



Herbert
Henderson
Office of
Minority
Affairs

COVID-19 Advisory Commission on African American Disparities

MINUTES

August 13, 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)

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 welcoming everyone and introduced Dr. Clay Marsh to provide an update.

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

Dr. Clay Marsh began by discussing the guidance for establishing the reopening of schools; K-12 and higher education. The rate of spread of COVID-19 in the community will determine if kids and college students can go back to school safely. In informed the group that the disease has spread to rural America as people travel to these locations. In addition, 97,000 children were diagnosed with COVID-19 within the last two weeks of July.

Dr. Marsh discussed recent findings on the effectiveness of face gators, which do not offer adequate protection against the disease. He shared a study from Duke University shows a simple way of how mouth droplets spread. He

recommends wearing a mask that has multiple layers of fabric. He added that physical distancing is more important than wearing a mask, however doing both is highly recommended.

Dr. Marsh shared information about the long-term effects of COVID. There are four systems in the body that can have long-term effects: the heart, brain, blood vessel system, and energy. The most concerning effect is in the heart, while the brain can cause loss of smell and taste. It is known people with COVID-19 can have strokes, paralysis, syndrome such as multiple sclerosis, and have problems with memory as the virus hits the hippocampus. Coronavirus can lead to clots in blood vessels due to the receptors to which the virus binds. He added that fatigue or extreme tiredness have been reported. Dr. Marsh share that a study from a small village in France received a vaccine called Bacillus Calmette-Guérin (BCG), which seems to reduce the death rate from COVID-19.

The Chair expressed her concern for the mental health aspect of the disease; the isolation of the seniors and issues with younger people being restricted. She then asked if anyone has any mental health data on the effects that the pandemic is having on people.

Bill Crouch responded that one of the issues regarding mental health is the lack of clarity and hope as to when the pandemic is going to end. He announces a partnership with FEMMA that involves giving people a support line to give individuals assistance and a way to connect. He added that the number of referrals involving children is staggering in terms of abuse and neglect however, these calls dropped drastically within the first few months of the pandemic. He explained that in a situation when numbers drop the abuse and neglect continues.

Dr. Ayne Amjad added that families are reporting depression in their own family when a family member catches COVID-19. Depression occurs in children as kids cannot see their friends and are not going on vacations. She described starting a project called the West Virginia Infinity Project, which is an online forum for people to meet and talk on social media. Individuals with drug issues are using drugs more than before the virus.

Dr. Marsh discussed information behind deaths of despair and hopelessness researched by Princeton University. He also mentioned looking into the Adverse Childhood Experience (ACE) Questionnaire and Adverse Childhood Experiences as they are aligned with the question regarding mental health. These studies go into depth on overdoses and drug-related deaths. Mental health is important for older West Virginians and youth as their health issues and long-term is heavily influenced by what happens before reaching the age of 18 years of age.

The Chair stated that she would reach out to Dr. Marsh after the meeting to receive more information regarding mental health.

The Chair 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 a brief summary of the COVID data for August 13, 2020. He states data was accessed on August 11, 2020.

Data Considerations



The following data are preliminary.

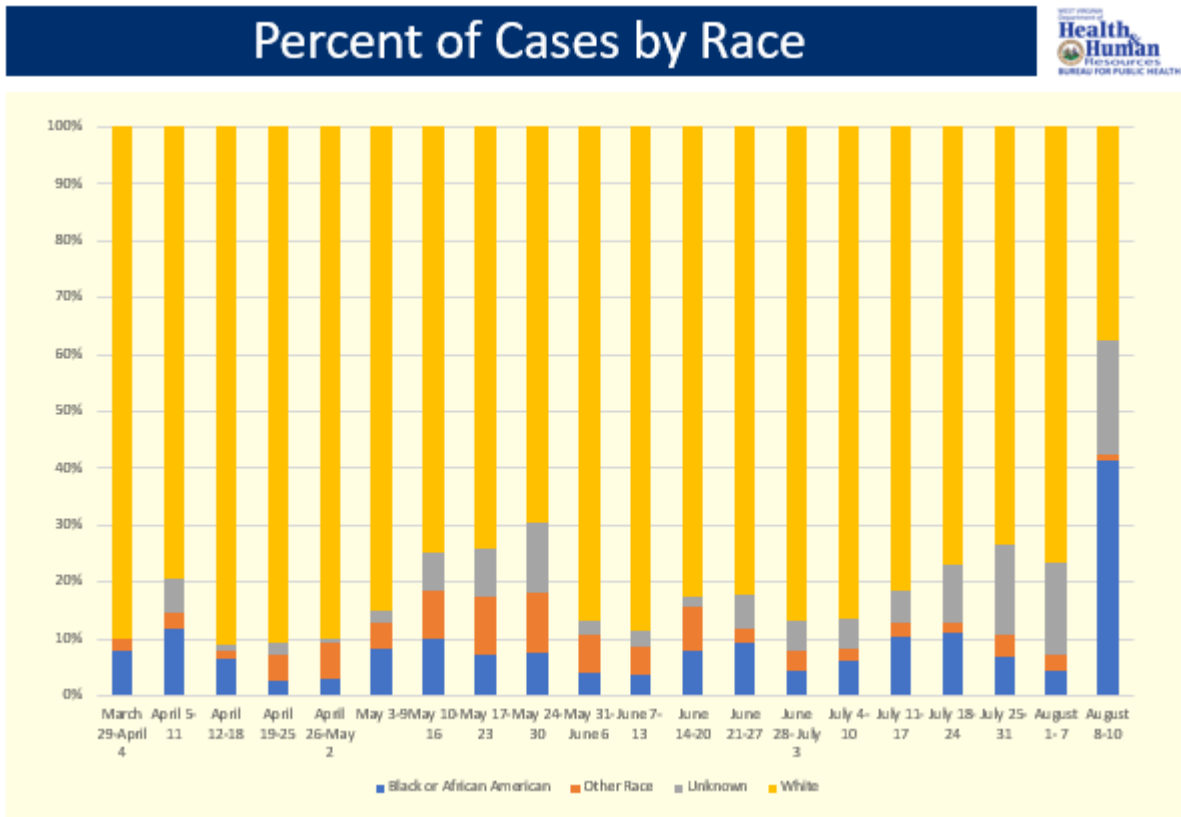
As case investigations occur data may be updated and will be reflected in subsequent reports.

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

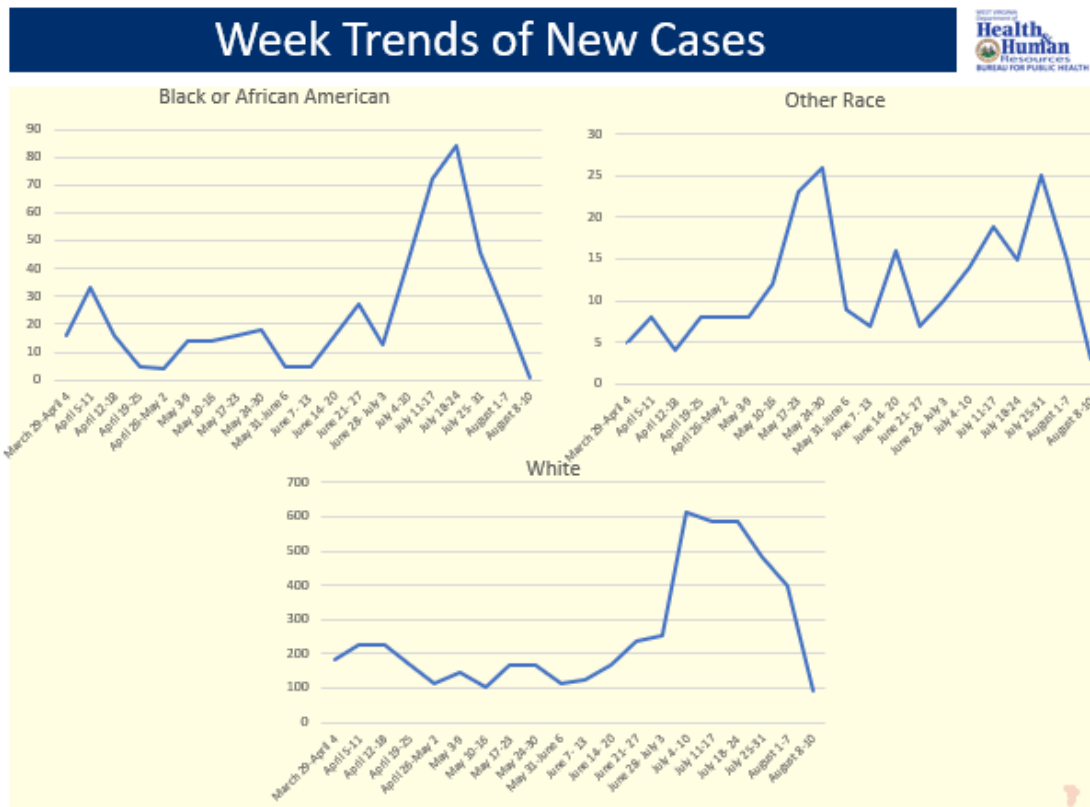
Data was accessed on 8/11/2020.

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

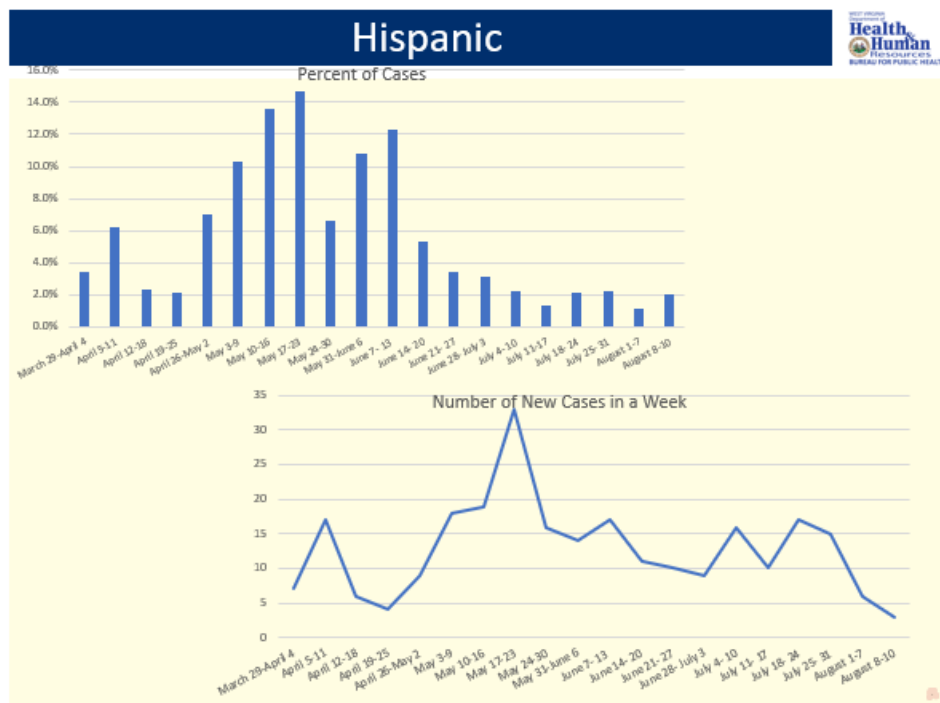
Dr. Arnaez explained the percent of cases by race since July 18th has decreased in proportion of cases attributed to Black/African Americans.



Dr. Arnaez explained that there has been a general decline in the week trends of new cases since the peak in early July.



Dr. Arnaez reported the proportion has remained low, hovering the 2.0 percent mark since the beginning of July, for Hispanics.

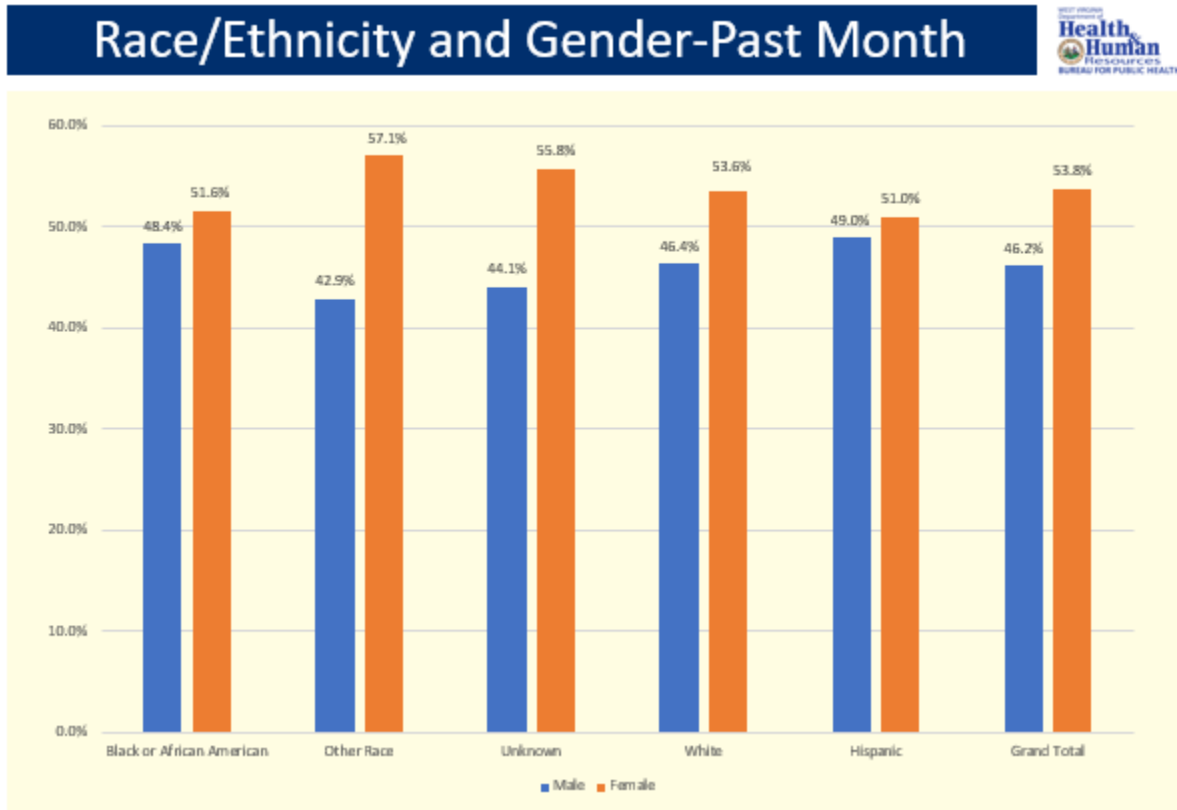


Past Month Highlights

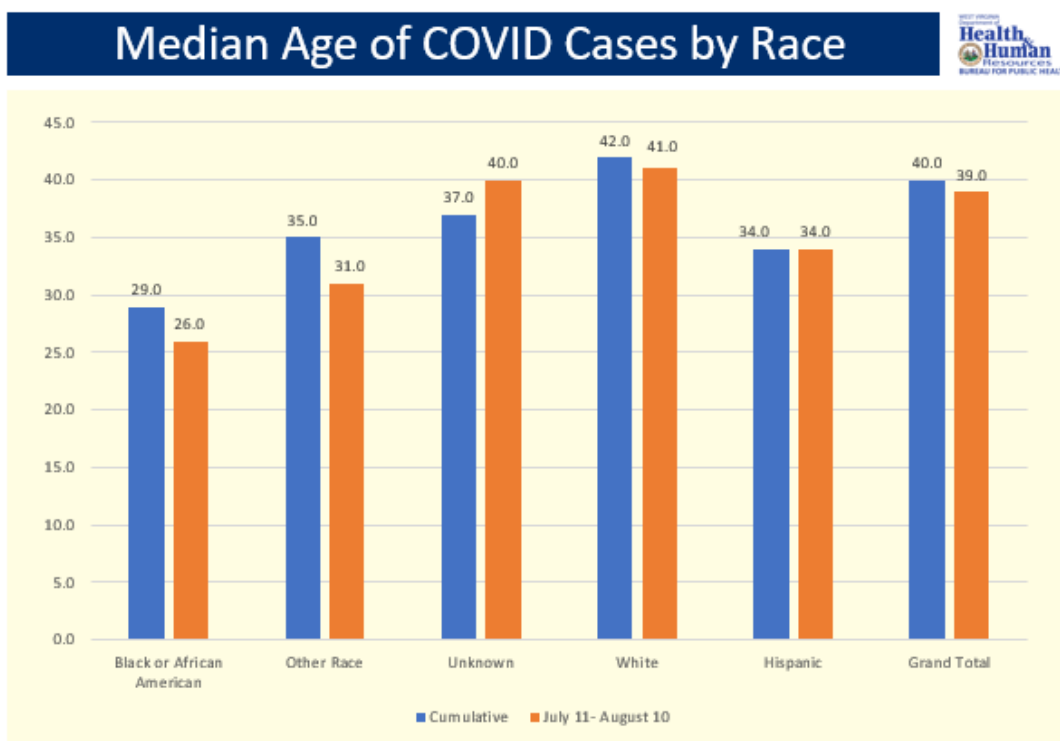


- **Black/African American**
 - 226 COVID-19 cases in past month
 - 38.6% of total COVID-19 cases in this group
- **White**
 - 2133 cases in past month
 - 34.7% of total COVID-19 cases in this group
- **Pre-existing Conditions**
 - 43.1% of Hispanic cases have a pre-existing condition.
 - 44.3% of Whites have a pre-existing condition
 - 36.3% of Black/African American have a pre-existing condition
 - 27.3% of Other Races have a pre-existing condition

Overall, there is a slight majority for males in the minority groups, however in recent cases, that it not the case. In Other Races women are making up a majority.



Dr. Arnaez explained that the median age started increasing. Looking at past month, the median age was 23 years of age and has risen to 26 years of age. Overall, the ages range from 36 to 39 years of age for the median age of cases.



OEPS Regions



Surveillance Regions and Current Coverage by Regional Epidemiologists



NORTHWESTERN REGION

Jillian Jeffrey
 Mt Ohio Valley Health Dept.
 211 6th St.
 Parkersburg, WV 26101
 Phone: (304) 485-7374
 Mobile:
 Fax: (304) 485-7499
 E-mail: Jillian.J.Jeffrey@wv.gov

WESTERN REGION

Tonya Chaney
 Cabell Huntington Health Dept.
 703 7th Avenue
 Huntington, WV 25701
 Phone: (304) 523-6483 ext. 284
 Mobile: (304) 208-4980
 Fax: (304) 523-6403
 E-mail: Tonya.A.Chaney@wv.gov

CENTRAL REGION

Brandy Armstrong
 Kanawha-Charleston Health Dept.
 108 Lee Street
 Charleston, WV 25323
 Phone: (304) 348-1088
 Mobile:
 Fax: (304) 348-8149
 E-mail: Brandy.D.Armstrong@wv.gov



NORTHEASTERN REGION

Diane Gross
 Mingoalia Co. Health Dept
 453 Van Voorhis Road
 Morgantown, WV 26505
 Phone: (304) 598-5155
 E-mail: Diane.K.Gross@wv.gov

EASTERN REGION

Kimberly Kline
 Pendleton Co. Health Dept.
 PO Box 529
 273 Mill Road
 Franklin, WV 26037-0529
 Phone: (304) 358-7882
 Mobile: (304) 358-8328
 Fax: (304) 358-2471
 E-mail: Kimberly.S.Kline@wv.gov

SOUTHERN REGION

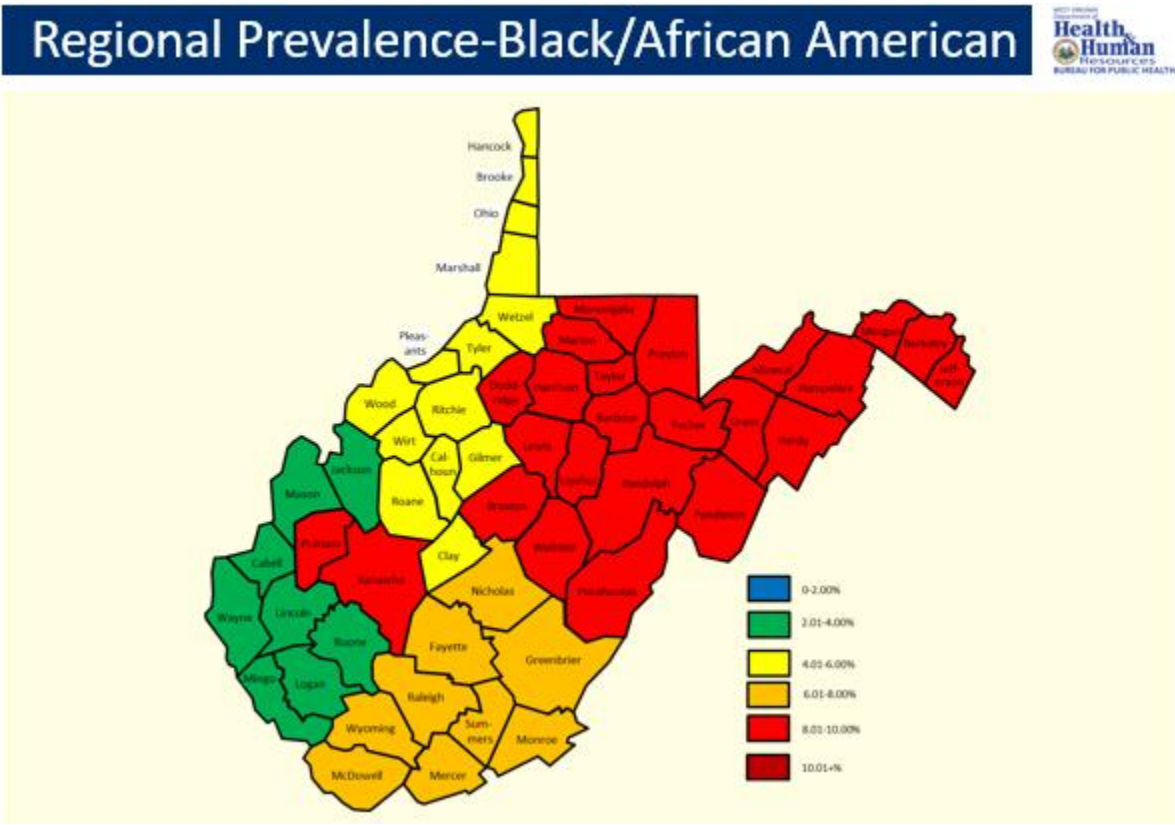
Michelle Kirby
 Beckley Raleigh Co. Health Dept.
 1802 Harper Road
 Beckley, WV 25801
 Phone: (304) 253-2198
 Mobile: (304) 575-9994
 Fax: (304) 250-1471
 E-mail: Michelle.D.Kirby@wv.gov

Division of Infectious Disease Epidemiology

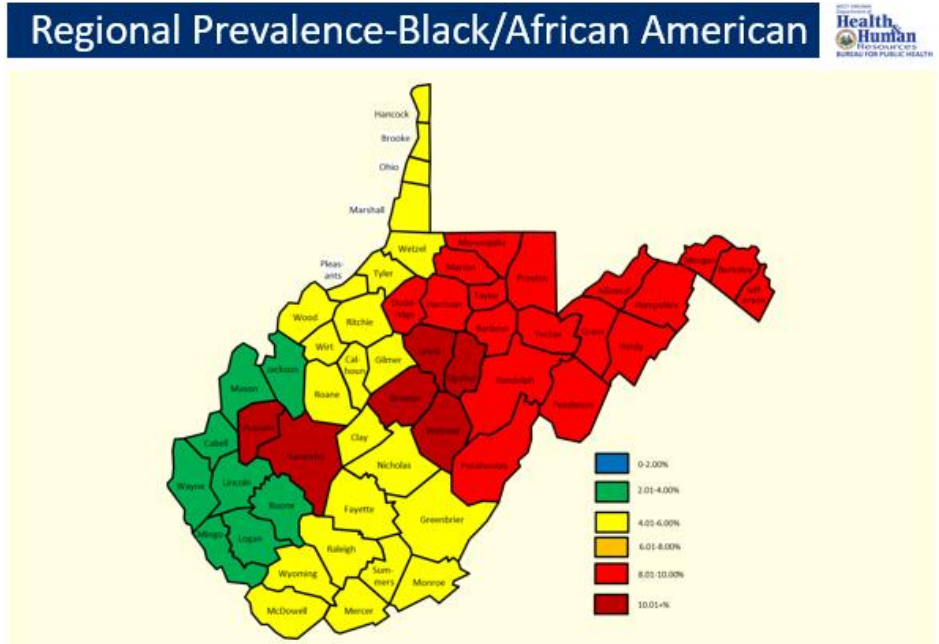
Shannon McBee
 Division of Infectious Disease Epidemiology
 WV0844/WV19/OEPS
 350 Capitol St., Room 1375
 Charleston, WV 25301-3715
 Office: (304) 508-5258
 Fax: (304) 508-6736
 E-mail: Shannon.M.McBee@wv.gov

Last Updated: October 2019

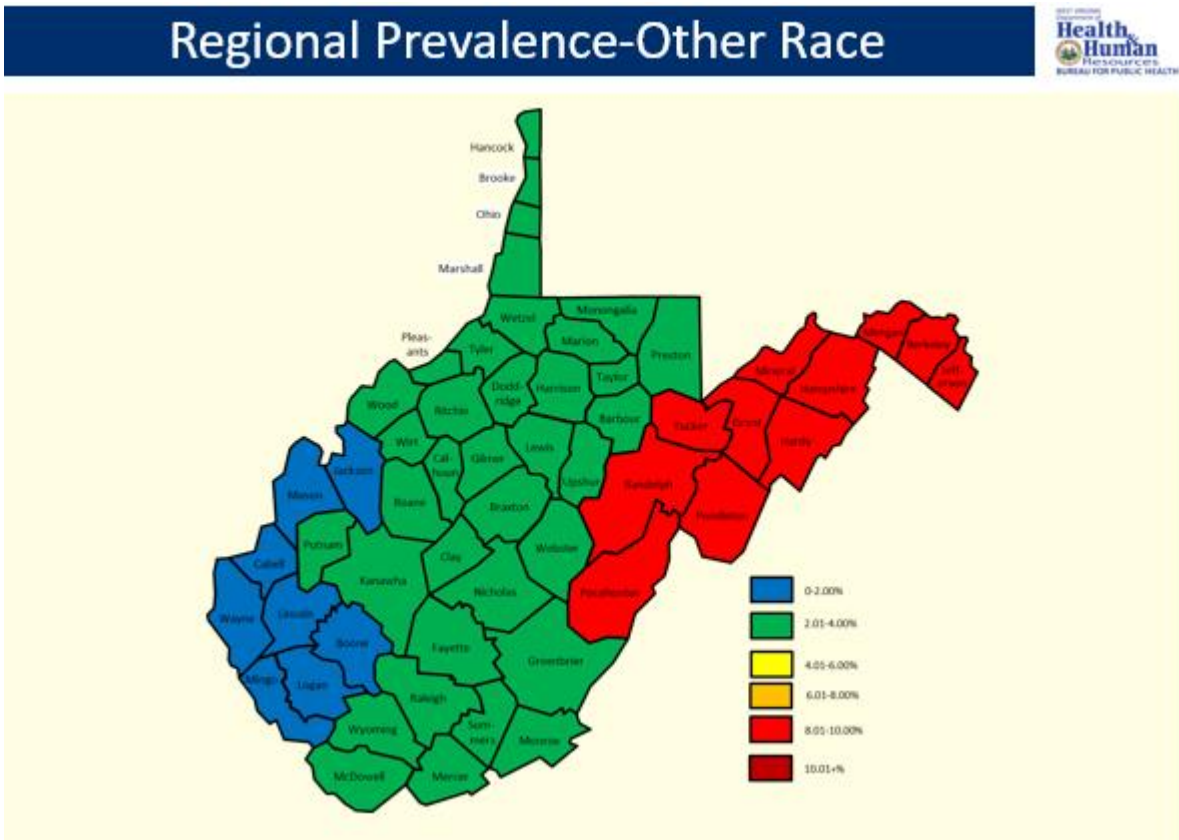
Dr. Arnaez explained that there is a notable proportion of cases for Black/African Americans in the Eastern/North Eastern and Central Region.



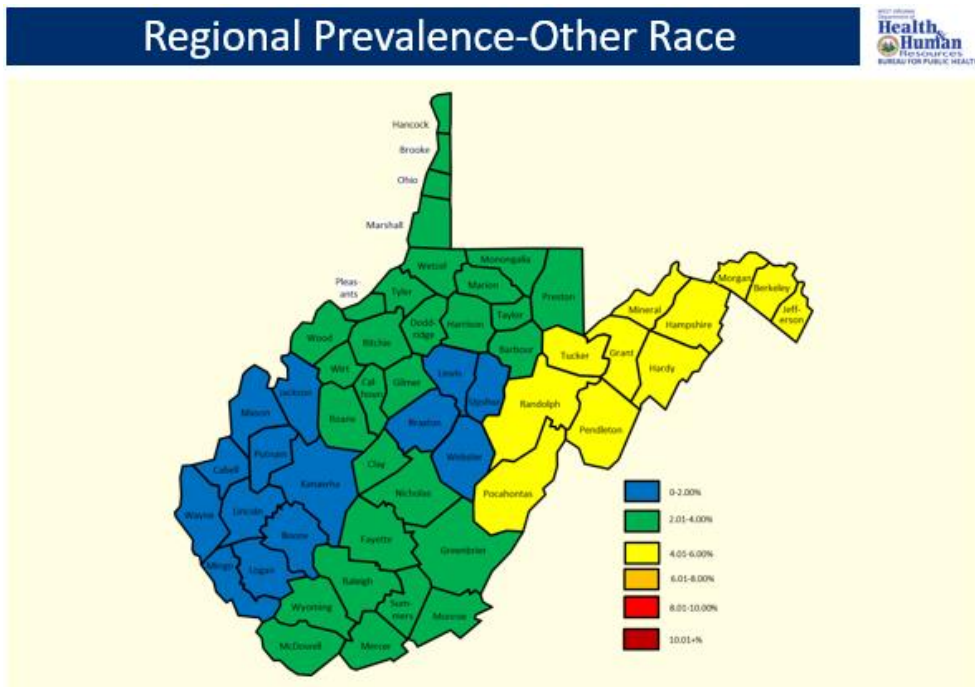
He stated, particularly in the central region, 15.0% of the cases in the past month are from Black/African American. He explains the numbers are coming from Kanawha County. Kanawha makes up 19.0 % of all Black/African American cases.



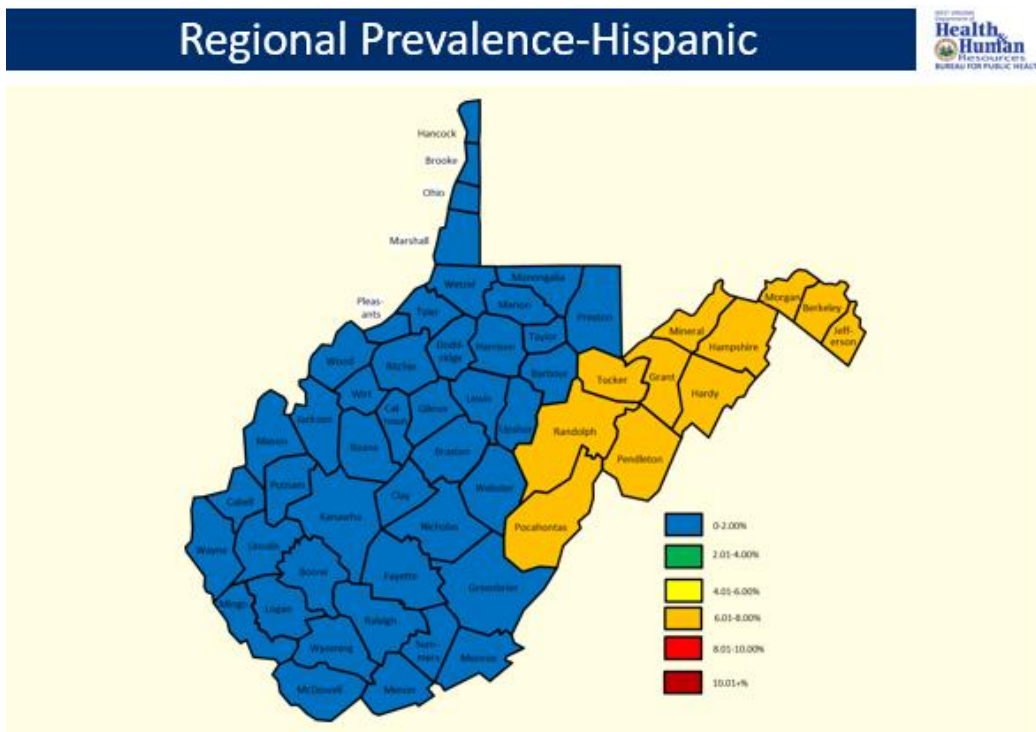
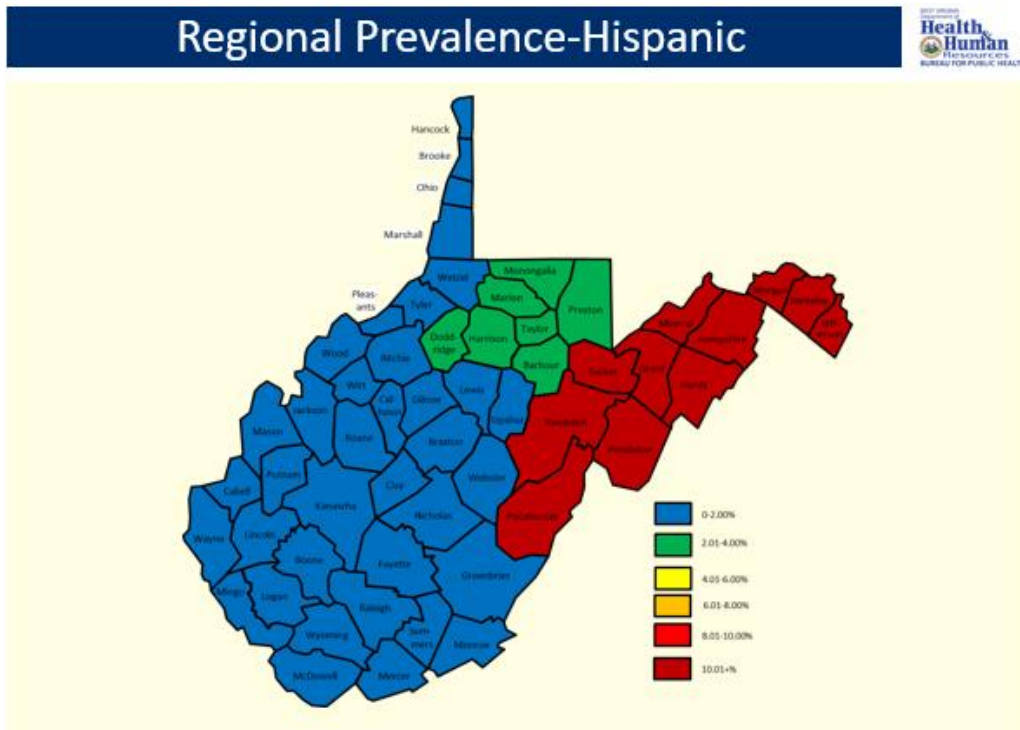
Dr. Arnaez stated for Other Races the prevalence has stayed the same.



Over recent weeks, cases are not as high with the eastern region only having 4.0 to 6.0 % of cases.



Dr. Arnaez explained that Hispanic cases are primarily in the eastern region with 8.0 to 10.0%, cumulatively, being among Hispanics.



COVID Rates by Region, Race, and Ethnicity



	State	Western	Central	Northwestern	Northeastern	Eastern	Southern
Cumulative							
All Residents	431.9	501.2	411.7	331.8	520.4	532.6	287.0
Black	779.2	702.2	735.6	793.2	1512.6	823.4	367.2
White	359.0	359.0	308.0	297.6	433.6	432.2	217.2
Hispanic	956.9	557.9	589.3	325.3	702.0	1799.0	170.1

In terms of hospitalizations, only 8.6 cases, cumulatively, required hospitalization and is slightly higher in the Black/African American population with 10.7 cases. All were below 9.0 percent of cases requiring hospitalization.

Hospitalizations, ICU Admission, & Ventilator Use



	Hospitalization	% of cases	ICU Admission	% of cases	Ventilator Use	% of cases
Cumulative						
Total	556	8.6%	206	3.2%	99	1.6%
Black	56	10.7%	19	3.6%	10	1.9%
White	512	8.9%	181	3.3%	85	1.6%
Other Race	13	8.7%	4	1.6%	3	1.2%
Unknown	11	5.2%	2	1.1%	1	0.6%
Hispanic	16	5.7%	5	1.8%	1	0.4%
July 11- August 10						
Total	144	6.7%	45	2.1%	22	1.1%
Black	14	7.0%	3	1.5%	1	0.5%
White	124	4.8%	42	2.3%	21	1.3%
Other Race	3	5.9%	0	0.0%	0	0.0%
Unknown	3	7.3%	0	0.0%	0	0.0%
Hispanic	3	6.1%	0	0.0%	0	0.0%

Within the past month, overall, 6.7 % of cases required hospitalization. There was 7.0% of cases for Black/African Americans with Whites reporting 4.8% for hospitalization. Hispanics and Other Races were around 6.0 percent. Regarding ICU admissions, there was a total of 2.1%, which were predominantly White cases. Lastly, ventilator usage had a total of 1.1% of cases with Whites having approximately 1.3% of cases; Black/African Americans with 0.5% of cases. Hispanics and Other Races had zero incidents that required ICU admissions and ventilator usage.

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 in the state-wide testing.

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

LTC McGonegal stated that the Guard finished testing in Brooke County and is planning for testing in Hancock and Mason counties. She mentioned reaching out the southern areas of West Virginia where there are more outbreaks.

The Chair reported that the health department’s manpower is beginning to dwindle since starting in May. She asked if there could be a way for the Guard to raise their support to mobile testing sites?

LTC McGonegal stated the Guard has been focused on making sure there is a correct number to accommodate if there is an area that needs more support. A large battalion will be returning from deployment. Some individuals will be looking

for additional work to do once they are back and will be employed to help with the task force. She indicated that when there is a specific need, the Guard will pull the resources to make it happen.

Secretary Crouch reported contracting with groups such as the Emergency Medical Services and Federal Qualified Health Centers for support. Testing has been aggressive to reduce the community spread by catching cases early and contact tracing. He explained testing is eligible for reimbursement through the CARES Grant money. If a contract is created for assistance to hire help, then the CARES Act will reimburse.

The Chair read an email that she received regarding an issue in the Latino community at the Jackson County testing site. In summary, a lot of people would not come to the clinic because the posting required identification, since contact information is needed. She asked what can be done to encourage Latinos to get tested. Dr. Arnaez reported significant disparities that are appearing in the Latino community.

Senator Rucker stated one of the biggest issues for Hispanics is that they cannot afford to miss work and are worried about being forced to quarantine. She suggested educating the Hispanic community that testing is protecting their ability to keep their jobs as an outbreak would cause the community to close. She mentioned creating a way for testing to be done in the community at a church, which would make individuals less nervous as opposed to a government entity giving the testing.

The Chair thanked Senator Rucker for her comments and shared that the health department is considering this approach.

Dr. Amjad stated that the sole purpose of identification is to notify the individual.

Senator Rucker agreed that there must be identification, however the purpose of the identification must be explained so there is an understanding. She reiterated that the purpose of getting tested is to protect their ability to provide for their family.

Secretary Crouch shared a similar situation at the poultry plant in the Eastern Panhandle; agreeing that there is concern about job loss. He then explained the purpose of relationship to ensure the purpose behind and benefit of testing is understood.

Delegate Hornbuckle presented a brief overview of an idea that would have a social worker on site to assist with different tasks. He added that onsite identification, which could be a phone number or photograph, could be easily obtained.

Secretary Crouch commented that just a phone number was obtained at a recent site in the Eastern Panhandle. He described working with the employers to notify individuals of their test results. There was incomplete information, but the follow up necessary to reduce community spread was a greater priority than obtaining information for the records.

Reverend Patterson shared that the Partnership for African American Churches (PAAC) has written a proposal to offer mobile surge testing among communities of color around the state. He mentioned being impressed with the intake form that Health Right uses to obtain information from COVID test-takers.

Secretary Crouch explained that the initial intake form is brief. Further information is obtained through contact tracing if a test result is positive.

Mike Jones offered a solution to simplify the intake process. He suggested assigning a number to individuals and obtaining a phone number; acquiring additional information if the result is positive. This type of solution would help individuals feel more comfortable getting a test done as they are not giving out their personal information.

The Chair asked Mr. Jones how the demographic data and race identifiers would be obtained in his method.

Mr. Jones stated that the demographic information is only relevant if the test is positive. The racial data could be obtained through contact tracing.

Owens Brown suggesting finding the leaders in the community that can communicate with the people in the community. He suggested speaking with these leaders, first.

The Chair thanked Owens Brown for his suggestion as it would be a good issue to raise to reach out more to the people in communities.

Romelia Hodges shared that her mother had recently died. She stated that she faced resistance from the city while planning for an outdoor funeral service at a local park to lessen the risk of spreading the virus. She added that there is a disparity towards African Americans that goes against them when trying to do what is right. All issues need to be addressed including testing as well as passing of people during COVID-19.

Chairperson Upson expressed condolences to Romelia Hodges and her family. She opened the floor to the experts to explain the misconceptions of having an outdoor funeral service.

Dr. Marsh stated part of healing is coming together and celebrating their life when a loved one passes. He stated that her idea is advancing a new concept and that there is going to be resistance. He commented about taking the spirit of the concept to work with the Governor's office to develop some guidance around outdoor funerals, which must be resolved.

Secretary Crouch mentioned receiving questions weekly regarding events being inside or outside, which is taken to the Governor for guidance. He stated that he was not aware of the situation, but he is happy to call the health director to help Ms. Hodges.

Ms. Hodges thanked Secretary Crouch for the help offered.

Senator Rucker urged that situations should be looked at on an individual basis. There are restrictions and one-size-fits-all rules that are being established because of COVID. She stated that she has been advocating for guidance, guidelines, and understanding that is flexible for individual situations. She explains there should be a focus on the individuals as they have feelings, emotions, concerns, and fears.

Delegate Hornbuckle stated Ms. Hodges' situation does express systemic racism. He stated that this is an instance of needing leadership to address these issues as they do happen often in a disproportionate manor. The Task Force is a group comprised to help all West Virginias, but specifically vulnerable communities with COVID. This is an issue related to vulnerable communities in multiple ways. He challenged everyone in the meeting to be a better ally.

Chairperson Upson asked the group to rise to the challenge and thanked everyone for attending the meeting.

The meeting adjourned at 8:55 AM.