Thank you very much. I would like to introduce our next speaker. The next speaker is Doctor Marcella Nunez Smith. Dr Nunez Smith earned her Andy from Jefferson Medical College in 2001 and her Masters of Health Science from Yale University in 2006. She is an associate professor at both the Yale School of Medicine and the Yale School of Public Health. She is also director of equity research and Innovation Center and director of cancer of the cancer for Research Engagement. She’s core faculty in the national clinicians college program and deputy director at the Yale Center for clinical investigation doctor Nunez Smith. Thank you very much for being here.

Good afternoon everyone and many things to Dean Brown and the workshop organizers for this invitation to join with the other presenters this afternoon. I walk in this opportunity to share some of the initiatives that exemplify the benefits of longstanding collaborations between Yale schools of Medicine and public health and the broader New Haven community. As we respond to the recent surge in urgent basic needs.

Today I will highlight 5 examples of our colleagues quickly building up on their establish relationships with New Haven Community Partners, responding to their direct requests to work together to address specific and urgent needs.

And I want to take a moment to acknowledge all of the critical work so many of you are doing to be of help in New Haven at this time.

Beyond what will be highlighted today. So far today we will discuss efforts to address the growing local rates of food and housing insecurity.

And In addition, we’ve heard from community partners with the need to also help with mobilizing volunteer networks,
opening additional lines for communication and information sharing,
and quick deployment of physical resources to community based organizations on the frontline.
But first I want to step back and further frame the partner work that is underway.
People are united anew in a shared mission to intervene and narrow racial,
ethnic and socioeconomic disparities. Or witnessing alarming disparities in COVID-19 clinical outcomes.
Across the entire country, communities and patients of color up your hardest hits,
but staggering and disproportionate mortality burden.
In Louisiana, 70% of patients who died as a result of coronavirus were African American.
Compared with 32% of the general population.
And in the city of Chicago,
black residents are dying at nearly six times the rate of white presidents.
Even as we push to improve the quality of data and include other demographic factors,
we see New England is not spared from this national trend.
In neighboring Boston, 40% of known positive COVID-19 cases were among African Americans compared with the population representation around 25%.
Locally, we are similarly concerned about communities that are at higher risk for infection and poor clinical outcomes.
As we work hard to improve demographic data accuracy here,
there are worrisome trends in Connecticut and New Haven.
Hustle azation rates for African Americans and Latinx patients already surpassed population representation of the state and local level.
And within our health system,
36 00:03:52.560 --> 00:03:58.389 we know patients require ICU care have been disproportionately patients of color.

37 00:03:58.389 --> 00:04:02.909 And the local media and community leaders are certainly sounding the alarm.

38 00:04:05.840 --> 00:04:11.710 It’s important to note that the contributions of COVID-19 disparities are multi factorial.

39 00:04:11.710 --> 00:04:16.610 We recognize several social realities that predate the pandemic.

40 00:04:16.610 --> 00:04:20.209 And also increase risk for patients of color.

41 00:04:20.209 --> 00:04:24.550 Such as their potential inability to socially distance because of low wage,

42 00:04:24.550 --> 00:04:29.310 essential work, and living in densely populated areas.

43 00:04:29.310 --> 00:04:37.509 The spread of misinformation action in combination with institutional distrust represent additional challenges.

44 00:04:37.509 --> 00:04:46.449 And In addition, limited access to health care and higher rates of coexisting conditions can worsen clinical severity once infected.

45 00:04:49.889 --> 00:04:52.579 So we know that many New Haven residents.

46 00:04:52.579 --> 00:04:55.350 Have high levels of social risk.

47 00:04:55.350 --> 00:04:59.779 The population of New Haven hovers around 130,000 residents.

48 00:04:59.779 --> 00:05:04.250 With a median household income of $39,000.

49 00:05:04.250 --> 00:05:08.779 Almost 1/3 of our residents self identifies black or African American.

50 00:05:08.779 --> 00:05:11.670 An almost 1/3 self identifies Latin next.

51 00:05:13.930 --> 00:05:16.399 The high rates of income inequality,

52 00:05:16.399 --> 00:05:26.790 food insecurity, and housing instability in New Haven that predate the pandemic have only been worsened by the company economic consequences.

53 00:05:26.790 --> 00:05:30.439 And from left to right you’ll see that prior to COVID-19,

54 00:05:30.439 --> 00:05:33.829 the highest earning 5% of New Haven residents.

55 00:05:33.829 --> 00:05:36.810 May 10 times more money than the lowest 20%

56 00:05:36.810 --> 00:05:44.160 of earners. The burden of food insecurity was already alarming with rates ranging.
From one quarter to half of all residents across our neighborhoods. And the rates of housing instability for adults and children in New Haven were also high, with notable disparities by race and ethnicity. With this background, I’ll spotlight some of the yield community collaborative responses to each of these basic needs in turn, and will turn first to the pressing issue of food insecurity.

The New Haven coordinated food assistance network or see fan was previously organized to coordinate food programs in the city to better serve residents experiencing food insecurity with support from the Community, Alliance for research and engagement or care. Care which is Co located at the Yale School of Public Health and at Southern Connecticut State University School of Health and Human Services, has worked since its inception to identify chronic disease solutions through community based research and projects focused on social, environmental, and behavioral risk factors. Lean on the established scifan infrastructure and care partnership. There were quickly pivoted to respond to the crisis and increasing demands on the local emergency food system. Together, see fan and care have successfully scaled food delivery to are homebound residents. With essential contributions from Alicia Santilli and Kathleen O’Connor, Destiny in under three weeks, the volunteer network rapidly expanded and over 450 home deliveries. Uniquely positioned, this collaboration was just awarded $150,000 grant from the yield community for New Haven fund to scale this home food delivery program to 1000 households.
In addition, this team created a database to provide a real time update on open and available food resources. They work quickly to develop new food distribution protocols and integrate with tech platforms to optimize efficiencies, and they continue to work on the frontline to add value during this difficult time. If you’re interested in getting involved with their work, I will provide contact information and links for you to volunteer or donate at the end of the talk. And turning next to housing instability and very much, especially the specific needs of our homeless residents. This emerged early on as a basic need priority in New Haven. The city of New Haven’s community services administration has long partnered with the National Commission Scholars Program or NCSP, to conduct research to improve the health and well being of New Haven’s residence. The NCSP itself is a junior Interprofessional Fellowship program that is designed to prepare future clinician leaders to improve health and health care in the United States through scholarship in action. And several weeks ago, Machuda Hall himself a former yield CF, reached out to the NCSP with an urgent need. To provide safe respite for patients who test positive for kovid. And are also experiencing homelessness. The NTSB fellows and program leadership quickly formed a team, including several other yield experts in the care of homeless stations such as doctor David Rosenthal,
93 00:09:30.190 --> 00:09:34.940 a PRN, Sarah Lipkin, Doctor Emolo and Allison Cunningham.

94 00:09:34.940 --> 00:09:38.740 All to work together on a clinical protocol for the new shelter.

95 00:09:38.740 --> 00:09:43.039 one initiative. How is it a local New Haven high school shelter?

96 00:09:43.039 --> 00:09:45.490 One is a direct response to the cities urgent need.

97 00:09:48.039 --> 00:09:51.389 I will clinical pathways and protocols in place shelter.

98 00:09:51.389 --> 00:09:55.409 One can now temporarily house patients who test positive.

99 00:09:55.409 --> 00:10:04.590 Dave, but do not require hospitalization or who are clinically appropriate for hospital discharge but need to remain quarantined.

100 00:10:04.590 --> 00:10:06.610 As they iterate on this work,

101 00:10:06.610 --> 00:10:15.370 the Yale team in the city of New Haven plan to disseminate this model across their national networks for implementation of other cities.

102 00:10:15.370 --> 00:10:23.980 Again, I'll provide you with contact information at the end if you would like to get involved with the work at shelter one or offer donations of your time or

103 00:10:23.980 --> 00:10:39.600 PPY. So community based organizations on their frontline in New Haven almost from day one have been desperate for additional volunteers as the need rapidly expanded.

104 00:10:39.600 --> 00:10:49.419 And their employees had to deal with home schooling their own illness or potentially caring for other relatives.

105 00:10:49.419 --> 00:11:01.330 They also needed help to coordinate the volunteer response so as to not avoid using their limited resources to field and manage request.

106 00:11:01.330 --> 00:11:09.690 At a meeting of an established group of academic and community partners already working together to improve experiential learning in New Haven.

107 00:11:09.690 --> 00:11:13.049 The group pivoted their work to meet this need.

108 00:11:13.049 --> 00:11:22.980 Already is standing member of the group United Way of Greater New Haven became the host of the new web based portal for volunteerism which went live in two days.

109 00:11:26.129 --> 00:11:27.990 Mr Ng Comedian Community engaged.
Scholarship was founded in 2005 and includes over 30 members. A strong committee meets monthly and facilitates equitable research partnerships and has supported or lead over 40 projects, many in conjunction with NCSP, follows. And he'll faculty. And it has been my distinct pleasure to service culture of this group along with Miss Natasha Ray, who is the director of New Haven. Healthy start. This group subcommittee on experiential learning, which is Co led by Susan Nappy at the Yale School of public health and terrorism at Yale School, along with academic and community based organization numbers, continue to work together to steer volunteers to the new United Way Portal. Organizations are able to post their urgent volunteer needs. Their volunteers can commit in real-time, streamlining the logistics of voluntarism. And with multiple yield schools, Quinnipiac University, southern Connecticut State University and the University of New Haven and a standing committee members, this resource was quickly disseminated. And I thank you, all of them, many students and faculty members who have volunteered through this portal and continued to give generously of your time. Thinking now about information sharing as a basic urgent need, very early on, community members requested an interactive platform where they could engage in dialogue and trustworthy exchange of information with your faculty.
The yell cultural ambassadors raised this need as misinformation began to spread across New Haven and many residents were confused by conflicting messages or messages not tailored for their reality.

The Yale cultural ambassadors includes leaders from Hunter for progressive action and the African Methodist Episcopal Zion Church.

This group has worked closely with the L Center for clinical investigation or why CCI for over 10 years to support clinical research and increased diverse participation in clinical trials.

And in response to this request for timely accurate COVID-19 information contributors from why CCI Yale, New Haven health heal medison any old School of Madison have helped launch weekly virtual informational town halls.

Our most recent call this week reached over 300 New Haven residents, including over 100 participants on the call and others joining through Congregational life streaming.

These are some few examples of pre posted questionnaires.

Sorry questions that were addressed during the town Hall and raised by participants.

The yellow cultural ambassadors and other community leaders are invested in learning more about COVID-19 racial ethnic disparities.

Learning more about emerging treatments and opportunities to participate in clinical research,

such as vaccine development and practical information,

to share their within their own networks.

These town halls are open to all community members.

And please consider being available to share your expertise with this group in the future.

And of course, the need to rapidly deploy physical resources to sustain organizations on the frontline is para log.

We are fortunate in New Haven to have many assets.
The community based organizations themselves,
strong academic institutions are neighborhoods and also generous philanthropy.
And in that spirit, the Community Foundation for greater New Haven.
And United Way for greater New Haven joined forces to launch the Greater New Haven COVID-19 Community Fund with unprecedented speed.
I’m honored to serve as a member of the board of directors of the Community Foundation and as a member of this new funds advisory group.
Thanks to the work of the staff and leadership at both organizations.
This process was very streamlined yet thorough.
We were able to disperse our first grand,
a first round of grant funding 2 weeks ago,
pushing over $600,000 out in rapid response grants.
We were able to support over 25 agencies in their work addressing urgent food,
housing, health, social services and utilities needs.
The United Way for greater New Haven is also raising funds to provide direct financial assistance to Alice families.
The acronym Alice refers to families who are asset limited,
income constrained. Yet employed. Yell University also announced the Yale community for New Haven Fund,
which aims to raise $5,000,000 and will match donations from anyone Yale affiliated.
It has already begun dispersing funds as well,
including the $150,000 to support home food delivery.
It’s fun, will also include a focus on New Haven small businesses.
And it has been of great benefit to have close
active collaboration between these two funds.

There are very many efforts underway to ad-
dress urgent basic needs in New Haven,

and I’m grateful to have the chance to share
some of them with you today.

Please do consider reaching out to your col-
leagues with words of support offers to be of assistance.

For shelter one, please contact doctor David
Rosenthal or Katie Nash.

Regarding opportunities for urgent short-term
needs,

feel free to contact Susan Nappy or terrorism
or visit the United Way Portal.

To learn more about the coordinated food
assistance network.

To learn more about the food pantries that
are open.

Or to make a donation,

you can follow these links.

Or contact Kathleen O’Connor, Defini or Ali-
cia Santilli.

To learn more about the community town
halls,

Tiesha, Johnson or doctor Yana Jordan are
available as Contacts.

For the New Haven COVID-19 fun and happy
to field questions.

You may also make donations at the links
provided directly to the Community Foundation for greater New Haven.

And to the United Way,

for greater New Haven. The link for the Yale
New Haven fun is also included.

Downtown evening soup, kitchen and new
reach are but two of many organizations.
That are on their frontline and their information is also provided.

We will be sure to disseminate this information to you.

So as we look ahead to a hopeful and bright future in New Haven,

I wanted thank you. Thank you everyone who is working urgently to address basic needs to deliver world class clinical care.

To ensure educational excellence. The advocate for the very best in policy and practice and to innovate in research.

And thank you again for joining us today.

Thank you very much. Doctor Nunez Smith.