

# Health Disparities Task Force Meeting |MINUTES

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June 25, 2020 / 1:00 P.M. – 2:00 P.M. | Location: Via WebEx/Teleconference

Meeting called by:	Office of Minority Health and Disparities Elimination	Approximately: <b>Not Sure of this number</b>
Type of meeting:	Weekly Health Disparities Task Force	
Facilitator:	Monique Anthony, Director	

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## TOPICS OF DISCUSSION

### **Focus: Preventions, Monitoring, and Management for Agricultural Settings**

**Presenter:** Katie Garmond,

**Summary:** The purpose of our resource booklet is to educate farm managers and other managers of agricultural settings about COVID-19 and prevention for spread of illness. To locate this resource booklet go to [www.tn.gov/health](http://www.tn.gov/health). Then, go to the Community Guidance which is located between School Guidance and Faith-based Guidance. This resource booklet has been created in Spanish as well. Please note this book is geared towards the farm manager and should be provided to farm workers.

The contents of this resource booklet for farm management include:

- COVID-19
  - Background
  - Terminology
- Infection control
- Monitor employees
  - Develop a plan
- What to do when employees gets sick
- Employee Separation
  - Isolation of cases
  - Quarantine of contacts
- Resources

We continue to partner and receive support from the Mexican Consulate based in Atlanta, Georgia; Texas RioGrande Legal-Aid, Rural Medical Services, Inc.; The Tennessee Department of Agriculture, UT Extension Institute of Agriculture. The Tennessee Department of Agriculture is actually working on developing materials for farm workers and a webinar for farm managers which should be available soon. Some of the barriers included fear around COVID-19 testing and what to expect during testing. A video has been developed in Spanish and English outlining the steps of COVID-19 testing aimed at

deflating some of those worries. The UT Extension program has been an important part of our review. They have assisted with disseminating this information out to their extension agent who does education year-round in the farming community.

Some of our next steps include working with The Department of Agriculture to identify farms which have sales over \$500,000 (considered a large farm) and to identify farms which employ farm workers on a H2, H2A Visas, or farms with housing. They will provide this information to our local and regional health departments for their own outreach. We are in the process of engaging with more migrant health clinics in East Tennessee and trying to reach others across the state. We will be hosting webinars for farm managers to make them more familiar with this information and plan development. It does not look like COVID is going away and a lot of these farm workers are coming from Florida so it is important to continue this type of education.

Acknowledgements for this booklet:

Debbie Walker, South East Regional Health Office

Drs. Velandia & Wszelaki, University of Tennessee

Caitlin Berberich, Texas RioGrande Legal Aid

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**Focus:** COVID-19- Data

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

**Summary:** This today we will revisit the dashboard from last week's meeting. It will cover "Rates (cases, hospitalizations, and mortality) for COVID by Race and Ethnicity."

The data displayed has been broken down by public health region. You can see where the rates are highest. Numbers underneath the bar graph represent the ratio between black and white case rates. If the number is greater than 1, this is a region where the black case rate is higher than the white case rate. If the number is lower than 1, white case rate is higher than the black case rate. The highest number we currently have in the state is in the West Tennessee region at a 4.5%. The map at the bottom shows these rates geographically. The darker the color on the map the higher the black case rate is versus the white case rate. There are a few regions that had a lower number of black cases than white. Those regions include: East Tennessee, Knoxville, and Upper Cumberland regions. This map also shows the rest of the state you and you can see clearly the areas hit disproportionately.

Up next, we will specifically look at more severe cases of hospitalizations and deaths. Last time we looked at people who tested positive for COVID. This time we will look at people who tested positive for COVID and were hospitalized. For every region except for the Sullivan County area, there is a higher hospitalization rate for black patients versus for white patients. West Tennessee has the most dramatic difference, with black hospitalization rates being 5 times higher than the hospitalization rate for whites.

We will now take a look at only mortality rates, so only looking at patients who died for COVID. There are certain regions that have not had any black mortality. You will see those reflected as blank or with blank ratio. Once again, West Tennessee has the biggest disparity.

Please note no data is excluded. All data includes prison and nursing homes. The population data is coming from the census data from 2018 at the county level. There certainly may be people who are not counted in the census. For example, if someone is in a county where there were outbreaks that might have happened in correctional facilities. The people in correction facilities would not have necessarily been included in that county's census data. This can then cause the data to look more dramatic in certain areas. That is partially why rates are shown at the regional level instead of the county, to try and disperse data a slight more.

Next, we will look at the different racial/ethnicity mortality rates of Black, White, Asian and Hispanic rates. In certain regions there have not been any deaths of certain races. If the numbers are high right now, like for instance in the South Central region Asian mortality is 31.4%. However, the population of Asians in the South Central region is very low which is why it might reflect there are not a lot of deaths, but it is proportional to the population in that region. Looking at the Hispanic mortality rate in the Chattanooga area, it is 46.8% per 100,000 and is the highest in that county than any other racial or ethnic group in the state. Therefore, if you wanted to look at areas particularly hard hit for certain populations this is one way of identifying it.

Hospitalizations per race are highest in the Memphis area then it gets less extreme moving towards Eastern part of the state. Looking at white hospitalizations, highest pockets seem to be in the Nashville-Davidson area, Mid-Cumberland region and the Memphis-Shelby area. For Asian hospitalizations, the highest rates have been in the Jackson-Madison region. Again, it would be helpful to see the census population for that population because it may be that the Asian population is low in that region. Then, Hispanic hospitalizations show to have the highest number in the Nashville-Davidson and Chattanooga area.

When looking at cases only, you can see black cases per 100,000 and the highest density is in the South-Eastern region. For white cases, it is most concentrated in the Nashville-Davidson and Mid-Cumberland region. Asian case rates are highest in the Nashville-Davidson area. Hispanic case rate is highest in the Chattanooga area. If you are looking at the numbers the Hispanic cases per 100,000 are 5,951 which are much higher than the case rates in the other races.

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**Focus:** Announcements

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

**Summary:** Due to the holiday next week, we will not have a meeting next Thursday, July 2, 2020. During the month of July we will start transitioning our meeting format and the direction of the task force. We will narrow down our group and discuss how we will address disparities and contributing factors that have been highlighted today. Please be on the lookout for correspondences in reference to those changes.

In the next month, we will be moving beyond our COVID discussion and began to formulate framework around contributing factors of additional disparities and determinants. Please continue to email me at [Monique.Anthony@tn.gov](mailto:Monique.Anthony@tn.gov). We will continue to make sure we are able to address the needs and inform the work that you are doing in the community. This is a collective effort to make sure we are providing real time and fast response and data to the community. We appreciate your hard work and tuning into these calls every week. We look forward to working with you and representatives from your agencies as we dive deeper to address these disparities.

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**Next Meeting: Thursday, July 9, 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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