

Mayor's Council on African American Elders

C/O – Aging and Disability Services, Seattle-King County
Mailing Address: PO Box 34215, Seattle WA 98124-4215
Office Address: Seattle Municipal Tower, 700 5th Ave, 51st Floor
(206)684-0706 * TTY (206)684-0274 * FAX (206)684-0689
Website: www.seattle.gov/MCAAE

May 15, 2020
Zoom Meeting

Members Present – Benjamin Abe; Brenda Charles-Edwards; Dr. Brenda Jackson; Paul Mitchell; Mattie Taplin (Emeritus); Claudette Thomas; Cynthia Winters

Absent –Janice Davis; Tricia Diamond; Ina Howell

Guest Speaker – Sargis Pogojans, MPH, Epidemiologist, Public Health – Seattle & King Co.

ADS Staff – Brent Butler, Cathy Knight, Karen Winston

I. Introductions

MCAAE members shared favorite television programs they have watched during the stay at home order.

II. MCAAE Chair Update

- Brenda reported on the AARP webinar that focused on elder abuse and featured ADS case manager, Kathi Church. It was a very informative session that included real stories about elder abuse.
- Brenda also provided information on the latest COVID-19 scams, including relief checks; insurance scams, Medicare/Medicaid scams, fake testing sites, fake email passwords, and false information about suspending student loans.

III. ADS COVID-19 Update

Cathy provided the following updates:

FEDERAL

- At the end of March, the federal government passed the CARES Act in response to COVID-19, which included \$2.2 trillion. Almost \$1 trillion went to programs for older adults, and about \$20 million came to the WA state to support several programs, including nutrition programs. The purpose is to stabilize the network of aging programs so that they can still serve those in need of assistance.
- Cathy also highlighted the great work Area Agencies on Aging (AAA's) throughout the country in response to meeting the needs of older adults during the pandemic.
- The House of Representatives is now working on the HEROS Act which is the 5th federal bill to provide COVID-19 relief. This is a \$3 trillion bill, but it must pass the Senate. The intent is to help local governments that are under strain, due to the economic downfall as a result of COVID-19. The bill would include additional funding to help aging programs.

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- The economic crisis will impact the state budget.
- There is talk about a special session, to begin either in the summer or next fall. There will be some major cuts. It will be extremely difficult.
- ADS is planning for lean years and will use reserves as efficiently as possible.
- AAA's work hard to keep vulnerable adults safe at home, and it is more cost effective when compared to nursing home care. We hope the legislature recognizes the value.
- Locally, the Mayor anticipates a loss in revenue of about \$300 million, which means a lot of cuts in City funded programs.

IV. COVID-19 Disparities & King County

Sargis Pogojans, MPH, Epidemiologist, Communicable Disease & Epidemiology, Public Health – Seattle & King County, provided a presentation of COVID-19 data collected by Public Health.

- Following the first case of COVID-19 that was identified in January, a disaster followed the first month.
- To date, however, we've been fortunate that everyone followed the stay-at-home order. It hasn't been great, but compared to other parts of the country, our health system has done well.
- May 14 was the first day that no COVID-19 deaths occurred in King County.
- Public health is currently working on issues such as, unemployment, food insecurity, and transit issues, and working to update all COVID-19 data.
- The death rate data by race/ethnicity is missing about 1,905 cases (25.9 percent of the data) including nursing home data.
- Black and Brown communities in King County are affected much more when comparing the rates to the overall population. Sargis shared an age-adjusted chart used so that rates across race/ethnicity groups that have different age distributions can be compared with one another. The results show large disparities.
 - Native Hawaiian – Impacted by the burden of COVID-19, 6x more than Whites. Even though the number is small, it is a huge impact on a small community.
 - Hispanics – Impacted 5x more...
 - Blacks – Impacted 2.5x more...
 - Native American – not enough data...
- When nursing home data is excluded, the disparities are even more dramatic and affects all communities of color. Nursing home data was extracted since most NH residents are mostly Whites, who are much older, and have higher incomes.
- Public Health also examined language. Individuals with poor English skills have higher rates of testing positive, compared to English speaking. Also includes East African communities.
- There are large differences between the social make up and the economic make up of populations in King County.
- Public Health is also examining multi-generational households. In Native Hawaiian/Pacific Islanders communities, over 25 percent live in households with more than one confirmed case. Working on messaging about protecting everyone within the home, while maintaining social distancing.

Questions

1. How are you tracking people of color who die in their own homes and not in a hospital?

Response: The all cause death rate increased slightly between 2017-2019 and 2020. The rate more than doubled among Hispanics. When removing those who were COVID-19 positive, overall, male, and Black respiratory death rates were all significantly lower. The burden of disease impacts communities more, but the data is confusing.

2. Grocery store workers don't wear gloves. Does that increase their likelihood for exposure to COVID-19? Any statistics on this?

Response: Store clerks will only use plastic bags, because they've been told to not touch any personal bags people may bring with them. This is very concerning, and essential workers are experiencing a large burden.

3. In Ontario, Canada, special housing is provided for some essential workers so that they won't expose their households. Any plans of offering that here?

Response: Not aware of anything like that here. At the beginning we were isolating, but not now. There are isolation locations, but they are not set up to provide shelter for essential workers. In Hispanic and Native Hawaiian communities, where there are households with large essential or healthcare worker jobs, we are seeing large outbreaks within these types of households.

4. How do immune systems differ by race/ethnicity? Are some groups more susceptible?

Response: Antibody tests are exploring the levels of immunity, but because this is so new, there is not enough research to show any differences. We are looking at comorbidities (heart conditions, diabetes, etc.) and other conditions and how it differs by race, and how that plays into COVID-19, but it's too early to tell. Right now, the emphasis is more on race, place, and economics, rather than the biology.

5. People who are A-symptomatic and don't get sick and are still walking around. Should we be concerned?

Response: We have anecdotal information, which is showing that it affects people differently, but it's too early to tell.

V. Age Friendly Seattle Update

Brent is working with community members to identify organizations that are may need additional assistance to broaden their umbrella to include foreign born blacks that are non-Christians. Of the 15 organizations identified, none are receiving funding from HSD. So, we're working with these organizations that are not a part of the Community Living Connections network. Many of these organizations serve communities that are mostly Muslim. Public Health has identified that these communities have a higher disease burden,

such as HIV/Aids. Brent has partnered with the AAEP who is working to expand their scope to address the needs of new immigrants.

HSD has started a mentor/mentee program. African American HSD staff are interested in being mentored. Brent is hoping the MCAAE members will be interested in this opportunity. Let Karen know if you are interested.

The meeting was adjourned at 3:30 p.m. The next virtual meeting is scheduled for Friday, June 19, at 2:00 p.m.