

## National Hispanic Medical Association

### “Vaccinate4All” Campaign

#### COVID-19 Briefings Summary Report

February 21, 2021

#### Background

The National Hispanic Medical Association began webinars in May 2020 to educate physicians and health professionals and others on strategies and lessons learned from those caring for the Latinos and other underserved groups in various healthcare settings and programs. Some of our speakers were government officials and others were physicians or health executives or advocates for innovations for healthcare given the pandemic burden on the community.

This paper will be developed with the next phase of webinars that will focus on COVID-19 vaccine confidence and distribution issues for Latinos and other underserved.

I would like to acknowledge all the speakers in our webinars who provided a wealth of knowledge on a variety of topics to share with our growing network of interested individuals. All webinars are available at our website: [www.NHMAMD.org](http://www.NHMAMD.org) under Resources.

This report is a product for our “Vaccinate4All” Campaign that is supported by the CDC, Johnson & Johnson, and BIO and started February 2021. We plan to develop our media team and spokespersons for TV, Radio and print/electronic media with the National Association of Hispanic Publications and the National Association of Broadcasters and other partners and to develop our social media messages/website/newsletter presence for our network.

For more information, visit our portal: [www.HispanicHealth.info](http://www.HispanicHealth.info) for the COVID-19 Resource Hub for more information in English and Spanish for healthcare professionals and the public to use. If you have articles and resources to share, please send to [communications@nhmamd.org](mailto:communications@nhmamd.org)

#### 1. United States Public Health Service

##### Recommended Strategy

The United States Public Health Service (Janelle Routh MD, MHA) recommends a strategy of community engagement—critical to vaccination implementation success, that includes effective COVID-19 conversations for individuals to choose to get vaccinated and share CDC resources and toolkits. CDC also recommends the use of the new “V-safe CDC smart phone-based monitoring program to check-in with vaccine recipients after vaccination, report side effects or health problems after vaccination.

## 2. NHMA Gulf Coast Chapter (Leornado Seoane MD FACP/Ochsner Health System)

### Strategy

Ochsner Health System describes a strategy that focuses on Prevention through the uses of masks, vaccines, and monoclonal antibodies. Its research studies concluded that mandated mask wearing may reduce severity of COVID disease, It collects air samples for the COVID ward to measure aerosolized infectious SARS CoV-2. Live virus was retrieved from air samples at 7 and 16 feet.

### Recommendations:

- Encourage patients to enroll and inform others about the clinical trials for COVID-19 vaccines.
- Improve effective communication with diverse patient groups
- Gain skills in telehealth
- Practice clinical reasoning around problems during pregnancy and post partem care
- Wear masks to decrease population death rates and reduce the severity of COVID-19
- Establish student-driven COVID-19 Call Centers
- Recruit and integrate students to multidisciplinary teams to operate OB COVID-19 Call Centers

## 3. Covid 19 Contact Tracing and Vaccine Engagement in Latino (Judith Flores MD, NYC Health + Hospitals, NY, NY)

NYC Latinos have the highest rates for COVID-19, and Latinos lack knowledge on the course of the disease, lack access to testing and health insurance, and lack the resources to isolate safely, and culturally competent clinical and social services.

### Strategy:

The strategic goals of the NYC Test and Trace Corps (TTC) includes rapidly expanding COVID-19 testing to detect infections, tracing-identifying cases, tracing their contacts, and recommending isolation or quarantine, and connecting New Yorkers to resources to safely isolate or quarantine at home or in hotels. The goal is to slow the spread of COVID-19 by interrupting chains of transmission.

### Recommendations:

- All New Yorkers should receive COVID-19 diagnostic testing whether or not they have symptoms or are at an increased risk. Immigration status will not be asked
- Repeat diagnostic testing should be considered if an individual's previous test was negative and are now exhibiting signs or symptoms of COVID-19, concerned by a possible exposure, or work in a residential congregate setting (e.g., shelter or nursing home)

- Contact tracers should engage in a manner that preserves confidentiality and promotes trust
- Bilingual information and materials should be provided in Spanish in a culturally relevant manner.
- Contact tracers should provide support for health-related decisions, and act as a credible source for information, provide information and support to enroll individuals in health insurance, primary healthcare services and home-based deliveries of essential services goods such as food, medications, and PPE, and provide ongoing support throughout the isolation period.
- Recognize the extreme vulnerability of home care workers in the Covid-19 Pandemic. Covid-19 has been identified in more than 316,000 residents and staff members involved in home care services

NHMA Virtual Briefing Series Session 1/Managing Chronic Care Patients with COVID-19

4. Private Practice & Women’s Health Perspective (Nereida Correa, MD MPH, Bronx, NY)

There are clear inequalities and clear disparities in how COVID-19 is impacting NYC. In NYC the virus is twice as deadly for Black and Latino people than whites in NYC. Latinos represent 34% of Covid-19 deaths while representing 29% of the population. Blacks represent 28% of Covid deaths while making up 22% of the population. More than 60% of Covid deaths in the Bronx were to African Americans and Latinos.

Strategy and Recommendations:

- Increase support to neighborhood private practices.

Many Latinos prefer Community-based private practices because they speak Spanish and understand their culture. These practices face major challenges and instability from lack of finance, the ACA favoring FQHCs, and patients are staying away from fear of infection. Rent, malpractice and other expenses may prevent many practices from re-opening.

5. Impact of the Coronavirus on a Community (Sylvia Preciado, MD, Huntington Memorial Hospital, Pasadena, CA)

Strategy

Operation COVID-19 Is a group of practicing physicians who teamed up to address areas of vulnerability related to the Novel Coronavirus within nursing homes, assisted living facilities and the local community. Strategies deployed by Operation COVID-19 include eight factors, including: 1) mitigation via testing, education of staff in nursing homes and community to

reduce infections, 2) Drive through testing and testing at nursing homes, 3) obtaining donations for appropriate PPE shared with nursing homes, 4) sharing latest data, 5) planning for potential surge situation, 6) maintaining the quality of care for the elderly who have chronic illnesses, 7) Reduce admissions to emergency room and hospital, and 8) utilize other services such as Home Health and Hospice to assist chronically-ill patients.

#### Recommendations:

- Elderly Latinos have a high incidence of cardiovascular diseases, in addition to other chronic diseases and at risk for poor outcomes from everyday illnesses. To be successful at dealing with this reality, redesign how we think and behave on a daily basis going forward.
  - Re-engineer how we work within the SNF environment.
  - Amend policy and procedures to address these issues.
  - Management teams must include the appropriate personnel and understand their individual roles during times of crisis.
  - Physicians must participate in the decisions regarding care of the patients, structure of the care environment, and training of the accessory health team (LVNs, MA, therapists etc.)
  - Involve and educate family members who can be the source of transmission of diseases such as flu viruses, common cold etc.
  - Community Education: the general community has an important role in the effort to address COVID-19 and must be adequately informed on the consequences of COVID-19 infection in high-risk groups (SNF and lower income patients), techniques to prevent transmission, what to do when they get sick, and how to seek medical help, especially if they do not have a PCP.
6. COVID-19 Lessons Learned in the ICU (Leonardo Seoane MD, Ochsner Health, New Orleans LA)

#### Strategies and Recommendations:

- The use of non-invasive mechanical ventilation and High Flow Nasal Cannula to decrease the need for mechanical ventilation
- The use evidence-based therapies for ARDS that are successful in treating COVID-19 ventilated patients.
- Hypercoagulable state in critically ill patients leads to morbidity and mortality. The best way to reduce ventilator induced lung injury (VILI) is to never put them on the ventilator.

## 7. COVID-19 and Latino Mental Health (Congresswoman Grace F. Napolitano (CA-32))

### Recommendations

- Increase access to inpatient, outpatient, crisis, and recovery services
- Focus on Retention in Texas via expanded access to health insurance, decreasing the costs of medications, and combat stigma of mental health
- Provide cultural services for mental illness, depression, incarceration, undocumented (public charge), homeless
- Community nonprofits should focus on youth and families and improve education about mental health seeking behaviors
- Leadership development and workforce training for Latinos

## 8. South Texas Interprofessional Team Collaborative for Health in the South Texas and Colonias (Francisco Fernandez, MD, Department of Psychiatry, UTRGV School of Medicine)

### Strategy

- To position the UTRGV Medical School as a community resource for population health innovation and improvement through the provision of services that help identify health priority areas that guide action on population health, and that assist in evaluating the impact of health policies and interventions
- To build a diverse workforce with a keen understanding of the determinants of population health and health inequities and with the cultural skills necessary to serve an increasingly diverse population.
- To advance population health sciences innovation through a transformative research agenda that responds to key trends in health and health care and their corresponding impact on population health.

### Recommendations:

- Undertake regional and state-wide planning to address availability and access to mental health services
- Implement Case Management for early intervention of risk factors (FEP)
- Implement mental health services through mobile units and telemedicine in rural areas
- Train “promotoras” to assist with efforts in education and health promotion
- Increase the number of mental health providers in the Valley

9. COVID-19 and Social Isolation: Impact on Older Adults (Ruby C. Castilla-Puentes, MD, DrPH, MBA, President, American Society of Hispanic Psychiatry, Cincinnati OH)

#### Strategy

WHO lists “social support networks” as a determinant of health and reducing isolation in the elderly should be a general goal.

#### Recommendations:

- Develop public health initiatives that reduce perceived isolation, facilitate social network integration, participate in community activities, and protect against the development of affective disorders.
- Minimize the negative impact of COVID-19 on the elderly through a holistic approach that involves social organizations, health care providers, media, and charities.

10. Impact of COVID-19 on Healthcare Delivery (Xavier Villareal, National Association of Latino Healthcare Executives, CEO, Hillcrest Medical Center, Tulsa, OK)

#### Context:

Hospitals are experiencing high hospitalization rates and limited visitation of patient families. Communication regarding care is limited to the patient. Units are isolated to reduce spread of COVID and causes staff to feel isolated. Hospital management focused on preventing exposure of staff to COVID.

#### Strategy:

A “reopening strategy” — that includes hospitals serving as a resource to the community and educating patient and community. All spikes locally are tied directly to large gatherings and businesses that do not allow for social distancing. The strategy also includes universal compliance of masking during visitation, establishing social distancing in waiting rooms, cafeterias etc., testing of patients prior to surgery and admission, universal masking, the establishment of a COVID-19 Committee to review surges and monitor local/national trends, review appropriateness of surgery and non-surgical cases, and decisions on which resources to limit and when, the increased use of technology that considers the patient, incorporating translation services within telemedicine, encouraging the use of medical services when needed versus waiting, establishing patient cohorts via the use of semi-private rooms and staging cases that normally start in the early morning, follow-up calls to patients to include COVID-19 questions. Patients are waiting longer for care and as a result we are seeing a higher acuity patient. The strategy is also focused on measuring and mitigating employee burnout, staff safety, quarantining exposed staff, social distancing at orientation, town hall meetings, and celebrations, stocking up on PPE to prevent outages.

## 11. Impact on Healthcare: Telehealth (Sylvia Trujillo, MPP, JD, Vancouver WA)

### Strategies and Recommendations

Before COVID-19 telehealth adoption was increasing but very limited. The solution is the expansion of telehealth to achieve equitable access.

- Address policies and practices that impact adoption

## 12. Dealing with the New Normal (David R. Grube, MD, National Medical Director, Compassion and Choices, Vancouver, WA)

### Strategies and Recommendations:

- Use telehealth to reduce COVID transmission
- Practice advance care planning to include creating a plan, choosing a healthcare proxy, completing an Advance Directive, completing a COVID Addendum, and POLST form if necessary, ant to print, video record, and distribute patient's wishes

## 13. COVID-19 and the New Normal: People, Nurses, Telehealth (Winifred V Quinn, PhD, FAANP, The Center for Champion Nursing in America, AARP, Washington, DC)

### Strategies and Recommendations

- Nurses should reflect the population in terms of gender, race, and ethnicity
- Greater workforce diversity should reflect the population in terms of gender, race, and ethnicity. All nurses should provide culturally competent services and care.
- Promote diversity to help reduce health disparities, improve health outcomes, and achieve health equity.
- Partner with organizations representing historically marginalized communities including HBCUs and other schools of nursing educating diverse students
- Create a diversity manual of best or promising practices.
- Develop a toolkit for ethnic minority recruitment of faculty and students.
- Create a culture of cooperation and a professional progressive culture of Mentorship

## 14. The Impacts of the COVID-19 Pandemic on Medical Education (Alison Whelan, MD, FACP Association of American Medical Colleges, Washington, DC)

### Strategy and Recommendations

- Switch to online and virtual classroom learning

- Mitigate the disruption of clinical rotations via telehealth, telelearning, use of simulation and increase attention to competency-based education (CBE)
- Develop new curriculum and learning experiences including: understanding of the new rapidly evolving virus, enhanced population health, an enhanced focus on social determinants of health, antiracism and bias training (equity, diversity, and inclusion)
- Address the need for a true Competency-based Education to graduate competent, confident students

#### NHMA Virtual Chapter Policy Forum

#### 15. New York City and Philadelphia NHMA Chapters (Diana Torres-Burgos, MD, MPH National Hispanic Health Foundation Board Chairperson, Ana Maria Lopez MD, MPH, MACP,)

##### COVID-19 Impact on Latinos and Reflections from the Frontlines

###### Context:

US data shows that Black and Hispanic women have disproportionately high COVID-19 infection rates. The virus is twice as deadly for Black and Latino people than whites in NYC. COVID-19-associated hospitalization rates are highest among people who are Hispanic/Latino, non-Hispanic Black, and non-Hispanic American Indian/Alaska Native. In PA, about half of the states is not reporting COVID-19 data at all. But in York City, PA where 33% of the population is Latino, 71.6% of confirmed diagnoses are to Latinos.

#### 16. Covid-19 Disparities: Exploring the Issues (Susana Morales MD, Director Diversity Center of Excellence Cornell Center for Health Equity)

###### Context:

Failed federal response, inconsistent state responses, lack of testing capacity, slow test, testing not targeted to highest risk areas, delays in lockdown, school closures, restaurant closings, lack of contact tracing, lack of PPE, Delay in recommending face covering.

###### Healthcare delivery factors:

Historic undersupply and under equipment of safety net institutions, disparate quality of care, bias, EMS patterns—patients brought to already overwhelmed institutions, lack of access to primary health care, lack of bed capacity—admission and EMS threshold changed during peak, Nursing homes—mostly privately owned, poor infection control, understaffed, no testing, poor quality health information—digital divide, lack of linguistic and cultural competence, misinformation and lies including from highest levels of government



## Strategies and Recommendations:

- Address the poor quality of health information, including the digital divide, lack of linguistic and cultural competence, misinformation and lies including from the highest level of government
- Implement a National mask mandate
- Undertake aggressive public education
- Undertake aggressive coordinated testing throughout the country including production and distribution
- Undertake aggressive coordinated contact tracing throughout the country
- Avoid overly aggressive early reopening
- Develop a national plan for PPE, surges, ventilators
- Institute aggressive work in nursing homes
- Implement comprehensive care for survivors
- Provide trauma informed care

## 17. The Challenge of Providing Obstetric Care to Undocumented Migrants (Jack Ludmir, MD Thomas Jefferson University & Jefferson Health Philadelphia)

### Context

In Pennsylvania undocumented pregnant women do not qualify for MA to cover routine prenatal care. Access to prenatal care for women who are undocumented immigrants varies widely across the U.S. due to difference in state policies and differing state level interpretations of federal policies that fund health services for pregnant women.

### Strategy

Started Puentes de Salud, Latina Community Health Services and Jefferson Latina Clinic to work with the Latino community mainly from Honduras, and significant numbers of teenagers, to build trust using promotoras. In the last 14 years these clinics have been responsible for 2000 pregnancies, including a significant number of high-risk patients with diabetes, hypertension, thyroid etc. The care strategy includes providing 24/7 phone access through volunteer patient navigators, constant education, blood pressure cuffs at home, distribution of food and diapers with community-based organizations.

### Recommendations

- The American College of Obstetricians and Gynecologists has long supported a basic health care package for all women living in the USA without concern for country of origin or documentation.

18. Covid 19 Pandemic and its Mental Health Impact in the Latino Population (Pamela Montano Arteaga, MD Director of the Latino Bicultural Clinic, Gouverneur Health/NYC Health+Hospitals)

Context:

The Covid pandemic has highlighted the structural inequalities that affect the immigrant and non-immigrant Latinx population. The mental health impact of the Covid19 pandemic includes fear of getting sick, grief, separation from family, friends, work and their community, and seeing their communities being affected disproportionately by Covid-19. The signs of stress and mental health issues are significant in the Latino community including anxiety, feeling unsafe, increased use of alcohol, tobacco, and other substance, strained relationships with family members, hopelessness etc. mental health issues among physicians and other health care professionals include feelings of helplessness, traumatic experiences, fear, morbidity and death amongst patients, unclear instructions from hospitals/administration, increased hours/remote working

Strategy and Recommendations

- Address the structural inequalities that affect immigrant and non-immigrant latinx population.

NHMA Congressional Briefing (Senator Robert Menendez, Congressman Mario Diaz-Balart)

19. COVID-19 Impact on Latinos—A case for the Vulnerable Heart (Gladys P Velarde, MD, FACC, FAHA, Director Women’s Cardiovascular Health Program, University of Florida College of Medicine-Jacksonville)

Context

COVID-19 is unfavorable to Latinos because more are exposed to the virus as frontline essential workers; cannot afford to isolate and live in multigenerational households, and have more comorbidities such as hypertension, obesity, metabolic disease, and cardiovascular disease. Latinos with cardiovascular disease have increased mortality. COVID-19 interacts with the cardiovascular system on multiple levels. Myocardial injury is present in more than 25% of critical covid-19 cases.

Strategy and Recommendations

- Covid-19 cases with CVD should receive supportive pulmonary support, immunomodulation, and anticoagulation treatment.
- COVID 19 has highlighted existing health disparities and risks for Latinos and communities of color and those living in poverty. We should refocus and act on addressing health inequities that have only been worsened by the pandemic.

- Greater emphasis on data from the cellular level to the public health level is desperately needed.

#### Chicago and Indianapolis NHMA Chapters

Covid-19 and Diversity in Health Care (Phil Guerrero MD Chari, NHMA Chicago Chapter, Javier Sevilla-Martir MD Chair, NHMA Indianapolis Chapter)

#### 20. Stopping COVID-19 in the Latinx Chicagoland Community—Medical Provers Cannot do this alone (Pamela Vergara-Rodriguez MD, IL Unidos, Cook County Hospital)

##### Context:

Latinos are overrepresented in Chicago with 40% of positive cases. An estimated 50% of the unidentified race/ethnicity COVID positive tests belong to Hispanics.

##### Strategy

Illinois Unidos is a coalition of self-appointed volunteers that includes four Latino organizations—the Latino Policy Forum, ARISE, a workers rights organization, the Puerto Rican Agenda, and the Chicago Health Coalition; the community based organizations Family Focus, A Safe Haven (housing) Rincon Family Services, and Trinidad Lutheran Church; four FQHCs –Esperanza, Alivio, Eric Family Health, and ACCESS, the private institutions Imagen Marketing consultants, Boca Media Group, Tanoma Consulting, and Next Level Health, a managed care plan. Activities include:

- Public awareness campaign to reduce/stop COVID-19 through outreach and education
- Targeting small businesses and at-risk business
- Increasing and Informing the community regarding about city/state resources
- Improving and correcting data on Latino COVID-19 trends
- Increasing screening and testing
- Increasing representation of Latinos at the City and State level
- Actively supporting policies and leveraging networks
- Empowering the Latino Community through social media—stop blaming the victims, identifying the barriers to quarantine, and sheltering at home
- Identifying potential intervention points
- Addressing the lack of resources for Hispanics impacted by COVID-19
- Getting representation to advocate for Latinx needs, including and economic plan (stimulus monies, financial resources, future economy), contact tracing, educational needs of children and parents, current influenza and future COVID Vaccination

21. Latinos and COVID: The role of language and race when creating resources (Dr. Maria V Gomez, Emergency Medicine Physician, Mercy Health Javon Boe Hospital)

Context

Racial and ethnic populations experience differences in recall and the questions asked leading to trust issues when treated by monolingual physician groups vs bilingual physician groups.

Strategy and Recommendations

22. Insurer Approaches to Equity in Care (Derek J Robinson, MD, MBA, FACEP, CHCQM, President Blue Cross Blue Shield IL)

Context:

In working households, one of five adults reported they and/or their spouse or partner were laid off or furloughed from their job because of COVID-19. Of these, 24% were Black, 31% Hispanic, and 18% White. One of five adults who said that they or a spouse or partner had coverage through a job affected by COVID-19 reported that at least one of them is now uninsured.

Strategy:

- BCBSIL has made investments valued at \$300 million, including: waving member cost sharing, expanding telehealth, grace period extensions, COVID-19 Economic Response Program, and community investments.
- In 2020, Blue Cross Blue Shield of Illinois (BCBSIL) has 20 ACO contracts with 11 ACOs participating in race/ethnicity/language stratification.
- BCBSIL and the American Hospital Association are working to support IL hospitals in improving health equity e.g., addressing physician bias, asthma, diabetes, and hypertension, and SDH screenings.
- BCBSIL established the Blue Door Neighborhood Center to improve community health with high-touch, face-to-face engagement through care coordination, prevention and education, health and wellness programs, community resource awareness, and use of no-cost meeting space to non-profits organizations.
- BCBSIL donated \$500,000 to the Chicago Community Covid-19 Response Fund, purchase and donated 150,000 KN95 masks for use by front-line Illinois providers in collaboration with Teamsters Joint Council 25 of Chicago.

Recommendation

- Consider offering people who get health insurance through their employers the option of getting similar coverage at a similar cost through government-regulated and subsidized health plans.

### **NHMA Overarching Strategies**

1. The implementation of a strategy of community engagement may be critical to the successful implementation of a national vaccination campaign that includes having effective COVID-19 conversations for individuals to choose to get vaccinated, including sharing CDC resources and toolkits, and encouraging the use of the new “V-safe CDC smart phone-based monitoring program to check-in with vaccine recipients after vaccination to report side effects or health problems after vaccination.
2. Promote an institutional and community prevention strategy that focuses on Prevention through the uses of mandated mask wearing, encouraging vaccinations, and access to monoclonal antibodies.
3. Encourage patients to enroll and inform others about the clinical trials for COVID-19 vaccines.
4. Rapidly expand Covid 19 Contact Tracing and Vaccine strategies to engage Latinos with highest rates of COVID-19 and other vulnerable populations to conduct COVID-19 testing to detect infections, tracing-identifying cases, tracing their contacts, and recommending isolation or quarantine, and connecting communities to resources to safely isolate or quarantine at home or in hotels. The goal is to slow the spread of COVID-19 by interrupting chains of transmission.
5. Make COVID-19 diagnostic testing universally available whether or not individuals have symptoms or are at an increased risk. Repeat diagnostic testing should be considered if an individual’s previous test was negative and are now exhibiting signs or symptoms of COVID-19, concerned by a possible exposure, or work in a residential congregate setting (e.g., shelter or nursing home).
6. Develop strategies to recognize and protect home care workers who are extremely vulnerable in the Covid-19 Pandemic.
7. Increase support to neighborhood private practices who share their language and culture and enjoy their trust. Many Latinos prefer Community-based private practices because they speak Spanish and understand their culture. These practices face major challenges and

instability from lack of finance, the ACA favoring FQHCs, and patients are staying away from fear of infection. Rent, malpractice and other expenses may prevent many practices from re-opening.

8. Develop community collaborative strategies to protect the elderly and addressing areas of vulnerability within nursing homes, assisted living facilities and the local community. Strategies can include tactics such as those practiced by Ochsner Healthcare's Operation COVID-19 that include eight factors, including: 1) mitigation via testing, education of staff in nursing homes and community to reduce infections, 2) Drive through testing and testing at nursing homes, 3) obtaining donations for appropriate PPE shared with nursing homes, 4) sharing latest data, 5) planning for potential surge situation, 6) and maintaining the quality of care for the elderly who have chronic illnesses, 7) Reduce admissions to emergency room and hospital, and 8) utilize other services such as Home Health and Hospice to assist chronically-ill patients.
9. Promote Community Education: the general community has an important role in the effort to address COVID-19 and must be adequately informed on the consequences of COVID-19 infection in high-risk groups (SNF and lower income patients), techniques to prevent transmission, what to do when they get sick, and how to seek medical help, especially if they do not have a PCP.
10. Increase access to inpatient, outpatient, crisis and recovery services. Focus on Retention in Texas via expanded access to health insurance, decreasing the costs of medications, and combating the social stigma of mental health. Provide cultural services for mental illness, depression, incarceration, undocumented (public charge), homeless. Community nonprofits should focus on youth and families and improve education about mental health seeking behaviors. Promote leadership development and workforce training for Latinos
11. Identify health priority areas that guide action on population health, and that assist in evaluating the impact of health policies and interventions
12. Build a diverse workforce with a keen understanding of the determinants of population health and health inequities and with the cultural skills necessary to serve an increasingly diverse population.
13. Advance innovation in the population health sciences through a transformative research agenda that responds to key trends in health and health care and their corresponding impact on population health.
14. Undertake regional and state-wide planning to address availability and access to mental health services

15. Implement Case Management for early intervention of risk factors (FEP)
16. Implement mental health services through mobile units and telemedicine in rural areas.
17. Train promotoras to assist with efforts in education and health promotion
18. Develop public health initiatives that reduce isolation in the elderly. The World Health Organization lists “social support networks” as a determinant of health. Minimize the negative impact of COVID-19 on the elderly through a holistic approach that involves social organizations, health care providers, media, and charities.
19. Expand telehealth to achieve equitable access and identify and address policies and practices that impact adoption. Use telehealth to reduce COVID transmission.
20. Promote workforce diversity to help reduce health disparities, improve health outcomes, and achieve health equity.
21. Create a diversity manual of best or promising practices and a toolkit for ethnic minority recruitment of faculty and students.
22. Develop new curriculum and learning experiences including understanding of the new rapidly evolving virus, enhanced population health, an enhanced focus on social determinants of health, antiracism and bias training (equity, diversity, and inclusion). Address the need for a true Competency-based Education to graduate competent, confident students