

**Medical Society of the State of New York
Health Disparities Committee
May 29, 2020
Draft Minutes**

Present

Janine Fogarty, Commissioner
Linda Clark, MD, Co-chair
Erick Eiting, MD, Co-chair
Adolph Meyer, Vice-chair
Louis Auguste, MD
Adwoa Boahene, MD
Maria DeJesus, MD
Frank Dowling, MD
Lynda Hohman, MD
Nina Huberman, MD
Thomas Madejski, MD
Michael Pisacano, MD
Malcolm Reid, MD

Excused

Joshua Cohen, MD, Commissioner
Monica Sweeney, MD

Absent

Lisa Eng, DO
John Gillespie, MD
Indu Gupta, MD
Willie Underwood, MD
Connor Orrico, Student
Yongsoo Joo, Student

Invited Guest

Elizabeth Dufort, MD, FAAP, New York
State Department of Health, Medical
Director, Division of Epidemiology
Bonnie Litvack, MD President
Arthur Fougner, MD Past President

Staff

Patricia Clancy, Sr. Vice
President/Managing Director
Public Health and Education
Maureen Ramirez, Administrative Asst.

- 1 **1) Welcome**
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3 **2) Approval of January 21, 2020 minutes – approved**
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5 **3) HOD CME Program – Webinar – Fall Date**
6 The HOD meeting for 2020 did not occur due to COVID 19. This committee was
7 planning a CME Program for presentation at the house and we would like to continue
8 with the presentation of this program as a webinar. Pat Clancy has not reached out to
9 Dr. Streed but was hoping that this program would be able to be presented in September
10 or October when hopefully things have settled down a bit and we could maximize
11 attendance. The program has been approved already and has been approved for CME
12 credit. Dr. Eiting volunteered to contact Dr. Streed to discuss this with him. Since this
13 will be a webinar it will become an online program on the MSSNY CME website that
14 people can access after.
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16 **4) COVID 19 and Impact on Disparate Populations – Elizabeth Dufort, MD**
17 Dr. Dufort said that COVID 19 had a devastating impact on the people of color. The
18 NYS Department of Health and the governor’s office have made this a high priority.
19 Commissioner Zucker, the governor and everyone in between is very focused on this. A
20 continued partnership with MSSNY and connecting with MSSNY committees is really
21 critical. One of the first steps was to ensure that there was increased testing in the
22 minority communities. Serological testing has been expanded around the state,

23 specifically in minority communities where we are seeing high rates of virus infection
24 throughout the state. Engaging community partners to aid in the serum testing in these
25 communities where infection levels were very high, sometimes double what was being
26 seen in the rest of the state. Sending approximately 8,000,000 masks to public housing
27 locations. Hand sanitizer has been sent as well.
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29 The Department of Health provides the number of fatalities and infections by ethnicity on
30 its website. Unfortunately, testing is not tracked by ethnicity, so there isn't available
31 data on testing by race or ethnic origin. The survey that was sent out had over 100,000
32 responses however, the data regarding the response to the question of ethnicity has not
33 been gathered yet. The next concentration moving into the next phase is cluster cases.
34 This ties into the tracer program and tracing exposure within the communities to try to
35 detect infection and exposure in clusters. This data will be gathered by community, zip
36 code and county. Once these clusters have been identified, the work to ensure they are
37 supplied with masks, hand sanitizer and have access to adequate health care. The
38 DOH is in the process of finalizing a one-page hand out to health care providers in these
39 communities that encourages testing and early access to health care. The DOH is
40 hearing of the reluctance of people to seek health care during this outbreak and so they
41 are trying to reach out and encourage early healthcare.
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43 Dr. Dufort then opened the time up for questions from committee members.
44 Has any effort been made to try and quarantine people in places other than their
45 households where it can be nearly impossible to stay apart or quarantine themselves?
46 China handled this in a remarkable fashion, unfortunately New York State does not have
47 the public health system established to make this happen. Early on there was a large
48 effort to identify those that were infected and an effort to find locations to isolate and
49 quarantine. That was done statewide. Unfortunately, the numbers became so large, so
50 quickly, that was no longer feasible. There has been discussion that now that the
51 numbers are decreasing, this will need to be part of the next phase. All areas have
52 areas that they can isolate an individual if they don't have suitable housing to isolate.
53 The questions to be asked are "do you have a separate room?" "do you have a separate
54 bathroom?". Now, those questions have been incorporated into the contact tracing
55 program.
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57 Dr. Litvack indicated how happy she was to hear about the Health Disparities Task
58 Force that was formed by the state and asked that physicians from MSSNY, more
59 specifically this committee, be included on that task force. She felt that MSSNY's
60 physicians have "boots on the ground" experience in those communities and would be
61 extremely helpful on the task force. Dr. Dufort said she would check on it, given the
62 haste in which the task force was formed, she would hope there would be some
63 community physicians on the task force and would be happy to make some
64 recommendations.
65

66 Dr. Litvack also indicated that while supplies are getting to the underserved
67 communities, there is still a shortage of affordable PPE for the community doctors. 3M
68 has indicated it is willing to sell PPE at cost to the state but cannot sell it to the individual
69 community doctors. Dr. Litvack asked if there had been any progress made in getting
70 these supplies to the community doctors? Dr. Dufort took note of that and will follow up
71 in her agency and find someone that has been working on procurement.
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73 Dr. Clark said there seems to be a geographic disparity with who able to get testing in
Monroe County. When there was an attempt to step up the testing for Black and Latino

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it was thwarted by the edict for testing in nursing home and assisted living facilities.
Even the labs have been overwhelmed by this testing. Is there any way to make this a
priority? To step up access to testing materials for these underserved population?

125 was created by two health care agencies as a way to track employees and see how they
126 were feeling every day when they came to work. Two companies created a symptom
127 tracker. Anybody from the 12 counties can log in and say what their symptoms are.
128 There are approximately 16,000 people enrolled, but they really need closer to 100,000
129 to be helpful. It's difficult to get the black and brown community involved.
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131 Dr. Huberman raised the issue of treatment of nurses during COVID 19. There appears
132 to have been wage issues, work environment issues and questionable treatment of the
133 nurse personnel during the height of this outbreak. She wasn't sure if there was
134 anything that could be done regarding these issues, but felt she needed to bring it to the
135 attention of the health disparities committee. Dr. Dufort responded that this was a bit out
136 of her area, but that the state is aware that a large majority of essential workers are
137 people of color. Dr. Dufort indicated that there is information on the Department's
138 website and there are phone numbers there for anyone who has legal issues such as
139 sick leave, rent or eviction issues.
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141 Dr Litvack wanted to let everyone on the committee that Dr. Madejski has established a
142 new fund at the AMA – The David and Donna Marie Meza Health Equity Fund which will
143 support health equity initiatives through the AMA Foundation.
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145 Dr. Clark and Dr. Eiting thanked Dr. Dufort for her time and the information that she
146 shared with the committee. They also thanked her for her valuable updates given every
147 Thursday.
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149 Dr.Clark asked everyone on the committee to share via email any activities they may be
150 working on to help during this COVID crisis.
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152 **Future Business** – Dr. Litvack brought up the idea of this committee doing a white
153 paper on what has gone on during this crisis.
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155 **Adjourned**
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157 **Next Meeting: October 2, 2020**
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