



CCTSI Community Engagement & ACCORDS Education:

Community Engagement Forum

July 29, 2020

Support




Community

COVID-19 Resource List

Access the list here:

<https://bit.ly/PracticeCommunityCOVIDResources>



SNOCAP / CCTSI Community Engagement COVID-19 informational video Series

Access the Series here:

<https://bit.ly/SNOCAPCOVIDVIDEOS>



The background image shows an outdoor scene with a weathered concrete wall. On the left, there is a black trash can with the word 'Litter' on it. The wall has various graffiti, including the words 'lets love our community' in black spray paint. To the right, there is a large, dark, stylized gear or skull-like graffiti. A white utility box is mounted on the wall, partially covered by the graffiti.

CCTSI Community Engagement Pilot Grants: Request for Applications available August 15, 2020

CCTSI Community Engagement Website: <https://cctsi.cuanschutz.edu/funding/cepilot>


CCTSI Community Engagement: Consultations

Ask experts for advice and guidance on your research project



<https://www.cuanschutz.edu/cctsi/community/programs>

Email Kaylee, Kaylee.rivera@cuanschutz.edu for more information or to request a consult.



ICYMI: Watch the previous Community Engagement Forums

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WELCOME!



Community Engagement

...the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people.

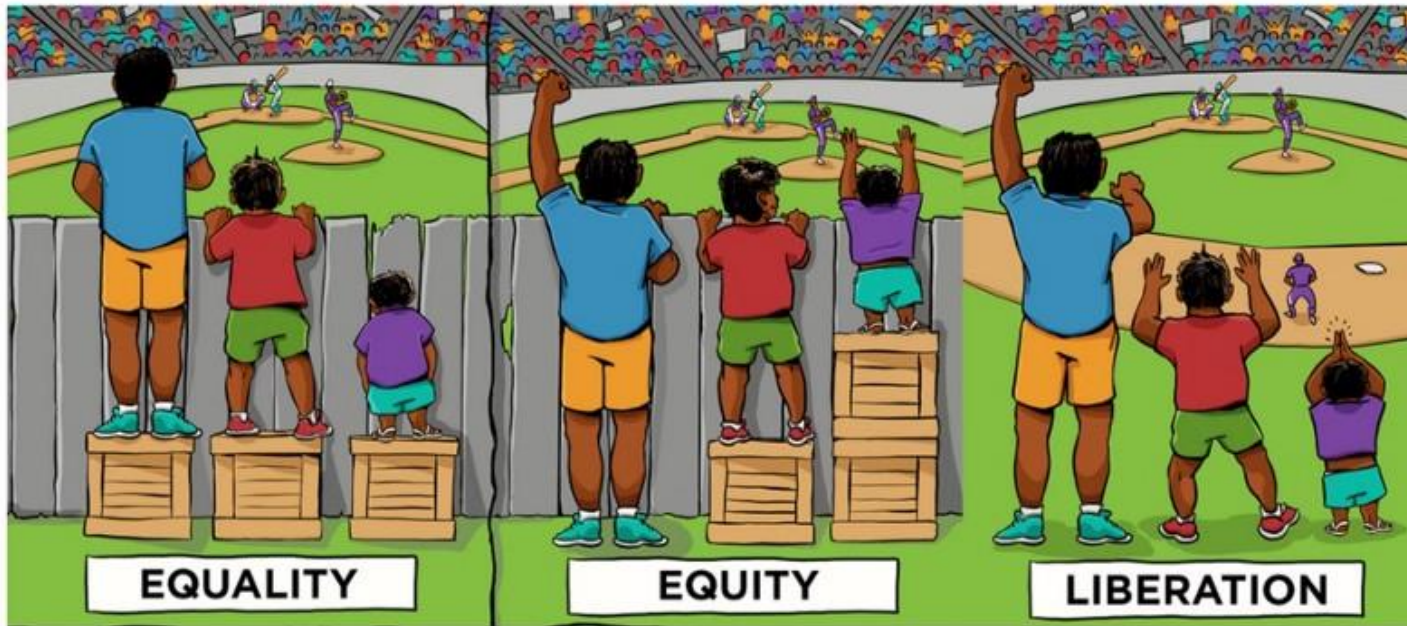


Community Based Participatory Research

“A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change...”

~ WK Kellogg Foundation, Community Health Scholars Program

Health Equity



Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

COVID-19 Health Disparities

- Nationally, Latinos are three times more likely to contract COVID-19 as opposed to whites.
- Nationally, Black residents are more than 2.5 times more likely to contract the virus.

COVID-19 in Colorado by Race & Ethnicity

	Cases	Deaths	CO
American Indian or Alaska Native	0.54%	0.67%	0.56%
Asian	2.16%	3.25%	3.12%
Black	4.84%	6.66%	3.92%
Hispanic, All Races	35.98%	22.06%	21.69%
Multiple - Non Hispanic	0.98%	1.23%	2.65%
Native Hawaiian or Pacific Islander	0.32%	0.34%	0.12%
White - Non Hispanic	32.97%	61.98%	67.76%
Other	0.73%	0.39%	0.19%
Unknown/Not Provided	21.48%	3.42%	

*

* Percent of cases and deaths by race and ethnicity compared to percent of total Colorado (CO) population.

** Population Data: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates.

Resources

- COVID-19 Resource List
<https://bit.ly/PracticeCommunityCOVIDResources>
- COVID-19 Response Survey to SNOCAP and Practice Innovation practices— Infographic reports
<https://medschool.cuanschutz.edu/family-medicine/community/practice-based-research-networks/covid-work-and-resources>
- Facts Sheets for various communities that are disproportionately affected by COVID-19
 - https://www.ucdenver.edu/docs/librariesprovider28/community-documents/latino-fact.pdf?sfvrsn=1afcfc9_2
- SNOCAP / CCTSI Community Engagement **COVID-19 Informational Video Series**
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- Follow us:
 - Twitter, Facebook, and Instagram: @SNOCAPpbrn

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Speaker Presentation

DR. GORDON DUVAL, DNP

Community Research Liaison
Medical Operations Coordinator
Clinical Faculty

Community Research Liaison

- ▣ Vaccine Implementation
 - Communities of Color Lack:
 - ▣ Trust in the Medical System
 - Past Research atrocities.
 - ▣ Access to Medical Care
 - Lack of insurance
 - Lack of Concerned Providers
 - Providers that look like them.
 - ▣ Knowledge of How ask the right questions.

Studies show racial and ethnic minorities have:

- Decreased trust in the health care system (medical research)
 - More likely to forgo recommended treatments, withdraw from care, or not seek care
- Lower patient satisfaction with care
- Less engagement in health promotion
 - Less likely to seek preventative screenings

Community Research Liaison

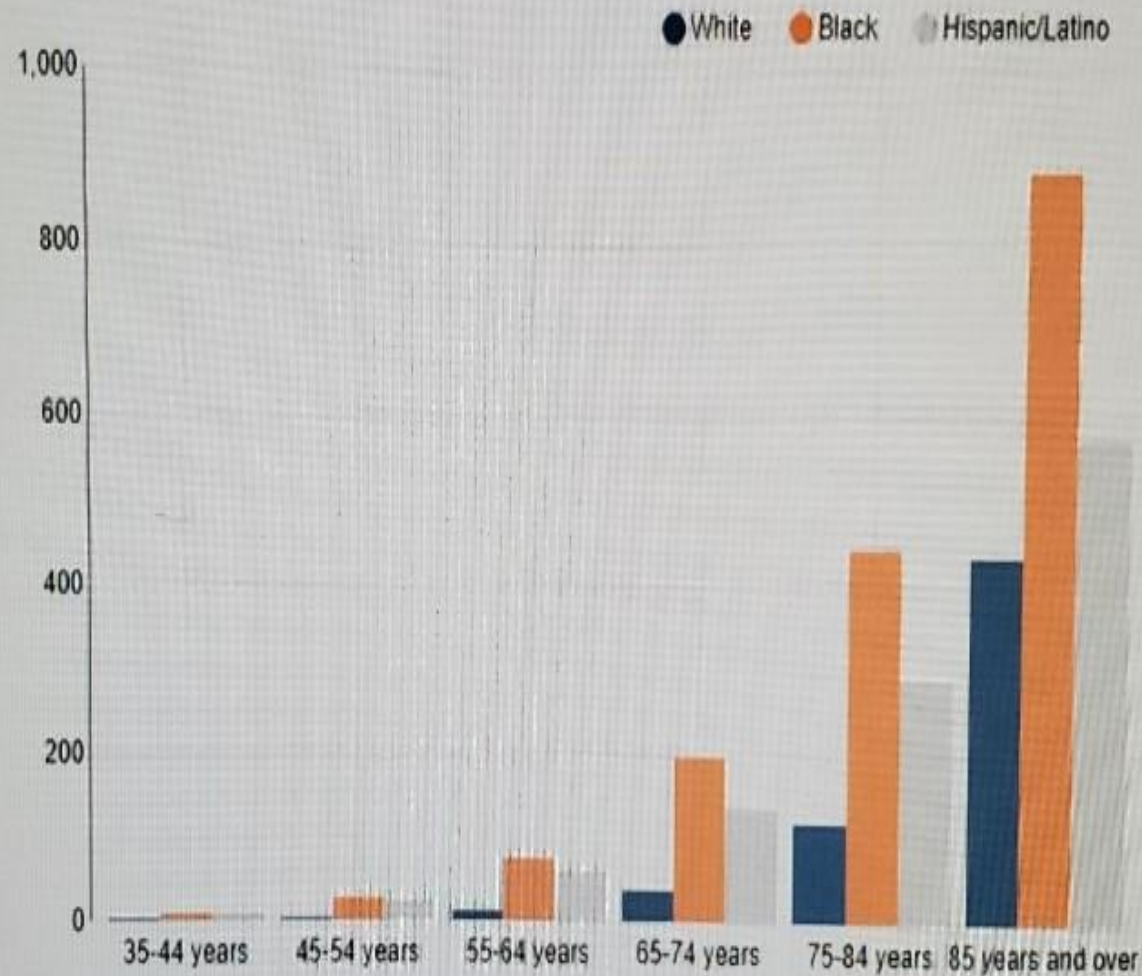
- ▣ How do we approach this community?
 - RELATIONSHIP!!
 - ▣ Concentrate on building relationship far before doing research.
 - Get to know the people.
 - Break bread with the people.
 - ▣ Do a serious community needs assessment.
 - What are the needs of the community
 - ▣ Decide how your project will benefit the community.
 - What needs will your project satisfy?

Community Research Liaison

- ▣ What is needed by most communities of color:
 - Testing and Screening events.
 - ▣ Communities of color lack testing resources.
 - Early on none were available.
 - Education on Covid-19 and other health sources of disparities.
 - ▣ What do the numbers show?
 - ▣ What are the comparisons between other communities?

Figure 1. COVID-19 death rates by age and race

Rates per 100,000



Source: CDC data from 2/1/20-6/6/20 and 2018

Census Population Estimates for USA

BROOKINGS

KAISER PERMANENTE

Adjusted for age, other racial groups are this many times more likely to have died of COVID-19 than White Americans

Reflects mortality rates calculated through July 7.



Indirect age-adjustment has been used.

Source: [APM Research Lab](#) • [Get the data](#) • Created with [Datawrapper](#)

Community Research Liaison

▣ Native American Numbers:

- In the US verified COVID-19 infection per 100,000 individuals is around 400.
- U.S. American Indian reservations range from 0 to 3,300 per 100,000 individuals;
 - ▣ The average rate is about 32 per 100,000.

Some reservations have astonishingly high reservation-based COVID-19 rates per 100,000 at 500, 800, 1100, 1400 and 3300.

Community Research Liaison


- ▣ Youth and Covid-19
 - Most have missed out on mile stones in life.
 - ▣ Graduations.
 - ▣ Prom
 - Humans are communal beings.
 - ▣ Stay home orders.
 - ▣ Social distancing.
 - How will development and futures be impacted?
 - ▣ Many mental health concerns.

Community Research Liaison

- ▣ How to Help?
 - Relationships!
 - Needs Assessments.
 - Satisfy community need.
 - Provide a benefit for community.
 - Create and support community!
 - Give guidance and support to the youth.



Speaker Presentation

The background of the slide is a dense field of three-dimensional numbers in various shades of blue. The numbers are of different sizes and are scattered across the entire frame, creating a sense of depth and complexity. Some numbers are more prominent than others, while others are partially obscured.

Latinos / COVID-19 / CBPR

Ricardo F Gonzalez-Fisher

Agenda

- ◆ Pre-COVID-19
- ◆ During COVID-19
- ◆ Examples of CBPR capabilities
- ◆ What we learned
- ◆ What can be done

Pre COVID-19

- ◆ Hispanics are the largest ethnic minority in the USA; (17.% of pop in 2014) this group is expected to become 1/3 of the US population by 2060.
- ◆ Higher prevalence of chronic conditions when compared to non-Hispanic Whites.
- ◆ These conditions lead to complications that have a negative impact on quality of life and increase mortality risk.
- ◆ Social determinants of health have a negative impact on their health

	Total	Females	Males
Family History of diabetes	69%		
Personal history		16%	6%
Obese/overweight		79%	86%
Large waist circumf		91%	73%

Pre COVID-19

Pre COVID-19

- ◆ 42% had health insurance
- ◆ 60% had a regular health care provider,
- ◆ 55% had a routine check-up the previous year,
- ◆ 1 in 4 have not visited the dentist at all in the past two years
- ◆ 80% reported 0 to 5 days without good physical health
- ◆ 60% said that they had 0-5 days without good mental health

Perceived barriers for colorectal cancer screenings in Hispanics living in Colorado

(funded by Colorado Cancer Coalition)

Pre COVID-19

◆ Reasons for not going to the Doctor:

- Cost 12 %
- They don't understand the system 12 %
- 'Have not been sick' 11 %
- Language 5 %
- Migratory fear 5 %
- Prefer traditional healer 4 %

Pre COVID-19

- ◊ Low access to public funds for community services
- ◊ Current administration penalizes non-profits that provide services to undocumented immigrants (we lost free breast cancer screening from SGK)

Pre COVID-19

- ◆ Health inequalities related to socioeconomic status, cultural background, employment, and foreign-born or undocumented status as well as aging of the population and undiagnosed chronic conditions will lead to an increase on the burden of disease.
- ◆ Screening and health promotion not only prevent disease but reduce racial and economic disparities
- ◆ We need to close the gap so that every person can have access to basic healthcare

COVID-19



During COVID-19

- ◆ Health inequalities related to socioeconomic status, cultural background, employment, and foreign-born or undocumented status as well as aging of the population and undiagnosed chronic conditions will lead to an increase on the burden of disease
- ◆ Screening and health promotion not only prevent disease but reduce racial and economic disparities
- ◆ We need to close the gap so that every person can have access to basic healthcare

During COVID-19

- ◆ During closures, we activated a cell phone to listen to health needs
- ◆ At Servicios de la Raza: Food bank and victims' program noted an increase in services mental health program continued online for established patients.
- ◆ Close to 50% of VDS clients lost part of their family income due to COVID-19,
- ◆ Many have lost their job and their health insurance,
- ◆ 15% are requiring help to obtain food, and a higher number would like to receive some mental health support.
- ◆ Servicios de La Raza and CAHEP started a 'free COVID-19 testing program'

During COVID-19

- ◆ As we are returning to 'normality' we are finding a need for more reliable information and reassurance, parents fear to return to work if schools are not open, they also fear of bringing COVID-19 into their homes from being in contact with more people
- ◆ A Governor's approached us to evaluate a series of messages designed to inform Latino population about COVID-19
- ◆ We outlined CBPR methods in order to improve

CBPR and COVID-19

- ◆ At the Mexican Consulate we have screened 500 + people during the first 3 week after reopening:
- ◆ Most of our people are informed about COVID-19, they obtain their information through TV (Univision, Telemundo, Estrella TV), some radio, social media, schools or their workplace.
- ◆ We identified a great deal of confusion with contradictory information
- ◆ Don't understand the benefits of testing

CBPR and COVID-19

- ◆ Subcultural messaging is very important in our communities,
- ◆ Constant flow of information on “natural” remedies, diets, juices, miraculous cures for everything, and also certainly for COVID-19
- ◆ Mexican immigrants’ primary language is Spanish, (and they can identify information that is not well translated or interpreted),
- ◆ They tend to have a very limited English proficiency, and frequently low health literacy and education in Spanish
- ◆ We believe that they need to be approached in their own language by a native speaker that they can trust. In the same way, their level of academic achievement tends to be low (6 to 9 years) and they don’t like to read.

What have we learned?

- ◆ Nothing new
- ◆ The extent of the pandemic is showing how social determinants of health impact minorities and underserved populations
- ◆ There is more than social determinants of health

Latinos during COVID-19

- ◆ 37.9% are Latinos.
- ◆ 22.8% of all COVID-19 deaths are among Latinos (23.8% when weighted for geographic outbreak areas)
- ◆ Only 16.2% of Latino workers can telework
- ◆ 2/3 of employed Latino adults will not get paid if COVID-19 caused them to miss work for two weeks or more
- ◆ Latinos make up 20% of workers in vulnerable industries such as retail, restaurants and transportation.
- ◆ Latino workers account for 17% of total employment but constitute 53% of agricultural workers

Latinos during COVID-19

- ◆ High rate of uninsured and growing
- ◆ Even if testing is available and at no cost, more people get tested if they have health insurance than those who are uninsured
 - ◆ Servicios de La Raza and CAHEP started a “Free” testing program (paid by insurance or State Medicaid), many people are non-eligible
- ◆ Limited (or no) access to relief funds from CARES Act
- ◆ 56% of the 51% of Coloradans live in childcare deserts are Latinos
- ◆ High numbers of Latinos live in crowded and multigenerational households

What can be done?

- ◆ US ratification of the basic human rights treaties and conventions of the international community
- ◆ Realization in statute of health care as a human right in the US.
- ◆ Achieving radical reform of the US criminal justice system
- ◆ Ending policies of exclusion and achieving compassionate immigration reform
- ◆ Ending hunger and homelessness in the US

Donald M. Berwick, MD, MPP, The Moral Determinants of Health, JAMA, June 12, 2020



Discussion