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
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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 (MHI) 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).

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 afflicted 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 Links 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://resilience.system.org/dashboards/sarasota-county/

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Contributions to Health Disparities Observed in the COVID19 Pandemic
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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.1 This is related to racial divisions, facilitated by governmental redlining.2 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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Clinicians have commented that ‘your zip code means more than your genetic code.’ Communities such as Chicago’s Fuller Park lack key socioeconomic opportunities that are correlated with lower health literacy rates, contributing to health disparities which have further exacerbated amid the COVID-19 pandemic. Despite making up only 30% of the city’s population, African Americans are disproportionately impacted by COVID-19, accounting for 44% of cases and 48% of deaths in Chicago. Specific risk factors such as diabetes, hypertension, coronary conditions, and old age are prominently observed in these communities, making them more vulnerable to acquiring COVID-19. The Dance PAMOJA Challenge (DPC), coordinated by the Red Clay Dance Company based in Chicago, provides free, biweekly dance classes and education on diabetes, hypertension, COVID-19, nutrition, and resilience as well as resources that can be accessed virtually on the Challenge blog, or the Resilience Portal. The challenge fosters a connection between community members and occupies trust within their network of activists. The Pamoja Dance Cohort Study is a 12-month, prospective, open-cohort community based participatory research study, characterizing specific health outcomes among challenge participants that are associated with COVID-19 infection. The study observes the health status of DPC dancers, who are armed with information and support regarding COVID-19 fare relative to their age, zip code, ethnicity, and health status in context to COVID-19 hospitalization, death, and risk factor status. Challenge participants are assessed biweekly via a REDCap questionnaire recording their blood pressure, blood sugar level, self-evaluated COVID-19 status, and reflection of their mental resilience. Both qualitative and quantitative outcomes for DPC participants will be evaluated within this paper at the conclusion of this study. Keywords: Coronavirus (COVID-19), Dance Pamoja Challenge (DPC), Health disparities, Community-based participatory research, Resilience

**Addressing COVID-19 in the African American Community**

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This presentation will define the scope of COVID-19 in the African American community. According to the Centers for Disease Control and Prevention (2020), severe cases of COVID-19, the illness caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), are disproportionately affecting African American communities. Cities that are being disproportionately affected: in the state of Wisconsin, Milwaukee County population is 26% Black; however, African Americans make up almost half of Milwaukee County’s 945 cases and 83% of its 27 deaths. In Chicago, IL, over 70% of those who have died are African American, but are only 30% of the city’s population, according to recent data from the city; African Americans are dying at 7 times the rate of others in Chicago. These same types of alarming numbers are being reflected in places like Detroit, New Orleans, parts of North Carolina and Mississippi. It is known that the social determinants of health (SDOH) play as important a role in a person’s health as genetics or medical treatment. Whether it is literacy, access to technology, or systemic racism, the confluence of these factors cannot be ignored during this pandemic. In states that did not expand Medicaid, it is anticipated that the population is sicker at baseline and will have worse health outcomes. Lastly, the five categories of COVID-19 patients and the corresponding treatment guidelines will be reviewed.

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**A New Approach to Health Disparities: Using Barbershops to Improve Knowledge and Perceptions of HIV and PrEP in African American Men**

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**Background:** HIV is a life-threatening opportunistic infection. Despite advancements in HIV treatment and prevention, rates of incidence have been increasing particularly in young African-American males. Recent studies suggest that barbershops serve as effective venues for hypertension and sexual health education in this population. For this study our primary objective was to assess the efficacy of a minority medical student led barbershop-based intervention in improving HIV knowledge and misperceptions.

**Description:** Our intervention consisted of minority medical students recruiting customers in a barbershop in Detroit, MI to participate in a survey that assessed their knowledge of HIV, PrEP, self-perceptions of HIV risk as well as risk behaviors. They were then given a brief PowerPoint presentation to educate them on various aspects of HIV such as its prevalence, treatment, progression, common myths and methods to prevent transmission. After the presentation, participants were asked to recomplete the survey.

**Outcomes:** Approximately 35 participants completed the biographical survey and 26 participants completed the pre and post-intervention survey. Of the 35 participants, 75.86% (22) had not heard of PrEP and none admitted to taking PrEP before. Participants whom completed the pre and post-intervention surveys showed improved knowledge of HIV, PrEP and incidence rates of HIV. Interestingly we found that a statistically significant number of participants agree that a barbershop is an appropriate venue to educate men on preventing sexually transmitted diseases such as HIV/AIDS (p=0.027).

**Conclusions:** Our study not only helped support minorities in training but also demonstrates that our medical student led intervention was effective at improving HIV education. Despite our small sample size, we found significant support to show that barbershops are an appropriate venue for recruiting African American males and holding this type of intervention. We believe our success was achieved in part by the involvement of minority health care providers and medical students demonstrating the importance of diversity inclusion among health care providers.

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**Table 1. Demographic Data on Barbershop-based HIV Intervention Participants**

| Gender          | n=35 |
|-----------------|------|
| Male            | 25   |
| Female          | 10   |

| Race            |      |
|-----------------|------|
| African-American| 32   |
| White           | 2    |
| Other           | 1    |

| Age             |      |
|-----------------|------|
| <18             | 1    |
| 18-24           | 5    |
| 25-34           | 18   |
| 34-54           | 8    |
| 54-74           | 3    |