Recently, Emily Barson, Executive Director of United States of Care (USofC) had the opportunity to speak with USofC Board Member Dr. Rhonda Medows to get a sense of how to make her recommendations for reducing racial health disparities as actionable as possible for our target audiences. Dr. Meadows is President, Population Health at Providence St. Joseph Health, the nation's third-largest nonprofit health system. She's also CEO of Ayin Health Solutions, a population health management company launched by Providence.

Emily Barson: *If you were to offer three calls to action for policymakers, community leaders, and employers to address racial health disparities, what would those be?*

Dr. Medows: I would tell all of those groups - outreach to vulnerable populations and the organizations that support them would be number one, number two, and number three.

Right now, we are in a trifecta: a global pandemic, economic crisis, and a crisis of racism and social unrest. Frankly, I cannot think of a better time for us to move beyond talking about social determinants and moving toward realizing that this is that at about a million times amplified.

What typically happens in the industry is that most on the health care provider side wait or assume that it's the work of public health alone to do outreach. If we are serious about making a real difference in reducing the rates of morbidity and mortality among vulnerable populations, this needs to change now. Specifically, I am referring to African Americans, Native Americans, and Latinx. The idea being we cannot wait for them to come to us once they are acutely ill in the emergency room because by then, it may be too late.

The fine art of building relationships with different communities has been lost, and it needs to be reinvigorated fast. For some, that may mean a bit of a culture shift — and people getting over their awkwardness and being comfortable in their skin. It's going to require stepping out of headquarters and going in the communities and to the community groups. It's also going to mean extending an olive branch to those that haven't gotten anywhere near enough attention or outreach.

There's a quote by Maya Angelou, "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Even if people were simply to say something like, "I'm sorry about George Floyd. I'm sorry about racism. I'm sorry about racial disparities. I don't know how to talk about this, and I'm afraid I'm going to make a fool of myself. I'm afraid I might say something that makes you angry, sad, or all of the above. But I just wanted you to know that I want to help."

That's all that needs to be said. People will remember that you showed up during the bad times to help. Alternatively, they will also not forget who wasn't there. That is critically important. I know the people I'm talking to and they're like, really that's all that it takes? I tell them, yes.

Emily Barson: *When we previously spoke, you mentioned that the impetus for your five-step action plan to reduce racial health disparities was coming up with specific things people could do now without having to wait for legislation. Can you expand?*

Dr. Medows: The whole idea was not to become overwhelmed by the long, long history of racial and ethnic inequalities and disparities in general, but focus on breaking the first link in the chain.

Organizations will need to go beyond merely researching and observing health disparities to taking action. It requires the same amount of resources, diligence, and commitment that we would have for any other healthcare challenge. Otherwise, it's like watching the same movie over and over again and expecting it to end differently when you know that John dies at the end.

The first step in the action plan is outreach to communities of color. That includes providing COVID prevention outreach and care resources for communities of color now before the next wave of illness. In our case, that meant going to the local community benefits people and asking them point-blank about organizations that mainly address the needs of African Americans, Native Americans, and Latinx.

I made clear to them that these communities are not going to just call and ask us to come because they don't think you're going to anyway. We're going to have to pick up the phone and call; text; email; and offer the outreach to make up for the long history of not doing that. We're going to tell them the reason we're calling, which is to try and get ahead of the next wave or peak of COVID-19. We also need to be patient in our interactions because many in these communities are not used to people calling and offering to help.

Community benefits people in every community should be doing that, regardless of which health system is involved. If I were still in state government, and running the state's public health systems, I would be having the same conversations with my community and county public health directors.

The second step is to increase COVID tests in local communities. The key is to go where people are, be they in the community clinics, or with church health lay leaders. At Providence, we've put COVID information and testing sites, literally a block away from protest sites. We got mobile sites and mobile vans out and reached out to our lab partners to ensure there was a sufficient supply of testing kits. We even got people — who ordinarily sit in offices — to volunteer to staff these things. The lab may have a person that they want you to use actually to administer the test. You can also teach your health professionals to do the testing. While they're doing the tests, they should also be having a conversation with the person that they're poking. Afterward, we hand them branded patient information, masks, and hand sanitizers.

The third step is to confirm improved local health care access, such as Telehealth. At Providence, we had 7000 primary care doctors who suddenly became telehealth doctors. We'd let patients know at our testing sites that we have telemedicine and how to access this and other resources online. It may seem like everybody should already know this information, but not everybody does. We were also able to provide information in multiple languages.

The fourth step is to provide antiviral drugs (once proven effective) equitably to all patients in need. Commitments will need to be secured from public policy, states, counties,

cities, health care providers, and systems themselves. We need to make certain antiviral drugs will be available in adequate supply in all provider settings. We cannot assume that it is or that it will stay that way, especially those like Dexamethasone that have gotten all the headlines.

The fifth step is to commit to prioritizing future vaccine use for those at greater risk of higher mortality. Public health experts in state government, the federal government, at the city and county levels, and in our health systems are already thinking about how to prioritize who will get the first batches of the eventual COVID vaccine once it finally becomes available.

Unfortunately, what typically happens is we fail to prioritize and make vaccines available first to those with the highest risk because they get lost in the politics.

I propose that we consider our frontline first because we need our health professionals still living and breathing to take care of people. Second, we need to use the information gained from this first wave to recognize that certain groups of people, such as those in nursing homes, and those with chronic conditions, and others are dying faster and quicker from COVID than others. We also need to prioritize vaccinations for populations with higher morbidity and mortality rates, including African Americans, Latinx, and Native Americans.

Right now, we are making sure these five things are happening community by community.

Emily Barson: *Can you also address trust issues that exist in various communities about contact tracing?*

Dr. Medows: People are saying, well, it feels invasive. I have to remind people that contact tracing is what we've been doing for highly contagious disease forever. The differences are, of course, people are paying attention to it through the lens of COVID and advances with tech.

It's unfortunate, but there are those trying to politicize what we know to be the gold standard in reducing the number of those exposed to the disease. Some have politicized contact tracing by equating it with big government trying to get into your business and track you down.

At Ayin Health Solutions, we recently announced a COVIDReady end-to-end suite of services to employers to reopen safely. Ayin COVIDReady acts as an independent third party. We assess the daily health status and risk of the employee population and assign a simple score indicating readiness to go to the worksite. The employee health information behind the score is NOT shared with the employer. Employees who are sick are assisted in getting care. For employees who are at higher risk of more severe illness, we help employers with recommendations on providing safer, alternative work settings.