



## COVID-19 AND HEALTH EQUITY



A Virtual Summit Sponsored by the University of Houston College of Medicine

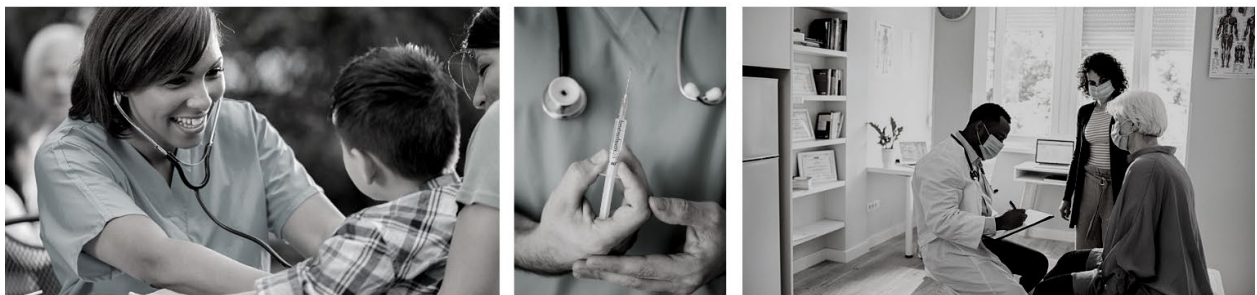
# Impact, Challenges, Solutions

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# Executive Summary

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How we respond to the many ramifications of the COVID-19 pandemic is critical to the recovery and long-term health of all Texans. The pandemic has exposed the infrastructure failings, social inequities and health care disparities that exist in our society, putting our most vulnerable communities at further risk. It has also given us the opportunity to work towards a healthier, stronger Texas.

The University of Houston College of Medicine hosted the COVID-19 and Health Equity Virtual Summit on April 2, 2021 to bring together various stakeholders from the Greater Houston community to discuss the issues and challenges that need to be addressed, and to identify strategies for possible solutions. The end goal of the summit is to create grassroots community-based partnerships and share concrete action plans to ameliorate the most pressing needs in our communities.

The summit included 113 attendees, representing area churches, educational institutions, medical community, nonprofit organizations, and service agencies.

It opened with four brief plenary presentations. The topics and presenters included:

- **COVID-19 and Health Equity – Leon McDougle, M.D., M.P.H., Chief Diversity Officer of the Ohio State University Wexner Medical Center.**
- **Testing for COVID-19 Infection – Stephen Williams, M.Ed., M.P.A., Director of the Houston Health Department.**
- **Vaccines to Prevent COVID-19 – Peter Hotez, M.D., Ph.D., Co-Director, Texas Children’s Hospital Center for Vaccine Development; Dean, National School of Tropical Medicine, Baylor College of Medicine.**
- **COVID-19 and Mental Health – Ezemenari Obasi, Ph.D., Director of HEALTH Research Institute; Associate Dean of Research, UH College of Education.**

The summit focused on three major areas of health disparities:

- **Testing for COVID-19 Infection**
- **Vaccines to Prevent COVID-19**
- **COVID-19 and Mental Health**

Discussions revealed several parallels among these areas, but **mental health** clearly emerged as the critical issue. Even before the pandemic, a dire mental health situation existed in America – the prevalence of mental illness and associated issues was on the increase among adults and youth, along with shortage of mental health care providers and inadequate funding and investment. COVID-19 is exacerbating the situation and bringing it to a crisis point.

**Key findings and recommendations from the summit:**

1. **Community partnerships and collaborations are essential.** Working with trusted voices within communities is key to getting real results. In order to tackle issues related to access and equity, a

consistent “ground game” is a must – working with community groups and organizations that have established contacts and trust within each community. All the different stakeholders bring unique insights and expertise to the table and working together will result in more effective solutions.

2. **Be open to flexible approaches and delivery of services.** Different communities, and the subgroups within those communities, have unique needs and issues. This means there is no “one-size fits all” solution.
3. **Invest in health care infrastructure and resources.** One of the main lessons of the pandemic is that we have a broken health system that has emphasized disparities and chronic conditions. We need to increase funding and investment to create a robust and integrated health care system to support all Texans.
4. **Outreach and education need to be priorities.** In all areas – whether it be testing, vaccination or mental health – outreach and education play a key role in combatting misinformation, fears, stigma, and hesitancy, and in building understanding, trust, and value. Messaging must be continuous and consistent, delivered in multiple languages and through multiple platforms to reach the very diverse audience in the Houston area. Possible solutions involve clear communications, trusted sources, and unified and focused marketing campaigns.
5. **Educate and equip teams of lay volunteers.** Community volunteers who come into regular contact with community members and are trusted can help facilitate outreach and support governmental, organizational, and professional efforts in all areas. They can address needs – from helping to register people for vaccine appointments and fill out complex forms, to providing basic mental health support before professional intervention is needed – and connect community members to resources.

## Focus areas:

### Testing for COVID-19 Infection

COVID-19 testing is still very important in the battle against COVID-19. To increase demand and access to testing, several factors need to be addressed:

- **Increase Demand** – We need to increase awareness about the role and importance of testing, since most of the financial, outreach and educational resources recently shifted from testing to vaccination. A possible solution is for testing to be embedded in the regular health care system. Marketing and addressing misconception in the following communities was recommended: males in minority communities, young people, and the immigrant community.
- **Increase Accessibility** – Laboratories and testing centers need be more transparent and show the public that they have become more efficient and trustworthy. Some people still do not trust the results. Testing locations continue to be a big barrier. Developing a home testing kit was

recommended. This would address the issues of delayed results, transportation, and some system inefficiencies. Free testing for everyone is desirable.

## Vaccines to Prevent COVID-19

The COVID-19 vaccines rollout and dissemination are well underway, but efforts continue to encounter vaccine hesitancy based on fear, misinformation, shame and mistrust among certain segments of the population. We need to address several areas of improvement to increase community vaccination rates:

- **Address Accessibility** – We need to offer alternate ways for the community to sign up for the vaccine, especially for those who do not have access to computers, are not technologically skilled, as well as options for those who don't have access to transportation to travel to vaccine sites. Offering specialized services to the following groups was suggested: the homeless, immigrants, people with disabilities, and the elderly.
- **Use Volunteers and Community Advocates** – Having more people involved in the vaccination sign-up process and having volunteers and community advocates reach out to people in the community was recommended as a way to eliminate reoccurring frustrations and misinformation with the mostly online sign up process to register to get vaccinated.
- **Involve Community Leadership** – Community leaders need to be more involved in actively promoting the vaccine. Having leaders in the community show support for vaccines and vaccination would help inform people of the vaccination process. Using a variety of media campaigns and having several community-based agencies to promote the vaccine would help earn the trust of the community. Suggested community leaders that could help raise awareness include physicians, nurses, influencers, pastors, friends, politicians, leaders of community-based organizations, and health care specialists.
- **Increase the Number of Vaccination Locations** – Vaccination locations and efforts need to be more present within the community. Suggestions included going door to door, mobile vans, schools, churches, hair salons, pharmacies, barber shops, food pantries, and gas stations. Working within the community and working with what is convenient will impact the people that live in that community.
- **Other ideas for improvement include:** presenting information in multiple languages, hosting pre-registration days, partnering with smaller clinics, partnering with local businesses to make vaccine clinics into community events, opening up the vaccination sites to accept more forms of identification, flexible hours and making it clear that testing and vaccines are free. Most vaccine sites ask for insurance information during registration, which creates confusion and can deter uninsured people.

## COVID-19 and Mental Health

The COVID-19 pandemic has exacerbated pre-pandemic mental health issues and added to them significantly, creating an urgent need for attention, intervention, and investment. There is also the PTSD aspect of COVID-19's impact that needs to be part of the conversation. If left unaddressed, we are in danger of perpetuating the cycle that will lead to further health disparities and problems.

There are several factors that need to be addressed to improve mental health awareness and care in our communities:

- **Increase education and awareness efforts** – There is a lack of understanding about mental health along with pervasive stigma that create internal and social barriers. There are also cultural biases within the African American, Hispanic, and Asian communities that keep individuals from seeking professional help. The solution is to provide consistent education and awareness campaigns that are culturally inclusive in multiple languages and through diverse channels. Targeting campaigns to younger generations and families was recommended. Topic suggestions included: What does good mental health mean? How to do self-care for good mental health? Managing mental health diagnoses.
- **Train lay members of the community to act as patient advocates and support mental health needs within the community** – Lay members would include community health workers, religious leaders, teachers, community volunteers and advocates, housing personnel, etc. These individuals are in place to observe the first signs of issues and many are trusted within the community. Volunteers would make mental health care more accessible to people and connect individuals to more professional care when needed. The recommended solution is to provide lay people a short certification course that would prepare them to address mental health situations in their communities at a basic level.
- **Create an integrated care system that includes mental health screening and services** – Make mental health services part of an integrated health care system and with COVID-19 prevention and treatment strategies.
- **Increase funding and investment for mental health services** – The lack of access to psychiatric and mental health services that exists for a lot of patients are often connected to reimbursement and funding issues tied to Medicaid, Medicare, and third-party insurance providers. Solutions include increasing funding and reimbursement for mental health services provided, exploring funding options for nonprofits and community organizations providing mental health support, and creating mental health service options for people without insurance. Funnel more resources to underserved and rural communities.
- **Address Accessibility through Nontraditional Locations and Technology** – Getting to clinics and therapists can be hard for people with transportation and/or childcare issues and can deter them from getting the help they need. Have mental health resources and support available in communal spaces like food pantries, community centers, schools, and apartment complexes. Continue to offer mental health services through telehealth by making technology more accessible and affordable for those who want to use it.

- **Other solutions** – Use data models for outreach and intervention by identifying at-risk areas. Work with schools to address mental health issues among children at initial onset and put into place other intervention measures. Simplify treatment and paperwork. Create patient-centered treatment plans that consider each patient’s social and physical needs.

## Concerns

The mental health discussions also raised the following concerns:

- What kinds of formal training do pastors, lay chaplains and other religious leaders receive from their religious organizational groups about how to respond to mental health situations?
- What are the rules and regulations for paraprofessionals in Texas? What kind of certification and licensure do they need?

## Resources Shared:

The web site for UH Clear Lake’s Mental Health First Aid Training:

<https://www.uhcl.edu/counseling-services/mental-health-first-aid>

Mental Health First Aid USA:

<https://www.mentalhealthfirstaid.org/>



# Detailed Report

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“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.”

– Martin Luther King Jr., “Letter from Birmingham Jail,” April 16, 1963.

## Introduction

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It has now been more than a year that the COVID-19 pandemic has been continuing and it is having far-reaching impact on every aspect of our lives. In addition, the pandemic has shone a light on the many significant inequities and health disparities that exist among the communities that make up the greater Houston area; underserved communities of color have been hit particularly hard.

The University of Houston College of Medicine is built on the mission to improve the health and health care in our communities. As such, it has the responsibility to respond to the critical needs exposed.

The College of Medicine hosted the COVID-19 and Health Equity Virtual Summit on April 2, 2021 to bring together various stakeholders – from the different communities in our city, people from the University of Houston, experts from around the country – to discuss the issues and challenges that need to be addressed, along with strategies for possible solutions.

While 127 people registered for the summit, 113 participants attended. They represented leadership and advocates from area churches, educational institutions, the medical community, nonprofit organizations, and service agencies, as well as experts from around the country.

The summit opened with four brief plenary presentations. The topics and presenters included:

- **COVID-19 and Health Equity – Leon McDougle, M.D., M.P.H., Chief Diversity Officer of the Ohio State University Wexner Medical Center.**
- **Testing for COVID-19 Infection – Stephen Williams, M.Ed., M.P.A., Director of the Houston Health Department.**
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- **COVID-19 and Mental Health – Ezemenari Obasi, Ph.D., Director of HEALTH Research Institute; Associate Dean of Research, UH College of Education.**



The summit focused on three major areas of health disparities related to COVID-19:

- **Testing for COVID-19 Infection**
- **Vaccines to Prevent COVID-19**
- **COVID-19 and Mental Health**

The goal of the summit is to collaborate with stakeholders throughout the community of broader Houston to intervene in areas of critical need and make a difference.

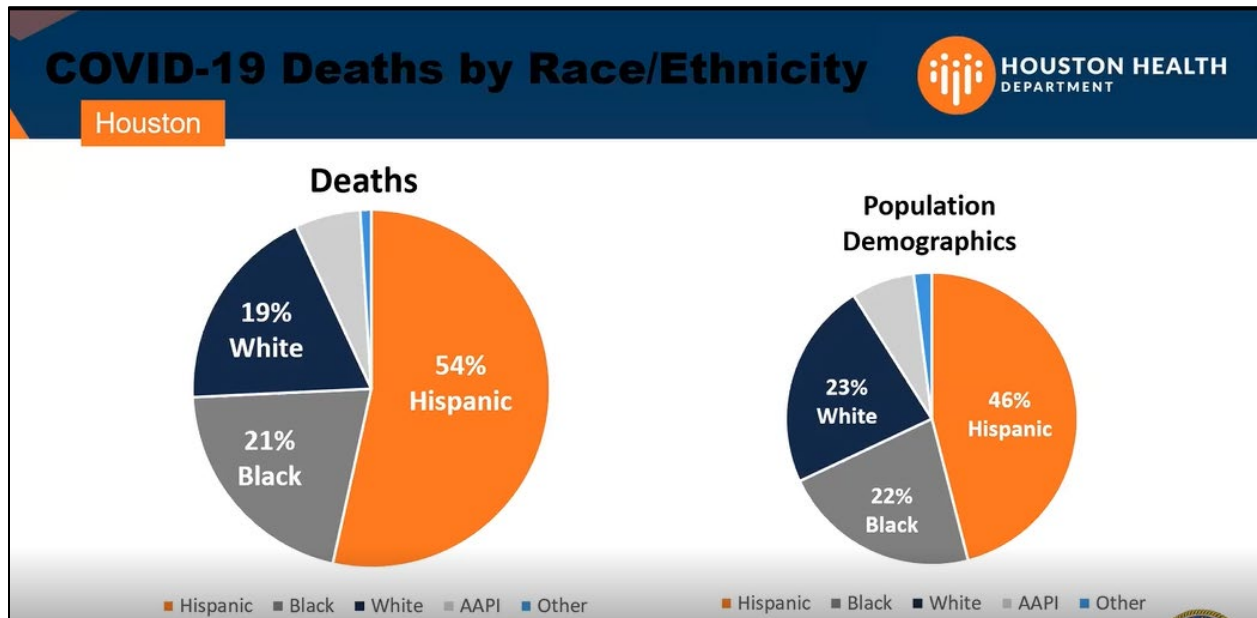
It may be years before we fully comprehend all the ramifications of COVID-19 on our society and our lives. But the conversation and exchanges during the summit provided insight and a starting point.

## COVID-19 and Houston in Terms of Testing & Vaccination

A survey by the University of Houston Hobby School of Public Affairs shows that the adverse impact of COVID-19 has been widespread. Almost 30% of respondents expressed that they personally know someone who has contracted the COVID-19 virus. More than 10% of them lost family members or friends to COVID-19.

Nationally and most certainly in Houston, a disproportionate number of people who belong to the Hispanic and African American communities are getting sick and are actually dying from COVID-19 infection, many are grieving the loss of family and friends.

Stephen Williams, director of the Houston Health Department, shared some data with summit attendees.



Of the 2,213 COVID deaths reported in Houston, 54% of the dead were Hispanic compared to Hispanics making up 46% of the city's population, while 21% of the deaths were African American, compared to 22% of the population and 19% of the dead were white who make up 23% of Houston's population. The data shared was from March 30, 2021.

"I'm talking numbers here and percentages, but you are really talking about someone's mother, someone's father, son, daughter, sister or brother," Williams said. "It makes it pretty clear that we need to pay attention to this."

The Houston Health Department focused on access and equity in their efforts involving testing and vaccine dissemination. It identified priority zip codes made up of the 20 most vulnerable and at-risk communities in the Houston area. These areas had limited access to testing and higher rates of underlying health conditions making them the most vulnerable to severe health outcomes.

The at-risk communities provided a historical snapshot of health inequities that have existed for a long time and are also dealing with other critical issues.

Overall vaccination rates were at 19% for the City of Houston during the summit. Looking at the priority zip codes identified, this rate is not good news.

### **Continuing Challenges and What is Working**

Many are not testing. Williams said the numbers are hovering a bit below the 2% of the population that should be tested on a weekly basis as recommended by the Centers for Disease Control and Prevention (CDC).

Vaccine hesitancy and misinformation has been a challenge. Mistrust towards the government, drug companies and vaccines in general are among the top reasons for that hesitation – all of this stems from a long history of racism in medicine. Data shows that African Americans are gradually opening up to the idea of taking vaccines.

Williams found that working with trusted voices within communities is key for getting results. He partnered with churches, community organizations and professional organizations with connections and roots in the vulnerable communities. Several churches have successfully hosted vaccine clinics. Other nontraditional locations to consider are hair salons and barber shops, food pantries, schools, and gas stations. In order to tackle issues related to access and equity, a consistent "ground game" is a must.

Other solutions involved thinking out-of-the-box. Houston was also one of the first cities to test to start testing for the COVID-19 virus in wastewater. The city is served by 39 wastewater treatment plants & multiple manholes in the vulnerable zip codes. Viral load in wastewater is an early indication – a lead time of up to one to two weeks – of what was going to be apparent in the clinical positivity rate. This helps the Houston Health Department identify emerging outbreaks and pinpoint areas where intervention is needed. The department shifts sites based on the wastewater positivity data.

Information technology presented another challenge. To get the vaccine, people have to go online to register and make an appointment. Williams' team found that a lot of people, especially seniors, are not

comfortable with that approach. The department collaborated with the Area Agency on Aging to create a call center to offer an alternate registration process and partnered with pharmacies to vaccinate homebound people.

The key for successful efforts against the COVID-19 disease, Williams said, was coming up with strategies unique to different areas. His department plans to continue offering large mass sites, mobile site and working at the grassroots level with communities.

#### **Recommendation on what is Needed:**

- Educate the Houston population about role and importance of continued testing as well as to combat misinformation related to vaccines. Communication needs to be clear and in multiple languages.
- Family-centered marketing campaigns designed to encourage testing and vaccination. Recommendations included focusing on families, males in minority communities, younger generation, and the undocumented community.
- Laboratories and testing centers as well as vaccine producers and disseminators need be more transparent and show the public that they have become trustworthy and more efficient.
- Make COVID-19 testing and vaccination a part of the regular health care process.
- Make testing and vaccination sites more conveniently located, with flexible hours, accept more forms of identification and not require registration. Offer specialized services to the following groups: the homeless, undocumented immigrants, people with disabilities, and the elderly.
- The cost issue needs to be addressed. How long will testing and vaccines be free and for whom? What would be cost? Asking for insurance information at vaccination sites has been confusing and may be a deterrent to the uninsured community. Once the cost factor changes, it will need to be clearly communicated.
- Development of a home testing kit would address the issues of delayed results, transportation issues, and some system inefficiencies.
- Involve community leaders and volunteers in testing and vaccination efforts. Community leaders can help raise awareness about the importance of testing and vaccination. Community volunteers can help individuals with the registration process, paperwork, or even transportation issues. Community involvement should reassure individuals about both processes.

# The COVID-19 Impact on Mental Health

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The impact of the COVID-19 pandemic on mental health issues should be of great concern, according to Professor Ezemenari Obasi, director of the HEALTH Research Institute and associate dean of research at the UH College of Education, with a joint faculty appointment in the College of Medicine.

“It’s one of those topics that has not really gained a lot of the national attention it deserves, but it really, really affects our day-to-day wellbeing and quality of life,” Obasi said.

The COVID-19 pandemic, its resulting economic recession and collective grief is taking its toll on American’s mental health. Add to that the daily grind of parents balancing working from home and schooling children, confusing messaging, and politicizing of COVID-19 safety measures, and distance learning and isolation.

Layer in the racial reckoning that is happening, all the cases of police brutality involving George Floyd and too many others, and the attacks on Asian Americans.

Texas has also had to deal with devastating winter storms and power failures, which left more than 4.8 million customers in Texas without power and at least 111 people dead at last count.

“When you sort of put all that into one big package, there is no wonder why psychological issues are a big thing that needs to be addressed when it comes to COVID-19,” Obasi said.

Stress is one of those trans-diagnostic vulnerabilities that has an impact across the board. If you have an increase in stress, it’s going to affect almost every mental health status and every physical health status added Obasi, who leads groundbreaking research on the neurobiology of stress, alcohol and drug abuse, health disparities and cultural predictors of health behaviors.

There is indication that the pandemic may be even more closely tied to mental and neurological health. As many as 1 in 3 COVID-19 survivors experienced a mental health or neurological disorder within six months of a coronavirus infection, according to a study of more than 230,000 patients published recently in [\*The Lancet Psychiatry\*](#).

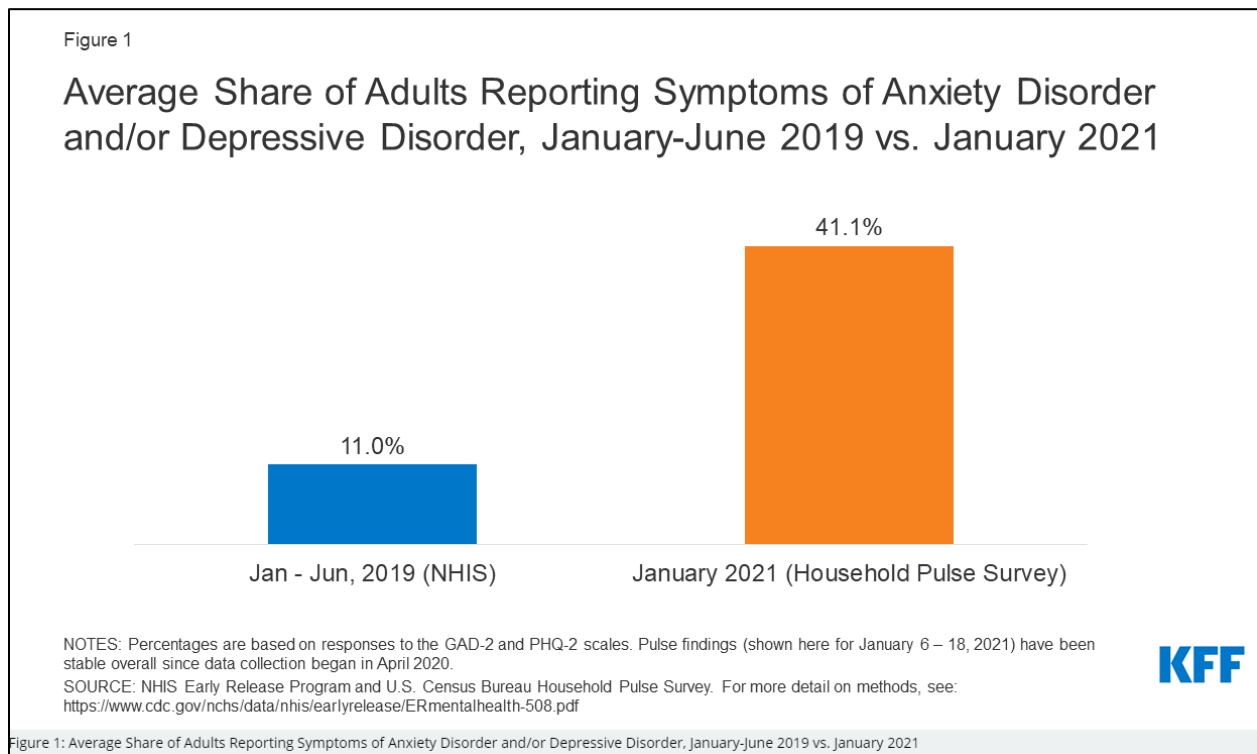
Out of 14 disorders, the most common conditions researcher saw included anxiety (17%) and mood disorders (14%), followed by substance use disorders and insomnia.

Although neurological diagnoses were less common, they were more prevalent and significant in patients who had been seriously ill during a COVID-19 infection according to research findings.

Thousands of people who survived a COVID-29 infection, even a mild one, continue to battle physical and mental health issues even six months afterwards and are also at a greater risk of dying (59%) according to study involving more than 87,000 patients that was recently published in the journal *Nature*.

Data from KFF (Kaiser Family Foundation), a nonprofit organization focused on national health issues, shows that mental health issues are increasing among Americans.

What we are seeing is that in the first half of 2019, there were about 11 % of people who shared having experiences of anxiety or depressive symptom, now in January 2021, the number of respondents with those experiences has increased fourfold, almost 41.1% of the population is having these experiences.



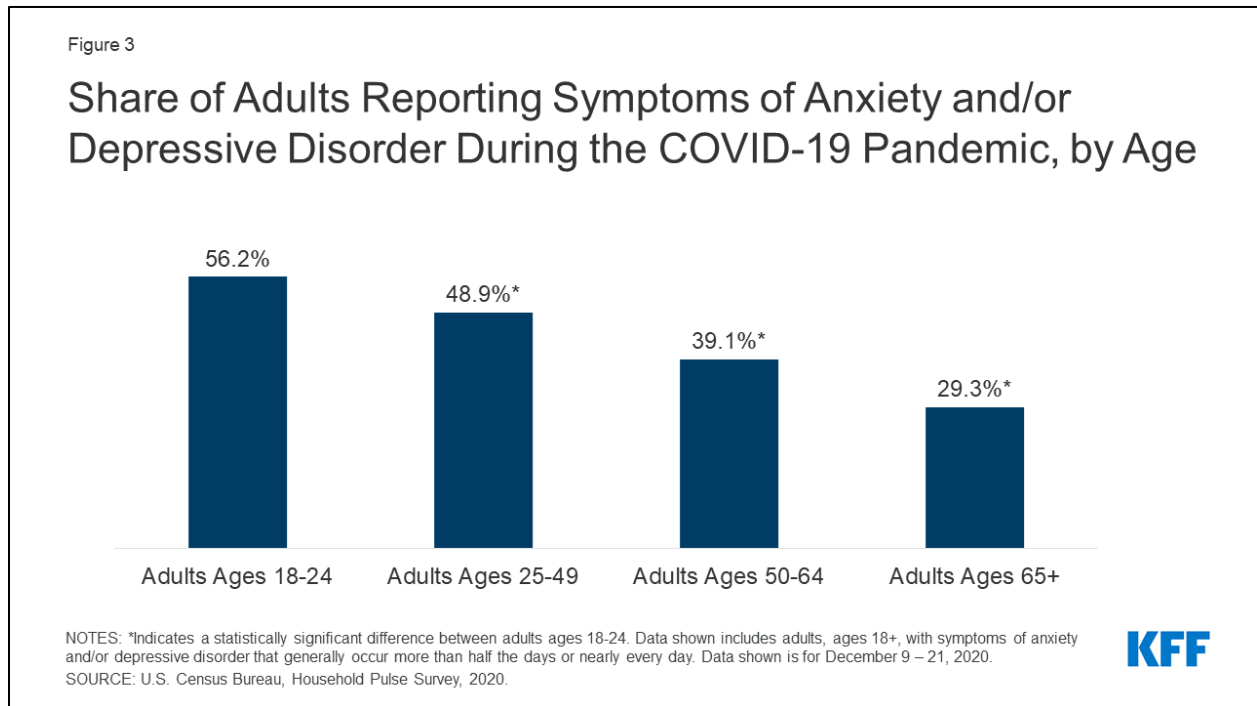
One problem that is not being much talked about is the **PTSD aspect** of the pandemic. Obasi shared examples of frontline workers who watch patients pass before their eyes or an individual with a family member who is dying because of COVID-19 and they can't physically be next to them in their last minutes. "All these things are huge, huge indicators of how mental health can come into play," he said.

The pandemic is leaving many people traumatized, exhausted and in need of extra support. Groups of particular concern include: adults and youth dealing with mental health issues and substance use issues, frontline health care workers, religious leaders, immigrant communities, mothers with children and little or no support, individuals in a domestic abuse situation, homeless individuals, essential workers, communities of color, lower-income individuals and the unemployed.

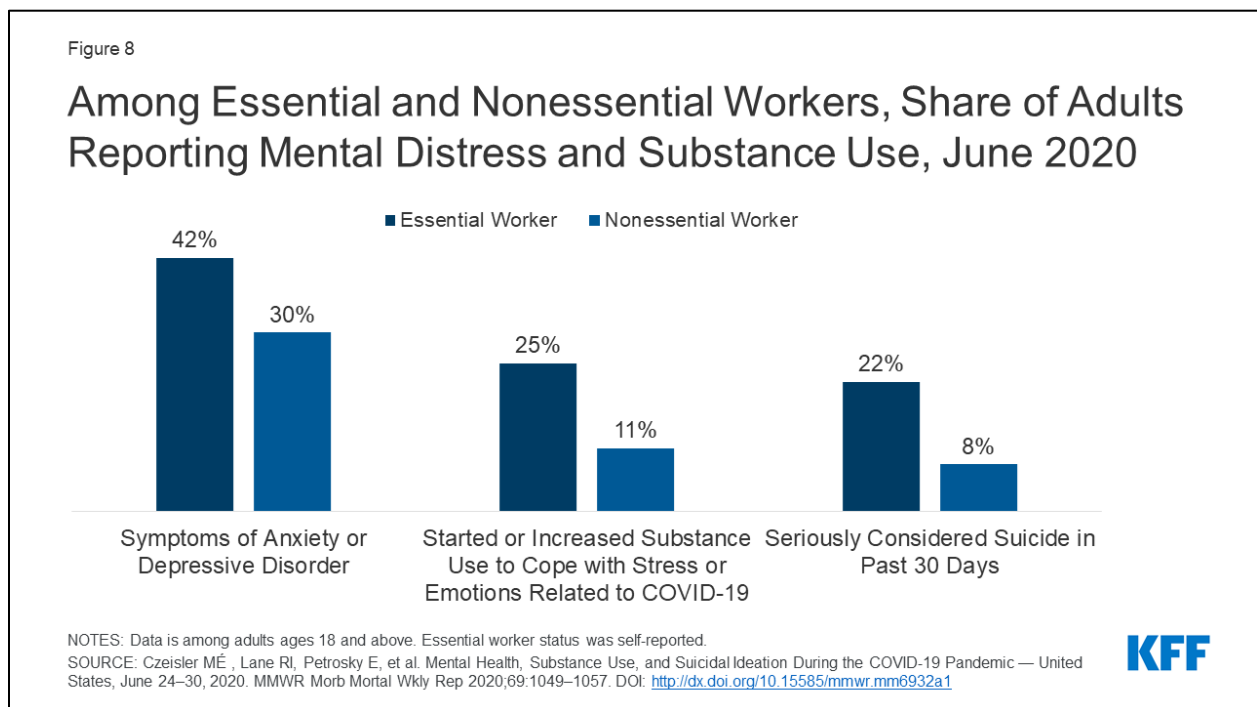
Using alcohol, tobacco and marijuana or opioids are common ways people are currently coping with the pandemic, which is resulting in increases in substance use issues.

Digging deeper shows more interesting data related to some of the subgroups that are differentially impacted in this space.

We look at YA: (18-25) – Anxiety/depression symptoms (56%) is very high at more than half of that population.

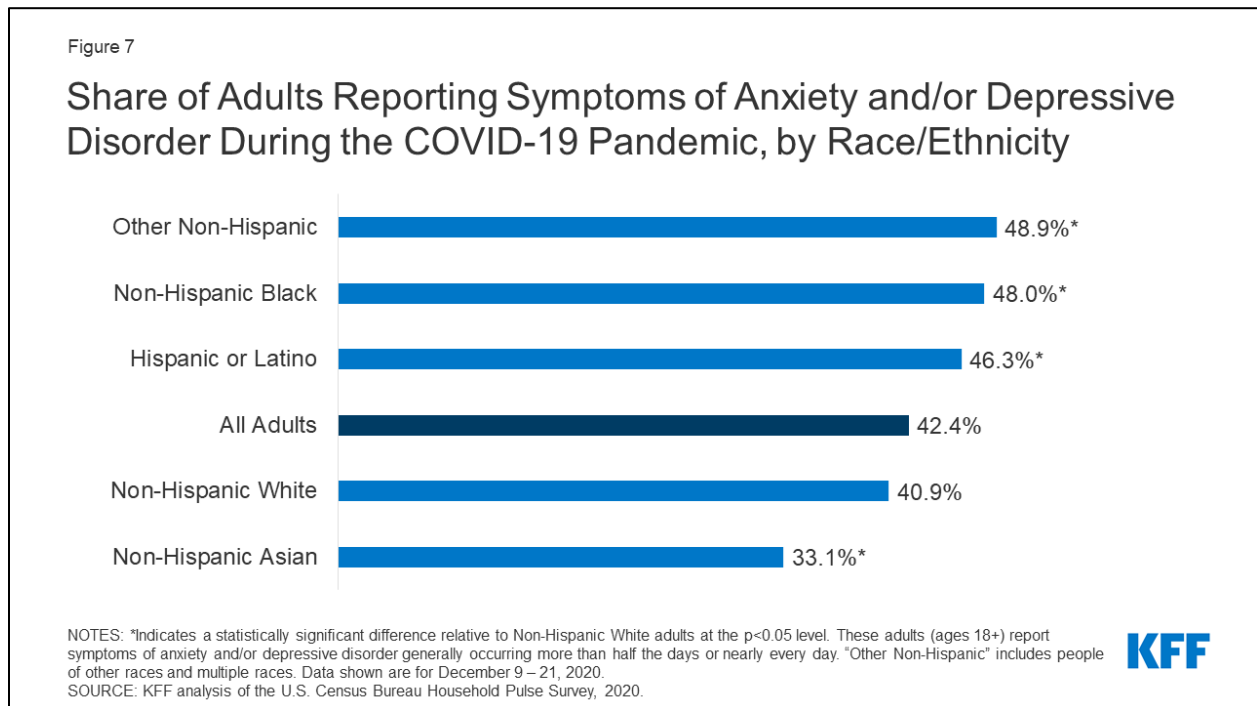


Even our Essential Workers are dealing with the same issues – Anxiety/depression symptoms (42%), substance use (25%), suicide ideation (22%).



Obasi describes the situation as double jeopardy for people of color. They are overrepresented in COVID-19 morbidity and mortality data, but also overrepresented in the lack of access to behavioral health care. A very clear pattern emerges where African American and Hispanic communities are not getting treatment for mental illness, for co-occurring mental illness and substance use disorders or even major depression. All their numbers are below national norms as relates to access to behavioral health and mental health care, Obasi shared. Even before the pandemic, data showed premature terminations, lack of access to care, inability to pay for the care, issue of treatments being less culturally responsive and potentially not as effective.

All those things existed before COVID-19 and now are more exacerbated today.



## Continuing Challenges

Inadequate service and investment are keeping people from getting the mental health services they need for overall wellbeing.

According to a [World Health Organization survey](#), about 93% of all countries experienced a disruption or halted critical mental health services due to COVID-19.

Less than 2% of the national health budgets gets spent on mental health treatment and interventions.

In addition, 89% of the countries reported that mental health is part of their COVID-19 plan, but only 17% actually funded it.

“There is lip service given to mental health matters, but when you follow the dollars there is no investment in the provision of mental health services as a function of COVID-19,” Obasi said.



Social stigma related to mental health is a long-term problem and needs to be addressed. Media mentions of mental health usually involve tragedy – such as a mass shooting or suicide situation. It needs to be talked about in a way that takes the stigma away from mental health and normalizes the fact that everybody feels sad, has a sense of anxiety, experiences stress every now and then. Messaging needs to focus on effective strategies for addressing those negative feelings that don't require coping strategies, like substance use, that do more harm in the long run.

Also, communities of color tend to turn to trusted religious leaders instead of seeking professional counseling. Many of these church or other leaders may not be trained and able to provide mental health first aid. This is adding a lot of stress and leading to mental health issues for lay chaplains, pastors and other leaders. There has also been significant loss of religious leaders, who are often incredibly vulnerable frontline workers.

Texas ranks #50 out of 51 in overall access to mental health care, according to the “2021 State of Mental Health in America Report” released by Mental Health America (MHA). Problems include inconsistent treatment, shortage of mental health care providers, delayed screening and treatment, and lack of treatment.

Finally, we must address the inequities in access and quality of service, which have been a longstanding challenge in the field of psychology. While things have improved in the last 15 years because more people are thinking about cultural competency and how to integrate that into the training experience. But it has to go further than just one course, it has to be fully integrated in every course and all the training experiences.

According to the American Hospital Association, cultural competency in health care is the “ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of health care delivery to meet patients' social, cultural and linguistic needs.”

It is an integral part of a provider's skill set when working with the highly diverse population of patients in the greater Houston area and beyond.

Without getting the training right, it is going to be impossible to provide the best quality care to diverse communities.

#### **Recommendations on what is Needed:**

- **A better national mental health strategy and an integrated care system that includes mental health screening and services** – Current approaches in mental health strategy is very lacking and full of cracks that patients are falling through. Mental health services need to be part of an integrated health care system and also integrated with COVID-19 prevention and treatment strategies on the national, state and local levels.
- **Increase education and awareness efforts** – There is a lack of understanding about mental health along with pervasive stigma that create internal and social barriers. There are also cultural biases within the African American, Hispanic, and Asian communities that keep individuals from

seeking professional help. The solution is to provide consistent education and awareness campaigns that are culturally inclusive in multiple languages and through diverse channels.

- **Train and equip lay members of the community to act as patient advocates and support mental health needs within the community** – Lay members would include community health workers, religious leaders, teachers, community volunteers and advocates, housing personnel, etc. These individuals are in place to observe the first signs of issues and many are trusted within the community. Volunteers would make mental health care more accessible to people and connect individuals to more professional care when needed. The recommended solution included providing a short-certification course that would prepare lay people to address mental health situations in their communities at a basic level, as well as creating an emergency mental health toolkit for lay people to use.
- **Increase funding and investment for mental health services** – The lack of access to psychiatric and mental health services that exists for a lot patients are often connected to reimbursement and funding issues tied to Medicaid, Medicare and third-party insurance providers. Solutions include increasing funding and reimbursement for mental services provided, exploring funding options for nonprofits and community organizations providing mental health support, and creating mental health service options for people without insurance. Funnel more resources to underserved and rural communities.
- **Address Accessibility through Nontraditional Locations and Technology** – Getting to clinics and therapists can be hard for people with transportation issues and can deter them from getting the help they need. Have mental health resources and support available in communal spaces like food pantries, community centers, schools, and apartment complexes. Continue to offer mental health services through telehealth by making technology more accessible and affordable for those who want to use it.
- **Other solutions** – Using data models for outreach and intervention by identifying at-risk areas; working with schools for addressing mental health issues among children at initial onset and for preventive measures; and simplify treatment and paperwork, while creating treatment plans that take into account each patient’s social and physical needs.

# Building a Healthier, Stronger Texas

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One of the key lessons the COVID-19 pandemic has taught us is how much we need each other. Communities are stronger than their individual members. It is the relationships, shared burdens and communal celebrations that pull us together to work on building something stronger and better for all.

At the UH College of Medicine, we believe compassionate relationships between health professionals, their patients, and their communities bring about healing and better health. Dealing with the pandemic and its consequences will require the same approach of community partnerships and collaboration. We will need to think out of the box, but also share expertise, resources, connections, and best practices.

We hope this report that emerged from the COVID-19 & Health Equity Virtual Summit helps community stakeholders in the greater Houston area understand the significant impact the pandemic is having on people, especially those who belong to the diverse underserved and vulnerable communities.

Efforts to mitigate these impacts depend on the following key findings:

1. **Community partnerships and collaborations are essential.** Working with trusted voices within communities is key for real results. In order to tackle issues related to access and equity, a consistent “ground game” is a must – that is working with community groups and organization that have established contacts and trust within each unique community. All the different stakeholders bring unique insights and expertise to the table and working together will result in more effective solutions.
2. **Be open to flexible approaches and delivery of services.** Different communities, and the different subgroups within those communities, have different needs and issues. This means there is no “one-size fits all” solution.
3. **Invest in health care infrastructure and resources.** One of the main lessons of the pandemic is that we have a broken health system that has emphasized disparities and chronic conditions. We need to increase funding and investment to create a robust and integrated health care system to support all Texans.
4. **Outreach and education need to be a priority.** In all areas – whether it be testing, vaccination or mental health – outreach and education play a key role in combatting misinformation, fears, stigma and hesitancy and build understanding, trust and value. Messaging must be continuous and consistent, delivered in multiple languages and through multiple platforms to reach a very diverse audience. Possible solutions involve clear communications, trusted sources, and unified and focused marketing campaigns.

5. **Educate and equip teams of lay volunteers.** Community volunteers who come into regular contact with community members and are trusted can help facilitate outreach and support governmental, organizational, and professional efforts in all areas. They can address needs (from helping to register people for vaccine appointments and fill out complex forms to providing basic mental health support before professional intervention is needed) and connect community members to resources.

We must maintain laser focus on our common goals to improve the lives and health of all Texans. Going forward, we will continue to work with the community leaders and stakeholders who participated in this virtual summit to develop action plans together to implement many of these important recommendations.

# Acknowledgements

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In ending, we must offer heartfelt thanks and appreciation to the Planning Group that made the UH College of Medicine’s COVID-19 and Health Equity Virtual Summit possible and led to the important conversation summarized in this report.

## COVID-19 and Health Equity Virtual Summit Planning Group

*\* Denotes University of Houston Affiliate*

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9.	Mr. Devin Dabney *	Director, College Education Technology University of Houston College of Medicine
10.	Dr. Sheara Jennings *	Associate Professor, Humana Endowed Chair in Social Determinants of Health University of Houston
11.	Mr. Elwyn Lee *	Vice President, Neighborhood & Strategic Initiatives University of Houston
12.	Dr. Kathryn Tart *	Dean, College of Nursing University of Houston
13.	Dr. Jen Vardeman *	Interim Director, Jack Valenti School of Communication University of Houston
14.	Dr. Ezemenari Obasi *	Director, HEALTH Research Institute Associate Dean of Research, College of Education University of Houston
15.	Dr. Jacquelyn White	Program Leader, Faculty and Community Health

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<b>16.</b>	Ms. Dawn Burton	Health Coordinator, Health Promotion and Safety Outreach College of Nursing, Prairie View A&M University
<b>17.</b>	Rev. Linda Davis	Pastor, Boynton Chapel United Methodist Church Houston
<b>18.</b>	Ms. Staci Lofton	Senior Policy Planner Harris County Public Health
<b>19.</b>	Dr. Laura Murillo	President and CEO Houston Hispanic Chamber of Commerce
<b>20.</b>	Ms. Alice Lewis	Principal, Blackshear Elementary Houston
<b>21.</b>	Mr. Stephen Williams	Director, Houston Health Department