COVID 19

Arizona African American Virtual Town Hall Meeting
Sponsored by Mayo Clinic
in partnership with the Arizona Commission of African American Affairs
April 28, 2020
Dr. Michele Y. Halyard
Consultant and
Professor Radiation
Oncology
Mayo Clinic

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To ask a Question

Chat Feature
Marion Kelly
Director, Community and Business Relations
Mayo Clinic

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Dr. Eula Saxon Dean
Community Leader/Educator
Moderator

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Join key leaders in healthcare and community leaders for a candid discussion that highlights the underlying conditions that put our communities of color at great risk to health and well-being.
Learn about the direct impact of COVID-19 on the Black community, ways to lessen the impact of disease, and how we as a community can come together for a call to action.
Speakers

Mr. Cloves Campbell, Chair
Arizona Commission of African American Affairs

Dr. Edmond Baker
Medical Director, Equality Health

Dr. Angela Allen
Clinical Instructor, ASU College of Nursing and Health Innovation Scholar
Speakers

Dr. Brittane Parker
Hospitalist, Mayo Clinic

Dr. Chyke Doubeni, Chair
Center for Health Equity & Community Engagement Research
Mayo Clinic
Mr. Cloves Campbell
Chair, Arizona
Commission of African American Affairs

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Arizona Commission of African-Americans Affairs

Arizona’s COVID-19 Actions to Date
• The following is an abbreviated list of the actions taken by the State of Arizona to combat the COVID-19 pandemic. A full list is available at “azgovernor.gov”.

January 27th: The Health Emergency Operations Center was Activated
• Opened the Health Emergency Operations Center after the first reported case of COVID-19 in Arizona to monitor the situation at the local, national, and international level.
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March 2\textsuperscript{nd}: Started Testing for COVID-19 at the State Lab
• Became one of the first states in the nation to be certified by the Centers for Disease Control (CDC) to test for COVID-19.

March 11\textsuperscript{th}: Declared Public Health Emergency
• Gave Health officials more funding to fight COVID-19
• Designated ADHS as agency leading Arizona’s response to COVID-19
• Activated State Emergency Operations Center in addition to the Health Emergency Operations Center to coordinate resources
• Waived certain licensing requirements to increase access to healthcare
• Gave State emergency procurement authority to purchase supplies

March 12\textsuperscript{th}: Passed New State Public Health Funding
• $55 millions to AZ. Public Health Emergency Fund.
March 15th: Closed Schools to address staffing shortages
March 16th: Issued New Guidance to Cancel Gatherings
March 19th: Activated the Arizona National Guard
March 19th: Released New Guidance for Dining Establishments and other Businesses
March 20th: Expanded Access to Unemployment Insurance
March 21st: Secured PPE for county Health Departments
March 23rd: Issued Executive Order to Accentuate Tracking of COVID-19
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March 25th: Requested Special Healthcare Enrollment Period
March 28th: Signed a bi-partisan State Budget Agreement
March 30th: Announced an agreement with states banks to protect Small Business
April 2nd: Issues order allowing certain prescription refills without having to see a Doctor
April 7th: Issued Executive Order Expanding COVID-19 Data Gathering
April 9th: Receives approval for online SNAP Purchases from USDA
April 22nd: Executive Order is issued Removing Restrictions on Elective Surgeries
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As we await the decision to keep May 1st as the day to remove the closure of businesses, I will provide updates as they are released. If anyone has questions, feel free to contact me directly.

cloves.campbell@azcaaa.az.gov
602.542.5484 (office)
602.526.3073 (cell)
What is it?

How is it spread?

Who is at risk?

Why the African American Community?

When to seek help?

Where to get care?
What is the COVID 19?

- Coronaviruses are a type of virus.
- This new coronavirus has not been identified in the past.
- Another name for this coronavirus is COVID-19.
- Most coronaviruses cause mild diseases.
- But COVID-19 causes severe respiratory disease.
- Similar coronaviruses:
  - SARS-CoV China 2002
  - MERS-CoV Saudi Arabia 2012
How is the virus spread?

- Person to Person
- Through respiratory droplets
  - Coughs
  - Sneezes
- Close contact
  - less than 6 feet
  - more than 10 minutes
Goal is to slow the spread and reduce its effect on the population
Why control the virus?

- Goal is to slow the spread and reduce its effect on the population

*Adapted from CDC / The Economist*
## COVID-19 Statistics *04/26/20*

<table>
<thead>
<tr>
<th></th>
<th>Total Confirmed Cases</th>
<th>Total Deaths</th>
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</thead>
<tbody>
<tr>
<td>World</td>
<td>2,968,627</td>
<td>206,402</td>
</tr>
<tr>
<td>US</td>
<td>928,619</td>
<td>52,459</td>
</tr>
<tr>
<td>Arizona</td>
<td>6,526</td>
<td>275</td>
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<tr>
<td>Maricopa</td>
<td>3,351</td>
<td>121</td>
</tr>
</tbody>
</table>
Who is highest risk for serious illness?

- Older adults (> 60yo)
- Chronic diseases (heart disease, lung disease, diabetes)
- Immunocompromised (cancer, HIV, transplant patients, chronic steroids)
Disparity in Medicine

- African Americans are at higher risk for:
  - Heart Disease
  - Lung Disease
  - Diabetes

- African Americans high poverty rate

Access to healthcare....
### African American COVID-19 Statistics

*04/26/20*

<table>
<thead>
<tr>
<th>State</th>
<th>% AA</th>
<th>% AA Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>13</td>
<td>26*</td>
</tr>
<tr>
<td>Arizona</td>
<td>3</td>
<td>3*</td>
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<tr>
<td>Mississippi</td>
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<tr>
<td>Michigan</td>
<td>14</td>
<td>41</td>
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<tr>
<td>Louisiana</td>
<td>33</td>
<td>59</td>
</tr>
<tr>
<td>Chicago</td>
<td>30</td>
<td>56</td>
</tr>
</tbody>
</table>

US 65% of race not specified  
AZ 29% of race not specified
Clinical Signs and Symptoms

- High Body Temperature 99% (100.4°F)
- Loss of Appetite 84%
- Dry Cough 82%
- Very Tired 70%
- Shortness of Breath 40%
- Muscle Soreness 35%
- Thick Mucus 33%
Signs and Symptoms less than 10%:

- Headache
- Confusion
- Runny nose
- Sore throat
- Coughing up Blood
- Vomiting
- Diarrhea
- Loss of Smell
- Loss of Taste
COVID-19 Severity

- Mild – 81% of cases
  - No or mild pneumonia

- Severe – 14% of cases
  - Shortness of Breath, Low Oxygen in Blood

- Critical – 5% of cases
  - Lung Failure, Kidney and Liver Failure

- Death Rate – 2.3%
Best Practices

- Wash hands with soap and water for 20 seconds
- Avoid touching face, nose and mouth with unwashed hands
- Avoid close contact (6 feet/10 minutes)
- Stay at home if you are sick (except to get medical care)
- Cover coughs and sneezes
- Wear face cover or mask
- Clean and disinfect frequently touched areas
Wear Facemask?

- Recommendations are:
  - cloth face coverings in public settings where other social distancing measures are difficult to maintain
  - masks preserved for specific situations
When to seek care

- Fever of 100.4°F or greater
- Worsening Cough
- Worsening Shortness of Breath
- Inability to keep down food or fluids
- Excessive Tiredness or Confusion
- Any other concerning symptoms

Call your primary care provider first.

If your symptoms are consistent with a possible COVID infection, testing should be considered.

A note about testing...
Hospitalization

- Evaluation for COVID-19 and other respiratory diseases
- Treatment
- Monitoring for worsening symptoms
- Follow up with primary care provider after discharge
Self Care

- Self evaluation
- Sleep
- Schedule Breaks
- Exercise
- Continue scheduled mental and medical care
Improving outcomes

• Continue best practices and self care
• Expand the STAY AT HOME initiative
• Improve the stream of education
  • Culturally competent
  • Available to masses
• Improve resources
  • Community testing
  • Contact tracing
  • increase community partnerships
• Limit your exposure in the community
• Advocate for policy initiatives that address issues that concern our community

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On Behalf of Mayo Clinic, I want to once again welcome you to this Virtual Town Hall to address existential threat to the black community. I am the Director of the Center for Health Equity and Community Engagement Research. The Center was established by the Mayo Clinic with a:

**Vision** to: Realize the ideal of transforming communities for everyone to achieve the highest possible level of wellbeing and health.

**Mission** to: Build on Mayo’s values to create innovative solutions that address health disparities throughout the life course and advance the ideal of health equity, locally and globally.
The COVID-19 pandemic originated in a foreign country and introduced into the country through international travel.

Yet, it has affected blacks the hardest – a group that is less likely to travel abroad.

Among patients with COVID and known race, 30% are blacks: blacks are only about 13% of the US population.

In New York state, blacks die of COVID-10 at 4 times the rate in whites.

In Louisiana, 33% of the population is black, but 59% of people dying of COVID are blacks.

This has hit the African American community very hard and many people listening have experienced it, have family member with COVID, know of someone else or at least know about it from TV.
Reason: This is because of social factors and social injustice that has created the conditions for this:

Employment in high-risk occupations for COVID-19 infections such as transportation, utility and other service industries

Use of public transportation

Living conditions
  - Overcrowding
  - Homeless
  - Multiple generations in the same home (with older family members with health condition)
  - Caregivers

Need to survive – unemployed or in jobs in which taking time off is not option

Not having protective devices

Not having trusted source of information.

Not having access to testing and containment measures

Barriers to health care and access to clinics and telehealth resources
  - Some community clinics just closed down

Access to the internet for medical care and information
Office of minority health: [https://minorityhealth.hhs.gov/](https://minorityhealth.hhs.gov/)

Because of social injustice, a higher percentage of blacks have conditions that increase the risk of dying from COVID-19 when infected:

- Cancer, diabetes, high blood pressure, heart disease, kidney failure, asthma and other conditions are more common in black communities
- Caregivers of people with those conditions may be more likely to get exposed because of their working conditions

Blacks are getting and dying from COVID-19 at a higher percentage than represented in the population.

- Among people for whom race is known, 30% of known cases are blacks
- In New York State, the death rate in blacks in 4 times higher than that of whites
Consequences:
The markedly higher, but preventable, fatality rates in black and other minority communities from COVID-19 are only the tip of an iceberg of inequities. Social injustice create conditions that increase acquisition and transmission of COVID-19. Systemic policies and conditions that have existed for decades recreate persistent social inequalities. COVID-19 unveiled effects of systemic policies and conditions that have existed for decades as manifestations of social determinants of health (SDH). Unmet social needs have unfortunately flourished in minority communities and will be exacerbated by the massive social, economic, and health fallout from COVID-19. If nothing is done, COVID-19 the massive social, economic, and health fallout from COVID-19 will worsen social inequalities.
Some things we are doing

Researchers at Mayo are existing community partnerships to:

- Help community leaders communicate information to friends and contacts to fill gaps in information (Drs. Mark Wieland and Irene Sia)
- Translate information to other languages
- Work with churches to develop emergency preparedness plans
- Conduct research to understand how working with the community directly can improve access to rapid testing and information

Mayo Clinic is coordinating clinical trials on the use of convalescent serum from the blood of patients who have recovered from COVID-19
Can this crisis serve as a turning point for effective policies and actions to improve the health of minority communities?
STAYING SAFE

STAYING WELL

BE PREPARED, BE INFORMED
- Know the symptoms
- Talk with family about how to protect yourself and each other
- Make a plan for other health and family needs

DON'T GET IT
Don't exposed:
- Social distancing
- Wear a mask if you have to be outside
- You can't always tell who has COVID-19
- Control stress, stay connected, stay fit

DON'T SPREAD
If someone in the family family is exposed:
- Seek help to quarantine in a safe place away from others
- Avoid contact with other family members till you are not contagious

IF YOU BECOME SICK:
- Contact your doctor so you can get tested
- If COVID-19 positive, get medical help
- 95-99% of people with COVID-19 do not die from it
STILL I RISE

~ Maya Angelou

STOP THE SPREAD OF COVID – there is no cure or vaccine now.
There is nothing wrong with the DNA of black people.
The disparities are due to social injustice in black communities.

BE INFORMED

Unite, educate and organize.
Participate in clinical studies.
Donate blood through the American Red Cross if you recovered from COVID-19.

GET INVOLVED

Demand answers from scientists and policy makers.
Take personal responsibility.
Write a better story for the next "COVID".

Still I Rise “UP”
# Other Things Individuals Can Do

<table>
<thead>
<tr>
<th>Be Aware</th>
<th>Health</th>
<th>Advocate</th>
<th>Participate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know the data about your community:</td>
<td>Despite the challenges of everyday life, find time for your health and wellbeing</td>
<td>Advocate for and partner in research on the priorities for your communities</td>
<td>Participate in research: Yes, experiments are the only way to know what will work for black people</td>
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