

Health Disparities Task Force Meeting |MINUTES

June 18, 2020 / 1:00 P.M. – 2:00 P.M. | Location: Via WebEx/Teleconference

Meeting called by:	Office of Minority Health and Disparities Elimination	Approximately: 106 ppl
Type of meeting:	Weekly Health Disparities Task Force	
Facilitator:	Monique Anthony, Director	

TOPICS OF DISCUSSION

Focus: COVID-19 - Pregnant Women and Infants

Presenter: Elizabeth Harvey, CDC Senior Maternal and Child Health Epidemiology Program Assignee, Division of Family Health and Wellness

Summary: Today's presentation will provide details on CDC's "Surveillance Project" objectives and some of the challenges we are seeing in preliminary data among COVID-19 in pregnant women and infants. Our objective is to get a better understanding around the epidemiology of COVID-19 among pregnant women and infants and inform clinical guidance. In this project, we are interested in understanding the following:

- clinical course of disease, severity, treatment and mortality;
- timing of COVID infection, presence of symptoms, underlying risk factors;
- adverse fetal and birth outcomes of infants born to mothers with COVID-19; and
- frequency and risk factors for neonates testing positive for COVID-19

Our case report forms provide which provides up-to-date information on infection status and pregnancy. However, they are some data quality issues that we still need to address.

The data around pregnant women in Tennessee shows a total of approximately 243 confirmed cases which represents about 0.8%. Over the past most recent four weeks, Tennessee has averaged about 28 new pregnant cases each week. Week 24 is the most recent completed week and it is the highest yet of reported cases in the state.

We have also been examining racial and ethnic disparities among pregnant women in our data. In ethnic disparities almost half of all confirmed cases are Hispanic women. Even though we are receiving preliminary data we are seeing ethnic disparities. We normally see about 11% of births in Tennessee to Hispanic women; however we are currently seeing Hispanic women comprise almost half of all COVID-19 confirmed pregnancy cases. That is a difference of 4.5%.

There also appears to be geographical disparities as these disparities seem to be more pronounced in Chattanooga, Mid-

Cumberland, Nashville and Upper Cumberland. In Chattanooga-Hamilton, 85% of all confirmed pregnant cases are Hispanic but they only represent 14% of the birth population there.

Then, we decided to take a look at all women of reproductive age. We wanted determine if the ethnic disparities we are seeing would still be apparent or was it just specific to pregnancy. When we looked at all women aged 11-50 we see similar patterns. Statewide Hispanic women make up about 30% of all COVID-19 cases among females aged 11-50. However, they only represent 6% of the statewide population.

From our perspective we have observed the disparity in pregnancy, all women of reproductive age, and even more pronounced disparities in our data. Hispanics represent 4.3% of the population in Tennessee yet more than a quarter of all confirmed cases. A difference of magnitude of 6.2% and we see variations in the degree of magnitude throughout the state. The main takeaway is although we are seeing this ethnic disparity within our pregnant cases upon further investigation it is pervasive through our data.

In addition to ethnic disparities, we have examined our pregnancy data by race. We saw about 14% of all confirmed cases are among black women. We did not see racial disparities in our preliminary data for pregnancy at the statewide level. Therefore, it is important to understand and examine available regional data. When we examined regional data there was a slight increase in pregnant Black women in Shelby County compared to the birth population. We will continue to examine this data at the statewide and regional level.

It is important to understand what information is not included in this data. As a result, when we look at all cases among women of reproductive age a total of 41% do not have any information for the pregnancy indicator. In our most recent completed week, over half or about 55% of women of reproductive age had missing, unknown, or null information for the pregnancy indicator which is the highest it has ever been.

In closing, we would like to thank everyone and your teams who are working so hard on a daily basis. You are helping us examine the impact of COVID-19 in more vulnerable populations including pregnant women and infants. We need to continue to work on improved data quality for these pregnancy indicators. Improving the “missing-ness” on these indicators will be useful moving forward to track cases in a timely manner. Lastly, even in our preliminary data we are seeing stark ethnic disparities among pregnant cases which are also reflected at the population level. We are working on ways to communicate this information to you and figure out a way to inform public health action. One step we have already taken is recreating COVID-19 and Pregnancy PSA ads in Spanish.

Team: COVID-19 in Pregnancy

TDH Division of Family and Health Wellness (FHW)

Dr. Elizabeth Harvey: Project Lead

TDH Viral Hepatitis Program

Lindsey Sizemore: Principal Investigator, Project Lead

Heather Wingate: Data Manager

TDH Emergency Preparedness Program

Jessica Schultz: NBS Liaison

TDH HAI Programs

Miranda Smith: Data Visualization Extraordinaire

Focus: TDH - Hispanic Community Outreach Communications Update

Presenter: Elizabeth Hart, Associate Director, Office of Communication & Media Relations

Summary: The commercial that was previously produced using a Black woman is going to be recreated. We are going to recreate some new communications around pregnant Hispanic women. Additionally, we have had a lot of conversations

with the Governor's Office and we are going to be put together a tool kit to assist with our Hispanic outreach to increase COVID-19 awareness statewide. We are going to do some Google ads and really targeted outreach to our Hispanic communities. We are looking into ways other ways to increase the awareness in the Chattanooga-Hamilton and Davidson area. Lastly, we are looking for a Hispanic woman in the Nashville area; in the third trimester of pregnancy who would like to participate in our upcoming commercial. If you know anyone interested please contact me or Monique.

Focus: COVID-19 and Children

Presenter: Dr. Michelle Fiscus, Medical Director of the Vaccine-Preventable Diseases and Immunization Program

Summary: There are some special considerations around children and COVID-19. We are really just beginning to learn the impact of COVID-19 in children. In general, we do not see a lot of COVID-19 cases in children here in Tennessee, but around the world those numbers are different. Tennessee has identified a growing number of COVID-19 infection cases in children which seem to go up 1% per week. Children tend to be asymptomatic when they are affected with COVID which is unlike adults who become ill and have to seek treatment. Children are carrying the virus and do not show any symptoms; they are being identified as positive for COVID-19 through drive-up testing or by parents getting sick then getting tested.

This is concerning since the restart of school being discussed to take place in the fall. It is going to be very important to communicate with families, educators, and administrators the importance of people wearing face mask and practice of social distancing. About 50% of the teachers and school bus drivers are over the age of 50 so they are at a higher risk of contracting COVID-19 and having significant complications.

Additionally, some other issues being identified in children first discovered in China and Europe is a phenomenon called MISC or Multi-System Inflammatory Syndrome in Children. It is related to having had COVID-19 infection and never knowing the infection occurred. However, after a period of about 4-5 weeks of time children develop MISC. The symptoms are not limited to but have included: rashes, clotting issues, seizures, impact on the heart and lungs to function properly and some may need dialysis temporarily. Most of these cases end up in intensive care hospitalizations. Most of the children identified with MISC, we do still do not know the long term concerns which could arrive. The main point we would like to get across is while children are asymptomatic and seem to handle the initial infection well there bodies respond in a different way 4-6 weeks down the road. We still need to protect children and cannot look at COVID-19 as not affecting children. Some of these children are being impacted critically; we currently have two cases of MISC confirmed in the west division of the state. Internationally the cases have been around teenagers ranging in the ages of 11-16.

There have been about 4,000 cases of COVID-19 identified in children in Tennessee since the beginning of the outbreak. Some percentage (still to be determined) of those children are going to end up with these complications. We want to continue to push the message statewide; everyone needs to wear consistent face coverings, practice social distancing, continue to wash your hands and try not to touch your face.

Focus: Mental Health and Substance Abuse Follow-up

Presenter: Rob Cotterman, Assistant Commissioner, Mental Health Services, Department of Mental Health and Substance Abuse Services

Summary: We are here today to answer any questions around the COVID-19 pandemic and how the continuum of mental health services has continued to respond accordingly. We wanted to answer any questions discussed a few weeks ago. In a general sense, this pandemic has demanded a mental health continuum and daily things continue to change. We have been able to see Tennessee continue to serve individuals stricken with behavioral health issues.

Focus: Mental Health and Substance Abuse Follow-up

Presenter: Neru Gobin, Director, Office of Housing and Homeless Services, Department of Mental Health and Substance Abuse Services

Summary: In our office, we operate approximately 12 different programs and initiatives that span services across the state to aid in housing services or programs and services which address homelessness. By nature, behavioral health has been a flexible field because we work in a gray area. We have band together with our partners and agencies and we have seen increases in these partnerships. We are working with our partner agencies to ensure we are creating guidelines and support which allow providers to do what they need in order to serve the people in their region. At the same time, we want to make sure we are establishing some standards where quality is not lost despite the current circumstances.

Focus: Data Discussion – COVID-19

Presenter: Samantha Chao, Strategic Planning Manager, Office of Strategic Initiatives

Summary: I have been working with the data around COVID-19. In the West Tennessee Region, the Black case rate is 4.6 times larger than the White case rate. There are a couple of regions such as the Upper Cumberland, Knoxville, East Tennessee and Chattanooga-Hamilton where the white case rate is higher than the Black case rate. Other regions will have a higher Black case rate versus white cases. In every region across the State except for Sullivan County, there is a higher rate of Black hospitalizations than the white population. For hospitalizations and deaths, the Black rates are higher than white rates consistently. The more severe outcomes of COVID-19 are especially hitting the Black community hard. The Chattanooga-Hamilton area has the highest number of cases in the State. They have the highest case rate of any ethnic or racial group in the state, over 5,000 Hispanic cases per 100,000 people.

In reference to hospitalizations, there are certain regions which have not had any hospitalizations for certain groups. There were no Asian or Hispanic hospitalizations in West Tennessee Region. For hospitalization in the Black population Memphis, Shelby and West Tennessee have the highest rates in the state versus hospitalizations rates for the white population are most prominent in the Nashville, Davidson, and Mid-Cumberland area. For Hispanics hospitalization it looks like the highest numbers are in Nashville, Davidson, and Chattanooga-Hamilton.

When we look at mortality there is a disparity when we look at the data from the regional level. Based on the data there is a disparity among white cases versus Black cases and vice versa.

Focus: COVID-19 - Testing

Presenter: Monique Anthony, Director, Office of Minority Health and Disparities Elimination

Summary: Large COVID-19 testing event will take place in Memphis, TN, June 19th-20th. There will be 6 testing sites at 6 different churches. Those sites include: Divine Faith; Orange mound Senior Center, Mt. Zion Baptist Church; First Baptist Church Broad; Mississippi Blvd. Christian Church; and Boiling Missionary Baptist Church. Testing is free and open to the public. All testing will be drive thru and not appointments are needed. We would like to recognize Cherokee Health Systems which has weekly testing available Tuesday through Thursday, Frasier location.

Resources mentioned during call:

The Tennessee Department of Mental Health and Substance Abuse Services COVID-19 Resource Page:

<https://www.tn.gov/behavioral-health/covid19.html>

Next Meeting: Thursday, June 25, 2020 from 1pm-2pm via WebEx. WebEx details are as follows: Meeting number (access code): 610 214 092

Meeting password: Health

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