

# Silver Linings: Opportunities to Eliminate Health Disparities Once and For All

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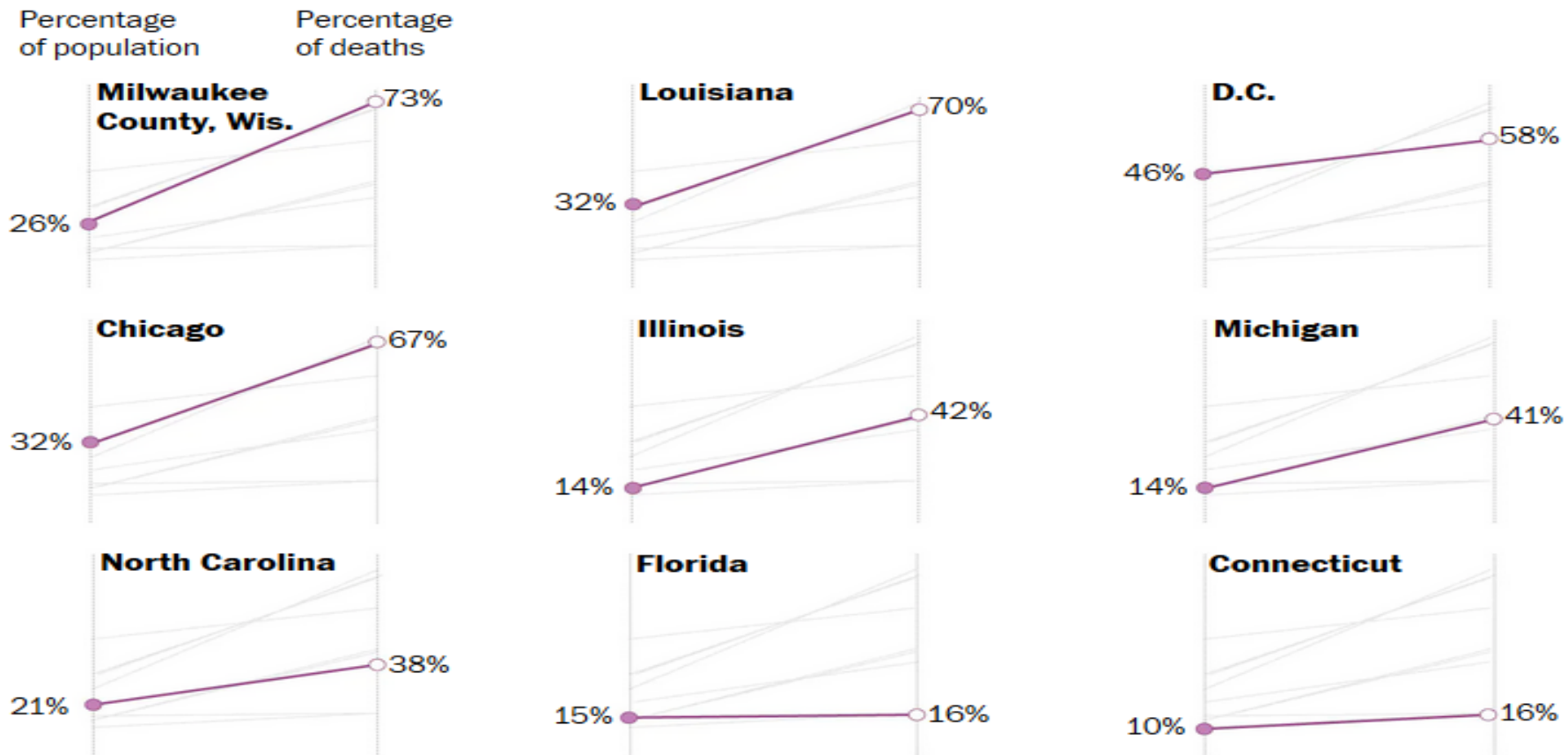
Chair, DC Tobacco Free Coalition

# Coronavirus is infecting and killing black Americans at an alarmingly high rate

By Reis Thebault , Andrew Ba Tran and Vanessa Williams. Washington Post, April 7

## African Americans by percentage of population and share of coronavirus deaths

Only a few jurisdictions publicly report coronavirus cases and deaths by race.



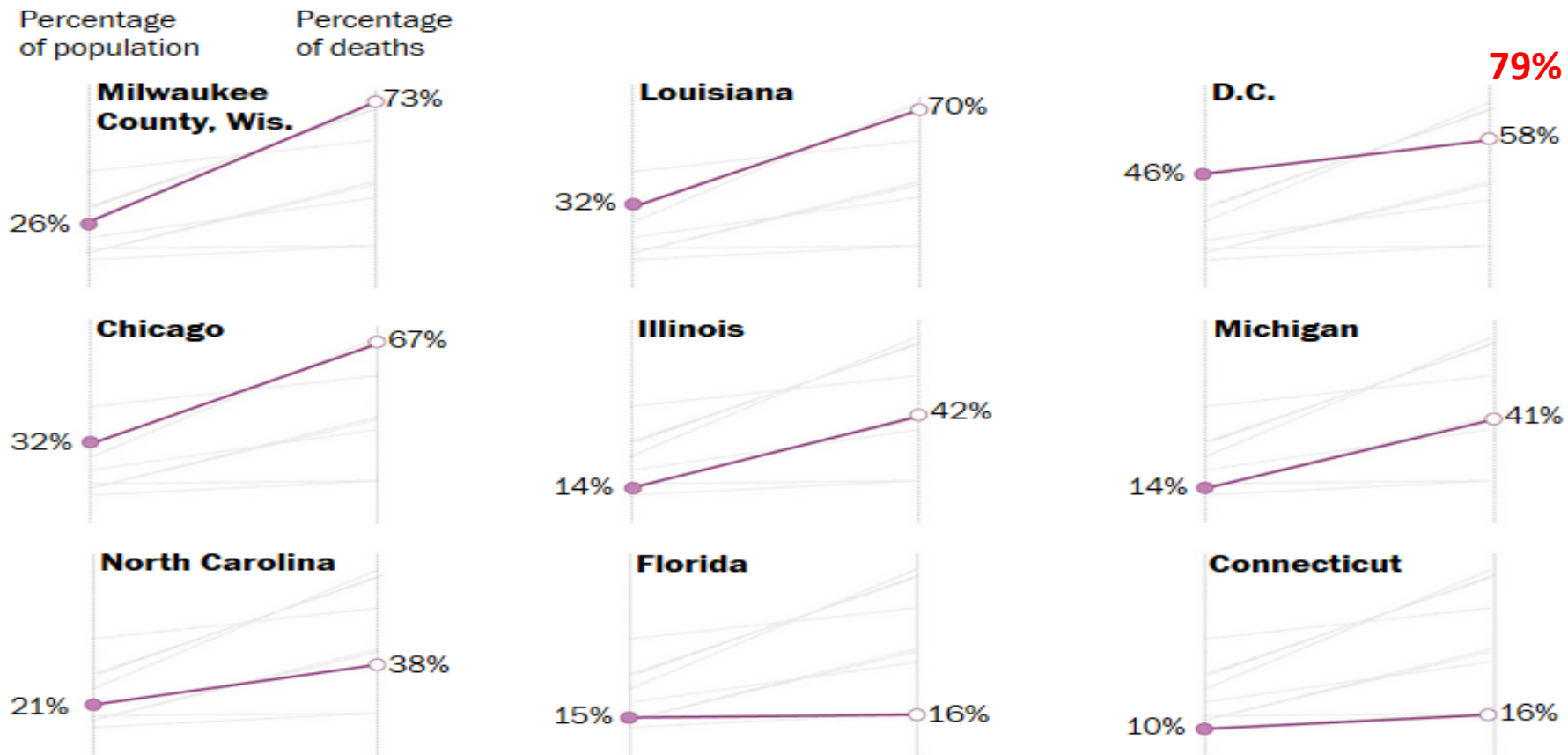
Source: Johns Hopkins University, state health departments and American Community Survey

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# Native Americans make up 50% of COVID-19 deaths in New Mexico

By Marjorie Childress, New Mexico In Depth | May 11, 2020

<b>Race/Ethnicity</b>	<b>Deaths</b>	<b>% Deaths</b>	<b>% Positive Cases</b>	<b>NM Population</b>
American Indian/Alaska Native	100	50%	57.08%	11%
Asian/NHOPI	1	0.50%	0.85%	2%
Black/AfAm	2	1.00%	3.12%	3%
Hispanic	33	16.50%	21.11%	49%
White	60	30%	13.92%	37%
Other/Unk	4	2%	3.28%	
Total	200	100%	99.36%	
Deaths and Percentage of Deaths reported by the NM Department of Health.				
Percentage of Positive Cases reported on the NM COVID-19 Data Dashboard.				
NM Population percentage reported by the U.S. Census Bureau.				

# High Risk Health Conditions

- Chronic lung disease
- Moderate to severe asthma
- Serious heart conditions
- **(High blood pressure)**
- Weakened immune system (cancer treatment, smoking, bone marrow or organ transplant, immune deficiencies, certain medications)
- Severe obesity (body mass index of 40 or higher)
- **Diabetes**
- Chronic kidney disease undergoing dialysis
- Liver disease

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

Yang, J., Zheng, Y., Gou, X., Pu, K., Chen, Z., Guo, Q., Ji, R., Wang, H., Wang, Y., & Zhou, Y. (2020). Prevalence of comorbidities and its effects in coronavirus disease 2019 patients: A systematic review and meta-analysis. *International journal of infectious diseases : IJID : official publication of the International Society for Infectious Diseases*, 94, 91–95. Advance online publication. <https://doi.org/10.1016/j.ijid.2020.03.017>

**Disparities in the Population at Risk of Severe Illness From COVID-19 by Race/Ethnicity and Income**  
**M Raifman and J Raifman**

**Appendix Table 4.** Number of Risk Factors by Race/Ethnicity in Sample Population, Under Age 65 Years

<b>Number of risk factors</b>	<b>White, %</b>	<b>Black, %</b>	<b>American Indian, %</b>	<b>Hispanic, %</b>
0	72.7	66.8	58.3	73.3
1	18.9	22.7	23.9	19.8
2	5.6	6.8	10.0	4.7
3	1.8	2.7	5.3	1.6
4	0.7	0.7	2.0	0.5
5	0.2	0.3	0.3	0.1
6	0.1	0.1	0.1	0.0
7	0.0	0.0	0.1	0.1

Matthew Raifman MPP , Julia Raifman ScD , Disparities in the Population at Risk of Severe Illness From COVID-19 by Race/Ethnicity and Income, American Journal of Preventive Medicine(2020), doi:  
<https://doi.org/10.1016/j.amepre.2020.04.003>

Appendix  
Disparities in the Population at Risk of Severe Illness From COVID-19 by Race/Ethnicity and Income  
M Raifman and J Raifman

**Appendix Table 6. Number of Risk Factors by Household Income in Sample Population, Under 65 Years**

Number of risk factors	<\$25,000, %	>\$25,000, %
0	60.4	76.0
1	24.0	18.1
2	9.3	4.2
3	3.9	1.2
4	1.6	0.4
5	0.6	0.1
6	0.2	0.0
7	0.1	0.0
8	0.0	0.0

Matthew Raifman MPP , Julia Raifman ScD , Disparities in the Population at Risk of Severe Illness From COVID-19 by Race/Ethnicity and Income, American Journal of Preventive Medicine(2020), doi:  
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Source: DC Positive Accountable Community Transformation



## GUIDING PRINCIPLES

**Principle 1:** Identifying, locating, and maintaining a profile of diverse racial/ethnic, immigrant, and limited English proficiency (LEP) populations within the community.

**Principle 2:** Establishing sustainable partnerships between community representatives and the public health preparedness system to assess, build, and sustain trust with diverse racial/ethnic, immigrant and LEP populations.

**Principle 3:** Engaging community representatives to design, implement, and evaluate emergency risk communication strategies, ensuring that they are culturally and linguistically appropriate.

**Principle 4:** Developing and testing drills and exercises that reflect the community and incorporate scenarios that explicitly involve culturally and linguistically diverse populations.

**Principle 5:** Building capacity within the public health preparedness system to respond to unique needs of diverse communities.

**Principle 6:** Measuring and evaluating emergency plans and actions from preparedness to recovery, ensuring the active involvement of participants from the public health preparedness system and the community in a continual process of review.

**Principle 7:** Coordinating information, resources, and actions across organizations and diverse communities to maximize compliance and adherence to preparedness practices.

**Principle 8:** Ensuring the availability of funds to develop and sustain activities that strengthen diverse communities' ability to prepare, respond to, and recover from emergency events.

Guidance for  
Integrating Culturally  
Diverse Communities  
into Planning for and  
Responding to  
Emergencies Toolkit:

Recommendations of  
the National  
Consensus Panel on  
Emergency  
Preparedness and  
Cultural Diversity

Office of Minority  
Health

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Data  
Inclusion  
Plan  
Prepare  
Economic Investment  
Respond  
Recover  
Remember

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Justice

Equity and  
Vulnerable  
Populations

# Emerging Research

## Short Term

- Genetics
- Treatment
- Risk factors
- Prevention
- Children
- Mental Health
- Safety
- Congregate Housing
- Incarceration

## Long Term

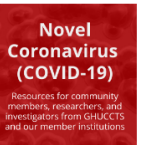
- Economic Impact
- Chronic Disease
- Emerging Disease
- Education
- Workplace Health
- Health Literacy



As the COVID-19 pandemic continues to evolve in the greater Washington DC area, we are following the directives of our respective universities and institutions (see the links below for these). As a result, most GHUCCTS physical offices are closed and we have shifted to virtual support for our research faculty, staff and trainees. All of our services can still be accessed remotely by using the appropriate links on our website. Our Clinical Research Units at Georgetown University Hospital and Howard University Hospital remain open for ongoing studies that require scheduled visits for already enrolled patients, but not for new enrollments or new protocols at this time.

Please submit any questions that are not addressed on our website via the "Contact" tab on the website.

- Georgetown University COVID-19 Resource Center
- Howard University COVID-19 Updates
- MedStar Health Research Institute (MHRI) COVID-19 Information
- U.S. Department of Veterans Affairs COVID-19 Response



## Howard University Researchers Respond to COVID-19

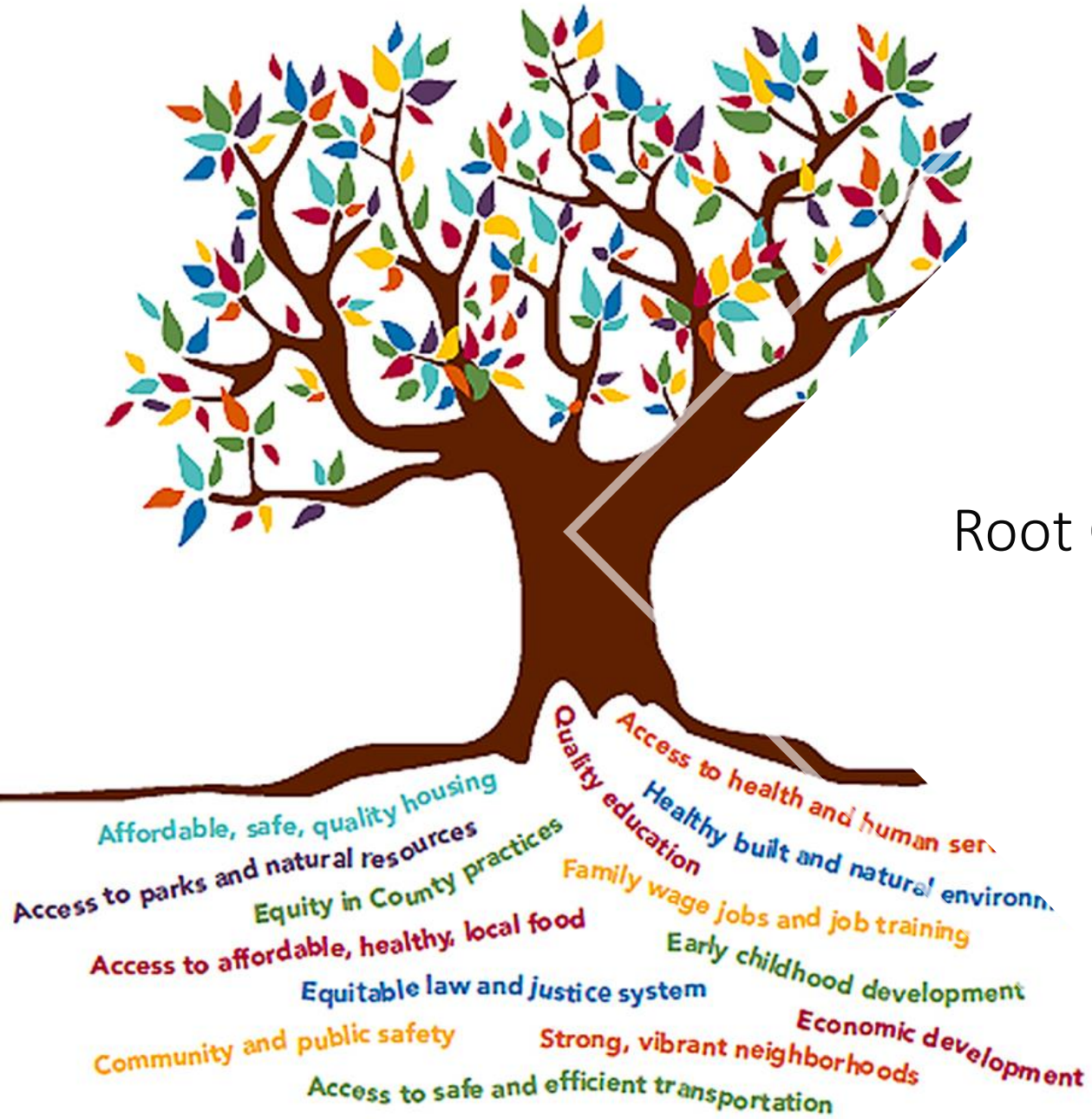
May 12, 2020 | Written by Howard Newsroom Staff



WASHINGTON (May 12, 2020) – Howard University has galvanized its research faculty to battle COVID-19. Howard University is a leading research-oriented university and boasts a large and experienced research faculty who are exploring the pandemic from various areas of expertise.

"Howard University is committed to using our resources to support and address the challenges we face as a nation related the COVID-19 pandemic," said **Howard University President Wayne A. I. Frederick**. "Our researchers are diligently working to find viable scientific





## Root Causes

