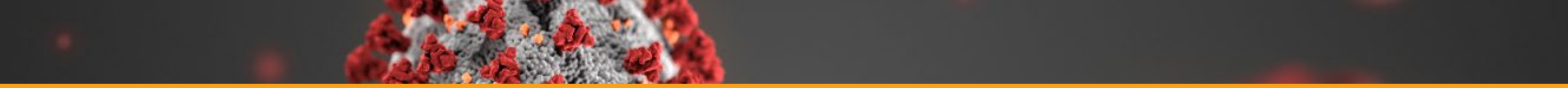
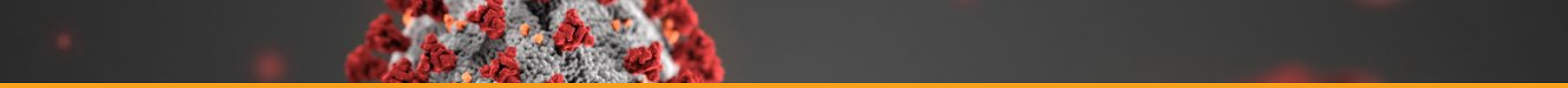


PLENARY SESSION I

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



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

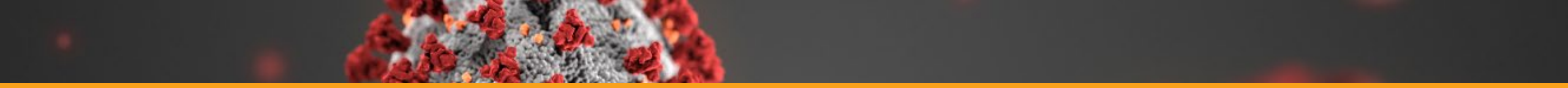
A Virtual Symposium Hosted by the HHS Office of Minority Health

This virtual symposium is presented by the
HHS Office of Minority Health

The opinions, findings and conclusions expressed by speakers during this virtual event are strictly their own and do not necessarily represent the opinion, views or policies of the Office of the Assistant Secretary for Health (OASH), Office of Minority Health (OMH) and the U.S. Department of Health and Human Services (HHS); nor does mention of trade names, commercial practices, or organizations imply endorsement.

References to publications, news sources, and non-federal websites are provided solely for informational purposes and do not imply endorsement by OASH or HHS. OASH and HHS assume no responsibility for the factual accuracy of the content of the individual organization found at non-federal links.

2020



CONTINUING EDUCATION CREDIT HOURS NOTICE

Continuing Education Credit Hours have been approved by NCHEC for Category 1/advanced-level credits. If you hold CHES/MCHES status and did not submit your ID number during registration, please submit your ID number to ***virtualsym_CEUs@minorityhealth.hhs.gov*** *to receive your credits. Please note that CHES/MCHES credit will be afforded based on attendance per session.*

PRESENTERS

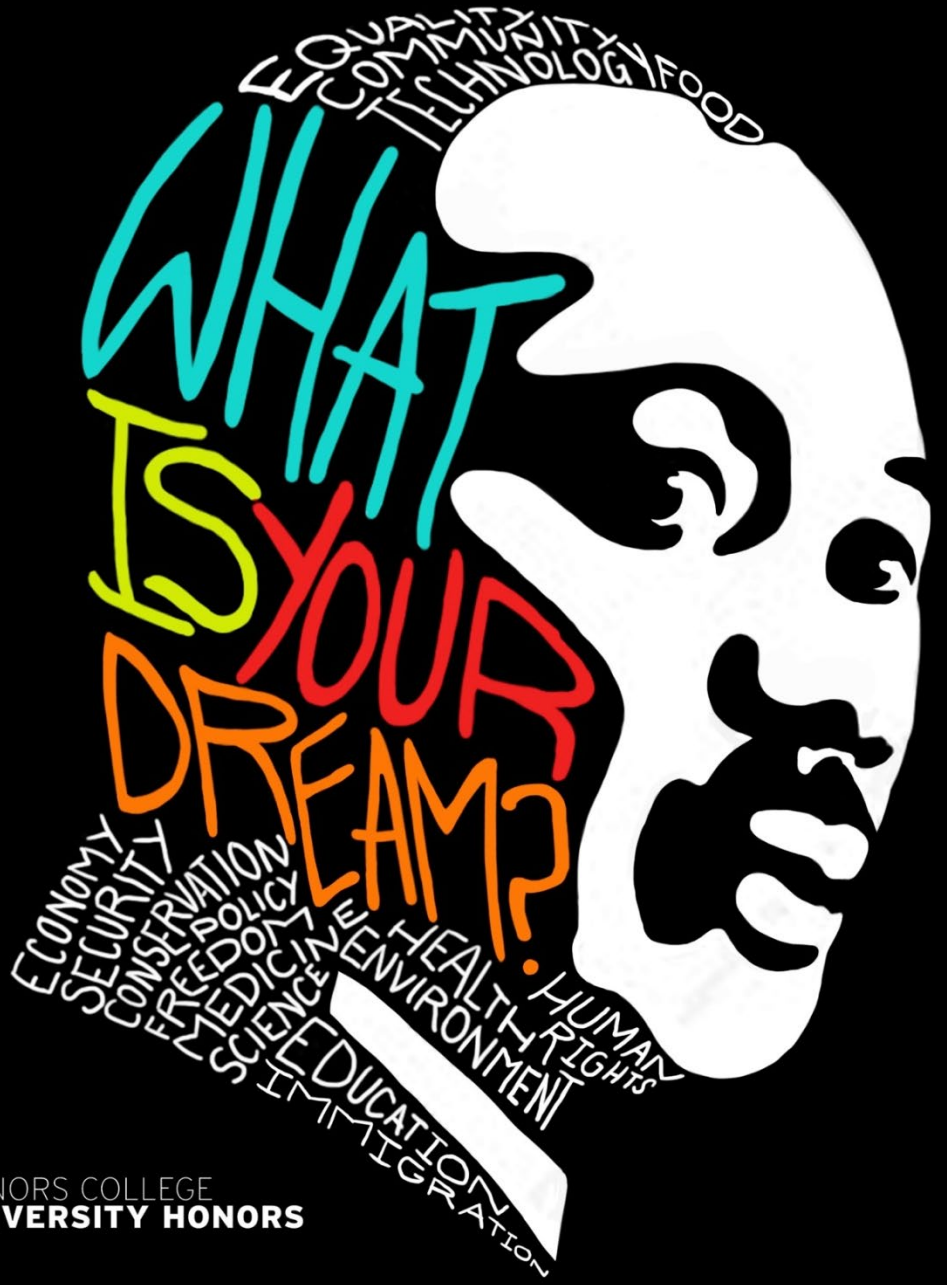
- **Moderator: Sela Panapasa**, PhD, Associate Research Scientist, Research Center for Group Dynamics, Institute for Social Research, University of Michigan

- **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



HONORS COLLEGE
UNIVERSITY HONORS

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

Stephen B. Thomas, Ph.D.
Professor Health Policy & Management
School of Public Health
Director, Maryland Center for Health Equity
University of Maryland
College Park, MD
sbt@umd.edu

HHS Office of Minority Health
September 17, 2020

UNIVERSITY OF MARYLAND 18 56

SCHOOL OF
PUBLIC HEALTH

CENTER FOR HEALTH EQUITY

BUILDING BRIDGES
BUILDING TRUST
BUILDING
HEALTHY COMMUNITIES

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 depreciate 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

BUILDING TRUST
BETWEEN MINORITIES AND RESEARCHERS

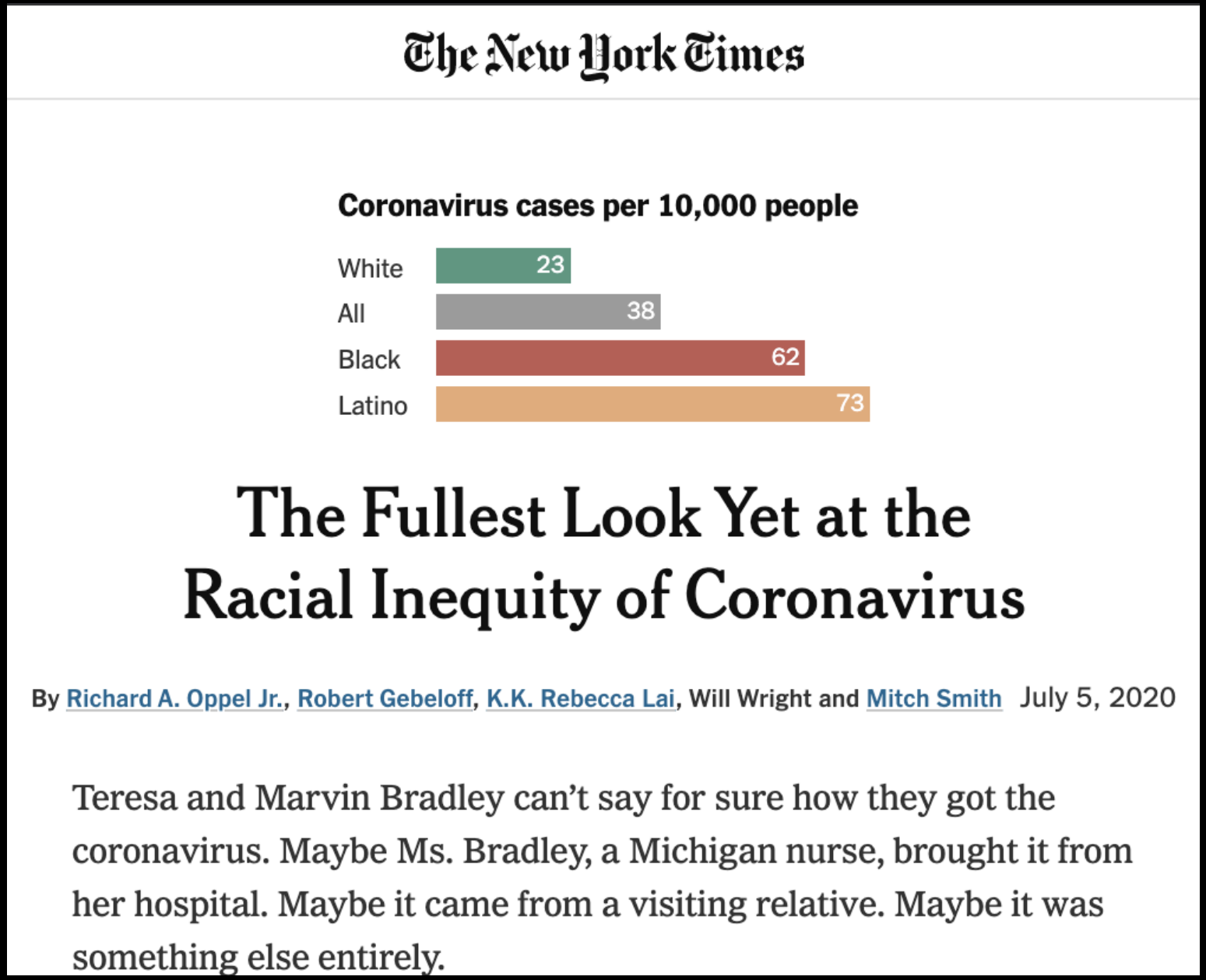
National Institute of Minority Health and Health Disparities and Office of the Director, National Institutes of Health
American Reinvestment and Recovery Act RC2MD004766; Principal Investigators: Sandra Quinn & Stephen Thomas

“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:



The New York Times

Coronavirus cases per 10,000 people

The Fullest Look Yet at the Racial Inequity of Coronavirus

By Richard A. Oppel Jr., Robert Gebeloff, K.K. Rebecca Lai, Will Wright and Mitch Smith July 5, 2020

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.

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 Striking Racial Divide in How Covid-19 Has Hit Nursing Homes

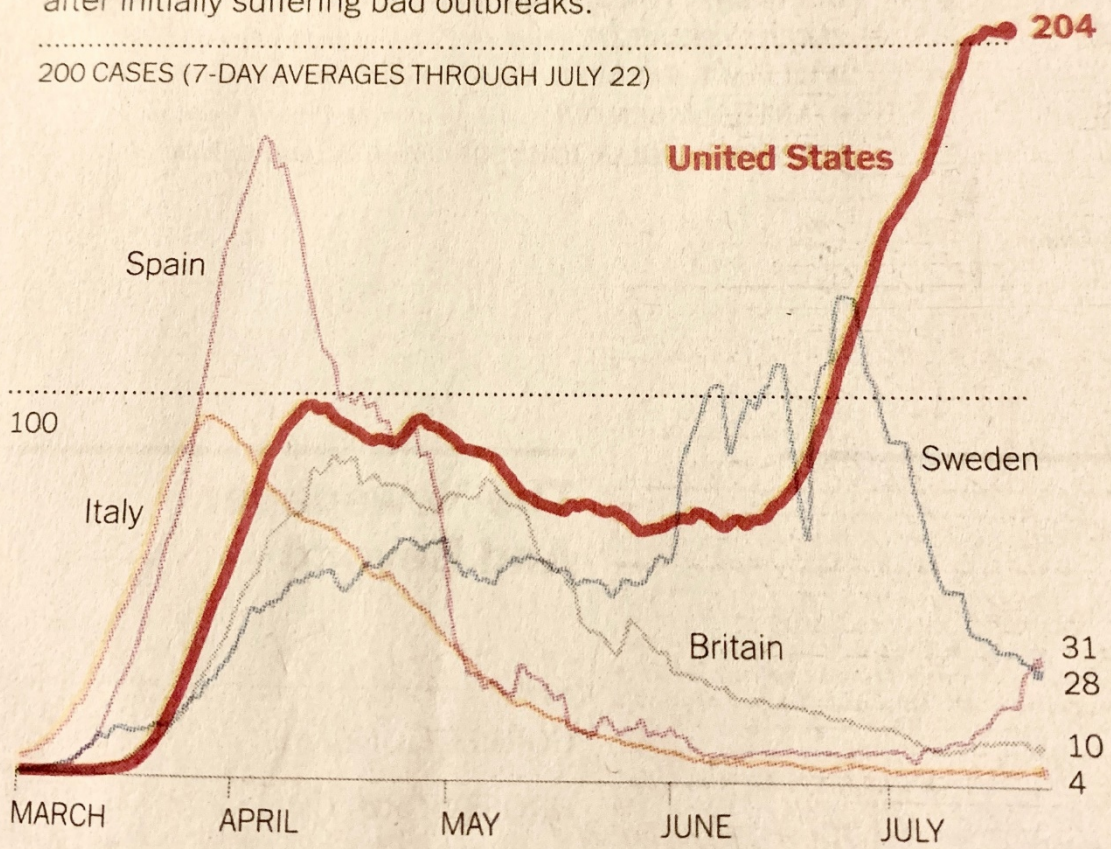
Homes with a significant number of black and Latino residents have been twice as likely to be hit by the coronavirus as those where the population is overwhelmingly white.

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.

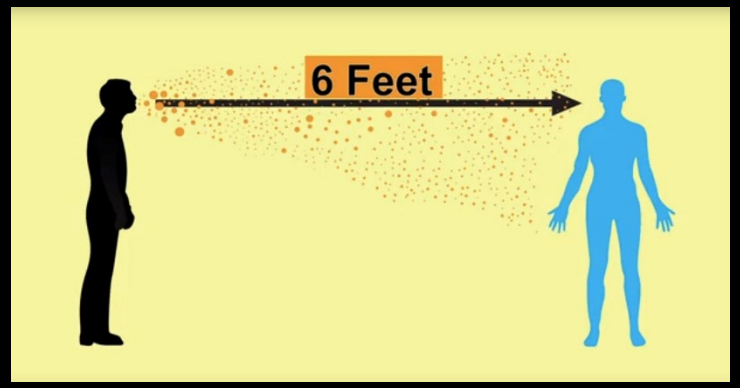


RICH COUNTRIES WITH BETTER-CONTROLLED OUTBREAKS

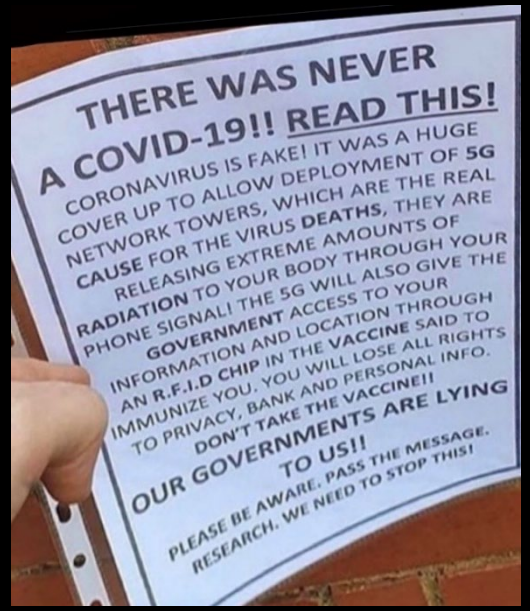
Their case rates are a small fraction of the U.S. rate. Canada's border with the United States remains closed.

Where do we go from here: Chaos or Community

What Works



What Does Not Work



Colors of COVID Consortium:

Prevention, Detection, and Treatment of Black and Latinx Communities in Maryland and across the U.S.A.

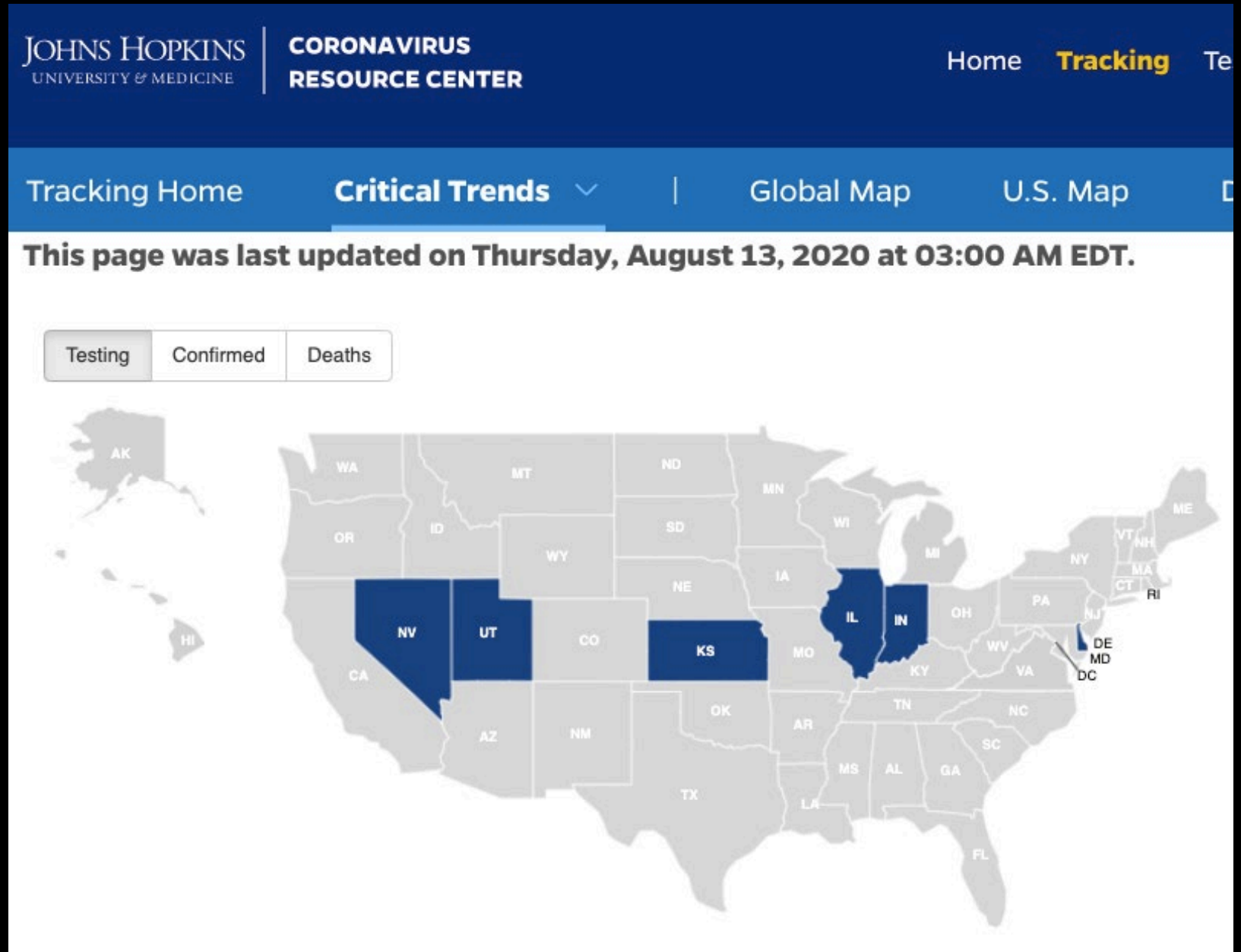
The Leadership Team

The University of Maryland, Center for Health Equity and

Westat, Inc.,

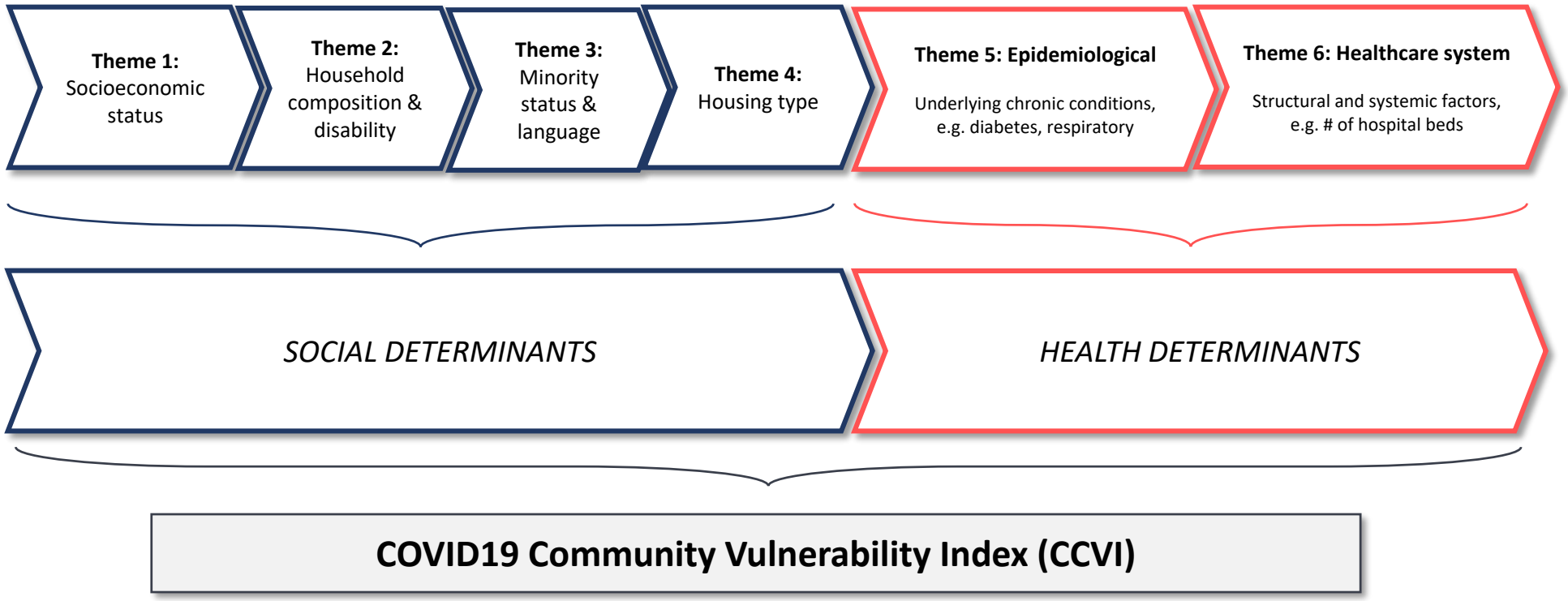
July 17, 2020

State COVID-19 Data by Race



Which states have released breakdowns of COVID-19 data by race?

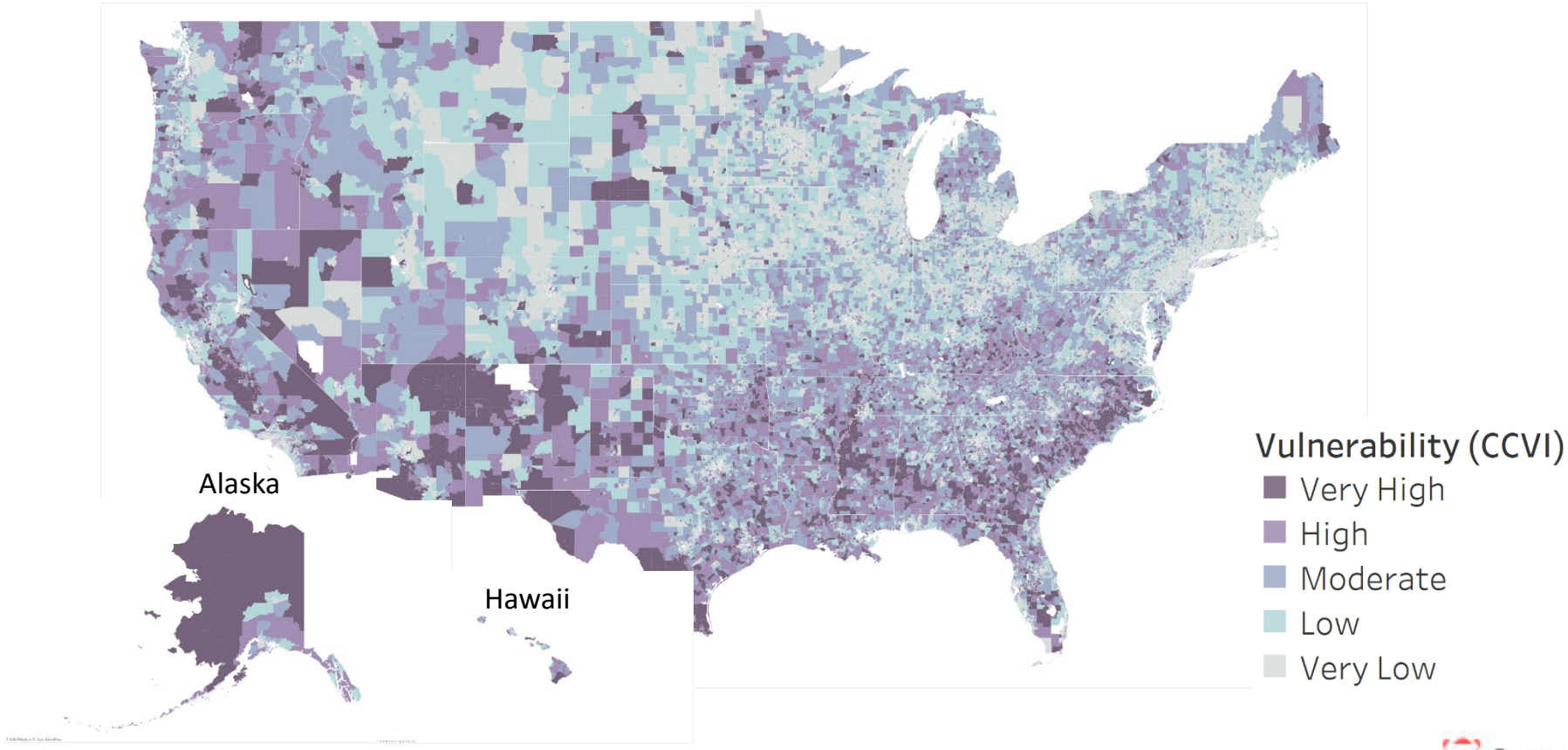
We built a modular index tailored to the unique characteristics of COVID



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.

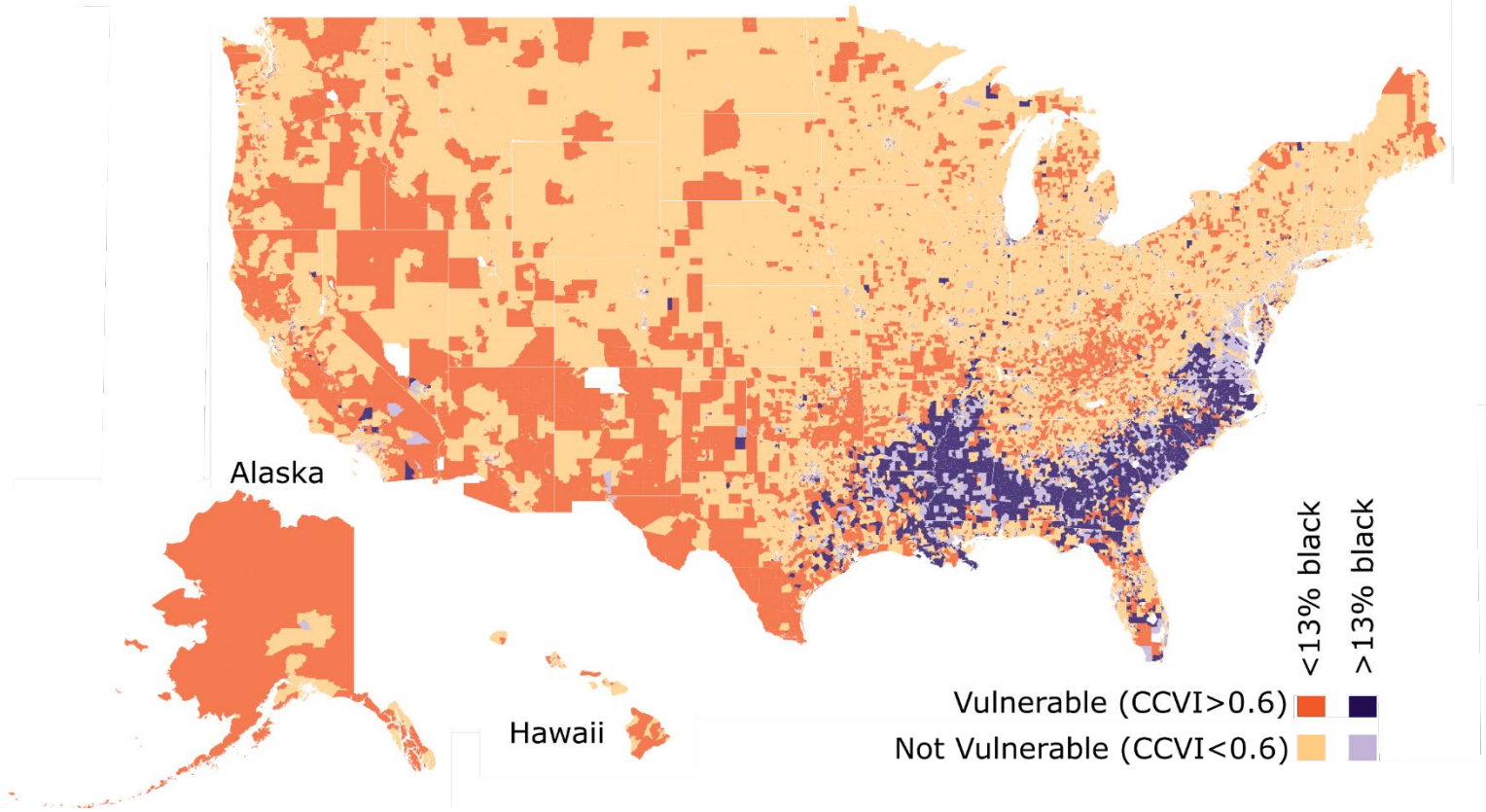
Surgo Foundation

To give us a census-tract level view of vulnerability across the country



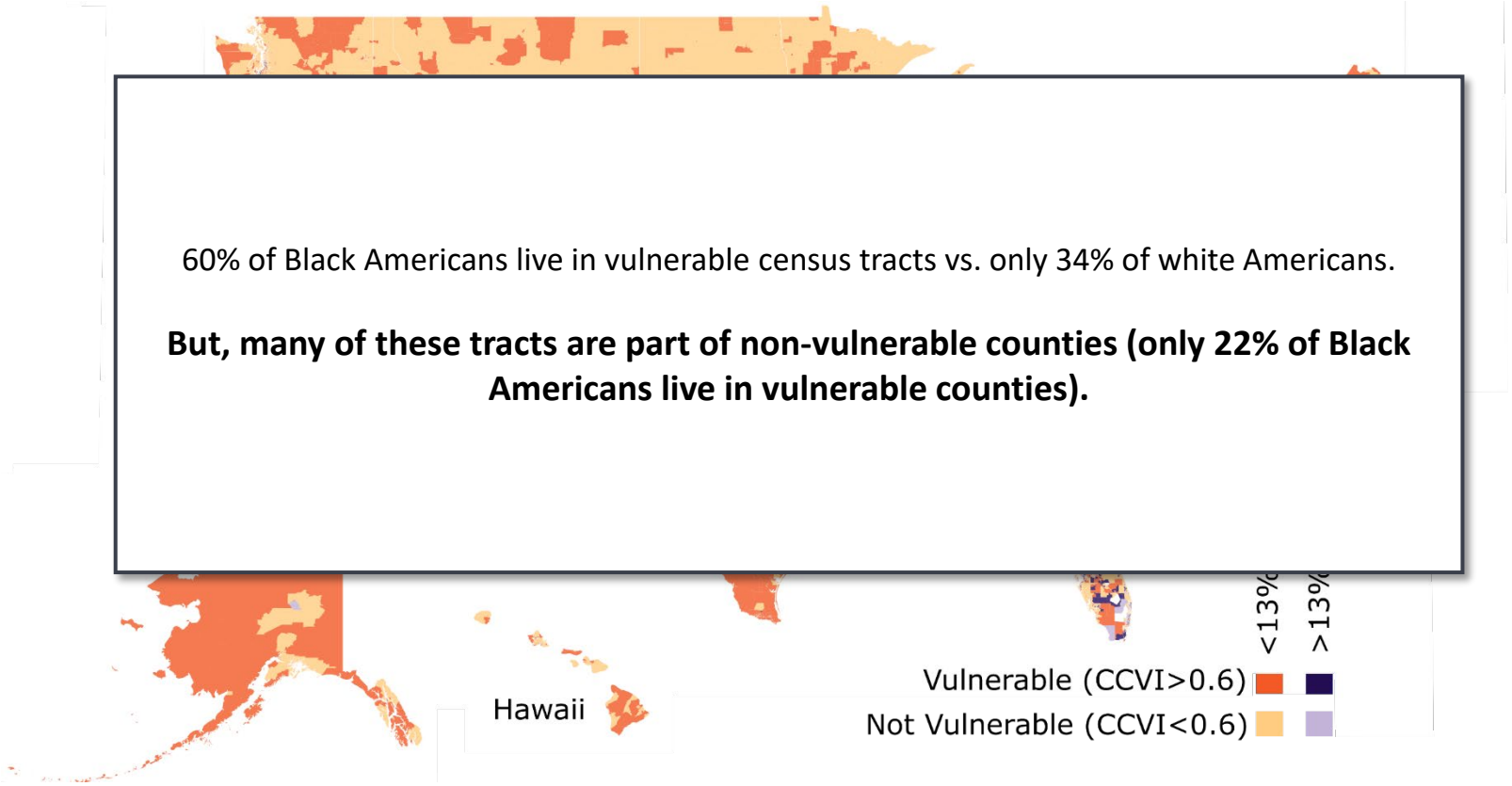
Surgo Foundation

This index exposes how racial inequities contribute to vulnerability to COVID-19



Surgo Foundation

This index exposes how racial inequities contribute to vulnerability to COVID-19

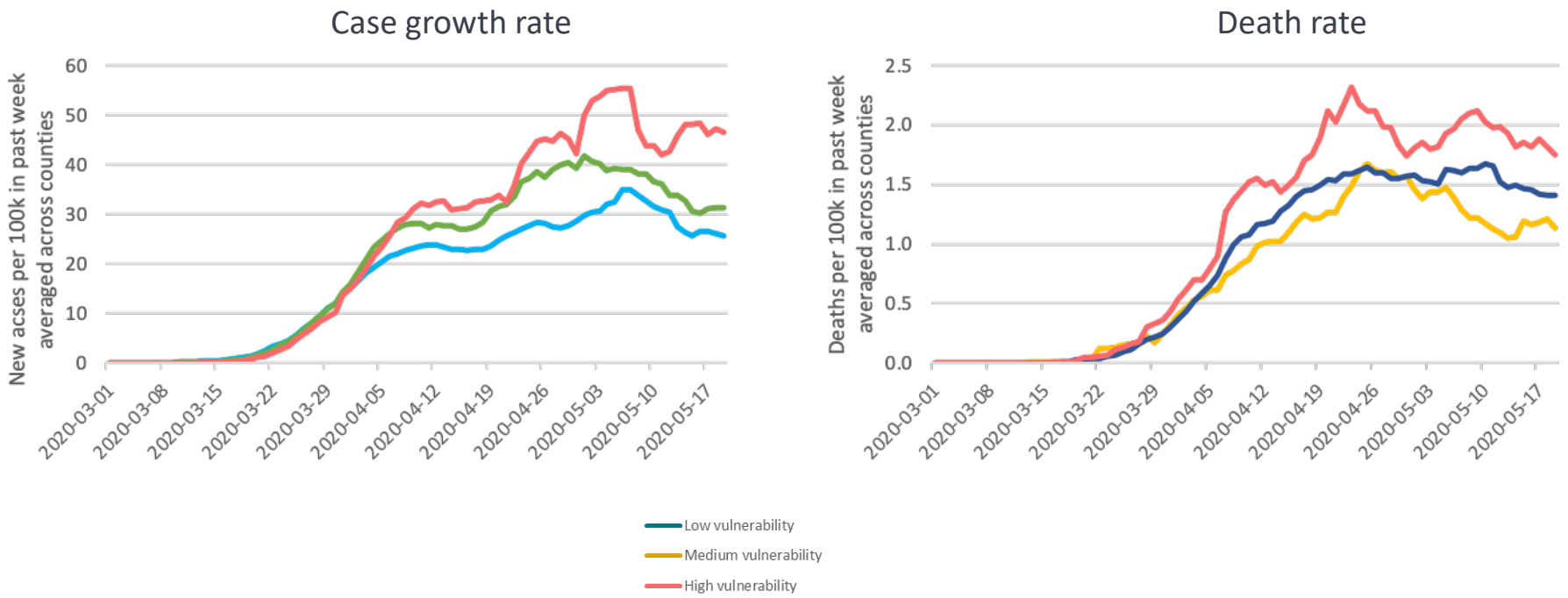


60% of Black Americans live in vulnerable census tracts vs. only 34% of white Americans.

But, many of these tracts are part of non-vulnerable counties (only 22% of Black Americans live in vulnerable counties).

Surgo Foundation

And shows us that the virus grows more quickly in vulnerable areas

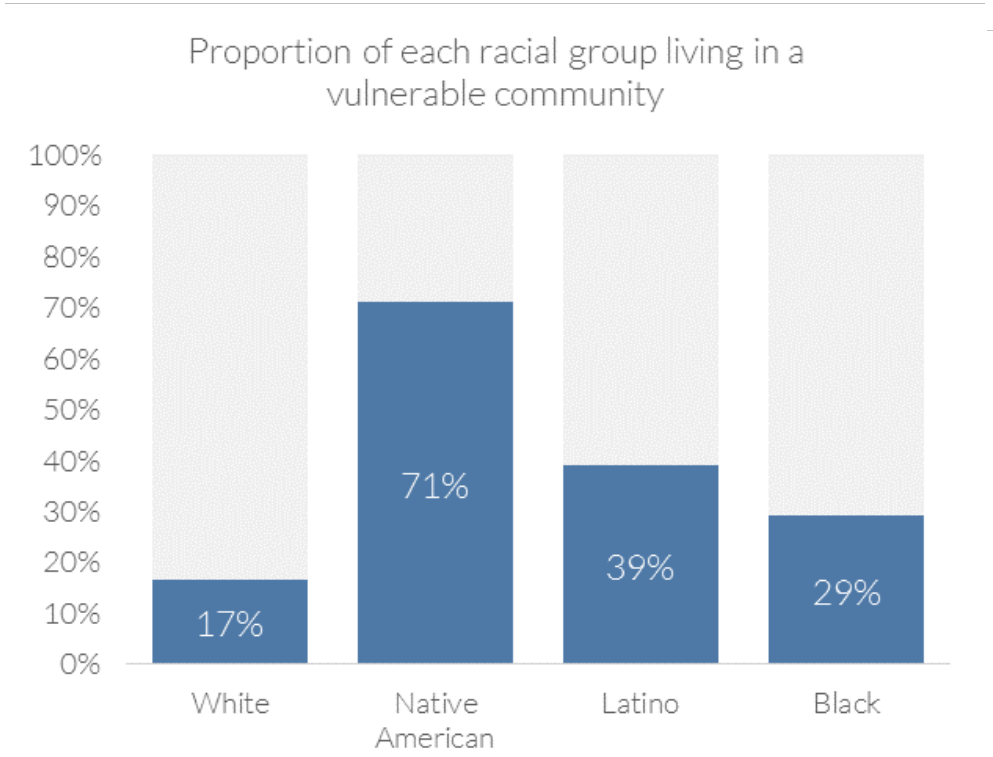


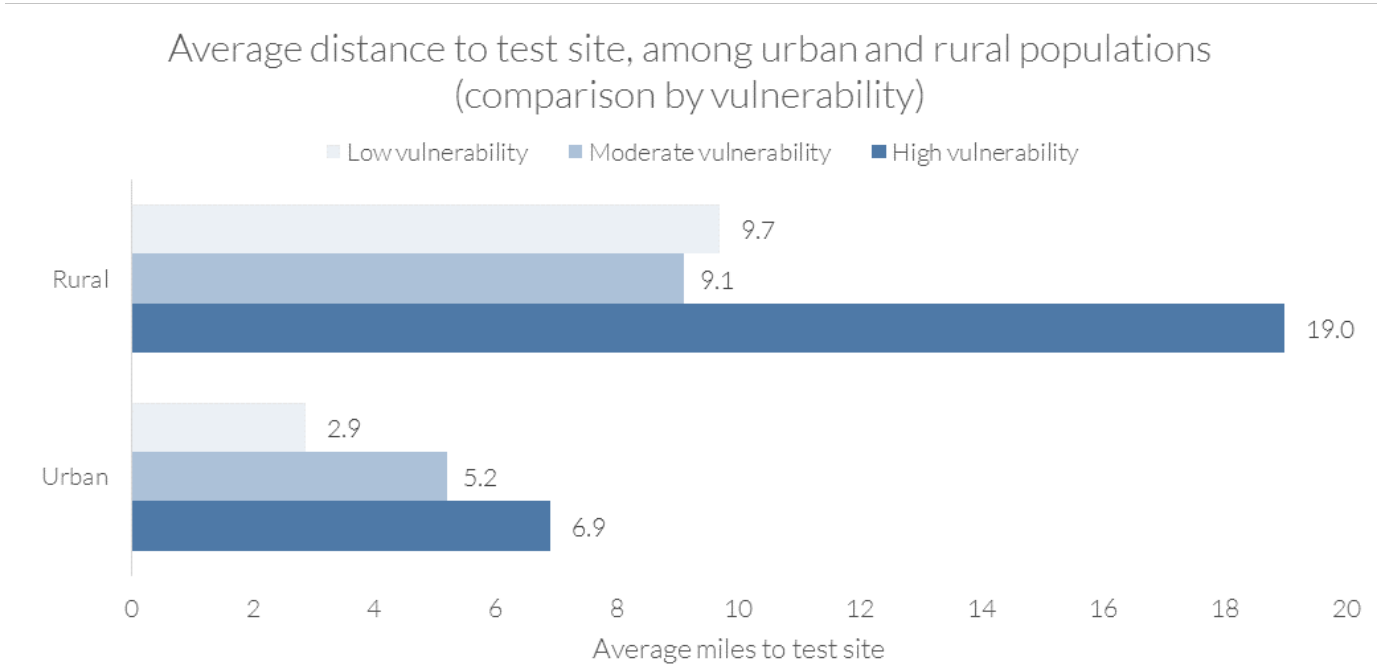
Data source is JHU supplemented with USAFacts for NYC boroughs. Cases and deaths per 100k are computed at county level, then averaged across counties without weighting for the population of each county. Data retrieved on May 20, 2020

Surgo Foundation

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:





Surgo Foundation

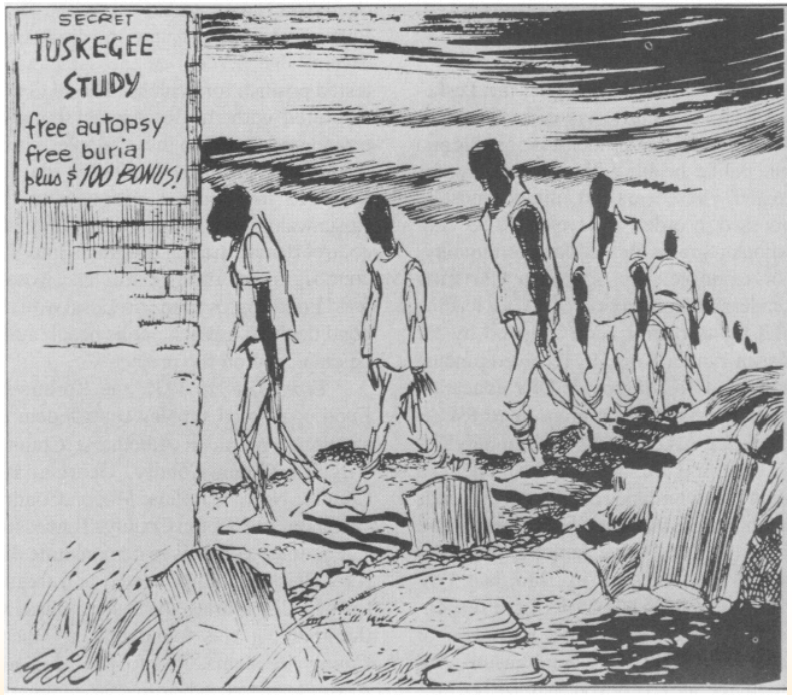
History Matters

BUILDING TRUST
BETWEEN MINORITIES AND RESEARCHERS

National Institute of Minority Health and Health Disparities and Office of the Director, National Institutes of Health
American Reinvestment and Recovery Act RC2MD004766; Principal Investigators: Sandra Quinn & Stephen Thomas

U.S. Public Health Service Syphilis Study done at Tuskegee (1932-1972)

A doctor draws blood from one of the Tuskegee test subjects



Editorial cartoon by Lou Erikson, *The Atlanta Constitution*, July 1972. Reprinted with permission.

Incentive = Burial Insurance
Secure Consent for Autopsy

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

BUILDING TRUST
BETWEEN MINORITIES AND RESEARCHERS

National Institute of Minority Health and Health Disparities and Office of the Director, National Institutes of Health
American Reinvestment and Recovery Act RC2MD004766; Principal Investigators: Sandra Quinn & Stephen Thomas

"…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

Health Advocates In-Research and Research (H.A.I.R.)

National Association of Black Barbershops & Salons for Health

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

SCHOOL OF PUBLIC HEALTH
CENTER FOR HEALTH EQUITY

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

VIDEO VISIT

https://go.umd.edu/5GR

UNIVERSITY OF MARYLAND 18 56

CENTER FOR
HEALTH EQUITY
SCHOOL OF PUBLIC HEALTH

How Might Black and Latinx Barbers & Stylists Become Role Models for COVID-19 Testing

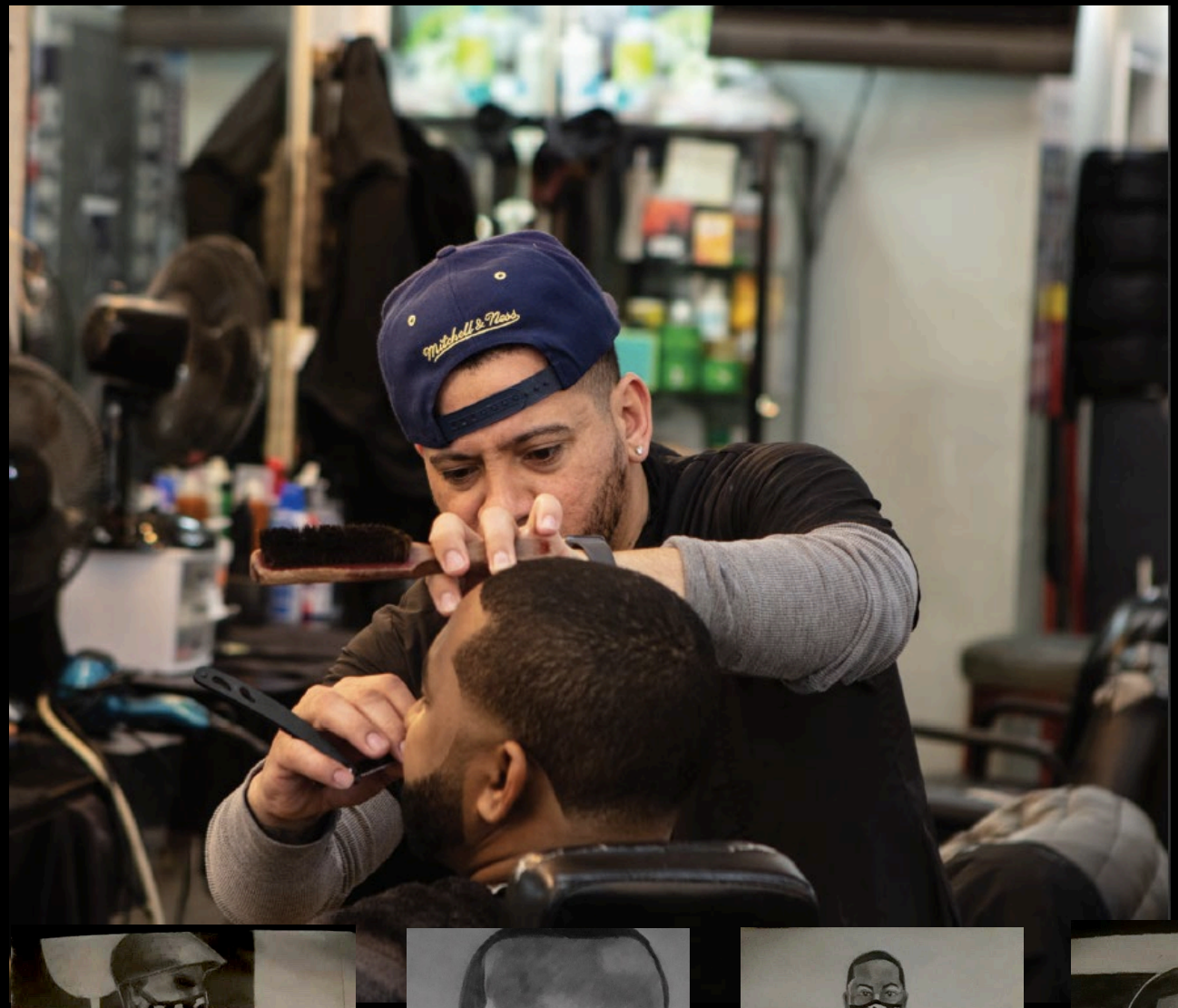
AND

BUILD TRUST FOR FLU & COVID-19 VACCINES !

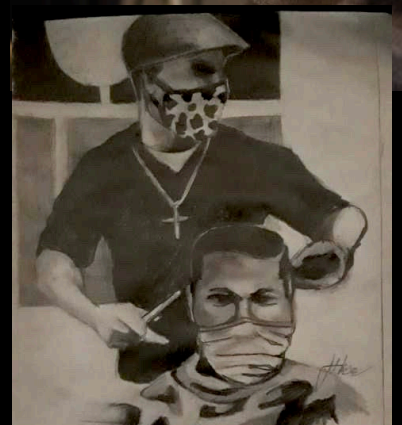
BUILDING TRUST
BETWEEN MINORITIES AND RESEARCHERS

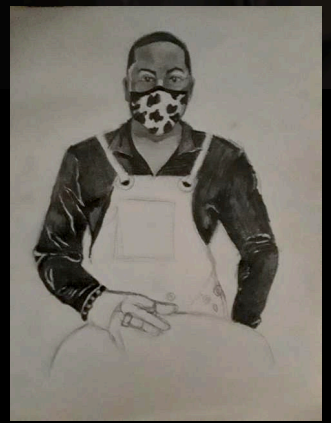
Pictured left to right, Fred Spry, Master Barber & CEO of The Shop, Stephen Thomas, and Mike Brown, General Manager of The Shop

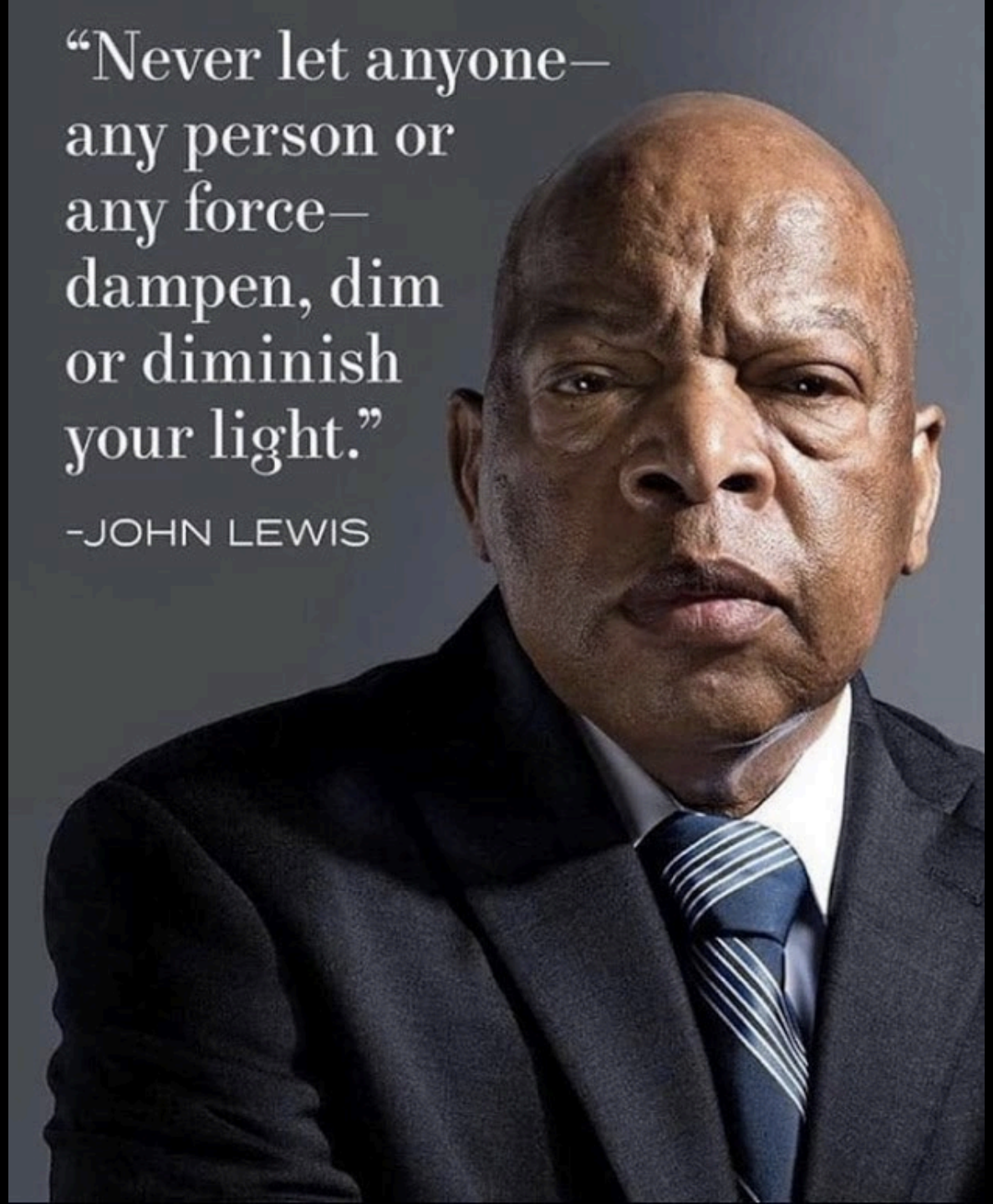
Fred Spry, Dr. T and Mike Brown

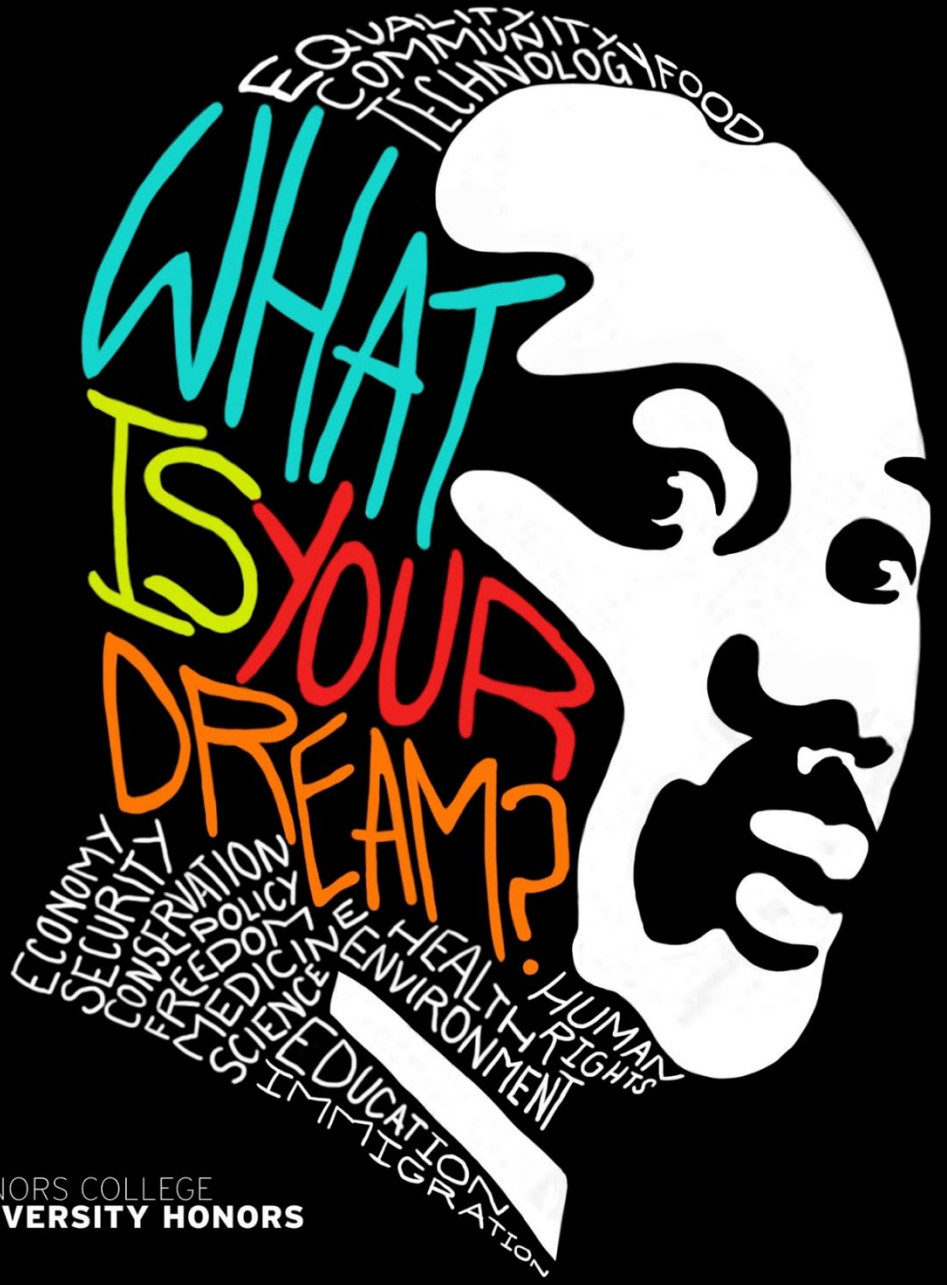


marvel truth red white and black






“Never let anyone–
any person or
any force–
dampen, dim
or diminish
your light.”
-JOHN LEWIS



HONORS COLLEGE
UNIVERSITY HONORS

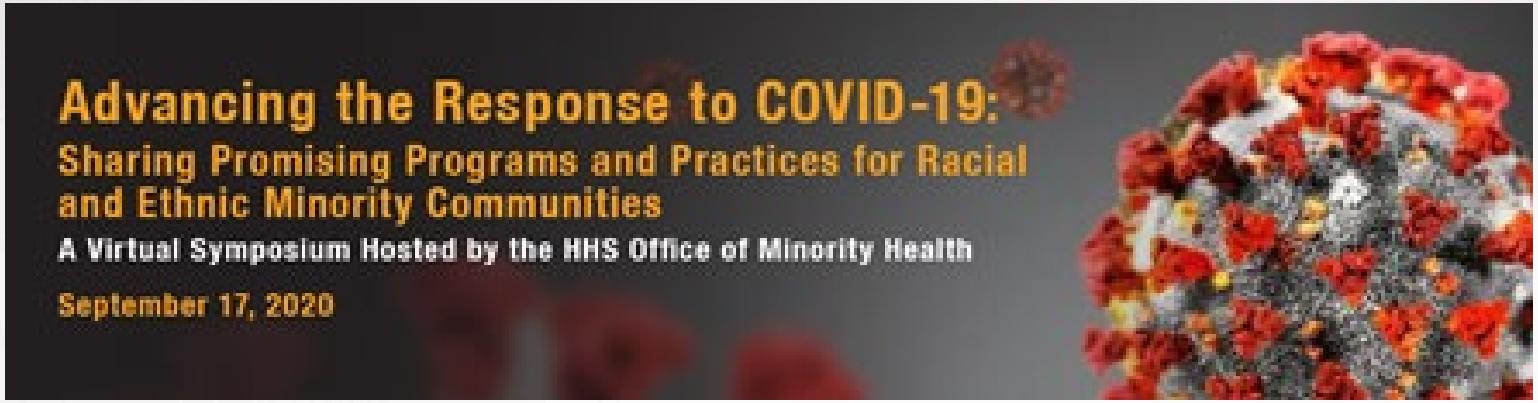
Advancing the Response to COVID-19: Sharing Promising Programs and Practices for Racial and Ethnic Minority Communities

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

Stephen B. Thomas, Ph.D.
Professor Health Policy & Management
School of Public Health
Director, Maryland Center for Health Equity
University of Maryland
College Park, MD
sbt@umd.edu

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

National Association of State Offices of Minority Health

March 15, 2020

Dear NASOMH Member:

I am sure that all of you are in the midst of responding to the COVID-19 pandemic. The spread and unpredictability of this outbreak is challenging the public health system in ways that we could have not imagined. This communication is sent to offer suggestions on how NASOMH members can provide greater public health leadership to assure that marginalized communities survive the COVID-19 pandemic in the best possible manner.

NASOMH members routinely articulate the social, economic, environmental and policy related issues which impact the well-being of marginalized communities. Moreover, we do this well despite not always having the resources we need. The inevitable community-spread of COVID-19 requires that our insight is needed now more than ever.

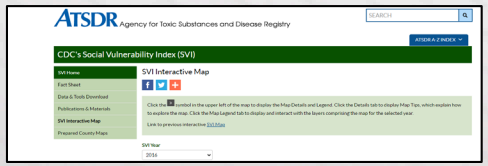
Many of you have requested culturally appropriate resources, fact sheets and other communiqués for COVID19. Christy Curwick Hoff of the Governor's Interagency Council on Health Disparities (Washington State Board of Health) has volunteered to help NASOMH share health information. Christy can set up a distribution list of persons who would like to collaborate and share translated content and materials that we can use in our respective states, territories and tribal communities. She is particularly interested in working on equity and language access issues specifically related to the COVID-19 response. Once that list is generated, we will house that list on the NASOMH website. There is a lot of opportunity for collaboration, particularly related to translations. Christy's email is (Christy.Hoff@sboh.wa.gov). The CARES Engagement Network also provides the ability to generate data and maps regarding predominant languages spoken at home (other than English) by census tract which is a great resource.

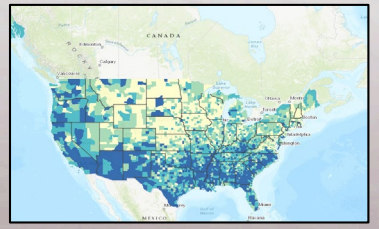
I have compiled a list of resources. Some are text-heavy and need to be adapted for particular audiences while others have been translated into multiple languages. They are as follows:

- CDC Social Vulnerability Index https://svi.cdc.gov/
- http://www.cdc.gov/COVID-19
- https://www1.nyc.gov/site/doh/health/health-topics/coronavirus.page
- https://ns.hesperian.org/hhg/Coronavirus SPANISH
- http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/preventing-spread-communities/homeless-shelters
- https://en.hesperian.org/hhg/Coronavirus?utm_source=newsletter&utm_medium=email&utm_campaign=coronavirus2&utm_term=coronavirus2&utm_content=coronavirus2 ENGLISH
- https://www.cdc.gov/coronavirus/2019-ncov/index.html
- CARES Engagement Network. Access to community-level data https://engagementnetwork.org/
- https://selfadvocacyinfo.org/wp-content/uploads/2020/03/Plain-Language-Information-on-Coronavirus.pdf
- https://selfadvocacyinfo.org/wp-content/uploads/2020/03/Spanish-Plain-Language-Information-on-Coronavirus.pdf

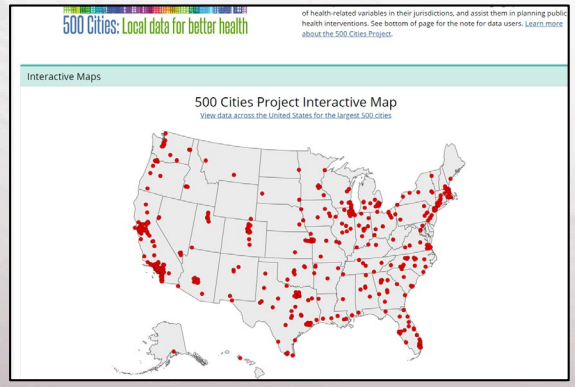
FREE ONLINE RESOURCES

CDC
Social Vulnerability Index

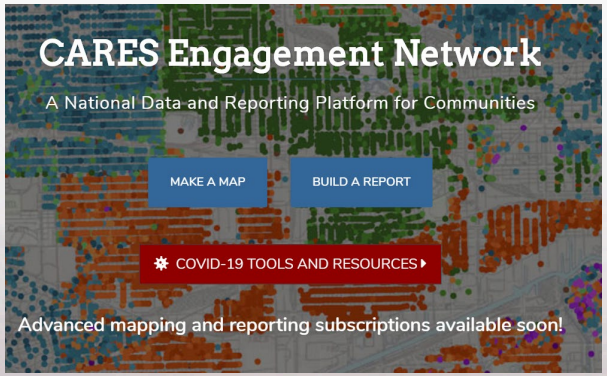




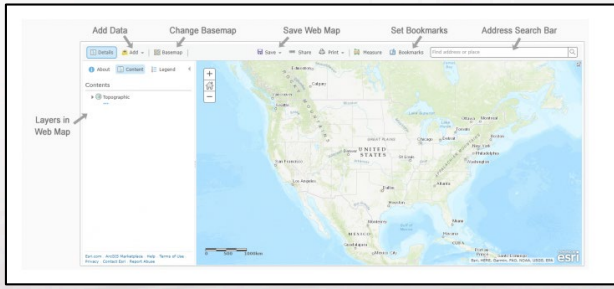
CDC BRFSS 500 Cities Project



CARES Engagement Network



ArcGIS Online

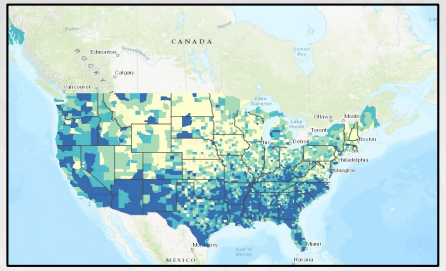


"If the COVID-19 responses fall short of serving the needs of marginalized communities, raise this awareness to the State Health Officer or COVID-19 Incident Commander and offer solutions to overcome these weaknesses."

V. Lasley-Bibbs, MPH

Examples of How to Use These Tools

CDC
Social Vulnerability Index

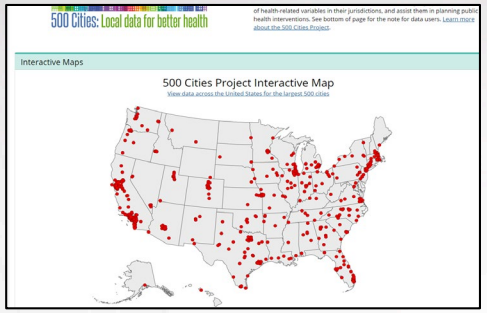


Resilience
before/during/after disasters

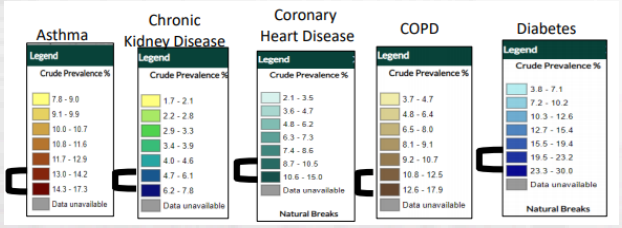
Hamilton County, Ohio. Census Tracts with the Highest CDC ***SVI*** Scores ranging from 0.75 to 1).

86 Census Tracts

CDC
BRFSS 500 Cities Project

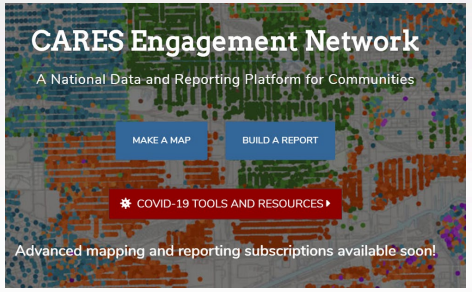


Underlying COVID-19 Conditions

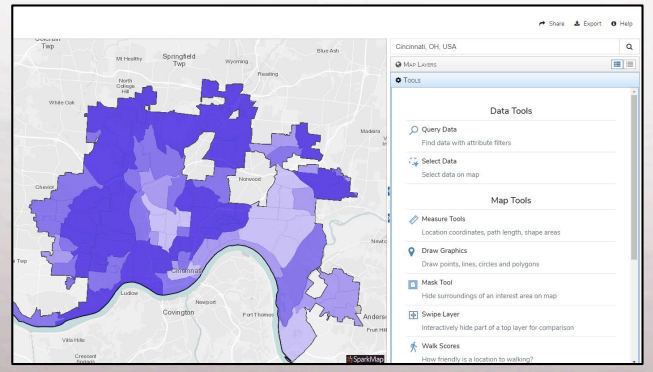


Cincinnati, Ohio. 2017 BRFSS 500 Cities Project. Census Tracts with Selected Health Outcomes at their Worst Levels (Tier 1).

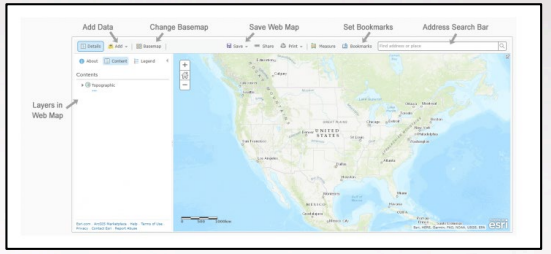
CARES
Engagement Network



Create Maps and Reports

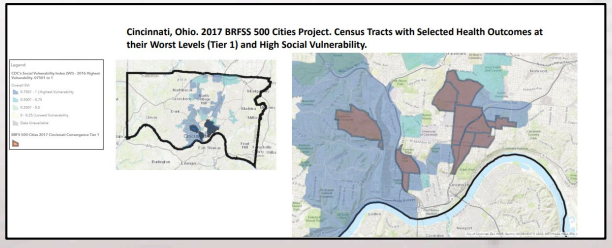


ArcGIS Online



Spatial Analysis to bring it all together.

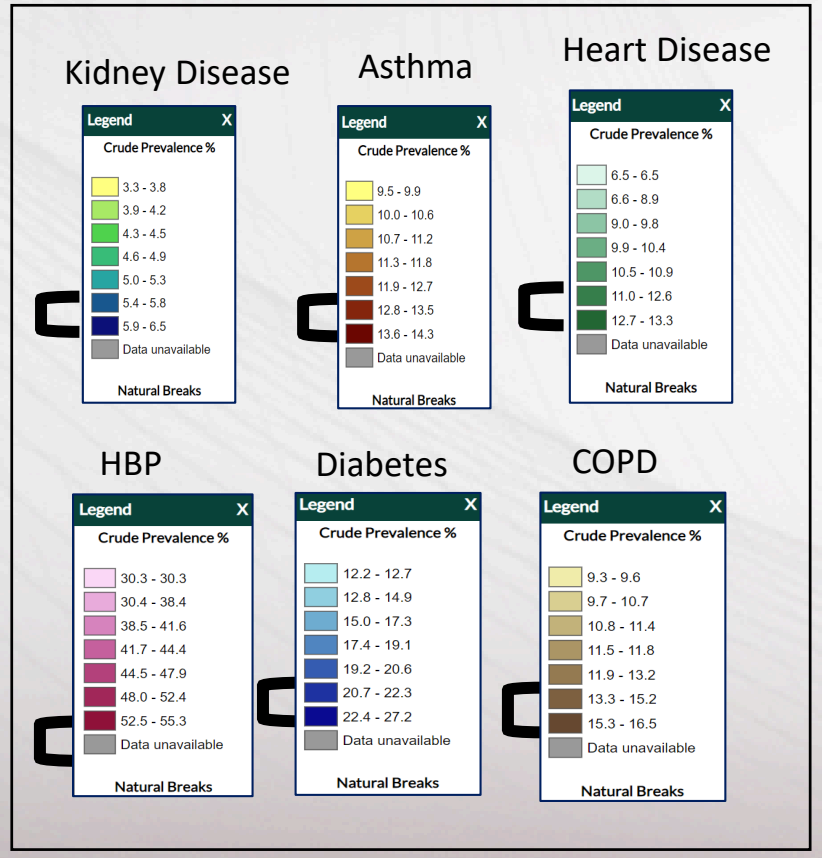
Cincinnati, Ohio. 2017 BRFSS 500 Cities Project. Census Tracts with Selected Health Outcomes at their Worst Levels (Tier 1) and High Social Vulnerability.



Visualizing the Importance of Underlying Conditions for COVID-19

A Focus on Youngstown, Ohio

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



RACE

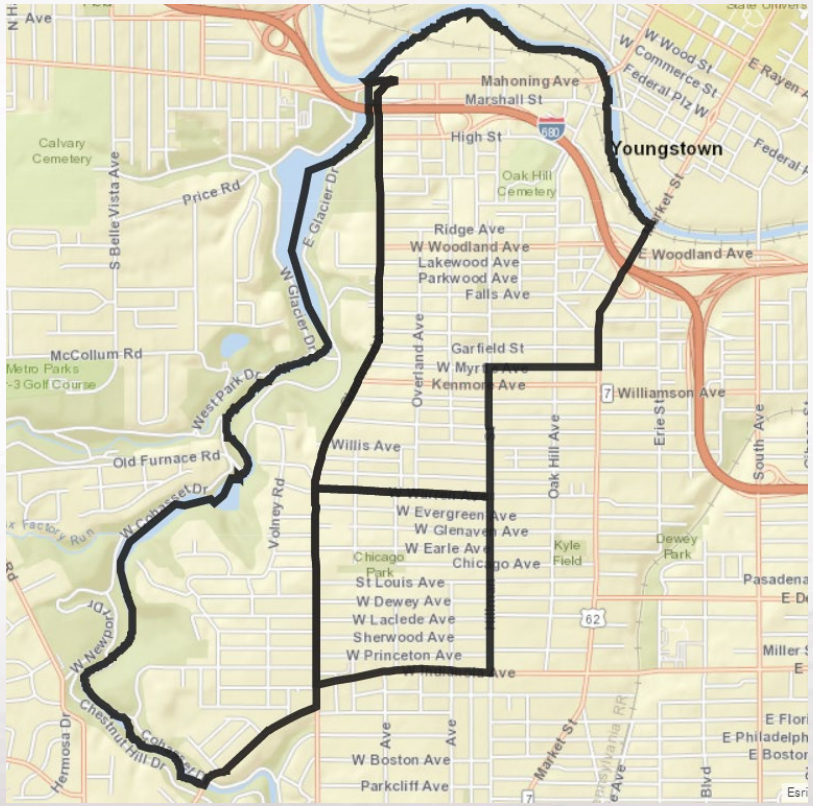
Black	76%
White	16%
Two 2+	5%

ETHNICITY

Latino	5%

11% of the population is over age 65.

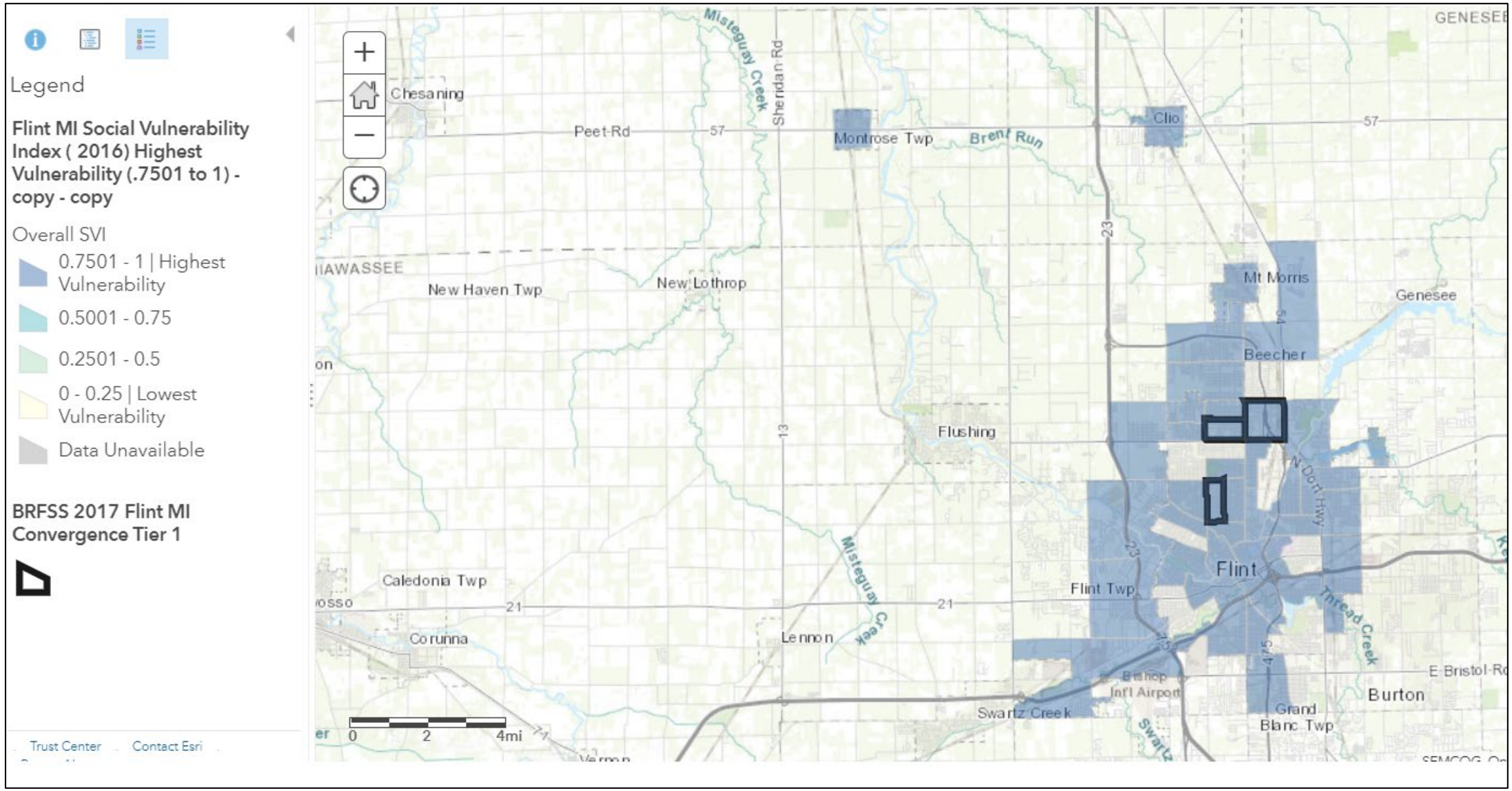
Population: 4,687



Data Source: 2017 CDC BRFSS 500 Cities

Share the Knowledge & Expertise

Share the Knowledge & Expertise

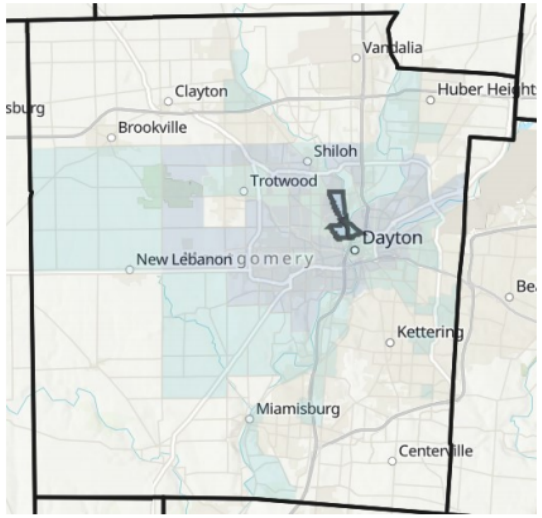


Share the Knowledge & Expertise

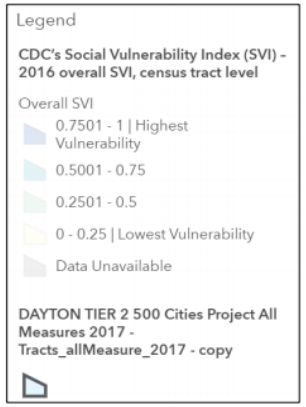
Dayton Tier 2 Convergence & Social Vulnerability Index Projection—COVID-19

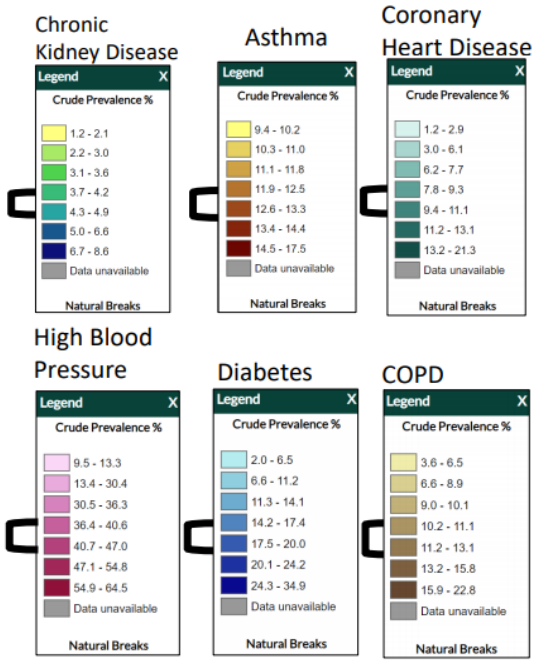
The map below reflect that Tier 2 areas tend be also be concentrated in areas that have a high social vulnerability score.

Dayton, Ohio. 2017 BRFSS 500 Cities Project. Census Tracts with Selected Health Outcomes at Selected Levels (Tier 2) and High CDC Social Vulnerability Index.



Tier 2 Population: 8,703



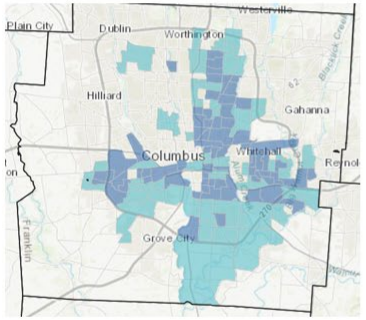


Share the Knowledge & Expertise

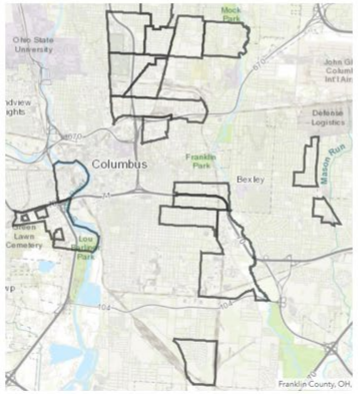
Making the Connection Between Convergence & CDC Social Vulnerability Index (SVI)

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

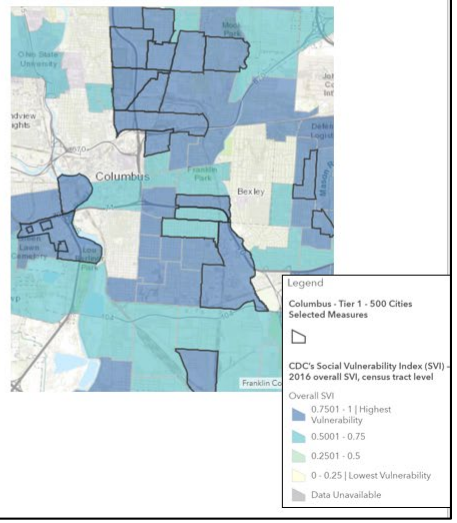
Franklin County, Ohio. CDC SVI Score (0.50 to 1).



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

Cuyahoga Convergence Analysis Tier 2 & Social Vulnerability Index

Legend

BRFS 2017 Cuyahoga Convergence 2nd Tier

CDC's Social Vulnerability Index (SVI) - 2016 overall SVI, census tract level

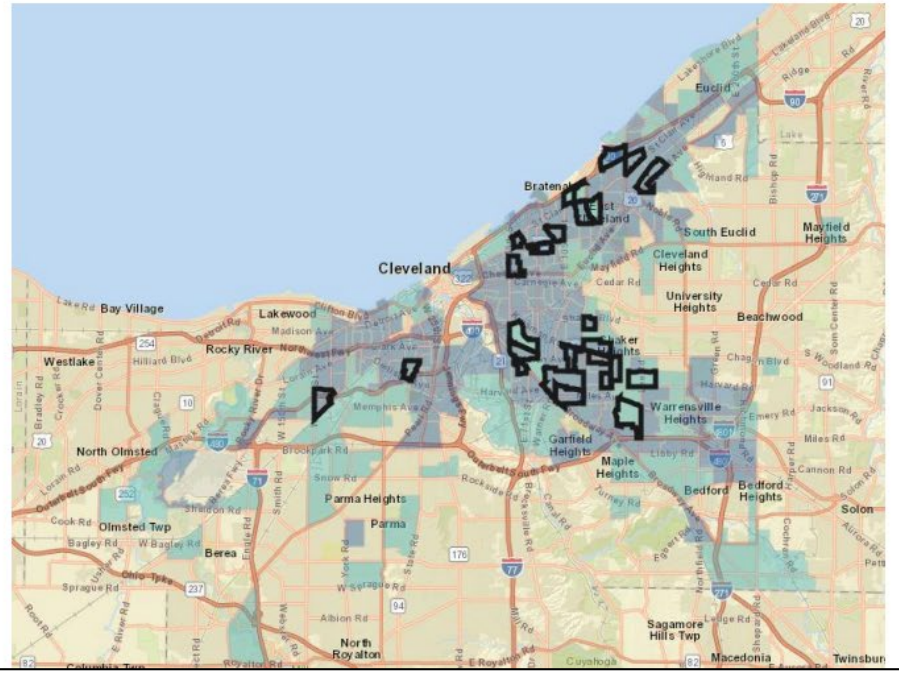
Overall SVI

- 0.7501 - 1 | Highest Vulnerability
- 0.5001 - 0.75
- 0.2501 - 0.5
- 0 - 0.25 | Lowest Vulnerability
- Data Unavailable

Custom Intervals:

COPD: 10.8% to 13.4%
Current Asthma: 11.5% to 13.8%
Coronary Heart Disease: 8.6% to 11.9%
Diabetes: 16.8% to 23.2%
Chronic Kidney Disease: 4.1% to 5.4%

Cuyahoga Convergence Analysis Tier 2 & Social Vulnerability Index by Census Tract



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

Canton

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

Cincinnati

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

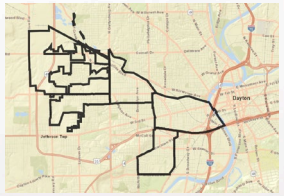
Cleveland

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

Columbus

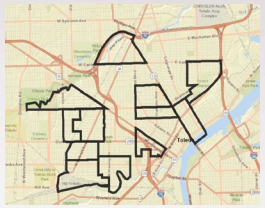
Black 77%
White 16%
2+ Races 5%
Latino 3%
Pop. 44,299

Dayton



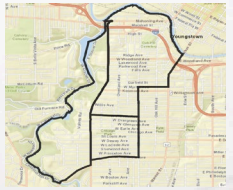
Black 84%
White 10%
2+ Races 4%
Latino 2%
Pop. 12,961

Toledo



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

Youngstown



Black 77%
White 16%
2+ Races 5%
Latino 5%
Pop. 4,086

What drives these health outcomes out of control?

Asthma

COPD

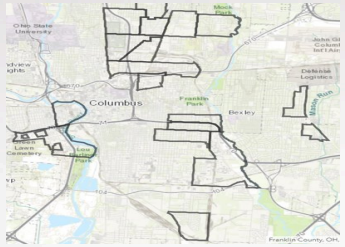
Heart Disease

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

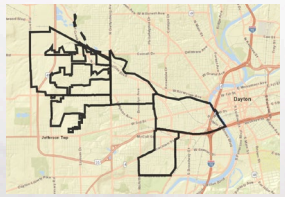
Akron

- Income Inequality
- Concentrated Poverty
- Food Insecurity
- Segregation

Canton

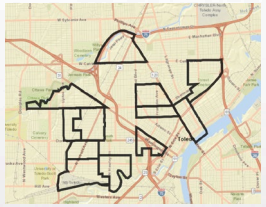
- Concentrated Poverty
- Food Insecurity

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.

Key Questions/Decisions

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.*

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*

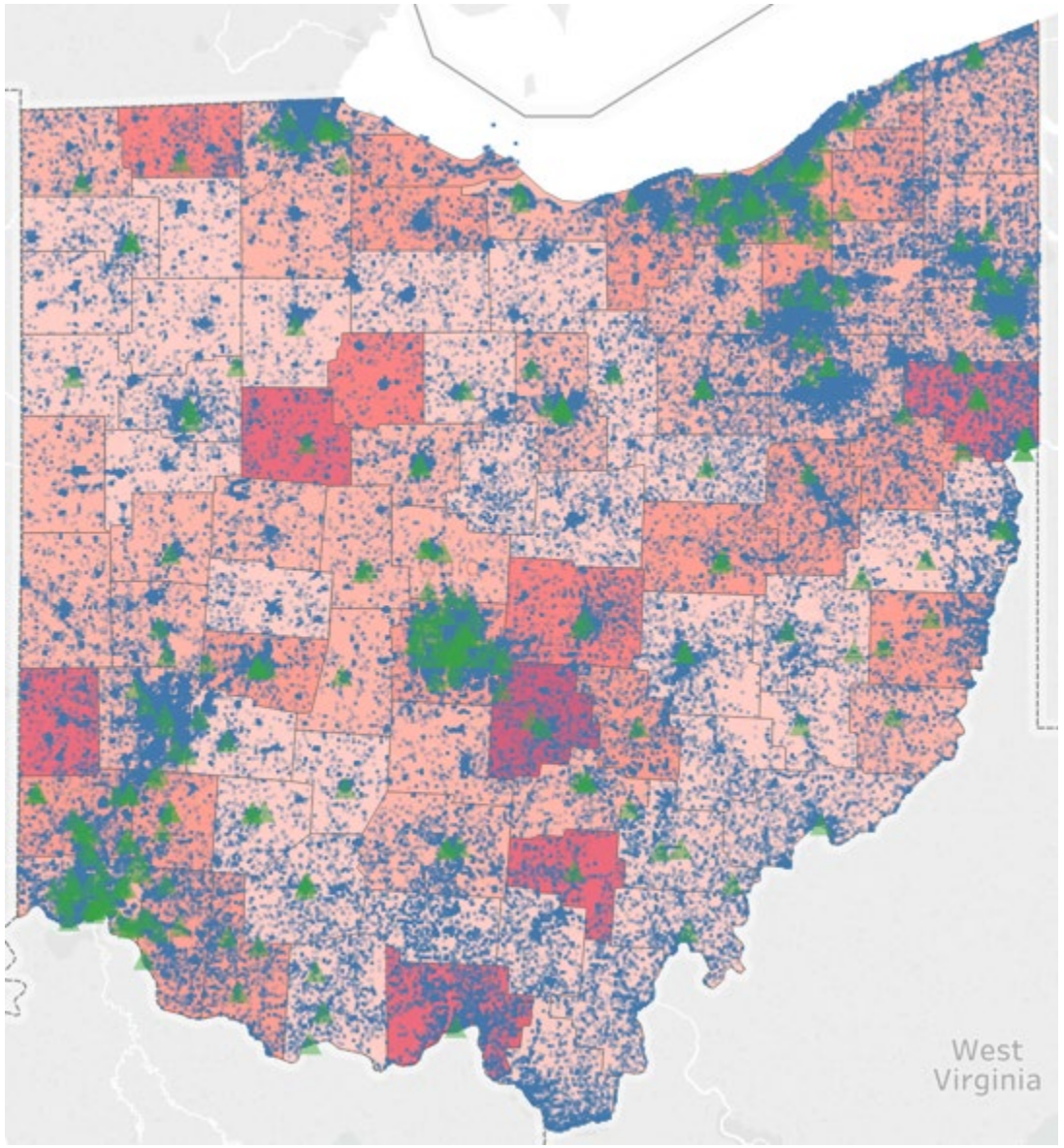
Growth rate of COVID-19 positive cases illustrated with the blue gradient heat map.

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)

Growth Rate in COVID-19 Cases by County



Source: findcovidtesting.com, SVI, ohio.gov, H360 PredictRisk

Top 15 Counties by Growth Rate

County	Testing Locations	Total Cases Per 100K	Growth Rate Per 100k (%)
FAIRFIELD	4	197	15.3
SCIOTO	1	22	13.3
COLUMBIANA	11	847	12.8
PREBLE	0	95	11.4
HARDIN	1	193	10.9
VINTON	1	160	10.5
FULTON	1	104	7.3
WYANDOT	0	204	7.1
LICKING	3	150	7.1
PERRY	1	53	5.6
COSHOCTON	2	112	5.1
CLARK	5	220	4.9
CUYAHOGA	30	365	4.8
FRANKLIN	31	470	4.3

Growth Rate Per 100k Population

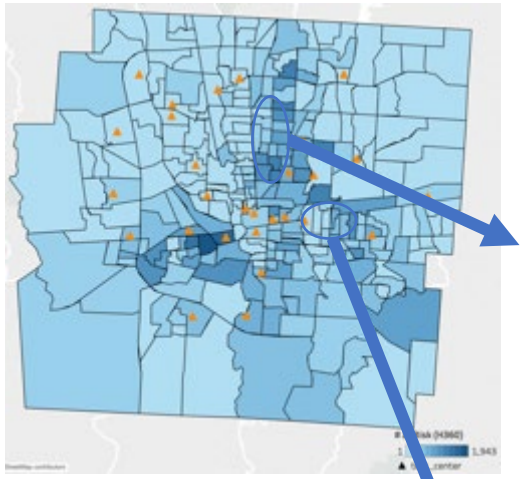
$$\frac{Cases\ June\ 2nd\ -\ Cases\ May\ 27th}{Cases\ May\ 27th}$$

- 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



**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

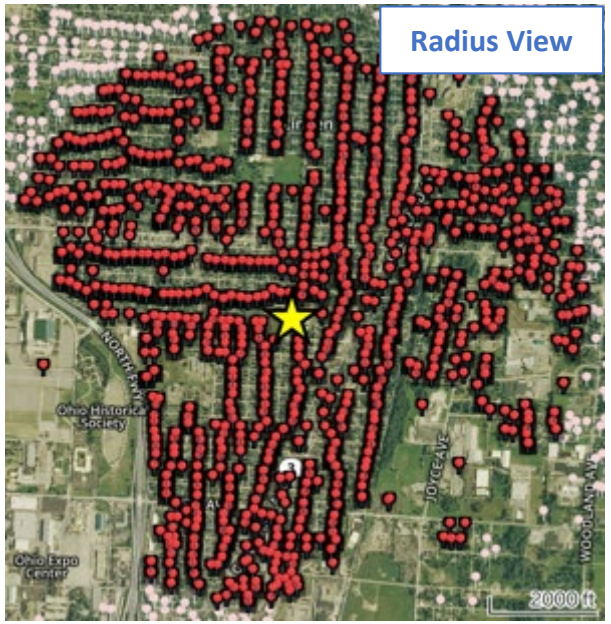
Census tract with at least one Testing Site

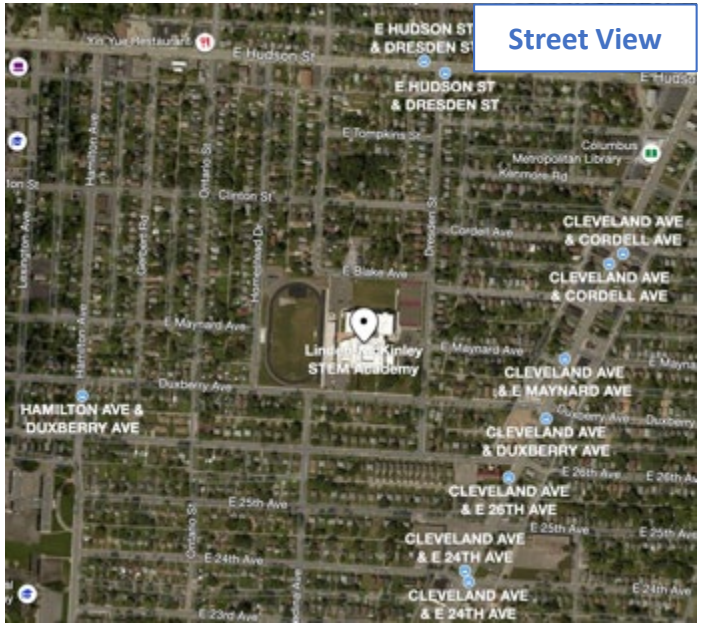
Household

Potential Testing Location

Public Transit Point (if available)

Linden McKinley High School 1 mi radius

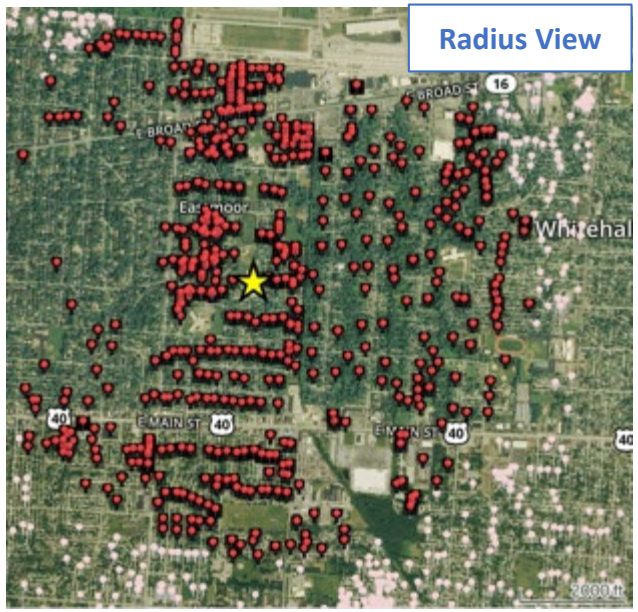


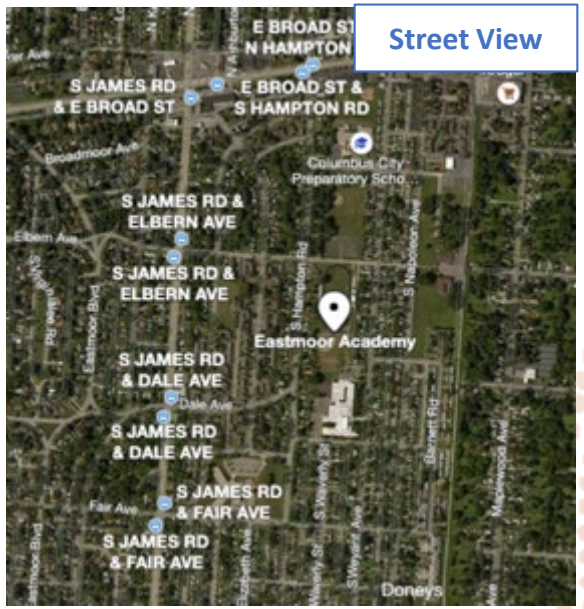


Household Selection: Demographics

- Total Vulnerable: **6,615**
- White: **920**
- Black/African American: **5,402**
- Hispanic/Latino: **170**
- Asian: **82**
- Pacific Islander: **1**
- Native American: **8**
- House, 4+ people, <1,200 sq. ft.: **457**
- No English: **218**
- No Vehicle: **3,902**

Eastmoor Academy 1 mi radius





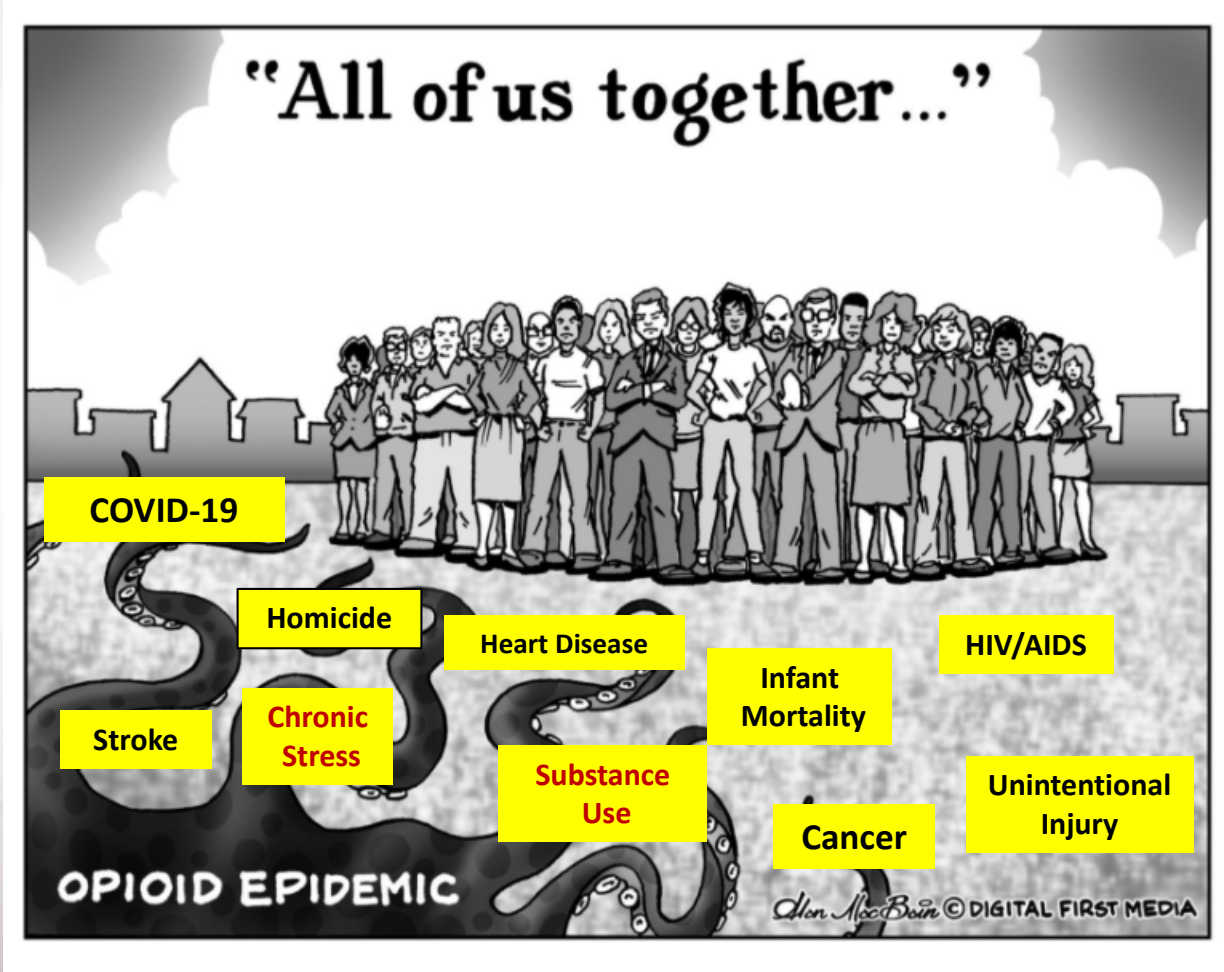
Household Selection: Demographics

- Total Vulnerable: **2,750**
- White: **590**
- Black/African American: **1,984**
- Hispanic/Latino: **128**
- Asian: **28**
- Pacific Islander: **1**
- Native American: **5**
- House, 4+ people, <1,200 sq. ft.: **106**
- No English: **124**
- No Vehicle: **1,755**

Source: Health360, findcovidtesting.com, Bing Maps

Parting Thoughts

- 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


U.S. Department of
Health and Human Services
Office of Minority Health
OMH
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 ▶
@MinorityHealth (English)
@OMH_Espanol (Spanish)
MinorityHealth
@MinorityHealth
www.minorityhealth.hhs.gov
info@minorityhealth.hhs.gov