



Herbert
Henderson
Office of
Minority
Affairs

COVID-19 Advisory Commission on African American Disparities

MINUTES

May 28, 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)
Senator Patricia Puertas-Rucker, Jefferson County, Senatorial District 16
Tiffany Samuels, WVU Cancer Institute
Keisha Saunders, Tug River Health Clinic

Presenters: Secretary Bill Crouch, Department of Health and Human Resources (DHHR)
Lieutenant Colonel Tanya McGonegal, WV National Guard (WVNG)
Sarah Sanders, Ph.D., Bureau of Public Health
Dr. Cathy Slempp, Bureau of Public Health

Absent: Reverend James Patterson, Institute Church of the Nazarene

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

Update – Dr. Cathy Slempp, WV Bureau of Public Health:

Dr. Slempp announced that a new dashboard was launched, which includes county, race and demographic data. In addition, national definitions and evolving technology updates are available on the new website. Dr. Slempp added that active and recovered cases are tracked, as well. Chairperson Upson shared the results from Fayette County. On Tuesday, 73 were tested with 31.5% from the African American population and 77 tested on Wednesday with 38.5% from the African American population. Dr. Slempp shared that the results from the previous weekend of testing are still being processed. The following data was provided.

County	Number Tested	% African American	# of Positive Cases	# of Pending Results
Cabell	651	56%	2 (1 African American, 1 Caucasian)	45
Kanawha	832	21.6%	2 (Caucasian)	41
Marion	576	48%	2 (Caucasian), 0.7%	N/A
Monongalia	999	8%	0	N/A

Minority Data Update – Dr. Sarah Sanders, Epidemiologist, WV Bureau of Public Health:

Dr. Sanders reported that the Office of Epidemiology and Prevention Services have recently started reporting the number of active and recovered cases. Active cases include those that are positive and symptomatic during the isolation period. She shared that one study found that 81% recover in 10-14 days; 14% in 15-30 days; and 5% in approximately 2 months. Most active cases are people diagnosed within the last two weeks. The data field 'Date of Illness Offset' tracks the number of people that have stopped having symptoms. Dr. Slemp added that the 'Date of Illness Offset' is mostly the end of illness date. The Chair then asked for the recovery rates in the African American and White populations. The recovery rate in African Americans is 73%; 69% in Caucasians; and 64% overall recovery rate. Chairperson Upson asked Dr. Sanders to explain the 'Recovery Rate'. Dr. Sanders reported that the recovery rate is defined by the period after 14-day isolation for an asymptomatic positive diagnosis.

The following data was provided for review:

- 29 Counties have at least one case in a minority population.
 - Some counties have more cases in minority populations than would be expected solely on the minority population of the county.
- Other Race captures anyone that does not identify as African American/Black or White.
 - Race is self-reported.
- Some counties have small numbers of cases overall and/or active cases. Caution is needed when interpreting results when numbers are small.

Table 1. Percent of County Cumulative and Active Cases by Black or African American and Other Race.

	Percent of All County Cases		Percent of County Active Cases		Percent of County Population	
	Black or African American	Other Race	Black or African American	Other Race	Black or African American	Other Race
Berkeley	10.8%	8.8%	8.5%	15.4%	8.6%	1.7%
Braxton*	0.0%	50.0%	0.0%	0.0%	1.1%	0.7%
Cabell	8.3%	1.7%	12.5%	0.0%	5.6%	1.7%
Fayette	2.1%	17.0%	3.7%	22.2%	5.0%	0.6%
Gilmer*	60.0%	0.0%	0.0%	0.0%	11.5%	2.0%
Hardy	13.2%	13.2%	7.1%	17.9%	4.0%	1.2%
Harrison	2.5%	2.5%	5.3%	5.3%	2.3%	0.9%
Jackson*	0.0%	0.7%	0.0%	0.0%	1.0%	0.7%
Jefferson	7.8%	7.8%	2.6%	3.9%	7.1%	2.4%
Kanawha	8.3%	6.0%	10.9%	12.5%	8.5%	1.5%
Lewis*	0.0%	33.3%	0.0%	100.0%	1.0%	0.8%
Logan*	12.5%	0.0%	50.0%	0.0%	2.2%	0.4%
Marion	47.1%	2.0%	16.7%	16.7%	3.9%	1.0%
Mason*	0.0%	6.7%	0.0%	0.0%	1.3%	0.5%
McDowell*	33.3%	16.7%	100.0%	0.0%	8.8%	0.4%
Mercer*	15.4%	0.0%	0.0%	0.0%	6.7%	0.9%
Mineral	0.0%	2.4%	0.0%	0.0%	3.5%	0.9%
Monongalia	9.3%	0.8%	4.0%	0.0%	4.7%	4.1%
Ohio*	0.0%	2.4%	0.0%	0.0%	4.4%	1.1%
Pendleton	10.0%	0.0%	14.3%	0.0%	2.6%	0.6%
Preston*	0.0%	13.6%	0.0%	0.0%	1.5%	0.5%
Putnam	6.1%	0.0%	0.0%	0.0%	1.5%	1.3%
Raleigh	6.3%	0.0%	0.0%	0.0%	8.7%	1.4%
Randolph	2.9%	10.6%	3.0%	11.0%	2.1%	0.8%
Roane*	0.0%	30.0%	0.0%	100.0%	0.6%	0.7%
Taylor*	0.0%	11.1%	0.0%	100.0%	1.5%	0.8%
Wayne*	0.0%	3.1%	0.0%	20.0%	0.8%	0.7%
Wood	0.0%	5.6%	0.0%	10.0%	1.8%	1.0%
Wyoming*	0.0%	0.0%	0.0%	0.0%	1.0%	0.4%
Total	6.8%	5.3%	5.2%	9.5%	4.2%	1.2%

* Has 5 or less active cases.

Data Sources: WVEDSS accessed 5/57/2020 and CDC Wonder

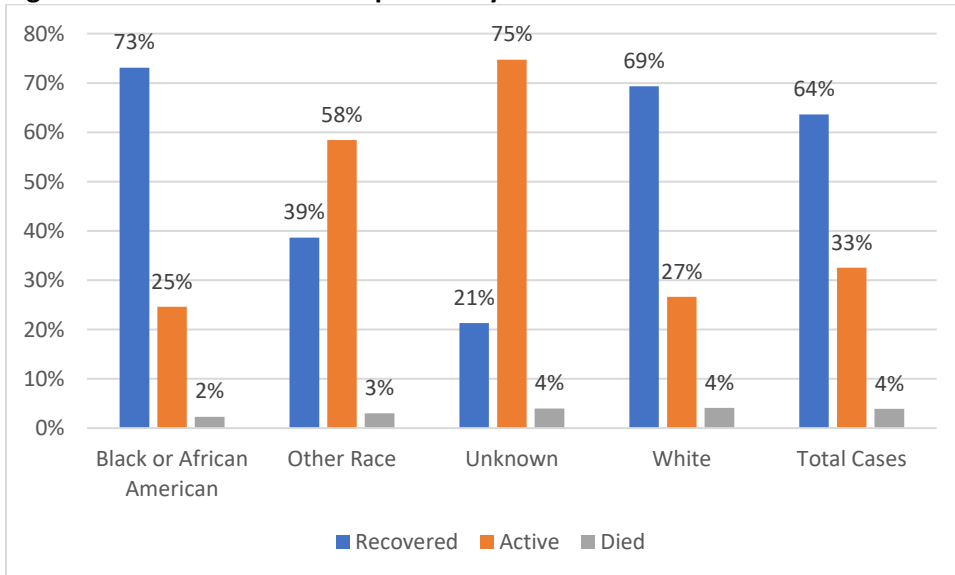
- 73% of African Americans with COVID have recovered. This is slightly higher than the overall rate, which is 64%.
- A note about active cases and Unknown Race – active cases are expected to be higher in the Unknown category because race is typically collected during the case investigation, which occurs within 72 hours of a positive test result.
 - 74% of Unknown cases are active.
- Other Race has 58% of cases classified as Active. This is likely due to recent increases in cases in this group.
- African Americans continue to have a lower percentage of cases that result in death with 2.3% of cases in African Americans resulting in death, while 4.1% of cases in Whites result in death.
 - This number is going down because there have been no African Americans that have died in the month of May to date.

Table 2. Status of COVID-19 Cases by Race.

	Black or African American		Other Race		Unknown		White		Total Cases	
	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases
Recovered	95	73.1%	39	38.6%	37	21.3%	1,036	69.3%	1,207	63.6%
Active	32	24.6%	59	58.4%	130	74.7%	397	26.6%	618	32.5%
Died	3	2.3%	3	3.0%	7	4.0%	61	4.1%	74	3.9%
Total	130	100%	101	100%	174	100%	1,494	100%	1,899	100%

Data Source: WVEDSS accessed 5/27/2020

Figure 1. Percent of Race Group Cases by Case Status.



Data Source: WVEDSS accessed 5/27/2020

- While overall African American's still have a larger percent of cases in children (10-19), 6.2% compared to 3.2% of White cases. The active cases in this age group are comparable, 3.1% and 3.3%.
- 59% of active cases in African Americans are between 50 and 69, while these ages are 30% of the active White cases.
- 30-49-year old represent 12% of African American active cases, while 31% of active cases in Whites are in this age group.

Table 3. Age and Case Status of COVID-19 Cases by Race Group.

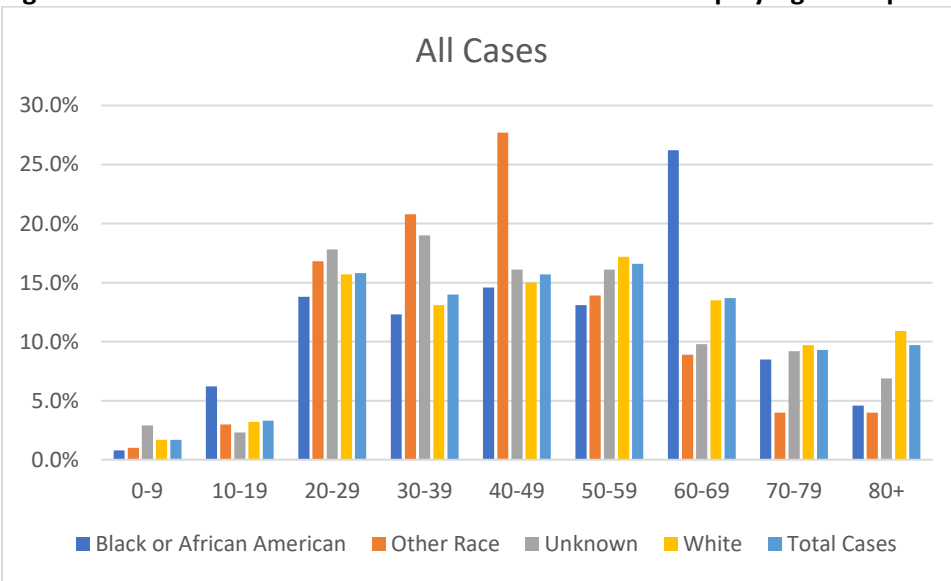
All Cases										
Age Group	Black or African American		Other Race		Unknown		White		Total Cases	
	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases
0-9	1	0.8%	1	1.0%	5	2.9%	26	1.7%	33	1.7%
10-19	8	6.2%	3	3.0%	4	2.3%	48	3.2%	63	3.3%
20-29	18	13.8%	17	16.8%	31	17.8%	234	15.7%	300	15.8%
30-39	16	12.3%	21	20.8%	33	19.0%	196	13.1%	266	14.0%
40-49	19	14.6%	28	27.7%	28	16.1%	224	15.0%	299	15.7%
50-59	17	13.1%	14	13.9%	28	16.1%	257	17.2%	316	16.6%
60-69	34	26.2%	9	8.9%	17	9.8%	201	13.5%	261	13.7%
70-79	11	8.5%	4	4.0%	16	9.2%	145	9.7%	176	9.3%
80+	6	4.6%	4	4.0%	12	6.9%	163	10.9%	185	9.7%
Total	130	100%	101	100%	174	100%	1,494	100%	1,899	100%

Active Cases										
Age Group	Black or African American		Other Race		Unknown		White		Total Cases	
	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases
0-9	0	0.0%	1	1.7%	4	3.1%	10	2.5%	15	2.4%
10-19	1	3.1%	1	1.7%	2	1.5%	13	3.3%	17	2.8%
20-29	5	15.6%	10	16.9%	24	18.5%	62	15.6%	101	16.3%
30-39	3	9.4%	13	22.0%	26	20.0%	56	14.1%	98	15.9%
40-49	1	3.1%	17	28.8%	23	17.7%	67	16.9%	108	17.5%
50-59	7	21.9%	10	16.9%	19	14.6%	65	16.4%	101	16.3%
60-69	12	37.5%	3	5.1%	16	12.3%	56	14.1%	87	14.1%
70-79	2	6.3%	1	1.7%	12	9.2%	41	10.3%	56	9.1%
80+	1	3.1%	3	5.1%	4	3.1%	27	6.8%	35	5.7%
Total	32	100%	59	100%	130	100%	397	100%	618	100%

Recovered Cases										
Age Group	Black or African American		Other Race		Unknown		White		Total Cases	
	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases
0-9	1	1.1%	0	0.0%	1	2.7%	16	1.5%	18	1.5%
10-19	7	7.4%	2	5.1%	2	5.4%	35	3.4%	46	3.8%
20-29	13	13.7%	7	17.9%	7	18.9%	170	16.4%	197	16.3%
30-39	13	13.7%	8	20.5%	7	18.9%	140	13.5%	168	13.9%
40-49	18	18.9%	11	28.2%	5	13.5%	157	15.2%	191	15.8%
50-59	10	10.5%	3	7.7%	9	24.3%	187	18.1%	209	17.3%
60-69	20	21.1%	5	12.8%	0	0.0%	141	13.6%	166	13.8%
70-79	9	9.5%	3	7.7%	3	8.1%	83	8.0%	98	8.1%
80+	4	4.2%	0	0.0%	3	8.1%	107	10.3%	114	9.4%
Total	95	100%	39	100%	37	100%	1,036	100%	1,207	100%

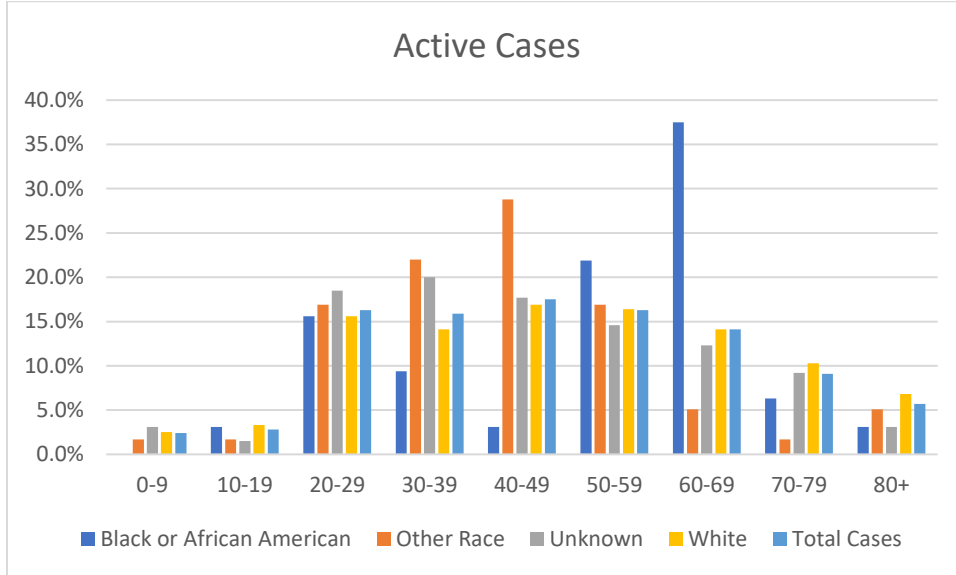
Data Source: WVEDSS accessed 5/27/2020

Figure 2. Percent of All COVID-19 Cases for Each Race Group by Age Group.



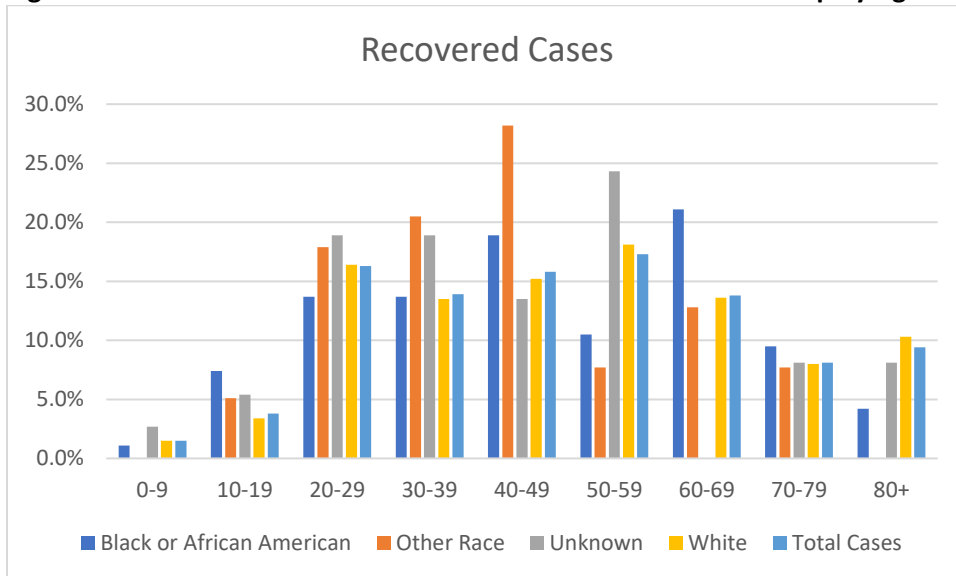
Data Source: WVEDSS accessed 5/27/2020

Figure 3. Percent of Active COVID-19 Cases for Each Race Group by Age Group.



Data Source: WVEDSS accessed 5/27/2020

Figure 4. Percent of Recovered COVID-19 Cases for Each Race Group by Age Group.



Data Source: WVEDSS accessed 5/27/2020

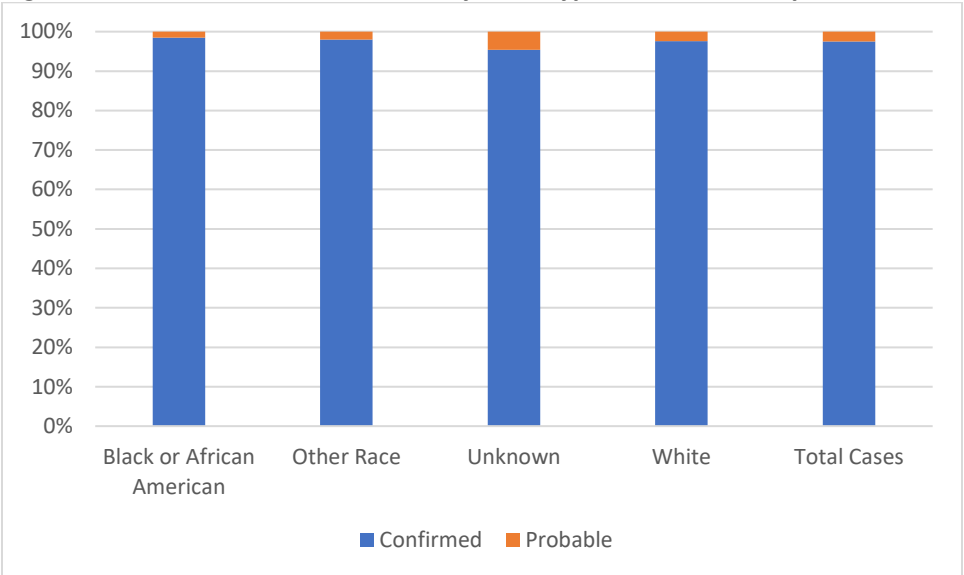
- The OEPS has also started reporting probable cases. These are cases that are symptomatic and have either a serologic test or are epidemiologically linked to a confirmed case.
- These numbers are currently low but are expected to increase. 1.5% of cases in African Americans are classified as probable, while 2.4% of cases in Whites are probable.

Table 4. COVID-19 Case Type by Race Group.

	Black or African American		Other Race		Unknown		White		Total Cases	
	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases
Confirmed	128	98.5%	99	98.0%	166	95.4%	1,458	97.6%	1,851	97.5%
Probable	2	1.5%	2	2.0%	8	4.6%	36	2.4%	48	2.5%
Total	130	100%	101	100%	174	100%	1,494	100%	1,899	100%

Data Source: WVEDSS accessed 5/27/2020

Figure 5. Percent of COVID-19 Cases by Case Type for Racial Groups.



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

LTC McGonegal began by stating that the WVNG has not been asked to provide support or surgical masks to the Fayette county testing locations. The third round of testing sites are being coordinated for the weekend of May 29 and 30 in Berkeley Kanawha, Morgan, Jefferson and Mineral counties. Round four testing will be held in Hardy, Harrison, McDowell and Ohio counties. The locations are being finalized. Each testing location will receive 1,000 surgical masks for the testing event or 500 per day. LTC McGonegal concluded by stating that the masks may not be distributed by the WVNG but should be distributed by someone from the testing event once the test is completed.

Health Insurance Primer Presentation – Joylynn Fix, WV Office of the Insurance Commission (WVOIC):

Joylynn Fix expressed concerns about people without insurance pursuing follow up care. There are resources available. She stated that DHHR has created a health insurance primer, which is a one-sheet document that explains how DHHR can help with Medicaid, CHIP and Healthcare.gov. There is state-wide, enrollment support, which includes the support from the community-level. The West Virginia Navigator Organization enrolls participants in Medicaid and the marketplace; led by Jeremy Smith. She shared that the WV Navigator Organization has expressed interest in partnering for the testing events. Also, the federally qualified health centers have CAC’s or Certified Application Counselors to help with enrollment. Ms. Fix explained that there are subsidized coverage options available for those that do not qualify for Medicaid. The Chair asked if the Navigators work with the county departments. Ms. Fix confirmed that they do work in partnership across the board.

Chairperson Upson asked if there were any comments or questions before moving ahead in the agenda. Secretary Marsh stated that written data will be provided prior to the meetings for the task force to review. Dr. Slemp mentioned that the finalized data from the first round of testing will be provided shortly.

Member Discussion:

Owens Brown asked about the community contacts and partners in Ohio County. LTC McGonegal stated that the WVNG Task Force CRE and Chairperson Upson have been involved in the coordination efforts for Ohio county. Laughlin Chapel, Hil-Dar (Elm Grove) and Water Street in Wheeling. The proposed areas will be surveyed by the WVNG. Chairperson Upson stated that her point of contact for Ohio County is Rev. Dr. Darryl Cummings. His church, the Bethlehem Apostolic Temple and the North Wheeling Dream Center are the proposed locations. He proposed the Laughlin Chapel, located in center Wheeling, on Friday and the Dream Center on Saturday. The Water Street location was suggested due to its proximity to lower income housing. Mr. Brown stated that the DHHR lot would be ideal due to its location; the Dream Center has limited parking. He mentioned that Wheeling Island would be ideal due to its dense, low-income population. He also suggested an area near the 'Old Clay School', which is in the heart of the African American community. Mr. Brown added that the three towns of Bellaire, Harper's Ferry and Bridgeport should be considered. He expressed concern about distinguishing out-of-state residents. The Chair stated that Delegate Erikka Storch also recommended Wheeling Island and that it may be necessary to offer a second round of testing in that area. Secretary Bill Crouch added that there is great difficulty in selecting sites and that he has gone to great lengths to ensure the task force is able to provide input. He stated that, ideally, the local health departments should agree on the locations. It is possible to split the two events between locations. Additionally, offering a follow up testing event is also an option. The WVNG also gives input by ranking the sites by accessibility and other factors. Chairperson Upson offered to call Owens Brown, separately from the meeting, for further discussion.

Mike Jones asked how to access the Navigator website. Joylynn Fix stated the website address as www.ACANavigator.com. In addition, Mr. Jones suggested showing data graphs and diagrams when sharing statistics. Secretary Bill Crouch agreed.

Senator Patricia Puertas-Rucker commended DHHR and the WVNG and others involved for doing such a great job in setting up the testing sites. She shared that there is a lot of concern about the Eastern Panhandle bordering Maryland and Virginia. She stated that she continues to remind others that there is no way to close the borders to out-of-state residents and that we must do our best to manage and continue taking precautions.

Chairperson Upson asked how to deal with someone coming to the testing sites with an out-of-state driver's license. Secretary Crouch stated that they may not get tested, but if so, their testing data would be sent to their local county and state. Positive test results are reported to the CDC. Dr. Slemp stated that her understanding was that no one is turned away from testing. LTC McGonegal agreed and stated that no one will be turned away. Dr. Slemp concluded by stating that we work across borders and are part of the same community.

Tiffany Samuels shared that there was a 92-year old woman that passed from COVID-19. She was a resident of Marion County, but treated at UPMC in Pittsburgh. She added that her granddaughter tested positive a few weeks prior. Dr. Slemp stated that the death certificate will be sent to West Virginia. Ms. Samples also added that there have been three deaths on a local street within a month. She asked if there is any way to determine if the deceased were COVID positive. Dr. Slemp stated that there are a few options; post-mortem testing, determining epidemiologic exposure or finding links to COVID. She suggested the families work with providers to understand what illness caused the deaths or any evidence linked to COVID. The funeral home may also request additional testing.

Delegate Sean Hornbuckle asked for confirmation of the data for Cabell County. Dr. Sanders stated that, in Cabell, 12.5% of active cases are African American and make up 5.6% of the county population. She shared that 59% of active cases in African Americans are between 50-69 years old. In addition, 30-49 years old make up 12% of active cases. She stated that African American positive cases are a little older. Delegate Hornbuckle then asked if there will be a second round of testing. Dr. Slemp stated that there has been a push to expand testing in four areas; expanded diagnostic

testing, increased testing in contact tracing, surveillance and additional testing in vulnerable populations and community-based testing.

Delegate Hornbuckle asked if the primer will include an estimate of costs, so that people will know what to expect. Joylynn Fix stated that there are many variables to determine costs, which makes it difficult to estimate. He shared that most test takers in Cabell County were of the older demographic. He commented that the medical and economic disparities should be addressed. He shared that South Carolina is using funds from the CARES Act to address the needs of the communities. Fairfield Community Development Corporation has been charged to enhance healthy lifestyles, economic impact, jobs, etc. There will be a strategic working group to address such issues. He concluded by stating that a white paper or report proposing ways to reduce economic disparities and post-COVID issues will be produced and submitted to the Governor.

Romelia Hodges shared that it was a successful weekend in Marion County with a 48% turnout from the African American community. She expressed concerns regarding the 19 to 40-year old demographic. She stated that most conspiracy theories and distrust are among this age group. She added that she would email Joylynn Fix about follow up care for positive diagnoses. Ms. Hodges shared an example of miscommunication between the African American community and the healthcare industry. She mentioned the disconnect in communicating medical symptoms. She suggested a reframing in communication with healthcare providers to make sure the right questions are being asked of African Americans. Ms. Hodges stated that African Americans are still being turned away for testing at other testing sites. She asked if there was a way to ensure consistency in testing practices. She then mentioned that the PPE was not given out until mentioned. Ultimately, the greeters at the testing site distributed the masks.

Delegate Hornbuckle stated that he agreed with Romelia Hodges. The testing in Cabell County was very successful, but his peers were skeptical. The task force has uncovered the issues in the communities in a delicate way. Senator Patricia Puertas-Rucker added that there was a lot of thought and priority given to the target population. She reminded the group that the highest minority population, in some areas, are Hispanic. She agreed that the group must think beyond the testing and positive results; challenging the population to think about preventative health. Senator Rucker shared that a nutritionist, studying the minority population, has offered his assistance to the task force. Dr. Slemp mentioned the current efforts in the migrant camps. She mentioned that COVID investigators, fluent in Spanish, worked over the weekend. Dr. Slemp concluded by stating that local partnerships are critical in addressing broader issues.

Tiffany Samples noted that the middle-aged population was missed. She commented that there was conversation in the community about the testing accuracy between the long and short swabs. Dr. Slemp added that the collection technique is most critical.

Delegate Hornbuckle concurred that the Hispanic community should be considered as well. He urged that the mindset should shift to getting the community to a stable economic status.

Chairperson Upson concluded that next week the discussion will include Round 4 testing results. The task force agreed to meet again on Thursday, June 4, 2020.

The meeting adjourned at 8:48 AM.

Respectfully Submitted,



Michelle Petties
Executive Assistant
HHOMA