



STOP COVID-19

Understanding and Reducing Disparities in COVID-19

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“The 3 W’s: Wash your hands, Watch your distance, Wear a face covering”



How much experience do you have with community engaged research?

- 10 or more years
- 5 to 9 years
- 1 to 4 years
- None



STOP COVID-19 CA Sites and Partners

April 26, 2021

State Population 39M

COVID Cases 3.73M

COVID Deaths 61,434



SAN DIEGO STATE UNIVERSITY



COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
CASES¹	2.8x higher	1.1x higher	2.6x higher	2.8x higher
HOSPITALIZATION²	5.3x higher	1.3x higher	4.7x higher	4.6x higher
DEATH³	1.4x higher	No Increase	2.1x higher	1.1x higher

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING (6 FT GOAL)



HAND HYGIENE



CLEANING AND DISINFECTION



¹ Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

² Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are ratios of age-adjusted rates.

³ Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.

cdc.gov/coronavirus

CS319360-A 08/08/2020

UC Riverside – Center for Health Disparities Research

- NIH emergency supplemental funding mechanisms to study COVID-19 in minority populations
- Initial focus on Latino, African-American, and Native American communities
- UCR partners – Raices Culturas, National Association for the Advancement of Colored People (NAACP), Riverside-San Bernardino Counties Indian Health Inc.(RSBCIHI).
- Goal: understand factors contributing to risk for COVID-19 in vulnerable and underserved communities and establish community-engaged strategies to prevent and treat COVID-19



Native American Project Team

Project Leaders

- Sherri Salgado, RSBCIHI Board President, Cahuilla Band of Indians
- Wyatt Kelly, UCR School of Medicine Center for Health Disparities Research & California Consortium for Urban Indian Health
- Juliet McMullin, PhD, UCR Anthropology, Center for Health Disparities Research

CAB Member

- Julie Andrews, Clinical Social Worker, RSBCIHI. Lakota.



Native American disparities in COVID-19

- AI/AN groups are 5.3 times more likely than white people to be hospitalized due to COVID-19, the largest disparity for any racial or ethnic group.
- Disparities in COVID-19 due to existing burdens and disproportionate:
 - Health/insurance access
 - Education
 - Poverty
 - Limited resources
 - Discrimination in the delivery of health services & cultural differences
 - Large burden of heart disease, diabetes, and other chronic disease
 - Life expectancy



Native American Project – Process and Preliminary Findings

Community Outreach

Focus Groups

Data Analysis

Development of

- Town halls
- Radio PSA
- Storylines

What it means to work in a statewide initiative



Our Workshop

- By the end of this workshop participants will be able to:
 - Describe the basic process for developing a small research capacity building project within their prospective community
 - Show an increased awareness of how to analyze data collaboratively
 - Develop skills for translating data into dissemination activity



Focus Groups



Productive way to build community capacity



Allows for community members to share their perceptions, feelings, opinions, and thoughts on a topic



Helps research team to understand strengths and weaknesses of planned project, make informed decisions, and nurture different points of views within the community



Focus Groups

- Importance of having community led focus groups
 - Trust
 - Understanding
- What we did:
 - Four training sessions
 - How to conduct focus groups
 - How to take notes during focus groups



Indigenous experiences related to the COVID-19 pandemic and their intentions to engage in clinical research

Focus Group Guide

Recording Begins:

Thank you for taking time to participate in this study. For our conversation today, we would like to hear how COVID-19 has affected you, your family, and your community.

Our discussion will last approximately 90 minutes. You will receive compensation for your participation. If you choose to stop participating for any reason or choose not to answer some of the questions, you will still be compensated for participating in this study.

We will audio record our conversation to accurately collect your opinions. However, no personally identifying information will be collected for this study, and you will not be identified by name or other potentially identifiable information when presenting results.

We would like to ask for your verbal consent to participate and be recorded at this time. Do you provide your consent?

A. Information about COVID-19

Let's start our conversation about how COVID-19 has affected you and your family.

1. How has COVID-19 affected you and your family?
2. What do people close to you (e.g., your family/friends) say about COVID-19?
 - a. What about your neighbors? Faith/religious leaders or faith community?
 - b. PROBE: And what about schools (if applicable)? Colleagues? Employers? Medical professionals?
3. Where else do you hear about COVID-19?
 - a. PROBE: Word of mouth? TV? Radio? Social media (e.g., Facebook, Twitter, text message sources)? Online sources?
 - b. Where are some places you've noticed health messages in general?
 - i. PROBE: Grocery store? Shopping stores (e.g., Walmart, Costco, Walgreens, CVS)? Doctor's office? Health clinic? Community/faith-based organization? Other?
4. Who do you trust most to learn about COVID-19?
 - a. PROBE: Why do you trust this person/s?
5. Is there anything about COVID-19 that you want to know more about?
 - a. PROBE: Why would you like to know this information?
 - b. PROBE: How would you like to receive this information?
 - c. PROBE: Language preference? Radio? TV? Pamphlets?
6. Where do you usually go to get health care or for your health needs?
 - a. PROBE: Urgent care? Hospital/ER? Clinic? Telehealth?

Experiences with Community Led Focus Groups

- Community led focus groups
 - What it was like?
 - What were some interesting takeaways?
 - What was hard/challenges faced?





Question & Answer

- If you have any question related to the focus groups, please raise your hand or share your questions in the chat, thank you.



Next Step in Engagement – Qualitative Data Analysis



RECRUITMENT



TRAINING



PRACTICE
SESSIONS



MATRIX



Template Analysis

- Analysis team members independently completed summary templates of each of the 3 FGs
- Shared analytic thoughts
- Indicated themes/patterns
- Discussed templates with team members

Data Analysis Template

Focus Group #: _____

Facilitator: _____

Data Analysis responsible: _____

Number of participants: _____

Characteristics of the group: _____

Date: _____

Theme 1. The Coronavirus

1) People believes about the virus:

a. The virus spreads:

b. Myths or beliefs about the virus:

2) Behaviors related to the virus:

a. Use of face coverings or masks:

b. Social distance:

c. Other behaviors followed to reduce the spread of the virus:

3) Strategies or recommendations to increase behaviors that help slow the spread of the virus:



Practice Session (Matrix Data)

What we did:

- Trainings on reviewing notes, what we heard, themes, and interpretation.

How it happened:

- Our experience with training

Focus Group	Participants' characteristics	Theme 1. COVID-19				
		Question 1. How people in their communities thinking about the virus		Question 2. Behaviors related to the virus		
		The virus spreads:	Myths or beliefs about the virus	Face coverings or masks	Social Distance	Other things people do to reduce the transmission
Focus Group #1	11 Male, 18 Female	it is eveywhere; possible to get it even with mask; mask works/doesnt	native people more susceptible;Creator will decide; just a flu; pre-existing condition more susceptible	masking/double masking; not covering nose; not masking; should mask to protect others; places not masking	shelter in place; around people had it; not seeing people;working virtually/teleworking; Zoom meetings; staying away from places not masking; boxed food/food distributions to avoid going out	not gathering/hugging, washing hands; wear gloves; going out early/avoid crowds; tribe distributed CDC flyers
Focus Group #2	13 Male, 15 Female	gatherings; do not understand it; always exposed	elders/pre-existing condition vulnerable; new variants are scary; not taking seriously; conspiracy; privilege; no symptoms for some; FOMO;	important; no problem/no bother wearing; no mask/DIY/give out masks; sign of respect; refuse=selfish; places not enforcing/workers allowing no masks;	wear mask everywhere; people making masks; some not taking seriously; early implimentation; DIY	no family; mindful of elders/pre-existing conditions; washing hands; diligence; self isolation
Focus Group #3	21 Male, 18 Female (40+)	all ages can get; touching face/door/etc; communal	real/lots died; still have to live life/work/meetings; dont take serious; wear mask makes normal activites ok; variants	wear mask everywhere; people making masks; some not taking seriously; early implementation;	work from home; short family visit; not seeing family; meeting outdoors/zoom; some people too close; quarantine depressing; hard to quarantine/close spaces; difficult at first; important to protect; no gatherings; short visits; some not taking serious; culturally communal;	distribution of resources; recommended documents; bring your own chair, mandatory testing at work; washing hands; touching doors;
Themes/Patters		not understanding how; exposure regardless of precautions;	pre-existing conditions; dont take serious; new variants dangerous	wearing mask; not wearing mask; places not enforcing; DIY masks	working from home; zoom meetings; not taking serious; short visits; no gatherings	no touch; no gathering; washing hands; mindfulness; distribution of resources
Data Interpretation		impact of tradition/ceremony; both sides (serious/not); tension around survival/how you want to live; lack of information in community/misinformation spread; extended interpretation: Historical Trauma leads to mistrust in govt; people will continue to gather; they're not sure who to trust or what to do so community will continue doing what they know/have been doing for generations for survival	need for help; whether or not you believe alot of people are dying; very real thing; extended interpretation: racism/history of bad health care, for example high rates in community, the ways in which patients are seen and treated in Indian country; why get vaccinated if new variants aren't guranteed for protection	knew it was important; bothered by not strict enforcement; simple thing to help the spread; sense of respect for others; extended interpretation: community will still wear mask as sign of respect (for elders, youth) whether or not it actually works, sense of anger for those who dont have that respect for others; DIY masks are more of "what can I do to help to lessen the impact" due to lack of supplies and access; community collective action/the need to help	painful but knew it had to be done; hurt alot b/c of tradition; emotional/mental health impact	mindfulness of elders/pre-existing conditions; community understands; community strength; "one for all" type of attitude





Question & Answer

- If you have any question related to the Matrix or its development, please raise your hand or share your questions in the chat, thank you.



Translation of Data to Dissemination

- Townhalls
 - Developed because of what was heard in focus groups
 - "The chairman of the Navajo Nation said that you have to roll up your sleeves, and we have to be out there educating our community. And so I think it is highly important to be giving our community accurate information and having those elders within our community and the medical staff being able to educate our community."
 - "They don't know; one person said it's all about antibiotics, somebody else said, yes, this is a COVID shot just like it is with the flu shot. There's so much wrong information and right information going around. So you know what? The information that I gather, I'm afraid to take it. And I'm number one right up there."
 - Showcased need for townhall with medical professionals from community to share accurate information

Once you have been vaccinated, what does that mean?

- For most people, vaccination will
 - Induce antibodies that will block or reduce virus infection
- If you still get exposed/infected, antibodies will reduce infection
 - Vaccine-induced protection means
 - Milder or minimal symptoms, reducing need for hospitalization
 - Very low risk for severe disease or death
 - Vaccine-induced antibodies also means
 - Reduced virus replication and low likelihood of transmitting live virus to others

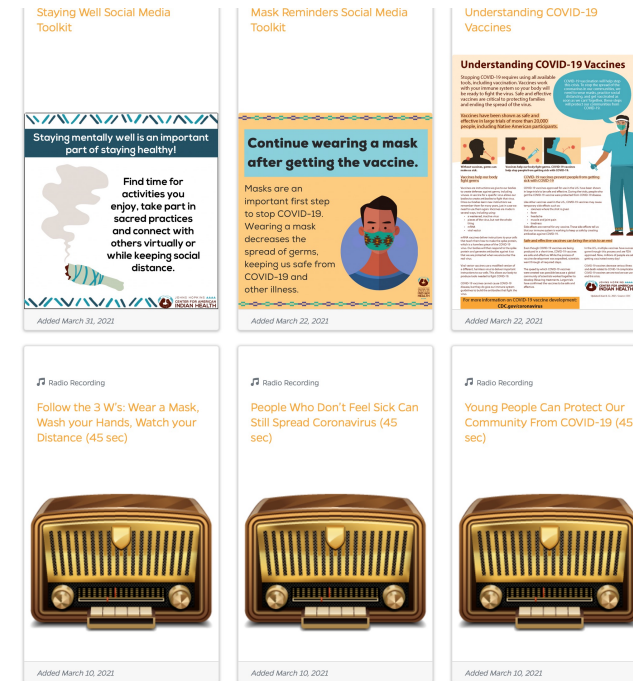
UC RIVERSIDE School of Medicine



Translation of Data to Dissemination

Radio PSA's

- ▶ Developed from what was shared in FG/Townhall
- ▶ Poor internet connection/bringing out things people said
- ▶ Connections with UCR radio
- ▶ Center for American Indian Health (model/adaption)



[Caih.jhu.edu/resource-library](https://caih.jhu.edu/resource-library)



Translation of Data to Dissemination – What's next

- Restorative Circles
- New Storylines based on FG analysis
 - DIY masks / caring for each other



To Summarize

- Participants are able to:
 - Describe the basic process for developing a small research capacity building project within their prospective community
 - Show an increased awareness of how to analyze data collaboratively
 - Develop skill for translating data into dissemination activity





Questions & Answer

- We will now answer any final questions from the audience. Please raise your hand or share your question in the chat, thank you.



Covid Resources

- STOP COVID-19 CA website: <https://www.stopcovid-19ca.org/>
- COVID-19 Vaccine FAQ in community-friendly language: [English](#) and [Spanish](#)
- NIH CEAL (Community Engagement Alliance) Against COVID-19 Disparities website: <https://covid19community.nih.gov/>
- CDC COVID-19 Vaccine Communications Toolkit for CBO: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/community-organization.html>
- CDC COVID-19 website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- ASTHO (Association of State and Territorial Health Officials) COVID-19 website: <https://astho.org/COVID-19/>
- Center for American Indian Health/John Hopkins School of Public Health
: <https://caih.jhu.edu/resource-library/>



Thank You!

“The 3 W’s: Wash your hands, Watch your distance, Wear a face covering.”

