



Herbert
Henderson
Office of
Minority
Affairs

COVID-19 Advisory Commission on African American Disparities

MINUTES

May 11, 2020

10:00 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
Romelia Hodges, StriveN4
Delegate Sean Hornbuckle, House District 16, Cabell County
Mike Jones, Kanawha Institute for Social Research and Action (KISRA)
Senator Patricia Puertas-Rucker, Jefferson County, Senatorial District 16
Reverend James Patterson, Institute Church of the Nazarene
Tiffany Samuels, WVU Cancer Institute
Keisha Saunders, Tug River Health Clinic

Presenters: Secretary Bill Crouch, Department of Health and Human Resources (DHHR)
Sarah Sanders, Ph.D., Bureau of Public Health
Dr. Cathy Slep, Bureau of Public Health

Absent: Pastor Wesley Dobbs, Morning Star Baptist Church
Delegate Caleb Hanna, Nicholas County, House District 44

Call to Order: Chairperson Jill Upson, called the meeting to order at 10:03 a.m. and proceeded with and welcoming the newly appointed Commissioners and guest presenters.

Chairperson Upson's Welcome: Chairperson Upson announced that this meeting was open to the public and that anyone is welcome to attend. She stated that the format for this first meeting allowed only the Commission members and presenters to ask and respond to questions. Director Upson explained that the COVID-19 Advisory Commission on African American Disparities will work to develop plans to educate at-risk, minority communities in the areas of prevention, testing and treatment. Strategies to remove barriers to testing and make recommendations to broaden the inclusion of underserved communities in the State's expanded testing plan will be considered. She then stated that the 12-member Commission was formed with representatives from the following: three representatives from community and grassroots groups; three representatives from health care and health systems; three representatives from the state legislature; and three representatives from faith-based organizations.

Introductions: Chairperson Upson asked Commissioners to introduce themselves, state their affiliation and speak about the goals that they would like to accomplish as a member. The presenters

Community and Grass Roots Groups:

Romelia Hodges of StriveN4 introduced herself as representing the community of Fairmont, WV and the Tri-county region of Harrison, Marion and Monongalia counties. She thanked the group for allowing her to participate and expressed that she was glad to see the Commission come into fruition.

Mike Jones introduced himself as representing Kanawha Institute for Social Research and Action (KISRA), which is a faith-oriented organization located in Dunbar, WV. He stated that he was glad to be a part of the group to address some of the incidents occurring in the state such as Marion County; hoping that it never happens again.

Owens Brown, residing in Wheeling, introduced himself as president of the thirteen chapters of the West Virginia State Conference of NAACP. He expressed that the Commission is a great beginning to address the issue of minority health, which has been a concern. The ability to educate minorities in all different parts of the state has been a request for many years.

Healthcare/Health Systems:

Tiffany Samuels introduced herself as representing the WVU Cancer Institute through the WVU Foundation in Marion County where she was born and raised. Along with Romelia Hodges, she has been instrumental in working the issues with the churches in Marion County. Ms. Samuels stated that she is thrilled at how quickly the Commission has come together after years of having no progress and is honored to be a participant.

Keisha Saunders, a nurse practitioner in McDowell County, introduced herself as representing Tug River Health Clinic and was honored to be a part of the task force.

Joylynn Fix introduced herself as representing the WV Offices of the Insurance Commission located in Kanawha County where she works with the policy forms as they are filed. She shared that healthcare can be like a foreign language and hopes to continue to work with the communities from the grassroots level to help people understand what their health policy will offer and how to use them.

State Legislature:

Delegate Sean Hornbuckle of House District 16 in Cabell County shared that he is glad to be involved and will provide support by helping to take issues back to our Legislature to ensure that we are progressing forward.

Senator Patricia Puertas-Rucker of Senatorial District 16 in Jefferson County, Senatorial District stated that she is honored to be able to serve and be part of this Commission. She believes there are a lot of things to discuss and looks forward to being able to help in the discussion.

Faith-Based Organizations:

Pastor Rahsaan Armand of the Mount Zion Missionary Baptist Church in Clarksburg introduced himself and offered his support in any way possible.

Reverend James Patterson introduced himself as having pastored for over 30 years at Institute Church of the Nazarene and Chief Executive Officer of the Partnership of African American Churches (PAAC). In operation for around for 20 years, PAAC's latest initiative into the health foray into the sector of certified behavior health and substance abuse disorder providers in Kanawha County.

Presenters:

Chairperson Upson introduced Secretary Bill Crouch, DHHR, to share his presentation.

Secretary Bill Crouch of DHHR welcomed everyone and shared that he is looking forward to hearing thoughts on how to increase testing in the African American community and other minority communities. He stated that a situation of this type was not anticipated, and everyone is learning in a lot of areas as they go. Secretary Crouch explained that the data is getting better. However, there are negative results that do not have a county-of-residence, which makes it difficult to

evaluate. Work is being done to match those records and find a county for those individuals. He further explained that the positives, which are investigated by the county and with the help of Dr. Slemph and her staff, have a known origin. It is hoped that with assistance from the Commission, the targeted individuals with higher rates of positives and hospitalizations in these communities will be reached. Secretary Crouch explained that contact tracing will be useful in finding where the positive cases lead them and ensuring the self-quarantine and testing guidelines are followed where appropriate. He emphasized that help is needed in educating and getting the message out about continued use of social-distancing and face coverings. The public health system in West Virginia was not ready for this situation; as well as most states. There has been a shift in staffing to provide the necessary manpower and efforts made to obtain all the resources possible. He stated that they are trying to move as quickly as possible and asked for patience. Secretary Crouch mentioned that the Governor pushed him to get this done and apologized for it taking a little longer. He noted that Director Jill Upson was asked to chair the Commission, and this work could not have been accomplished without her assistance. The support of Deputy Gary Thompson and Dr. Cathy Slemph's staff is greatly appreciated, as well. Secretary Crouch concluded by reiterating that the participation of everyone is greatly appreciated.

Chairperson Upson then introduced Dr. Clay Marsh, COVID-19 Czar, to share his brief presentation.

Dr. Clay Marsh began by welcoming everyone. He mentioned having a good conversation with Senator Manchin and thanked everyone for agreeing to serve in the important group. He agreed with Secretary Crouch's goal of trying to increase testing in a strategic and thoughtful way. He acknowledged that the African American community is a vulnerable community and wants to be sure to work closely together to understand how to best serve the community and gain the trust of the community to increase testing.

Dr. Marsh stated that the conversation with Senator Manchin included the citizen's concerns about being able to obtain a test without a physician, possibly having to pay for the test upfront and limited access to testing in the appropriate communities. He recalled that Reverend Watts and others on the call discussed obtaining data that shows the testing rates on a county basis. Dr. Marsh stated that the lists have not been completely finalized, but that initial testing will focus on the vulnerable populations in vulnerable areas and vulnerable populations in congregate settings.

Dr. Marsh shared that the goal is to increase testing volume in the communities with more activity, particularly in the African American communities. He advised that assistance from the Commission is needed to determine how and where testing should occur and how to get the right people to take the test to ensure screening and assessment of the African American population. He noted the disproportionate outcomes in several states related to the African American population. He concluded by noting the desires to make sure that all communities are protected by stepping up learning and feedback so that the state is protected.

Chairperson Upson introduced Commissioner and State Health Officer for the Bureau of Public Health, Dr. Cathy Slemph.

Dr. Slemph began by stating that this group will make an enormous difference. She commented that everyone recognizes that the disparities of COVID-19 reflect much larger issues. She shared hopes of strengthening in ability and capacity to work in partnership. Dr. Slemph explained that there are incredible opportunities in the challenges of pandemics. Hopefully, a framework will be developed for a broader, ongoing work. Dr. Slemph noted that it is critical to combine data, experience and partnerships to drive action. She concluded by sharing that she looking forward to continuing and moving forward with the community-level partnerships.

Chairperson Upson then introduced the next agenda item, an update from Sarah Sanders Ph.D., Epidemiologist for the Bureau of Public Health.

Dr. Sanders began by providing a high-level report of West Virginia's COVID-19 data. She reported that 21 counties have reported at least one case in a non-White population, while 14 counties have reported at least one case in the African American population. In addition, 14 counties have reported at least one case in a non-White population other than

Black or African American. African Americans make up 4.2% of the state's overall population, yet account for 7.3% of the states COVID-19 cases.

Dr. Sanders reported that most counties with at least one case, have a disproportionate amount of positive cases. Dr. Sanders expressed concern that 53% of positive cases in Marion County are African American. She reported that a lot of counties still have low case numbers.

Dr. Sanders then reported that African American cases are lower in the long-term care facilities. She then reported that 32% of cases in long-term care facilities are from the white population, while 11% are associated with the African American population. Approximately 29% of African Americans end up hospitalized compared to 14.6% of the White population. Nearly a third, 32%, of cases in White people are associated with outbreaks in long-term care settings, but about 11% of cases in African Americans or Blacks are associated with these outbreaks. Approximately, 18% of cases are in other races.

Dr. Sanders next reported on hospitalization rates. She shared that 28.9% of African American cases, 14.6% of White cases and 4.1% of Other Race cases were hospitalized. While Black or African American cases were hospitalized more often the mortality rate for African Americans is 3.1%, which is slightly lower than the 4.2% mortality rate in the White community. Dr. Sanders noted that it is important to mention that 97% of positive cases recover from COVID-19.

Dr. Sanders reported that there are differences in age distribution between races. Approximately 5% of African American cases in West Virginia fall within the 10-19 year old age range, while 2.5% of the White population cases fall in this range. She reported that 23% of cases in African Americans were aged 60-69 years compared to 13% of cases in Whites in this age group. Across all adult age groups, cases in African Americans range from 5.2% to 22.7%, the range varies from 9.1% to 17.7% in the White population.

Dr. Sanders reported that the gender differences between African American and Whites is almost equal. Cases in males and females were roughly equivalent in minority populations. However, in White populations there are more cases in females. The case rate for Whites is 60% female and 40% male. African Americans and other races show an equal case rate of 51% for females and 49% for males.

Dr. Sanders concluded the high-level overview by stating that most people do show symptoms. She reported that 78% of African Americans show symptoms, while 68% of Whites show symptoms. Preexisting medical conditions are slightly more common in African American or Black cases, 53.6%, compared to White cases, 50.4%.

Chairperson Upson then introduced the next presenter to provide an update, Stephanie Moore of the Office of Community Health Systems and Health Promotion.

Stephanie Moore began by stating that the Bureau of Public Health has been working to create a culture of health equity and addressing minority health issues for a while now. The opportunity to develop a collaborative, coordinated effort utilizing state-wide resources and partnerships has been created. Ms. Moore stated that over the last week, a rough draft framework was created to guide, organize and implement strategies to improve minority population health and to reduce disparities. She shared that efforts have been focused around the COVID-19, but hopes this group will be able to move forward and address the other underlying issues that continue to affect this population.

Ms. Moore mentioned aligning with the CDC's Office of Minority Health to create a framework model that addresses five specific areas. She explained that the five areas: addressing the problem, contributing factors, looking at the interventions, desired outcomes and the ultimate goal. She noted that communication, the increase of testing and how the populations will social distance and isolate will be evaluated first. She concluded by stating there is a lot of work ahead, but excited to do it.

Chairperson Upson introduced the final presenter, Lieutenant Colonel (LTC) Tonya McGonegal from the WV National Guard.

LTC Tanya McGonegal began by sharing that the WV National Guard has been collaborating with DHHR to reach all communities in West Virginia. She stated that there is a rough draft plan to test for COVID-19 in vulnerable minority and high population-dense communities throughout the state. She reported that the WV National Guard has been supporting DHHR by providing the manpower of 570 soldiers and has provided mobile testing units to support initial screenings for symptoms and testing. The mobile testing units have the capacity to test up to 150 per hour. LTC McGonegal stated that the goal is to reach populations that are more likely to have symptoms based on pre-existing medical conditions. She stressed that the testing is free for those without insurance, unlikely to have a physician or do not have access to medical treatment. She stated that the WV National Guard is hoping to start in Mercer and Raleigh counties as early as this Friday. Voluntary, free testing locations are already operating in high-density population areas. She concluded by stating that the WV National Guard is operating through funding provided by FEMA and the CARES Act.

Q and A Discussion:

Chairperson Upson opened the meeting to the Commissioners for an opportunity to ask questions of the presenters.

Owens Brown asked for the race group named 'Others' to be clarified and defined.

Dr. Sanders explained that the 'Other' group consists mainly of Native Americans and Asian Americans in WV. She noted that the 'Other' group is a single-race number and not bi-racial. Dr. Sanders explained that although the population numbers are coming from CDC Wonder, the numbers are self-reported. Usually, the self-reported, bi-racial numbers fall under the African American category.

Rev. James Patterson stated that it is going to take a two-pronged approach. He stated that the first approach is programmatic implementation to address the immediate issue. The second approach is policy that must be put in place to address social determinants of health. He mentioned a recent call where Dr. Slemp described the problems. He then explained that ordinary living in the African American community is a pandemic situation. Rev. Patterson asked if the Commission is going to look at programmatic implementation of testing, etc. and expand this Commission to deal with the social determinants of health and ultimately, being prepared with established systems.

Secretary Crouch responded by stating that there are a number of issues to explore down the road. The immediate focus should be the current pandemic and addressing those issues in the minority areas. He stated that future collaboration is possible and emphasized that the current pandemic should be the point of focus now. He concluded by reiterating that the current needs are COVID-19.

Dr. Slemp agreed with Secretary Crouch. She stated that there are bigger issues and explained this opportunity should be used to gain full understanding by targeting specific initiatives and by learning what makes a difference in the communities.

Romelia Hodges noted that the 'Other' category is now understood. She inquired about the 'Unknown' category. She stated that as of April 14 and 15, Marion county's African American population was 51.28% and a 10.29% 'Unknown'. In addition, Ms. Hodges mentioned that her team conducted contact tracing and the concluded data was higher than what was reported. She expressed concern about the data being presented regarding Marion County. In addition, she explained that she noticed a lot of probable cases in the community, as well as her own family, through contact tracing.

Dr. Slemp responded by offering to work closely together with Ms. Hodges to better define data for Marion County. Previously, there was no way to capture the data, but now probable case definition has expanded. Neurological and antibody testing will be available and the 'Unknown' category will be addressed. Currently, there is no race data in the

laboratory reports. Dr. Slemp concluded by stating that state labs are looking to include race data in their lab submission forms.

Tiffany Samuels inquired about the specific group of people that has been in close exposure to positives, but are asymptomatic? She asked what testing options are available to those falling into this category, but are being turned away from testing sites because they lack a primary care physician.

Dr. Slemp explained that testing for those with symptoms is being expanded. She encouraged reaching out to the local health department to find a provider. There is no payment for testing or treatment for COVID-19 if uninsured. She stated that these services will be covered under Medicaid, if qualified. Dr. Slemp concluded by stating that there should not be financial barriers and recommended contacting the health department to establish a link to testing.

Romelia Hodges stated that African Americans are deemed a vulnerable community and asked if a doctor's note would be required in order to be tested.

Dr. Slemp responded by stating that the key to having a doctor's note is the linkage to a healthcare provider for medical follow up. She stated that LTC McGonegal and others will be working with local providers to make sure a link is formed.

Romelia Hodges then asked if not having a primary care physician, in the interim, would create a barrier to testing or if it would be dealt with once testing is received.

Dr. Slemp responded by asking Ms. Hodges how she thought the process would work best.

Ms. Hodges stated that it is typical for a person in the African American community to have specialists, but no primary care physician. She shared the importance of having testing available without the barrier of having a personal care physician and later linking them to a physician for follow-up care.

Tiffany Samuels asked for clarification on the outreach testing process for those without a primary care physician link.

LTC McGonegal stated that testing conducted by WVNG does not require a physician's note. She shared that citizens will be asked for some information when they come in voluntarily for testing to administer and provide the results. Physicians from DHHR and WV National Guard are working to conduct testing and deliver to labs and follow up with symptomatic citizens.

Closing:

Chairperson Upson asked for input from the Commission about the best meeting times, days and frequency. She provided HHOMA@wv.gov as the best email to send any agenda items from the Commission and general questions while offline.

Romelia Hodges stressed that this is a pressing issue and bi-weekly meeting would be appropriate.

Delegate Sean Hornbuckle mentioned that he has ideas on how to streamline the question and answer process for these meetings. He then suggested that the group consider set times for an early morning call or early evening call to accommodate work schedules.

Chairperson Upson asked for feedback from the Commissioners.

Secretary Crouch stated that it may be difficult to follow a set time right now. He then suggested that Chairperson Upson send out a few options to the group.

Secretary Crouch concluded by stressing that immediate input to raise awareness in communities and testing is needed.

Delegate Hornbuckle concluded by trying to leverage local community centers and churches as testing sites to reach the greatest amount of people.

Chairperson Upson stated that there is a working list of partners and will work with DHHR on what information would be pertinent to send to the group ahead of the next meeting. She stated that the next meeting, Friday, May 15, will be an early morning meeting. She concluded by thanking everyone for their participation.

Chairperson Upson adjourned the meeting at 11:05 AM.

Respectfully Submitted,



Michelle Petties,
Executive Assistant
HHOMA