



Impact of the COVID-19 Pandemic on Health Inequities

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In March and April, 2020, NYC Was the COVID-19 Epicenter of the World



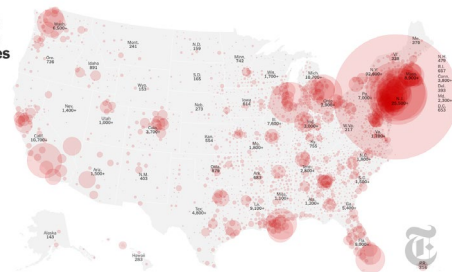
New York City Region Is Now an Epicenter of the Coronavirus Pandemic

The city and its suburbs account for roughly 5 percent of global cases, forcing officials to take urgent steps to stem the outbreak.

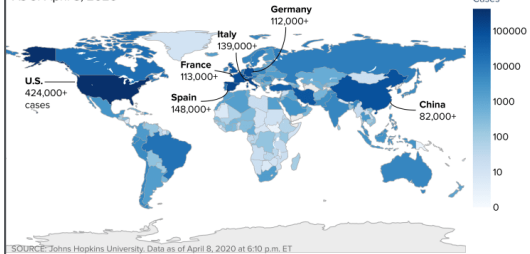


The streets of Manhattan were eerily quiet on Sunday, as cases of the coronavirus in the city soared.
Jeenah Moon for The New York Times

Coronavirus Cases in the United States

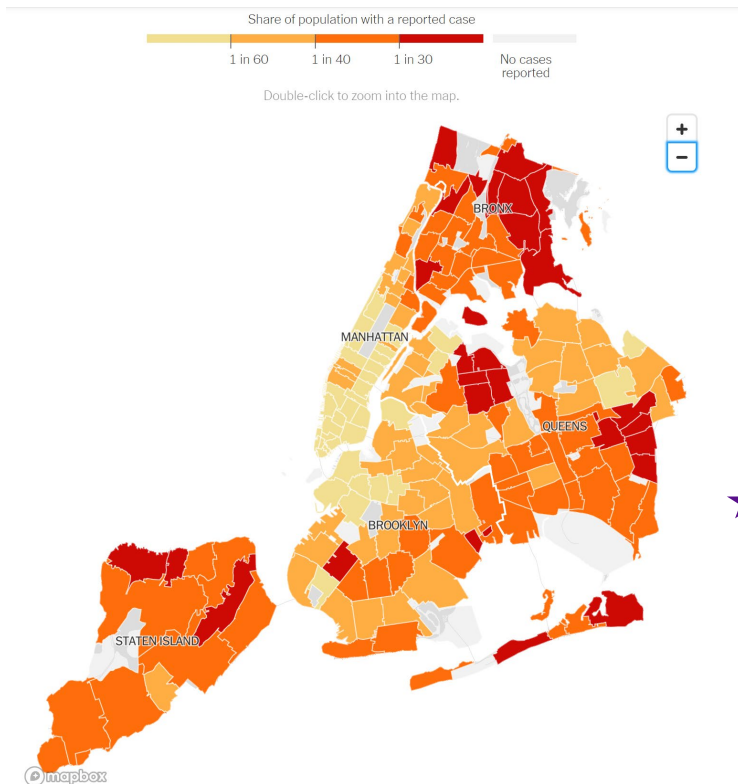


Reported coronavirus cases worldwide
As of April 8, 2020



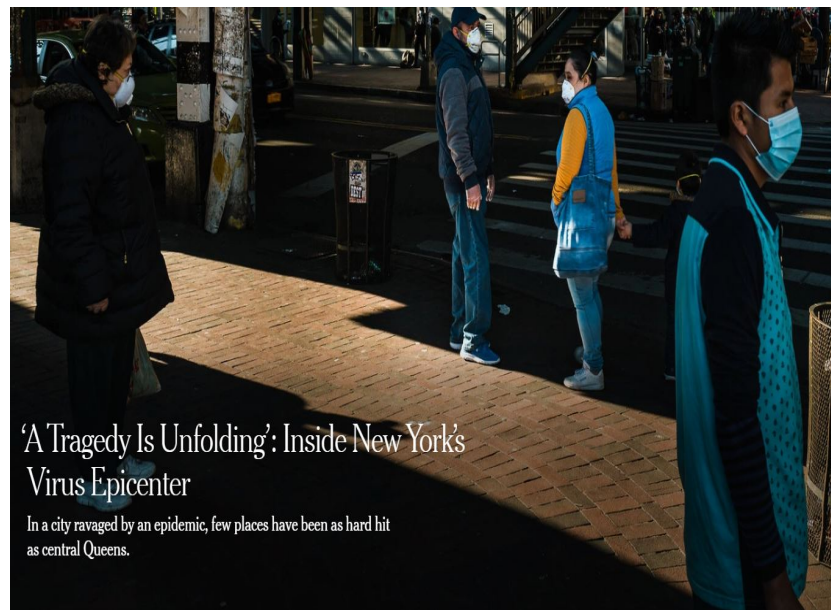
COVID Burden Varied by Neighborhood, April 2020

Cases per capita

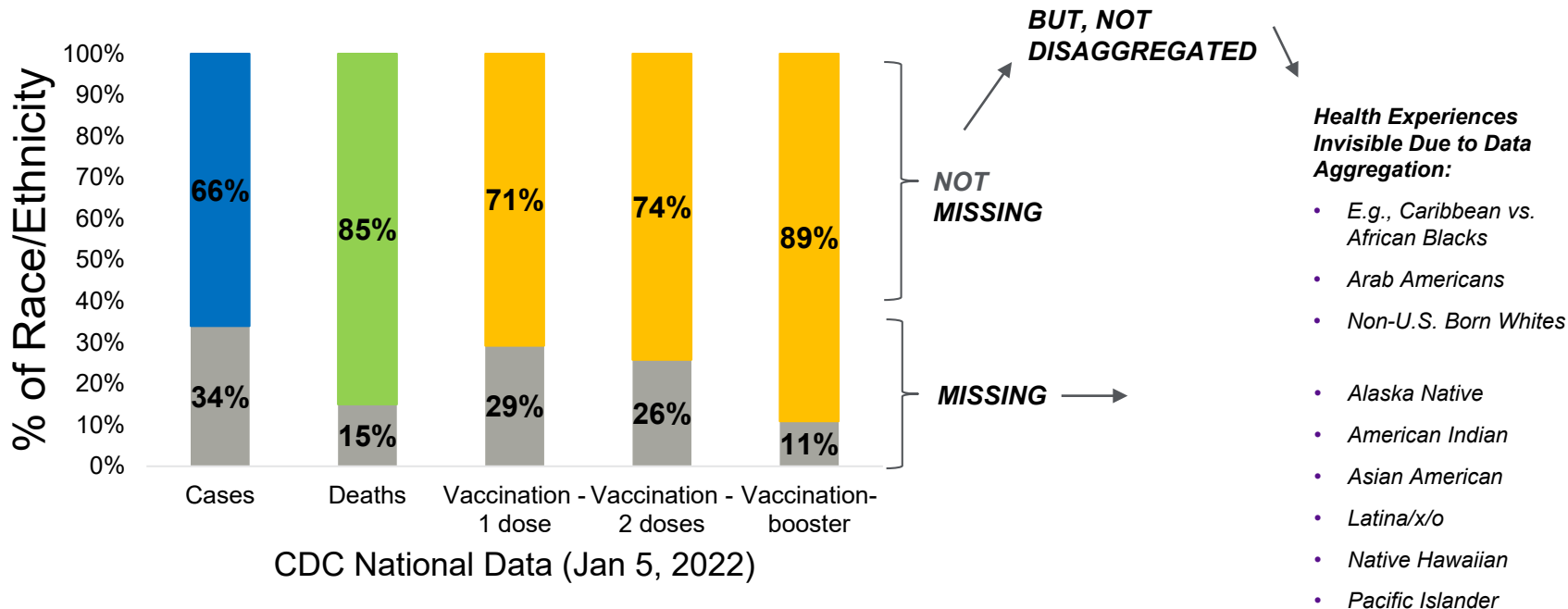


Source: New York City Department of Health and Mental Hygiene.

Race/Ethnicity Data by Zip Code
Not Available: Neighborhoods
Hardest Hit were Socially
Disadvantaged & Predominantly
Racial/Ethnic Minorities

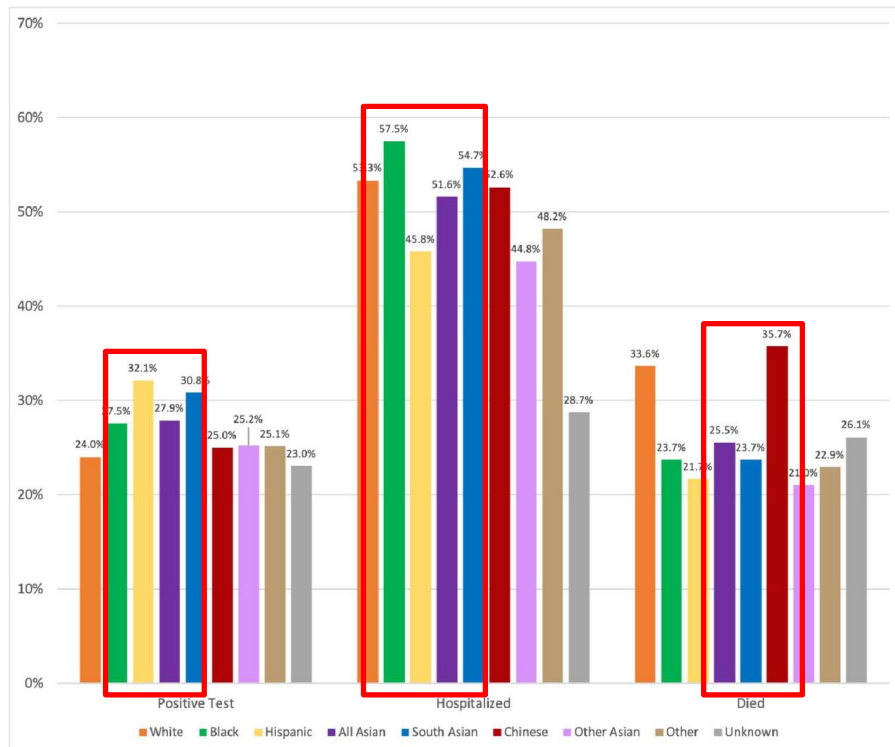


Poor Quality Race/Ethnicity Data Perpetuates Inequities



Disaggregating Asian Race Reveals COVID-19 Disparities among Asian Americans at New York City's Public Hospital System

- Patients tested for SARS-CoV-2 at NYC Health and Hospitals (H+H)
 - March 1, 2020 to May 31, 2020, n=85,328
- Applied surname matching
 - Sample size of Asian Americans nearly doubled from 5,601 to 9,893
- Results
 - South Asians: high rates of positivity and hospitalization
 - Chinese: highest mortality



1. Kalyanaraman MR, et al.. 'Disaggregating Asian Race Reveals COVID-19 Disparities Among Asian American Patients at New York City's Public Hospital System'. *Public health reports*. 2021 0:333549211061313- (# 5093052)

Program Name: New York City Community Engagement Alliance to End COVID-19 Disparities (NYCEAL)

Priority Populations: Black, Latino/a/x, Asian populations across the five boroughs including: low-income community members, LGBTQ+ populations, people who were formerly incarcerated, and food insecure populations

Goals



- 1 Support **research** on awareness, education, and mistrust around COVID-19 infection and transmission, and promote **vaccine acceptance and uptake**.
Promote inclusion of disproportionately affected ethnic/racial minority populations in **COVID-19 clinical trials** (prevention, vaccine, and therapeutic), with a particular emphasis on COVID-19 therapeutic trials.

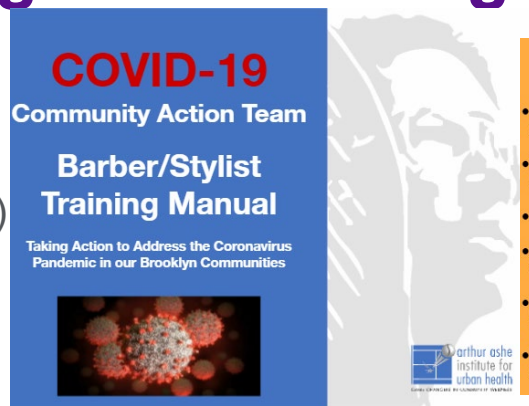
CBO Partner Network: Arthur Ashe Institute for Urban Health; Harlem Congregations Community Improvement; Make the Road NY; Council of Peoples Organization; Chinese-American Planning Council; Korean Community Services; Hamilton Madison House; New York Common Pantry; Health Justice Network; the LGBT Center; CAMBA; India Home; Henry Street Settlement; GLITS; Voces Latinas; Collective TRANSgrediendo; Bread & Life; Latino Commission on AIDS; Union Settlement; Riseboro; African Services; Staten Island Partnership for Comm Wellness; SCAN-Harbor; Hetrick-Martin Institute --- **and our network is growing!**



Trusted Gatekeepers: Community Health Workers and Leaders as Messengers and Navigators

STRATEGIES AND APPROACHES

- Motivational interviewing
- Community-based education, navigation by trusted gatekeepers (CHW, barbers/ stylists)
- Direct linkage to mobile vaccination van
- **PARTNERS:** FBOs, Public housing sites, Barbershops, salons, CBO social service groups,
- **FORMAT:** 1:1 or small group conversation circles
- **CHANNEL:** In-person at community sites or virtual outreach and engagement via partner social media platforms and channels



NYCEAL Vaccine Van Event held at Baitul Mamur Masjid



KCS Day of Action (Street Outreach – Far Rockaway): Partnership with REMA 4 US

Creating Community-Facing In-Language Content

CSAAH Online Video Library, Examples

How to Join a Zoom Meeting (desktop)

- 1.) Use your internet browser (Safari, Firefox, Chrome, etc.) and type in zoom.us in the search bar OR click on the link provided in the invite you received.
 - a. If you typed in zoom.us, go to Step #2.
 - b. If you clicked on the link in the invite, go to Step #3.

(Please refer to the following invite for this example)

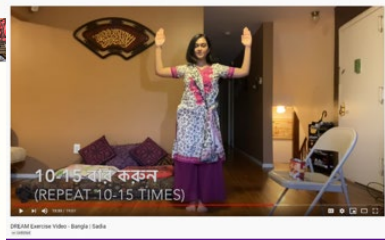
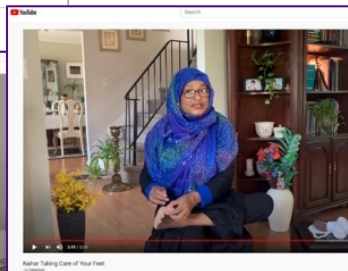
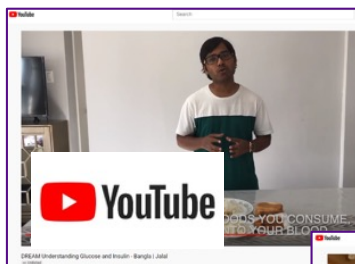
Subject: My Meeting

Location: <https://mylanguange.zoom.us/j/9880332041?pwd=5tJGVGV1qbGhVwVWVudUdREXZpQT09>

Start time: Wed 10:00 AM 5:00 PM ☐ All day event

End time: Wed 12:00 PM 6:00 PM

Meeting ID: 988 8033 2041



Adult vaccinations (at least 1 shot) June & December

Age group

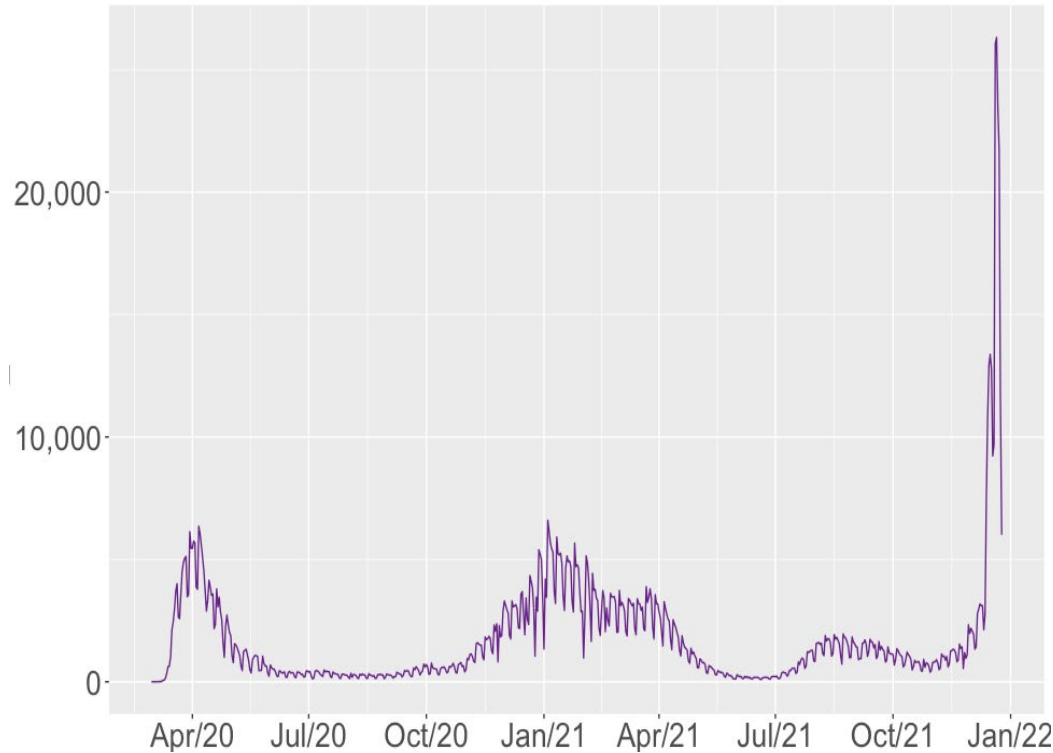
Age	June	December
18-24	47.0	94.8
25-34	53.2	87.9
35-44	61.2	96.4
45-54	66.3	94.8
55-64	73.1	95.5
65-74	77.1	92.8
75-84	69.7	82.1
85+	55.5	65.8

Race/ethnicity

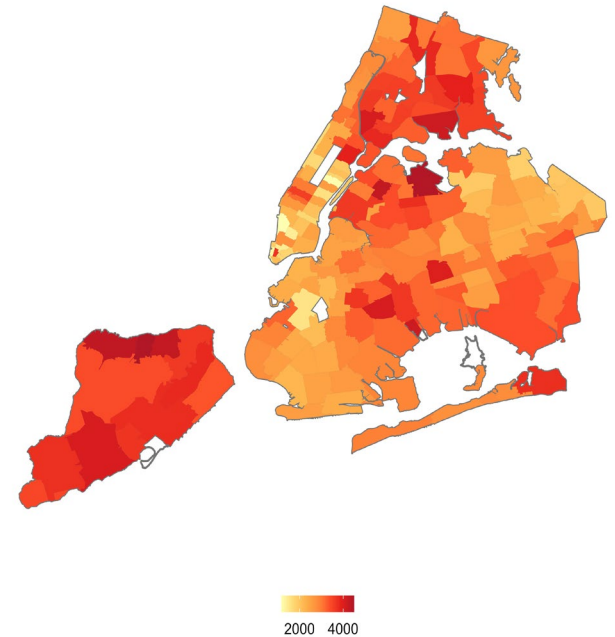
Race/ethnicity	June	December
Asian/NHPI	77.3	99
Black	35.2	65.8
Hispanic/Latino	46.7	86.6
Native American/Alaskan Native	71.4	99
White	52.5	70.9

Source: NYC DOH

COVID-19 Cases per day in New York City 2020-2021



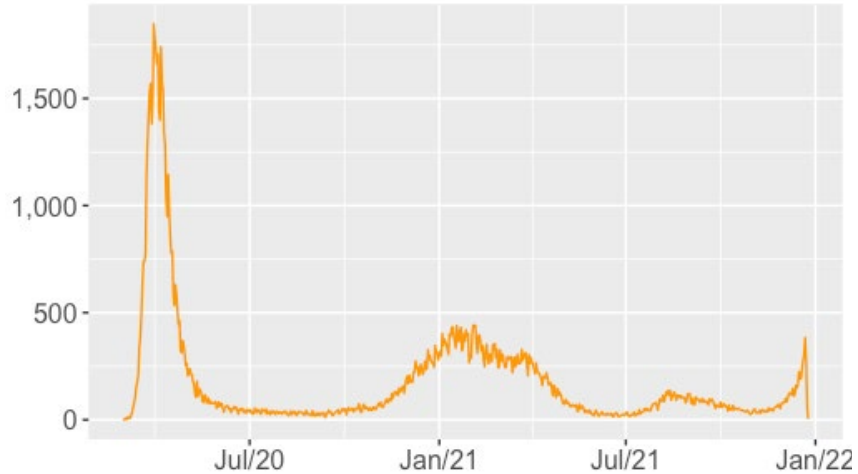
COVID Burden Varied by Neighborhood, Jan 1, 2021



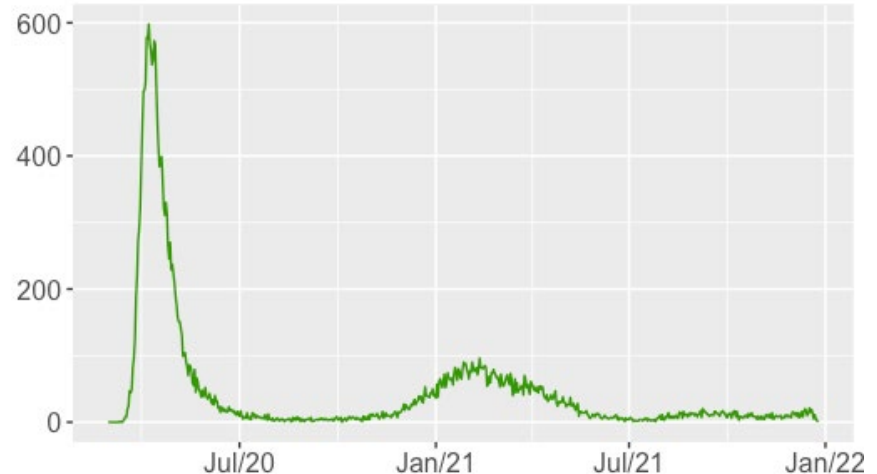
Source: NYC DOH

COVID-19 Hospitalizations and Deaths 2020-2021

Hospitalizations



Deaths



Source: NYC DOH

Lessons Learned from Vaccine Efforts: Implications for Persistent Inequities and Clinical Trials Engagement

- Racism and historical mistrust in science
- Misinformation and disinformation
- Vaccine hesitancy – i.e. vaccine's long term effects, fertility
- Instability/inconsistency of information from federal/state
- Lack of trusted sources of health information
- Complicated scientific language
- Language barriers
- Need for expertise in cultural and language adaptation
- Lack of incentives
- Time constraints – loss of time and money
- Immigration status
- COVID-19 pandemic fatigue
- Testing access and resources

Clinical Trials Engagement and Recruitment

- Racial and ethnic minority communities historically underrepresented
- High levels of mistrust of science and participation in research
- Heightened political divisiveness, mistrust and disinformation
- Social determinants of health influences engagement, recruitment and retention
- Misclassification and poor data quality is inherent in current data systems
- Unconscious biases of research teams and providers
- Complexity of scientific terminology, risk-benefit calculations
- Need for in-language and culturally-appropriate materials

Sustaining and Strengthening Safety Net Systems

- Shoring up front-line and healthcare worker infrastructure
- Strengthening and updating data systems and infrastructure
- Building up fusion centers and other state-of-the art technology
- Payment reform to ensure financial stability
- Payment reform for community health worker/patient navigator workforce
- Ensuring adequate pandemic response capacity

Recommendations

Social determinants of health to engage communities where they are at and address needs that impact engagement in vaccines, prevention and clinical trials

Community-centered approaches to build trust in science and public health: trusted messengers (CHWs/CBOs/FBOs) through **repeated interactions and dialogue**

Build community capacity (CHW support, masks, test kits, facilitated testing access)

Cultural and linguistic adaptation in collaboration with community partners and members and guided by theory to develop trusted messages

Address **misinformation and disinformation** and build community media literacy capacity

Utilize **intergenerational strategies and social media**

Community-clinical linkages in partnership with CHWs/community navigators

Support **disaggregated data collection** and improve **quality of data systems**

Strengthen safety net systems serving low-income and minority communities