Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
South, in implementing more culturally tailored educational tools to ensure that accurate HIV knowledge is strengthened as part of ongoing care.

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Advancing Health Equity through Interprofessional Education and Community Service

Meryl S. McNeal, Ph.D., MA. Morehouse School of Medicine

Morehouse School of Medicine’s mission is to improve the health and well-being of individuals with emphasis on underserved populations in Georgia and the nation. In pursuance of these goals, Morehouse School of Medicine recruits and retains minority students in STEM areas to increase the diversity in the healthcare workforce. Increased diversity in the health workforce assists in the achievement of health equity and supports meeting the healthcare needs of a multicultural population. A diverse and competent workforce will ultimately create a more culturally competent workforce and improve care for the underserved (Cohen, Gabriel, & Terrell, 2002).

Morehouse School of Medicine’s diverse student body, including students studying Medicine, Public Health, Physician Assistant Studies, and the Biomedical Sciences, provided poster presentations on their research and community service activities in the Atlanta metropolitan area. Student abstracts covered a broad list of topics and included a wide array of disciplines; and 4) to enhance MSM student opportunities to interact, share their research, and discuss their results with practicing health professionals through professional organizations; and 4) to enhance MSM’s success in preparing the next generation of healthcare professionals to become competent and empathetic healthcare providers trained to meet the need of underserved communities.

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Florida Efforts to Address Covid-19 A Model for National Replication

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Lisa Merritt, MD, Executive Director, Multicultural Health Institute
Queen Meccasia Zabriske, PhD, Assistant Professor Sociology, New College
Florida
Kristopher Fennie, PhD, Assistant Professor, Epidemiology, New College, Florida
Janice T.Boocher, MS, Director of Community Resilience Development, Resilient American Communities; MHI Scholars, Olympia Fulcher, Alia Quadir, Prince Guamina, Shana-Kay Brown

Exacerbated by systemic health disparities, the burdens of COVID-19 disproportionately fall on Florida’s underserved communities, including African American and Hispanic populations. For instance, though comprising only 15% of Manatee County’s population, Latinx individuals are 25% of all COVID cases. The Multicultural Health Institute (MHI) is responding with grassroots efforts to address the intersection of these disparities with Florida’s COVID-19 crisis.

MHI’s efforts include the virtual expansion of an existing community coalition, consisting of health experts, community partners, social and faith based organizations, volunteers, and students, to generate solution-oriented interventions. Guided by timely data acquisition and information sharing on the community web based dashboard, this coalition is deployed to identify health needs, promote collaborative inclusion, and create tools for health prevention and education. Using local zip code case data, MHI identifies real-time data shifts and targets affected areas with advanced care and support. Weekly Zoom calls update partners in these shifts, as well as in available social services and PPE. “Safekeepers”, a cadre of specially trained community health workers, interface with and connect vulnerable BIPOC, homeless, LGBTQ and other populations to health, mental health and psychosocial resources. The Link’s Phone Bank of dedicated health and psychosocial professionals serve as a strong reservoir to reinforce care navigation and coordination efforts.

MHI also advocates for equity in health data collection. In Sarasota County alone, 40-50% of COVID cases lack race or ethnicity data. A community coalition can overcome the obstacle of missing data to identify trends absent from standard data analysis.

To date, these efforts have reached over five thousand families and distributed 11,000 conventional and hand made masks. Resources and coalition-building strategies adaptable to any NMA region are provided, linking these efforts to the broader struggle to resolve health inequities among vulnerable populations. More information can be found at: https://resilienceystem.org/dashboards/sarasota-county/

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Contributions to Health Disparities Observed in the COVID19 Pandemic

Aarya Rampirasad, Fahad Qureshi, Bridgette Jones L. Jones, MD. University of Missouri-Kansas City School of Medicine

Background: Disproportionate impact of COVID19 has been observed throughout the United States among black and brown communities. Wealthier societies have better health outcomes while on the lower end, they are at higher risk of chronic disease. This is related to racial divisions, facilitated by governmental redlining. We aimed to determine social determinants associated with COVID19 disparities in Kansas City, Missouri.

Methods: We identified the number of COVID19 cases per zip code based on data published from the KC, MO Health Department website on May 5, 2020. Next, we found the number of primary health care providers (internal medicine, pediatrics, and family medicine) in individual zip codes within KC, MO via Healthgrades. Finally, we obtained primary demographic information and median income data via Zipdata and the KC Business Journal website, respectively.

Results: Analyzing COVID19 cases vs median income, with a correlation coefficient of .779 and P-value of 0.023, showed that zipcodes with median incomes of >60,000 dollars had 5 or less cases while median incomes of ~25,000 dollars had on average 30 cases. The relationship between socioeconomic factors, COVID19 cases and healthcare providers was analyzed via a T-Test with the following results:

Conclusion: COVID19 cases in KC were related to income level. As median income grows, the health risk gap becomes smaller. We also observed differences in the number of health care providers in relation to COVID19 cases. Majority black communities tended to have less access to primary care providers; being white and having a higher median income creates a large advantage over redlined minority communities.

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