
Joint COVID-19 Response Legislative Workgroup

Teleconference Meeting

***THIS MEETING WILL*
*BEGIN SHORTLY***

**June 10, 2020
10:00 a.m.**

Agenda Overview

(10:00 a.m. - 10:05 a.m.)

- I. Presentation from Dean Thomas LaVeist, Tulane University
- II. Presentation from Dr. Sherita Hill Golden, Johns Hopkins Medicine
- III. Presentation from Professor Stephen Thomas, University of Maryland
- IV. Presentation from Dr. Ernest Carter, Prince George's County Health Officer
- V. Closing Remarks

Presentation from Dean Laveist, Tulane Univ.

(10:05 a.m. - 10:25 a.m.)

- Thomas A. LaVeist, PhD
Dean and Weatherhead Presidential Chair,
Tulane University School of Public Health
and Tropical Medicine
- Limited Questions and Answers

Presentation from Dr. Golden, Johns Hopkins

(10:25 a.m. - 10:45 a.m.)

- Sherita Hill Golden, M.D., M.H.S.
Vice President and Chief Diversity Officer,
Johns Hopkins Medicine
- Limited Questions and Answers
- Contact:

Elizabeth Hafey
Elizabeth.Hafey@jhu.edu

COVID-19 and Health Disparities: The Johns Hopkins Medicine Response

Sherita Hill Golden, MD, MHS

**Hugh P. McCormick Family Professor of
Endocrinology and Metabolism**

Vice President & Chief Diversity Officer



JOHNS HOPKINS
M E D I C I N E

HISTORICAL DISCRIMINATION AND RACISM DURING SLAVERY AND POST-CIVIL WAR

Medical and Scientific Contributors

- Eugenics Theory defining certain races and ethnicities as biologically inferior
- Closure of medical schools training black physicians in 1910s
- Experimentation on vulnerable groups without their consent

Social Conditions and Policies

- Redlining and predatory lending leading to racial residential segregation and housing insecurity
- Inadequate investment to maintain public works and school systems in minority neighborhoods
- Discrimination in access to high quality jobs with adequate health insurance

↓ Trust in medical establishment

Healthcare provider bias toward minority patients

Language and communication barriers

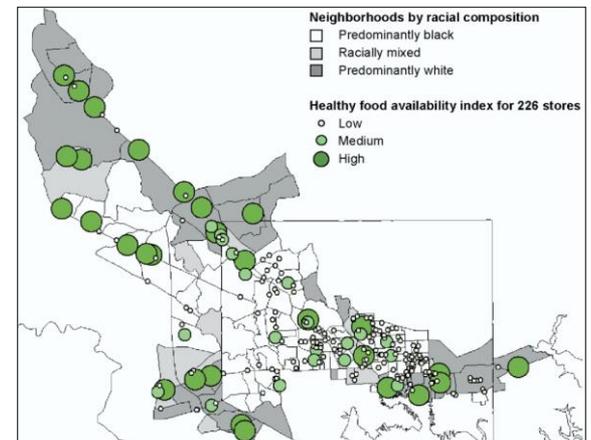
Structural and institutional racism

Healthcare Context

Poor access to care, ↓ quality of care, ↓ participatory decision-making in patient-provider relationships, ↓ health literacy

Physical Context

↓ neighborhood stability, cleanliness, sidewalks, open space, parks
↓ access to healthy food
↓ affordable housing



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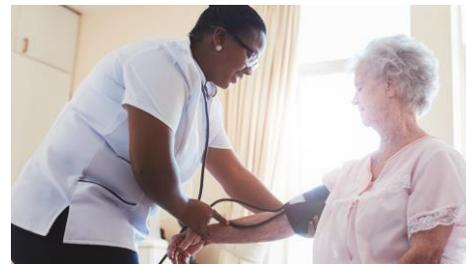
Physical Context

↓ neighborhood stability, cleanliness, sidewalks, open space, parks
↓ access to healthy food
↓ affordable housing

Environmental Context

↑ poverty
Crowded multigenerational living conditions
Mass incarceration
↑ service sector employment
↑ public transportation use
Inadequate PPE

↑ COVID-19 Exposure



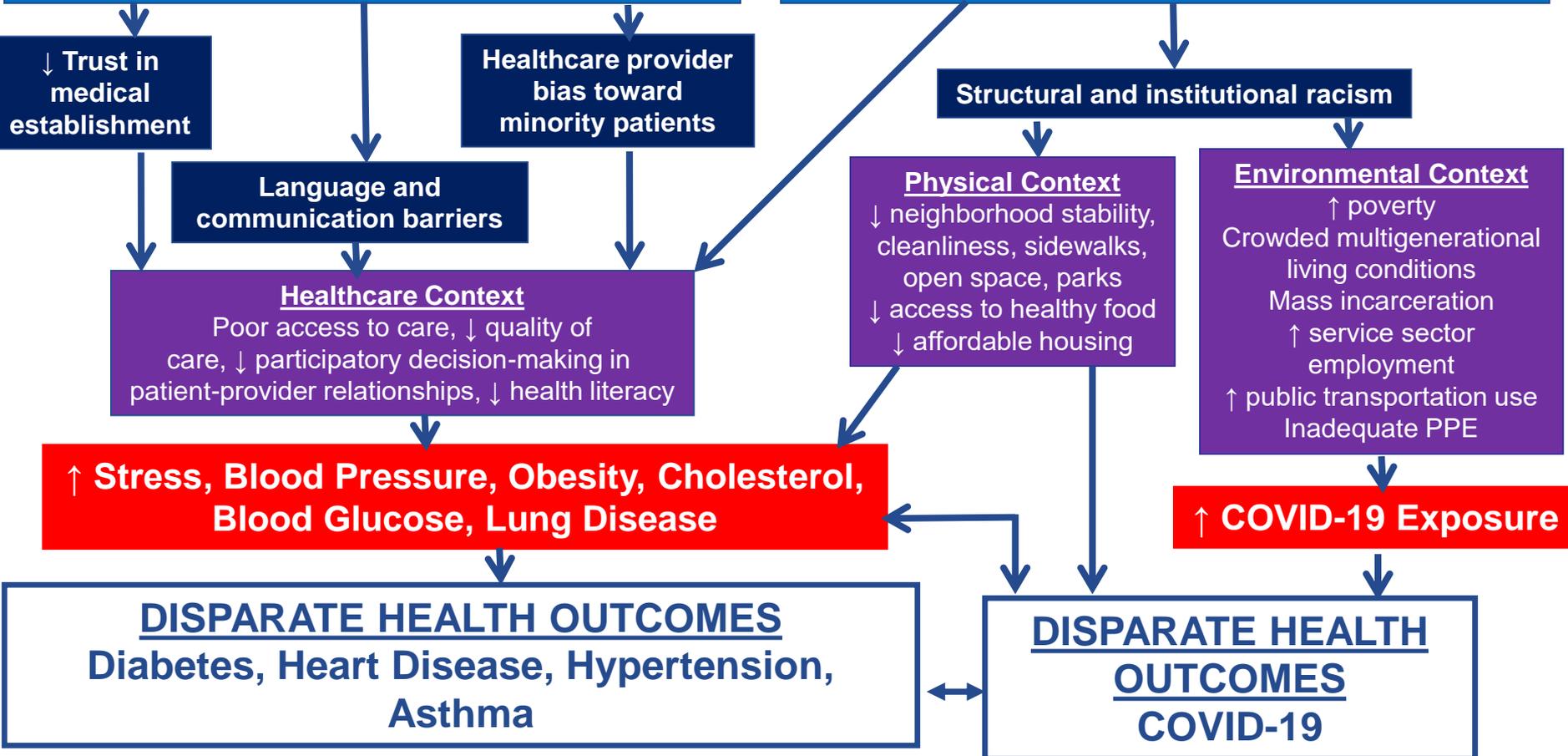
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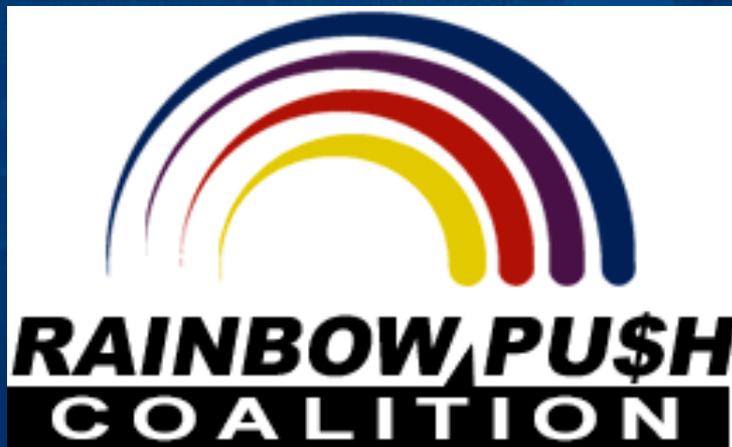
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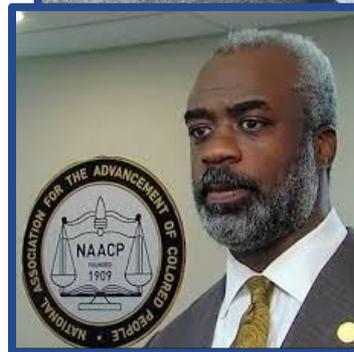
What Can We Do?

Public Health and Health System Strategies to Support Our Communities



Prevention via Innovative Civil Rights and Public Health Campaigns

- Shelter-in-Place and Worship-in-Place (at home)
- Regular handwashing and surface cleaning
- Communicate in culturally relevant ways



June 10, 2020

Data

- Required collection and public reporting of COVID-19 testing, emergency department visits, hospitalizations, and outcomes data stratified by demographics
 - Race, ethnicity, gender
 - Language
 - 9-digit ZIP codes
- **Collaborating with state health systems to accurately collect high quality, self-identified race, ethnicity and language data (REaL)**

Data

- Equitable Data Collection and Disclosure on COVID-19 Act (HR 6585)
 - Provide funding for data modernization and quality improvement nationally and locally

Dowling and Kelly, *JAMA*, 2020

Expand Testing Access

- Timely access to COVID-19 testing stations
- Prioritize testing in medically underserved areas and those with transportation limitations
 - Mobile testing units and “walk up” testing at drive-up testing stations
 - Locate near operating bus stop, train, or subway station
 - Resourcing for clinical follow-up and contact tracing
- Disseminate testing information widely in multilingual, culturally sensitive, public service announcements within African-American, Latinx, and American Indian/Alaskan Native communities

Protection for Care Providers

- Require Personal Protective Equipment (PPE) for people at risk for COVID-19 performing support duties at hospitals and nursing homes
 - Patient transport
 - Environmental services
 - Food services
 - Maintenance staff
 - Patient care assistants
 - Nurses' aides
 - Pharmacy technicians
- Homeless shelter patrons and staff—provide cloth facial coverings, handwashing soap and water or hand sanitizer



Protecting Vulnerable Populations

- Ensure full implementation of CARES Act provision
 - No cost for screening and treatment for COVID-19 and related conditions
 - Include medical follow-up for worsening or unmasking of underlying conditions
 - Support Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES) of 2020 (HR 6800)
- Depopulating jails and providing PPE for prisoners and prison workers
- Community Solutions for COVID-19 Act (HR 7077) would allocate \$1.5 billion over 3 years to community organizations responding to the pandemic (Dowling and Kelly, *JAMA*, 2020)

Other Legislation

- COVID-19 Racial and Ethnic Disparities Task Force Act of 2020 (HR 6763/S 3721)
 - Provide weekly medical supply allocation recommendations to FEMA
 - Oversee influence of federal response on health equity
- Health Equity and Accountability Act (HEAA) of 2020—comprehensive policy framework with necessary funding to close health gaps

Protecting the Vulnerable: Health Equity and Scarce Resources

- Specific anti-discrimination language re: social characteristics
- Removed age from scoring criteria
- Disability-specific principles
 - Avoiding reallocation of ventilators for individuals with disabilities who are chronically vent-dependent
 - Allowing caregiver support in hospital to assist with communication
- Unconscious bias training for Triage and Secondary Review Teams
- Literacy adapted patient handouts for various triage and review scenarios—translation into Spanish, Chinese, Korean, Russian, and Arabic

Address Critical Shortage of Underrepresented Health Professionals



JHM Office of Diversity, Inclusion, and Health Equity
Vice President, Chief Diversity Officer, Dr. Sherita Golden

Administrative Team

Executive Assistant
Tamala Knox

Senior Administrative
Coordinator
(Tracey Cooper-Kirby)

HR
Dione Powell

Finance
Jack Brossart

Diversity and Inclusion Programmatic Areas

School of Medicine

Associate Dean for
Diversity and Inclusion
(TBN)

SOM Director of Diversity and
Inclusion
(Bish Bates, MHA)

SOM Program Coordinator
(Shellon Johnson, MPA, MBA)

Assistant Dean for
Graduate Student
Diversity, SOM
Dr. Damani Piggott

Assistant Dean for
Medical Student
Diversity, SOM
Dr. Shari Lawson

Training and Culture

JHM/JHHS Director of Diversity and Inclusion
(Karen Jones, MA)

Diversity and
Inclusion Training
and Education
Program Manager
(Cheri Wilson, MA,
MHS)

Health System

Data
Analyst/Manager
(TBN)

Clinical Director,
Center for
Transgender Health
Paula Neira, JD, MSN

JHHS Diversity, Inclusion, & Health Equity
Program Coordinator
(April Lugo)

Health Equity

Senior Lead, HE
Implementation and
Evaluation
(Dr. Felicia Hill-Briggs)

Lead, HE Data and
Scholarship
(Dr. Panagis Galiatsatos)

← LGBTQ Programs (Paula Neira, JD, MSN)
Disability Programs (TBN) →



Presentation from Professor Thomas, Univ. of MD

(10:45 a.m. - 11:05 a.m.)

- Stephen B. Thomas, PhD
Professor and Director, Maryland Center for Health Equity, University of Maryland School of Public Health
- Limited Questions and Answers
- Contact:
Molly McKee-Seabrook
mckee@umd.edu

The Colors of COVID-19: No Vaccine Research on Us Without Us

Stephen B. Thomas, Ph.D.

Professor Health Policy & Management
School of Public Health

Director, Maryland Center for Health Equity

University of Maryland

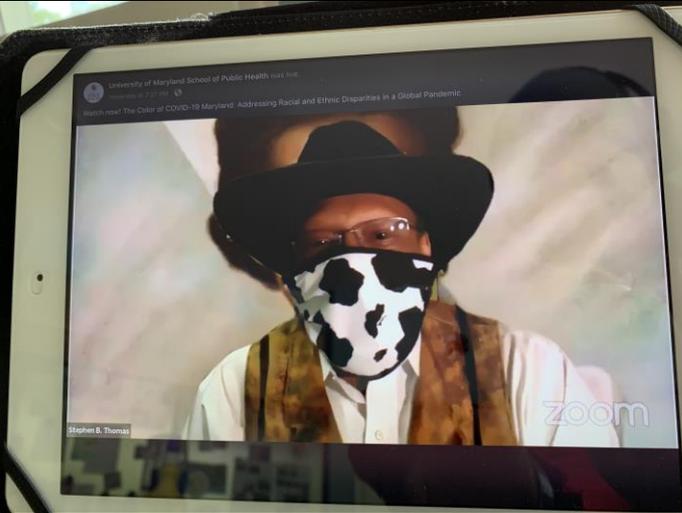
College Park, MD

sbt@umd.edu

301-405-8859

**Maryland Joint COVID-19 Response Legislative
Workgroup**

June 10, 2020



SCHOOL OF
PUBLIC HEALTH



MONA CENTER SERVICES



MONA CENTER COMMUNITY GARDEN



BARBERSHOP HEALTH INITIATIVES



COMMUNITY RESEARCH ADVISORY BOARD



MISSION OF MERCY



SCHOOL OF PUBLIC HEALTH
CENTER FOR HEALTH EQUITY

BUILDING BRIDGES
BUILDING TRUST
BUILDING
HEALTHY COMMUNITIES



HEALTH EQUITY POLICY



NETWORK OF SEVEN PRINCE GEORGE'S COUNTY & SOUTHERN MD. HOSPITAL PARTNERS



SCHOOL OF PUBLIC HEALTH



The Social Context of Health Disparities

The ultimate aim is to uncover social, cultural and environmental factors beyond the biomedical model and address a broad range of issues. This approach includes, but not limited to, breaking the cycle of poverty, increasing access to quality health care, eliminating environmental hazards in homes and neighborhoods, and the implementation of effective prevention programs tailored to specific community needs.



The Historical Context of Health Disparities

“..If there is no **struggle**, there is no progress. Those who profess to favor freedom, and yet depreciate agitation, are men who want crops without plowing up the ground. They want rain without thunder and lightning. They want the ocean without the awful roar of its many waters...”

(Fredrick Douglass)



Defining Health Disparities and Health Equity



The words we use can matter.
Definitions can matter:

While some differences in definitions may reflect only **stylistic preferences**,

others convey **values** and **beliefs** that can be used explicitly or implicitly to justify and promote particular views, policies, and practices.

“Health equity
means **that**
everyone **has a** fair
and just opportunity
to be as healthy as
possible...”

For the purposes of **measurement**, health equity means reducing and ultimately **eliminating disparities in health** and its determinants that adversely affect **excluded or marginalized groups**.

... if an effort does not address poverty, discrimination, or their health-damaging consequences for groups of people who have historically been excluded or marginalized – it's probably not a health equity effort.

The Colors of COVID-19: A National Network to Address Health Disparities in a Global Pandemic:

Project Goal

To improve racial and ethnic disparities in COVID-19 health outcomes by building a network of national, state/territorial/tribal and local organizations to mitigate the impact of COVID-19 on racial and ethnic minority, rural and socially vulnerable populations



Partnerships and Collaborations



Task 1. Partnerships and Collaboration

Establish a national strategic information dissemination network of national, state/territorial/tribal and local organizations.

- Criteria used to select current and future partners
- Partner alignment to activities
- Partner training (CC-19 Learning Community)
- Partner tracking
- Partner engagement (Partner Portal)



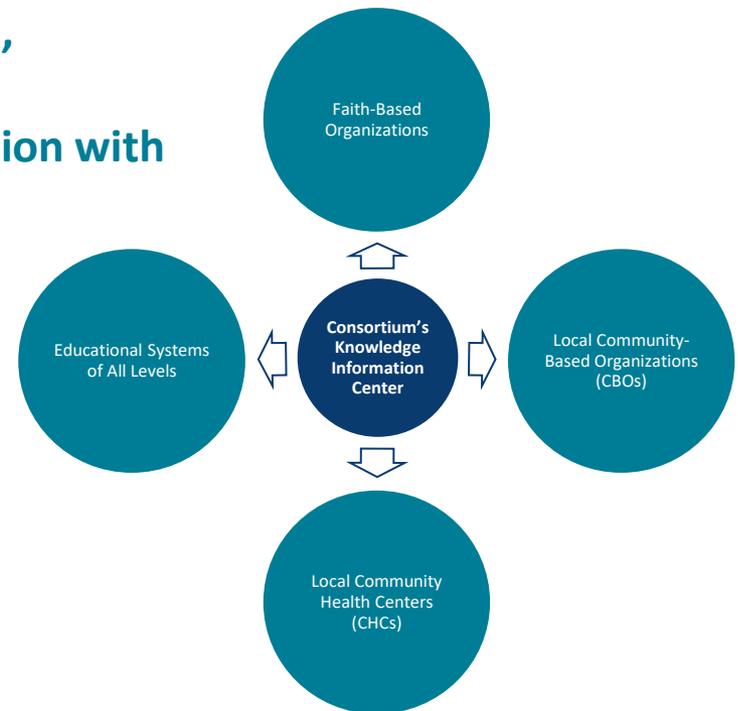
Message, Messenger & Community Education



Task 2. Information Development and Dissemination

Develop, Disseminate, Distribute Accurate, Consistent, Timely, Culturally and Linguistically Appropriate Messaging in collaboration with Network Partners

1. Print materials to be used by CBOs, churches, health centers and other providers
2. Create social media strategies
3. Develop Internal/External Website with online portal for CBOs to retrieve information
4. Offer Virtual Outreach Forums/Townhalls/Roadshows with expert panel and community participants
5. Paid/earned media products



CC-19 Network Leadership



University of Maryland School of Public Health

The UMD Center for Health Equity offers minority communities tailored public health educational interventions and clinical programs.

Joint UMD Principal Investigators:

Dr. Stephen B. Thomas

Dr. Sandra Quinn

Joint Rockville Institute Principal Investigators:

Dr. Howard Fishbein

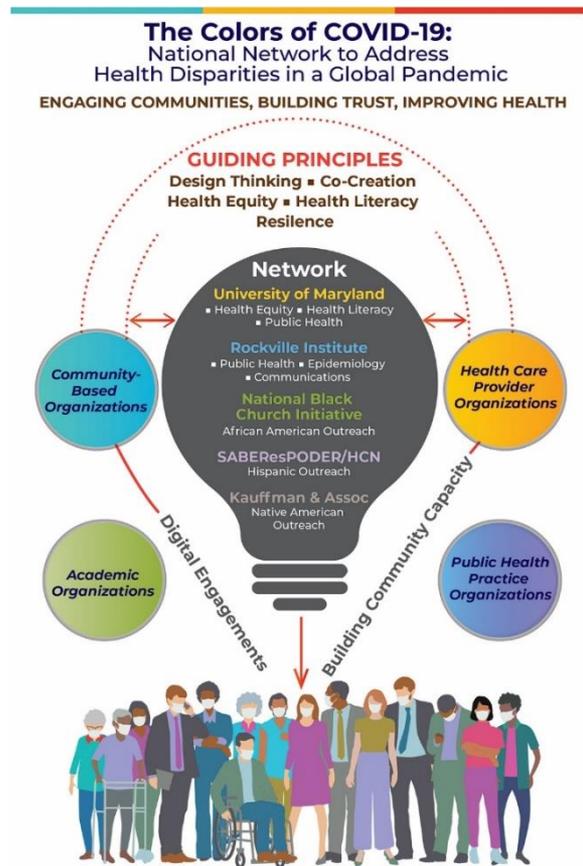
Dr. Chanza Baytop



Overall Approach

“Every long-term solution must be viewed through the health equity lens, for if they are not, we’ll be setting the stage for our next public health failure.”

(Dr. Richard Besser, President, Robert Wood Johnson Foundation, March 6, 2020)





The Colors of COVID-19: A National Network to Address Health Disparities in a Global Pandemic

The National Commission

Chair, Dr. John Ruffin

Founding director of the National Institute on Minority Health and Health Disparities provided leadership for the NIH minority health and health disparities research activities which constituted an annual budget of approximately \$2.8 billion.

Vice Chair, Congressman J.C. Watts, Jr.

A former University of Oklahoma quarterback and Baptist minister before being elected House of Representatives from 1995 to 2003 as a Republican, representing Oklahoma's 4th Congressional District.



Social Context Matters



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MARYLAND MATTERS

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COVID-19 in Maryland Health Care

COVID-19 Is Crushing Black Communities. Some States Are Paying Attention

By Stateline June 8, 2020



pixabay.com photo

By Michael Olove and Christine Vestal

As states begin to ease quarantine restrictions, epidemiologists caution that success in conquering the next wave of the pandemic largely will depend on taking extra precautions to protect the most vulnerable — the elderly and people of color.

African Americans are at much higher risk of contracting COVID-19 than the rest of the

Health

Race, ethnicity data to be required with coronavirus starting Aug. 1



Assistant Health and Human Services Secretary Brett Giroir (Reuters)

GREENLIGHT

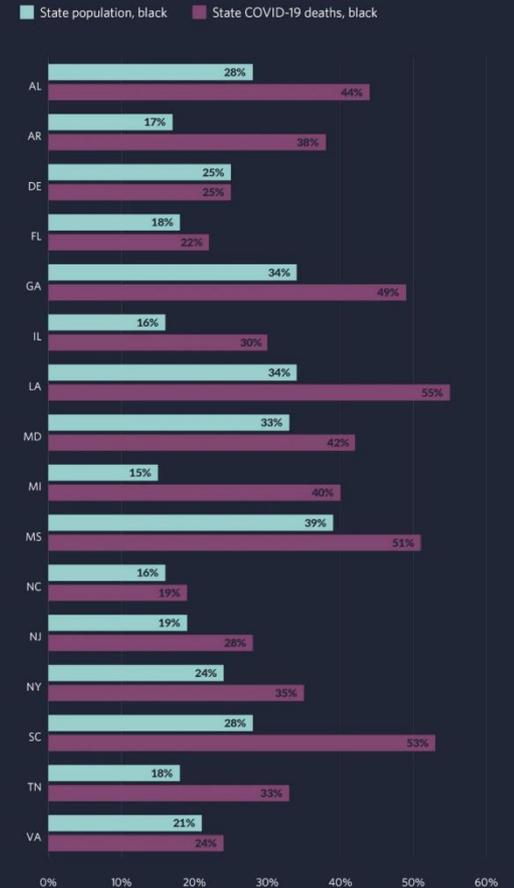
The debit card for kids that parents manage by app

Join Today

June 4, 2020
Washington Post

Black COVID-19 Death Rates, by State

In the 16 states where black residents' share of the population is higher than the national percentage, the prevalence of death among black residents exceeded their population share by as much as 25 percentage points.



Source: State public health COVID-19 websites and census data as of 5/26/20
© 2020 The Pew Charitable Trusts

Stateline graphic

tested or treated for the virus. In May, the Lawyers' Committee for Civil Rights Under Law sent HHS a letter, signed by hundreds of doctors and public health experts, urging the agency to provide information that would show whether people of color were being discriminated against in testing or treatment.

Kristen Clarke, the group's president, said Thursday that the new guidance "feels like it's very, very late. . . . It defies logic that they are only now taking steps to provide guidance on data collection. From Day One of the pandemic, it was clear there were disparities . . . and bias along race and class and privilege."

However, Scott Becker, executive director of the Association of Public Health Laboratories, called the requirements "a good step" and said the data to be collected constitutes "a pretty decent list."



Stock (Model's) used for illustrative purposes only.

NEWSFEED

How the Soviets Claimed the U.S. Created AIDS, and Who Believed It

Today's coronavirus conspiracy theories recall '80s HIV disinformation campaigns, notes a Cold War historian.

ponce.

Floyd's autopsy revealed that he had tested positive for the coronavirus, though he had no symptoms and it wasn't a factor in his death. Perhaps the most tragic similarity between these twin pandemics is that the tepid response from the federal government can be largely attributed to the fact that the same populations — poor, dispossessed minorities — disproportionately make up the dead and suffering. The government's reaction would be dramatically different if these plagues mostly affected white middle-class populations. Black lives seem not to matter, which reveals an underlying eugenic ideology in the United States of letting disease and violence thin the herds of undesirable groups.

By now, we have a good understanding of the environmental conditions that can allow



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The Colors of COVID-19: A National Network to Address Health Disparities in a Global Pandemic:

Contact Principal Investigator:

Stephen B. Thomas, PhD
Professor, Health Policy & Management
School of Public Health
Director, Maryland Center for Health Equity
University of Maryland, College Park

sbt@umd.edu

301-405-8859



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Presentation from Dr. Carter, Prince George's Co.

(11:05 a.m. - 11:25 a.m.)

- Ernest L. Carter, MD, PhD
Health Officer, Prince George's County
Health Department
- Limited Questions and Answers
- Contact:

Rhea Harris
rlharris2@co.pg.md.us

Closing Remarks

- Check Hearing Schedule on Maryland General Assembly website for committee meetings
- Next meeting will be June 24 at 10 a.m.