PLENARY SESSION I

What Data Tell Us About COVID-19 in Racial and Ethnic Minority Communities
This virtual symposium is presented by the HHS Office of Minority Health

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2020
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PRESENTERS

• **Moderator: Sela Panapasa**, PhD, Associate Research Scientist, Research Center for Group Dynamics, Institute for Social Research, University of Michigan

• **Johnnie (Chip) Allen**, MPH, Director, Office of Health Equity, Ohio Department of Health

• **Stephen Thomas**, PhD, Professor Health Policy & Management, School of Public Health; Director, Maryland Center for Health Equity, University of Maryland
OBJECTIVES

• Provide background and context about disproportionate impact of COVID-19 on racial and ethnic minority populations using the latest data.

• Discuss the importance of and recommendations for collecting and using race/ethnicity data to ensure equitable response
Advancing the Response to COVID-19: Sharing Promising Programs and Practices for Racial and Ethnic Minority Communities

What Data Tell Us about COVID-19 in Racial and Ethnic Minority Communities

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HHS Office of Minority Health
September 17, 2020
The Social Context of Health Disparities

The ultimate aim is to uncover social, cultural and environmental factors beyond the biomedical model and address a broad range of issues. This approach includes, but not limited to, breaking the cycle of poverty, increasing access to quality health care, eliminating environmental hazards in homes and neighborhoods, and the implementation of effective prevention programs tailored to specific community needs.
The Historical Context of Health Disparities

“..If there is no **struggle**, there is no progress. Those who profess to favor freedom, and yet deprecate agitation, are men who want crops without plowing up the ground. They want rain without thunder and lightning. They want the ocean without the awful roar of its many waters…”

(Fredrick Douglass)
Defining Health Disparities and Health Equity
“Health equity means that everyone has a fair and just opportunity to be as healthy as possible...”
Warning

The following data represents real people, your friends and family
The New York Times sued the Centers for Disease Control and Prevention — to reveal:

Black and Latino people have been disproportionately affected by the coronavirus in a widespread manner that spans the country, throughout hundreds of counties in urban, suburban and rural areas, and across all age groups.

The Fullest Look Yet at the Racial Inequity of Coronavirus


<table>
<thead>
<tr>
<th>Race</th>
<th>Coronavirus cases per 10,000 people</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>23</td>
</tr>
<tr>
<td>All</td>
<td>38</td>
</tr>
<tr>
<td>Black</td>
<td>62</td>
</tr>
<tr>
<td>Latino</td>
<td>73</td>
</tr>
</tbody>
</table>

Teresa and Marvin Bradley can’t say for sure how they got the coronavirus. Maybe Ms. Bradley, a Michigan nurse, brought it from her hospital. Maybe it came from a visiting relative. Maybe it was something else entirely.
The Striking Racial Divide in How Covid-19 Has Hit Nursing Homes

Homes with a significant number of black and Latino residents have been twice as likely to be hit by the coronavirus as those where the population is overwhelmingly white.
U.S. Ranks Among Nations Hit Hardest by the Virus. And 10 States Outrank Them All.

Comparing new daily coronavirus cases, per one million residents

RICH COUNTRIES WITH SEVERE OUTBREAKS
These European countries flattened their caseloads after initially suffering bad outbreaks.

200 CASES (7-DAY AVERAGES THROUGH JULY 22)

United States
Spain
Italy
Britain
Sweden

RICH COUNTRIES WITH BETTER-CONTROLLED OUTBREAKS
Their case rates are a small fraction of the U.S. rate. Canada’s border with the United States remains closed.
Where do we go from here: Chaos or Community

What Works

Masks help keep us safe
All customers are required to wear face coverings while in our stores. Thank you.

What Does Not Work

THERE WAS NEVER A COVID-19!! READ THIS!
CORONAVIRUS IS FAKE! IT WAS A HUGE COVER UP TO ALLOW DEPLOYMENT OF 5G NETWORK TOWERS, WHICH ARE THE REAL CAUSE FOR THE VIRUS DEATHS. THEY ARE RELEASING EXTREME AMOUNTS OF RADIATION INTO YOUR BODY THROUGH YOUR PHONE SIGNAL. THE 5G WILL ALSO GIVE THE GOVERNMENT ACCESS TO YOUR INFORMATION AND LOCATION THROUGH AN APP, ELD OR IN THE VACCINE SAID TO BE VACCINE, YOU WILL LOSE ALL RIGHTS TO PRIVACY, BANK AND PERSONAL INFO.
DONT TAKE THE VACCINE!
 OUR GOVERNMENTS ARE LYING TO US!! PASS THE MESSAGE, IT'S RESEARCH, WE NEED TO STOP THIS!
Colors of COVID Consortium: Prevention, Detection, and Treatment of Black and Latinx Communities in Maryland and across the U.S.A.

The Leadership Team
The University of Maryland, Center for Health Equity and Westat, Inc.,
July 17, 2020
Which states have released breakdowns of COVID-19 data by race?
We built a modular index tailored to the unique characteristics of COVID

- **Theme 1:** Socioeconomic status
- **Theme 2:** Household composition & disability
- **Theme 3:** Minority status & language
- **Theme 4:** Housing type
- **Theme 5:** Epidemiological
  - Underlying chronic conditions, e.g. diabetes, respiratory
- **Theme 6:** Healthcare system
  - Structural and systemic factors, e.g. # of hospital beds

**SOCIAL DETERMINANTS**

**HEALTH DETERMINANTS**

**COVID19 Community Vulnerability Index (CCVI)**

34 factors equally weighted across 6 themes. Themes 1-4 from CDCs SVI. Factors represented as percentiles in each geographic level (e.g. census tract) and ranked against all others. Each variable aggregated into individual themes and each theme is aggregated to the final CCVI.
To give us a census-tract level view of vulnerability across the country
This index exposes how racial inequities contribute to vulnerability to COVID-19
This index exposes how racial inequities contribute to vulnerability to COVID-19

60% of Black Americans live in vulnerable census tracts vs. only 34% of white Americans.

But, many of these tracts are part of non-vulnerable counties (only 22% of Black Americans live in vulnerable counties).
And shows us that the virus grows more quickly in vulnerable areas

Data source is JHU supplemented with USAFacts for NYC boroughs. Cases and deaths per 100k are computed at county level, then averaged across counties without weighting for the population of each county. Data retrieved on May 20, 2020.
And the public response expounds on these discrepancies, disproportionately impacting minorities.

And further analysis highlights that there is an inequitable public health response and a strong racial dynamic to vulnerability:

![Graph showing the proportion of each racial group living in a vulnerable community and the average distance to test site, among urban and rural populations, categorized by vulnerability level.](image-url)
History Matters
U.S. Public Health Service Syphilis Study done at Tuskegee (1932-1972)

The Tuskegee Syphilis Study, described as arguably the most infamous biomedical research study in U.S. History.

A doctor draws blood from one of the Tuskegee test subjects.

Incentive = Burial Insurance
Secure Consent for Autopsy
“...The people who ran the study at Tuskegee diminished the stature of man by abandoning the most basic ethical precepts. They forgot their pledge to heal and repair. They had the power to heal the survivors and all the others and they did not. Today, all we can do is apologize....”

President William Jefferson Clinton
The White House
May 16, 1997
http://www.cdc.gov/tuskegee/clintonp.htm
INNOVATIVE COMMUNITY ENGAGEMENT

Photo Credit: Sandra Quinn
Cultural Tailoring Matters
About the Health Advocates In-Reach and Research Campaign

The Maryland Center for Health Equity (M-CHE), with funding from the Cigna Foundation, trains barbers and stylists within Black barbershops and salons across metropolitan Washington, DC as lay health advocates. In this capacity, barbers and stylists can communicate with their clients about colon and prostate cancer risk, while encouraging age-appropriate health screenings and healthy lifestyle changes.

The M-CHE’s Health Advocates In-Reach and Research campaign (HAIR) mobilizes these barbershops and salons as venues for health promotion. They serve to set best practice standards for raising awareness about and encouraging participation in biomedical clinical trials, especially for prostate, colon and other cancers that disproportionately impact African Americans.

Dr. Stephen Thomas, director of the Maryland Center for Health Equity since 2010, first established a HAIR network in Pittsburgh, Pa. in 2002, with support from the National Institutes of Health-National Institute on Minority Health and Health Disparities.

Learn more about HAIR at sph.umd.edu/HAIR

This event would not be possible without the generous support of our sponsors:

Lead Sponsor: Advancing Cancer Treatment
Supporting Sponsor: The Leukemia & Lymphoma Society

WHAT BLACK BARBERS & STYLISTS SAY TO SCIENTISTS:
NO RESEARCH ON US WITHOUT US!

An Innovation Design Studio on Biomedical Clinical Trials and the Role of Black Barbershops and Salons in Recruitment and Retention of African Americans

Monday, December 9, 2019

The Hotel at The University of Maryland
7777 Baltimore Ave, College Park, MD 20742

https://go.umd.edu/5GR
How Might Black and Latinx Barbers & Stylists Become Role Models for COVID-19 Testing

AND

BUILD TRUST FOR FLU & COVID-19 VACCINES!
Fred Spry, Dr. T and Mike Brown
“Never let anyone—any person or any force—dampen, dim or diminish your light.”

—JOHN LEWIS
Advancing the Response to COVID-19: Sharing Promising Programs and Practices for Racial and Ethnic Minority Communities

What Data Tell Us about COVID-19 in Racial and Ethnic Minority Communities

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HHS Office of Minority Health
September 17, 2020
Leveraging Data & Sharing Expertise to Fight the COVID-19 Pandemic

September 17, 2020

Johnnie (Chip) Allen, MPH
NASOMH Member
Director of Health Equity
Ohio Department of Health
Learning Objectives:

1. Learn what data sets are currently available that can help inform COVID-19 strategies for populations made vulnerable through challenging SDOH.

2. Demonstrate how to identify high risk populations for COVID-19 underlying conditions at the census tract level.

3. Demonstrate how different states can work together to solve common public health challenges.
Solutions to the COVID-19 Pandemic

“If the COVID-19 responses fall short of serving the needs of marginalized communities, raise this awareness to the State Health Officer or COVID-19 Incident Commander and offer solutions to overcome these weaknesses.”

V. Lasley-Bibbs, MPH

FREE ONLINE RESOURCES

CDC Social Vulnerability Index

CDC BRFSS 500 Cities Project

CARES Engagement Network

ArcGIS Online
Examples of How to Use These Tools

**CDC Social Vulnerability Index**
- Resilience before/during/after disasters
  - Hamilton County, Ohio: Census Tracts with the Highest CDC SVI Scores ranging from 0.75 to 1.

**CDC BRFSS 500 Cities Project**
- Underlying COVID-19 Conditions
  - 86 Census Tracts

**CARES Engagement Network**
- Create Maps and Reports

**ArcGIS Online**
- Spatial Analysis to bring it all together.

Legend:
- CDC Social Vulnerability Index (SVI) - 2016 overall SVI, natl. rank 1-99
- 5-9.99: highest vulnerability
- 10-14.99: very high vulnerability
- 15-19.99: high vulnerability
- 20-24.99: moderate vulnerability
- 25-29.99: low vulnerability
- 30-34.99: very low vulnerability
- 40-44.99: moderate vulnerability
- 45-49.99: high vulnerability
- 50-54.99: very high vulnerability
- 55-59.99: highest vulnerability
- Data unavailable.
Visualizing the Importance of Underlying Conditions for COVID-19

A Focus on Youngstown, Ohio

Where do all of these health outcomes exist in Youngstown, Ohio at their highest (worst) levels?

<table>
<thead>
<tr>
<th>Disease</th>
<th>Crude Prevalence %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Disease</td>
<td></td>
</tr>
<tr>
<td>HBP</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>COPD</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
</tr>
</tbody>
</table>

**RACE**
- Black 76%
- White 16%
- Two 2+ 5%

**ETHNICITY**
- Latino 5%

11% of the population is over age 65.

Population: 4,687

Data Source: 2017 CDC BRFSS 500 Cities
Share the Knowledge & Expertise
Share the Knowledge & Expertise
Dayton Tier 2 Convergence & Social Vulnerability Index Projection—COVID-19

The map below reflects that Tier 2 areas tend to be also be concentrated in areas that have a high social vulnerability score.
Making the Connection Between Convergence & CDC Social Vulnerability Index (SVI)

The resulting map reflect areas with high chronic disease burden that are also the most vulnerable based on the CDC social vulnerability index.

Franklin County, Ohio. CDC SVI Score (0.50 to 1).
Columbus, Ohio. 2017 BRFSS 500 Cities Project Data for Selected Tier 1 Health Outcomes at their Worst Levels.
Columbus, Ohio. Tier 1 Census Tracts in relation to High SVI scores.
Share the Knowledge & Expertise
What did we learn?
Census Tracts of Selected Ohio Cities. COVID-19 Risk Factors at the Highest (Worst Levels).

Asthma
COPD
Heart Disease
Kidney Disease
High Blood Pressure
Diabetes

Akron
- Black 68%
- White 23%
- 2+ Races 5%
- Latino 3%
- Pop. 13,387

Cincinnati
- Black 87%
- White 9%
- 2+ Races 3%
- Latino 2%
- Pop. 22,324

Columbus
- Black 77%
- White 16%
- 2+ Races 5%
- Latino 3%
- Pop. 44,299

Toledo
- Black 81%
- White 11%
- 2+ Races 5%
- Latino 6%
- Pop. 19,370

Akron
- Black 47%
- White 43%
- 2+ Races 7%
- Latino 3%
- Pop. 11,887

Cleveland
- Black 96%
- White 2%
- 2+ Races 2%
- Latino 2%
- Pop. 3,837

Dayton
- Black 84%
- White 10%
- 2+ Races 4%
- Latino 2%
- Pop. 12,961

Youngstown
- Black 77%
- White 16%
- 2+ Races 5%
- Latino 5%
- Pop. 4,086
What drives these health outcomes out of control?

Asthma  COPD  Heart Disease  Kidney Disease  High Blood Pressure  Diabetes

Columbus
- Concentrated Poverty
- Income Inequality
- Food Insecurity
- Segregation

Cincinnati
- Income Inequality
- Concentrated Poverty

Cleveland
- Segregation
- Concentrated Poverty
- Food Insecurity

Akron
- Income Inequality
- Concentrated Poverty
- Food Insecurity
- Segregation

Canton
- Concentrated Poverty
- Food Insecurity

Dayton
- Segregation
- Concentrated Poverty

Toledo
- Income Inequality
- Concentrated Poverty

Youngstown
- Income Inequality
- Concentrated Poverty
- Food Insecurity
Acquisition of Proprietary Data & Creation of New Partnerships

• The analysis conducted by the Office of Health Equity was good, but we needed to bring more expertise to the table.

• On April 3, 2020 the ODH Office of Health Equity (OHE) learned of a new data-set from Deloitte Consulting, LLP containing risk information for COVID-19 at the household level. This data could inform the statewide COVID-19 response.

• The OHE quickly assembled a group of Ohio-based health equity and data science experts (hereafter referred to as the Ohio Team).

• The Ohio Team worked with Deloitte to leverage their data for COVID-19 needs among vulnerable populations in Ohio.

In order to work with team members with a variety of backgrounds, we developed key questions and decision points to guide our work.
Questions to Answer

• Where are households with underlying conditions for COVID-19 who are unlikely to have a primary care provider; and who live in health care shortage areas or with limited health infrastructure?

• Where will secondary waves of the COVID-19 epidemic most likely occur (for vulnerable populations)?

• Where should COVID-19 testing be concentrated to assess disease prevalence and enhance COVID-19 treatment and quarantine protocols?

Decision Points

• Based on the convergence of underlying COVID-19 conditions and the high cluster of cases, establish locations for treatment and quarantine that are community-based.

• Equitably distribute COVID-19 safety materials (masks, disinfectant supplies, thermometers, acetaminophen) for households who cannot social distance because of housing stock and/or employment in low-wage essential service jobs.
Statewide View: COVID-19 Growth Rate & Testing Centers

Where are the high-risk populations compared to the testing locations?

Consider across three factors:

1. Health risk for complications from COVID-19
2. Income less than $20K
3. Growth Rate in positive COVID-19 cases

Growth rate of COVID-19 positive cases illustrated with the blue gradient heat map.

**Triangles** represent census tracts with at least one testing site

**Blue dots** represent at risk H360 individuals

Color gradient represents growth rate of COVID-19 positive cases (from 5/27/20 – 6/2/20)

<table>
<thead>
<tr>
<th>County</th>
<th>Testing Locations</th>
<th>Total Cases Per 100k</th>
<th>Growth Rate Per 100k (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAIRFIELD</td>
<td>4</td>
<td>157</td>
<td>13.3</td>
</tr>
<tr>
<td>SCOTTO</td>
<td>1</td>
<td>32</td>
<td>13.3</td>
</tr>
<tr>
<td>COLUMBIA</td>
<td>11</td>
<td>847</td>
<td>12.8</td>
</tr>
<tr>
<td>PREBLE</td>
<td>0</td>
<td>95</td>
<td>11.4</td>
</tr>
<tr>
<td>HARDIN</td>
<td>1</td>
<td>153</td>
<td>10.9</td>
</tr>
<tr>
<td>VINTON</td>
<td>1</td>
<td>160</td>
<td>10.5</td>
</tr>
<tr>
<td>FULTON</td>
<td>1</td>
<td>104</td>
<td>7.3</td>
</tr>
<tr>
<td>WYANDOT</td>
<td>0</td>
<td>264</td>
<td>7.1</td>
</tr>
<tr>
<td>LUCAS</td>
<td>3</td>
<td>150</td>
<td>7.1</td>
</tr>
<tr>
<td>PERRY</td>
<td>1</td>
<td>53</td>
<td>5.6</td>
</tr>
<tr>
<td>COSHOCTON</td>
<td>2</td>
<td>112</td>
<td>5.1</td>
</tr>
<tr>
<td>CLARK</td>
<td>5</td>
<td>220</td>
<td>4.9</td>
</tr>
<tr>
<td>CUYAHOGA</td>
<td>30</td>
<td>365</td>
<td>4.8</td>
</tr>
<tr>
<td>FRANKLIN</td>
<td>31</td>
<td>430</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Growth Rate Per 100k Population

**Cases June 2nd – Cases May 27th**

**Cases May 27th**

- Current growth rate per 100k population from May 27th – June 2nd

**Total At-Risk H360 Individuals**

- 702 Census Tracts
  - 249,266 people

- Entire State
  - 776,975 people

Source: findcovidtesting.com, SVI, ohio.gov, H360 PredictRisk
Franklin County: Potential Testing Locations

**Vulnerable population = 1 or more health conditions (hypertension, cardiovascular disease, diabetes) and income <$20K**

- Some census tracts have more than one Testing Site (details in Appendix)
- Transit points shown when available

Census tract with at least one Testing Site

Household

Potential Testing Location

Public Transit Point (if available)

Source: Health360, findcovidtesting.com, Bing Maps
• We must change the way we think about health disparities and health equity.

• Are you at the table or outside looking in?

• Data exist right now to help respond to COVID-19.

• We need to keep the faith that we can overcome health inequities including COVID-19.

• Share what you know and learn from others.

• Remember you/we/us/them cannot afford to fail.
Thank you for listening!

Chip.Allen@odh.ohio.gov
Advancing the Response to COVID-19: Sharing Promising Programs and Practices for Racial and Ethnic Minority Communities
A Virtual Symposium Hosted by HHS Office of Minority Health

Visit the Virtual Exhibit Hall ➤

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