



Herbert
Henderson
Office of
Minority
Affairs

COVID-19 Advisory Commission on African American Disparities

MINUTES

July 16, 2020

7:30 AM

Via Zoom

Chair: Jill Upson, Chairperson and Director, Herbert Henderson Office of Minority Affairs (HHOMA)

Commissioners: Pastor Rahsaan Armand, Mt. Zion Missionary Baptist Church
Owens Brown, State Conference of NAACP
Joylynn Fix, WV Offices of the Insurance Commission
Delegate Caleb Hanna, Nicholas County, House District 44
Romelia Hodges, StriveN4
Delegate Sean Hornbuckle, House District 16, Cabell County
Mike Jones, Kanawha Institute for Social Research and Action (KISRA)
Reverend James Patterson, Institute Church of the Nazarene
Senator Patricia Puertas-Rucker, Jefferson County, Senatorial District 16
Tiffany Samuels, WVU Cancer Institute
Keisha Saunders, Tug River Health Clinic

Presenters: Dr. Ayne Amjad, Commissioner, BPH; State Health Officer
Dr. Clay Marsh, WV COVID-19 Czar, WVU Medicine Vice President
Dr. James Arnaez, MPH PhD, Lead Epidemiologist - Health Statistics Center
Lieutenant Colonel Tanya McGonegal, WV National Guard (WVNG)
Tiffany Samuels, WVU Cancer Institute

Call to Order: Chairperson Jill Upson called the meeting to order at 7:30 a.m. and proceeded with welcoming the Commissioners and presenters.

The Chair began the meeting by introducing the new State Health Officer, Dr. Ayne Amjad, to introduce herself and give a brief update.

Dr. Ayne Amjad, Commissioner, BPH; State Health Officer

Dr. Amjad began by greeting the task force. She shared one tactic that was used to get the older, minority population involved. She then stated that similar COVID-related problems had occurred in Beckley and that she reached out to Bishop Simms, who is a local community in the area. She stated that there was a misconception about COVID testing in the minority community. It is a good idea to involve faith leaders to help dispel the misconceptions about the nasopharyngeal swabs reaching the brain and this is the image in their mind. Dr. Amjad mentioned that there was another outbreak at a church in Charleston. Dr. Amjad extended an invitation for everyone to email or text her if they

should have any questions. She mentioned that a phone call would be better if it was an important concern or idea to share.

Chairperson Upson added that the task force has been productive in coming up with ideas to utilize the faith community to help dispel myths and get the word out about testing. She added that there have been a lot of creative ideas for messaging and PSA's. She shared that one of the recent PSA's will be shared a little later in the meeting.

Update - Dr. Clay Marsh, WV COVID-19 Czar, WVU Medicine Vice President:

Dr. Clay Marsh began by sharing a brief overview of the what is going on in the world, the country and in West Virginia. He stated that COVID is spreading faster than ever around the world. There were one million new cases in five days. He shared that COVID is spreading the fastest in underdeveloped countries and the United States. The US had the highest 7-day rolling average of 60,000 new positives per day. The projections from the Washington Model say that there will be over 220,000 deaths by November. Dr. Marsh stated that he would share a CNN article that discussed what the strategy of the states that are now first. The first step taken was a shut down and a delayed reopening; secondly, implemented mask orders were implemented in the early stages of the pandemic; and thirdly, mass testing was offered.

Dr. Marsh shared that New York, New Jersey, Connecticut, and Massachusetts plan to have people quarantine when entering the states. Dr. Marsh attributed the success to early, aggressive, and continued mitigation. It is known that Florida, South Carolina, Texas, Louisiana, and Arizona are seeing a lot of new cases. Texas and Arizona have requested refrigerated morgue trucks. He added that West Virginia still has one of the lowest mortality rates in the country; approximately 5 people per 100,000 people. Although it does not excuse the loss of 100 West Virginians; in context, Florida lost over 100 citizens in one day. Three days ago, WV's Rt number was the worst in the country. which means it is spreading rapidly. Now, WV is fourth in the county, which shows improvement.

Dr. Marsh stated that it was good that the Governor implemented the mask order. He reminded everyone to avoid crowds, closed spaces, and constant contact with unfamiliar people. The new cases are now, largely, being driven by young people. In Florida, most cases are in the 20 to 40-year-old range, averaging 38 years of age. In Palm Beach County, FL, one-third of the children under the age of eighteen tested positive for COVID-19. Dr. Marsh stated that 17,000 of the 287,000 cases in Florida are under the age of 18; of which four have died.

Dr. Marsh stated that long-term complications of COVID-19 are a major concern. It can cause strokes, brain injuries, heart attacks, blood clots, etc. West Virginia has double the number of cases from two weeks ago; the daily rate of positivity ranges from the high 2.0-3.0% range. The problem is that the more and faster the positivity, the harder it is to keep track of everyone. A lot of labs are falling behind. West Virginia uses Quest, which takes about 5-7 days to process and Lab Corps; both are falling behind. We are focused on creating our own capabilities within the state. Q-Labs in Charleston has been used because of their ability to quickly process the samples. It is better to do more testing to identify those and others that will need to be isolated. There are two vaccine companies, Moderna and the University of Oxford in England, that are testing vaccines. In Moderna's first phase, everyone received an antibody response. Some had flu-like symptoms, but did not have to stop taking the vaccine, which is a good sign. Oxford's trial is promising and is currently moving into phase three. Astrazeneca, has purchased the rights to Oxford's vaccine and is hoping to have one billion vaccines by the end of the year. There is a great level of enthusiasm over this level of therapy.

Dr. Marsh continued to share some concerns about the possibility of becoming reinfected with the virus. Some people do not have a strong immune response to the virus, while others may lose their immune response after contracting the virus. He stated that the CDC has been looking into one case here in West Virginia. Being infected with COVID does not protect you from being infected again in the long term. Dr. Marsh stated that getting COVID does not give you a free pass and you must continue to protect yourself. In about three months, most people lose their antibody levels. In general, the other coronaviruses, which cause common colds, are yearly viruses. The vaccine may need to be taken every year just like the flu vaccine. He added that the people that have contracted the disease should still protect themselves from getting it again.

Dr. Mash discussed another important development. He explained convalescent plasma treatments, which transfer the plasma from people with antibodies to people that are sick in the ICU; giving additional immunities. The national supply is low and people with higher level of antibodies will need to be recruited for blood donation to help others.

Chairperson Upson shared that she posted about the Kanawha County church outbreak on one of her social media pages. She asked what responses can be given when people say that they are tired of their rights being trampled or that they are being discouraged from attending church.

Dr. Ayne Amjad stated that she knows the leaders at I Heart Church in Beckley. The pastors were considering resuming in-person services. Dr. Amjad suggested that the pastors state that masks must be worn. Dr. Amjad urged that word choices are important. She shared that the pastors have received backlash from the community and parishioners, but at this time, have not had an outbreak. Dr. Amjad suggested getting faith-leaders to urge pastor and churches to wear face-coverings. It is not only a political issue, but now has become a religious issue. She suggested that anytime there is a church outbreak, the task force should continue with the usual stance. The task force should announce that members attending the church with the outbreak can come get tested, should quarantine and that the church should be deep cleaned. The community knows who goes to that church and knows they should be wearing masks. Dr. Amjad referred to the Greenbrier church outbreak. She stated that at least half of its members may blame the pastor for the outbreak. She expressed that the more that is said about wearing masks, the greater the resistance. The behavior change modification must be done at the community level. She reported that she was told that members of the Greenbrier church have either returned wearing masks or are afraid to return.

Dr. Marsh announced that he forwarded a chart to the Chair which shows the places with the highest risk of spreading COVID. The activity with the highest risk was listed as going to a bar and the second greatest risk was attending a worship service with 500 or more in attendance. Dr. Marsh stated that this graphic reinforces the validity of the concerns about attending church services.

Romelia Hodges greeted Dr. Amjad and stated that her concerns were refreshing. Ms. Hodges explained that she was part of the Marion County church outbreak. She added that if the Marion County issue had been dealt with early on, there may not have been a church outbreak in Greenbrier County. In Marion County, 120 people attended a church service. There were eight churches involved with over 60 people that encountered the virus. She stated that she and another task force member, Tiffany Samuels, both contracted the virus. Ms. Hodges explained that the local health director was quoted as saying that he did not want to announce the church outbreak because it would have been a HIPPA violation. As a result, the information about the outbreak was not shared and no one knew that they had the virus. Ms. Hodges added that she would like for the Governor to order a stop to in-house church events during this time. She stated that, in West Virginia, most of the community spreads come from within the church community. She explained that this has become a battle between a religious faith issue and a political issue. She stated that finding messaging to address the churches must be found. She stated that some of the younger people that had tested positive for COVID were in those church services. She concluded by stating that the task force must be proactive or incidents such as the Fairmont outbreak will reoccur.

Dr. Amjad stated that, to her knowledge, it was not a HIPPA violation to announce that a church has an outbreak. Dr. Amjad stated that she agreed with Ms. Hodges, however restricting church meetings would cause a stir, even if the gathering sizes exceeds the gathering order. Dr. Amjad then asked if the practice of "showing one's face to God" is a reason some may choose to not wear a mask.

Ms. Hodges suggested that it might be helpful for Dr. Amjad to review some of the remarks on Facebook that were posted regarding the larger church gatherings. She then offered to send links to Dr. Amjad for her to review. Ms. Hodges stated that some religious people believe that if the virus is contracted, then due diligence has not been done to Christ. She then added that she and Dr. Marsh had discussions about the mandate of wearing face masks and that Dr. Marsh thought it should be a personal choice. Ms. Hodges stated that the messaging to churches must be crystal clear.

Dr. Amjad asked if anyone in the group knew what other states, such as California and New York, have done about church outbreaks.

Dr. Marsh responded that both states have mask laws for indoor and outdoor settings. Dr. Marsh shared that the Governor is worried about the spread of COVID-19 in the state. He added that there are clear guidelines for churches. Dr. Marsh stated that he is in favor of the executive orders and mandates that are in place. He then explained that masks should be worn while physical distancing; not choosing to do one or the other. The key is helping people figure out how to implement the masks indoors. He explained that the concern regarding churches is due to the fellowship and singing that takes place. Dr. Marsh suggested removing oneself from unsafe environments and in situations where others are not abiding by the executive order. He reiterated that the states that adopt and follow the mask policy will benefit.

Regarding churches, Dr. Amjad added that a physician in the Beckley area suggested using face shields as an option for those that will sing in church. Although the shields are not as effective, it is still better than wearing nothing at all. Dr. Amjad mentioned using the “love thy neighbor” Bible verse in the messaging. She reiterated that announcing the church experiencing the outbreak, along with mentioning the deep cleaning procedures would be effective.

Joylynn Fix asked if it was known whether the church that experienced the outbreak in Kanawha County had followed the guidelines.

Dr. Amjad stated that she did not have enough information at the time and that the contact tracing information would need to be obtained. Dr. Amjad shared that signage which states that everyone “must wear a face covering when entering the building” may be misinterpreted or taken too literally. Some are removing masks once they have entered the building. Dr. Amjad concluded by stating that she would like to see photos, hear statements, and obtain the contact tracing information before making a statement about the outbreak at the church in Kanawha County.

Reverend James Patterson stated that the dynamics between black and white churches differ. He shared his person experience as a pastor in a predominately white church. He gave an example of the black pastor feeling that protecting the well-being of the congregants is the top priority. Rev. Patterson stated that he did not know of many black churches that have reopened. The key is to reach these pastors and share the facts about COVID-19. Rev. Patterson shared a conversation with a contractor who thought the pandemic was a hoax, orchestrated by the Federal Government, to remove President Trump from office. Rev. Patterson concluded by stating that addressing and educating the black pastors will slow the spread of the virus.

Senator Patricia Puertas-Rucker thanked Dr. Marsh for his comments. She stated that the policy makers must consider the greater-good. She shared that she knows of many churches that are following the social distancing guidelines and keeping the parishioners safe. The Senator then stated that there will be more compliance through education than through mandates. Mandates can cause an automatic reaction of opposition. She concluded by stating that the task force has done a great job in discussing ways to educate and outreach the community.

The Chairperson mentioned that it was getting late and she then introduced Dr. James Arnaez to present the weekly minority data summary.

Minority Data Update – Dr. James Arnaez, Epidemiologist, WV Bureau of Public Health:

Dr. Arnaez reported that the data shared today is preliminary and was accessed through the WV Electronic Disease Surveillance System (EDSS) on July 14, 2020. The information is only accurate through the day it was accessed. Some numbers are small, and caution is needed for generalization and interpretation. Percentages presented are with missing data excluded. The following report was provided:

Data Considerations



The following data are preliminary.

As case investigations occur data may be updated and will be reflected in subsequent reports.

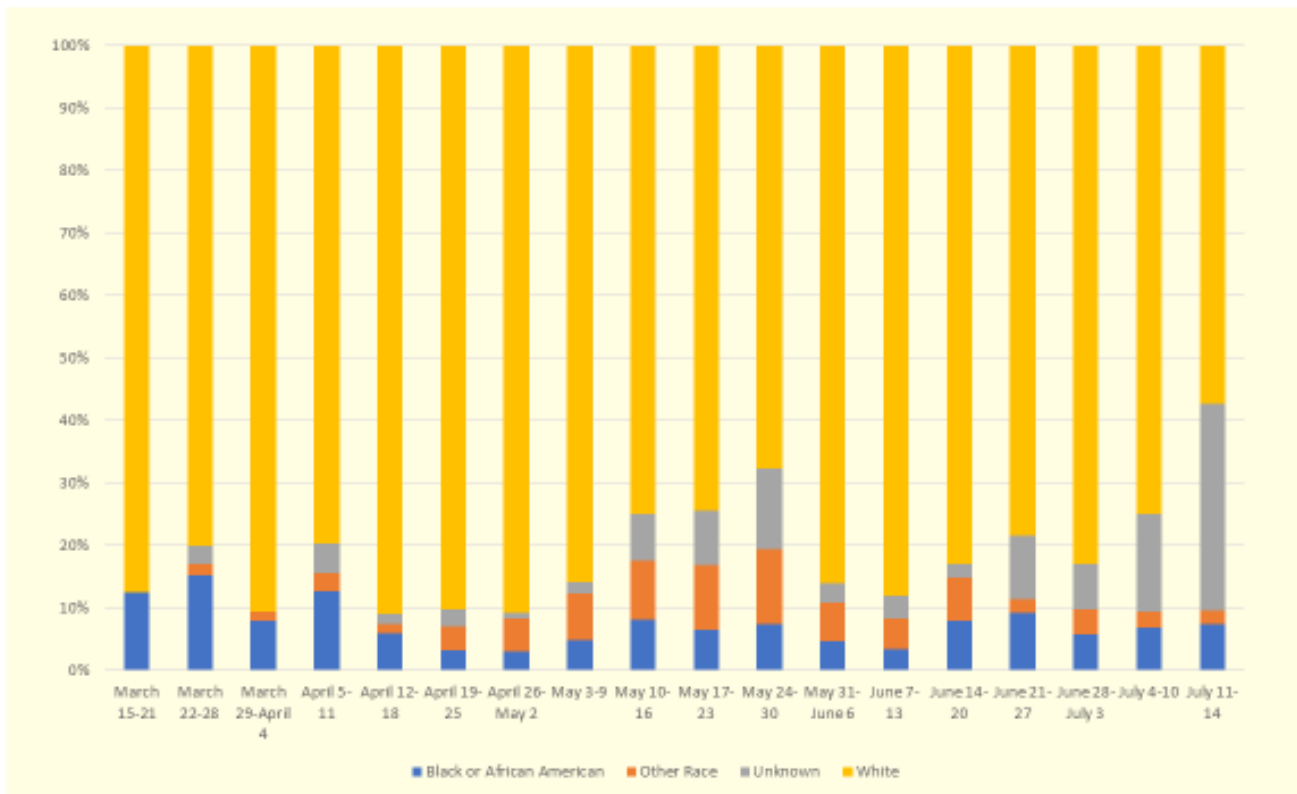
All data was accessed through the West Virginia Electronic Disease Surveillance System (WVEDSS).

Data was accessed on 7/14/2020.

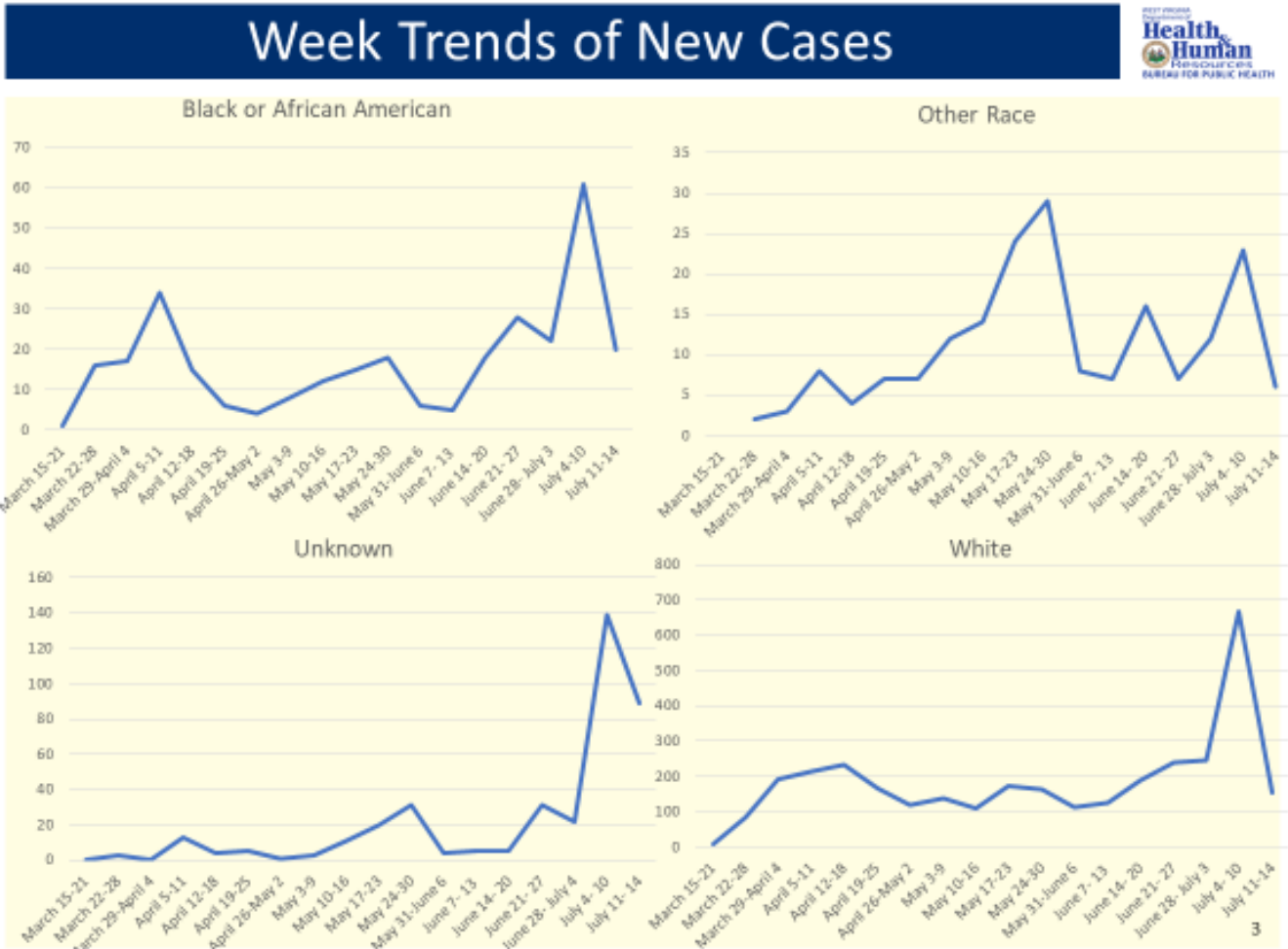
Some numbers are small and caution is needed for generalization and interpretation. Percentages presented are with missing data excluded.

Dr. Arnaez stated that he would touch on the highlights since the meeting was running behind schedule. He shared that the percentage of African American cases has been floating between 5-7%. He noted that a smaller proportion of individuals have identified as Other Race in comparison to previous weeks. Dr. Arnaez pointed out that during the week of July 4-10, there was a major spike within the African American race.

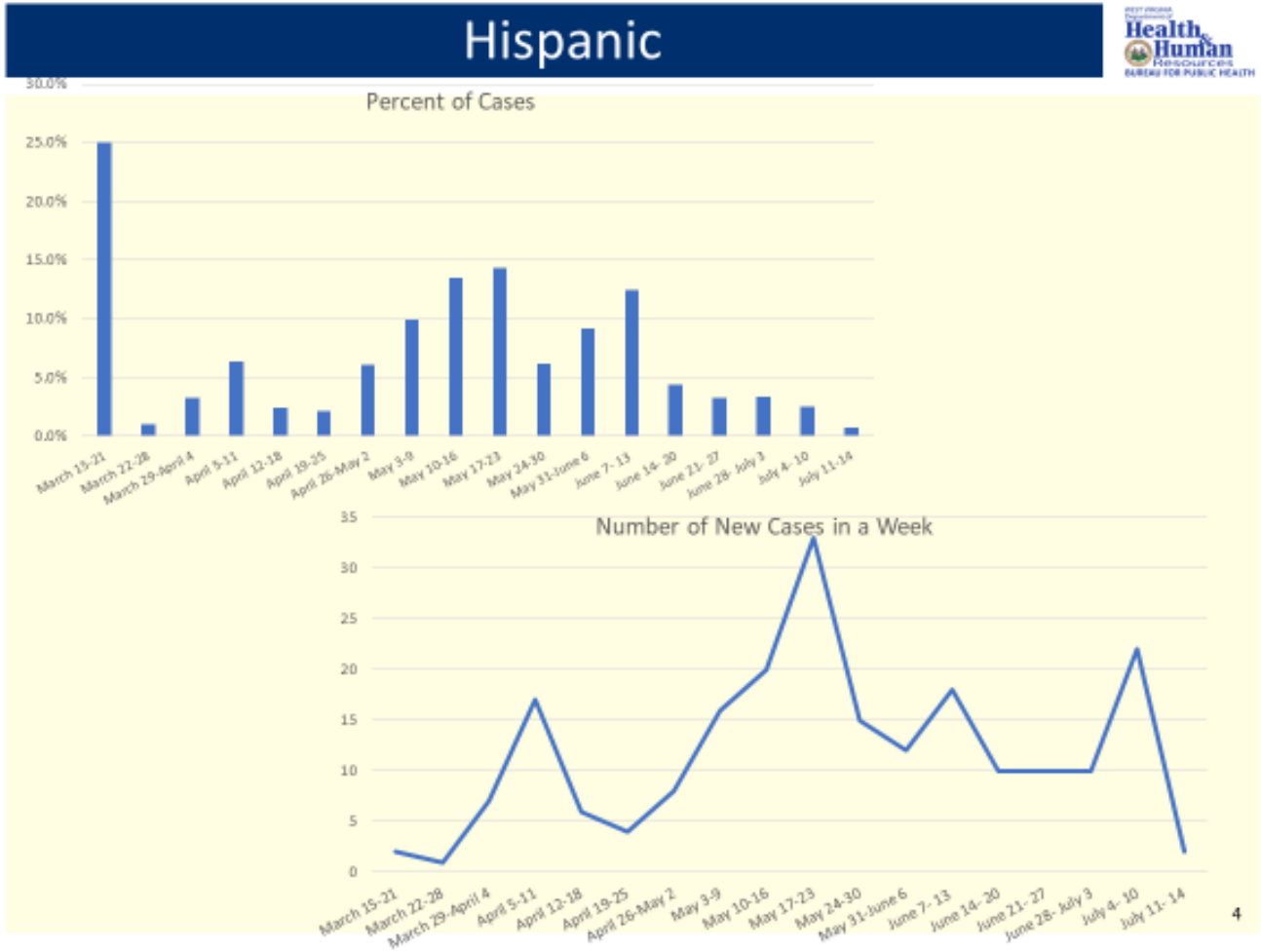
Percent of Cases by Race



Dr. Arnaez stated that Whites and African American residents had the highest single week of new cases during July 4- 10. The proportion for these weeks had nearly one-fifth of total cases in these groups. A similar spike occurred within the Other Race, although it was much lower. He then noted that July 4-10 was the highest by a significant margin during the pandemic.



Dr. Arnaez stated that there was a notable drop in both percentage and count among the Hispanic race since June 14th. He explained that this could be a by-product of the number of new cases in recent weeks. There was a spike of 22 cases on July 4-10, which was not nearly as high as the African American and White residents.



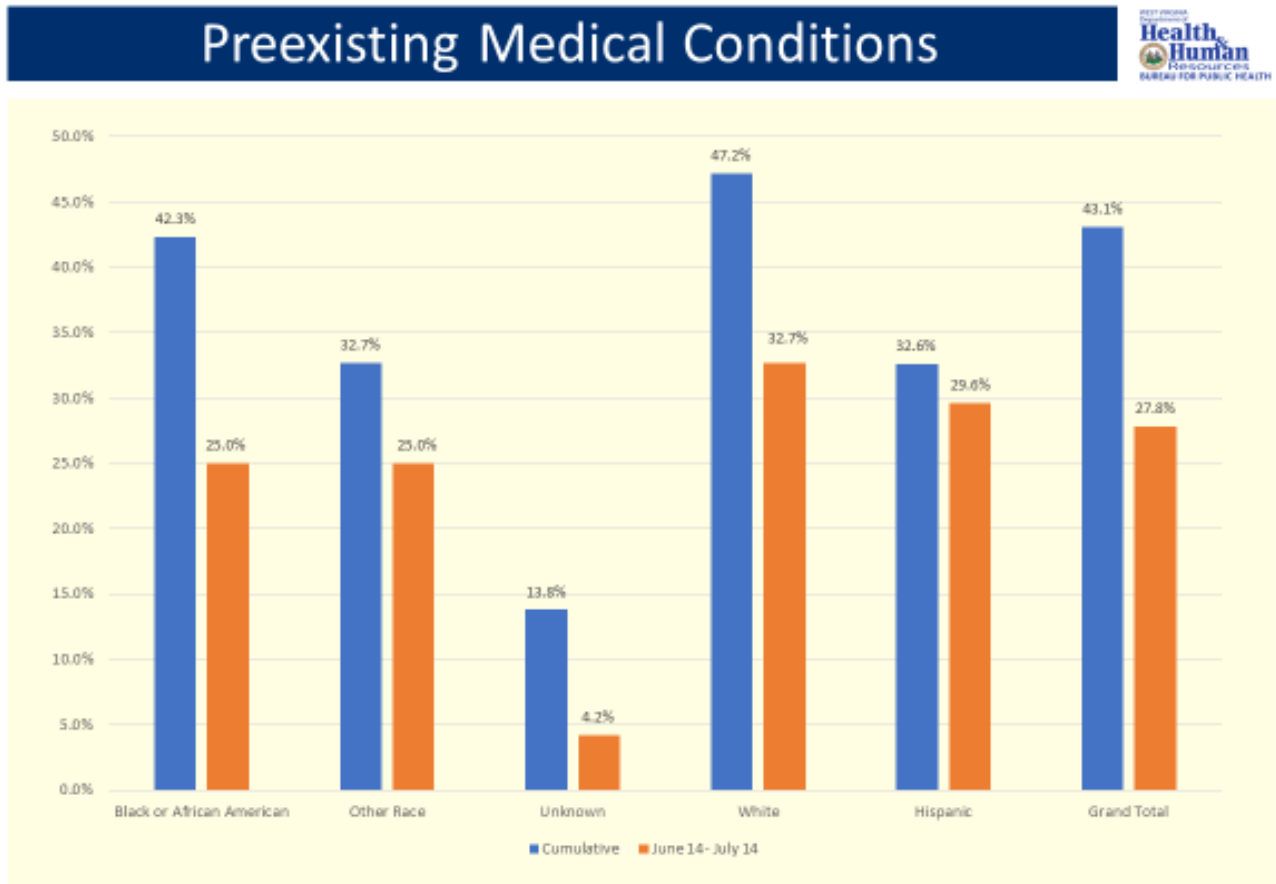
Dr. Arnaez explained that there were 144 cases in the African Americans in the past month. Dr. Arnaez added that it amplifies Dr. Marsh’s remarks about the spread moving more quickly within the African American and White races during the past 30 days. Nearly half of the total cases in the African American and White races occurred in the past month. He noted that the majority of the cases are not outbreak related.

COVID Cases by Region, Race, and Ethnicity

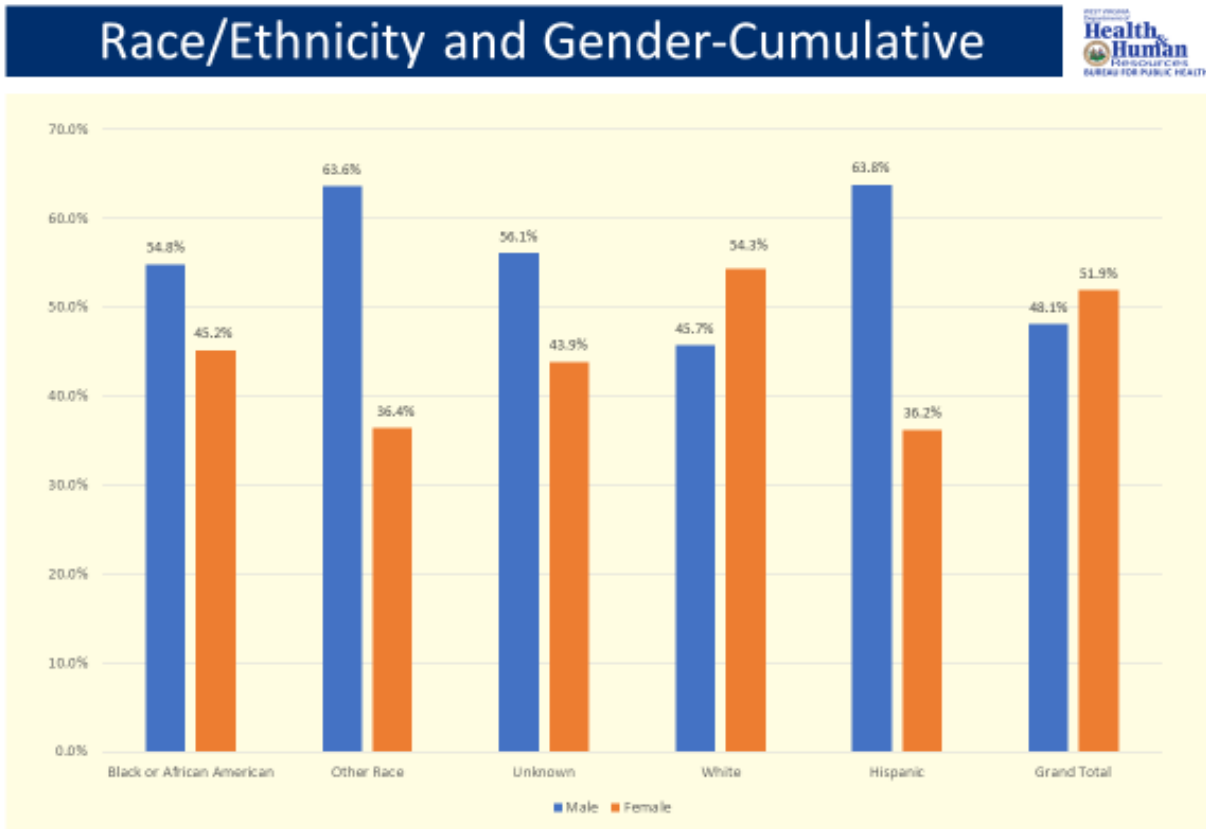


	State	% of cases	Western	% of cases	Central	% of cases	Northwestern	% of cases	Northeastern	% of cases	Eastern	% of cases	Southern	% of cases
Cumulative														
All Residents	4338		615		584		572		970		1244		353	
Black	310	7.1%	22	3.6%	30	5.1%	26	4.5%	100	10.3%	100	8.0%	32	9.1%
White	3448	79.5%	571	92.8%	482	82.5%	484	84.6%	696	71.8%	948	76.2%	267	75.6%
Other Race	196	4.5%	7	1.1%	18	3.1%	9	1.6%	31	3.2%	115	9.2%	16	4.5%
Unknown	384	8.9%	15	2.4%	54	9.2%	53	9.3%	143	14.7%	81	6.5%	38	10.8%
Hispanic	221	5.1%	7	1.1%	17	2.9%	6	1.0%	20	2.1%	167	13.4%	4	1.1%
June 14- July 14														
All Residents	1979		216		271		309		672		303		208	
Black	144	7.3%	12	5.6%	7	2.6%	17	5.5%	63	9.4%	22	7.3%	23	11.1%
White	1497	75.6%	194	89.8%	217	80.1%	252	81.6%	460	68.5%	232	76.6%	142	68.3%
Other Race	64	3.2%	2	0.9%	3	1.1%	4	1.3%	22	3.3%	26	8.6%	7	3.4%
Unknown	274	13.8%	8	3.7%	44	16.2%	36	11.7%	127	18.9%	23	7.6%	36	17.3%
Hispanic	54	2.7%	4	1.9%	3	1.1%	3	1.0%	11	1.6%	30	9.9%	3	1.4%

Dr. Arnaez noted that one-fourth of African American and Other Race cases reported a pre-existing condition. He added that 29.6% of Hispanic cases reported a pre-existing condition.



At the previous meeting, Dr. Arnaez was asked to provide a gender breakdown. Dr. Arnaez suggested that, based on the results, the reasons why men of color are more vulnerable should be investigated further. He then questioned if the reason for the vulnerability could be attributed to the type of jobs or certain attitudes and behaviors. He concluded by stating that the slight disparity between men and women in the White race is much less than the African American race.

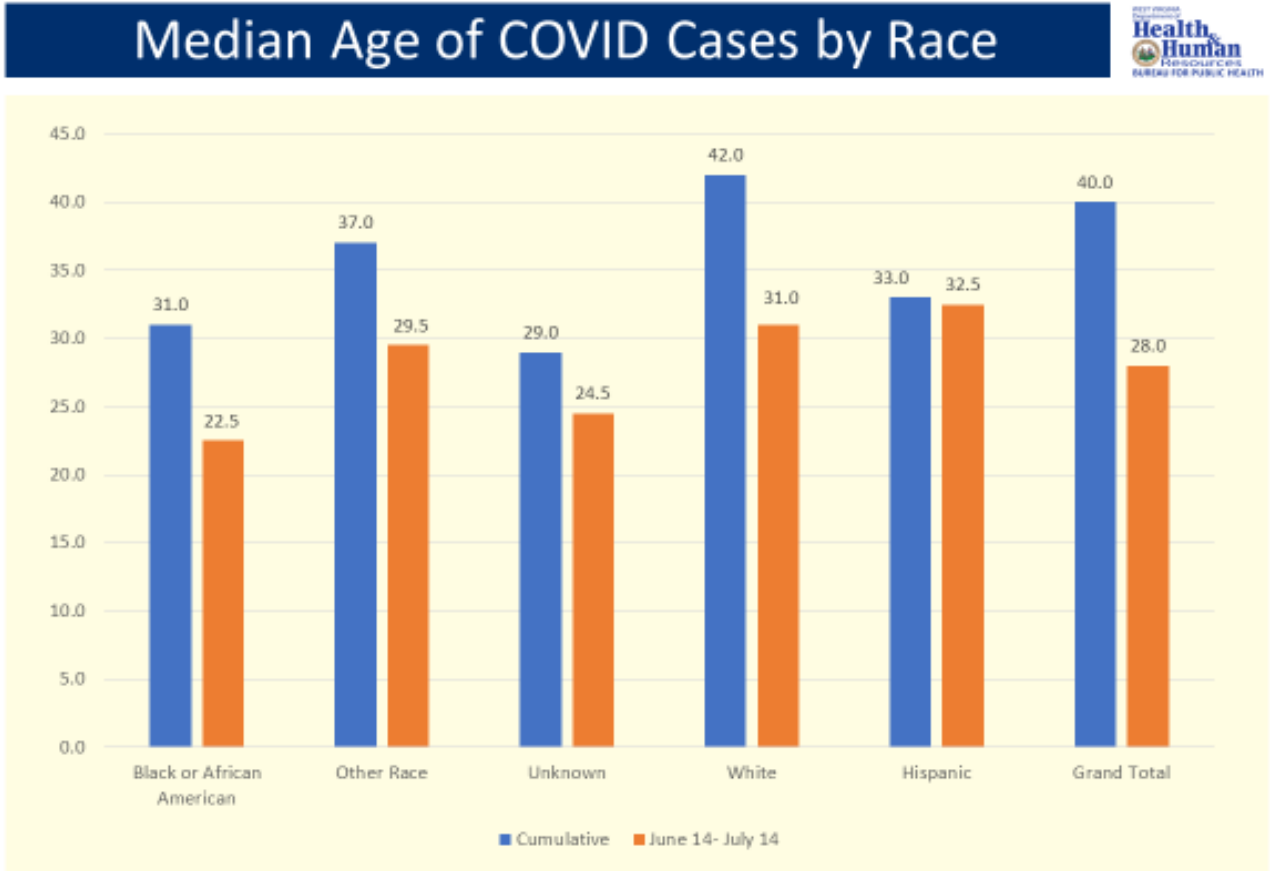


Dr. Arnaez then noticed that the presentation was had not been shared on the screen. He apologized and then continued to share the presentation and recapped the previous data that was shared.

Past Month Highlights

- **Black/African American**
 - 144 COVID-19 cases in past month
 - 46.5% of total COVID-19 cases in this group
- **White**
 - 1497 cases in past month
 - 43.4% of total COVID-19 cases in this group
- **Outbreak Related Cases**
 - Majority (75%+ based on group) are not outbreak related.
- **Pre-existing Conditions**
 - 25% of Black and Other Race cases
 - 32.7% of White cases
 - 29.6% of Hispanic cases

Dr. Arnaez explained that the median is the point at which 50% of the sample falls below the threshold. Accumulatively, 50% of cases are below the age of 40 and in the past month, 50% of cases are younger than 28 years of age. The median age for African American COVID cases is 31 years of age. Within the past month, half of the cases are seen within individuals 22 years of age or younger. Similar gaps are seen in the Other Race category, while Hispanics did not have much of a difference in the past month.



Surveillance Regions and Current Coverage by Regional Epidemiologists

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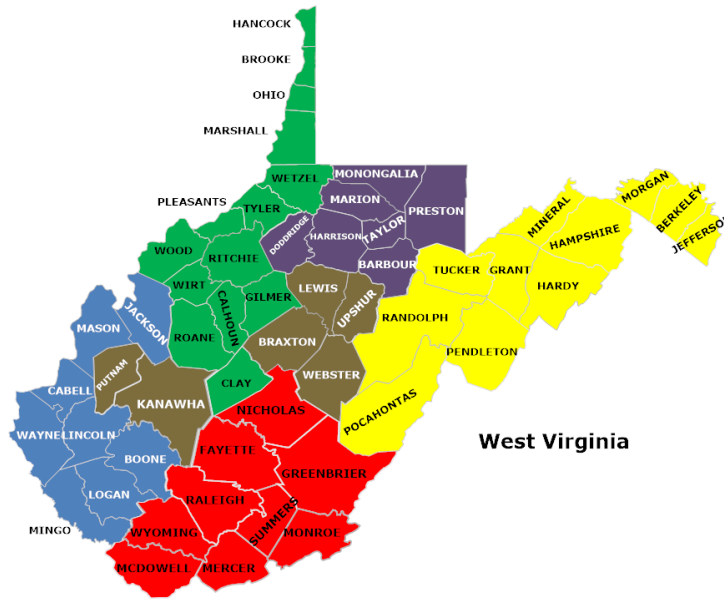
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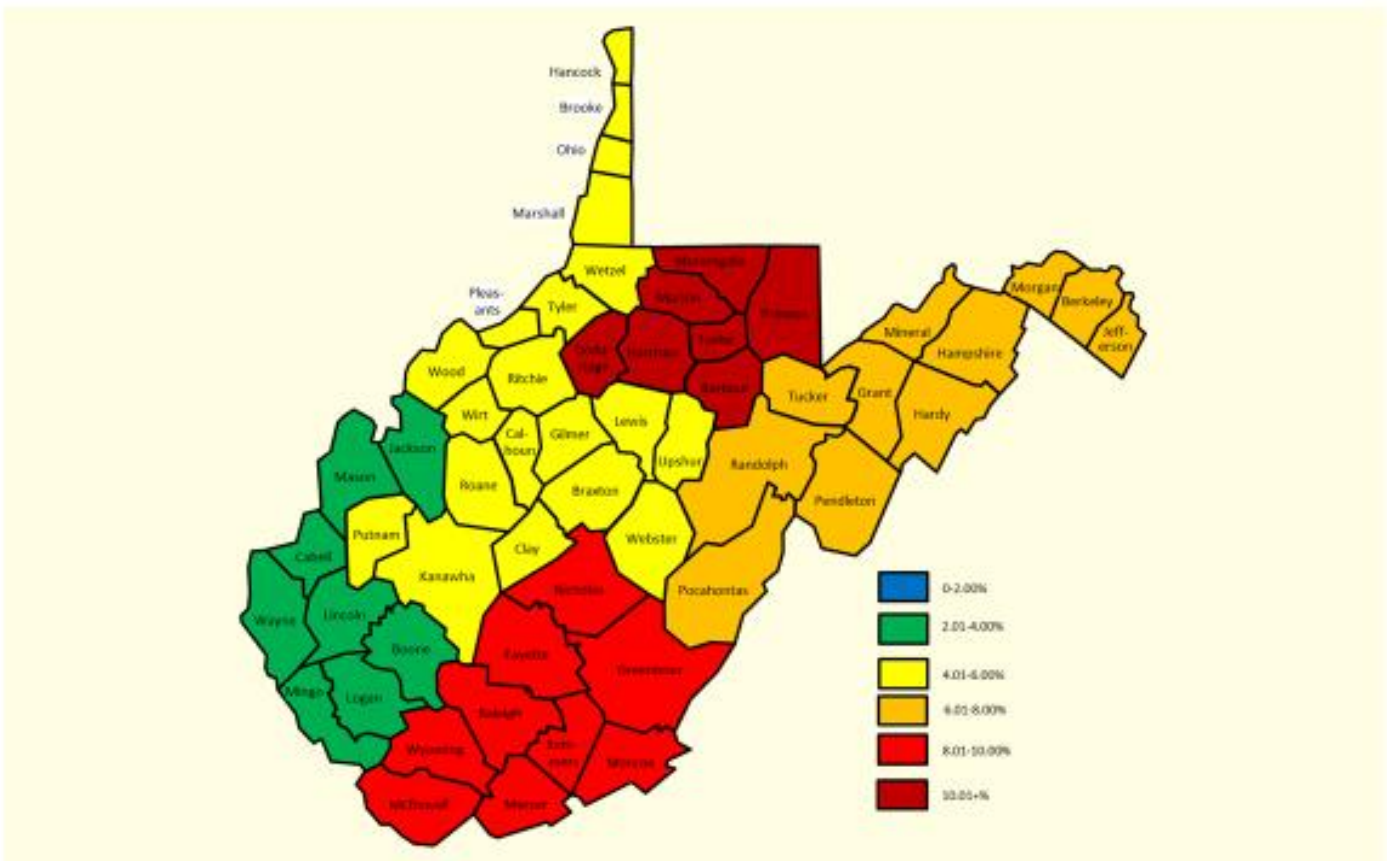
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Last Updated: October 2019

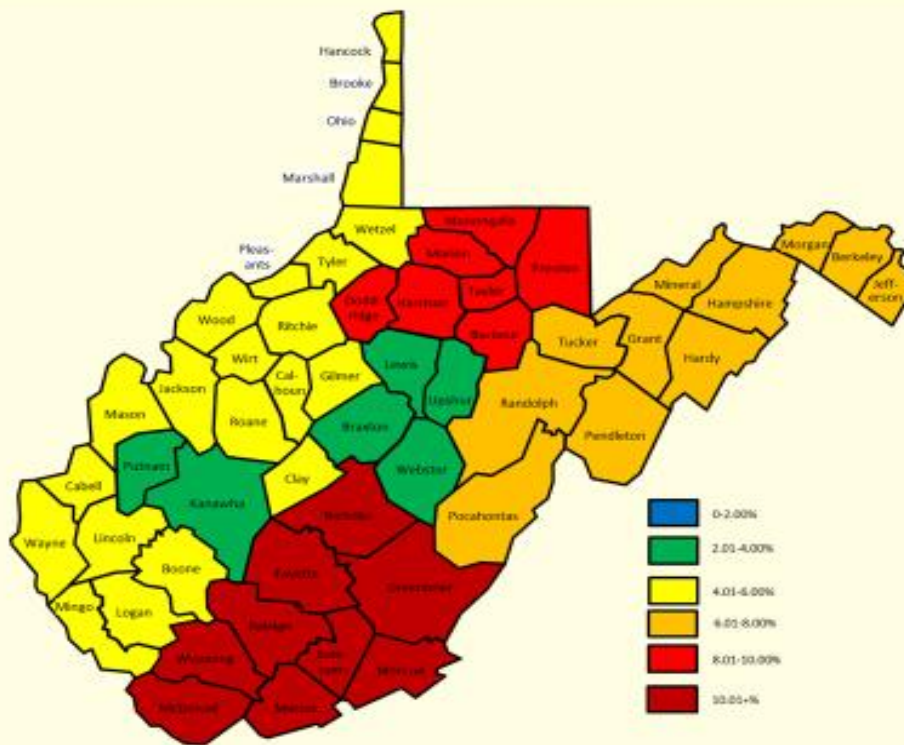
Dr. Arnaez reported on the cumulative regional prevalence for Black/African Americans. For African Americans, the highest prevalence of cases resides in the Northeastern Region and the Southern Region. Greater than 10% of the Southern Region were African American, while 8-10% reside in the Northeastern Region.

Regional Prevalence-Black/African American

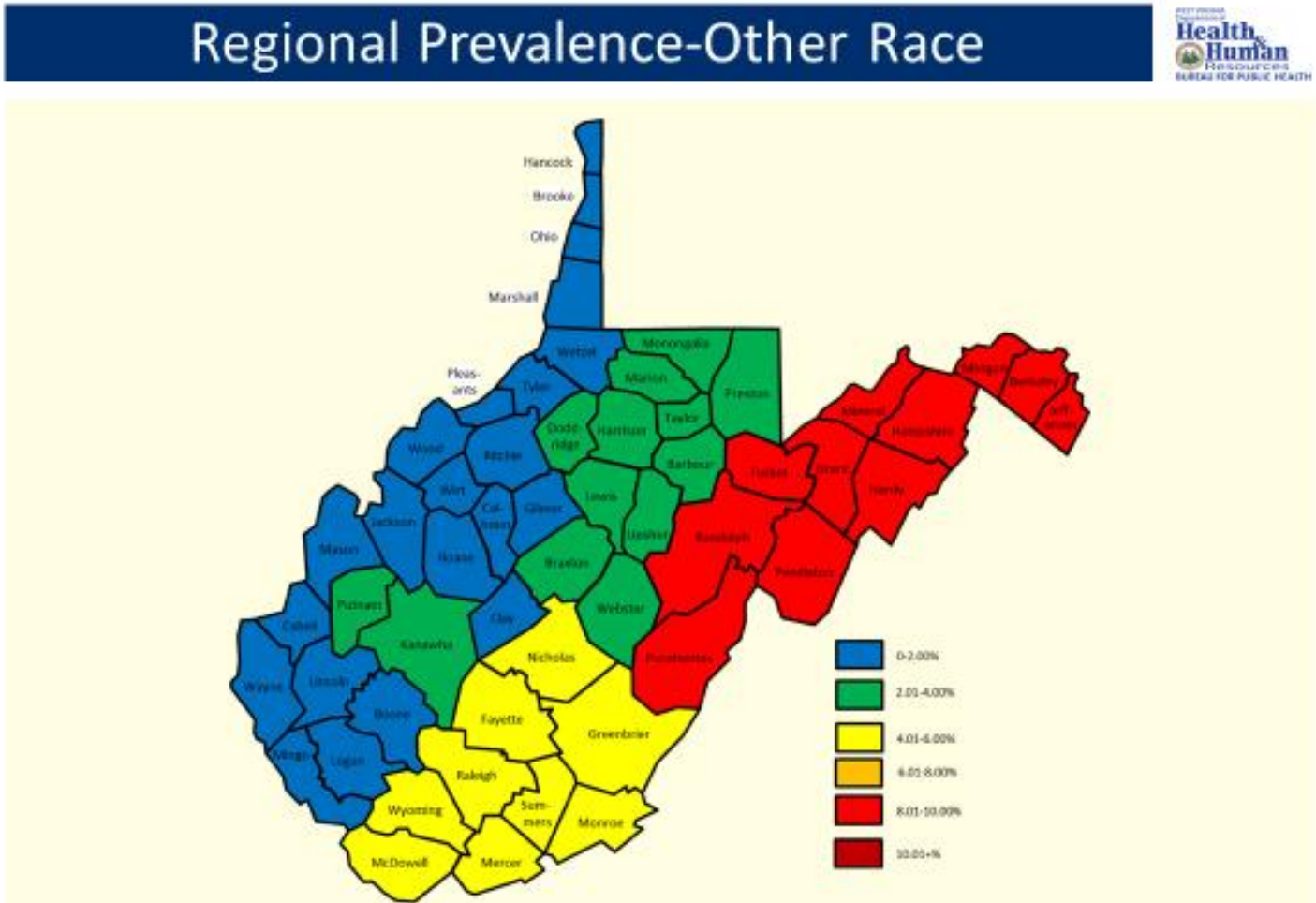


Dr. Arnaez provided the following chart on the regional prevalence for Black/African Americans for the past month. He noted that the percentages were consistent with the corresponding cumulative data.

Regional Prevalence-Black/African American

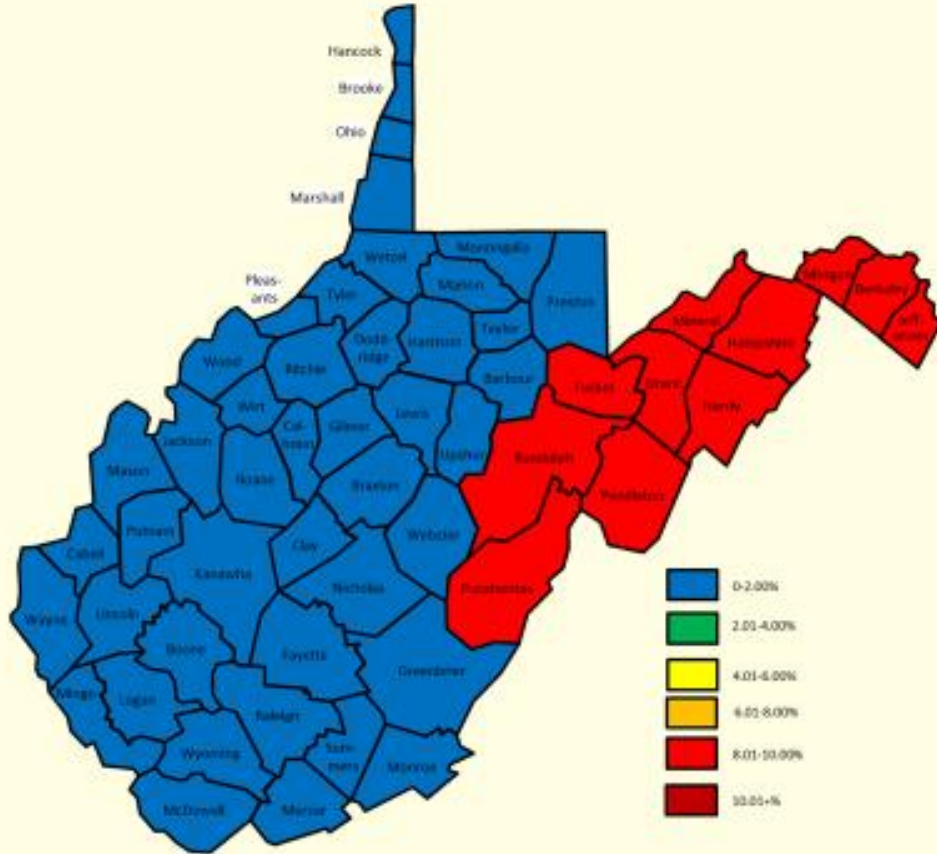


Dr. Arnaez noted that the Other Race cases are concentrated in the Eastern Panhandle. Cumulatively, 8 to 10 percent of these cases are in the eastern region.



Dr. Arnaez reported that within the past month, the rest of the state had 0 to 2 percent of cases identified as Hispanic residents. The Hispanic population totaled between 8 to 10 percent of cases located in the Eastern Region.

Regional Prevalence-Hispanic



Dr. Arnaez shared that the Northeastern Region experienced a noticeable increase. For the previous week, the cumulative total of cases for all residents was 196.9 cases per 100,000. This week, the total has increased to 317.3 per 100,000. Last week, African Americans were at 631.1 and increased to 1001.7 per 100,000. Dr. Arnaez noted that the Hispanic population saw the largest increase during the previous week, rising from 97.5 to 390 cases per 100,000. He suggested that the Hispanic population may be an area to focus on given the greater rates in Monongalia County at this moment.

COVID Rates by Region, Race, and Ethnicity



	State	Western	Central	Northwestern	Northeastern	Eastern	Southern
Cumulative							
All Residents	240.2	213.9	194.7	195.2	317.3	396.6	117.2
Black	412.2	280.9	178.0	396.6	1001.7	575.8	192.6
White	201.8	206.1	172.6	170.5	240.3	319.4	94.8
Hispanic	731.8	244.1	500.9	162.6	390.0	1517.4	97.2

Dr. Arnaez noted that 10% of COVID cases, cumulatively, have required hospitalization. The proportions are slightly higher in African Americans.

Hospitalizations, ICU Admission, & Ventilator Use



	Hospitalization	% of cases	ICU Admission	% of cases	Ventilator Use	% of cases
Cumulative						
Total	367	9.6%	143	3.8%	73	2.0%
Black	38	13.2%	13	4.5%	9	3.2%
White	311	9.7%	122	3.8%	58	1.9%
Other Race	10	5.7%	5	2.9%	5	3.3%
Unknown	8	5.7%	3	2.3%	1	0.9%
Hispanic	11	5.2%	3	1.4%	1	0.5%
June 14- July 14						
Total	72	4.7%	22	1.5%	4	0.3%
Black	6	4.7%	2	1.6%	1	0.8%
White	61	4.7%	19	1.5%	3	0.2%
Other Race	2	3.8%	0	0.0%	0	0.0%
Unknown	3	5.7%	1	2.3%	0	0.0%
Hispanic	1	2.0%	0	0.0%	0	0.0%

Chairperson Upson asked if there were any questions for Dr. Arnaez. Hearing none, she announced Lieutenant Colonel McGonegal to give an update on the role of the Guard forward regarding the state-wide testing.

Testing Plan Update – Lieutenant Colonel (LTC) Tanya McGonegal, WV National Guard:

LTC McGonegal stated that the Guard has been mandated to wear masks and to protect each other. Formations together. Everyone has gone forward with getting tested. Supporting the testing events has been optional for the Guardsmen. She shared that she and her family tested recently and received a negative result. LTC McGonegal added that there are still a lot of questions about the testing and how results are determined. She shared that the soldiers quarantine when after encountering other positive people. She then stated that a soldier within her brigade tested

positive and everyone within the section was tested and quarantined. She added that the Guard will continue to support the testing events.

The Chair shared a video of the newest PSA to be released, which features Romelia Hodges sharing a brief testimonial. Dr. Marsh stated that he did not know that Ms. Hodges had recovered from COVID-19. He added that the video was compelling, powerful, and positive. Dr. Marsh shared that the goal is to create community and that these types of announcements are important.

Monongalia County Testing Update – Tiffany Samuels:

Tiffany Samuels mentioned that Delegate Danielle Walker, Romelia Hodges and Toni Owens, volunteer coordinator, were instrumental in the testing event in Monongalia County. She mentioned that the Taylor County Health Department, National Guard and community volunteers helped to service nearly 3,000 individuals. There were hundreds of walk-up and homeless test-takers. Ms. Samuels requested that Toni Owens and Delegate Walker be unmuted to speak.

The Chair explained that non-members are not permitted to speak due to time constraints. She then mentioned that the Farmer's Market location targeted a very underserved population of people, although the automobile traffic presented somewhat of a problem. She stated that goal of serving the target population was achieved. Ms. Samuels agreed that the automobile traffic was an issue, but that it was not an issue for the homeless and walking participants. There was a long line of pedestrian traffic, as well as drive-up traffic. Ms. Samuels thanked Delegate Walker and Toni Owens for their efforts. The Chair thanked everyone and stated that although she did not yet have the final numbers, the turnout was phenomenal.

Chairperson Upson asked for the task force members to be prepared to share their suggestions for a long-term testing strategy at the next meeting. She added that locations and testing models should be included, and that this discussion would be moved to the top of the agenda. Chairperson Upson then asked if there were any additional questions before adjourning the meeting.

Dr. Arnaez asked if there were any historical issues with getting the minority groups to participate. The Chair stated that there are a lot of fears, natural distrust of the government and myths to dispel. Ms. Samuels added that transportation and accessibility has been an issue for the targeted population.

Romelia Hodges stated that she hoped that Mike Jones' Mask-a-raid idea could be broadened throughout the state. She then asked if Dr. Arnaez could provide the death rates for African Americans.

Dr. Arnaez stated that a general number should be doable. He then stated that it would be using an older reference population, which is a caveat for all the rates.

The meeting adjourned at 8:46 AM.

Respectfully Submitted,

Michelle Petties
Executive Assistant
HHOMA