



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

COMMUNITY-CENTERED SOLUTIONS FOR ADDRESSING COVID-19 AMONG RACIAL AND ETHNIC MINORITY POPULATIONS

Community Members in Action in COVID-19 Response



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ASSISTANT SECRETARY FOR HEALTH





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

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2020



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PRESENTERS

- **Moderator: Linda D. Bane Frizzell**, PhD, MS, Associate Professor, School of Public Health, University of Minnesota, Minneapolis Indian Health Board, Governing Board
- **Ala Stanford**, MD, Pediatric Surgeon and Founder, Black Doctors COVID-19 Consortium
- **Sudarshan Pyakurel**, Executive Director, Bhutanese Community of Central Ohio



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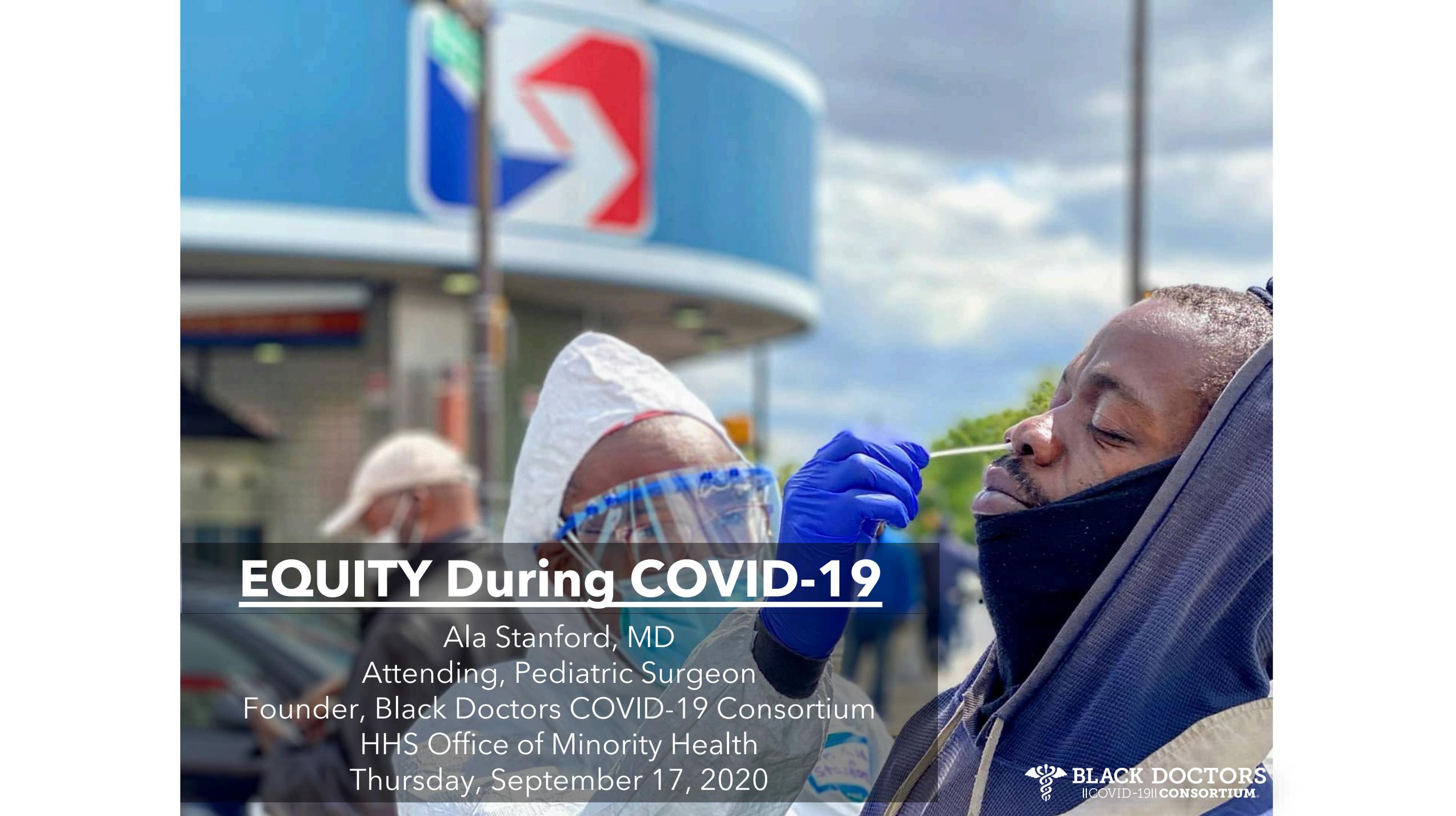
OBJECTIVE

- Highlight state and local efforts to engage and involve community leaders and members in assessment of community needs and COVID-19 response.



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EQUITY During COVID-19

Ala Stanford, MD
Attending, Pediatric Surgeon
Founder, Black Doctors COVID-19 Consortium
HHS Office of Minority Health
Thursday, September 17, 2020



Participate in the U.S. Census.



[Learn More](#)

Friday coronavirus update: African Americans count for more than a third of coronavirus fatalities in the city

Michael D'Onofrio Tribune Staff Writer **Apr 3, 2020**  0





News and Events

News

Coronavirus Updates

In the Media

2020

May

April

Lesson of the Day: 'Black Americans Face Alarming Rates of Coronavirus Infection in Some States'

Education, Data Reporting Key to Strengthening Overwhelmed Public Health Safety Net

How Milwaukee Represents the COVID-19 Pandemic for African

Positive Tests Higher In Poorer Neighborhoods Despite Six Times More Testing In Higher-Income Neighborhoods, Researcher Says

April 7, 2020

Usama Bilal, MD, PhD, an assistant professor in the Dornsife School of Public Health, was quoted in multiple stories about poorer neighborhoods in Philadelphia being hit harder by the coronavirus than higher income neighborhoods.

Bilal's research found that in neighborhoods with a higher number of unemployed or uninsured people, there was less testing. Per capita, zip codes with a lower proportion of minorities and higher incomes, there were a higher number of tests.

He started his study on April 1 using data from the Department of Public Health.

[View story \(Philadelphia magazine\)](#)

[View story \(KYW-TV CBS-3\)](#)

HELP US FIGHT COVID-19. DONATE NOW TO SUPPORT COMMUNITIES IN CRISIS



[HOME](#)

[ABOUT](#)

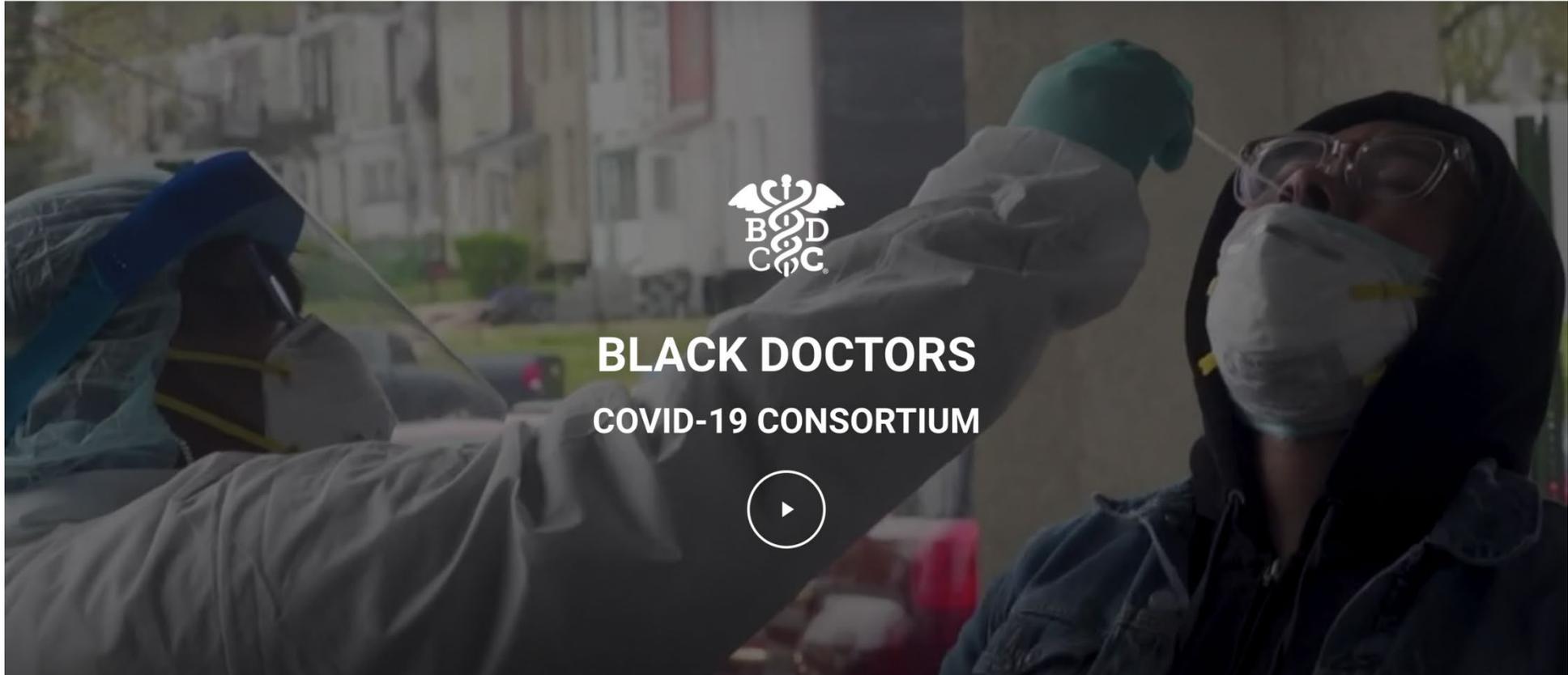
[GALLERY](#)

[NEWS](#)

[CAREERS](#)

[CONTACT](#)

[FREE COVID-19 TESTING](#)



BLACK DOCTORS COVID-19 CONSORTIUM



CORONAVIRUS PANDEMIC

Black doctors consortium takes COVID-19 testing into their own hands

By [Katie Meyer](#) · April 17, 2020





**WHY ARE THE RATES
HIGHER IN
AFRICAN-AMERICAN
COMMUNITIES?**

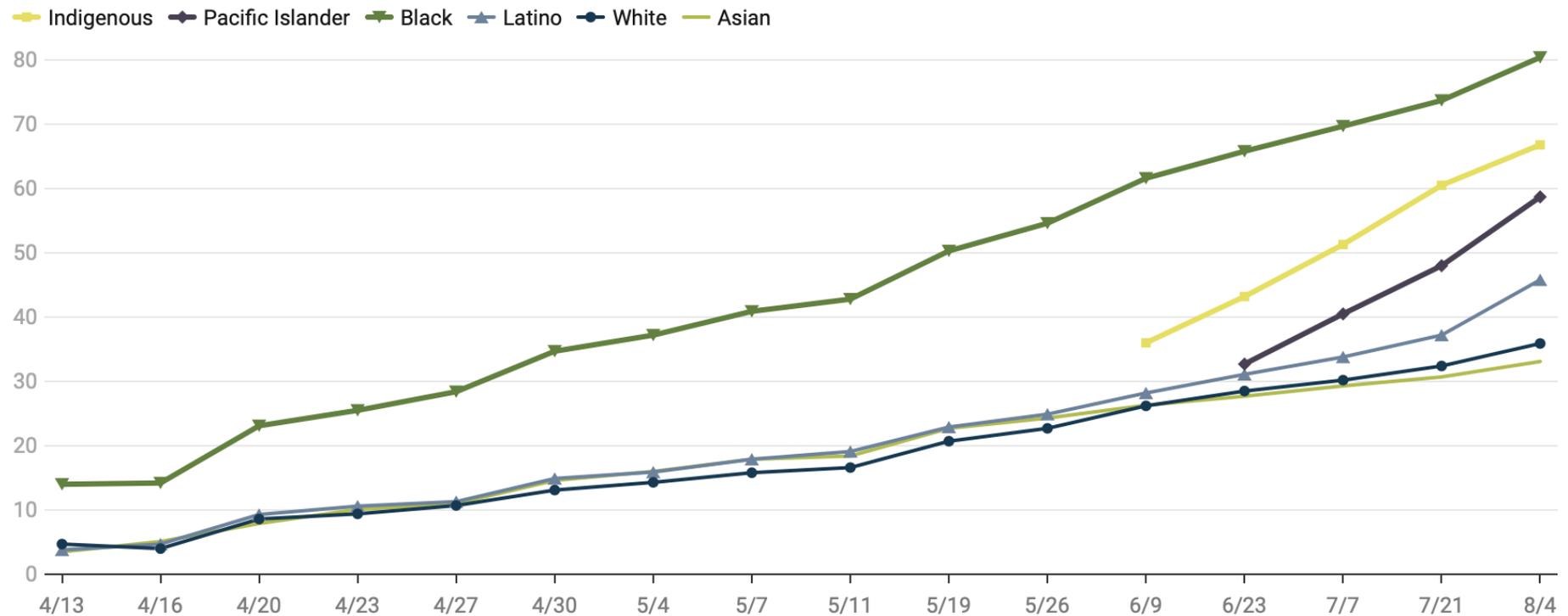
[COVID-19](#) | [Data Viz](#) | [Demographics](#) | [Health](#)

THE COLOR OF CORONAVIRUS: COVID-19 DEATHS BY RACE AND ETHNICITY IN THE U.S.



Black & Indigenous Americans experience highest death tolls from COVID-19

Cumulative actual COVID-19 mortality rates per 100,000, by race and ethnicity, April 13-Aug. 4, 2020



Note: Dates are not consistently scaled, but reflect data collection intervals for our Color of Coronavirus project.

Source: [APM Research Lab](#) • [Get the data](#) • Created with [Datawrapper](#)

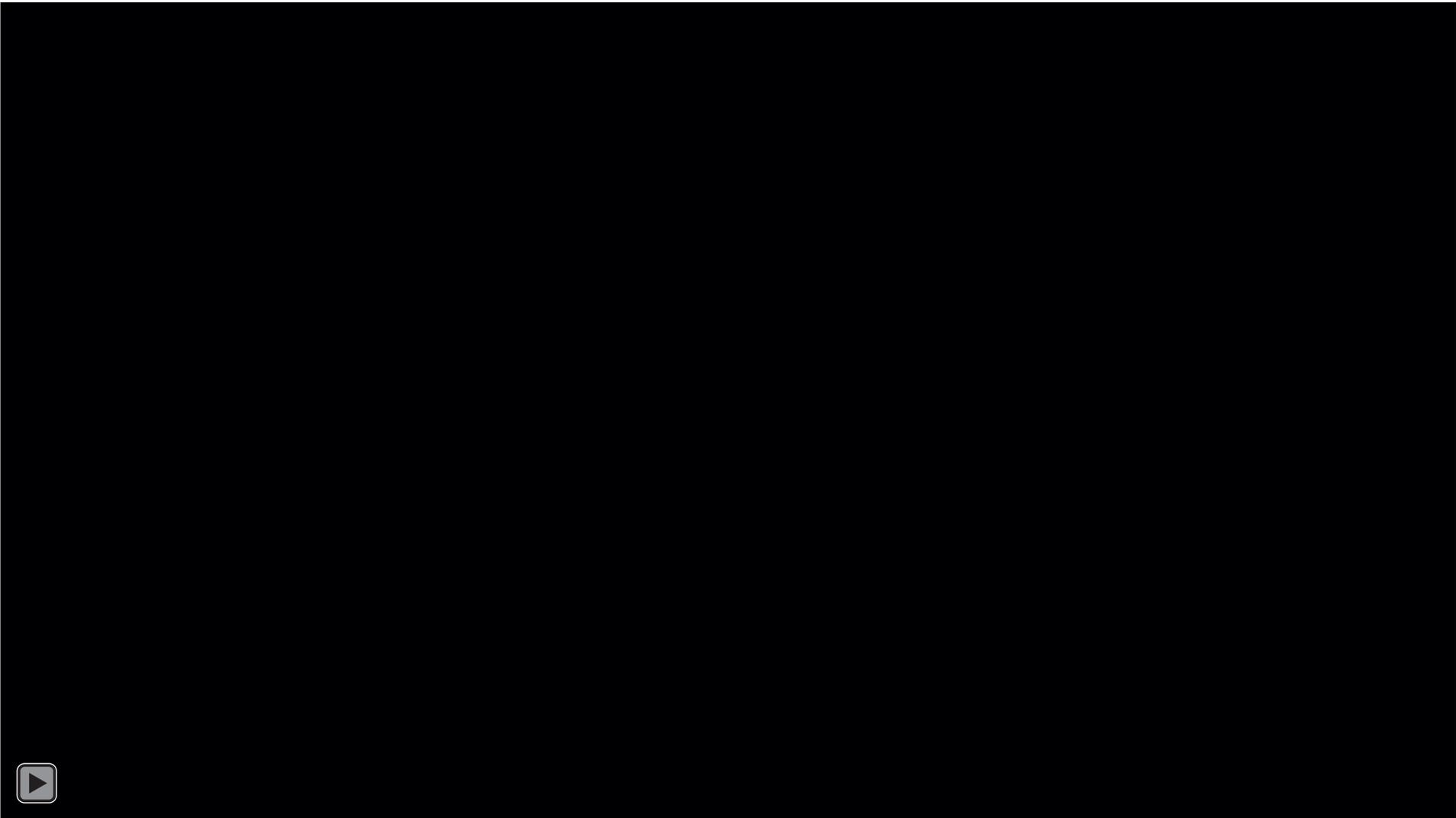
Social Determinants of Health Categories (5)





**EDUCATION
HEALTH CARE PROVIDER
ACCESS
MEDICAL BILLS
TRANSPORTATION
COMMUNITY ENGAGEMENT
QUALITY OF CARE
TRANSLATION SERVICES**

**TESTING
FOLLOW-UP
RESOURCES TO HARD HIT COMMUNITIES
DATA SET**





Guidance for the Brookings community and the public on our response to the coronavirus (COVID-19) »
Learn more from Brookings scholars about the global response to coronavirus (COVID-19) »

BROOKINGS

AI POLICY 2020 CITIES & REGIONS GLOBAL DEV INTL AFFAIRS U.S. ECONOMY U.S. POLITICS & GOVT MORE

SERIES: Middle Class Memos



The COVID-19 pandemic has been like the rash of an A-19,



PRESS | CORONAVIRUS

Research from MIT Sloan explores the correlations of coronavirus death rates with a variety of factors, including patients' race, age, socioeconomic status, and local climate



by MIT Sloan Office of Media Relations | Jun 10, 2020

Their findings have implications for determining how policymakers respond to the pandemic

Cambridge, Mass., June 10, 2020—Why does the coronavirus kill some Americans, while leaving others relatively unscathed?

What are we doing?

What can we do?

What should we do?

**Short
Term**



**Long
Term**

SHORT TERM

**More Barrier-Free Testing
Contact Tracing
Safe & Clean Quarantine Sites
Working Every Single Day for
Everyone**

**Acknowledge:
Implicit Bias
Historical Experiences
Vaccination Issues**

**Continue:
Hand Hygiene
Social Distancing
Wearing Masks**



CORONAVIRUS PANDEMIC

Black Doctors Consortium calls on Philly hospitals to offer rapid community testing

By [Nina Feldman](#) · July 28, 2020



 Flanked by fellow doctors, Dr. Ala Stanford, founder of the Black Doctors COVID-19 Consortium, speaks to reporters in the parking lot of the West Philadelphia Seventh-day Adventist Church.

LONG TERM

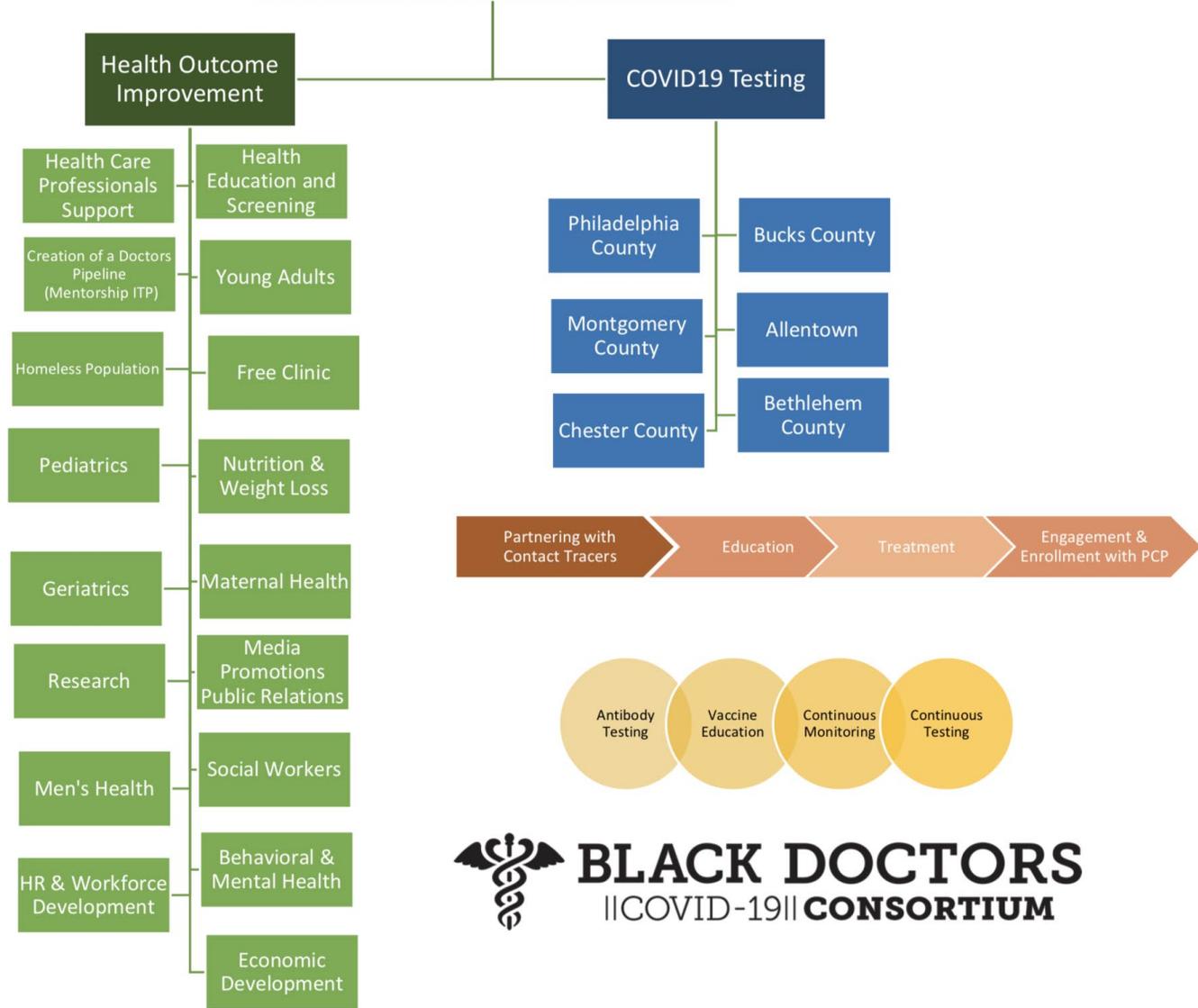
**Increase enrollment of Black students in medical school
Represent only 5.5% of active physicians**

**Incentives/Penalties
Preventative management for vulnerable groups**

**Requires a multi-layered
Concerted effort approach to address all aspects, and not a singular solution**



Black Doctors Consortium Center for Health Equity



Race, Postoperative Complications, and Death in Apparently Healthy Children

Olubukola O. Nafiu, MD, FRCA, MS, Christian Mpody, MD, PhD, MPH, MBA, Stephani S. Kim, MPH, PhD, Joshua C. Uffman, MD, MBA, Joseph D. Tobias, MD

BACKGROUND: That African American (AA) patients have poorer surgical outcomes compared with their white peers is established. The prevailing presumption is that these disparities operate within the context of a higher preoperative comorbidity burden among AA patients. Whether these racial differences in outcomes exist among apparently healthy children (traditionally expected to have low risk of postsurgical complications) has not been previously investigated.

METHODS: We performed a retrospective study by analyzing the National Surgical Quality Improvement Program–Pediatric database from 2012 through 2017 and identifying children who underwent inpatient operations and were assigned American Society of Anesthesiologists physical status 1 or 2. We used univariable and risk-adjusted logistic regression to estimate the odds ratios and their 95% confidence intervals (CIs) of postsurgical outcomes comparing AA to white children.

RESULTS: Among 172 549 apparently healthy children, the incidence of 30-day mortality, postoperative complications, and serious adverse events were 0.02%, 13.9%, and 5.7%, respectively. Compared with their white peers, AA children had 3.43 times the odds of dying within 30 days after surgery (odds ratio: 3.43; 95% CI: 1.73–6.79). Compared with being white, AA had 18% relative greater odds of developing postoperative complications (odds ratio: 1.18; 95% CI: 1.13–1.23) and 7% relative higher odds of developing serious adverse events (odds ratio: 1.07; 95% CI: 1.01–1.14).

CONCLUSIONS: Even among apparently healthy children, being AA is strongly associated with a higher risk of postoperative complications and mortality. Mechanisms underlying the established racial differences in postoperative outcomes may not be fully explained by the racial variation in preoperative comorbidity.

abstract

CONCLUSIONS: Even among apparently healthy children, being AA is strongly associated with a higher risk of postoperative complications and mortality. Mechanisms underlying the established racial differences in postoperative outcomes may not be fully explained by the racial variation in preoperative comorbidity.

<https://pediatrics.aappublications.org/content/pediatrics/146/2/e20194113.full.pdf>

July 20, 2020

ACCESS

EMPATHY

ACTION



Ala Stanford, MD, FACS, FAAP

Founder, CEO

Black Doctors COVID19 Consortium

Stanford Pediatric Surgery, LLC

R.E.A.L. Concierge Medicine, Co.



www.stanfordpedsurgery.org



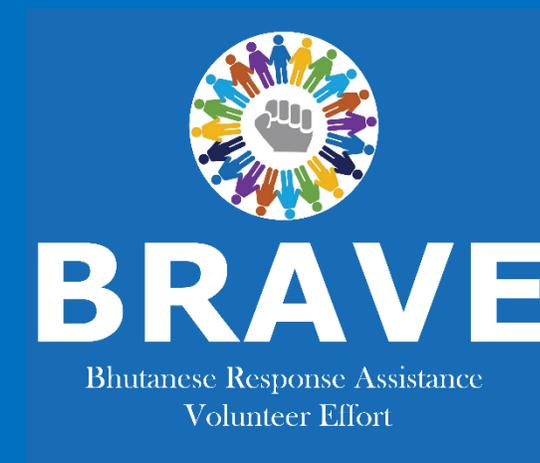
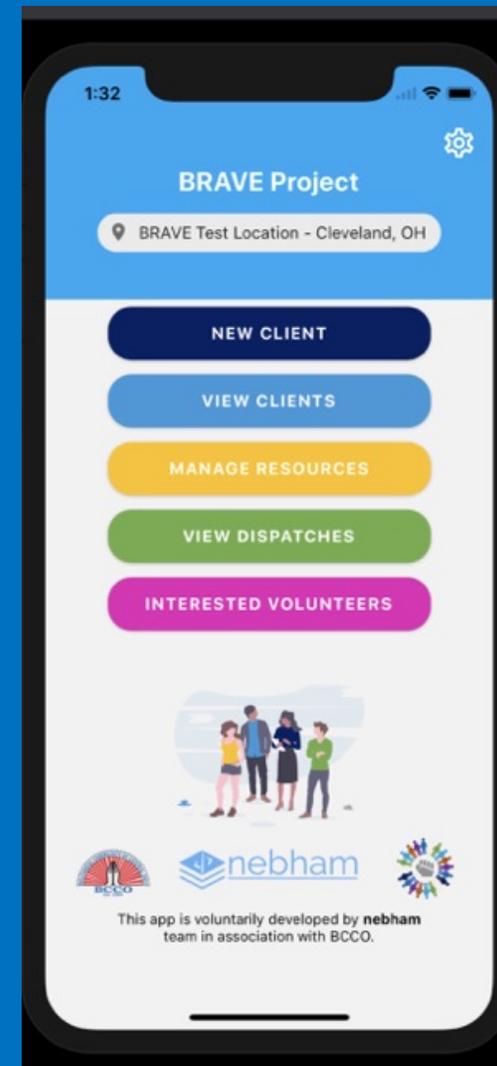
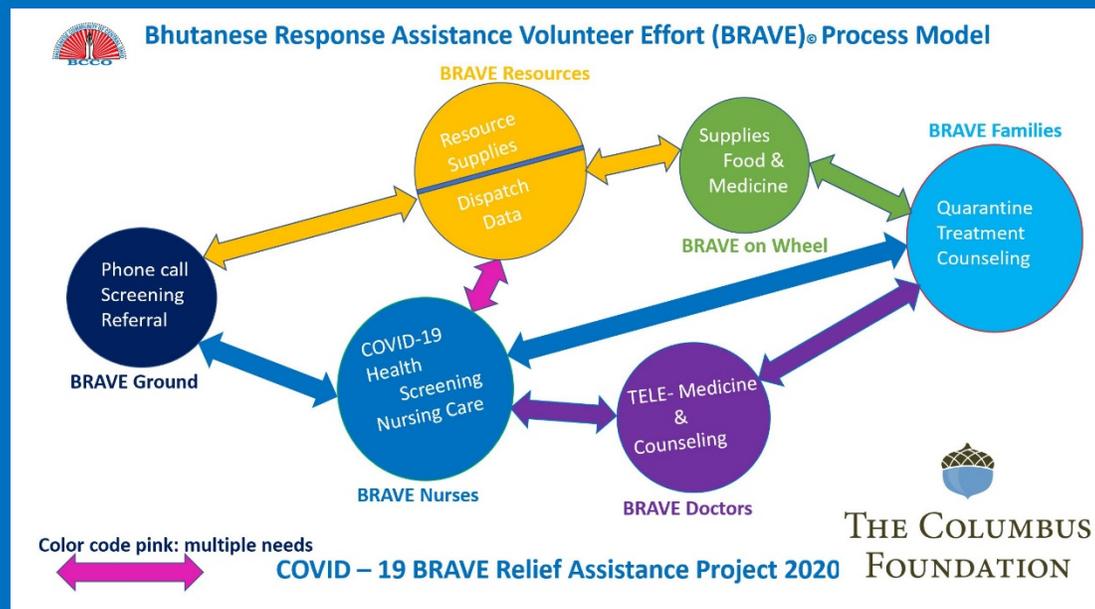
BLACK DOCTORS
|| COVID-19 || **CONSORTIUM**

www.blackdoctorsconsortium.com



www.realconciergemedicine.com

Bhutanese Respond to COVID-19 Through BRAVE Project



Sudarshan Pyakurel MA
Executive Director
Bhutanese Community of Central Ohio



Bhutanese Respond to COVID-19 Through BRAVE Project

In two months, BRAVE was operating in 12 cities in 7 States

There were over 200 volunteers mostly youth
58 Nurses and 2 primary care physicians

All volunteers have to attend 3 hours of trainings before they start
Privacy, accountability, and HIPPA
Nurses separate 2-hour COVID screening training

Services provided
Medical screening and Cultural counseling
PPE distribution, Grocery, Tylenol, Dippers, cleaning supplies



Bhutanese Respond to COVID-19 Through BRAVE Project

Education and Outreach

Interviews with Nepali-speaking physicians

Videos and flyers: culturally appropriate

Each BRAVE "city" has helpline number

BRAVE Project App

Intake, Screening, Resources Management, Delivery

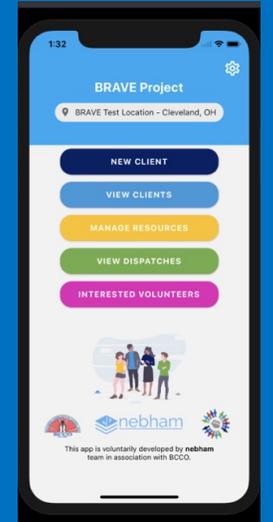
300 hours by six IT developers (volunteer college students)

Project Budget ~ \$100K plus

Fundraise 25%

Grants 75%

In-kind donations (unaccounted yet)



Bhutanese Respond to COVID-19 Through BRAVE Project

Funding and Budget

BCCO received/manage over \$100K

\$54k was regional grant

\$10k plus was given to BRAVE project as seed money

Supplies in Kind

An estimated \$200K worth of supplies went through
PPEs, groceries, housekeeping items,

Supervise volunteers (nurse, doctors, IT, students etc.)

For example: BRAVE App 350 hrs

Direct Medical: 500 hrs plus

Volunteers: 1000 hrs plus



Bhutanese Respond to COVID-19 Through BRAVE Project

Why BRAVE Project?

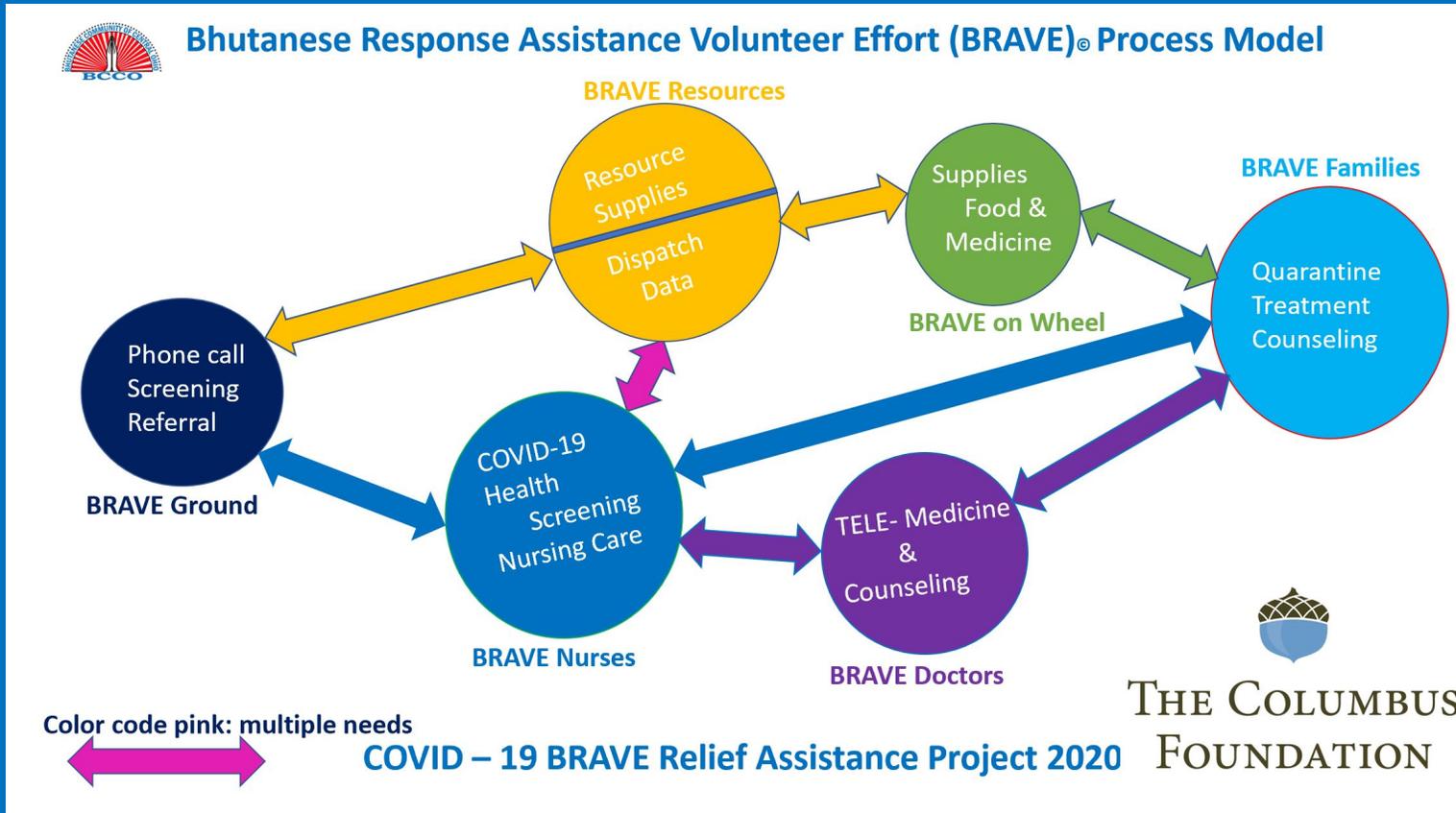
- Corona virus pandemic around the world: alarming
- We studied successful mitigation efforts
- Invited doctors and researchers to provide an input
- COVID was going to impact LEP community the most
- Need to take the matter in our hands ASAP
- Two Primary Care Nepali-speaking doctors play a key role



BRAVE

Bhutanese Respond to COVID-19 Through BRAVE Project

What is the BRAVE Process Model?



Bhutanese Respond to COVID-19 Through BRAVE Project

Why BRAVE?

We have no other option than to take matters into our hands.

COVID-19 is about mitigation: education and awareness.

Two decades of dependency as refugees; break away from it.

Our message!

It is still not too late to act,

If we all work together, we can defeat COVID and beyond.



Bhutanese Respond to COVID-19 Through BRAVE Project

Thanks

Q&A





OMH[™] U.S. Department of
Health and Human Services
Office of Minority Health

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Visit the Virtual Exhibit Hall ►

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