BLACK HEALTH’S RESPONSE TO COVID-19

August - November 2020

https://nblich.org/
This report was produced in December 2020 to share the successes and challenges of our work to reduce the impact of COVID-19 on our communities in New York City. Written by Ms C. Virginia Fields, Melissa Baker, Shirley Torho and Mark Boyd (Platformable.com).
LETTER FROM THE PRESIDENT AND CEO:

Leveraging the Strengths of Our Communities during COVID-19

The COVID-19 pandemic has created unprecedented challenges across the globe with New York City as the epicenter in this country. For the period of July to November 2020, the National Black Leadership Commission on Health (Black Health), along with other organizations, was funded by NYC Health + Hospitals Corporation, to establish a citywide Test and Trace program to combat threats of the pandemic in Black communities with zip codes reporting the highest rates.

The following report provides data related to the work that was conducted, as well as challenges, effective practices, and lessons worth remembering in furthering our work to reduce the impact of health disparities and inequitable access to resources and care in the most vulnerable communities in New York City and beyond.

Early on, we recognized that despite the copious amounts of information about COVID-19, many people lacked knowledge and awareness about the virus and its impact. In the designated zip codes, the seriousness and reality of the pandemic did not set in for individuals until someone they knew, or themselves, became affected. This was partly due to the major gaps in access to resources in the most underserved communities, as well as the overreliance on virtual and digital tools to disseminate information.

Many of our community members were not connected to online resources, social media, and virtual platforms like Zoom. Although most faith leaders were conducting worship services online and were sources of pertinent information, many congregation members were not able to tune in. Furthermore, testing resources were sparse. On many occasions, we heard from community members that they stood in line for hours, only to be turned away because of limited supplies. In other instances, they simply did not know where to go to get tested.

Countless times during this pandemic, we have been reminded of the importance of community. For Black Health, this meant employing our community mobilization framework, which we implement with our faith-based partners in New York City and across the region. For over a decade, we have implemented this model to reduce the impact of HIV in the communities that we serve. Given the opportunity to establish a Test and Trace program across the five boroughs, we expanded upon our relationships with faith-based leaders because they trust us; improved upon the model by extending the work into block and tenant associations; engaged other community leaders to educate their neighbors; and leveraged stakeholders, gatekeepers, and volunteers who had established long-lasting relationships in and meaningful connections to their communities.

Despite the numerous challenges, many of our communities did their part to protect themselves and their neighbors, including social distancing and wearing personal protective equipment (PPE). Individuals without PPE were grateful to learn that they could access these resources for free and were appreciative when Black Health staff came to high-traffic areas to distribute COVID-19 masks and safety kits.

While the media has shown a spotlight on those communities deemed most vulnerable, we are reminded that inherent to these communities are assets that can be leveraged for the greater good during difficult times. Taking a strengths-based, rather than a deficit-based, approach to addressing the needs of communities invites us to recognize their resourcefulness and resilience, and it enables us to anchor our efforts in what is already working well.

We are grateful that the NYC Health + Hospitals Corporation has extended funding for this critically important initiative through June 2021. Black Health looks forward to building on the strengths of communities and stands in solidarity as we continue to fight against the COVID-19 pandemic for a healthier and brighter tomorrow.

[Signature]
“TEST AND TRACE” PROGRAM OVERVIEW

In July 2020, Black Health was funded by New York City Health + Hospitals Corporation through the “Test and Trace” Program (T2), to establish a program that engages community members in COVID-19 outreach, education, testing, and counseling.

The first phase of the program spanned August – November, with the following activities:

- Recruited community leaders and gatekeepers to act as health advocates in their local neighborhoods
- Trained public health leaders in COVID-19 outreach best practices
- Planned a range of activities including workshops, community outreach and education, dissemination of COVID-19 resources, including PPE, hand sanitizer, and literature, leafleting and canvassing at high density community events and thoroughfares
- Organized a COVID-19 Day of Action, along with campaigns and community meetings to increase awareness
- Partnered with local groups and key stakeholders (including faith based organizations, taxi drivers, African markets, barber shops and hair salons) to coordinate outreach efforts
- Provided PPE (including masks and hand sanitizer), food, literature, referral information and health resources to community members to promote COVID-19 safety and prevent transmission/infection
- Collected anonymous data during outreach to guide COVID-19 planning and provide added evidence regarding inequitable access to health resources in marginalized populations and communities across NYC

Black Health’s COVID-19 efforts, particularly those relating to the T2 Program, speak to the organization’s commitment to building the capacity of community leaders, so they may advocate on the behalf of the people they serve and mobilize their community members to improve health outcomes for historically underserved groups, especially Blacks and Latinos.

We could not have done this work without the support of our community ambassadors and volunteers

Bethany Baptist Church
Centro Cristiano Familia de Fe
Christ Apostolic Church International
Harlem Pride
Holcombe Rucker Community League, Inc
Klassique Travel, Inc.
Modas Kitchen
Mt. Moriah AME Church
Neighbors Together
P3nd3mic
R.E.Y.E.C.

Allen Cox
Folasade Fakoya
Judy Fordjuoh
Tashii Jacobs
Sandra Kumwong
Debbie Lucy
Angela Matthews
Carlos Rosario
Felicia Singh
Escott Solomon
COMMUNITIES SERVED

BRONX
3,712 COVID-19 infections per 100,000 population

QUEENS
4,482 COVID-19 infections per 100,000 population

BROOKLYN
2,195 COVID-19 infections per 100,000 population

STATEN ISLAND
3,743 COVID-19 infections per 100,000 population

MANHATTAN
2,437 COVID-19 infections per 100,000 population

Black Health collaborated with funders to identify high priority communities and zip codes to be served through T2 outreach efforts. Having a history of serving predominantly Black communities that are disproportionately impacted by various health disparities, Black Health has myriad ties in NYC neighborhoods, to community organizations and leaders engaged in high-impact prevention efforts aimed at turning the tide of COVID-19 and other health challenges. The following graphics highlights some of the most significantly impacted areas across the five boroughs. Even in communities that Black Health does not have a history of serving, staff were able to adapt their outreach and engagement strategies to reflect the immediate needs of the people in these areas.

GROUP A
- 3,824 COVID-19 infections per 100,000 population
- 42% of residents in these zip codes identify as Black

GROUP B
- 3,436 COVID-19 infections per 100,000 population
- 51% of residents in these zip codes identify as Black

GROUP C
- 2,546 COVID-19 infections per 100,000 population
- 46% of residents in these zip codes identify as Black

The purpose of the T2 Contract is to educate the communities:

- Importance of getting tested, and how/when to get retested;
- Importance of responding to Test & Trace Corps calls or in-person outreach and participating in active monitoring - including providing information about recent contacts with people who might have been exposed to COVID-19 by contact with those who recently tested positive; and the need to safely separate from loved ones and coworkers to stop the spread of the virus;
- Need to follow precautionary measures including physical distancing practices, face covering adherence, and relevant guidance on safe reopening practices; and
- Benefits of physical distancing, face covering adherence, relevant guidance on reopening and safe practices, and other COVID-19 precautionary measures.
OUR EVENTS

We used a range of event types to reach community members.

From August to November, Black Health hosted 642 community events, the majority of which occurred in community hubs and high-traffic areas. During these events, staff connected with local residents, distributed PPE, discussed COVID-19 prevention strategies and answered questions, and referred community members to local COVID-19 testing sites and to other supportive healthcare services. The following graph highlights key activities through the T2 initiative.

### Tabling Event in Brooklyn: September 4, 2020

**Connected with 338 residents**
**Handed out 1,690 masks**
**5 volunteers**

“We gave out 100 masks in the first hour. One young man that did not have a mask took our package, opened it, and put on the mask right away. We also gave out 40 Narcan kits that we had from another event to help prevent deaths from overdose. The location for our outreach (near a subway stop) was a very active site and gave us access to essential services workers, people from the nearby Ready, Willing and Able shelter, Rangel Housing and the Polo Grounds Housing.”

### Leafletting in the Bronx: October 1, 2020

**Connected with 500 households**
**2,000 masks distributed**
**3 volunteers**

“We did outreach at a building with approximately 500 apartments. The goal of the outreach was to target all apartments with pre-packed disposable masks, COVID-19 literature, and details of testing sites. We had direct and indirect engagement with residents. We had the opportunity to meet residents who were very appreciative of the gesture and the work in the building. I tend to emphasize that I am a resident here to build trust and show that we can all be advocates for public health for our community. This was a grueling experience, but with help of 3 other volunteers, we were able to reach out to all residents.”

### Leafletting in Manhattan: November 7, 2020

**Connected with 314 people**
**1,000 masks distributed**
**2 volunteers**

“Moda’s Kitchen collaborated with Dream it project to plan and organize this outreach. Our outreach was during the time the election results were announced. People came out to the park to celebrate the announcement of the President-Elect. We shared COVID-19 information and demonstrated how to wear masks appropriately. We also encouraged physical distancing especially on a day like this when many are out till late celebrating.”
In just 4 months, Black Health hosted 637 events across key areas disproportionately impacted by COVID-19. Staff disseminated resources, shared information with community members, distributed masks and literature, referred people to testing sites, and addressed their questions and concerns. With support from over 2,000 volunteers, Black Health reached 112,326 New Yorkers, many of whom live and work in vulnerable communities that experience inequitable access to health, resources, and support services.

112,326 People connected with
585,622 Masks distributed
637 Events held

Black Health has hosted events in key zip codes across all 5 boroughs in order to support communities facing the greatest impacts from COVID-19.

People connected with in-person

Volunteers working with Black Health at our events

Volunteers

<table>
<thead>
<tr>
<th>Volunteers working with Black Health at our events</th>
<th>Resources distributed alongside masks (August - November totals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>325 Youth Volunteers (16%)</td>
<td>92,539 Hand sanitizers</td>
</tr>
<tr>
<td>1,756 Volunteers (84%)</td>
<td>4,353 COVID literature</td>
</tr>
<tr>
<td>2,081 Volunteers</td>
<td>9,651 Safer sex kits</td>
</tr>
<tr>
<td></td>
<td>11,922 HIV literature</td>
</tr>
<tr>
<td></td>
<td>2,060 HCV literature</td>
</tr>
<tr>
<td></td>
<td>4,721 PrEP literature</td>
</tr>
<tr>
<td></td>
<td>915 Disparities literature</td>
</tr>
</tbody>
</table>
Over four months, Black Health organized 217 events in areas with the highest COVID-19 rates across New York City. Staff conducted outreach and tabled in community hubs and thoroughfares, and distributed masks, engaged in discussions with residents, and shared COVID-19 literature / resources. In addition, 1,115 volunteers donated their time, 164 of whom were under the age of 18.

During outreach, staff also disseminated HIV and Hepatitis C resources. Many residents requested additional information on health disparities and demonstrated an interest in ongoing dialogues about strategies for improving health equity in NYC.

![People connected with](image)

![Masks distributed](image)

![Events held](image)

Group A zip codes were located in the Bronx and Queens and represented four areas that experienced the highest rates of COVID-19.

**IMPACT: PRIORITY AREA A**

Over four months, Black Health organized 217 events in areas with the highest COVID-19 rates across New York City. Staff conducted outreach and tabled in community hubs and thoroughfares, and distributed masks, engaged in discussions with residents, and shared COVID-19 literature / resources. In addition, 1,115 volunteers donated their time, 164 of whom were under the age of 18.

During outreach, staff also disseminated HIV and Hepatitis C resources. Many residents requested additional information on health disparities and demonstrated an interest in ongoing dialogues about strategies for improving health equity in NYC.

**34,077** People connected with

**206,644** Masks distributed

**217** Events held

Group A zip codes were located in the Bronx and Queens and represented four areas that experienced the highest rates of COVID-19.

**People connected with in-person**

<table>
<thead>
<tr>
<th></th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
</tr>
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<tbody>
<tr>
<td>1,784</td>
<td>7,064</td>
<td>12,663</td>
<td>12,566</td>
<td></td>
</tr>
</tbody>
</table>

**Masks distributed**

<table>
<thead>
<tr>
<th></th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,130</td>
<td>23,994</td>
<td>106,234</td>
<td>74,286</td>
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</tbody>
</table>

**Resources distributed alongside masks (August - November totals)**

<table>
<thead>
<tr>
<th></th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand sanitizers</td>
<td>1,054</td>
<td>2,079</td>
<td>2,298</td>
<td>595</td>
</tr>
<tr>
<td>COVID literature</td>
<td>30,884</td>
<td>575</td>
<td>754</td>
<td>225</td>
</tr>
<tr>
<td>Safer sex kits</td>
<td>2,298</td>
<td>595</td>
<td>754</td>
<td>225</td>
</tr>
<tr>
<td>HIV literature</td>
<td>2,298</td>
<td>595</td>
<td>754</td>
<td>225</td>
</tr>
<tr>
<td>HCV literature</td>
<td>2,298</td>
<td>595</td>
<td>754</td>
<td>225</td>
</tr>
<tr>
<td>PrEP literature</td>
<td>2,298</td>
<td>595</td>
<td>754</td>
<td>225</td>
</tr>
<tr>
<td>Disparities</td>
<td>225</td>
<td>225</td>
<td>225</td>
<td>225</td>
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</tbody>
</table>

**Volunteers working with Black Health at our events**

<table>
<thead>
<tr>
<th></th>
<th>Youth Volunteers</th>
<th>Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Volunteers</td>
<td>115</td>
<td>951</td>
</tr>
<tr>
<td>Volunteers</td>
<td>164</td>
<td>85%</td>
</tr>
</tbody>
</table>

"We ended up going to a soccer field where there were a lot of people gathered without masks. So we then proceeded to interact with them and handed out masks and even brought out our personal hand sanitizers to squeeze a drop in their palms. Some looked like they could use it being there was no water and soap around."

"The Pastor and his neighbors were happy about this project because this information is reaching their community. Something that I learned is the Latino community is afraid to talk about the Coronavirus because it has negatively affected their life in different ways."
Black Health’s work in the Bronx, Brooklyn, Staten Island, and Queens was challenging. In September, there was a shortage in masks for these communities, and in October and November, funders required the program to refocus its efforts outside priority neighborhoods, leaving already vulnerable residents without adequate resources.

Nevertheless, Black Health enlisted the support of 414 volunteers who helped staff to address COVID-19 related health disparities in these areas.

**IMPACT: PRIORITY AREA B**

Group B zip codes were located in the Bronx, Brooklyn, Queens, and Staten Island and represented key areas that experienced some of the highest rates of COVID-19.

- **23,076** People connected with
- **127,887** Masks distributed
- **114** Events held

Volunteers working with National Black Health at our events

- **414** volunteers
- **343** Volunteers 83%
- **71** Youth Volunteers 17%

We collaborated with the Ghana Taxi Drivers. We spoke about the relevance of disinfecting the cars often between rides. The need to have a mask handy in our cars for those times when passengers forget their mask.

With the governor’s order on closing of non essential businesses in hotspots, most people seem to have started about the spread. They’re worried about their health and financial stability as some fear losing their jobs again.
**IMPACT: PRIORITY AREA C**

The communities in Priority Area C also saw COVID-19 rates that were higher than the majority of the rest of NYC. These disparities stem from many factors, including overcrowded housing and household members employed as essential workers. In these communities, Black Health enlisted the support of 755 volunteers who educated, informed, and mobilized community members to advocate for themselves, seek out information, and to get tested.

| 55,176 | People connected with |
| 251,091 | Masks distributed |
| 306 | Events held |

Group C zip codes were located in the Bronx, Brooklyn, Manhattan (around Central Harlem) and in Queens and represented areas that experienced high rates of COVID-19.

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Volunteers working with Black Health at our events

Our Harlem River Houses (NYCHA) Tenant Association VP alerted us about a food drop they were having at their community center not far away from our office, so we split our team to do two events in one day. People gathered to receive donated boxes of food and as they entered and exited, we engaged them about COVID-19. Several people had not been tested for COVID-19 and asked for a referral.

We saw underutilization of the testing site. Discussions revealed that the goal of the testing site is 125 people per day, however, the average testing is between 65-70 people.
As one of the few Tier 1 organizations in the Test and Trace Program, it was difficult to accommodate the rapid changes in outreach protocols as we have a very large team. Rapid changes in outreach directives and reporting timelines resulted in concern and confusion for some of our consultants, particularly as they aimed to balance their administrative tasks with community outreach and engagement efforts. In the future, we hope any changes will be communicated with the consideration that Tier 1 organizations must coordinate and organize over 20 staff in response to new procedures.

Additional challenges included the following:

### Inconsistent Changing Focus

Each month required redirected focus to neighborhoods that had been newly designated as COVID-19 “hotspots.” Often, this detracted from the work that was underway in other high-need communities and infringed upon the trust that residents were beginning to establish with program staff.

### Inadequate Referral Supply Chain

Part of Black Health’s work involved referring local residents to nearby testing facilities; however, many community members were hesitant after they experienced long wait lines or a shortage in COVID-19 tests.

### Multiple Competing Priorities on Top of COVID-19

Black Health serves communities that face multiple challenges and competing priorities. Before some of these residents can address COVID-19 needs, they ought to be supported with necessities such as food and shelter first.
LESSONS LEARNED

Funding for the T2 program has been renewed for January - June 2021. As part of the new program, Black Health will host larger events in priority neighborhoods, with a goal to reach residents who have previously fallen through the cracks.

BETTER ALIGNMENT BETWEEN PRIORITY GROUPINGS AND BOROUGHS

To better understand the needs of the most marginalized communities impacted by COVID-19, Black Health will engage in continuous improvement using data to prioritize needs and to guide future programming. Black Health will also collect, analyze, and disseminate data to the communities it serves to ensure they are kept up to date about the pandemic and its impact on NYC residents.

Black Health will seek to provide more regular updates on our outreach and activities via our website. We recommend that all City and State data reporting be available by race, age, gender/sex, income level and preferably with key characteristics for specific populations, such as percent of population that works in essential jobs and in healthcare. We also recommend that data be organised in groupings, such as boroughs, that make it easier for the community to understand the data. When priority groups are spread across multiple boroughs, it is difficult for the community to get a sense of what impact activities are making on local lives.

CONSISTENT FOCUS ON HEALTH DISPARITIES

The communities that Black Health has historically served already face multiple health disparities, compounded by inequitable access to health care and other resources. As such, Black Health uses an intersectional approach to address the multiple, competing needs of community members to ensure that those who have the highest need receive the support they need.

Our model is worthy of implementing at a city, state and national level. We have cultivated trust and strong ties with the local communities we serve. Our health promotion and outreach approach can be further developed to provide a one-stop shop approach, where people can receive testing for COVID-19, HIV, Hep C, and other comorbidities in the same location, and access support services, as needed. Black Health has the proven capabilities to work with local Black and marginalized communities to provide health education and support.

VACCINE EDUCATION IS NEEDED

COVID-19 outreach efforts in 2021 will require a balance between educating community members around the need to wear masks, social distance, and potentially access vaccines. Historically, mistrust between community members and government has hindered efforts to vaccinate on a large scale; thus, T2 program staff will distribute vaccine educational materials and engage in discussions with residents about the importance of getting the COVID-19 vaccine.

We will work with key stakeholders to organize vaccine educational sessions as a strategy to disseminate information throughout priority communities. Working with city and state health officials, it will be essential to manage data collection in a way that can support contact tracing and measure impact without collecting far-reaching health surveillance data on those that request testing or that receive vaccinations, as this will hinder vaccine uptake.
HIGHLIGHTS
FROM OUR EVENTS
Thank you to the staff for your commitment to Black Health’s mission, championing the promotion of health and prevention of diseases to reduce disparities and achieve equity within the black community. Your ability to pivot to ensure the communities we serve are not forgotten during this pandemic.

MELISSA BAKER  
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Data and Evaluation Coordinator
NBLCH champions the promotion of health and prevention of diseases to reduce disparities and achieve equity within the black community. Our vision is to reduce disparities and achieve equity to promote the health and well-being of Black communities through advocacy, policy, and action.