information for the intervention; however, this research can be used to help guide the OB/GYNs when working with the expecting mothers.	Native/Indigenous; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	COVID-19; Clinical guidelines; Gestational diabetes; Narrative review

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Okonkwo et al.	COVID-19 and the US response: accelerating health inequities	BMJ evidence-based medicine	Health inequities have long defined health and the healthcare system in the USA. The clinical and research capacity across the USA is unparalleled, yet compared to other high and even some middle-income countries, the average health indicators of the population remain suboptimal in 2020, a finding at least in part explained by inequity in healthcare access. In this context, COVID-19 has rapidly emerged as a major threat to the public's health. While it was initially thought that severe acute respiratory syndrome coronavirus 2 would be the great equalizer as it would not discriminate, it is clear that COVID-19 incidence and mortality have rapidly reinforced health disparities drawn by historical and contemporary inequities. Here, we synthesize the data highlighting specific risks among particular marginalized and under-resourced communities including those in jails, prisons and detention centers, immigrants and the undocumented, people with disabilities and people experiencing homelessness across the USA. The drivers of these disparities are pervasive structural risks including limited access to preventive services, inability to comply with physical distancing recommendations, underlying health disparities and intersecting stigmas particularly affecting racial and ethnic minorities across the country, including African Americans, Latinx Americans and Native Americans. Advancing the COVID-19 response, saving lives and restarting the economy necessitate rapidly addressing these inequities rather than ignoring and even reinforcing them.	This report specifies the structural factors that are impacting marginalized individuals including limited access to preventive services, inability to comply with physical distancing recommendations, underlying health disparities and intersecting stigmas particularly affecting racial and ethnic minorities across the country, including African Americans, Latinx Americans and Native Americans. By pinpointing the main risks individuals face we can ensure our program addresses a number of these risks.	Black/African-American; Disability/ Accessibility; Equity; Immigration/Citizenship; Incarceration (jail; prison; detention; correctional); Latinx/Hispanic; Native/Indigenous; Transportation/ Spatial (location; mobility; housing; homeless)	delivery of healthcare; healthcare quality, access, and evaluation; infectious disease medicine; public health; socioeconomic factors

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Palimaru et al.	Promising practices for telemedicine implementation		As part of the Sustainable Models of Telehealth in the Safety Net initiative process evaluation, staff from health centers in California described numerous promising practices that facilitated telemedicine implementation. In the context of the initiative, a promising practice was defined as a practice that shows potential to support the growth and sustainability of telemedicine programs in safety-net settings. Promising practices are associated with successful outcomes in certain circumstances. However, there is not yet sufficient evidence to prove that they will be effective across settings. The practices discussed in this report fall into the following categories: practices to reduce or manage no-shows, practices to facilitate communication between primary care providers and specialists, practices for negotiating favorable contracts with telemedicine providers, practices to reduce obligations for on-site staff, practices to improve patient buy-in for telemedicine, practices to improve provider buy-in for telemedicine, practices to improve sustainability, and miscellaneous practices. Key Findings: Reducing no-show rates was a priority for many telemedicine coordinators. All participating health centers described efforts to offer transportation support between patients' homes and the health center, attempted to schedule other patient encounters on the day of the telemedicine visit to increase efficiency and save patients multiple trips, and reminded patients about upcoming appointments and asked them to confirm their attendance. Communication problems between providers resulted in poor coordination of services. Some health centers assigned telemedicine coordinators or medical assistants to monitor the return of laboratory tests, notify primary care providers (PCPs) about results, and notify patients about next steps. Other health centers encouraged direct communication between PCPs and telemedicine providers by giving telemedicine providers access to the health center's electronic medical record system and ensuring that contracts with telemedicine vendors included language requiring opportunities for clarification about diagnoses, treatment plans, and follow-up questions. Health centers found it difficult to negotiate contracts with telemedicine providers. Although most health centers paid telemedicine providers for blocks of time regardless of the number of visits that occurred, three health centers negotiated contracts in which the telemedicine provider was paid for completed visits. This model was considered to be more sustainable for health centers because they were not penalized for no-shows and telemedicine providers had greater incentive to be productive.	This RAND report is a high-quality implementation guide with emerging best practices. The report addresses the following questions: (1) What types of practices were perceived to be promising? (2) What goals were each practice supposed to accomplish? (3) What was the context in which each practice seemed to be suitable? A key resource for all MTAP working groups.	Racism (race; racial; racist); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	

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Peahl et al.	Prenatal Care Redesign: Creating Flexible Maternity Care Models Through Virtual Care	American Journal of Obstetrics and Gynecology	Each year, over 98% of the almost 4 million pregnant patients in the United States receive prenatal care—a crucial preventive service to improve outcomes for moms and babies. National guidelines currently recommend 12-14 in-person prenatal visits, a schedule unchanged since 1930. In scrutinizing the standard prenatal visit schedule, it quickly becomes clear that prenatal care is overdue for a redesign. We have strong evidence of the benefit of many prenatal services, like screening for gestational diabetes and maternal vaccination. Yet how to deliver these services is much less clear. Studies of prenatal services consistently demonstrate such care can be delivered in fewer than 14 visits, and that we do not need to provide all maternity services in person. Telemedicine has emerged as a promising care delivery option for patients seeking greater flexibility, and early trials leveraging virtual care and remote monitoring have shown positive maternal and fetal outcomes with high patient satisfaction. Our institution has worked for the past year on a new prenatal care pathway. Our initial work assessed the literature, elicited patient perspectives, and captured the insights of experts in patient-centered care delivery. Two key principles emerged to inform prenatal care redesign: 1) design care delivery around essential services, using in-person care for services that cannot be delivered remotely and offering video visits for other essential services; and 2) create flexible services for anticipatory guidance and psychosocial support that allow patients to tailor support to meet their needs through opt-in programs. The rise of COVID-19 prompted us to extend this early work and rapidly implement a redesigned prenatal care pathway. In this paper, we outline our experience rapidly transitioning prenatal care to a new model with 4 in-person visits, 1 ultrasound visit, and 4 virtual visits (the 4-1-4 prenatal plan). We then explore how lessons from this implementation can inform patient-centered prenatal care redesign during and beyond the COVID-19 pandemic.	This report describes development of guidelines for prenatal care during COVID-19. They present a 4-1-4 prenatal plan that integrates in-person and remote care. It is more relevant to the provider assessment, but may be helpful in thinking through connections between clinic-to-community based care.	Mental Health; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	prenatal care; COVID-19; patient-centered care; care delivery; gestational diabetes screening; postpartum care; telemedicine; ultrasound; vaccination

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Peters, D.	Community Susceptibility and Resiliency to COVID-19 Across the Rural-Urban Continuum in the United States	The Journal of Rural Health: Official Journal of the American Rural Health Association and the National Rural Health Care Association	PURPOSE: This study creates a COVID-19 susceptibility scale at the county level, describes its components, and then assesses the health and socioeconomic resiliency of susceptible places across the rural-urban continuum. METHODS: Factor analysis grouped 11 indicators into 7 distinct susceptibility factors for 3,079 counties in the conterminous United States. Unconditional mean differences are assessed using a multivariate general linear model. Data from 2018 are primarily taken from the US Census Bureau and CDC. RESULTS: About 33% of rural counties are highly susceptible to COVID-19, driven by older and health-compromised populations, and care facilities for the elderly. Major vulnerabilities in rural counties include fewer physicians, lack of mental health services, higher disability, and more uninsured. Poor Internet access limits telemedicine. Lack of social capital and social services may hinder local pandemic recovery. Meat processing facilities drive risk in micropolitan counties. Although metropolitan counties are less susceptible due to healthier and younger populations, about 6% are at risk due to community spread from dense populations. Metropolitan vulnerabilities include minorities at higher health and diabetes risk, language barriers, being a transportation hub that helps spread infection, and acute housing distress. CONCLUSIONS: There is an immediate need to know specific types of susceptibilities and vulnerabilities ahead of time to allow local and state health officials to plan and allocate resources accordingly. In rural areas it is essential to shelter-in-place vulnerable populations, whereas in large metropolitan areas general closure orders are needed to stop community spread. Pandemic response plans should address vulnerabilities.	This report may be useful in considering methods to prioritize communities in need of MCH-specific telehealth interventions during COVID-19. It provides a description of vulnerability (COVID-19 susceptibility scale) including barriers to access to telehealth in rural areas. The authors call for understanding risk factors as a means to allocate rapid response resources, and that rural areas and urban areas have different needs and so different responses are appropriate. They recommend that in rural areas, shelter-in-place is needed for most vulnerable populations, but in urban areas, general closure orders are needed to stop community spread. The report includes maps representing spatial density of COVID-19 susceptibility, using their scale. Table 2 summarizes Resiliency Factors, which includes broadband access.	Barriers; Communication; Community; Disability/Accessibility; Mapping (GIS; Hot Spot; geography); Mental Health; Rural; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual) ; Transportation/ Spatial (location; mobility; housing; homeless)	Age Factors; Betacoronavirus; community resiliency; Coronavirus Infections; county; COVID-19; Health Services Accessibility; Health Status; Humans; Mental Health; Pandemics; Pneumonia, Viral; Rural Population; rural-urban; Social Capital; Social Work; Socioeconomic Factors; susceptibility; United States; Urban Population
Poteat et al.	Understanding COVID-19 risks and vulnerabilities among black communities in America: the lethal force of syndemics	Annals of Epidemiology	Black communities in the United States are bearing the brunt of the COVID-19 pandemic and the underlying conditions that exacerbate its negative consequences. Syndemic theory provides a useful framework for understanding how such interacting epidemics develop under conditions of health and social disparity. Multiple historical and present-day factors have created the syndemic conditions within which black Americans experience the lethal force of COVID-19. These factors include racism and its manifestations (e.g., chattel slavery, mortgage redlining, political gerrymandering, lack of Medicaid expansion, employment discrimination, and health care provider bias). Improving racial disparities in COVID-19 will require that we implement policies that address structural racism at the root of these disparities.	This is a theoretical report describing the potential of employing syndemics theory to inform prioritization of programs and to advocate for fundamental structural changes in the delivery of care in Black communities as a way to dismantle racism. Syndemics theory may be helpful to the Implementation and Evaluation team as they consider methodologies to determine prioritization of funding and measuring impact.	Black/African-American; Equity; Racism (race; racial; racist)	Black Americans; COVID-19; Health disparities; HIV; Syndemic theory

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Premkumar et al.	Home Birth in the Era of COVID-19: Counseling and Preparation for Pregnant Persons Living with HIV	American Journal of Perinatology	With the coronavirus disease 2019 (COVID-19) pandemic in the United States, a majority of states have instituted "shelter-in-place" policies effectively quarantining individuals-including pregnant persons-in their homes. Given the concern for COVID-19 acquisition in health care settings, pregnant persons with high-risk pregnancies-such as persons living with HIV (PLHIV)-are increasingly investigating the option of a home birth. Although we strongly recommend hospital birth for PLHIV, we discuss our experience and recommendations for counseling and preparation of pregnant PLHIV who may be considering home birth or at risk for unintentional home birth due to the pandemic. We also discuss issues associated with implementing a risk mitigation strategy involving high-risk births occurring at home during a pandemic.	COVID-19 has increased interest in home birth. Women living with HIV are pursuing home birth. Safe planning is paramount for women living with HIV desiring home birth, despite recommending against the practice. Table 1 summarizes components of counseling for pregnant persons living with HIV who are choosing home birth.	Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction)	
Puro & Feyereisen	Telehealth Availability in US Hospitals in the Face of the COVID-19 Pandemic	The Journal of Rural Health: Official Journal of the American Rural Health Association and the National Rural Health Care Association	BACKGROUND: Telehealth is likely to play a crucial role in treating COVID-19 patients. However, not all US hospitals possess telehealth capabilities. This brief report was designed to explore US hospitals' readiness with respect to telehealth availability. We hope to gain deeper insight into the factors affecting possession of these valuable capabilities, and how this varies between rural and urban areas. METHODS: Based on 2017 data from the American Hospital Association survey, Area Health Resource Files and Medicare cost reports, we used logistic regression models to identify predictors of telehealth and eICU capabilities in US hospitals. RESULTS: We found that larger hospitals (OR(telehealth) = 1.013; P < .01) and system members (OR(telehealth) = 1.55; P < .01) (OR(eICU) = 1.65; P < .01) had higher odds of possessing telehealth and eICU capabilities. We also found evidence suggesting that telehealth and eICU capabilities are concentrated in particular regions; the West North Central region was the most likely to possess capabilities, given that these hospitals had higher odds of possessing telehealth (OR = 1.49; P < .10) and eICU capabilities (OR = 2.15; P < .05). Rural hospitals had higher odds of possessing telehealth capabilities as compared to their urban counterparts, although this relationship was marginally significant (OR = 1.34, P < .10). CONCLUSIONS: US hospitals vary in their preparation to use telehealth to aid in the COVID-19 battle, among other issues. Hospitals' odds of possessing the capability to provide such services vary largely by region; overall, rural hospitals have more widespread telehealth capabilities than urban hospitals. There is still great potential to expand these capabilities further, especially in areas that have been hard hit by COVID-19.	This report describes barriers in access to telehealth capabilities by rural/urban geographic distribution. It includes a map of telehealth availability across U.S. and rural settings. Mapping and geographic/spatial analyses will be an important tool in identifying priority areas in need of funding.	Mapping (GIS; Hot Spot; geography); Rural; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	access to care; COVID-19; demography; technology; telehealth

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Purtle, J.	COVID-19 and mental health equity in the United States	Social Psychiatry and Psychiatric Epidemiology	The COVID-19 pandemic is likely to have profound mental health impacts that pervade racial, ethnic, and class lines in the United States. Past disasters and public health emergencies, however, suggest that socially disadvantaged groups (e.g., racial/ethnic minorities, people with low income) will experience more psychiatric morbidity related to the pandemic than socially advantaged groups. The origins of these disparities are structural in nature. Historically produced arrangements of power and privilege provide socially advantaged groups with more resources to limit their exposure to, and cope with, stressors caused by disaster. Although racial/ethnic minorities have lower lifetime prevalence rates of mood and anxiety disorders than non-Hispanic whites in the United States, while low-income groups have higher rates, there are specific aspects of the COVID-19 pandemic that could cause it to have disproportionately adverse impacts on the mental health of racial/ethnic minorities as well as low-income populations. This Commentary highlights two of these aspects—financial insecurity and grief—and depicts the COVID-19 pandemic from a mental health equity perspective. The goal is to orient future psychiatric research about mental health equity and COVID-19, and extend discourse about the disparate impacts of the pandemic to the domain of mental health. I focus on Blacks, Hispanics, and low-income populations as socially disadvantaged groups because they represent large, and often overlapping, segments of the U.S. population that have been historically marginalized. I use the United States as a case study, but the issues identified are likely applicable to other developed countries with high levels of social and economic income inequality.	This article addresses the mental health of minorities during the COVID-19 crisis. Minority individuals seem to be disproportionately impacted by mental health conditions during this crisis. The stress that comes with financial hardship along with the grief many are experiencing with the increased mortalities in minority communities are the main contributors to these new mental health conditions.	Black/African-American; Equity; Latinx/Hispanic; Mental Health	

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Ramirez et al.	Telemedicine in Minority and Socioeconomically Disadvantaged Communities Amidst COVID-19 Pandemic	Otolaryngology--Head and Neck Surgery: Official Journal of American Academy of Otolaryngology-Head and Neck Surgery	In the wake of the COVID-19 pandemic, many otolaryngology practices worldwide have chosen to shift their consultations from in-person to telemedicine. The addition of the telemedicine model has allowed many physicians to resume their clinical duties while maintaining social distancing. Access to telemedicine generally relies on the patient's ability to obtain and use technology-factors that are usually dictated by age, education, and socioeconomic status. The Rio Grande Valley, the home of the South Texas Sinus Institute, is a border community situated on the southern tip of Texas. The population is predominantly Hispanic, Spanish speaking, and of a lower socioeconomic level. The aim of this commentary is to describe the effects of the transition to telemedicine in a vulnerable community and the possible improvements that could be made to facilitate access to this resource.	This paper is critically important for the community assessment in that it outlines digital literacy as a major barrier in access to care. "Being at the forefront of such a vulnerable population it is imperative to ensure that disenfranchised patients not be further left being with the increased implementation of telehealth." Widespread telehealth use has the potential to worsen health inequities and disparities. Implementation of telehealth among Spanish speaking families in S. Texas (otolaryngology) has been challenging. Quality TM requires stable internet connection, access to phone or computer, basic electronic/digital literacy; financial barriers to tech - these are key barriers. Cultural perception of TM among Latinx population is significant due to concerns about surveillance. This report is relevant to understanding unmet needs and barriers to access of telehealth for the community assessment. The findings of this report are relevant to acceptability, feasibility, training needs, and supplies for prenatal telehealth during COVID-19. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced. This report may be helpful to the Implementation and Evaluation team as they consider methodologies to determine prioritization of funding and measuring impact (i.e., increase in digital literacy; increase in acceptability; increase in language accessibility).	Communication; Community; Latinx/Hispanic; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	clinical otolaryngology; COVID-19; health disparities; otolaryngology; sinus; smartphones; social determinants of health; socioeconomics; technology; telehealth; telemedicine

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Reisman & Wexler	Covid-19: Exposing the Lack of Evidence-Based Practice in Medicine	The Hastings Center Report	The Covid-19 pandemic has altered the shape of medicine, making in-person interactions risky for both patients and health care workers. Now, before scheduling in-person appointments or procedures, physicians are forced to reconsider if they are truly necessary. The pandemic has thus thrown into relief the difference between evidence-based medical care and traditional aspects of care that lack a strong evidentiary component. In this essay, we demonstrate how this has played out in prenatal care, as well as in other aspects of medical care, during the pandemic. The extent to which these changes will persist beyond the most emergent phases of the pandemic is not clear, though insurance reimbursement practices and patient expectations will be determining factors. One thing, however, is certain: the longer the pandemic continues, the more difficult it will be for providers and patients to return to pre-Covid norms.	This article critically looks at the in-person model of doctor's appointments to where we are now during COVID-19. Specifically, in prenatal care, we have seen that tele medical visits can replace many of the appointments typically conducted in person.	Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Racism (race; racial; racist)	health policy; prenatal care; telemedicine; Covid-19; evidence-based medicine
Rochelson et al.	The care of pregnant women during the COVID-19 pandemic - response of a large health system in metropolitan New York	Journal of Perinatal Medicine	The rapid progression of the coronavirus disease 2019 (COVID-19) outbreak presented extraordinary challenges to the US health care system, particularly straining resources in hard hit areas such as the New York metropolitan region. As a result, major changes in the delivery of obstetrical care were urgently needed, while maintaining patient safety on our maternity units. As the largest health system in the region, with 10 hospitals providing obstetrical services, and delivering over 30,000 babies annually, we needed to respond to this crisis in an organized, deliberate fashion. Our hospital footprint for Obstetrics was dramatically reduced to make room for the rapidly increasing numbers of COVID-19 patients, and established guidelines were quickly modified to reduce potential staff and patient exposures. New communication strategies were developed to facilitate maternity care across our hospitals, with significantly limited resources in personnel, equipment, and space. The lessons learned from these unexpected challenges offered an opportunity to reassess the delivery of obstetrical care without compromising quality and safety. These lessons may well prove valuable after the peak of the crisis has passed.	This report lays out how this system of hospitals implemented the telehealth program for their female patients. Although it was implemented because of necessity, they mention that telehealth is a valid and needed healthcare platform due to its convenience for the patient.	Communication; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction)	Female; Humans; Pregnancy; Delivery, Obstetric; Health Services Accessibility; Urban Health Services; Maternal Health Services; Obstetrics and Gynecology Department, Hospital; Urban Health; Hospitals, Urban; New York; Health Care Rationing; COVID-19; Pandemics; Telemedicine; Betacoronavirus; Coronavirus Infections; Pneumonia, Viral; coronavirus in pregnancy; large health system

Author	Report Title	Publication Title	Abstract Note	Community Assessment Notes	Assessment Tags	Automatic Tags
Rodriguez, Hill & McDaniel	A Scoping Review of Literature About Mental Health and Well-Being Among Immigrant Communities in the United States	Health Promotion Practice	Immigration-both the experience of migrating and events after migration-can affect the mental health and well-being of immigrants and their communities. However, evidence suggests that immigrants in the United States do not access mental health services to the same extent as nonimmigrants. In particular, immigrant adolescents and young adults may have unique stressors related to their developmental stage, experiences in school and with peer groups, and shifting roles within family systems. This scoping review summarizes findings from published research studies and practitioner-focused gray literature about the mental health needs of immigrant communities in the United States. The review finds that specific mental health needs vary across factors like age, racial/ethnic group, immigration status, and place of residency. Findings also indicate that structural factors like immigration-related laws affect both access to mental health services and stressors in the overall environment for immigrants and their families. This review also explores models of community-level initiatives that utilize strengths-based approaches to promoting mental health and well-being among immigrant communities. Findings highlight the need for a better understanding of the mental health needs and current barriers to care among diverse immigrant populations, as immigration continues to play a major role in U.S. public policy and discourse. The COVID-19 pandemic taking place as this article goes to press in 2020 also raises questions regarding health equity and access for marginalized populations, including immigrants and their communities, and so these findings also indicate the need for further interdisciplinary research to assess intersections among the pandemic's many impacts, including those related to mental health and well-being.	This report contributes to the work of the community assessment by describing unmet mental health and psychosocial needs of immigrants and their communities. It presents a conceptual model to provide an understanding of the intersectionality and structural violence that immigrant communities are facing during the COVID-19 pandemic. This model captures many of the issues within a social ecological framework and is a helpful example of thinking about how applicants and funded organizations may conceptualize their programs and potential impact. It also reinforces the unmet needs and structural barriers to MCH services within these communities that are often neglected. Pregnant, birthing, and lactating parents have unique physical and mental health needs during the perinatal period. Situating these needs with a social ecological model can enhance prioritization, program planning, and evaluation of impact.	Barriers; Communication; Community; Equity; Immigration/ Citizenship; Mental Health; Native/Indigenous;	health disparities; health research; international/cross-cultural health; minority health; qualitative research; social determinants of health

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Rodriguez-Lonebear et al.	American Indian Reservations and COVID-19: Correlates of Early Infection Rates in the Pandemic	Journal of public health management and practice: JPHMP	OBJECTIVE: To determine the household and community characteristics most closely associated with variation in COVID-19 incidence on American Indian reservations in the lower 48 states. DESIGN: Multivariate analysis with population weights. SETTING: Two hundred eighty-seven American Indian Reservations and tribal homelands (in Oklahoma) and, as of April 10, 2020, 861 COVID-19 cases on these reservation lands. MAIN OUTCOME MEASURES: The relationship between rate per 1000 individuals of publicly reported COVID-19 cases at the tribal reservation and/or community level and average household characteristics from the 2018 5-Year American Community Survey records. RESULTS: By April 10, 2020, in regression analysis, COVID-19 cases were more likely by the proportion of homes lacking indoor plumbing (10.83, P = .001) and were less likely according to the percentage of reservation households that were English-only (-2.43, P = .03). Household overcrowding measures were not statistically significant in this analysis (-6.40, P = .326). CONCLUSIONS: Failure to account for the lack of complete indoor plumbing and access to potable water in a pandemic may be an important determinant of the increased incidence of COVID-19 cases. Access to relevant information that is communicated in the language spoken by many reservation residents may play a key role in the spread of COVID-19 in some tribal communities. Household overcrowding does not appear to be associated with COVID-19 infections in our data at the current time. Previous studies have identified household plumbing and overcrowding, and language, as potential pandemic and disease infection risk factors. These risk factors persist. Funding investments in tribal public health and household infrastructure, as delineated in treaties and other agreements, are necessary to protect American Indian communities.	This report provides data to understand the context of COVID-19 hot spots and disparities among Native American communities living in reservations in the lower 48 states. The report outlines specific implications for policy practice (p. 376), which may be instructive for the community assessment recommendations. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced. The findings of this report are relevant to acceptability, feasibility, training needs, and supplies for prenatal telehealth during COVID-19. Both digital literacy and language accessibility are highlighted as unmet needs and potential barriers to telehealth care.	Community; Native American/Indigenous	Adult; Betacoronavirus; Coronavirus Infections; Female; Humans; Indians, North American; Male; Pandemics; Pneumonia, Viral; United States

Author	Report Title	Publication Title	Abstract Note	Community Assessment Notes	Assessment Tags	Automatic Tags
Romanis, Parsons & Hodson	COVID-19 and reproductive justice in Great Britain and the United States: ensuring access to abortion care during a global pandemic	Journal of Law and the Biosciences	In this paper we consider the impact that the COVID-19 pandemic is having on access to abortion care in Great Britain (GB) (England, Wales, and Scotland) and the United States (US). The pandemic has exacerbated problems in access to abortion services because social distancing or lockdown measures, increasing caring responsibilities, and the need to self-isolate are making clinics much more difficult to access, and this is when clinics are able to stay open which many are not. In response we argue there is a need to facilitate telemedical early medical abortion in order to ensure access to essential healthcare for people in need of terminations. There are substantial legal barriers to the establishment of telemedical abortion services in parts of GB and parts of the US. We argue that during a pandemic any restriction on telemedicine for basic healthcare is an unjustifiable human rights violation and, in the US, is unconstitutional.	Access to abortion care is essential and has been limited due to the COVID pandemic. This article discusses the legal issues we face attempting to offer abortion care via telemedicine, on the other hand, it addresses the constitutional violations we would face of abortion services are not offered at all due to COVID-19.	Barriers; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	
Rosenberg et al.	COVID-19 and Hidden Housing Vulnerabilities: Implications for Health Equity, New Haven, Connecticut	AIDS and Behavior	COVID-19 has laid bare our connectedness, with early maps demonstrating its movement from person to person and community to community. But over time, the maps have revealed a darker truth, exposing vast inequality and shameful rifts within societies, exemplified in the case of the United States. One such dimension of inequality impacting the pandemic is housing. Our research on housing as a social determinant of HIV risk reveals understudied and neglected housing vulnerabilities that may impact COVID-19 risk.	This article addresses the difficulties some persons face with social distancing in their living situations. Some, like the homeless population and multifamily who live in a single-family home, find it nearly impossible to follow social distancing CDC guidelines. There have been policies, like contracting out hotels for the homeless population, to quickly fix the problem but we still need a long-term solution.	Community; Equity; Mapping (GIS; Hot Spot; geography); Transportation/ Spatial (location; mobility; housing; homeless)	

Author	Report Title	Publication Title	Abstract Note	Community Assessment Notes	Assessment Tags	Automatic Tags
Samuels et al.	Innovation During COVID-19: Improving Addiction Treatment Access	Journal of Addiction Medicine	During the COVID-19 pandemic, many addiction treatment and harm reduction organizations have had to reduce their hours and services for people with substance use disorders, placing these individuals at increased risk of death. In order to address restricted treatment access during COVID-19, guidance from the Substance Abuse Mental Health Services Administration, the US Drug Enforcement Administration, and the US Department of Health and Human Services has allowed for use of audio-only telehealth encounters for buprenorphine induction without requiring an in-person evaluation or video interface. This has enabled innovations in order to try to meet the needs of the most vulnerable among us during the current pandemic. In this new regulatory environment, we established the Rhode Island Buprenorphine Hotline, a phone hotline which functions as a "tele-bridge" clinic where people with moderate to severe opioid use disorder can be linked with a DATA 2000 waivered provider who can provide an initial assessment and, if appropriate, prescribe buprenorphine for unobserved induction and linkage to outpatient treatment. In this correspondence we briefly share our experience developing this commonsense approach to addressing the complex problem of access to treatment only now permissible due to regulatory changes during COVID-19.	This is an excellent review article with specific recommendations for community mental health clinics (CMHC) providing care during COVID-19. The report includes a helpful conceptual model of continuum of CMHC clients during COVID-19, highlighting emergent best practices for underserved communities. For the community assessment, we recommend considering tailoring this approach to MCH populations. The report suggests that telehealth adaptations in community mental health centers (CMHC) for substance use treatment and opioid use may improve the sustainability of care after this pandemic. They support use of telehealth as part of a spectrum of options for remote and in-person care, with greater integration of behavioral and physical healthcare, prevention of viral exposure, increased collaborative decision-making related to long-acting injectable and clozapine use, modifying safety plans and psychiatric advance directives to include new technologies and broader support systems, leveraging natural supports, and integration of digital health interventions.	Addiction/Substance Use; Mental Health; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	

Author	Report Title	Publication Title	Abstract Note	Community Assessment Notes	Assessment Tags	Automatic Tags
Schinköthe et al.	A Web- and App-Based Connected Care Solution for COVID-19 In- and Outpatient Care: Qualitative Study and Application Development	JMIR public health and surveillance	BACKGROUND: From the perspective of health care professionals, coronavirus disease (COVID-19) brings many challenges as well as opportunities for digital health care. One challenge is that health care professionals are at high risk of infection themselves. Therefore, in-person visits need to be reduced to an absolute minimum. Connected care solutions, including telehealth, remote patient monitoring, and secure communications between clinicians and their patients, may rapidly become the first choice in such public health emergencies. OBJECTIVE: The aim of the COVID-19 Caregiver Cockpit (C19CC) was to implement a free-of-charge, web- and app-based tool for patient assessment to assist health care professionals working in the COVID-19 environment. METHODS: Physicians in Argentina, Germany, Iran, Italy, Portugal, Switzerland, and the United States explained their challenges with COVID-19 patient care through unstructured interviews. Based on the collected feedback, the first version of the C19CC was built. In the second round of interviews, the application was presented to physicians, and more feedback was obtained. RESULTS: Physicians identified a number of different scenarios where telemedicine or connected care solutions could rapidly improve patient care. These scenarios included outpatient care, discharge management, remote tracking of patients with chronic diseases, as well as incorporating infected physicians under quarantine into telehealth services. CONCLUSIONS: The C19CC is the result of an agile and iterative development process that complements the work of physicians. It aims to improve the care and safety of people who are infected by COVID-19.	As an emerging innovation for COVID-19, the Caregiver cockpit is an interesting case study of using provider feedback (i.e., physicians) to develop a telehealth/telemedicine solution C19CC, a "cloud-based" telehealth solution. This is potentially an emergent practice, that could be adapted to focus on MCH specific care. This report is relevant to understanding unmet needs and barriers to access of telehealth for the community assessment.	Communication; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	Ambulatory Care; Attitude of Health Personnel; cloud solution; connected care; Coronavirus Infections; COVID-19; eHealth; Hospitalization; Humans; infectious disease; Internet; Mobile Applications; outbreak; pandemic; Pandemics; Physicians; Pneumonia, Viral; public health; Qualitative Research; telecare; telehealth; Telemedicine
Schulz et al.	Moving Health Education and Behavior Upstream: Lessons From COVID-19 for Addressing Structural Drivers of Health Inequities	Health Education & Behavior: The Official Publication of the Society for Public Health Education	In this Perspective, we build on social justice and emancipatory traditions within the field of health education, and the field's long-standing commitment to building knowledge and shared power to promote health equity, to examine lessons and opportunities for health education emerging from the COVID-19 pandemic. Examining patterns that emerged as the pandemic unfolded in Metropolitan Detroit, with disproportionate impacts on African American and low-income communities, we consider conditions that contributed to excess exposure, mortality, and reduced access to critical health protective resources. Using a life course framework, we consider enduring impacts of the pandemic for health equity. Finally, we suggest several strategic actions in three focal areas-environment, occupation, and housing-that can be taken by health educators working in partnership with community members, researchers, and decision makers, using, for example, a community-based participatory research approach, to reduce adverse impacts of COVID-19 and promote long-term equity in health.	Interesting article focused on health education and COVID-19. The end of this article speaks on the lessons learned in Metro Detroit around this issue and how they could have improved on their messaging for the population. This could be used for the project as a starting point.	Black/African-American; Community; Transportation/ Spatial (location; mobility; housing; homeless)	Betacoronavirus; community-based participatory research; Coronavirus Infections; Environment; environmental health; ethnicity; health behavior; Health Education; Health Equity; Housing; Humans; Michigan; Pandemics; Pneumonia, Viral; race; social determinants of health; Social Determinants of Health; Socioeconomic Factors

Author	Report Title	Publication Title	Abstract Note	Community Assessment Notes	Assessment Tags	Automatic Tags
Scott et al.	Advanced Digital Health Technologies for COVID-19 and Future Emergencies	Telemedicine and e-Health	Background: Coronavirus disease 2019 (COVID-19) has led to a national health care emergency in the United States and exposed resource shortages, particularly of health care providers trained to provide critical or intensive care. This article describes how digital health technologies are being or could be used for COVID-19 mitigation. It then proposes the National Emergency Tele-Critical Care Network (NETCCN), which would combine digital health technologies to address this and future crises. Methods: Subject matter experts from the Society of Critical Care Medicine and the Telemedicine and Advanced Technology Research Center examined the peer-reviewed literature and science/technology news to see what digital health technologies have already been or could be implemented to (1) support patients while limiting COVID-19 transmission, (2) increase health care providers' capability and capacity, and (3) predict/prevent future outbreaks. Results: Major technologies identified included telemedicine and mobile care (for COVID-19 as well as routine care), tiered telementoring, telecritical care, robotics, and artificial intelligence for monitoring. Several of these could be assimilated to form an interoperable scalable NETCCN. NETCCN would assist health care providers, wherever they are located, by obtaining real-time patient and supplies data and disseminating critical care expertise. NETCCN capabilities should be maintained between disasters and regularly tested to ensure continual readiness.Conclusions:COVID-19 has demonstrated the impact of a large-scale health emergency on the existing infrastructures. Short term, an approach to meeting this challenge is to adopt existing digital health technologies. Long term, developing a NETCCN may ensure that the necessary ecosystem is available to respond to future emergencies.	This paper describes a structural intervention, NETCCN, which may ensure that the necessary ecosystem is available to respond to future emergencies. It describes available telehealth technologies available that align with COVID-19 prevention. This report not likely relevant to MTAP project in any specific way; however, the programs, pilot studies, and evidence generated may inform programs like NETCCN in the future to take into consideration MCH populations.	Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual); Transportation/ Spatial (location; mobility; housing; homeless)	

Author	Report Title	Publication Title	Abstract Note	Community Assessment Notes	Assessment Tags	Automatic Tags
Shervington & Richardson	Mental health framework: coronavirus pandemic in post-Katrina New Orleans	Journal of Injury & Violence Research	The United Nations Office of Disaster Risk Reduction defines disaster risk as the "likelihood of loss of life, injury or destruction and damage from a disaster in a given period, and a product of the complex interactions that generate conditions of exposure, vulnerability and hazard". Racial and ethnic minorities in the United States have been shown to have increased vulnerability and risk to disasters due to links between racism, vulnerability, and economic power, based on disadvantage related to different disaster stages: 1) reduced perception of personal disaster risk; 2) lack of preparedness; 3) reduced access and response to warning systems; 4) increased physical impacts due to substandard housing; 5) likelihood of poorer psychological outcomes; 6) cultural insensitivity on the part of emergency workers; 7) marginalization, lower socio-economic status, and less familiarity with support resources leading to protracted recovery; and 8) diminished standard of living, job loss, and exacerbated poverty during reconstruction and community rebuilding. Moreover, given that psychiatric morbidity is predictable in populations exposed to disasters, mental health and psychosocial support programs should increasingly become a standard part of a humanitarian response. In the crisis and immediate recovery phase of disasters, the focus should be on making survivors feel safe and giving them assistance in decreasing their anxiety by addressing their basic needs and welfare. So, it is critical that governmental institutions, business, and non-profit organizations proactively find mechanisms to work collaboratively and share resources. Special attention and extra resources must be directed towards vulnerable and marginalized populations. In this editorial we share lessons learned from experiencing disproportionate impact of health crisis and advocate for the notion that recovery efforts must address trauma at individual, interpersonal and community levels, and be based in a healing justice framework.	This paper is helpful for the community assessment in considering how training in the principles of Psychological First Aid may be integrated into doula, midwifery, and lactation support. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced. This report is relevant to understanding unmet needs and barriers to access of telehealth for the community assessment.	Community; Equity; Mental Health; Racism (race; racial; racist); Transportation/ Spatial (location; mobility; housing; homeless)	

Maternal Telehealth Access Project
Literature Scan Executive Summary
Appendix 2. Summary Table of Peer Reviewed Literature

Author	Report Title	Publication Title	Abstract Note	Community Assessment Notes	Assessment Tags	Automatic Tags
Sholas, M.	The actual and potential impact of the novel 2019 coronavirus on pediatric rehabilitation: A commentary and review of its effects and potential disparate influence on Black, Latinx and Native American marginalized populations in the United States	Journal of Pediatric Rehabilitation Medicine	The COVID-19 pandemic has had a significant health impact around the world. In the United States, there has been a difference in infection and death rates for Black Americans and other marginalized groups as compared to White Americans. Although children do not seem to be suffering infection, morbidity and mortality to the same degree as adults, there is concern that COVID-19 could have a disparate impact on children with acquired or congenital disabilities when analyzed through the lens of race and equity. The possibility that there could be a differential effect on rehabilitation services relates to: the risk of familial/parental exposure leading to secondary infection, the negative economic impact of public health measures required to control disease spread, and the pre-existing social factors that impact access to healthcare. Finally, the psychosocial stresses imposed by COVID-19 inflame risk factors for non-accidental injury, which could lead to an increased need for pediatric rehabilitation services in vulnerable populations. It is critical that individual providers, as well as the health systems in which they practice, actively focus on mitigating personal and systemic causes of racial and ethnic health outcome disparities. These efforts need to move beyond a race neutral construct to specifically anti-racist activity.	This article speaks about the impact COVID-19 has had on minority children in the US, especially those with disabilities. These children are especially at risk of have negative outcomes and the government along with parents are responsible for mitigating the risk. This article is more specific than what is needed for this project.	Black/African-American; Disability/ Accessibility; Equity; Latinx/Hispanic; Mental Health; Native/Indigenous; Racism (race; racial; racist); Violence (child maltreatment; domestic; gender-based; intimate partner; sexual)	Black children; coronavirus; COVID-19; disability; equity; function; Health disparities; Latino children; marginalized population; Native American children; pediatrics; rehabilitation

Author	Report Title	Publication Title	Abstract Note	Community Assessment Notes	Assessment Tags	Automatic Tags
Sisk et al.	Pediatrician Attitudes Toward and Experiences With Telehealth Use: Results From a National Survey	Academic Pediatrics	BACKGROUND: The American Academy of Pediatrics 2015 policy statement on telehealth proposed that telehealth could increase access to high-quality pediatric care and that pediatricians should work to reduce barriers to telehealth for their patients. However, little is known about pediatricians' experiences with and attitudes toward telehealth. METHODS: Data from a nationally representative survey of American Academy of Pediatrics post residency US member pediatricians in 2016, restricted to respondents providing direct patient care (n = 744; response rate = 48.7%). Survey collected information on experience with telehealth in the previous 12 months, perceived barriers to telehealth incorporation, and conditions under which nonusers would consider using telehealth. In addition to descriptive statistics, we used multivariable logistic regression to examine characteristics associated with any telehealth experience in the past 12 months. RESULTS: Fifteen percent of pediatricians reported any telehealth use in the 12 months prior to the survey. The most commonly reported barriers to telehealth adoption were insufficient payment and billing issues. Multivariable regression models indicated that pediatricians in rural areas, the West, and subspecialists were most likely to report telehealth use, and identifying barriers was negatively associated with telehealth use. Among nonusers, over half indicated they would consider adopting telehealth if they were paid for the visits. CONCLUSION: Telehealth is considered an important health care delivery mechanism, but only 15% of pediatricians in 2016 reported having used telehealth. Reducing barriers will be instrumental in promoting future telehealth adoption. Many barriers have been reduced during the response to COVID-19, and the impact of these policy changes will need further study.	This study describes the acceptability of telehealth services among pediatric providers during COVID-19. Policy changes are recommended as a means to removing barriers in access to pediatric telehealth services among both providers and service users.	Barriers; Mental Health; Rural; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	Adult; Attitude of Health Personnel; Betacoronavirus; Coronavirus Infections; Female; Humans; Male; Middle Aged; Pandemics; pediatrician survey; Pediatrics; Pneumonia, Viral; Practice Patterns, Physicians'; Surveys and Questionnaires; telehealth; Telemedicine; United States

Author	Report Title	Publication Title	Abstract Note	Community Assessment Notes	Assessment Tags	Automatic Tags
Smith et al.	COVID-19 and telepsychiatry: an evidence-based guidance for clinicians	JMIR mental health	BACKGROUND: COVID-19 presents unique challenges in healthcare, including mental health care provision. Telepsychiatry can provide an alternative to face to face assessment and can also be used creatively with other technologies to enhance care, but clinicians and patients may feel underconfident about embracing this new way of working. OBJECTIVE: The aim was to produce an open access, easy-to-consult and reliable source of information and guidance about telepsychiatry and COVID-19 using an evidence-based approach. METHODS: We systematically searched existing English language guidelines and websites for information on telepsychiatry in the context of COVID-19 up to and including May 2020. We used broad search criteria and included pre-COVID-19 guidelines and also other digital mental health topics where relevant. We summarised the data we extracted as answers to specific clinical questions. RESULTS: Findings from this study are presented as both a short practical checklist for clinicians and a detailed table with a full summary of all the guidelines. The summary tables are also available on an open access webpage (https://oxfordhealthbrc.nihr.ac.uk/our-work/oxppl/table-5-digital-technologies-and-telepsychiatry/) which is regularly updated. These findings reflect the strong evidence base for the use of telepsychiatry and include guidelines for many of the common concerns expressed by clinicians about practical implementation, technology, information governance and safety. CONCLUSIONS: We produced a comprehensive synthesis of guidance answering a wide range of clinical questions in telepsychiatry. This meets the urgent need for practical information for both clinicians and health care organisations who are rapidly adapting to the pandemic and implementing remote consultation. It reflects variations across countries and can be used as a basis for organisational change in the short and longer term. Providing easily accessible guidance is a first step, but will need cultural change to implement, as clinicians start to view telepsychiatry not just as a replacement, but as a parallel and complimentary form of delivering therapy, with its own advantages and benefits as well as restrictions. A combination or hybrid approach can be the most successful approach in the new world of mental health post-COVID-19 and guidance will need to expand to encompass the use of telepsychiatry in conjunction with other in-person and digital technologies, and also its use across all psychiatric disorders, not just those who are the first to access and engage with remote treatment.	This paper may serve as a resource for community care providers and also clinic-based providers. It may be a resource for training as well. It includes summary tables of resources for telepsychiatry: (https://oxfordhealthbrc.nihr.ac.uk/our-work/oxppl/table-5-digital-technologies-and-telepsychiatry/) which is regularly updated.	Communication; Disability/ Accessibility; Mental Health; Native/Indigenous; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	

Author	Report Title	Publication Title	Abstract Note	Community Assessment Notes	Assessment Tags	Automatic Tags
Sneed et al.	Social and psychological consequences of the COVID-19 pandemic in African-American communities: Lessons from Michigan	Psychological Trauma: Theory, Research, Practice and Policy	The mental health consequences of the COVID-19 pandemic are particularly relevant in African-American communities because African-Americans have been disproportionately impacted by the disease, yet they are traditionally less engaged in mental health treatment compared with other racial groups. Using the state of Michigan as an example, we describe the social and psychological consequences of the pandemic on African-American communities in the United States, highlighting community members' concerns about contracting the disease, fears of racial bias in testing and treatment, experiences of sustained grief and loss, and retraumatization of already-traumatized communities. Furthermore, we describe the multilevel, community-wide approaches that have been used thus far to mitigate adverse mental health outcomes within our local African-American communities.	This article describes the unequitable burden of COVID-19 on the mental health of a black population, as well as action steps to promote mental health in this community. This article talks about equity, unmet needs/gaps, and facilitators of equitable care.	Black/African-American; Community; Equity; Mental Health	Adult; African Americans; Community Mental Health Services; Coronavirus Infections; Grief; Healthcare Disparities; Humans; Mental Health Services; Michigan; Pandemics; Pneumonia, Viral; Psychological Trauma; Religion and Psychology
Sood & Sood	Being African American and Rural: A Double Jeopardy From COVID-19	The Journal of Rural Health: Official Journal of the American Rural Health Association and the National Rural Health Care Association	SARS-CoV-2 has upended normal life, as we know it, worldwide. COVID-19 has disproportionately affected African Americans. Rural African American communities, particularly in the southeast, may be at particularly high risk. Explanations for their susceptibility and vulnerability to COVID-19 include social determinants of health, comorbidities, and coexposures, and possibly genetic differences. Innovative preventive and therapeutic interventions targeting the rural African American communities are urgently needed in the fight against COVID-19.	This report addresses the question of why African Americans have such high rates of COVID-19 in the US. They break down African American's susceptibility and vulnerability to COVID-19 include social determinants of health, comorbidities, and coexposures, and possibly genetic differences as the answers.	Black/African-American; Equity; Rural	coexposures; comorbidities; COVID-19; genetics; social determinants of health
Stark et al.	Shifting from survival to supporting resilience in children and families in the COVID-19 pandemic: Lessons for informing U.S. mental health priorities	Psychological Trauma: Theory, Research, Practice and Policy	This commentary contextualizes potential mental health outcomes for children during and after the COVID-19 pandemic within the risk and resilience literature. Individual, familial, and community-level factors that may increase risk for mental health challenges for children as well as factors associated with positive adaptation in the face of adversity are considered. We highlight the value of considering children's resilience within a systemic perspective by considering family-centered approaches including both short-term and long-term evidence-informed mental health practices.	The focus on child resilience and family-centered approaches to care may aid the community assessment in underscoring the importance of designing family-centered and evidence-based telehealth programs.	Community; Mental Health	Adaptation, Psychological; Child; Coronavirus Infections; Health Services Accessibility; Humans; Mental Health Services; Pandemics; Pneumonia, Viral; Psychological Distress; Resilience, Psychological; Telemedicine; United States

Author	Report Title	Publication Title	Abstract Note	Community Assessment Notes	Assessment Tags	Automatic Tags
Summers-Gabr, N.	Rural-urban mental health disparities in the United States during COVID-19	Psychological Trauma: Theory, Research, Practice and Policy	The United States has more confirmed deaths from coronavirus 2019 (COVID-19) than any other country in the world. State governors made decisions around social distancing in their jurisdictions, which caused schools and businesses to close. Those with broadband access continued a sense of normalcy in their lives. However, for the more than 20 million people who do not have broadband access, a different set of barriers has been experienced. These challenges are especially prominent in rural communities throughout various states. The present commentary addresses how health disparities for preexisting conditions place rural residents at greater risk for morbidity during COVID-19. Reasons for physical and mental health disparities, such as limited access to hospitals or specialty providers (e.g., psychiatrists), are described. Whereas telehealth is promoted as a way to meet health access needs, especially during a pandemic, this luxury is not readily available for all U.S. residents. Recent actions brought about by the government (e.g., the CARES Act) have tried to address the rural-urban gap in telehealth, but more is needed.	This report discusses broadband access specifically and barriers to care particularly in rural areas. Mental health services are limited in rural settings: "COVID-19 intensifies the vicious cycle of poverty and mental health across generations." This paper is an excellent resource for understanding broadband access barriers in rural communities, and how this exacerbates disparities. Provides insight into particular issues related to equitable telehealth care, that could be helpful for MTAP. "Without a system-wide change to broadband access, economic, physical health, and mental health disparities will persist. In the meantime, grassroots movements will continue to thrive in times of need."	Barriers; Equity; Mental Health; Rural; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	Adult; Coronavirus Infections; Health Status Disparities; Healthcare Disparities; Humans; Internet Access; Mental Health Services; Pandemics; Pneumonia, Viral; Rural Population; Telemedicine; United States; Urban Population
Tai et al.	The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States	Clinical Infectious Diseases: An Official Publication of the Infectious Diseases Society of America	The COVID-19 pandemic has disproportionately affected racial and ethnic minority groups, with high rates of death in African American, Native American, and LatinX communities. While the mechanisms of these disparities are being investigated, they can be conceived as arising from biomedical factors as well as social determinants of health. Minority groups are disproportionately affected by chronic medical conditions and lower access to healthcare that may portend worse COVID-19 outcomes. Furthermore, minority communities are more likely to experience living and working conditions that predispose them to worse outcomes. Underpinning these disparities are long-standing structural and societal factors that the COVID-19 pandemic has exposed. Clinicians can partner with patients and communities to reduce the short-term impact of COVID-19 disparities while advocating for structural change.	Like many of the other articles, this report addresses the Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States. In the last few paragraphs of the report they provide a very helpful framework on how to improve the relationship with these communities and in turn, lower the impact of COVID-19 in their areas.	Black/African-American; Equity; Latinx/Hispanic; Native/Indigenous; Racism (race; racial; racist)	

Author	Report Title	Publication Title	Abstract Note	Community Assessment Notes	Assessment Tags	Automatic Tags
Thompkins, et al.	A culturally specific mental health and spirituality approach for African Americans facing the COVID-19 pandemic	Psychological Trauma: Theory, Research, Practice and Policy	A series of 15-min videos were produced to provide resources to pastors in African-American communities to aid them in conveying accurate public and mental health information about COVID-19. Video presenters included trusted experts in public and mental health and pastors with considerable experience responding to the needs of the African-American community during the COVID-19 pandemic. Four culturally specific core themes to consider when providing care to African Americans who are at increased risk during the pandemic were identified: ritual disruption, negative reactions for not following public health guidelines, trauma, and culture and trust.	This report highlights the importance of faith-based communities for Black/African-American people, with an emphasis on the grief and loss experienced and the importance of faith in community resilience. The report presents an example of a faith-based approach to sharing information about COVID-19 prevention. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced. This paper is important to the community assessment as it provides an example of a telehealth intervention with broad reach that might be adapted for MCH populations.	Black/African-American; Community; Mental Health	Adult; African Americans; Clergy; Consumer Health Information; Coronavirus Infections; Humans; Infection Control; Internet; Pandemics; Pneumonia, Viral; Psychological Trauma; Spirituality; Trust; Video Recording
Todd-Gher & Shah	Abortion in the context of COVID-19: a human rights imperative	Sexual and Reproductive Health Matters	Incorporating measures to ensure safe abortion services into state pandemic responses and eliminating barriers to abortion is not just a matter of harm reduction – it is a human rights imperative. States have a duty to ensure that individuals do not have to undertake unsafe abortions when faced with a pregnancy that is unwanted and/or threatens their life or health. These obligations are not waived in times of crisis; in fact, they become more pressing. Enabling self-managed abortion by guaranteeing access to medications and telemedicine counselling and ensuring women are not criminalised for inducing their own abortions could be a critical step towards fulfilling states' binding human rights obligations and avoiding preventable abortion complications, including during the COVID-19 crisis.	Abortion care is an essential part of perinatal care. Access to care may be more difficult during the COVID-19 pandemic. The authors describe measures to ensure safe abortion services. Telehealth and remote support for self-managed abortion when appropriate is recommended. The paper addresses the importance of policy advocacy that protects the basic human rights of individuals to make their own informed reproductive decisions, including when to become pregnant and when to end a pregnancy.	Barriers; Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	abortion; Abortion, Induced; Betacoronavirus; Coronavirus Infections; COVID-19; Female; Health Services Accessibility; human rights; Human Rights; Humans; Pandemics; Pneumonia, Viral; Pregnancy; Siracusa Principles; state obligations; telemedicine

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Torous et al.	Digital Mental Health and COVID-19: Using Technology Today to Accelerate the Curve on Access and Quality Tomorrow	JMIR mental health	As interest in and use of telehealth during the COVID-19 global pandemic increase, the potential of digital health to increase access and quality of mental health is becoming clear. Although the world today must "flatten the curve" of spread of the virus, we argue that now is the time to "accelerate and bend the curve" on digital health. Increased investments in digital health today will yield unprecedented access to high-quality mental health care. Focusing on personal experiences and projects from our diverse authorship team, we share selected examples of digital health innovations while acknowledging that no single piece can discuss all the impressive global efforts past and present. Exploring the success of telehealth during the present crisis and how technologies like apps can soon play a larger role, we discuss the need for workforce training, high-quality evidence, and digital equity among other factors critical for bending the curve further.	Mental health care is a priority during COVID-19 response generally. This report contains case studies of telemental health approaches, some of which may be appropriate for MCH community response. Authors note that establishing telehealth services now is a sustainable approach for post-COVID19 care. They discuss a need to invest in workforce training, high quality evidence, and digital equity.	Equity; Mental Health; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	apps; digital health; emergency response; telehealth
Turrentine et al.	Rapid Deployment of a Drive-Through Prenatal Care Model in Response to the Coronavirus Disease 2019 (COVID-19) Pandemic	Obstetrics and Gynecology	Coronavirus disease 2019 (COVID-19) has been declared a public health emergency for the entire United States. Providing access to prenatal health care while limiting exposure of both obstetric health care professionals and patients to COVID-19 is challenging. Although reductions in the frequency of prenatal visits and implementation of telehealth interventions provide some options, there still remains a need for patient-health care professional visits. A drive-through prenatal care model was developed in which pregnant women would remain in their automobiles while being assessed by the health care professional, thus reducing potential patient, health care professional, and staff exposure to COVID-19. Drive-through prenatal visits would include key elements that some institutions cannot perform by telehealth encounters, such as blood pressure measurements for evaluation for hypertensive disorders of pregnancy, fetal heart rate assessment, and selected ultrasound-based measurements or observations, as well as face-to-face patient-health care professional interaction, thereby reducing patient anxiety resulting from the reduction in the number of planned clinic visits with an obstetric health care professional as well as fear of virus exposure in the clinic setting. We describe the rapid development of a drive-through prenatal care model that is projected to reduce the number of in-person clinic visits by 33% per patient compared with the traditional prenatal care paradigm, using equipment and supplies that most obstetric clinics in the United States can access.	This paper describes the rapid development of a drive-through prenatal care model, Texas Children's Hospital Pavilion for Women, a maternal level of care 4 facility that had 6,500 deliveries in 2019. Vehicle-only options limit the program to only those with access to an automobile, excluding patients who rely on public transportation, although adaptation for “walk-up” patients could be put into practice. Additionally, not all institutions will have the physical layout to allow this concept to be operationalized. Further research will be needed to determine the success of the implementation of this drive-through prenatal care model. As an example of a program adaptation to care during COVID-19, innovations in this kind of care-model may be important in communities that rely more heavily on public transportation, walking, and seeking care at smaller community health centers.	Pregnancy related (abortion; birth; doula midwife; obstetric; perinatal; postpartum; pregnant; reproduction); Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual) ; Transportation/ Spatial (location; mobility; housing; homeless)	

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Uscher-Pines et al.	Experiences of community health centers in expanding telemedicine.		Telemedicine, or the provision of health care services at a distance by means of telecommunications technology, can improve access to care by bringing medical care into communities with limited access to providers or facilities, reduce wait times, and improve convenience. However, when telemedicine is offered in safety-net settings, it tends to be a low-volume service. To explore this issue, the California Health Care Foundation invested in the Sustainable Models of Telehealth in the Safety Net (SMTSN) initiative, which was in place from 2017 to 2020 and provided funding for telemedicine staff for 24 months. RAND researchers evaluated the experiences of health centers that participated in the initiative. Although the SMTSN initiative and this evaluation occurred before the coronavirus disease 2019 (COVID-19) pandemic dramatically altered the regulation, reimbursement, and use of telemedicine services across the health care system in spring 2020, the findings presented in this report are relevant to health centers that are trying to rapidly expand telemedicine in response to the pandemic. Also, the barriers and strategies identified in the evaluation are likely to have ongoing relevance once some of the changes in place for the duration of the emergency are rolled back.	This RAND report is a high-quality implementation guide for community health centers. The report addresses the following questions: (1) What staffing, programmatic, and process changes were implemented to expand telemedicine during the initiative? (2)What barriers did health centers face in expanding telemedicine? (3) What was the impact of health center activities on telemedicine volume and realized access to telemedicine services? (4) Were high-volume telemedicine programs and dedicated telemedicine staff likely to be sustained in participating health centers, and what factors contribute to sustainability? A key resource for all MTAP working groups.	Community; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	
Wallace, M.	Public Health Response to COVID-19 Cases in Correctional and Detention Facilities — Louisiana, March–April 2020	MMWR. Morbidity and Mortality Weekly Report	Correctional and detention facilities face unique challenges in the control of infectious diseases, including coronavirus disease 2019 (COVID-19).COVID-19 can spread rapidly in correctional and detention facilities, where options for social distancing, isolation, and quarantine are limited. What is added by this report? In Louisiana, 46 facilities have reported 489 COVID-19 cases among incarcerated or detained persons and 253 cases among staff members. A COVID-19 Management Assessment and Response (CMAR) tool used to assess 24 facilities identified awareness and understanding of guidance. However, limited capacity to individually quarantine exposed persons and inability to engage in social distancing likely contributed to illness spread. What are the implications for public health practice? Interrupting COVID-19 transmission in correctional and detention facilities is challenging. The CMAR tool could be used to assess COVID-19 management practices and guide strategies to address gaps.	This report provides information regarding the risk factors of COVID-19 spread in carceral institutions and settings. Data on the proportion of pregnant, lactating, and parenting individuals in these settings is sparse and of poor quality, but previous studies have raised the visibility of the complex perinatal and postpartum needs of this population. Interventions that address policies around access to care are needed along with implementation of telehealth care services. An MCH lens on the issues raised by the general epidemiology of COVID-19 in carceral settings brings into focus new opportunities to consider telehealth innovations.	Incarceration (jail; prison; detention; correctional)	

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Watson et al.	COVID-19 Interconnectedness: Health Inequity, the Climate Crisis, and Collective Trauma	Family Process	The COVID-19 pandemic brings to the forefront the complex interconnected dilemmas of globalization, health equity, economic security, environmental justice, and collective trauma, severely impacting the marginalized and people of color in the United States. This lack of access to and the quality of healthcare, affordable housing, and lack of financial resources also continue to have a more significant impact on documented and undocumented immigrants. This paper aims at examining these critical issues and developing a framework for family therapists to address these challenges by focusing on four interrelated dimensions: cultural values, social determinants of health, collective trauma, and the ethical and moral responsibility of family therapists. Given the fact that family therapists may unwittingly function as the best ally of an economic and political system that perpetuates institutionalized racism and class discrimination, we need to utilize a set of principles, values, and practices that are not just palliative or after the fact but bring forth into the psychotherapeutic and policy work a politics of care. Therefore, a strong call to promote and advocate for the broader continuum of health and critical thinking preparing professionals to meet the challenges of health equity, as well as economic and environmental justice, is needed. The issues discussed in this paper are specific to the United States despite their relevance to family therapy as a field. We are mindful not to generalize the United States' reality to the rest of the world, recognizing that issues discussed in this paper could potentially contribute to international discourse.	This article is focused on social justice and talks about how globalization, health equity, economic security, environmental justice, and collective trauma are all interconnected and impact people of color in the US especially. Although this does not tie into the scope of our project, it is important to understand the concepts covered in this article before attempting to develop a community intervention.	Equity; Immigration/Citizenship; Mental Health; Racism (race; racial; racist); Transportation/ Spatial (location; mobility; housing; homeless)	Climate Crisis; Collective Trauma; COVID-19; crisis climática; determinantes sociales de la salud; Ethics of Care; ética de asistencia; Health Inequity; inequidad sanitaria; Social Determinants of Health; trauma colectivo; 健康不公平; 健康的社会决定性因素; 关怀的伦理; 气候危机; 集体创伤
Wilson & Stimpson	US Policies Increase Vulnerability of Immigrant Communities to the COVID-19 Pandemic	Annals of Global Health	The adverse policy environment in the United States (US) has made immigrant communities particularly vulnerable to uncontrolled community spread of COVID-19. Past and recent federal and state policy actions may exacerbate undetected community spread in immigrant communities and commensurate economic impact. Given the importance of immigrants to the US economy and society, and the human toll this pandemic is having on migrants worldwide, federal and state policies should pivot to find ways to improve access to healthcare for immigrants.	This paper is important to the community assessment because it provides background on the disproportionate burden of COVID-19 among migrant communities in the U.S. that stem from lack of resources, fear, and systemic barriers in access to care. While not focused specifically on MCH populations, this report describes the context in which pregnancy and postpartum care will be experienced. It elevates the need for mental health and psychosocial support that is culturally appropriate (e.g., considers language needs and fears of citizenship status disclosure) and raises issues of equity and unmet needs.	Community; Immigration/ Citizenship	

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Wosik et al.	Telehealth transformation: COVID-19 and the rise of virtual care	Journal of the American Medical Informatics Association: JAMIA	The novel coronavirus disease-19 (COVID-19) pandemic has altered our economy, society, and healthcare system. While this crisis has presented the U.S. healthcare delivery system with unprecedented challenges, the pandemic has catalyzed rapid adoption of telehealth, or the entire spectrum of activities used to deliver care at a distance. Using examples reported by U.S. healthcare organizations, including ours, we describe the role that telehealth has played in transforming healthcare delivery during the 3 phases of the U.S. COVID-19 pandemic: (1) stay-at-home outpatient care, (2) initial COVID-19 hospital surge, and (3) post pandemic recovery. Within each of these 3 phases, we examine how people, process, and technology work together to support a successful telehealth transformation. Whether healthcare enterprises are ready or not, the new reality is that virtual care has arrived.	Using examples reported by U.S. healthcare organizations the authors describe the use of telehealth during the 3 phases of the U.S. COVID-19 pandemic: (1) stay-at-home outpatient care, (2) initial COVID-19 hospital surge, and (3) post pandemic recovery. They describe their experience in telehealth transitions. The report is useful for general context of telehealth and COVID-19 - and considering lessons that be adapted for MCH populations in community settings. The graphics are good.	Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	Ambulatory Care; Betacoronavirus; Communicable Disease Control; Coronavirus Infections; COVID; Delivery of Health Care; Humans; pandemic; Pandemics; Patient Care; Pneumonia, Viral; Quarantine; telehealth; telemedicine; Telemedicine; United States
Zero & Geary	COVID-19 and Intimate Partner Violence: A Call to Action	Rhode Island Medical Journal (2013)	The COVID-19 pandemic has escalated the risks and dangers for victims of Intimate Partner Violence (IPV). This article aims to describe the current state of IPV in Rhode Island as well as best practices for IPV screening and intervention using telehealth. We highlight the particular plight of undocumented immigrant victims of IPV and how healthcare providers can be responsive to their unique vulnerabilities and needs.	This paper is important to the community assessment as it describes the high burden of IPV among undocumented immigrants during COVID-19 in Rhode Island. The authors describe the many unmet needs of undocumented immigrants. The mode of care is an emergent best practice for the community assessment, which may be helpful in priority settings. It is a case study of telehealth for IPV. The findings of this report are relevant to acceptability, feasibility, training needs, and supplies for prenatal telehealth during COVID-19. This report may be helpful to the Implementation and Evaluation team as they consider methodologies to determine prioritization of funding and measuring impact.	Immigration/Citizenship; Telehealth specific (digital; remote; mobile; telehealth; telemedicine; video; virtual)	Coronavirus Infections; COVID-19; domestic violence; Female; Humans; Intimate Partner Violence; Pandemics; Pneumonia, Viral; Quarantine; Rhode Island; Risk Factors; telehealth; undocumented immigrants; Undocumented Immigrants

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Alliance for Health Policy	Care Delivery Transformation: Integrating Telehealth and Home-Based Care – Alliance for Health Policy	N/A	Video recording	Health policy actions for telehealth (general)	no	Over the past 100 days of the pandemic, the U.S. health care delivery system was required to quickly incorporate more digital technologies in order to remotely care for patients and minimize their exposure to the novel coronavirus. The Coronavirus Aid, Relief, and Economic Security (CARES) Act earmarked $200 million in funding to assist health care providers in delivering connected care services in their homes or other mobile locations using telehealth and digital tools. There is now increased interest on how these technologies can be best used and what the benefit to patients and their caregivers will be. Additionally, concern has been raised that the sudden push for increased telehealth and home-based care may leave some patients without access.	EMERGING BEST PRACTICES: This panel focused on digital care delivery transformations that have been accelerated or emerged as a result of COVID-19 and explored how the proliferation and use of these tools may impact patients, caregivers, and providers during and after the pandemic.
Asian & Pacific Islander American Health Forum (APIAHF)	What Asian American, Native Hawaiian, and Pacific Islander Community organizations need in the face of the COVID-19 pandemic	N/A	Factsheets	Report on the needs of 45 APIAHF community partner organizations	no	Priority needs: community outreach for COVID-19; Immigrant health; language access; funding to maintain staffing and programming; high need of unemployment benefits application assistance; food insecurity	Prioritization; equity; language access; digital literacy; social determinants of health; barriers
Asian & Pacific Islander American Health Forum (APIAHF)	APIAHF Partner Organization Coronavirus Needs Assessment Combined Summary_6.3.20	Public Health Alert	Full report of COVID-19 needs assessment	Report on the needs of 45 APIAHF community partner organizations	no	APNHPI serving organizations have identified specific needs related to telehealth generally, applicable to maternal-infant health	BARRIER for immigrant communities are resources in diverse languages (esp. Asian American, Pacific Islander languages); LEGAL BARRIERS among immigrants, fear of applying for benefits and services. DIGITAL/REMOTE NEEDS: equipment for outreach (cell phones/phone plans/laptops with routers; programming/outreach; TA for digital outreach online (online appointments; confidentiality forms; doing digital outreach); ZOOM memberships; TRAINING COMMUNITY MEMBERS TO USE TECHNOLOGY; TA for converting to remote work; SUPPLIES: PPE for staff working directly with community;

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							TRAINING: de-stress; anti-racism campaign; communications; KNOW YOUR RIGHTS education; RECOMMENDATIONS: Call-in center for AANHPI SPEAKING STAFF
Belluck, Pam	Abortion by telemedicine: a growing option as access to clinics wanes	New York Times	Newspaper article	news	yes	The coronavirus has created a surge in demand for telemedicine of all types — including for a quietly expanding program for terminating pregnancies.	Unmet needs; sexual and reproductive health care; contraception; emergent best practices; full-spectrum care; human rights
Bergstrom, Danielle	Fresno-area translators race to get coronavirus info to Hmong, Punjabi, Spanish speakers	The Fresno Bee	Newspaper article	news	no	lack of linguistically accessible services; translation services; barriers lead to delays in dissemination of COVID-19 related information, esp. for rare languages (Hmong, Punjabi); barriers lead to delays in seeking care. Structural barriers to community health; language diversity & access to care (19% Fresno residents non-English speakers; Spanish, Hmong, and Punjabi top languages spoken at home)	BARRIER: lack of linguistically accessible services and information. FACILITATOR/BEST PRACTICES: FB Live hosted by medical student for local Sikh community; Fresno Interdenominational Refugee Ministries (serves Hmong, Arabic, Lao, Ukrainian, Khmer, Russian, and Spanish speaking people) provide voice recordings of translations of informational alerts and online learning instructions from local schools; assistance providing unemployment and benefit claims in native languages; FB Live session hosted in Spanish by "Cid and Macedo Inc." to answer FAQs; Social Media and graphics communications recommended for more rapid response; funding for translation services recommended

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Black, Curtis	South Side's maternal health desert poses added risks for Black women during pandemic	Chicago Reporter	Newspaper article	news	yes	"maternal health desert" in Chicago southside community; "The planned closing of Mercy Hospital underscores the dramatic loss of maternity services in Chicago over the past year — reflecting the failure of local government agencies to adequately fund critical services in vulnerable communities, advocates say." In the past year the number of hospitals providing maternity care services has dropped from 7 to 3. Maternal mortality in this community is 2x national average (i.e., Black women 6x more likely to die than white women in same area). Roseland hospital under investigation for death of pregnant COVID-19+ woman, forced to wait for 3 h in ER without care. "Govt. agencies fall short when it comes to ensuring that critical services are available to communities .... gaps are due to racism and history of segregation."	BARRIER: structural barriers/RACISM; segregation and MATERNITY HEALTH CARE DESERT, insufficient to meet needs of pregnant and birthing people in South Side Chicago exacerbated by COVID-19; Chicago is a HIGH-NEED, UNDERSERVED area; TRANSPORTATION; COMMUNICATION; LOW MEDICAID REIMBURSEMENTS despite high Medicaid-using population. FACILITATOR/BEST PRACTICES: Black Girls Break Bread provides socio-emotional support programming in Chicago schools and communities; IDPH taskforce looking to expand HOME VISITING PROGRAM; Chicago Collaborative for Maternal Health created to address disparities; Shriver Center on Poverty Law mentioned.
Boyd, Chelsea	Health Disparities are Worsening Amid Coronavirus, Experts Say	Spectrum News 1	Newspaper article	news	no	racism among health care providers mentioned; substance/opioid use higher in rural than urban areas; reimbursement rates lower due to high Medicaid and uninsured populations	BARRIERS: racism; NEEDS: rural care services; substance use treatment. Possible contact: Franklin Walker, NC Medical Society named - he is VP of rural health systems innovation
Cortez, Kanani	Pacific Islanders in Oregon experience disproportionate rates of COVID-19	NextGenRadio	Radio broadcast & blog	news	no	Kanani Cortez reports for NPR's Next Generation Radio. Joe Enlet is from Chuuk, Micronesia. He's a pastor and an advocate for the Micronesian community in Oregon. Pacific Islanders are being hit hard by COVID-19. PACIFIC ISLANDERS HAVE THE HIGHEST RATES OF COVID IN PACIFIC NW (12x higher than whites in OR). Enlet says despite the grief and mourning, he remains hopeful because his community is finally being heard. Aggregating PI with Asian American populations obfuscates disparities faced by PI groups, difficult to know what the communities need.	BARRIERS: PI disproportionately essential workers; LANGUAGE BARRIERS; UMEMPLOYMENT; FACILITATOR/BEST PRACTICES: FAITH-BASED COMMUNITY (Chuuk Logos Church mentioned) supports mental health and well-being; (Consul General of Micronesia based in Portland; policy advocacy).

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DHHS	Telehealth: Health care from the safety of our homes.	HHS.GOV	General telehealth resources list	Evidence-based resource for public	no	List of resources	Training; capacity building; educational resource
Diamond, Dan	The Marshallese fled their irradiated homeland, only to be met by the coronavirus	Center for Health Journalism, USC Annenberg	Blog post	Report on needs of Marshallese (Micronesian)Islanders in CA during COVID-19	yes	Marshallese generally at higher risk than other groups; lack of Medicaid benefits barrier to care; Advocates call for funding to support this community.	BARRIERS: LANGUAGE; MEDICAID ACCESS; high proportion are essential workers
Furlow, Bryant	A hospital's secret coronavirus policy separated Native American mothers from their newborns.	Pro Publica	News	Report on racism and forced maternal-newborn separation during COVID-19 among Native American mothers	yes	Native American women and their newborns are at risk of obstetric racism, stigma, and violence in hospital settings.	BARRIERS: Racism, stigma. NEEDS: Health advocacy; policy; Interventions in clinical settings; provider education about recommended maternal-newborn COVID-19 care; legal support
Health Connect One	Maternal Health In Puerto Rico During COVID-19	N/A	Policy brief (Spanish & English)	Outline policies to advocate for maternal health needs during COVID-19 in Puerto Rico	yes	Perhaps the biggest structural challenge posed by COVID-19 is the strain that the pandemic is placing on healthcare systems. The human costs, however, are much more significant – recent data has shown that Black, Indigenous, Black Latinx and Latinx (BIPOC) populations and poorer people have higher rates of infection and are more likely to die. Outlines: disparities in outcomes pre-COVID-19; birthing during pandemic; recommendations	BARRIERS: racism; loss of autonomy in medical decision-making; HIGH C-SECTION RATES (49% +, forced/coerced); NEEDS: food insecurity; housing insecurity; job loss; difficulty accessing essential supplies for infants (formula; diapers); lack of access to pre and post-partum care. RECOMMENDATIONS: expand Medicaid/CHIP for 12 months following birth; FUND support and EXPAND COMMUNITY-BASED DOULAS, CHILDBIRTH EDUCATORS, LACTATION PEER SUPPORTERS; expand MENTAL HEALTH SERVICES

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Health Connect One	Health Connect One Storybook	Birthing Families Need Your Support - Stories from Across the U.S.	Report	Compilation of stories shared from lived experiences during COVID-19	yes	As COVID-19 strains our healthcare infrastructure, pregnant women are facing severe isolation at a time where familial and community support is critical in birth outcomes. Moms and babies of color, particularly in Black and Indigenous families, are vulnerable to adverse birth outcomes due to generations of disinvestment in the health of communities of color. Now, more than ever, birthing families need support – regardless of immigration status. Over the past two months, we asked doulas, peer counselors and other community health workers what was happening in their communities, and now we have compiled them in the attached report. These stories highlight the extreme problems faced by birthing communities during this pandemic.	NEEDS: food insecurity, housing insecurity, job loss and having problems accessing formula and diapers; Fearful of the possibility that mothers may be forced to give birth without a partner or the doulas they made birthing plans with; Lacking or experiencing limited access to pre and postnatal care; Afraid to seek services if they are immigrants, particularly if they are undocumented. RECOMMENDATIONS: ACCESS TO HEALTH CARE FOR ALL, regardless of immigration status; EXPAND MEDICAID to 1 year pp; increase capacity of community health workers to provide perinatal and postpartum services (PPE; mHealth; transportation).
Hernandez-Gorddon, Wandy	Birthing Families in Puerto Rico are at Risk with COVID-19	Luz Collective	Blog post	news	yes	Covid-19 has made pregnancy difficult for women in Puerto Rico. Recent data shows Black and Latinx populations, have higher rates of COVID-19.	RECOMMENDATIONS/EMERGENT BEST PRACTICES: prenatal and postpartum MENTAL HEALTH SUPPORT; COMMUNITY-BASED DOULAS, PEER LACTATION SUPPORT; COVID-19 complications need to be monitored and tracked during and after pregnancy.
Hohman, Maura	Pregnant women with coronavirus more likely to be hospitalized, new data from CDC finds	Today.com	Blog post	news	yes	reports on CDC findings of elevated risk of hospitalization during pregnancy due to COVID-19: Death rates for pregnant and non-pregnant women are similar. But pregnant women are much more likely to be admitted to the ICU and need a ventilator.	NEEDS: continuity of care and monitoring for COVID-19 symptoms during pregnancy and immediate postpartum; RECOMMENDATIONS: anticipatory guidance/ communications

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Kaplan, Joshua	Hospitals Have Left Many COVID-19 Patients Who Don't Speak English Alone, Confused and Without Proper Care	ProPublica	Newspaper article	news	no	language and communications barriers, along with COVID-19 hospital policies, compromise the quality of care	BARRIERS: Language/communication barriers in clinical settings leading to poor care/death; restrictions in support persons due to COVID-19 creates barrier in access to translators (i.e., family/friend) ; barriers in DISCHARGE INSTRUCTIONS in appropriate non-English languages barrier to quality care; Elena Langon, former chair of National Board of Certification for Medical Interpreters is mentioned. RECOMMENDATIONS: Scale up and invest in translation services available via telehealth, IMPROVE QUALITY OF REMOTE TRANSLATION
Miller, Leila	Coronavirus poses added challenges for hospital patients who are deaf or hard of hearing	Los Angeles Times	Newspaper article	news	no	As hospitals cope with coronavirus cases, deaf and hard of hearing patients face greater barriers accessing accommodations that help them understand what doctors are saying.	BARRIERS: access to communication support compromises quality of care; masks make it more difficult for deaf/hearing impaired patients to communicate; Video interpreting in emergency rooms may be unreliable/ staff not trained to use; REIMBURSEMENT FOR INTERPRETERS is inefficient. EMERGING BEST PRACTICES: National Association of Deaf has created resources with recommendations for hospitals (e.g., hospitals should have white boards, yellow pads, or other ways to communicate through writing; anticipatory guidance for patients); SUPPLIES: use of masks that have a window over mouth (feat. Safe'N'Clear) training clinicians to use video interpretation/improving quality of technology(?); many interpreters have to provide their own PPE and equipment. Sorenson Communication is named, employs 4,000 interpreters, provides equipment to interpreters.

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							EMERGING INNOVATIONS: Can these existing platforms be expanded to include multi-language/interpretation resources as well?
Mohan, Pavithra	This doula raised $3 million to build a digital platform for reproductive education	Fast Company	Magazine article	news	yes	With a $3 million seed round under her belt, Loom cofounder and CEO Erica Chidi is the rare Black woman to have raised more than $1 million in venture capital.	EMERGING BEST PRACTICES: DIGITAL INNOVATION, REPRODUCTIVE HEALTH EDUCATION; Features start up that provides full spectrum reproductive health education for women and LGBTQ+ people, called Loom. Loom offers SERIES OF CLASSES tailored to LGBTQ+ couples seeking to become parents. Loom working on a digital expansion to its platform that will unveil in fall 2020. Potentially resource for training and education.

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National Academy of Medicine	Resources on Health Equity in the Context of COVID-19 and Disproportionate Outcomes for Marginalized Groups		Resources listing page	Resources for community organizations to address COVID-19 disparities	no	Comprehensive list of links to organizations and resources addressing health equity during the COVI-19 pandemic response	Possible resource for training and education
National Association for the Deaf	Communicating with Medical Personnel During Coronavirus	NAD	Web page	Information and anticipatory guidance for people with hearing impairment to better communicate with health care providers	no	Links to a video along with guidelines for both patients and providers, along with links of other online resources	Possible resource for training and education
Penn Medicine Blog	Research Shows Patients and Clinicians Rated Telemedicine Care Positively During COVID-19 Pandemic	Penn Medicine	Blog post	news	no	After surveying almost 800 gastroenterology and hepatology patients and their physicians at Penn Medicine, 67 percent of both viewed their video and telephone appointments held during the peak of the COVID-19 pandemic as positive and acceptable substitutes to in-person appointments.	Not especially relevant to maternal telehealth, except it is a study that looks at acceptability and user experiences.
Reyes, Brenda	Why Community-Based Doulas are a Lifeline for Latinas	HipLatina	Blog post	raise awareness of importance of CHW for Latina/Latinx parents during the perinatal and postpartum period	yes	Becoming a mom is the most sacred and wonderful gift women are blessed with. Yet this miraculous experience can be quite different depending on who you are and where you live. This is especially true today, as the pandemic can make access to the most basic health care difficult.	BARRIERS: FEAR of COVID-19 infection at clinic visits/ hospital; LACK OF HEALTH INSURANCE; LANGUAGE BARRIERS; FEAR OF BEING DEPORTED; LACK OF INFORMATION. EMERGING BEST PRACTICES: COMMUNITY DOULAS partnered with "promotoras" or community peer educators are key to addressing the gaps in care for Latinas and other BIPOC. RECOMMENDATIONS: INVEST in community doulas and expanding health care access to all people, regardless of citizenship and immigration status.

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Rios, Simon	For Non-English Speakers, Difficult Language Barriers Become Dire Amid Outbreak	WBUR News	Newspaper article	news	no	It's difficult enough during normal times not to speak the dominant language. But some observers say that during a deadly outbreak, it could be a matter of life and death.	BARRIERS: LANGUAGE BARRIERS mean that people cannot respond to crisis events and other needs (i.e., utilities being shut down; closing businesses) during emergencies; language and communication barriers INCREASE ISOLATION; CONFUSION about what is happening; MAJOR BARRIERS IN HEALTH CARE SETTINGS due to LACK OF INTERPRETATION SERVICES. Story does not address reproductive health, but is useful in contextualizing what pregnant and postpartum patients are also facing in their care and adapting to the COVID-19 crisis.
Shapiro, Joseph	Hospital Visitor Bans Under Scrutiny After Disability Groups Raise Concerns Over Care	NPR.org	Radio broadcast & blog	news	yes	To stop COVID-19 infections, hospitals set tight restrictions on visitors. That's especially challenging for elderly patients or those with disabilities who can't speak or communicate without help.	Many people with disabilities and elderly people who have difficulty communicating rely on family members or a direct service professional to help them get medical care. RECOMMENDATIONS: Increase funding and care to support disabled patients during COVID-19. Report does not specifically address reproductive health, but adds context to general needs of disabled people as well as parents of disabled newborns.
Wamsley, Laurel	Safe Pregnancy As COVID-19 Surges: What's Best For Mom And Baby?	NPR.org	Radio broadcast & blog	news	yes	Navigating the pandemic's challenges is especially stressful if you're pregnant, expectant mothers say. OB-GYNs offer practical advice on minimizing risks of infection while still leaving the house.	Reporting on CDC study noting the increased risk of hospitalization during pregnancy when COVID-19+; BARRIERS: Black and Hispanic mothers comprise higher proportion of essential workers, elevating their risk, may not have access to UNEMPLOYMENT and other BENEFITS they're eligible for.

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Weigel, Gabriela	Novel Coronavirus "COVID-19": Special Considerations for Pregnant Women	KFF	Blog post	Resources for pregnancy and postpartum support during COVID-19	yes	With over 6 million pregnancies per year in the U.S., pregnant and breastfeeding women constitute a significant portion of the population that could be impacted by COVID-19.	Provides guidance for the care of people during pregnancy and postpartum with COVID-19; possible resource for training and education
West Savali, Kirsten	ESSENCE Presents: COVID-19 And The Black South	Essence	Magazine article	First of a special 3-part series on COVID-19 and its impact on Black communities in the South	no	For Part I of our ESSENCE Reports 3-part series, "COVID-19's Impact on Black Communities," we turned our lens on the Black South and how histories of Black resistance and rebellion against White supremacy—as well as White supremacy itself—shape the realities of COVID-19 throughout the region. Provides facts and information on the current situation of COVID-19 on Black Southern communities as well as facts related to disproportionate burden of COVID-19 in these communities. Contains a chart showing the U.S. counties with the 20 highest death rates by race/ethnicity.	BARRIERS: RACISM geographic, economic, access to health care, exposure to violence; neglect;
National Association for the Deaf	How Do I Communicate with Doctors, Nurses, and Staff at the Hospital During COVID-19? Communications & Medical Access in the Hospital During Disasters: Temporary Recommendations for Hospitals and Medical Facilities During the COVID-19 Pandemic	NAD	Web page	resources for deaf and blind individuals to use at hospital visits during COVID-19	no	During the COVID-19 pandemic, hospitals and other health care facilities may not be able to provide all the resources needed to service hearing and vision disabled individuals. They have to be prepared and bring all the resources needed to have proper communication with the health care provider.	BARRIERS: inclusivity of all special needs on the virtual platform
(APIAHF) Asian and Pacific Islander American Health Form	COVID-19 Language and Communication Access Letter to Congress	APIAHF	Letter	inform about the communication needs people with language and communication assistance needs face during COVID-19	no	There are gaps in communication, health messaging, and translation services within the US health system that COVID-19 has exasperated and they have a huge impact on people with language and communication assistance needs. Congress needs to enact laws that ensure that the proper resources are available for this population	BARRIERS: access to translators during COVID-19, reimbursement from Medicaid and Medicare for additional accessibility resources

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The Center for Reproductive Rights' Maternal Health & Rights Initiative	Safeguarding Maternal Health and Rights in the United States During the COVID-19 Pandemic	Columbia University	policy brief	provide suggestions on how to mitigate the impact COVID-19 has on pregnant women	yes	COVID-19 could have a very negative impact on the health and wellbeing of pregnant women, especially those belonging to minority groups. Policy makers need to work proactively to protect this group and be sure they are not disproportionately impacted.	BARRIERS: developing and passing law quickly,
Katie D. Rosanbalm, Ph.D., Ennis C. Baker, MSW, LCSW	Strategies to Support the Well-Being of Essential Child Care Staff and Young Children During COVID-19	Duke Stanford	policy brief	provide suggestions on how to prioritize the well-being of childcare providers during COVID-19	no	Childcare providers are an essential part of the US society, especially during COVID-19. However, they are not given the wages, insurance, or environment to set them up for success. Lawmakers should prioritize this group to ensure they do not become at increased risk of getting COVID-19	BARRIERS: Sustainability and ethics of relying on minimum wage workforce,
Birth Rights Bar Association	Challenges facing pregnant and birthing people during COVID-19	Birth Rights Bar Association	policy brief	inform on the violations that are occurring to pregnant and birthing individuals and provide suggestions on how policies can be created to alleviate the problem	yes	The rapidly changing healthcare policies due to COVID-19 could gravely hurt those pregnant and birthing mothers, especially those in racial groups whose health outcomes are already lower. They recommend that even during this pandemic, pregnant and birthing women be a part of the decision-making process and have informed consent for all things that occur.	BARRIERS: informed consent during medical emergencies, social support versus mitigation risk of COVID-19 infection
DONA International	Doulas and COVID-19	DONA International	tool kit	Educate doulas on how they and their clients will be impacted by the policies put in place because of COVID-19	yes	the regulations around birthing is changing and doulas need to be educated on the new policies, how to speak with their clients about the changes that are occurring and how it'll impact them, along with how doulas can protect themselves from COVID-19	BARRIERS: keeping those who don't work in these hospitals up to date with the ever-changing COVID policies, PPE for doulas
Healthy Mothers Healthy Babies Coalition of Georgia	NAVIGATING COVID-19RESOURCES FORPREGNANT ANDPOSTPARTUM FAMILIES	n/a	tool kit	Guide families on how to plan for pregnancy, birth, and postpartum during COVID-19	yes	Families want to feel prepared for pregnancy, birth, and the postpartum period and COVID-19 has made many feel lost. By providing resources, health information and education, along with connecting families to financial support, they empower the families in Georgia who are reproducing during this time.	BARRIERS: education on COVID-19 is needed along with maternal health needs, connecting those to resources who have lost jobs during COVID-19

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Asian & Pacific Islander American Health Forum (APIAHF)	Asian and Pacific Islander American Health Forum Coronavirus Needs Assessment	APIAHF	Report	Summarize findings from a needs assessment survey	No	The best way to directly reach the most vulnerable is via phone. Organizations need funding to make up for lost revenues. Community members are in need of coronavirus educational materials in language/culturally appropriate resources. High community needs are unemployment benefits and benefits application assistance.	Unmet needs: the need for telehealth services was often listed as a response for other community resources/service/program needs. Barriers: the need for culturally appropriate COVID-19 resources
National Birth Equity Collaborative (NBEC), Dr. Joia Crear Perry	The Birth Equity Agenda: A Blueprint for Reproductive Health and Wellbeing	NBEC	Policy Agenda	To offer five critical measures for ensuring that America has the proper infrastructure and resources in place to achieve equitable maternal health outcomes.	Yes	Critical measures: Reproductive health and autonomy are promoted and protected at the highest levels of government. Health is a government priority and a recognized right. Individuals and institutions are held accountable for discrimination that leads to disparate health impacts. No maternal death goes unnoticed or uncounted. Government involvement in reproductive health may not intrude on reproductive freedom, agency, and autonomy.	Highlights critical measures + recommendations to promote access, equity, and best practices.
Participating organizations: American Civil Liberties Union (ACLU) California, Birthing Project USA, Black Women for Wellness, California Nurse Midwives Association, California Alliance of License Midwives, Maternal and Child Health Access, National Health Law Program, NARAL Pro Choice California, South Los Angeles/South Bay African American Infant and Mortality Community Action Team, Western Center on Law and Poverty	Birthing People's Bill of Rights COVID-19 Edition		tool kit	To inform birthing people of their rights during labor, how to advocate for themselves and get help, and COVID pregnancy questions to ask healthcare provider	Yes	Birthing people have the right to bodily autonomy and self-determination, among other rights. The toolkit also includes ways in which an individual can speak up and advocate for themselves, as well as, a list of COVID pregnancy questions to ask healthcare providers.	Emerging best practices: includes rights, practices, and information for birthing people to advocate for themselves during labor

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United States Breastfeeding Committee (USBC)	United States Breastfeeding Committee (USBC) COVID-19 Actions	USBC	Weekly Newsletter	To give a weekly update on information - this week's edition covers how the COVID-19 pandemic is impacting infant feeding and identified lactation provider concerns and needs	Yes	COVID-19 is impacting infant feeding: many families are concerned about not being able to see a lactation consultant, making sure moms understand how their bodies make milk, responding to caring for a baby if the mom is COVID positive, offering telehealth services, and there is often confusion about recommendations. Lactation providers also have their own set of concerns and needs (Disproportionately impacted communities, Trauma informed care for families, Lactation care for families, Care and training for the care providers)	Barriers: fear and uncertainty of COVID-19, confusion about recommendations Unmet needs: Lists concerns and needs for lactation providers
United States Breastfeeding Committee (USBC)	Voices from the Field COVID-19 and Infant Feeding	USBC	Report	Create a public record of lived experiences regarding COVID-19 and Infant Feeding	Yes	Demonstrates the impact of the pandemic and associated policy responses on families and communities, specifically related to child feeding. This report shares themes reflected and sampling of stories.	Barriers and Unmet Needs: The themes reflected in the stories speak to the impact of COVID-19 on the child feeding landscape. Ex. COVID-19 related stress, Accessing infant feeding supplies, inequities in care based on insurance provider, Hospital visitor policy change, etc.
Healthy Mothers Healthy Babies Coalition of Georgia	Virtual Doula	HMHBCG	Toolkit	To provide doulas with the tools needed to provide virtual doula services to clients.	Yes	Virtual doula services are a way to provide support and guidance to families without jeopardizing health and safety. The toolkit covers: available platforms for remote communication, questions to ask clients, additional resources for clients, and sample contract offerings	Feasibility, Acceptability, Access, and Best Practices: This report addresses platforms for telehealth services, questions to ask, and additional resources - can help inform virtual doula services

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International Lactation Consultant Association	Resources for Lactation Supporters Providing Infant and Young Child Feeding Advice During COVID-19	International Lactation Consultant Association	Resources report	Recommendations for skilled lactation providers who must provide evidence and policy-based advice on the feeding of young infants and young children during this emergency.	Yes	Families should continue to breastfeed, Lactation providers should continue to support families and communities, Lactation support providers should provide local facilities with guidelines to help guide policies.	Best practices, feasibility: Outlines recommendations to help support families breastfeeding their child during the COVID-19 pandemic
Aza Nedhari, Niciah Petrovic-Mujahid, Dionne McDonald and India Hinton; Mamatoto Village	A Black Mama's Guide to Living and Thriving	Mamatoto Village	Guidebook	A guide to remind Black Mama's that joy, love, pleasure, support, safety, and wellness are things she deserves. The guide offers a framework for self-love grounded in the uncompromising resilience evident in Black Mamahood.	Yes	Black mamas have the right to live and thrive - "water yourself. set your boundaries. demand more. reclaim birth. dance. sing. eat good food. demand even more. call on your sisters. breathe. move. live. you matter. you are worthy. you are seen. you deserve to be centered."	Best practices: the report outlines a framework for centering mental health, self-care and self-love, the right to pleasure, reclaiming Black birth, eating well and bodily health, financial wellness, and sisterhood
Hawai'i State Commission on the Status of Women and Department of Human Services State of Hawai'i; Khara Jabola-Carolus	Building Bridges, Not Walking on Backs: A Feminist Economic Recovery Plan for COVID-19	Hawai'i State Commission on the Status of Women	Policy Brief/Recommendation	The document represents a living and evolving agenda for a feminist COVID-19 response and recovery and highlights key and emerging principles and recommendations.	Yes	Address the issue of exclusion head on and ensure all response to COVID-19 are inclusive of the world's most vulnerable people. A successful recovery plan will go beyond policy, and aim policy and deep cultural change. Need to be speaking not only about response and recovery, but also of repair and revival. Build bridges to a feminist future for Hawai'i. Integrate the knowledge developed by marginalized communities to help prioritize greater social well-being as key to the economy.	Barriers and best practices: This report highlights current feminist struggles exacerbated by COVID-19 and offers recommendations
Power To Decide	Power To Decide: the campaign to prevent unplanned pregnancy	New survey shows significant support for telehealth. However, too many people lack information on how to use it.	Press release/report	News release on the results of a national survey on the acceptability of telehealth for birth control.	yes	77% of the 500 respondents (woman ages 18-29 in the U.S.) agree that telehealth is a useful method to access contraception. Critical information gaps exist, only 36% could explain what telehealth is, and only 24% of respondents knew how to find a telehealth provider. Telehealth should be expanded to include birth control access.	Acceptability; barriers; unmet needs; policy