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**A**ffairs

## COVID-19 Advisory Commission on African American Disparities

### MINUTES

August 6, 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  
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

**Absent:** Delegate Caleb Hanna, Nicholas County, House District 44

**Presenters:** Bill Crouch, Cabinet Secretary, WV Department of Health and Human Resources  
Dr. James Arnaez, MPH PhD, Lead Epidemiologist - Health Statistics Center  
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 Secretary Bill Crouch to provide a briefing.

#### **WV Update – Bill Crouch, Cabinet Secretary of the West Virginia Department of Health and Human Resources (DHHR)**

Secretary Bill Crouch began by sharing an international and local update on the coronavirus. Preparations are underway to test college students returning to campuses in West Virginia. He explained that they are working with local health departments to add more labs to provide services for COVID-19 tests. He then explained the issues with various types of serology tests; some may not be ideal for West Virginia. He reported the need to contract with additional laboratories to reduce the turnaround time for test results. If results are not received within 7 days, the process will have to be redone. He added that nursing home patients must be tested weekly if there is one positive test. Secretary Crouch reported working on making changes to the dashboard and asked for input from the task force.

The Chair shared that Dr. Ayne Amjad is absent due to dealing with several outbreaks in nursing homes. She then asked how these outbreaks are happening in nursing homes when the patients are completely isolated and if the virus is coming in from healthcare workers.

Secretary Crouch explained that nursing homes are maintaining isolation, but staff are going out into their community and interacting with people. He added that weekly testing in nursing home is critical. He recommended testing five days after being exposed to the disease. Then, individuals that might test positive would need to be quarantined. He urged that the best way to stay safe during the pandemic is to be safe and follow the statewide guidelines.

Chairperson Upson commented that one of the health departments is concerned about running out of personal protective equipment (PPE), preferably gloves. There is a lot of testing and after each swab test, the gloves must be changed out. The Chair asked if the shortage of gloves is an issue for other health departments.

Secretary Crouch responded that shortage of gloves has been an issue and is happening nationally. He mentioned there was a large order of gloves delivered earlier in the week to replenish the supply. The goal is to have a 6-month supply of PPE. He then suggested individuals in need of gloves contact their local health department or the emergency medical coordinator in their community.

Romelia Hodges responded to Secretary Crouch's request for input regarding the dashboard. She stated that one of the changes on the dashboard include the death rate by county and race. She then added that the inclusion of hospitalizations by race and county would be helpful. Ms. Hodges asks about the recovery rate is calculated, since there is not a second test to determine an individual's recovered status. Ms. Hodges continued to share that individuals that have tested positive are confused about the 14-day quarantine.

Secretary Crouch explained the difference between a recovery period with asymptomatic individuals verses individuals with symptoms. There are individuals that have been suffering from the impact of the disease for months and must recover from the disease. He continued to explain the recovery process is a CDC approach, which is absent of any symptoms of the disease, but does not address long-term effects of the disease.

Dr. James Arnaez added that the death rates can be problematic. West Virginia has a death rate of 6.9 per hundred thousand. He explained death rates can be useful when figuring out burden, however it needs to be taken under the proper context.

Dr. Marsh commented that death rates have become a focal point for the disease. While breaking it down by death rate can be useful, without guidance in interpretation, people could lower their guard down regarding being safe during COVID.

Owens Brown suggested looking at hot zones within the region. Calculating the disease within a measurable distance would be more accurate. Contact tracing would also be more efficient looking at a specific radius, rather than calculations made for a large or small county.

Secretary Crouch responded that tracking the information as Mr. Brown suggested would be difficult, however looking into different ways to monitor the data can be researched. He stated that contact tracing is always tracked regardless of the level of the disease.

Owens Brown added that the measured distance would include a county inside of each zone. He stated looking at the zones would be helpful to see which zone is at risk.

Secretary Crouch stated that area codes would be more efficient than a radius since it cuts across zip codes. Political boundaries are useful to make a logical approach of data collection. It would be difficult creating invisible lines that crisscross county or zip code lines as the data itself is based off the political boundaries. He stated the importance of a positive case is to focus on contact tracing and locate individuals that should be tested or self-quarantine to stop the spread of the disease.

Tiffany Samuels asked if it would be possible to add a running total of ventilator accessibility and usage.

Secretary Crouch explained that the ventilator data originates from the Hospital Association, but the addition of a tab for the total number of ventilators can be discussed. He explained that confidentiality is a concern, thus the information is not specific. In West Virginia, there are 115 hospitalization cases, which is a record high. He reported 47 individuals in ICU and 13 individuals on a ventilator. He concluded that there can be issues pertaining to confidentiality that follow having a tab for the total amount of ventilators.

Ms. Samuels stated that communicating the sufficient supply of ventilators would increase confidence in the healthcare system. She then asked if it would be possible to give a race break down in terms of positive cases in the prison.


Secretary Crouch thanked Ms. Samuels for her comments and stated that he made note of them.

Chairperson Upson introduced Dr. Arnaez to present the weekly minority data summary.

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

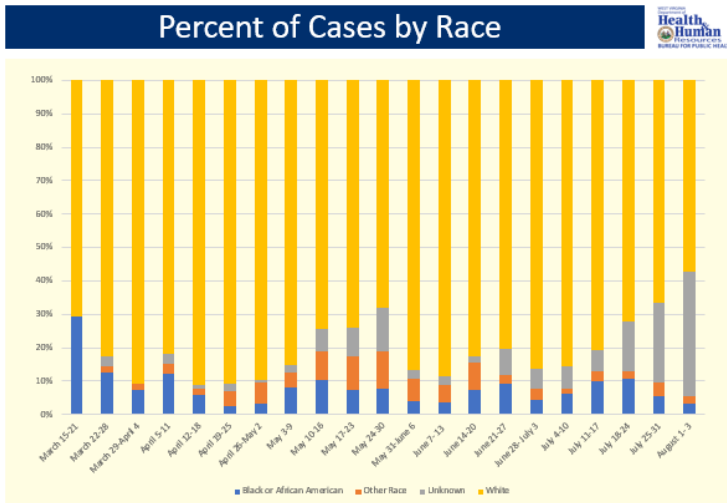
Dr. Arnaez reported the brief summary of the COVID data for August 6, 2020. Data was accessed on Monday, August 3<sup>rd</sup>, standard consideration still applied.

**Data Considerations**

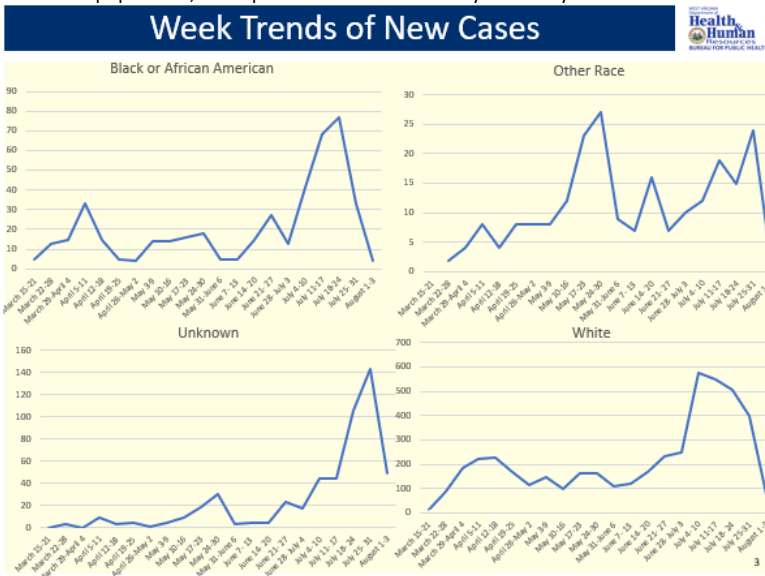


**The following data are preliminary.**  
**As case investigations occur data may be updated and will be reflected in subsequent reports.**  
**All data was accessed through the West Virginia Electronic Disease Surveillance System (WVEDSS).**  
**Data was accessed on 8/03/2020.**  
**Some numbers are small, and caution is needed for generalization and interpretation. Percentages presented are with missing data excluded.**

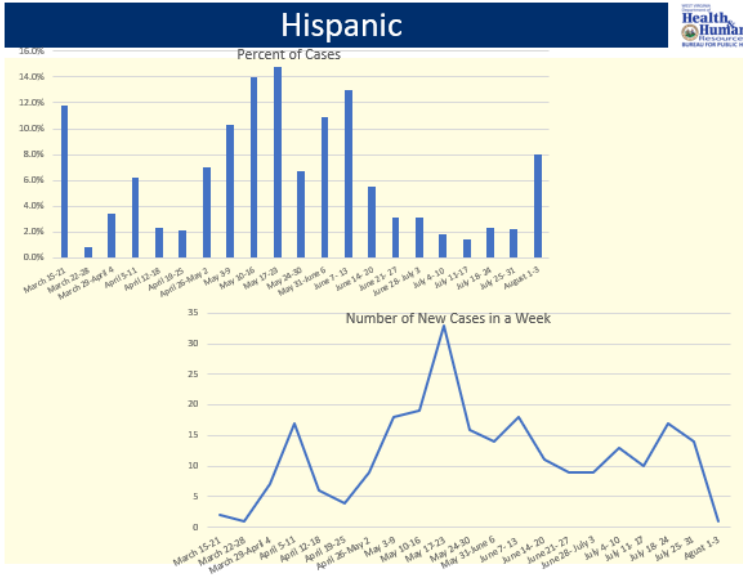
Dr. Arnaez stated that, in terms of proportion, there was a bump from July 11<sup>th</sup> to July 24<sup>th</sup> in positive cases in African Americans compared to the total number of positive cases. The number dropped the week of July 25<sup>th</sup> to July 31<sup>st</sup> from 10.0 percent to 5.0 percent.



Dr. Arnaez reported that the month of July had a major peak for African Americans. The largest peak was 77 cases on the week of July 18<sup>th</sup> to July 24<sup>th</sup>, 2020. He stated a smaller peak was reported in the Other Race category towards the end of July. For the white population, cases peaked in the week of July 4<sup>th</sup> to July 10<sup>th</sup> and have been decreasing.



Dr. Arnaez reported the proportion of positive cases is relatively low for the Hispanic population. It has been below 5.0 percent since June, estimating around 2.0 to 3.0 percent. The number of cases per week estimates 10 to 15 cases in July. He stated there is a notable drop in both percentage and count since June 14<sup>th</sup>.

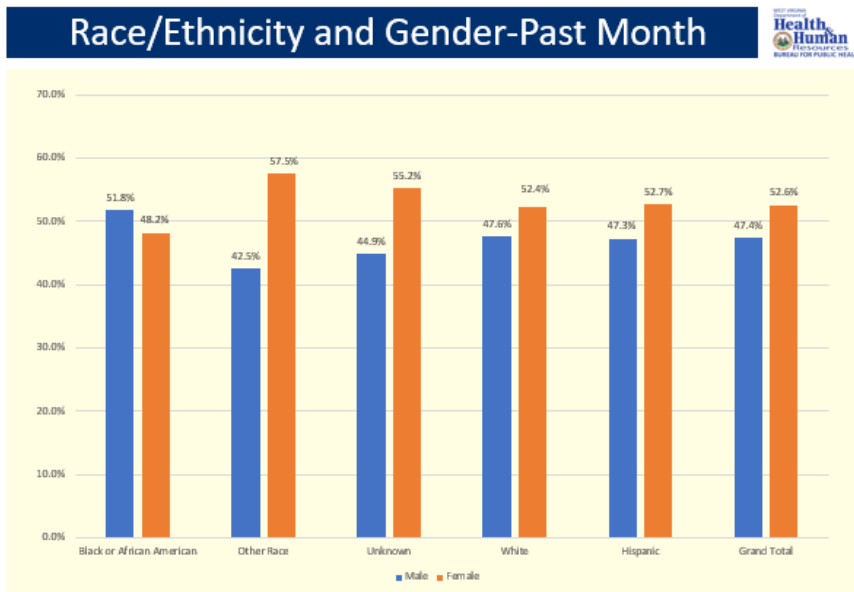


Dr. Arnaez reported that African Americans have 233 COVID-19 cases in the past month, which bumped up the total of cases 43.9 percent last week. He included there are more cases, in a shorter time frame, among African Americans more recently. For white people, the cases have stayed consistent with 2,104 cases in the past month. In terms of pre-existing conditions, the white population and Hispanics have little over 41.0 percent of cases with pre-existing conditions. African Americans have roughly 27.8 and 28.7 percent with pre-existing conditions.

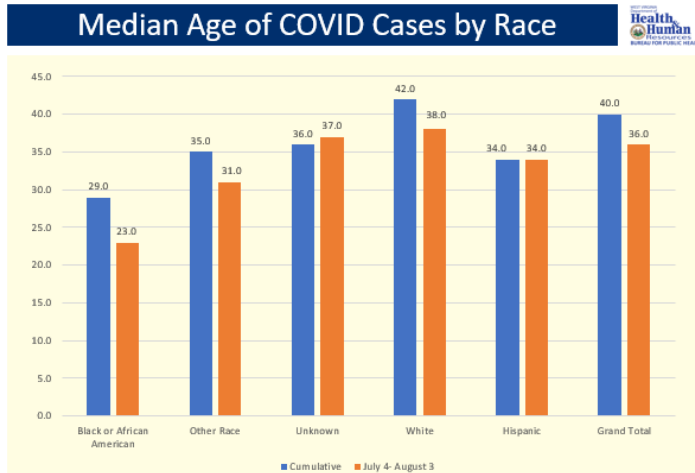
### Past Month Highlights

- **Black/African American**
  - 233 COVID-19 cases in past month
    - 43.9% of total COVID-19 cases in this group
- **White**
  - 2104 cases in past month
    - 39.4% of total COVID-19 cases in this group
- **Pre-existing Conditions**
  - 41.8% of Hispanic cases have a pre-existing condition.
  - 41.3% of Whites have a pre-existing condition
  - 27.8% and 28.7% of Black/African American and Other Race cases, respectively have a pre-existing condition

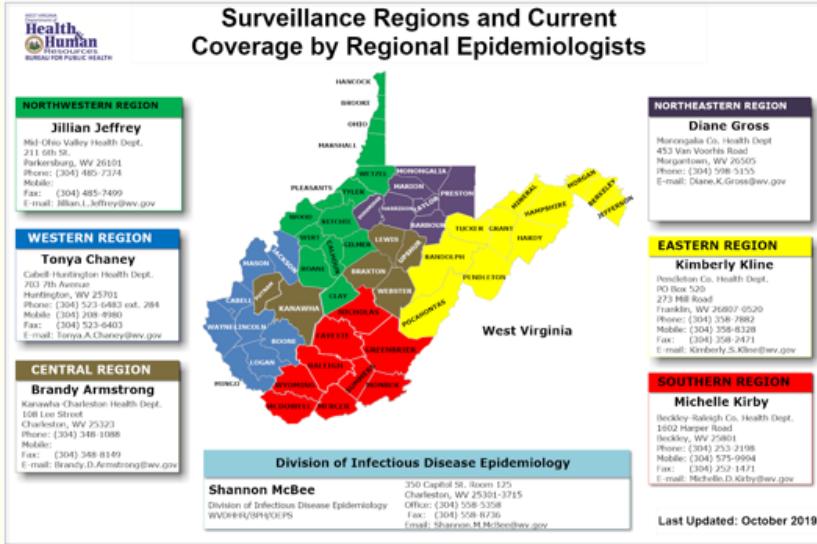
Dr. Arnaez stated that African Americans have the majority of male cases over female cases. He reported a shift to more women than men, particularly for individuals that identify as other race.



Dr. Arnaez explained that in the past month, most groups have a median age in the low to mid-30's with the oldest being white at 38 years old. African Americans continue to have the youngest with the median age being 23 years old. He further explained the median threshold, at which 50% of cases lie above and below, was below the age of 23 for African Americans.

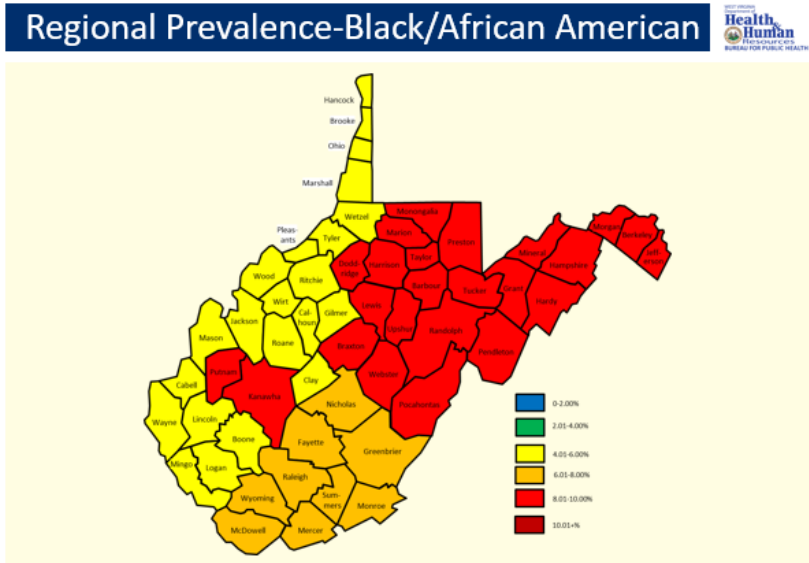


# OEPS Regions

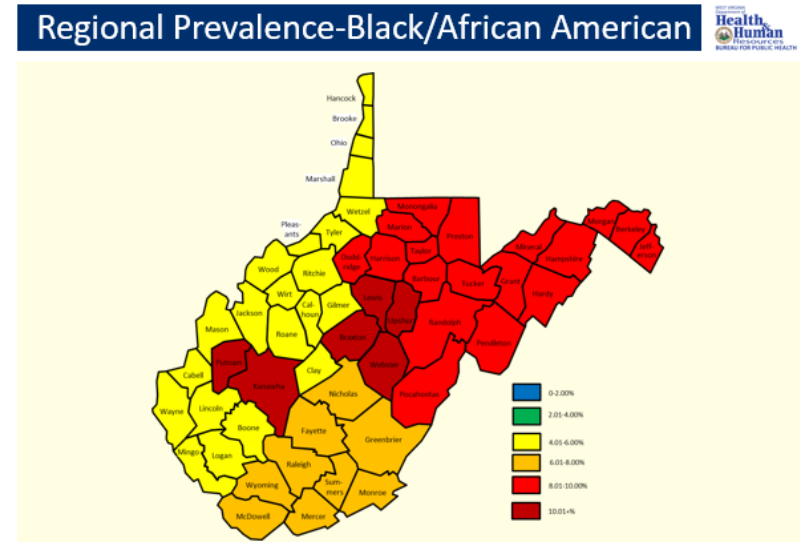




Dr. Arnaez reported the central region (Putnam, Kanawha, Braxton, Webster, Lewis, and Upshur) had started to show a greater number of cases being African Americans. Cumulatively, it is between 8.0 to 10.0 percent.



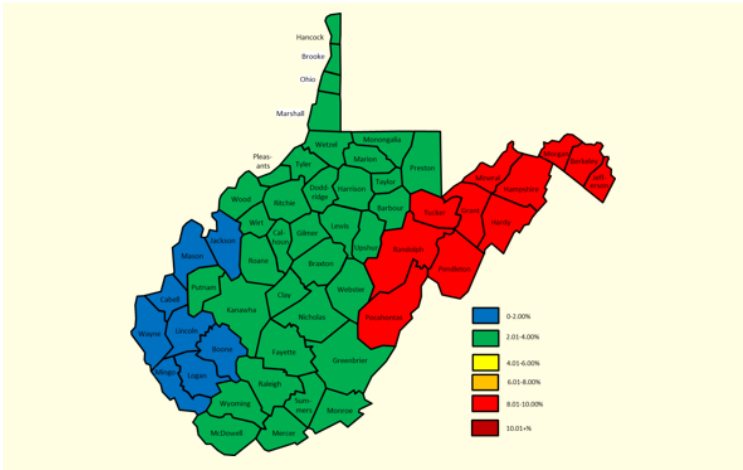
He continued to explain that within the past 30 days, African American cases have been over 10.0 percent; specifically, 12.4 percent with 55 cases.



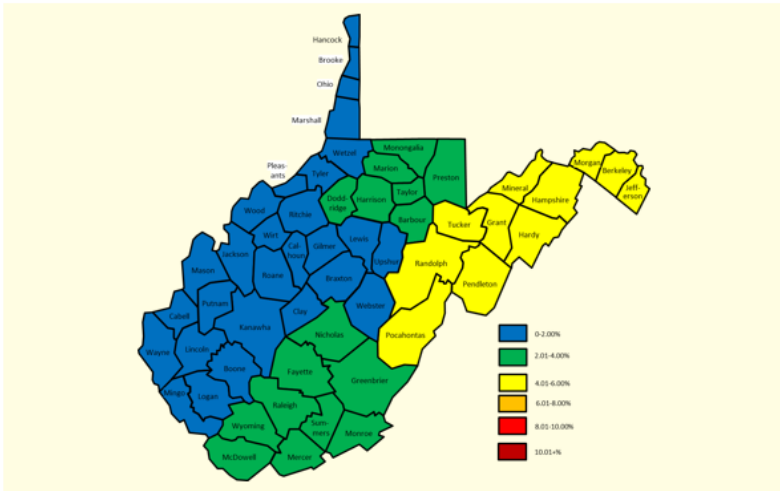
Dr. Arnaez reported that there has not been a huge change in the other race category. The other race category in the eastern region makes up a greater proportion of the positive cases.

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### Regional Prevalence-Other Race



### Regional Prevalence-Other Race





The general trend is still holding. The north region has the highest rate of COVID as well as African American residents. The eastern region follows in second with 472 per 100,000. The Hispanic population is being impacted most at 1,753 cases. Overall, Black/African Americans and Hispanics are more impacted by COVID-19 with higher rates. Dr. Arnaez explained that rates are presented in cases per 100,000 population. He noted that the Other Race category was not included due to statistical reliability concerns.

## COVID Rates by Region, Race, and Ethnicity



	State	Western	Central	Northwestern	Northeastern	Eastern	Southern
<b>Cumulative</b>							
All Residents	383.6	400.3	364.1	307.2	518.1	472.1	231.2
Black	706.0	638.4	593.2	777.9	1452.5	760.0	319.0
White	312.3	360.2	269.3	266.3	400.4	399.2	171.8
Hispanic	910.6	488.1	530.3	325.3	624.0	1753.6	145.8

Dr. Arnaez noted that the reported percentages exclude records where hospitalization, ICU admission, or ventilator usage was marked as null or unknown.

## Hospitalizations, ICU Admission, & Ventilator Use



	Hospitalization	% of cases	ICU Admission	% of cases	Ventilator Use	% of cases
<b>Cumulative</b>						
Total	487	8.5%	181	3.2%	87	1.6%
Black	47	10.2%	15	3.3%	9	2.0%
White	414	8.6%	156	3.3%	73	1.6%
Other Race	13	5.4%	6	2.6%	4	1.8%
Unknown	13	7.1%	4	2.3%	1	0.6%
Hispanic	15	5.6%	5	1.9%	1	0.4%
<b>July 4- August 3</b>						
Total	118	5.5%	35	1.6%	13	0.7%
Black	9	4.8%	1	0.5%	0	0.0%
White	100	5.4%	32	1.7%	13	0.8%
Other Race	5	7.8%	1	1.6%	0	0.0%
Unknown	4	7.3%	1	2.0%	0	0.0%
Hispanic	4	7.7%	1	1.9%	0	0.0%

Reverend James Patterson asked why the rates are low for people of color, which does not correlate with national data.

Dr. Arnaez responded that the data reflects the past month for the meetings. He explained that cumulative data is included in the full data slides that are sent out to the task force. For Black/African Americans the median age is low

with 50.0 percent being younger than 29 years of age, cumulatively; 50.0 percent in the past month range around 23 years of age. He stated that COVID cases are hitting younger people that are not having pre-existing conditions. He added that the Other Race category is 8 years higher with 50.0 percent of cases being below 31 years of age. He then explained that correlation does not equal causation.

Reverend Patterson asked if the data comes from the form that is filled out when preparing to take the test (intake form).

Dr. Arnaez commented that the data comes from the intake form along with any information obtained in the follow up process.

Reverend Patterson asked if anyone knew why people of color are testing positive at young ages opposed to the white population.

Chairperson Upson added to the discussion by sharing information from a conference she had recently attended regarding social determinants of health. She explained one of the ideas presented at the conference was that young people of color are a part of the essential worker population. She concluded by stating that she did not have the exact data on his question.

Dr. Arnaez added that there may be some data on food handling. He agreed on the validity of the Chair's previous point.

Secretary Crouch agreed that there is just not enough data yet as everyone is still learning. He added that asking these questions are going to help fight the disease in the future.

Reverend Patterson shared his concern for younger people that are contracting the disease and going on with complications for the rest of their lives. The stress on the healthcare system, as well as the continued challenge of people being able to access healthcare, will cause a problem for years to come as it relates to these communities.

Secretary Crouch stated that researchers have realized the disease has vascular issues. Originally, the focus was on the elderly, but now we have learned that young children can be affected. More information is needed on the question and it can be focused on at the next meeting and discuss the long-term effects of the disease.

Romelia Hodges asked if there would be a way to give out the population of the counties as opposed to the positives?

Dr. Arnaez commented that in any region the highest Black/African American population by percentage is around 5.0 to 6.0 percent. He stated he will get out the information with exact numbers for the bridge population estimate.

Ms. Hodges asked if a program is available to support the younger, uninsured population of essential workers if they should contract the virus and later need healthcare?

Secretary Crouch explained it would depend on the individual, but Medicaid will pick up individuals that do not have coverage. He stated that DHHR has been successful in working with individuals that need the coverage, but earn too much for Medicaid.

Romelia Hodges shared that younger people that showed up for testing were grateful for the testing because they were worried about having to pay for the test. She asked about the possibility of healthcare resources being shifted to the younger people if they are in the "grey area."

Secretary Crouch mentioned having Federal Qualified Health Center (FQHC), which by law cannot refuse individuals for care. The FQHC is on an income-based, sliding scale for services. When individuals provide financial information, their payment for services will be reduced based upon the sliding fee. If the individual needs assistance, the local health departments provide some free services. The local health department is a place to start regarding the disease.

Joylynn Fix mentioned the FQHC has Certified Application Counselors that can help individuals that are uninsured if they are eligible for or have enrolled in Medicaid. She shared that losing a job within 60 days is considered a qualifying event to get into the marketplace. The West Virginia Navigator Organization is also a statewide resource. She stated that November begins open enrollment; coverage starts on January 1<sup>st</sup>, 2021 for those not eligible for Medicaid.

Owens Brown opened a discussion with concerns of the Eastern Panhandle being a hot spot for the disease. He referred to the undocumented Hispanic population, which could be the cause of the rise due. He asked how the issue of making sure the undocumented are tested would be addressed.

Chairperson Upson responded that the fliers must be translated into Spanish. She mentioned the challenge of assuring individuals that the testing is not involved with immigration status. The Eastern Panhandle is working with Catholic churches to set up focused testing.

Senator Patricia Rucker added that the communication has been good. in terms of individuals understanding that questions will not be asked regarding immigration status. She mentions the biggest fear for most individuals is the possibility of testing positive and having to quarantine from work.

The Chair agreed that it is a consistent fear within communities of color. She then introduced Tiffany Samuels and Romelia Hodges to provide an update of the Marion County testing.

**Update – Tiffany Samuels, WVU Cancer Institute:**

Tiffany Samuels shared that the planning for testing in Marion County focused on the younger adults ranging from 18 to 28 years old and men in the African American population. They formed a 12-member, young adult task force with influencers from within the community. A schedule of different music groups and volunteers for testing event was provided by the young task force. She mentioned the event was shared on social media. The Freemasons printed their own flyers and went door to door as a service project to invite African American men to get tested. She mentioned the event was a community wide effort that was successful.

Romelia Hodges discussed the collaborative efforts with the community partners. Various establishments were asked to hang up fliers to partner by providing food for the volunteers. Community partners included Walmart, Sam's Club, Pizza Hut, Dunkin Donuts, and Muriale's Restaurant. She mentioned the new partnership with Kroger to provide meals for the volunteers and staff. Ms. Hodges concluded by stating that the press was positive about the event and documented the testing process, which helps lessen the anxiety from those that are worried about getting tested.

The Chair stated there was a "buzz" around health command regarding the success of the event. She congratulated Tiffany Samuels and Romelia Hodges on the large turnout of African Americans, the positive press, and bringing in young community members. Additional details about the Kroger partnership were shared.

Reverend Patterson asked if it was possible to create a targeted prevention program as part of the social media campaign. He stated the community of color in the younger population is not aware of the long-term impact of the disease. This program would sway the catastrophe in the future.

The Chair shared that a PSA is being created encouraging children to wear masks. She stated the younger generation should be shown how the disease is affecting the population and put together a PSA that focuses on prevention.

Owens Brown inquired about government oversight that ensures farmers in the Eastern Panhandle have proper equipment to protect themselves from the virus.

In response to Mr. Brown's comment, Secretary Crouch stated that the DHHR has approached manufacturing plants regarding PPE. He shared that changes have been made to ensure sure individuals are safe in the poultry plants. The private sector is responsible for protecting their workers.

The Chair thanked everyone in the task force for joining the meeting.

The meeting adjourned at 8:56 AM.