An Overview of Today’s Discussion

1. COVID Inequities on a National and Local Level
2. Multifactorial Contributions to COVID Disparities
3. Within Our Community: New Haven Spotlight Issues
4. Looking Forward: Emerging Best Practices

Discussion Goal
Provide Context on Local & National Inequities & Paths Forward
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Alarming COVID-19 Racial/Ethnic Disparities Reported Across the Nation

Chicago’s coronavirus disparity: Black Chicagoans are dying at nearly six times the rate of white residents, data show

By Kay Lazar Globe Staff, Updated April 9, 2020, 6:33 p.m.
Connecticut Data:
The impact to our citizens has not been uniform

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Cases per 100,000</th>
<th>Deaths per 100,000</th>
</tr>
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<tbody>
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<tr>
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<td>57</td>
</tr>
<tr>
<td>Asian</td>
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</tr>
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</table>

Note: Data as of April 21, 2020
Source: CT Department of Public Health April 21, 2020 COVID-19 Update

**New Haven COVID-19 hospitalizations:**
- **43%** African Americans
- **28%** Hispanics

Percent of total **NH** population:
- **32%** African Americans
- **30%** Hispanics

**Connecticut COVID-19 hospitalizations:**
- **18%** African Americans
- **24%** Hispanics

Percent of total **CT** population:
- **12%** African Americans
- **16.5%** Hispanics

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**New Haven Data Shows Clusters of Cases in Communities of Color**

By Kyle James - Published April 13, 2020 - Updated on April 13, 2020 at 7:29 pm

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**Connecticut Minorities Hit Hardest By Coronavirus**

By ERIQ ZHONG/CHICAGO TRIBUNE - APRIL 9, 2020

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New Haven social leaders call for more focus on coronavirus testing in minority communities

By Clare Dignan - Updated 9:23 pm EDT, Monday, April 13, 2020

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Photo: Heather Connecticut Media File
COVID-19 Racial/Ethnic Disparities Reported in New Haven

In New Haven, African American residents make up 41% of hospitalizations due to COVID-19 and 50% of deaths, even though they make up 33% of the city's population.

CREDIT COURTESY OF THE CITY OF NEW HAVEN
Son’s death highlights COVID-19 testing barriers for black residents

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Vulnerability Index  Screening  Communication Units  High Quality Data  Testing & Tracing  Task Forces
Multifactorial Contributions to COVID-19 Disparities: intergenerational & structural dis-investment in communities

- impossible to work from home in low-wage essential jobs
- misinformation & distrust in institutional messaging
- inability to socially distance
- more likely to live in densely populated neighborhoods & homes
- limited access to high quality healthcare
- greater burden of co-existing conditions that increase risk of severity
- more likely to live in densely populated neighborhoods & homes
- inability to socially distance
- misinformation & distrust in institutional messaging
- impossible to work from home in low-wage essential jobs
- limited access to high quality healthcare
- greater burden of co-existing conditions that increase risk of severity

- more likely to live in densely populated neighborhoods & homes
High level of social risk disparities in New Haven before COVID-19

Pre-existing social risk disparities are exacerbated
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Greater New Haven Issues Spotlight: public health & healthcare

PUBLIC HEALTH
- basic needs
- support safe/effective self-isolation of Covid-19 & self-quarantine patients
- access to timely testing (active infection & antibodies)
- contact tracing
- protect low-wage essential workers
- data: timeliness, coordination, accuracy, quality

HEALTHCARE
- clinical care transformation—televisit migration challenges
- challenges connecting patients with community resources
- crisis standards of care (“rationing” & limited visitation policies)
- lost revenue
- workforce redeployment
- proportion of residents without medical home
- access to experimental therapies
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Vulnerability Indices: Need for targeting limited resources to most at risk communities

**COVID-19 Vulnerability Index**

*Oakland, California*

- Developed by Oakland COVID-19 Racial Disparities Task Force
- Will inform decisions on how to target communities most at risk for adverse COVID outcomes

- Oakland, Alameda County: ~2000 COVID cases
- Oakland population: African Americans: **22.7%**
  - Latinx: **26.5%**
DataHaven: Rich repository of local data for targeting resources to need

https://www.ctdatahaven.org/
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State Re-opening Plans: Missing focus on most at-risk populations

9 categories of people with heightened risk

- 65 years and older
- Living in nursing homes, group settings, & need in-home support
- Medically vulnerable (co-existing high-risk conditions)
- Low income & unable to effectively self-isolate at home
- Frontline essential workers, caregivers, & undocumented immigrants
- Homelessness or housing insecurity
- Incarcerated or employed in prisons
Innovative CT Reopening Plan: Connecticut Non-Profit and Philanthropic Assets

Uniting CT to Confront COVID-19

With the unprecedented challenges our state and its residents currently face, Connecticut COVID-19 Charity Connection (CT) was launched as a non-profit that unites donors with state-wide programs that will help make an immediate impact.

COVID-19 Relief and Recovery

WE ARE THE UNITERS.
WE SOLVE PROBLEMS TOGETHER.

CORONAVIRUS RESPONSE

CORONAVIRUS: WHAT WE ARE DOING

We identify the most pressing issues in our community and we bring together the people we think can solve them. Right now, one of the biggest issues we see facing all of the communities we serve is the Coronavirus. For workers living paycheck to paycheck and families facing homelessness or other financial pressures, the ripples caused by the Coronavirus will have a lasting impact on their lives.

COVID-19 Response

** ALERT **
YOUR HELP IS NEEDED!

Click Here to Learn More!
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Pandemic Communications Unit: Need for publicly-available high quality data

COVID-19 Viral Outbreak Dashboard

**Singapore**

- Publicly-available data in simple & effective visualizations
- Allowed for quick & effective disseminate information
COVID Outbreak Safety Visuals

- Public Health Agency of Canada distributed this graphic in a leaflet to every home in the nation

- It follows the rules of a good visual – simple, colorful, and easily memorable
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The Commonwealth Fund

- Data shows widening disparity between countries with higher & lower shares of black people
- States across the country are beginning to use race & ethnicity data to identify disparities to inform their COVID responses

Deaths from COVID-19 in High- and Low-Concentration Black Counties

○ Counties with higher-than-average black race
○ Counties with lower-than-average black race
Need for Data:
Missing race/ethnicity data underestimates COVID-19 mortality disparities

COVID Testing: Need for Community Organized Testing & Relief

Community Organized Relief Effort (CORE)

Los Angeles, California

- Network of doctors, emergency workers, & government officials collaborating to provide testing
- Currently operates in 6 sites:
  - tests 3,000 - 3,500 people per day (LA);
  - 62,000+ total tests to date
- Began in LA; has since expanded to Napa Valley, Malibu, and Atlanta
COVID Testing: Getting tests where needed in Greater New Haven

- Fair Haven Community Health Center and Cornell Scott-Hill Health Center with walk-up testing

- Nursing home residents account for 60% of COVID-related deaths state-wide; nursing home employees also affected

- Fair Haven Community Health Center partners with Mary Wade Nursing Home to test all residents and employees
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Cities across U.S. Create COVID-19 Equity Task Forces

Racial Equity Rapid Response Team (RERRT)

Chicago, Illinois

Need: Chicago population: 30% African Americans; 47% African American COVID cases & 60% COVID deaths

Goal: Develop hyperlocal, data-informed strategies to slow the spread of COVID & improve outcomes among vulnerable populations

Michigan Coronavirus Task Force on Racial Disparities

Detroit, Michigan

Need: Michigan population: 14% African Americans; 40% African American COVID deaths

Goal: Provide recommendations on addressing COVID outcome disparities; work to increase transparency in reporting racial/ethnic data
Cities across U.S. Create COVID-19 Equity Task Forces

Louisiana COVID-19 Health Equity Taskforce

Alexandria, Louisiana

Need: Louisiana population: 33% African American; 60% African American COVID deaths

Goal: Use $500,000 in funding to assess state’s COVID response, provide health awareness educational media campaigns, develop health-promoting interventions

COVID Disparities Strike Force

Cleveland, Ohio

NEED: Based on available data, African Americans comprise 13% of the population + account for 22% of COVID cases

Goal: Strike Force: increasing testing in black communities & developing “pointed and specific” messaging to keep them informed
CT COVID-19 Equity Task Force: Health Equity Solutions calls for equity task force for CT reopening

Task Force Recommendations

- Include representation from diverse communities
- Support meaningful influence
- Link to other advisory bodies
- Advise on data collection & transparency to monitor & evaluate disparities
- Reduce barriers to COVID-19 testing & health care
- Promote equity by modifying existing supports & adopting long-term recovery efforts

HEALTH EQUITY SOLUTIONS

HES is an organization focused on advancing health equity in the state of Connecticut.

Connecticut has a long way to go towards achieving health equity, according to the America's Health Rankings report of 2017. Health inequities for the less educated in our state continues to be a significant problem.

Community health workers improve health care in individuals and communities outside of the clinical setting.

http://hesct.org/
Greater New Haven Issues Spotlight: public health & healthcare

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In Conclusion

- Covid-19 has revealed long-standing & pervasive racial/ethnic & socioeconomic disparities
- There are many urgent challenges that need to be addressed
- There are also opportunities to adopt & innovate best practices
- These next generation of best practices will ensure we do not “rebuild another broken system”
Back to the future...