Impact of COVID-19 on Behavioral Health Issues for Boys and Men

Minority Health Implications

An Expert Panel Report from Men's Health Network

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The content of this monograph and any recorded representation of comments and opinions of the conference attendees does not necessarily represent the views of PCORI, Men's Health Network, or panel members' organizations, their directors, boards of governors, or any other organization officers or representatives.

Forwards

Forward by Men's Health Network

On behalf of Men's Health Network (MHN), we are proud to have partnered with the Patient-Centered Outcomes Research Institute (PCORI) to convene this important Virtual E-Conference program on February 26, 2021, and to present this report based on the proceedings. This is the second in a series of three planned monographs. This monograph focuses on the behavioral health and psychosocial issues that face minority and vulnerable males because of the COVID-19 pandemic. Managing the behavioral health challenges faced by America's boys and men is a significant challenge. This already complex and multi-faceted problem in care is made even more challenging in the face of our national and global response to COVID-19 and the underlying social factors that adversely impact minority and vulnerable boys and men. This unprecedented event in human history has touched every aspect of living, including health care and sociologic interactions of all the world's citizens. Our goal in organizing this program was not just to facilitate a vigorous discussion of the issues but also to identify important areas to pursue to address the immediate issues that drive the psychosocial needs of boys and men and particularly minority men. Those men and boys are among the most vulnerable in our society. We hope these discussions and expert opinions will help in the immediate challenges in male behavioral health and provide for better planning and policy for inevitable future national and global health emergencies as well as address the fundamental racial biases that impinge on the health of boys and men. This is all a work in progress and the final chapters in assessing our response, the impact on behavioral health issues in our male population and optimized ways to approach pandemics have yet to be written and assessed. We hope that the information and recommendations within this monograph help address these needs.

This unprecedented event in human history has touched every aspect of living including health care and sociologic interactions of all the world's citizens.

PCORI supports myriad projects and research programs that help patients and those who care for them make better informed health care choices, including choices in the area of behavioral health. Men's Health Network gratefully acknowledges PCORI for providing resources and support.

Men's Health Network Staff

Forward By PCORI

PCORI funds research that can help patients and those who care for them make better-informed decisions about the healthcare choices they face, with that research guided by those who need the information most. We also support projects that encourage the active integration of patients, caregivers, clinicians, and other healthcare stakeholders into all aspects of the patient-centered outcomes research (PCOR) process.

This conference by the Men's Health Network—which brought together community leaders, including patient-advocacy groups, faith-based organizations, and others to assess what can help identify males at risk for mental health issues and outcomes, such as depression and suicide—aligns with PCORI's mission. This critical issue is further exacerbated by the coronavirus pandemic.

Too often in conducting research and in identifying research priorities, patients and other groups with valuable perspectives are left sitting on the sidelines. Conferences like this one, where everyone has a seat at the table, result in a more robust and complete discussion where everyone's voice is heard. The research agendas and, ultimately, the research that results from such conferences are generally more relevant to patients and more likely to be taken up in practice.

Because PCORI also strives to devote resources to reducing health disparities, we hope the lessons learned from this conference will lead to continued dialogue and, ultimately, to PCOR that can help males and those who care for them make better-informed choices to manage their mental and behavioral health. PCORI commends all the conference's participants and hopes this report will foster continued engagement of all stakeholders in the health care community—not just clinicians—to discuss what can be done to give patients and those who care for them the tools they need to take charge of their health.

PCORI Staff

Forward by Project Principle

Since the initial planning of this program in behavioral health, our world has been dealing with the pandemic of our lifetimes: the novel coronavirus (COVID-19). This pandemic has produced another pandemic, one of anxiety, depression, isolation, uncertainty, and fear. These emotional and mental health issues have led to an increase in behavioral health problems, substance abuse, violence at home, and so many other conditions which have exacerbated an already difficult situation for everyone—but especially boys and men.

Among those males who have been hardest hit by COVID-19 are those who are often most adversely impacted by societal issues, minority men and those who are among the most vulnerable, such as the intellectually challenged, victims of sex-trafficking and the homeless. Men's Health Network has convened three separate extension conferences (funded in part by PCORI) to examine the specific issues involved in COVID-related mental health issues in men.

When MHN Board of Scientific Advisors and staff examined the impact of this pandemic, it became apparent that the introduction of the novel coronavirus in the last months of 2019 has now erupted into three interrelated pandemics: clinical impacts of the COVID-19 infection, the inadvertent economic and financial devastation caused by necessary virus mitigation strategies (such as shelter-in-place orders and mandatory closing of restaurants and many businesses), and the disparate impact COVID-19 has had on vulnerable and minority communities. Each of these interrelated pandemics presents unique challenges in terms of management and mitigation efforts, and each has had a profound effect on the emotional (and physical) wellbeing of the hundreds of millions of people across the globe who have been affected.

Some issues they face have their roots in deep seated prejudice, not just about race, but also about social-stigma and misunderstanding about intellectual and developmental disabilities, foster-home status and behavioral health in general.

MHN has been granted funding by PCORI to expand our inquiry and expert dialogue into the general topics of behavioral health in boys and men in America and to take an in-depth look at each of these interrelated pandemics and how they have affected the emotional wellbeing of boys and men. This funding has also enabled MHN to (1) provide insight and expert opinion on the best approaches to resolving COVID-related issues, and (2) to explore areas for future outcomes-oriented research that will not only address the current situation but also will help us be better

prepared for the next time the global community will have to address a similar—or worse—crisis.

This is the third in a series of three reports on this important topic. This report specifically focuses on the particular challenges faced by minority and vulnerable boys and men and in providing assistance to them.

As has been pointed out in all of our programs in the behavioral health series, minority and vulnerable men and boys are disproportionately affected by behavioral health issues and by COVID-19 compared to the general population. The factors that contribute to their suffering are very complex and multifaceted. Some issues they face have their roots in deep seated prejudice, not just about race, but also about social-stigma and misunderstanding about intellectual and developmental disabilities, foster-home status and behavioral health in general. It is the intent and hope of all involved in this project that the information, recommendations, and key action we present will help both those involved in community leadership positions and family members of those impacted to better understand what needs to be done, how to do better, and how to disseminate important information about the results of their work. However, facts and opinions alone are not enough to provide adequate preparation and appropriate enlightened responses in the face of the world's next public health challenge. What is also needed is the political will and allocated resources. The proceedings of each of these three COVID-19 related behavioral health programs will be published and posted on the Men's Health Network website (www.menshealthnetwork.org) in the coming months and disseminated widely via social media, op-eds, articles, and expert media appearances.

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Executive Summary

Background

Men's Health Network (MHN) was established in 1992 and is a national nonprofit organization whose mission is to provide health awareness and disease-prevention messages and tools, screening programs, educational materials, advocacy opportunities, and patient navigation to men, boys, and their families where they live, work, play, and pray. PCORI provides grants and other types of funding to support programs that help people make informed health care decisions and seeks to improve health care delivery and outcomes by producing and promoting high-integrity, evidence-based research guided by patients, caregivers, and the broader health care community.

Program

The authors based this report on an expert panel convened by MHN and partially funded by the Patient-Centered Outcomes Research Institute (PCORI) Engagement Award Initiative (EAIN00095). Out of concern for public health safety, this conference was held electronically on February 26, 2021. The professionally moderated panel brought together a broad cross-section of experts from private and public entities involved in behavioral health issues, research, and care delivery, particularly as they pertain to males. The topic area was "The Impact of COVID-19 On Behavioral Health of Minority and Vulnerable Males in The United States" The conference was structured to examine what is now known about the impact of COVID on clinical care, evolving areas of concern, and the best ways society can help boys and men deal with COVID-19-related mental-health issues.[1]

This discussion is unique not only because of its focus on the vastly understudied concerns of boys and men, but also because it's being held in the midst of an unprecedented global medical crisis. As with any new and evolving medical situation, there are many hypotheses, some observations, some hard data, and perhaps too much speculation. Since the effects of novel coronavirus on humans are as yet not fully understood, there is no way to accurately predict either the potential long-term pathophysiologic effects it may cause, how those effects will affect the future functioning of our society, or their impact on mental wellness. For this reason, panelists were encouraged to use their knowledge of the overall clinical and

[1] Giorgianni, S.J., Brott, A. (2019). Behavioral Health Aspects of Depression and Anxiety in the American Male: An Expert Panel Report. *Men's Health Network*. Retrieved January 2020 from https://www.pcori.org/sites/default/files/Mens-Health-Network-Conference-Summary.pdf

clinical mental health care issues we're facing now as a basis for informed predictions about what we may be facing after a nationwide vaccination campaign and beyond. They were also asked to outline some of the long-standing societal factors that impact men of color and boys and men who may be particularly vulnerable to adverse physical and mental outcomes. This latter demographic incudes those who may be intellectually or developmentally challenged, in foster homes, victims of physical or sexual abuse and trafficking and the homelessness.

Much of this discussion builds on the understanding of the unique behavioral health issues faced by males and has been covered in depth by MHN in the core publication, "Behavioral Health Aspects of Depression and Anxiety in the American Male: Identifying Areas of Patient-Centered Outcome–Oriented Needs, Practices, and Future Research," (https://www.menshealthnetwork.org/library/depression-anxiety-males-report-summary.pdf) as well as its companion material, "Determining the Efficacy and Scope of Behavioral Health, Sex-Specific Screening Tools for Males Benefitting Front Line Community Workers."

Panel Discussion Summary

The panel engaged in a broad range of issues surrounding the clinical impact that the COVID-19 pandemic has had on overall ability to deliver health care to boys and men in minority and vulnerable demographics. They were also challenged to provide perspective on the underlying social, cultural and economic circumstances that impact most aspects of the lives of these men and boys. There is a general acknowledgement and understanding by all involved that many of the issues and concerns are not exclusive to male health care but that the focus of the discussions was on many of the salient parameters that make delivery of health care and the identification and management of behavioral health issues for boys and men so challenging.

The panel addressed five broad themes during the discussions. Each of these discussion themes were woven into the overall dialogue and formed the basis for developing consensus-driven recommendations. These are:

- As a framework to the discussion the panel, led by Jean' Bonhomme, MD, MPH, President and Founder of the National Black Men's Health Network, reviewed some of the core drivers of the impact COVID-19 has had on minority boys and men. The panel also established common ground for minority and vulnerable population working definitions during the conference.
- There was a robust dialogue recounting how pandemics in the past have disproportionately impacted these populations and particularly the dearth of information from historical records up until the middle of the 20th Century. The panel also discussed how this pandemic, particularly in the United States, differs from other pandemics including its evolution during a time of national social and racial introspection.

- The panel offered many important and broad ranging comments, observations and recommendations regarding the constellation of impacts and problems COVID-19 has had on various communities. This included the problems with developing messaging specifically for boys and men across a broad range of sociocultural segmentations including those in the inner-city, those who are severely economically disadvantaged, those in the judicial system and those in indigenous communities. The constellation of issues involving those in foster care, with developmental disabilities and victims of human-trafficking and sexual abuse were reviewed, including how social isolation because of COVID-19 mitigation efforts have put a generation of at-risk youth at even greater risk.
- Among the challenges faced by these populations and those who serve them are impediments within the judicial and corrections systems, which also have had normal operations adversely impacted by COVID-19. Educational constraints and the implications for already challenging employment opportunities for many in the minority community were discussed in the context of some of the unique economic challenges they face that put additional stressors on them.
- The panel spoke about potential remedies. One overarching concept prevailed through all of these discussions. The elements of the disproportionate impact COVID-19 has had on minority and vulnerable boys and men were all identified by studies of prior pandemics and medical emergencies. Virtually all of the conditions that exacerbated the disproportionate damage and emotional strain on these boys and men existed prior to COVID-19. Various solutions were discussed. These included the need for more assertive approaches to recruiting, supporting and educating young men of color into health professions and the use of peer-to-peer programs to deliver important community based educational programs about health messages to minorities.

Each of these discussion themes were woven into the overall dialogue and formed the basis for developing consensus-driven recommendations.

Next Steps

- A series of research studies in minority and vulnerable population sectors designed to better understand how physical and emotional stress from circumstances such as a pandemic impacts their overall health and wellbeing is of paramount importance. Such studies could guide development of effective support and health care services in time of emergency.
- Programs and practices to help better reach minority communities and vulnerable individuals to address fundamental structural impediments to good health need to be developed and evaluated. Programs that have been locally successful in addressing deficiencies in determinants of health in these at-risk populations should be supported for further development and expansion into other communities.

- The widespread nature of vaccine hesitancy, particularly in some minority communities and demographics, has become apparent during this pandemic. It is not only troubling from a public health perspective but also as a surrogate marker of the deep and abiding distrust of many in various demographics that cross many socioeconomic and demographic boundaries of medical care, science and government. Conducting broad based research about factors that feed into vaccine hesitancy is imperative.
- It is equally important to conduct comparative studies to identify communication, educational and other elements of vaccine hesitancy in order to restore trust in health care and science. For this work to be useful in developing directed mitigation, it needs to be stratified by sex, socioeconomic age and racial demographics.
- In the US male mortality is significantly higher in nine of the 10 leading causes of death. The overall mortality levels of African-America, Indigenous People and Hispanics are generally higher than in the overall male population. Several of these morbidities have been identified as contributory factors which increase the potential for serious sequala from COVID-19 infections or higher mortality. Addressing known health disparities and enhancing the overall health of American males, particularly minority and vulnerable males, is a strategic imperative.
- Establishment of an Office of Men's Health within Health and Human Services and establishing the Office of Male Indian Health is an essential and necessary step to help raise the awareness of male health disparities and address the inequity it brings to all American males. It is also a necessary platform to help examine, establish, promote and fund important national health policy and projects designed to enhance the health of men and boys.
- Many minority males express the desire to have health providers who come from the same ethnic and sociocultural backgrounds as they do. More work needs to be done to qualitatively and quantitatively document how access to sociocultural peer-to-peer health care providers impacts the determinants of health and health outcomes across the range of sociocultural diversity.
- The panel unanimously believes the lack of diversity of male health care workforce is an important overarching consideration that needs to be addressed. This is necessary both from the perspective of delivering optimal clinical care to minority men and to help correct the overall distrust in health care that impedes effective public and clinical health care services in many minority communities in health care. All health care professional groups and educators should conduct a top-to-bottom review of the diversity of manpower, including assessment of male providers, within their professions and develop 10-year workplans to enhance recruitment, educational opportunities and educational cultural and financial support to address gaps.

- One of the fundamental building blocks for changing health care delivery to make it more aligned with preferences and needs of male patients is to provide a core curricular framework for education and training of health professionals related to the specific health issues of men and boys. A review of training components in the area of comprehensive male health in professional programs should be undertaken to identify opportunities to better train providers in delivering male sex specific care. In order to effect such change professional credentialing organizations, need to incorporate male health management more broadly in certification competencies.
- One of the key points to consider is the need for more standardized approaches to data collection protocols and core "must have" data points for any future local, regional, national or global mass vaccination or mass public health programs. A core data set should be established by an expert commission. This data set must include patient sex as a core element. Without this data it is difficult to make ongoing and real-time decisions about vaccination protocol effectiveness and strategies to correct deficiencies.
- Peer-to-peer support programs have proven time-and-time again to be effective ways to engage members of a particular community in important health care activities and education. With regard to addressing vaccine hesitance, and other issues such as contagion mitigation and accurate information about health emergencies, the panel felt there could be much better use of peer-to-peer programs. Assessing how to do this work in various communities and establishing approaches to disseminate accurate information in socio-culturally appropriate formats should be begun now so when the next national medical emergency strikes public health providers, and health organizations, can quickly mobilize trusted messengers and peer-to-peer networks quickly and early.

Main Monograph

Conference Background and Support

The following report is based on an expert panel convened on January 8, 2021, by Men's Health Network, (MHN), which brought together a cross-section of experts from private and public entities involved in clinical care and health care advocacy for boys and men. This program, entitled "The Impact of COVID-19 On Behavioral Health Of Minority And Vulnerable Males In The United States," was in part funded by a supplemental funding program to cover important topics related to the COVID-19 pandemic through the PCORI Engagement Award Initiative (EAIN00095).[2] PCORI has been a leader in providing funding for work to enhance patient engagement in mental health management and has expanded their funding to help provide important information about better understanding and managing the COVID-19 pandemic. To comply with social distancing and public health safety necessitated by the COVID-19 global pandemic, this conference was held electronically. The contents of this conference and manuscript do not necessarily represent the views of PCORI, its board of governors, or its methodology committee.

This conference builds on an expert consensus panel convened by the Men's Health Network and partially funded by PCORI held in May 2019 (https://menshealthnetwork.org/malebehavioralhealth), September 2020 (in press) and November 2020 (in press) that examined in-depth the underlying issues of depression, anxiety, and suicidality in American males and identified key areas to pursue to improve the emotional wellness and care of boys and men.

Defining the Problem

Minority and Vulnerable Populations

The World Health Organization (WHO) defines (reference-https://www.who.int/teams/environment-climate-change-and-health/emergencies) vulnerable as "… the degree to which a population, individual or

[22] Patient-Centered Outcomes Research Institute. (n.d.). Engagement Award: Dissemination Initiative. Retrieved January 2021, from https://www.pcori.org/funding-opportunities/announcement/engagement-award-dissemination-initiative

organization is unable to anticipate, cope with, resist and recover from the impacts of disasters." Under this definition, WHO considers the following groups to be vulnerable: children, pregnant women, elderly people, malnourished people, and people who are ill or immunocompromised.

While this WHO definition serves as an adequate starting point, the US Centers for Disease Control and Prevention (CDC) states vulnerable populations (reference- https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html) may include anyone who has difficulty communicating, has difficulty accessing medical care, may need help maintaining independence, requires constant supervision, or may need help accessing transportation. Further, CDC identifies sub-populations as vulnerable. Specifically this includes: economically disadvantaged; racial and ethnic minorities; the uninsured; low-income children; the elderly; the homeless; those with human immunodeficiency virus (HIV); rural residents, who often encounter barriers to accessing healthcare services; and those with other chronic health conditions, including severe mental illness. The vulnerability of these individuals is enhanced by race, ethnicity, age, sex, and factors such as income, insurance coverage (or lack thereof), and absence of a usual source of care. Their health and healthcare problems intersect with social factors, including housing, poverty, and inadequate education which often create additional complexity and vulnerabilities.

Health Domains of Vulnerable Populations [3456]

The health domains of vulnerable populations can be divided into three categories: physical, psychological, and social.

Those with physical needs include high-risk mothers and infants, the chronically ill and disabled, and persons living with HIV/acquired immunodeficiency syndrome. Chronic medical conditions include respiratory diseases, diabetes, hypertension, dyslipidemia, and heart disease. Eighty-seven percent of those 65 years and older have one or more chronic conditions, and 67 percent of this population have two or more chronic illnesses.

In the psychological domain, vulnerable populations include those with chronic mental conditions, such as schizophrenia, bipolar disorder, major depression, and attention-deficit/hyperactivity disorder, as well as those with a history of alcohol and/or substance abuse and those who are suicidal or prone to homelessness.

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[3] https://www.ajmc.com/view/nov06-2390ps348-s352
[4] Who are the vulnerable? In: *At Risk in America: The Health and Health Care Needs of Vulnerable Populations in the United States*. 2nd ed. San Francisco, Calif: Jossey-Bass; 1991:1-15.
[5] *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: US Department of Health and Human Services; 2000. Available at: http://www.healthypeople.gov/publications. Accessed August 2, 2006.
[6] Robert Wood Johnson Foundation. A portrait of the chronically ill in America, 2001. Available at: http://www.rwjf.org/files/publications/other/ChronicIllnessChartbook2001.pdf. Accessed August 2, 2006.)

In the social realm, vulnerable populations include those living in abusive families, the homeless, immigrants, and refugees.

The needs of these populations are serious, debilitating, and vital, with poor health in one dimension likely compounded by poor health in others. Those with multiple problems also face more significant comorbidities and cumulative risks of their illness than those experiencing a single illness.

Establishing the Framework for Discussion

Jean Bonhomme, MD, MPH, is the founder of the National Black Men's Health Association, a former member of the Board of Directors of Men's Health Network and one of the developers of this conference series. At the beginning of the conference Dr. Bonhomme was invited to provide his perspective on this important topic to help frame the deliberations and discussion.

Bonhomme noted that when we think of COVID we should think of it not as just one epidemic but as three intertwined epidemics. First, there are the pandemic's overall clinical impacts on health. This includes caring for chronic conditions like obesity, diabetes and hypertension which have become much more difficult during the pandemic. Also, there are impacts on the ability for patients to access other needed ancillary services such as lab tests and radiologic evaluations. In addition, there has been a severe impact on availability of dental services, which were often inadequate in these communities in pre-pandemic times. Many of these health conditions have historically been poorly controlled across populations in the US due to numerous factors, including poor levels of care, impaired determinants of health, limited or sub-optimal health insurance coverage and access to a range of providers, as well as attitudes about health and wellness, particularly in men. In many minority communities these deficiencies are dramatically worse and their impact is often exacerbated by racism. COVID-19 has made management of chronic and emerging health conditions much more difficult and the lapses in care now will complicate treatments for several years in the post-COVID-19 period. It will be particularly problematic for many of these vulnerable and minority patients as the factors that led to the disproportionately high levels of health issues in many of these communities will also become more prominent. Another consideration is the impact COVID-19 has had on health care providers who served these minority communities. Many providers, labs and other services such as physical therapists have had to close because of the pandemic. Not all will return and those who were struggling to be economically viable prior to COVID-19 are at particular risk and often served minority and vulnerable populations.

Second, are the economic aspects of the pandemic where businesses are forced to close and sometimes close permanently. Essential services like public transportation, which is often needed just to get to work, basic food and daily-living staple items such as paper-products are in short supply leading to enhanced

food-insecurity in general and even more so in many underserved communities. The lapses in education at all levels are of particular concern and may prove to be devastating in terms of preparation for entry into the workforce for a generation of people in minority communities and vulnerable populations, particularly the developmentally impaired. Banking and lending services have also been negatively impacted. This has implications for those families who are struggling to maintain already precarious personal and household finances. COVID-19 has had an extremely negative impact on the overall incomes of so many individuals and families. Incomes and employment prospects for minorities, which pre-pandemic were problematic in many areas, have been particularly hurt during the pandemic and one of the down-stream effects of this is going to be seen in the overall job prospects for the immediate post-COVID-19 recovery period. Minorities and vulnerable populations have been disproportionately harmed by this economic phase of the pandemic.

These two sub-pandemics, if you will, combine to create the third epidemic, a mental health epidemic. We find people living with tremendous uncertainty and long periods of stress and anxiety because of these and other COVID-19 impacts. People are living in prolonged and often extended bereavement because of the loss of loved ones and this difficult time is made even more emotionally laden because of the inability to provide for traditional bereavement. There is a constant worry about what is going to come next, how long this pandemic or mitigation is going to last, and what will long term prospects be for one's self and the country. There are so many vulnerable persons who had so much of this type of worry in their everyday lives prior to the pandemic that adding on the additional and substantial burdens that have been caused by COVID-19 increases their vulnerability and mental stress, sometimes to the breaking point. This virus and the needed mitigation procedures have led to a tremendous amount of isolation. People cannot go to the usual places where they tend to congregate as communities and engage in important cultural events and in many cases cannot practice their usual and customary religious customs. We are also seeing an increase in drug addiction, alcoholism and overdoses in these communities which, in too many cases, are already burdened with disproportionately high levels of these substance abuse problems.

There is also a perception of systemic racism that makes COVID-19 recognition and management much more complicated in African-Americans, Latinos and Asian-Americans. This is having a net-impact of creating numerous social and medical problems and exacerbating underlying racial issues. For example, in some African-American men an inherent reluctance to wear a mask needed to be overcome because of the fear that, if masked, they might be perceived as criminals or engaged in criminal behavior. Asian-Americans have been subject to incidents of verbal abuse, isolation and, in some unfortunate instances, physical violence because of mis-placed and racist hostility that associates Asians with culpability for the existence and spread of COVID-19.[7]

[7] https://www.commonwealthfund.org/publications/podcast/2021/apr/asian-americans-dual-pandemic-covid-19-racism

One of the great challenges is the increased risk due to COVID-19 in minorities and vulnerable populations due to a decrease in trust by them resulting from historical racial injustices and poor treatment by the medical establishment. One of the factors that exacerbates the underlying mistrust of health care by some minorities is that we are dealing with a substantial number of health care providers at all levels who are not particularly culturally competent and a dearth of providers that come from these minority communities. A very serious impact of this health care mistrust is seen in the levels of vaccine hesitancy prevalent in African-American communities. Some difficulties in vaccine distribution has also occurred in many of these communities.

In terms of sex, there is a lot of emphasis in the media about the risk of COVID-19 to women, and that certainly is true. But this has in some ways created the notion in all too many men that men are not at risk. The fact is that while global and US epidemiologic data tells us that COVID-19 infects men and women at about the same rate, the death rate from COVID-19 in males is almost four-times higher. This is not only the case in the US but in most places in the world. That important message is just not getting out to men as part of the persuasive messages needed to prompt men to engage in proper mitigation and get vaccinated. This impacts men in general, but here again, this poor messaging disproportionately impacts minority men of color.

A Brief History of Pandemics and What Can Be Learned About Their Impact on Minorities

There is only limited information, and much of it anecdotal and inferential based on various historical accounts of the times rather than rigorous study and analysis, as to the impact historic pandemics had on minorities and vulnerable populations. From the bubonic plague in the Middle Ages to the Spanish Flu outbreak near the end of World War I in 1918, pandemics, particularly in the era after the industrial revolution, have had profound effects on society and have presented particularly difficult situations for minority populations and those who are most vulnerable. In the majority of recorded accounts of pandemics, the first part of the social structures to become strained is the health care system. Since 2003, the international community has been preparing for a potential SARS outbreak of global proportions.[8] However, most experts believed that there were still deficiencies in many parts of the world's ability to cope with such an outbreak, especially within health-care sectors. These dire concerns and warnings made two-decades ago have proven to be accurate as the world reels from COVID-19.

[8] Madhav, N., Oppenheim, B., Gallivan, M., Mulembakani, P., Rubin, E., Wolfe, N. (2017). Pandemics: Risks, Impacts, and Mitigation. In D. T. Jamison (Eds.) et. al., *Disease Control Priorities: Improving Health and Reducing Poverty*. (3rd ed.). The International Bank for Reconstruction and Development / The World Bank.

In general, there is much to learn about how to approach mental health issues associated with pandemics. The complex dynamic and dramatic sociopolitical and electronic-communications environments in place during the onslaught of COVID-19 presents even greater challenges in understanding how this pandemic, or future pandemics, impact vulnerable populations and minorities and how to address these matters. The literature is replete with information from microbiologic, virologic, clinical, epidemiologic, emergency preparedness and public-health perspectives. However, unfortunately, there is a dearth of information about psychiatric care of individuals and communities that are caught up in the traumas and tragedies of a pandemic and, sadly, even less has been written and studied about the psychosocial and economic impacts on minority men and other venerable male populations. It is only beginning with the Spanish Flu Pandemic of 1919-1918 that some social-scientific reviews about particular impacts on minorities (particularly Blacks in America) is reasonably well documented.

Plagues Throughout Recorded History

The Athenian Plague - 430 B.C

The Antonine Plague - 165-180 B.C.

The Justinian Plague - Mid-6th Century A.C.

The Black Death - 1334-1400 A.C.

Spanish Flu Pandemic - 1918–1920

Smallpox Outbreak in Former Yugoslavia - 1972

HIV Pandemic - early-1980s-ongoing

Severe Acute Respiratory Syndrome (SARS) - mid-2003

Swine Flu H1N1/09 Pandemic - early-2009-mid-2010

Ebola Outbreak - 2014–2016

Zika - 2015–2016

COVID-19 - 2019-ongoing

Disease X* - Postulated placeholder designation adopted by the WHO 2018 represent a hypothetical, unknown pathogen that could cause a future epidemic.

Impact of Pandemics in The General Population

The impact of pandemics and widespread epidemics have a profound impact on multiple parts of society. Historical writings about the impact the bubonic plague had on society and the economics of the Middle Ages provide perspective on both the short- and long-term effects of the death of an estimated 75 million to 200 million people in Eurasia and North Africa (30-60% of the population in Europe). Generally regarded as the next largest pandemic, the Spanish Flu of 1918-19, which has been termed "the mother of all pandemics" infected an estimated 500 million people worldwide and killed an estimated 20-50 million globally.[9] While the final chapter on the COVID-19 pandemic is far from being written, few epidemiologists believe that it will be as devastating (in terms of lives lost or long-term economic impacts) as either The Plague or the Spanish Flu. Yet, the impact of COVID-19 has been profound and saddening.

[9] Taubenberger, J. K., Morens, D. M. (2006). 1918 Influenza: the mother of all pandemics. *Emerging infectious diseases*, 12(1), 15–22. https://doi.org/10.3201/eid1201.050979

The ways in which various ethnic and vulnerable demographics within societies are impacted at the times of major historical pandemics has neither been well studied nor documented.

Links To Male Behavioral Health

Jimmy Boyd, of Men's Health Network and an advocate for men's health for more than 45 years, noted that one of the major challenges to ensuring that all those affected with COVID-related emotional trauma have access to treatment is that boys and men express emotional hurt, needs, and concerns very differently than do women, and many of the ways males express their emotional state are not generally recognized as related to psychological issues by either the person expressing them or by clinicians. Similarly, the ways minority and other vulnerable boys and men, in particular those with intellectual impairments and those who are victims of human-trafficking, express emotional hurt and traumas is very different than the general population of males. (GRAPHIC 2) As a result, men are less likely to recognize their own behavioral health needs, which makes them less likely to seek help for mental health issues. Clinicians also are not particularly in tune with how men communicate about psychological problems and often miss important symptoms. In addition, none of the major screening tools assessed by MHN and members of its Scientific Advisors have been developed with men in general in mind, let alone men in special demographics, so they tend to under diagnose mental health issues if they are used at all. This, in turn, leads to a variety of problems in creating approaches to deal with male mental-health issues both at the clinical and public policy levels.

The fact that males and females generally differ substantially in how they think about and express emotional pain and trauma too often leads to misinterpretations and mismanagement of evolving psychological issues in boys and men. Important factors that influence how males express emotionality include stigma, society's negative feedback to male expressions of emotional hurt or concern, and the generalized reluctance—and resistance—boys and men must seek care for any reason.

A major obstacle to recognizing, diagnosing, and treating mental health issues in men and boys is stigma. Stigma is an important consideration in all male demographics but is particularly important and pronounced in minority and vulnerable populations for whom the stigma of mental health would be

layered upon racism or life-circumstances. The 2000 US Surgeon General's Report[10] addresses the issue of stigma and its role in advancing the care of people with behavioral health conditions. In the report, Surgeon General David Satcher noted that "despite the efficacy of treatment options and the many possible ways of obtaining treatment, nearly half of all Americans who have a severe mental illness do not seek treatment. Most often, reluctance to seek care is an unfortunate outcome of very real barriers. Foremost among these is [the] stigma . . .," which, according to Dr. Satcher, "erodes confidence that mental disorders are valid, treatable health conditions." Ultimately, "[s]tigma tragically deprives people of their dignity and interferes with their full participation in society."

Comparison of Male and Female Behaviors with Depression[11]	
Typical Male Responses	**Typical Female Responses**
Blames others	Blames themselves
Feel irritable	Feel sad
Become unforgiving	Frequently tearful
Less satisfying sleep pattern	Sleeps more than usual
Heightened suspiciousness	Feeling of vulnerability
Guarded	Easily hurt
Overly/covertly hostile	Tries to be nice regardless
Hides depression	Show obvious signs of depression
The World is against them	Feel set-up to fail
Frequently restless/agitated	Feel nervous/slowing down
Sudden rage	Anxiety attacks
Loss of anger-control	Strives to maintain anger-control
Emotional blunting/numbness	Overwhelmed by emotions
Pushes others away	Allows violation of personal boundaries
Ashamed of who they are	Feelings of guilt for what they do
Seeks praise/frustrated without it	Uncomfortable with praise
Denies weakness/self-doubts	Accepts weakness/self-doubt
Fears failure	Fears success
Top-dog status to feel safe	Blends-In to feel safe
Alcohol, TV, sports and sex to cope	Food, friends and love to cope
Wonder if they are "loved enough"	Wonder if "Am I lovable enough"
Problems resolve if others treat them better	Being a better person resolve problems

[10] https://www.ncbi.nlm.nih.gov/books/NBK559750/
[11] Diamond, J. Depression: Gender Matters, Summary. (n.d.) ATrain Education, Continuing Education for Healthcare Professionals. https://www.atrainceu.com/node/1078

The panel offered some particular comments and observations about expressions of emotional hurt by males. Maureen Ellis, Assistant Director of the Veterans' Health Council of Vietnam Veterans of America , felt that the COVID-19 pandemic was unique in how it has challenged the language that men are allowed by society to use in talking about how they feel. Generally, men are not willing to talk about how they feel, they usually will just say that they are fine. But in this pandemic, men seem to be more willing to talk about how they genuinely feel. We hear them say that they are lonely, they are afraid. This is not how men normally talk about what they are experiencing. The pandemic has in a way forced them to express their feelings more than they normally do. This represents an opportunity to help get men more comfortable in talking about emotional challenges. Bonhomme commented that part of getting boys to be more open about their emotions is allowing them to express their emotions. Most of the time we discourage boys from expressing their emotions in very subtle but impactful ways. When (Dr. Bonhomme) was a medical student, his class was having formal photos taken and he smiled for the photo. But the woman taking the head-shots told him not to smile because the Chiefs of Services would think that showed he had a frivolous attitude.

The anti-emotional expression messages we send our boys are ubiquitous. As young boys and young men we are told and taught that we are not to express emotion, we are not to show fatigue, we are not supposed to be afraid or express pain. This is all perpetuated by people who don't really want to know what boys and men really think. Part of what we need to do to change this is be more accepting of males expressing emotion, even if some of it is somewhat clumsy at first, and to show more role-models in media and in real life of males who do express emotion. Brott believes that we need to be careful about the concept of "giving boys and men an emotional vocabulary." The whole concept of "giving" them the vocabulary is somehow wrong. Men and boys do have a vocabulary, they do express emotions. But they do it in many ways that are different than the way women do and unfortunately this is not generally recognized. (Brott) remembered as a young boy playing catch with his dad and these were some of their most intimate times.

Those who work with boys and men need to better understand what men are saying in the emotional sense and the way they are saying it. Communications is indeed a two-way street. So, yes, guys need to become better and more comfortable with expressing emotionality but those of us who are listening to them also need to become better are understanding how they are communicating emotionality. There is nothing inherently wrong with the masculine way to express emotions, we just need to recognize it. Society needs recognize that there is nothing inherently wrong with masculinity or how males communicate in general and communicate about emotionality. Boyd agreed, adding that he believes that we don't need to give men a language we just need to learn to understand what they are saying.

Many men's health experts feel that how stigma is perceived, reacted to, and dealt with is very different for men and women.[12] Some men are not even aware that their reactions or aversion to dealing with depression or other behavioral health issues are the result of their concern about stigma, and thus don't even identify with the term. The way men interact with other men is also different than the way women interact with other women. As a result, even the coping mechanisms boys and men may develop to deal with perceived feelings of stigma are different. It is true that some men and women react similarly, but generally women tend to react verbally and emotionally while men react in a physical way, similarly to how they react to depression and other emotional conditions. This can be manifested in many behavior traits such as anger, substance abuse, or withdrawal.

COVID-19's Mortality Impact on Boys and Men

There is ample and growing epidemiologic data that clearly shows that male deaths due to COVID-19 exceed female deaths both globally and across all age cohorts. This has sociologic, structural, and economic implications for many families and communities. This disparity in the impact of COVID-19 by sex has been evident from the earliest days of the pandemic, as evidenced by a February 2020 article published in The Lancet by Sun, et.al., entitled "Early Epidemiologic Analysis of the Coronavirus 2019 Outbreak Based on Crowdsourced Data: A Population Level Observational Study." As the pandemic has progressed, the higher impact on mortality in men has remained.[13]

Global COVID-19 Clinical Impact Male to Female Ratio[14]

Incident	No. Countries Reporting	Males Ratio	Females Ratio
Overall Cases	128	10	10
Hospitalizations	24	12	10
ICU Admits	17	19	10
Deaths	100	14	10
Confirmed Cases Died	87	14	10

Since early 2020, MHN has repeatedly expressed concern about the disproportionate impact (both in terms of morbidity and mortality) that COVID-19 has had on men and the growing disparity. Other men's health experts and advocates have joined MHN in expressing concern that not enough attention was being

[12] http://www.menshealthnetwork.org/library/depression-anxiety-males-report.pdf
[13] Sun, K., J. C., & Viboud, C. (2020). Early epidemiological analysis of the coronavirus disease 2019 outbreak based on crowdsourced data: A population-level observational study. *The Lancet*, 2(4), 201-208. doi: https://doi.org/10.1016/S2589-7500(20)30026-1
[14] Global Health 5050. (2020). *The Sex, Sex and COVID19 Project*. Accessed January 2020 from https://globalhealth5050.org/the-sex-sex-and-covid-19-project/the-data-tracker

given to the COVID-19 sex gap and the underlying reasons for the higher mortality in men.[15] The most recent information on this is in GRAPHIC 3 which is adapted from data published by the Global Health 5050 report that tracks various epidemiologic and statistical data on COVID. This data set has input from close to 130 countries and is representative of experience with the pandemic globally. The data clearly demonstrate that while roughly equal numbers of males and females have contracted COVID-19, men's mortality and morbidity rates (including higher hospitalization rates) are significantly higher.[16]

The Psychiatry of Pandemics

The author of the book, *Psychiatry of Pandemics: A Mental Health Response to Infection Outbreak*, identifies six unique features of mental health responses in pandemic outbreaks, including the following:[17]

1. Time lapse and disease modeling of pandemic outbreaks to help guide planning, approaches and progresses.
2. Assess and manage the mental health burden on health workers.
3. Begin aggressive and social distancing and plan to address the profound impact that prolonged isolation and separation from families and their community may have. This not only needs to be considered in the context of the population at large but also for health care providers.
4. Neuropsychiatric sequelae among survivors may warrant sustained mental health focus and attention including an expansion in resources to prevent and minimize long-term disabilities.
5. Behavioral contagion and emotional epidemiology where managing concerns, fears, and misconceptions at the local community and broader public level become as important as treating individual patients.
6. Precarious status of healthcare facilities and healthcare workers. In the midst of a pandemic outbreak, unlike in other disasters, healthcare facilities may transform from points of care to nodes of transmission, further jeopardizing public trust in the healthcare system and its ability to respond to the outbreak.

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[15] Men's Health Network. (2020, June 1). *June Is Recognized as Men's Health Month* [Press release], (https://www.menshealthnetwork.org/library/mens-health-month-060120.pdf). Retrieved January 2021, from https://www.menshealthnetwork.org/library/mens-health-month-060120.pdf

[16] Global Health 5050. (2020). *The Sex, Sex and COVID19 Project*. Accessed January 2020 from https://globalhealth5050.org/the-sex-sex-and-covid-19-project/the-data-tracker

[17] Polšek, D. (2019). Psychiatry of Pandemics: A Mental Health Response to Infection Outbreak: (D. Huremović, Ed.). Springer International Publishing. https://doi.org/10.3325/cmj.2020.61.306

Overall Levels of Stress by Sex

A survey by the Kaiser Family Foundation in March 2020, indicated that women self-reported that they were slightly more worried or stressed or had negative impacts on their mental health than did men. There are several contextual elements to consider about this survey. First, it was conducted at the very early stage of the pandemic when the impact of mitigation and isolation were just being felt and the impact of economic loss and family disruptions were just at the beginning stages. Second, this is self-reported data, and it is universally recognized that men under-report mental health issues compared to women by slightly more than half.[18] Given this magnitude of under-reporting, the true levels of male worry or feelings of stress due to COVID are likely to be significantly higher.

Do you feel that worry or stress related to coronavirus has had a negative impact on your mental health or not?

	Major Negative Impact (% respondents)	Minor Negative Impact (% respondents)		No Impact (% respondents)	Do No Know if It Has an Impact (% respondents)
Men	11	16		63	1
Male Net Negative Impact: 27%					
Women	16*	20		71	1
Female Net Negative Impact: 36%*					

https://www.kff.org/coronavirus-covid-19/issue-brief/coronavirus-a-look-at-sex-differences-in-awareness-and-actions/

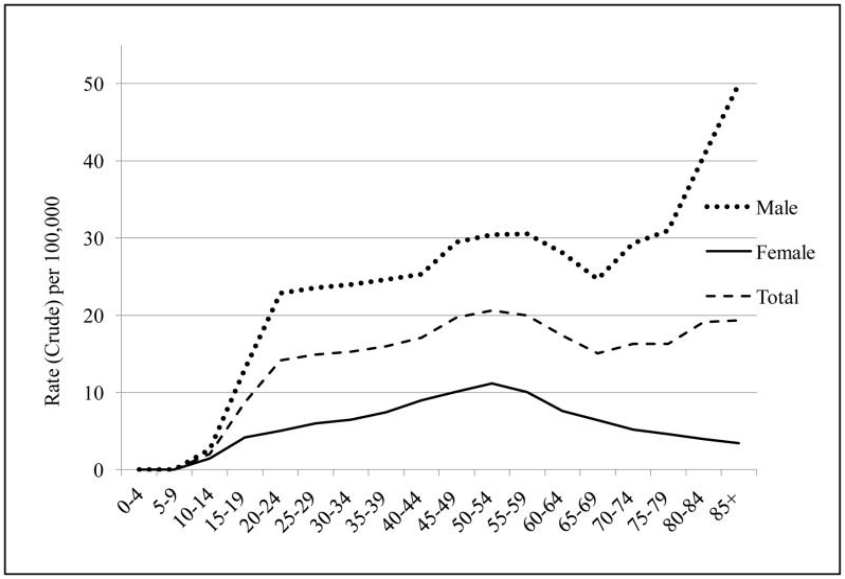
Suicide - A Surrogate Marker for Magnitude of The Impact of Stress

Because the actual number of male cases of depression, anxiety and other potentially lethal mental health conditions in males is under-represented in most data sets because of the low-levels of males seeking care for depression or being diagnosed with depression and other mental health conditions, suicide, the ultimate expression of depression and hopelessness, according to Men's Health Network and other experts in men's health serves as an appropriate and revealing surrogate marker for the true extent of serious mental health issues in boys and men. Male suicide in the United States has been a National Tragedy for all too many years. Male suicides typically have been 3 to 4 times higher, on average, than those for females. And in men over 65 years of age, they have been almost 10 times that of female counterparts. Tragically, according to data from 2018 the greatest increase in suicides occurred in males 25-40 years old—the time of life when where so many men have had their identity and self-worth challenged due by a worldwide pandemic that may have cost them their jobs or forced them to close their businesses

[18] Smith, D. T., Mouzon, D. M., Elliott, M. (2018). Reviewing the Assumptions About Men's Mental Health: An Exploration of the Sex Binary. *American journal of men's health*, 12(1), 78–89. https://doi.org/10.1177/1557988316630953

While the magnitude of the actual impact of COVID-19 on mental health issues in boys and men may never be fully understood, there are some provocative estimates of the overall effect on suicide rates. The Well Being Trust and the Robert Graham Center for Policy Studies in Family Medicine have estimated that, short term, as many of 75,000 more people will die from drug or alcohol misuse and suicide that can be directly attributable to the despair including that associated with economic concerns wrought on people from COVID.[19] If general epidemiologic trends for suicide by gender hold, the vast majority of these (an estimated 50,000-55,000) will be in males.

US Suicide Rates Total Compared to Male and Female Across Age Cohorts



CDC: Suicide Rising in the US, June 2018

In addition, the impact of isolation and loss of important social networks and support services for school age children, particularly young boys, is also leading to all too many suicides among young boys. The media has reported on several high-profile deaths and several school districts are trying to understand and cope with the unprecedented increase in student suicides. It is too early now to fully understand the overall impact that protracted school lockdowns will have on this generation but it is clear that it has already begun to impact overall behavioral health and psychological wellbeing of students at all levels of education. A through assessment of the impact of school closings, virtual learning, loss of social and safety networks offered within the educational systems must be conducted to better manage educational practices and their impact on the comprehensive psychological wellbeing of school age and college students.

COVID-19 Impacts on Minority and Vulnerable Populations

Systemic health and social inequities for many racial and ethnic minority communities have put them at increased risk of having higher levels of morbidity and mortality from COVID-19. Many in America's racial and ethnic minority communities have been hit especially hard—physically, emotionally, and economically—by COVID-19. Large segments of minority communities have had to deal with business

[19] Well Being Trust and the Robert Graham Center. (2020, May 08). *Projected Deaths of Despair During COVID-19*. Retrieved January 2021, from https://wellbeingtrust.org/areas-of-focus/policy-and-advocacy/reports/projected-deaths-of-despair-during-covid-19/

closures and essential service cutbacks, which have had the effect of reducing some families and individuals to living near or below poverty levels. In addition, long-standing and well recognized inequities in the social determinants of health have impaired these members of our society from having fair opportunities for economic, physical, and emotional health.

The Centers for Disease Control and Prevention (CDC) has identified five major factors that contribute to this increased risk from COVID-19 among racial and ethnic minorities.[20]

Discrimination

Discrimination, which includes racism, can lead to chronic and toxic stress and shapes social and economic factors that put some people from racial and ethnic minority groups at increased risk for COVID-19.

Healthcare access and utilization

People from some minority groups are more likely to be uninsured or underinsured than non-Hispanic Whites. Healthcare access can also be limited for these groups by many other factors, such as lack of transportation, childcare, or inability to take time off from work. Other factors that affect access include communication and language barriers, cultural differences between patients and providers, and, historical and current discrimination in healthcare. Some people from racial and ethnic minority groups may hesitate to seek care because they distrust the government and healthcare systems responsible for inequities in treatment, and historical events such as the US-government-run Tuskegee Study.

Occupation

Some racial and ethnic minority groups are disproportionately represented in essential work settings (e.g., healthcare facilities, farms, factories, grocery stores, and public transportation) that increase their chances of exposure to the virus. The majority of these jobs can't be done remotely.

Educational, income, and wealth gaps

Inequities in access to high-quality education may limit future employment and lead to lower-paying or less-stable jobs and decreased job mobility, all of which make employment during the pandemic problematic and drive myriad downstream physical and economic difficulties. People with limited job options likely have less flexibility to leave jobs that may put them at a higher risk of exposure to COVID-19. People in these situations may have marginal incomes and are highly susceptible to even small and short-lived economic downturns and are devastated by severe and long-lasting downturns, such as we're seeing now.

[20] Centers for Disease Control and Prevention. (2021, February 12). Health Equity Considerations & Ethnic Minority Groups. HOMECOVID-19. https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html

Housing

Many public health officials believe that overcrowded living conditions are one of the major contributing factors to the spread of the virus. Such conditions also make it more challenging to follow prevention strategies and undermine government and community mitigation efforts. In some cultures, it's common for family members of many generations to live in the same household. And despite government efforts to limit evictions, growing unemployment rates in minority communities during the pandemic may lead to greater risk of homelessness or of sharing of housing, which, again, increase the risk of contracting and/or spreading COVID-19.

Economic Impact Of COVID-19 On Minorities

The economic impacts of pandemics in the general population have special importance and a magnified impact on minority populations. In a 2017 scholarly review of the impact of plagues and pandemics, authors Madhav, Oppenheim, and their colleagues point out that:

- Pandemics can cause significant, widespread increases in morbidity and mortality and have disproportionately higher mortality impacts on lower- and middle-income countries and communities.
- Pandemics can cause economic damage through multiple channels, including short-term fiscal shocks and longer-term negative shocks to economic growth.
- Individual behavioral changes, such as fear-induced aversion to workplaces and other public gathering places, are a primary cause of negative shocks to economic growth during pandemics.
- Some pandemic mitigation measures can cause significant social and economic disruption.
- In countries with weak institutions and legacies of political instability, pandemics can increase political stresses and tensions. In these contexts, outbreak response measures such as quarantines have sparked violence and tension between states and citizens.

A recent poll of 1,434 adults, conducted by AP-NORC Center for Public Affairs Research between February 25 and March 1, 2021, found that Black and Hispanic families have been disproportionately hit by COVID-related economic downturns and job losses.[21]

[21] https://apnews.com/article/ap-norc-poll-people-of-color-covid-19-economy-421f0582650c02a42508fb46aa461a7b

Percent Reporting That They or Someone in Their Family Has Been Laid-Off Due to COVID-19

Hispanic	38%
Black	29%
White Non-Hispanic	21%

Percent Reporting That They or Someone in Their Family Had a Major or Minor Loss of Income due to COVID-19

Hispanic	58%
Black	49%
White Non-Hispanic	37%

The ability for a government to manage the impact of pandemics on public health and overall medical care are dependent on a host of core capacity factors, the most important of which are:[22]

- Public health infrastructure capable of identifying, tracing, managing, and treating cases
- Adequate physical and communications infrastructure to channel information and resources
- Fundamental bureaucratic and public management capacities
- Capacity to mobilize financial resources to pay for disease response and weather the economic shock of the outbreak
- Ability to undertake effective risk communications.

It is broadly acknowledged that minority populations in the US have been disproportionately adversely impacted by COVID-19 clinically, psychologically and economically. Nationwide, adjusted across all-causes since early in the pandemic, mortality per 10,000 is 6.8 for Black people, 4.3 for Hispanic people, 2.7 for Asian people, and 1.5 for White people. Nationwide averages mask substantial geographic variation. For Native American/Alaskan Native (NA/AI) people it is 256 per 100,000 of this population.

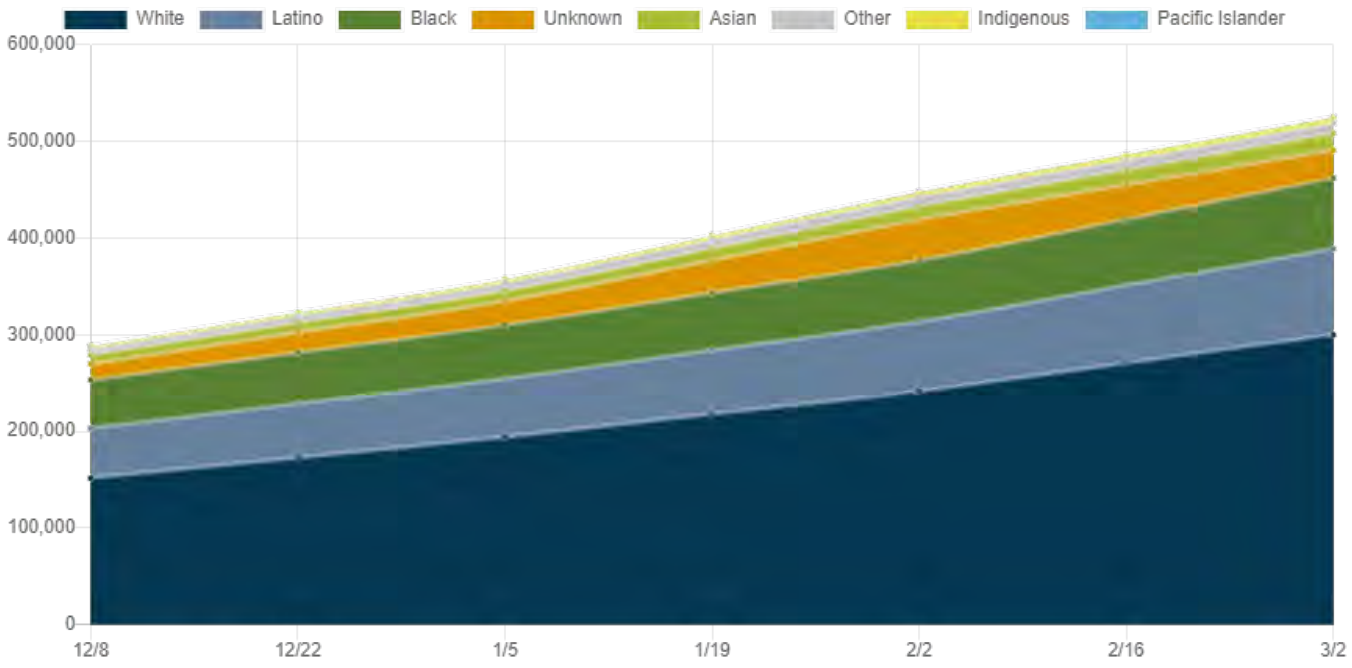
[22] Greenhill, K.M., Oppenheim, B. (2017) Rumor Has It: The Adoption of Unverified Information in Conflict Zones. *International Studies Quarterly*, 61(3), 660–676. https://doi.org/10.1093/isq/sqx015

Links Between Socioeconomic Status and Past Pandemic Morbidity and Mortality

In one of the very few scholarly reviews of the interrelationship of socioeconomic status (SES) and pandemics, by Mamelund et. al. in 2019[23][24] makes the following important points:

- A number of studies suggest that pandemic outcomes vary with income and socioeconomic status. They state that India had a mortality rate forty-times higher than that of Denmark during the 1918-19 Spanish Flu outbreak.
- During the 2009 H1N1 (Swine Flu) pandemic, some poorer South American countries had a mortality rate twenty times that of European countries in the aggregate. Similarly, areas of lower Socioeconomic status (SES) in England had mortality rates three times that of those with high SES.
- In their review of protocols in 2018, no country includes SES as part of their priority demographic for vaccination in case of pandemic or epidemic. The authors suggest that this is surprising as mortality rates in lower socioeconomic classes in both the 1918-1919 Spanish Flu and the 2009 pandemics were highest in those with the lowest SES. It should be noted that recommendations for

US COVID-19 Mortality Per 100,000 Population by Ethnicity through March 2, 2021[1]



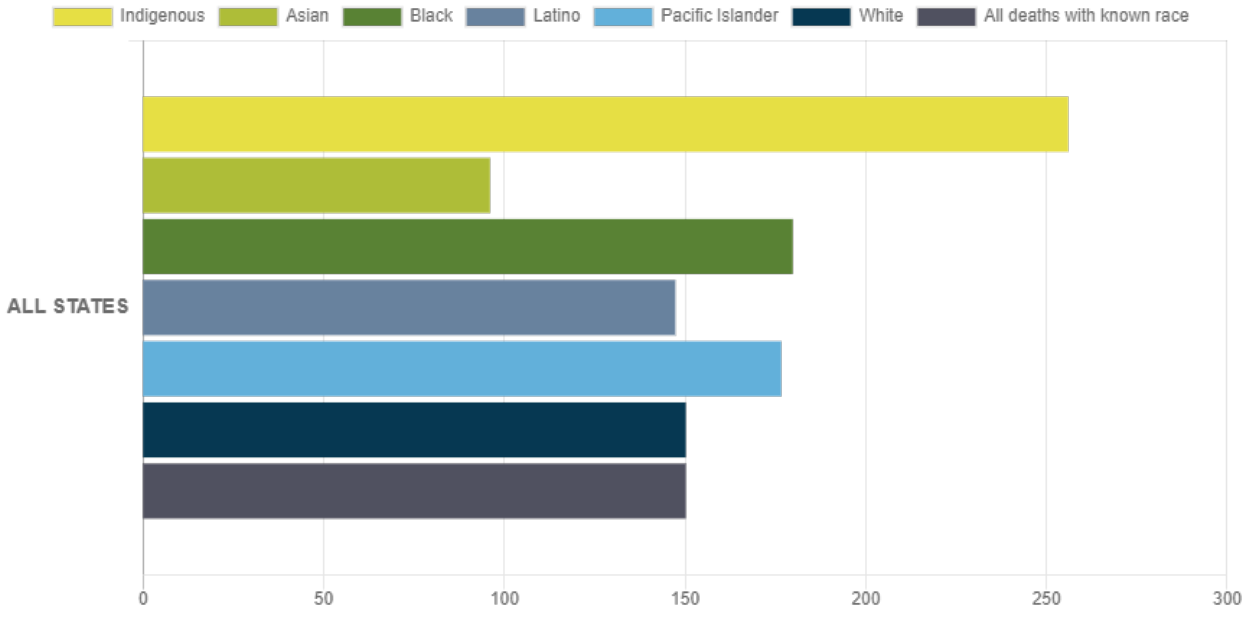
[23] (reference- Mamelund, SE., Shelley-Egan, C. & Rogeberg, O.
[24] *Syst Rev* ***8***, 5 (2019). https://doi.org/10.1186/s13643-018-0931-2)

vaccination priorities for COVID-19 also did not prioritize lower socioeconomic classes for early vaccination programs.

- Only a few countries, the US, Canada and Australia, were found by the authors to have placed ethnic minorities on the list of at-risk populations.
- Influenza pandemic preparedness plans should include a discussion regarding how to reduce social inequalities in pandemic outcomes, e.g., by recommending vaccination to certain households with below poverty income or people living in a designated poverty area.
- The authors suggest that behavioral and clinical risk factors for higher transmission and mortality during pandemic likely include:
    - cramped living conditions
    - occupational exposure
    - ability to stay away from work in order to care for family
    - poor nutritional status
    - concurrent illnesses
    - lack of understanding of or access to health advice due to low-literacy
- No country currently includes low socioeconomic status groups on their list of groups prioritized for pandemic vaccination. This is surprising given that pandemic mortality rates both in 1918 and in 2009 are highest among those with the lowest SES.

These observations, and recommendations, have a sobering contemporary reality to them given experiences with COVID-19. A key point for addressing the health disparities known to impact pandemic

Cumulitive COVID-19 Mortality Per 100,000 Population by Ethnicity Dec. 8, 2019 – March 3, 2021[1]



morbidity and mortality need to be better incorporated into our domestic and international response planning for future pandemics. The past is indeed prologue.

The ability for a government to manage the impact of pandemics on public health and overall medical care are dependent on a host of core capacity factors, the most important of which are:[25]

- Public health infrastructure capable of identifying, tracing, managing, and treating cases
- Adequate physical and communications infrastructure to channel information and resources
- Fundamental bureaucratic and public management capacities
- Capacity to mobilize financial resources to pay for disease response and weather the economic shock of the outbreak
- Ability to undertake effective risk communications.

Considerations Regarding Minority and Vulnerable Men and Boys: The Panel's Discussions.

The panel offered many important and broad ranging comments, observations and recommendations regarding the constellation of impacts COVID-19 has had on various communities. Albert Pless, Program Manager for the Men's Health League, Cambridge, MA. Public Health Department, explained that the majority of the minority and vulnerable men we work with are delicate. They look to us and rely on us for matters of their health. We need to recognize this and make sure we find ways to work with them during these difficult periods.

Males are not just a "monolithic" group of individuals, Brott noted. Thus, part of the challenge faced in addressing issues that are imbedded in the COVID-19 pandemic is that while certain themes of concern exist in many groups, there are other very unique characteristics and driving forces that are prevalent in sub-categories of men and boys. For example, Brott noted, men in the military, inner-city men, single-fathers in suburban settings and men in the legal profession are all subject to behavioral health issues brought on or exacerbated by the COVID-19 pandemic. But the types of solutions and how to reach these men is going to be vastly different. In addition, the path forward, the messaging, the approaches, the style, and the substance as to what may bring about constructive change will be different for each of these groups. Some of the most successful programs for men and boys are the ones that have overarching goals and tenants but then are crafted and shaped by local target-community leaders so that they are relevant, meaningful and delivered by trusted messengers within their own community. Being able to provide

[25] Greenhill, K.M., Oppenheim, B. (2017) Rumor Has It: The Adoption of Unverified Information in Conflict Zones. *International Studies Quarterly*, *61*(3), 660–676. https://doi.org/10.1093/isq/sqx015

flexible programming that can be adapted for the vast array of different communities of men and boys is very important but also can be very difficult. These are summarized below.

In addition to the disproportionate clinical and economic impact that COVID-19 has had on minority and vulnerable men and boys, it has also had an impact on many other aspects of their everyday lives.

One of the more difficult mental impacts that COVID-19 has on men arises from the inability to work, noted Bonhomme. Men tend to identify very strongly with their work, and this is integrally tied into their sense of self-worth. So not being able to work for most men, particularly in the mid and lower socioeconomic groups, is a tremendous source of financial and emotional anxiety and loss of self-worth and self-esteem. Brott noted that losing a job more often than not means you lose your health insurance, at least temporarily. This can be very difficult and stressful situation for virtually anyone who finds themselves in this situation but particularly in families where the father's health insurance is what the family depends on.

Deacon Glenn Chester, who works through his Church Ministry in Washington, DC, and is a trusted messenger in his community, talked about one of the fundamental issues about reaching Black youth with messages about the pandemic. The young Black male is in a very bad situation in general, including economically, and this has been made even worse with the pandemic, he said. Even before this crisis, they were overwhelmed by every day basic things and just trying to survive, so when we talk with them about COVID-19 or other things related to the pandemic and mitigation or even vaccinations, they just don't want to hear it. It is very difficult to get them to focus even on a message such as, "If you get vaccinated for COVID-19, you might just save your grandfather." It just doesn't get through. For many of these youth any of the few opportunities for employment that they may have had have by in large been shut down by the pandemic. This increases frustration and makes it even harder to get them to focus on being active in protecting themselves or their families.

Brott observed that part of the challenge of reaching minority youths in general, but particularly in at-risk neighborhoods, is to help trusted messengers learn to bring messages and education appropriate to their age and circumstances.

Seals-Togbo of Men's Health Network in Tennessee, who works through her church, deals with poor rural Black populations and sees even grimmer scenarios playing out in her communities. Many young boys are at home with out-of-work parents and older siblings and the family dynamics deteriorate so these boys simply do not go to school. These young men, and women, have lost at least a year and a half worth of education and are in a home situation with men who are undereducated and for the most part already have few prospects. There are also reports that many other children in similar situations do not engage in meaningful remote education, even if they have reliable computers or networks or are allowed adequate time to use these systems in their homes.

Alphonso Gibbs commented on one of the subtle but important social-conventions that COVID-19 mitigation requirements have had on African-American's, including African-American males, who are social, collegial beings and embrace each other freely. The mitigation necessary because of the pandemic impinges on this social habit and this seemingly small thing puts strain on many in our community. African-American institutions, such as churches, social-organizations and athletic leagues have all been interrupted by COVID-19 mitigation practices. These important elements of the Black community have been largely unavailable to these men and boys, and their families, for more than a year. These important social interaction activities and organizations are starting to become more active after this forced dormancy in the second-quarter of 2021 but this is not an on-off type of situation. Organizations need to restart slowly, and in many cases may need to rebuild resources, membership and momentum after a rather long forced hiatus.

"We need to recognize that when we get to the post-pandemic period, we simply cannot go back to the way things were because where we were [in terms of minority health] then just wasn't good."

– Alphonso Gibbs, LICSW, LCSW-C

COVID-19 has similarly had profound impacts on important cultural traditions for indigenous populations, Native-American (NA), Alaskan-Native (AI) and Polynesian-American (PA) boys and men. John-Wako Hawk Co-Cke' BS CAMS CBHCM, a suicide prevention specialist for the Muscogee Creek Nation of Oklahoma, said that this social disruption is true for many Native American people. Many of the social conventions and ways they deal with each other have been impinged on by COVID mitigation. The isolation of COVID has been placed on top of some of the social isolation that Native Americans have in order to be able to live in the rural areas that are reserved for them. There have been periods of isolation during the pandemic, he said, where he has had to rely on his Native American traditions to help him get through very difficult times. But so much of the community's ability to gather together as community has been curtailed, it is often hard to engage in tribal and community traditions. This isolation from traditions causes stress.

The lifespan and burden-of-disease for Native-American and Alaskan-Native populations has been historically among the worst of any population in the US.

When compared to the population in general, AI/AN persons have a life-expectancy of 5.5 years less. Among the drivers of this decreased life expectancy are higher rates of death from chronic illnesses such as diabetes, chronic liver disease, cirrhosis and suicide. AI/AN persons die of heart diseases at a rate 1.3

times higher than in the general US population. Diabetes deaths are higher at a rate of 3.1 times and intention self-harm and suicide occur at a rate that is 1.7 times that of the general population.[26]

Native-American and Alaskan-Native Mortality Rates

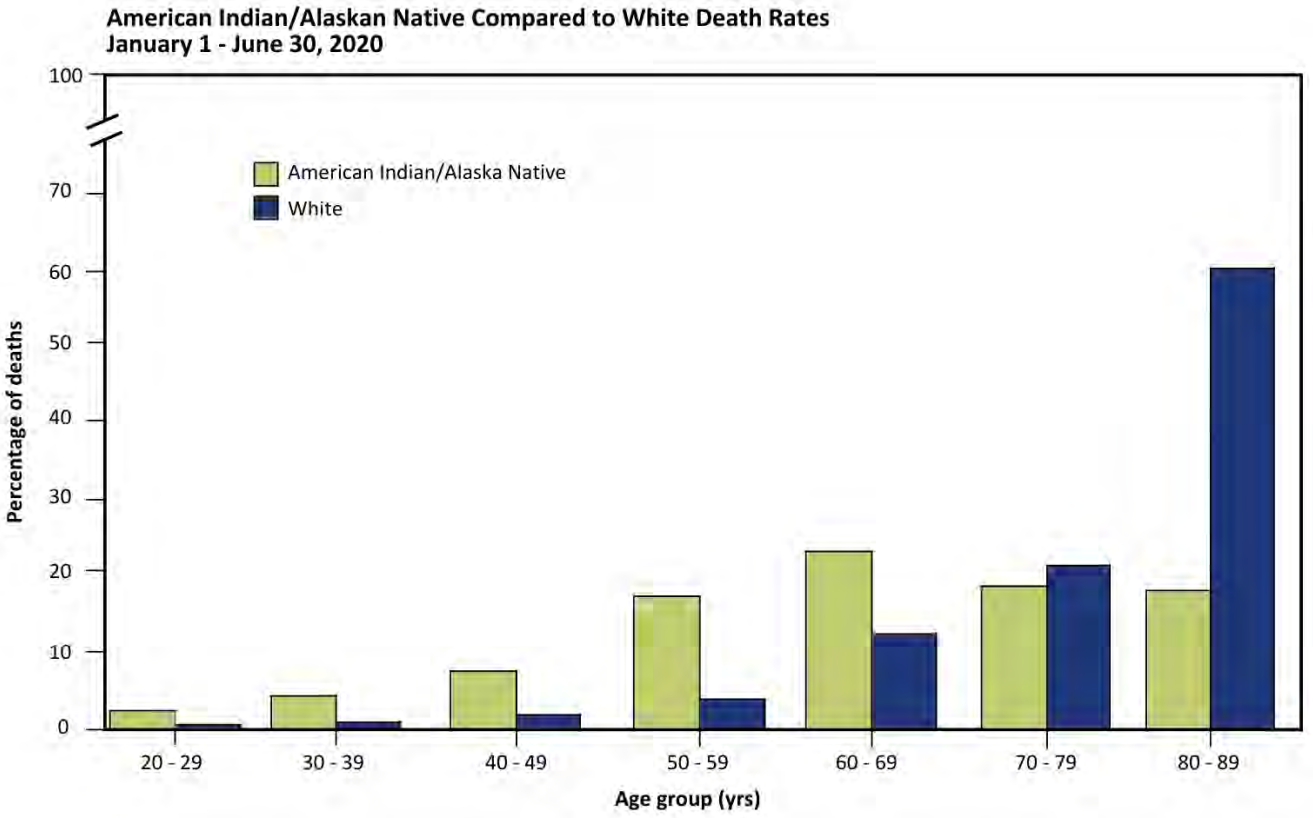
	AI/AN Rate 2009-2011	U.S. All Races Rate - 2010	Ratio: AI/AN to U.S. All Races
ALL CAUSES	999.1	747.0	1.3
Diseases of the heart (heart disease)	194.7	179.1	1.1
Malignant neoplasm (cancer)	178.4	172.8	1.0
Accidents (unintentional injuries) *	93.7	38.0	2.5
Diabetes mellitus (diabetes)	66.0	20.8	3.2
Alcohol-induced	50.0	7.6	6.6
Chronic lower respiratory diseases	46.6	42.2	1.1
Cerebrovascular diseases (stroke)	43.6	39.1	1.1
Chronic liver disease and cirrhosis	42.9	9.4	4.6
Influenza and pneumonia	26.6	15.1	1.8
Drug-induced	23.4	15.3	1.5
Nephritis, nephrotic syndrome (kidney disease)	22.4	15.3	1.5
Intentional self-harm (suicide)	20.4	12.1	1.7
Alzheimer's disease	18.3	25.1	0.7
Septicemia	17.3	10.6	1.6
Assault (homicide)	11.4	5.4	2.1
Essential hypertension diseases	9.0	8.0	1.1
*Unintentional injuries include motor vehicle crashes.			

(reference- https://www.ihs.gov/newsroom/factsheets/disparities/accessed April 2021)

COVID-19 has made this bad situation even worse. While AI/AN persons account for 0.7% of the U.S. population, a recent analysis by CDC reported that 1.3% of COVID-19 cases reported to CDC with known race and ethnicity were among AI/AN persons. [27]

[26] https://www.cdc.gov/nchs/fastats/american-indian-health.htm
[27] Stokes EK, Zambrano LD, Anderson KN, Marder EP, Raz KM, El Burai Felix S, Tie Y, Fullerton KE. Coronavirus Disease 2019 Case Surveillance - United States, January 22-May 30, 2020. MMWR Morb Mortal Wkly Rep. 2020 Jun 19;69(24):759-765. doi: 10.15585/mmwr.mm6924e2. PMID: 32555134; PMCID: PMC7302472. Accessed May 2021

Pandemics have historically been particularly difficult for AI/AN peoples. For example, in modern history we find that mortality rates from the 2009 H1n1 influenza were four times higher than the general population. In Alaska, indigenous people were found to be a stunning 80 percent of that state's death toll from the 1918 Spanish flu. COVID-19 has continued that deadly trend.[28] Their comparatively short life-span has been dramatically exacerbated by COVID, Bonhomme said. COVID-19 has made it more difficult for NA/AI men and boys and family members to get to care just as it has been for the population in general. However, this difficulty in accessing care and the historically low lifespan creates a perfect storm and is taking a terrible toll. It is a problem now, but the long-term impacts this will have on those who become destabilized during the pandemic is a real problem for the future and the need to plan now to address it cannot be escaped.



Tamara James, Ph.D., Acting Director, Indian Health Service (IHS), Division of Behavioral Health, agreed. One of the casualties of the mitigation protocols has been the very important cultural activities we at the Indian

[28] Burki T. COVID-19 among American Indians and Alaska Natives. Lancet Infect Dis. 2021 Mar;21(3):325-326. doi: 10.1016/S1473-3099(21)00083-9. PMID: 33639126. Assessed May 2021

Health Service provide to our communities, she said. These services help communities maintain their cultural identity and serve as platforms for community gatherings and social support systems. COVID mitigation has shut down most of these services. These cultural and community centers exist in various minority communities, not just in the Native American communities, and serve as a very important social network. COVID restrictions have hurt all of these centers and community members. Rural communities, because of their general isolation are very hard hit by these closures. James outlined some of the most important factors that have led to behavioral health disparities in the Native American and Alaskan Native populations. These include: opioid use disorder, (OUD); HIV; socioeconomics, including employment and poverty levels; healthcare access issues; and the need for better disease surveillance. Data reporting in the AI/NA populations is hampered by significant gaps in AI/NA population data sets, including incomplete surveillance reports, racial misclassification and under-reporting of disease conditions.

As with most aspects of life, the judicial system has been adversely impacted by COVID-19. James noted that another factor that presents additional challenges is the impact COVID has had on the legal system and adjudication of complaints and court cases. A recent review of this important and generally overlooked area has been published by The Brennen Center for Justice (BCFJ).[29] The COVID-19 pandemic has disrupted court operations across the country, prompting judges to postpone nonessential proceedings and conduct others through video or phone. Just as in medicine, use of technologic solutions has been an important tool to provide those services which were vital. Yet, as it is a new use for this technology there is much to understand about how the dynamics of judicial proceedings are impacted by this technology. In this important paper, the technologic challenges and biases that have been introduced into judicial proceedings were reviewed. Among the findings by the BCFJ are:

- One study of criminal bail hearings found that defendants whose hearings were conducted over video had substantially higher bond amounts set than their in-person counterparts, with increases ranging from 54 to 90 percent, depending on the offense.
- A study of immigration courts found that detained individuals were more likely to be deported when their hearings occurred over video conference rather than in person.
- Several studies of remote witness testimony by children found that the children were perceived as less accurate, believable, consistent, and confident when appearing over video.
- In three out of six surveyed immigration courts, judges identified instances where they had changed credibility assessments made during a video hearing after holding an in-person hearing.

[29] https://www.brennancenter.org/our-work/research-reports/impact-video-proceedings-fairness-and-access-justice-court-accessed May 2021

James noted that these challenges in the judicial system are having an adverse impact on the NA/AI population and on others of color who already have many challenges within the criminal justice system. These difficulties will, she notes, be reflected in additional stress and anxiety for persons involved in the judicial process and for their families and friends. It is another example of how COVID-19 has exacerbated so many issues. Many experts in this area suggest that courts, just as in medicine, are looking at using technologic approaches to their work in the name of efficiency and human resources management. This being the case it is important to study what technologies work well, which do not, how to present these technologies in a way that does not change verdicts or judgements in a meaningful way and how to best utilize technology to address backlogs in the court system.

John-Waco, who provides services to his community of gay Native Americans shared some insights about the unique impacts in the Gay community. In the gay community, the incidence of STDs is skyrocketing and new cases of HIV are also on the rise in many areas, including where he works in Oklahoma, he said. These men are very actively engaged in finding ways to hook-up to overcome the isolation that they have had to deal with and get that one-on-one attention that they crave. Many times, when they are not healthy and lonely, sex is their "drug" to help them cope with these difficult problems. Gay military veterans find themselves with a particularly complicated problem. It is very difficult for these men to express their gender-identity, sexuality and personalities in the veteran community. This often results in these men engaging in risky-behaviors that often lead to many other problems later on. This is not just something we see in the Gay community. Native American communities need to better understand the importance of allowing men to be who they want and need to be and to express their sexuality and not have that come into conflict with traditional religious or community customs. In general, when men are not allowed to be who they are supposed to be they will turn to things that are going to put them into trouble.

We have got to do a more effective job of educating men as to the importance of taking care of themselves. And this certainly needs to be done in a culturally sensitive and gender sensitive way. Education, education, education of boys and men is the most important step we can take to changing the path many men are on. One of the problems with many approaches to educating men is they try to get them to walk a path they cannot walk. Educational efforts need to conform to the self-perception of those at whom they are directed.

One of the important things that separates COVID-19 from so many of the other medical and community emergencies is the need to separate from one another for necessary mitigation strategies. This separation has many adverse impacts on people including the fact that people who are in need, both physically and mentally, do not get the support that they need or that has historically been able to come from family, friends and their communities. For example, in the early days of HIV/AIDS folks with this viral condition could come together in person to talk about their problems and needs and get such important support. In this pandemic that simply is not possible. There have been some "virtual" support groups that take advantage of technology that have cropped up but it is not clear if these actually provide the emotional

support that is required. This bespeaks another potential area of research that should be undertaken: How can people be provided with effective emotional and community support in the face of another isolating pandemic. Pless observed that this pandemic has forced the systems to work together to provide help for marginalized communities. When our medical, public health and social services systems are put under stress and tested as they have been with COVID-19, we are finding in very apparent and dramatic ways the fundamental deficiencies of these systems. One of the basic reasons for these deficiencies in providing care and services for Black and Brown men is that many on-going programs were just not designed for them. This needs to change if we are going to provide needed services when the next medical emergency hits and provide for the every-day care that is needed to address health disparities in these communities. A racial uprising and unrest have been superimposed on the pandemic in the US. This has been a unique moment that has focused attention on the problems faced particularly by Black Americans.

The COVID-19 pandemic has also been unique in the amount of misinformation that has been disseminated, especially early on. Much time in delivering clear and trustworthy messages was wasted. This has fed into the inherent mistrust of government and healthcare, particularly in minority communities. We are now realizing how deficient this messaging has been and are doing a better job delivering important messages, but more than a year into this, we are still playing catch up. Honest, critical and well-developed comparative and properly stratified research into the messaging successes and failures surrounding our national response to COVID-19 will be a very important component of informing governments, political leaders and healthcare service providers at all levels to better engage in the face of the inevitable future challenges. We cannot, and the American public must not, let this moment pass without doing this critical analysis and better advanced planning.

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The panel turned to a discussion of vulnerable youth. This includes those in foster homes, those with intellectual and developmental disabilities (IDD) and those who are victims of human-trafficking and sexual abuse. Eddie Hadley, a member of the External Affairs Team at Deveraux Advanced Behavioral Health Florida, we work with a lot of young people who have IDD. COVID-19 has made it very difficult to provide these individuals with services, particularly since they have been isolated form school situations that organizations like Deveraux provide for them. The school environment is all important to this population. For these individuals school settings are so much more than just academic places.

Devereux Advanced Behavioral Health Florida is one of the most comprehensive behavioral healthcare organizations in Florida, and a regional center of the national nonprofit organization founded in 1912 by a pioneer in the field, Helena Devereux. Today, Devereux provides services through a unique model that connects the latest scientific and medical advancements to practical, effective interventions in the treatment of behavioral health. For more than a century, Devereux Advanced Behavioral Health has been guided by a simple and enduring mission: To change lives by unlocking and nurturing human potential for people living with emotional, behavioral or cognitive differences. With locations throughout the state, Devereux Florida's programs are focused on specialized services for individuals with intellectual and developmental disabilities, and trauma-based treatment and to meet the emotional and behavioral needs of the individuals served. Devereux Florida initiated operations in Brevard County with a nationally renowned child and adolescent intensive residential treatment center and has since evolved to a statewide operation serving over 5,000 children and families each day through a broad continuum of services. https://devereuxfl.org

These are places where they can be with peers, be in an environment and work with staff that is created with their unique needs in mind, get important therapy, engaged in healthy and necessary structured social environments as well as receive the needed academic instruction provided by teachers dedicated and trained to meet their particular needs. Now these folks are at home, having to try to work through the academic content is a challenge and most unfortunately virtually all of the therapeutic work and social engagement that is so necessary for their physical and mental health and wellness is just not there. While the loss of these extra-academic services as in-person educational is on hiatus is a real problem for so many students for those students with IDD it is particularly problematic because of the nature of some of the underlying circumstances of their lives.

Equally troubling is that once the pandemic is under control and in-person education and services can start up it is going to take quite a while and a great deal of effort to bring many of these vulnerable students back to where they were, and most unfortunately a percentage of them may not fully regain lost ground. An additional concern for all students but particularly for those with IDD in rural areas, is lack of internet services or unreliable internet services. This complicates the ability to reach them dramatically. comes from a background in the faith-based community. The faith-based community has been talking a lot about how we are going to get people back after the period of isolation to the types of relationships that are important to them. A lot of this was in our faith-based communities and we have to look to how we present the vaccine, COVID-19 communication and Fellowship in the new environment. I think that partnering with social gathering places and organizations, such as YMCA and faith-based organizations, with those in health care will be useful to bring important messages as well as rebuild socialization and address the "distancing mindset" that we have had during this pandemic.

James Sykes, a men's health advocate and Job and Day Treatment Manager at Project ReDirect, works with many people with IDD who are in group homes. These folks are not in a position to make informed decisions for themselves and are primarily dependent on the understanding and decisions of the foster parents or group home directors that are responsible for them. I am not certain that many of the providers for these DID persons understand the importance of vaccinations or are making vaccinations a priority for these people under their care; this can be a problem. This population tends to be chronically overlooked. Many of these men are sexually active and have children and these individuals are all-to-often overlooked in health policy

Several on the panel addressed some of the issues with which young persons are being challenged. Internet use, particularly unsupervised internet use, has exploded during COVID-19 lockdowns, especially internet-based sexual exploitation. This is a growing problem. Another type of problem we see is in the children of those who have been sexually exploited. At Deveraux, Hadley said, they deal a lot with this population. These children are on the computer much more now than they were before and this increased internet time also increases their exposure to internet predators.

There are many young men, particularly young Black men, who are sexually exploited. The pandemic has made this much worse. We have often missed this problem for young men and particularly as young men are isolated and at home and on the internet more and more and exposed to potential predators, we need to develop ways to let our young men tell us if they have been subjected to sexual abuse.

There are many young men, particularly young Black men, who are sexually exploited. The pandemic has made this much worse. We have often missed this problem for young men and particularly as young men are isolated and at home and on the internet more and more and exposed to potential predators, we need to develop ways to let our young men tell us if they have been subjected to sexual abuse. This is something that is very needed and highlighted by the increased problems we are seeing with sexual exploitation during COVID-19. James echoed that concern noting that the problem of internet on-line predators is one that the US Indian Health Service and others who support Indigenous peoples face with youth in these communities. As we expand the use of internet in homes where parents are not necessarily at home much there is great exposure to internet predators. This is a problem that is not limited to minority communities but across the board. We find that we need to put in "human" safety rails to help support these children from being exploited by internet predators. This is very challenging during COVID-19.

Pless recounted his experiences in Boston working primarily with Black and Brown men to help them engage with the public health care system. His goal is to help give men tools and skills to care for themselves outside of the health system environment in their communities. He noted that before COVID-19 a lot of these men, who generally have a distrust of the health care system, were managing many chronic diseases, such as diabetes and hypertension. They need to have the health care system available to them. With COVID-19 we needed to find ways to help the men we serve, Pless said. A lot of things that worked in other settings, such as telehealth, just did not work for the men they care for. They did not have up-to-date technology or did not have Wi-Fi connectivity where they lived. It was difficult for many of them to acknowledge that they did not have the resources to get these technologies or simply did not know how to properly use these tools. We decided to provide help in a very personal way to engage them in health care. We would do whatever we could, including telephone conversations, to provide support for them during these difficult periods. The racial uprisings that have occurred during COVID-19 have served bring to light and underscore many of the problems that have plagued Black and Brown men for many years. Hopefully, this heightened awareness will not just bring these problems up in a more dramatic way, but will lead to solutions.

One thing that comes up over and over again when talking about how COVID is different and unique is how this pandemic has separated us from each other

Bonhomme provided an important perspective on the social isolation of COVID-19. One thing that comes up over and over again when talking about how COVID is different and unique is how this pandemic has separated us from each other. Communities of Color and Indigenous communities already had marginal interactions with health care services prior to COVID-19. When COVID-19 hit, health care was so saturated in dealing with the immediate crisis of the pandemic that these already marginal services for chronic disease and health and wellness programs, as well as social service programs, came to a virtual halt.

Unfortunately, many of these, one year plus later, are still not reinstituted. When they do come back it will not be in an Off-On switch sort of way, but it will take a significant period of time to bring these services up to pre-COVID-19 levels. This begs the question how long it will take to provide enhancements to these needed medical and social services to begin to shore them up. We are now seeing that the pandemic is coming under increasing control with vaccines and better treatments for COVID-19 and this is a very good thing. But Bonhomme believes that we will need to do a lot of post-pandemic work in many health care and social service areas to address some of the fears that have built up during the pandemic just to bring folks back to health care.

The mistrust of the health care system and health care institutions such as the CDC and confusion that has occurred because of the messaging conflicts that have happened all throughout the pandemic has

worsened some of the inherent concerns in minority and other vulnerable communities. It is going to take a concerted effort to rebuild this. If it is not rebuilt, and rebuilt better, than it was pre-COVID-19, Bonhomme said, he is concerned that if and when another public health or medical emergency or another pandemic arises, there will be even greater problems in communities of color and vulnerable communities. Likewise, he doesn't think that the distance that has been put in place by the pandemic will immediately go away in all segments of society in the immediate post-pandemic phase and many of the personal fears that have become a part of life during the past year-plus may remain for a while longer. It may take some time for us to return to pre-pandemic levels of social interaction and support at both the individual and community levels. Those who work in social support and health care support roles may need to think about interventions to help people, particularly those who have had substantial interruptions in important cultural and social support networks and events, reconnect with other social support networks. This needs to be studied and addressed.

Ellis spoke about the important and special needs of paralyzed veterans during the pandemic. Men and women with spinal cord injuries and disabilities, many of whom are paraplegic or quadriplegic. COVID-19 has hit this population very hard. These folks, because of their injuries and lack of mobility, do not go out of their homes very often. The isolation forced on them by COVID-19 has virtually stopped them from leaving their homes for the better part of a year. There is a lot of fear about contracting the virus and this leads to a great deal of isolation.

Telemedicine, which has been discussed as an important tool during the pandemic, may not be as accessible or usable by this population as in other demographics. Many disabled veterans live in rural areas where telecommunications and internet services are unreliable. Also, for many, their disabilities make using telehealth problematic. There are also internet-deserts in urban areas that can limit access to telehealth services. The other thing to keep in mind is that some veterans do not embrace this technology. Just because you give a veteran a smart-phone and a computer and internet access does not mean they know how to use it or will use it.

Another confounding factor, which has been alluded to before by others on this panel, is the severe shortage of mental health providers. Some people have had to wait five months or more to get an appointment for mental health services during the pandemic. This is just not sustainable. It is something that needs to be assessed for the disabled veteran population and for many other vulnerable populations and minority populations.

Judy Seals-Togbo, MSW, observed that recovering addicts are another vulnerable population that needs to be considered. These men are pushed to do programs such as 12 Steps and then they are pushed by social workers to get a job. But there is a Catch-22 here. You cannot get a job if you can't read or write, and many of these men can't read or write. You cannot get a job if you are ill and many of these men are in very poor health as a consequence of years of neglect and their drug addiction.

This sub-set of the male population has already fallen through the cracks and now these men are just falling into a bottomless-hole.

Alphonso Gibbs, LICSW, LCSAW-C, said that he sees men, veterans specifically, like the men Seals-Togbo referred to every day. It is a very difficult situation. In his area, Las Vegas, which has been so hard hit by the epidemic, there are very few jobs in the service and hospitality industry. That industry is the life-blood of Las Vegas and many other parts of the country that rely on tourists for their economy. When there are no open casinos, there are no dealers, when there are no dealers, there are no busy restaurants or servers, when there are no servers or diners there is no need for busboys or kitchen staff or hotel services staffs.

So, when you try to help these men crawl out of that bottomless-hole that they face in trying to come out of addiction and add on a requirement for work and the only jobs that they may be eligible to do are these service industry jobs in an economy that has been so hard hit in these sectors it is a devastating situation. The American Psychiatric Association has acknowledged some important deficiencies in the approaches that have been taken in the mental health care of minority men, and these are to be applauded. The panel discussed and agreed that there is an urgent and timely need for all health care professional organizations and educators to critically review and address practices and attitudes, intentional or otherwise, that have contributed to poor health care of minorities. This needs to be at the core of any meaningful initiatives to correct the fundamental structural deficiencies in care that have been highlighted by the confluence of the COFID-19 pandemic and social awareness of racial inequalities.

American Psychiatic Association Action

The American Psychiatric Association (APA) on January 18, 2021 issued a statement of apology regarding past practices that have contributed to structural racism in psychiatry. The acknowledgement and pledge to remedy this by the nations psychiatric community reads in part: "...Early psychiatric practices laid the groundwork for the inequities in clinical treatment that have historically limited quality access to psychiatric care for Black and Indigenous People of Color (BIPOC). These actions sadly connect with larger social issues, such as race-based discrimination and racial injustice, that have furthered poverty along with other adverse outcomes. Since the APA's inception, practitioners have at times subjected persons of African descent and Indigenous people who suffered from mental illness to abusive treatment, experimentation, victimization in the name of "scientific evidence," along with racialized theories that attempted to confirm their deficit status. Similar race-based discrepancies in care also exist in medical practice today as evidenced by the variations in schizophrenia diagnosis between white and BIPOC patients, for instance. These appalling past actions, as well as their harmful effects, are ingrained in the structure of psychiatric practice and continue to harm BIPOC psychological well-being even today.

Unfortunately, the APA has historically remained silent on these issues. As the leading American organization in psychiatric care, the APA recognizes that this inaction has contributed to perpetuation of structural racism that has adversely impacted not just its own BIPOC members, but also psychiatric patients across America. Events in 2020 have clearly highlighted the need for action by the APA to reverse the persistent tone of privilege built upon the inhumanity of past events. Inequities in access to quality psychiatric care, research opportunities, education/training, and representation in leadership can no longer be tolerated. The APA apologizes for our contributions to the structural racism in our nation and pledges to enact corresponding anti-racist practices. We commit to working together with members and patients in order to achieve the social equality, health equity, and fairness that all human beings deserve. We hope this apology will be a turning point as we strive to make the future of psychiatry more equitable for all.

Board of Trustees, the American Psychiatric Association" https://www.psychiatry.org/newsroom/apa-apology-for-its-support-of-structural-racism-in-psychiatry

Economic Impact Of COVID-19 On Minorities

The economic impacts of pandemics in the general population have special importance and a magnified impact on minority populations. In a 2017 scholarly review of the impact of plagues and pandemics, authors Madhav, Oppenheim, and their colleagues point out that:

- Pandemics can cause significant, widespread increases in morbidity and mortality and have disproportionately higher mortality impacts on lower- and middle-income countries and communities.
- Pandemics can cause economic damage through multiple channels, including short-term fiscal shocks and longer-term negative shocks to economic growth.
- Individual behavioral changes, such as fear-induced aversion to workplaces and other public gathering places, are a primary cause of negative shocks to economic growth during pandemics.
- Some pandemic mitigation measures can cause significant social and economic disruption.
- In countries with weak institutions and legacies of political instability, pandemics can increase political stresses and tensions. In these contexts, outbreak response measures such as quarantines have sparked violence and tension between states and citizens.

It is not just places such as Las Vegas where these minority individuals in the service industry have been devastatingly hit by the economic consequences of the pandemic. This has become a problem for many, including Native American, Alaskan Native and Polynesian Americans who live in coastal areas of Alaska and Hawaii that have had their entire 2020 and likely most of the 2021 tourist seasons effectively cancelled. These problems have also impacted minority men and vulnerable men who have had entry level service jobs in most every major city in America; the jobs are just not there.

Minority Men in Health Professions

During several of the discussion segments, members of this and other expert panels have discussed one of the greatest impediments to day-to-day delivery of trustworthy health care to minority men of every ethnicity. That is the relative lack of health professionals who reflect the diversity of the population. This ties in with the proven importance of the need for peer-to-peer support in the health care environment. The lack of health care providers to whom all types who minority patients, particularly minority men, can relate to in terms of both ethnicity and commonality of social experiences hampers honest, and natural discussions about important medical and social issues with patients and clients. Addressing this complex and important problem requires establishing perceptions in the minds of young minority men that they are able to have a career in health care professions, through peer-role models, recruitment strategies that

cultivate and recruit these men and educational and training financial support. All of these are key elements to addressing perceptual problems in delivery of care to minorities.

John Dougherty, DO, Founding Dean and Chief Academic Officer, Noorda College of Osteopathic Medicine, addressed the issue of minority human resources in the medical profession from his perspective as the dean of a medical school. He is trying to provide a way that men of color can see avenues and pathways into the medical and other health professions as viable career pathways for them. In his area of Utah, he said, they have a very large population of Polynesian-Americans and many in this community have some of the same challenges that other minority persons have in terms of access to education, proper nutrition and, something as a Medical School Dean he has a particular interest in, access and views that help them see professional career pathways are a real possibility for them. One of the fundamental reasons for this perspective is that these young folks do not have many role models in health care and subsequently do not necessarily see themselves in health care positions. They have a traditional pathway to success which is in many cases in the Polynesian-American community, through athletics. To many, if you do not become a professional athlete, you are just "Not". There are lots of positive role models for Polynesian boys in athletics but not nearly enough in health care professions. To help bring better health care to diverse populations, we need to broaden the scope of diverse populations from now under-represented minorities.

Alfonso Gibbs, LICSW, LCSW-C, a clinical social worker at the Las Vegas, NV, Veterans Administration hospital, noted that he is a "unicorn" in his profession because there are too few people who represent the African American male, or males in most minority groups in social services and therapy. This lack has created difficulty in not only giving relevant care to men and boys of color but also resources to be utilized in creating programs and policy in these critical areas. Gibbs also suggested that part of the problem in managing mental health issues in minority men is the nature of the health care system itself. Gibbs said that the systems that are now in place for providing mental health services are not working well. They do not adequately qualitatively or quantitatively meet the needs of the diverse range of people who need care so desperately. They way social and mental health services are structured, delivered, staffed, and the impact of what services are provided to our clients' needs to be comprehensively reviewed with an eye to meeting 21st Century needs of the population and the complexity of society.

This review should include how patients and clients are brought to care, how recruiting is conducted and how ethnically and gender diverse health care professionals can be made available to meet the expectations of a full range of clients. Charles Daniels, PhD, Co-Founder of Father's UpLift, agrees that there are not enough Black clinicians. At their agencies in Boston, Daniels and his staff frequently hear their clients say that they want to see a Black provider. Feedback from the client base at Father's UpLift is that many of these men have seen a White provider and have had less than satisfactory encounters and feel that a Black provider would be better able to understand, empathize and help them. One of the other issues that we face, Daniels said, is that in so many areas is there is not enough research done in the US on

how to address the many social and medical issues faced by Black men. Daniels said that his review of the literature shows that Canadian researchers are way ahead of US researchers in conducting studies on Black men and women. This must change if the US is going to be able to effectively change how it provides care and services to Black men and women.

Disabled military veteran mental health care is also a challenged because many of the existing mental health inpatient service areas cannot provide adequate care for the large number of disabled veterans needing these services. They do not have facilities, training or personnel to manage bladder and bowel care as well as the equipment and physical assistance needed by those with severe spinal cord related disabilities to sit up or move or bathe. This is a real limitation to accessing these services. Substance abuse, suicidal thoughts, depression, anxiety and PTSD are very prevalent. Disabled veterans have almost three times the incidence of mental health problems as in the general veteran population. We also do not have adequate screening tools for this population and few norms for this population have been established. There is a real need for more research about medications, services and policies that impact the physical and mental health of this population and unfortunately not much specific for this population has been done.

The Challenge Facing Minority Single Fathers

Charles Daniels, spoke about some of the problems faced by single fathers, particularly single men of color who are fathers, due to COVID-19, systemic racism and other factors. The impact of the pandemic on these men presents some unique challenges. For example, when funding came down from the federal government for support programs for fathers those men who were behind or unable to pay their child support could not benefit from these vouchers.

When you are working with fathers of color who are returning from incarceration, who are already depressed, who are suffering from racism and seeing through the news cycle reflections of themselves in those who are being killed consistently, that sends a very negative message. How do we help these fathers provide resources for their families during the pandemic? It is an important task but very difficult. The number one thing we have to convince these men is that they are important, that they matter because they feel that they do not. In our health centers we work hard to give them a sense of self-worth but when they leave and go back home and are continually bombarded with messages, policies and media reports that reinforce the negative self-worth that they feel, it is very

> **"The number one thing we have to convince these African-American men is that they are important, that they matter because they feel that they do not.**
>
> *Charles Daniels, PhD, CoFounder, Father's UpLift*

disheartening. We need to look at innovative ways to help these fathers see their self-worth as a means to helping them be better fathers and contribute to their households. We need to partner with non-government entities, such as foundations, to help provide financial support for these men to help them support their families. So, yes, we are providing therapy for mental health and addiction services but we also need to provide these sorts of financial supports as well as help them access other support programs such as food pantries. Many of the younger African-American men are also struggling with their racial identity.

Considerations In Vulnerable Rural Communities

Rural communities, which are historically very underserved in virtually all areas of health care, have experienced some unique challenges because of COVID-19. For example, much of the messaging about overall health and wellness—and now about COVID-19—that rural communities receive isn't effective, as evidenced by the general health status and morbidities levels in these areas. This may be because existing communications approaches don't resonate with this population segment. It is essential that public health agencies conduct comparative effectiveness assessments of health and wellness messaging and approaches to determine what works best in rural communities. This is especially true when trying to target boys and men within rural demographics, as most health-related messaging is designed to appeal to and motivate women and girls, which has the unfortunate effect of alienating boys and men.

In addition to creating and fine-tuning messaging, as we move forward in the recovery phase of the pandemic in 2021 and 2022, we also need to do a systematic assessment of the overall public health and behavioral health services that are available in rural areas relative to urban areas. We then need to create mechanisms to augment underfunded public health infrastructure in these areas that will enable us to better deliver health promotion, disease prevention, and care services to rural areas.

"Many in rural communities have had their long-standing carrier ripped out from under them or the entire industry sector that a local economy depends has closed (due to COVID-19)."

Because of underlying socioeconomic conditions many rural communities fall under the category of vulnerable populations in terms of health care and determinants of health. In many rural communities it is not uncommon to have very limited employment opportunities and very limited financial resources. There

are many in the rural community who all of a sudden have had their long-standing carrier ripped out from under them or the entire industry sector that a local economy depends on closes. These folks will have to decide how to completely rebuild their careers, most likely in a brand-new line of work. While some may not have to start from scratch many will have to rebuild almost completely. Because of the limited opportunities in these rural communities, it places a tremendous stress on these individuals not only in terms of rebuilding their careers but decisions that may require leaving family and community under difficult circumstances.

Rural communities also frequently have issues with substance abuse. This has been a problem for many years now. Unfortunately, it has been exacerbated by COVID-19. We have significant numbers of people in these communities who are basically on the fringe of personal and economic disaster and they are hanging on and then COVID-19 just happens and it completely destabilizes them and their situation, mentally and then physically, deteriorates very quickly.

These problems cause such a huge ripple effect on families and the entire community, particularly in the context of limited job opportunities. These downstream impacts are now being seen in difficult areas such as higher rates of substance abuse, domestic violence and child abuse. This becomes a very dire and difficult problem to try and address particularly with the limitations that existed prior to COVID-19 in mental health and social services in these communities. One of the areas that needs to be reviewed is how to deliver health care and related services to rural communities during times of public health emergencies. The panel agreed that in many communities, rural and urban, where there are similar problems of employment loss and the rippling effect of substance abuse, there are few options to deal with the large expansion of problems due to COVID-19 outside of what was available prior to COVID-19. That is not a sustainable approach. We cannot deal with An unexpected and very difficult public health disaster cannot be dealt with using the same tools, resources and approaches used in normal day-to-day work.

Native American and Alaskan Native Communities

Pandemics have historically had a disproportionately large impact on AI/AN communities. Epidemiologic data from the H1N1 influenza shows mortality rates for these peoples that were four-times higher than in the general population. Similar grim statistics are seen from the 1918 Spanish Flu.

The period between January and June of 2020 showed NA/AN morbidity rates from COVID-19 that are 3.5 times higher than non-Hispanic whites and mortality rates that were almost twice as high as this comparison cohort. COVID-19 has killed scores of Tribal Elders and Cultural Custodians and damaged the overall ability for these peoples to engage in many of their rich and important traditions.

The impact has not just been in morbidity and mortality, Native American (NA) and Alaskan Native (AN) communities have also been heavily impacted by COVID-19 with a unique set of issues related to culture,

their own sovereignty, regulations on obtaining care and the financial downturns which have hurt many NA/AI enterprises.

The physical impact on NA/AI is staggering.[30] The reasons for this significant damage are many but central to these are the years of neglect of NA/AI health issues, limited tribal resources and discrimination towards these native peoples. The COVID-19 pandemic has leveled minority communities chronically neglected by the healthcare system.

Alaskan Natives and American Indians are three and half times more likely to contract COVID-19 than White communities— and nearly twice as likely to die from their COVID infection. The Centers for Disease Control (CDC) released this staggering statistic in their COVID-19 mortality report. [31] the first stretch of the pandemic (January- June 2020). In another publication of a CDC report from Montana, [32]shows that Native Americans remained at twice the risk of COVID infection, dying at a rate almost four times that of Whites. Of the 1,134 indigenous deaths reported in the initial CDC report[33], more than 50 percent were men. As is the case with other demographics, it is unfortunate that not all states included an AI/ AN option on data collection instruments or vaccination documentation despite CDC data clearly outlining Indigenous people as an at-risk population. Of the confirmed COVID-19 cases reported to the CDC, only slightly over half the states had complete racial information included.

Several hurdles stand in the way of AN/AI individuals universally and consistently accessing quality healthcare. For instance, many of them live in rural areas and need to drive several hours to reach a hospital or a healthcare provider or specialist. Lack of healthcare access alongside often impoverished living conditions depletes the quality of life for these communities.

Also, as seen in other minority cohorts, chronic conditions diabetes, obesity, heart disease, and health complications from smoking are found in higher rates than in White people. While helpful in some cases, access using telemedicine poses challenges in many in rural areas where internet services and personal computers are not always available. In addition to the impact on physical and mental health, the pandemic also resulted in devastating losses to NA/AI businesses like casinos, operated by more than 40 percent of tribes.

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[30] Burki, T. (2021). COVID-19 among American Indians and Alaska Natives. *The Lancet: Infectious Diseases*, *21*(3), 325-326. DOI:https://doi.org/10.1016/S1473-3099(21)00083-9 Accessed June 2021
[31] (reference- https://www.cdc.gov/mmwr/volumes/69/wr/mm6949a3.htm)
[32] (Reference- https://www.cdc.gov/mmwr/volumes/70/wr/mm7014a2.htm?s_cid=mm7014a2_w)
[33] (reference- https://www.cdc.gov/mmwr/volumes/69/wr/mm6949a3.htm)

Facts About Male Sexual Abuse and Human Trafficking [34]

- More than 90 percent of individuals with a developmental or intellectual disability will be sexually abused at least once in their lifetime
- Sexual abuse occurs in boys and girls. One in every five boys will be sexually abused before age 15 and one in every three girls will be.
- When sexual abuse does occur, 75 percent of child victims do not disclose within a year – 45 percent keep their abuse a secret for at least five years, many stay silent for decades, and some never tell.
- An estimated 20 percent children are solicited sexually through the internet at least once before they are 18 years of age.

COVID-19 Vaccine Hesitancy – A Potential Confounding Factor

While a comprehensive review of vaccination against COVID-19 is beyond the scope of this document, there are some important perspectives about vaccinations in minority and vulnerable males that are of importance.

The decision to be vaccinated against COVID-19 has, unfortunately become a stressful event for many, particularly in the African-American community. Despite the fact that vaccines in the United States are being administered at no cost because of an important determination by the Trump administration in mid-2020 to pay for all vaccines and their administration fees, there is still quite a bit of resistance to vaccination in certain demographics.

According to a March 2021 poll by The Pew Research Center, the majority of Americans (76 percent) believe that in order to overcome the social and economic impacts of the pandemic, vaccination of the majority to reach population-immunity levels is essential.[35] Yet, as recently as April 2021, former FDA Commissioner Scott Gottlieb, MD, feels that it is going to be difficult for the US to achieve vaccination rates over 60 percent of the overall population.[36] Gottlieb believes that in large part this is because as we move into the 5th month of vaccinations and a broad swath of older persons has already been vaccinated, we

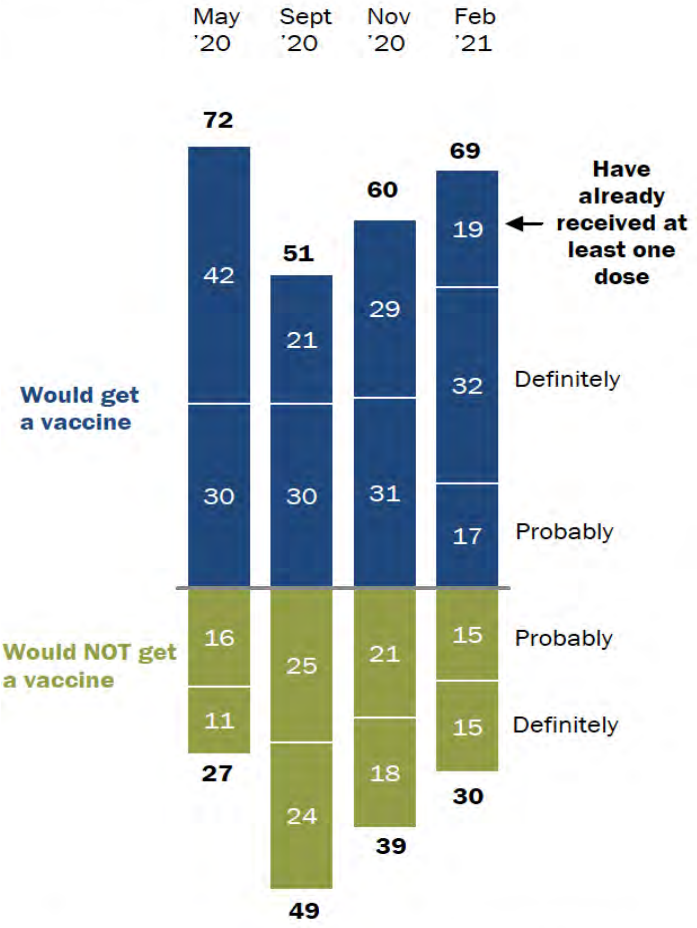
[34] (reference - https://laurenskids.org/)
[35] Funk, C., Tyson, A. (2021). *Growing Share of Americans Say They Plan to Get a COVID-19 Vaccine – or Already Have*. Pew Research Center: Science and Society. https://www.pewresearch.org/science/2021/03/05/growing-share-of-americans-say-they-plan-to-get-a-covid-19-vaccine-or-already-have/)
[36] (reference- https://www.npr.org/sections/coronavirus-live-updates/2021/04/14/987265125/ex-fda-chief-sees-struggle-to-vaccinate-more-than-half-u-s-population, accessed April 2021)

have likely vaccinated all in the 50 and over cohort who are willing to be vaccinated. There is still a large segment of African-Americans who remain skeptical of the vaccine (GRAPHIC 9). Also, as we move into the younger cohorts of 40 years old and younger there is a much lower level of enthusiasm in this group to being vaccinated.

A lack of data is part of the concern with regard to better understanding the vaccination rates in various geographic areas by ethnicity. Furr-Holden commented on some of the problems with data availability. She noted that as an epidemiologist, she has been reviewing the data on COVID-19 vaccinations in Michigan. There are some very interesting and distressing data gaps. For example, 44 percent are missing race, 70 percent are missing ethnicity and most surprising, in almost 2.5 million vaccine doses administered, there is not one missing entry on age and less than 1 percent of the entries are missing sex.

Half of Americans intend to get a COVID-19 vaccine; 19% already have

% of U.S. adults who say, thinking about vaccines to prevent COVID-19, they ...



Note: Respondents who did not give an answer are not shown.
Survey conducted Feb. 16-21, 2021.
"Growing Share of Americans Say They Plan To Get a COVID-19 Vaccine – or Already Have"

PEW RESEARCH CENTER

What this says to her, she said, is that while we care about the ages of persons who are receiving the vaccine and the sex of those receiving the vaccine, we just don't seem to care about the ethnicity of who is receiving the vaccine. This speaks volumes. This data analysis means that we can do better in terms of tracking all of the important information about vaccinations but that we have chosen not to do better.
So, there is a lot we can't talk about in terms of intersectionality. We can't answer questions about how race and sex come together, nor can we speak about sexual minorities or urbanicity, or language proficiencies or disabilities. There is just so much data that is missing. The data that we collect matters. It matters in many ways including using it to insure we are fairly and equitably providing vaccinations and other important health care service. If we say equity matters, we need to legislate it and not just trust that people will do the right thing. The need for equity goes beyond what we need to do to manage COVID-19.

Furr-Holden's observations of data lapses in Michigan have also been observed nationwide.

CDC reports that between Dec 14, 2020, through Jan 14, 2021, 12,928,749 people received a COVID-19 vaccine and were entered into a vaccine tracking system. Sex and age were reported to the CDC for 97.0 percent and 99.99 percent of the people, respectively, but only 59.1 percent of people have their race or ethnicity recorded. In addition, much of the racial/ethnic information that has been collected has not been standardized nationwide, resulting in even more surveillance difficulties. For instance, people of multiple or non-listed races reportedly received 14.4 percent of the vaccinations even though this demographic represents only 2.8 percent of the US population. Even with the limited data, Blacks appear to have a lower rate of vaccine coverage overall. As of March 2021, CDC found that only 5.4 percent of vaccinated Americans were Black. They also found that Hispanics, Asians, American Indigenous/American Natives (AI/AN), and native Hawaiians/Pacific Islanders received 11.5 percent, 6.0 percent, 2.0 percent, and 0.3 percent of the vaccines, respectively.[37]

One of the key points to consider is the need for more standardized approaches to data collection protocols and core "must have" data points for any future local, regional, national or global mass vaccination programs. Without this data it is difficult to make ongoing and real-time decisions about vaccination protocol effectiveness and strategies to correct deficiencies. This lack of data also impedes collecting data to monitor the equitable distribution and uptake of vaccinations. Without these data types tagged to geographic specific data it is impossible to craft and deliver programs in under-vaccinated areas and communities in an efficient and culturally appropriate way.

A report published in April 23, 2020 by the Kaiser Family Foundation (KFF) outlines some of the most important aspects of vaccine access for persons with disabilities.[38]It reinforces some of this panel's concerns about health equity and access in congregate facilities and foster homes. The KFF report provides the following:

- Overall that there is limited data on the number of people in Home and Community Based Services (HCBS) and institutional settings other than nursing and assisted living facilities and this makes calculating case or death rates difficult.
- Among the states that provide census data on HCBS settings, cumulative data show that between 19 percent and 50 percent of residents were reported as being infected. These rates are on par with the share of residents infected in nursing homes, which, using 2019 resident census data is about 50 percent. These rates are also higher than population level rates, which show more than 8 percent of the US population infected as of mid-February 2021.

[37] https://www.cidrap.umn.edu/news-perspective/2021/02/13-million-us-get-covid-vaccine-minority-uptake-uncertain Accessed May 2021
[38] (reference- https://www.kff.org/medicaid/issue-brief/COVID-19. -vaccine-access-for-people-with-disabilities/ Accessed February 2021).

For states that provide census data on home or community-based settings, between 2 percent and 19 percent of residents were infected. However, importantly these observations are made with a limited sample size and wide state variation which suggests caution in their interpretation. Given this limitation these data supports other research suggesting that congregate settings, particularly larger facilities, are at high risk of having an outbreak.

Few state vaccination plans explicitly mention people with disabilities (other than people with "high risk medical conditions"). Prioritizing certain high risk medical conditions may include some but not all people with disabilities. In addition, the high-risk medical conditions group does not always include or account for the increased risk to non-elderly people with disabilities who receive direct care services and/or live in congregate settings outside nursing homes.

Efforts to Better Reach Minority and Rural Populations for Pandemic Management

Walmart has made a deliberate and determined effort to address the health care access needs of minority communities. According to Dr. Cheryl Pegus, executive VP, health & wellness the company is administering vaccines in more than 3,800 of its in-store pharmacies at Walmart and Sam's Clubs. More than 80 percent of the shots administered through Walmart pharmacies and its 60-plus dedicated community events were in what the Health Resources & Services Administration designates as the most medically underserved areas of the country.

They have also partnered with dozens of community organizations to host off-site clinics across the country, and is planning to expand efforts with its mobile wellness fleet. According to Pegus, "Mobile clinics will allow Walmart to expand our reach to deliver additional COVID-19 vaccinations directly to rural and hard to reach communities, where we specifically worked with officials to target our allocation and efforts to increase access. To help ensure we're serving as many populations as possible, we continue to offer vaccinations in our pharmacies, drive-thru events in our parking lots and in offsite locations with community partners."

The COVID-19 pandemic's disproportionate impact on people who live and work in institutional and community-based congregate settings and the lack of clear data and standards for data collection and

policy guidance are two areas that need review and coordination to meet the challenges of future pandemics.

A March 2021 survey by the Pew Research center (Graphic 11) reflects the remaining pockets of skepticism in the mind of many about the need, effectiveness and short/long-term impacts of being vaccinated. This survey revealed that some 39 percent of Americans (GRAPHIC 11) are not inclined to be vaccinated. This includes 39 percent of Black Americans, a stunning 30 percent of active-duty military and almost 20 percent (and as high as 40 percent in Los Angeles and a stunning 60 percent of nursing home workers in Ohio) of general and vocationally trained workforce health care personnel polled.[39] Interestingly, and somewhat contrary to general trends in health care access 72 percent of males and only 66 percent of females have or are willing to be vaccinated.

The panel discussed at length some of the causes and potential remedies to addressing vaccine hesitancy in minority communities.

Courtney Clyatt, MPH Senior Program Officer for Engagement at the Patient-Centered Outcomes Research Institute (PCORI), provided additional insight into the challenge faced by vaccination initiatives in some communities of color. Part of the challenge is rooted in the real historical concerns the African-American community has with medical research and care that has been harmful to them, including Tuskegee and similar instances. It is so important to have trusted messengers in the community to help educate and bring important information to the community about COVID-19 and other health needs.

In the VA system, Gibbs said, they utilize peer-to-peer groups, such as those who have mental health diagnoses and people who are essentially homeless, to effectively reach and work with peers who need care in these areas. These peer-to-peer groups may be very useful in bringing people, not just in the VA setting but in other communities, to overcome vaccination hesitancy. Perhaps one of the key points to explore is how to better use peer-to-peer programs to reach out for important public health emergencies and, given the ongoing challenge of vaccine hesitancy, use this as a tool to bring reluctant peers into vaccination centers.

[39] Zitser, J., Ankel, S. (2021). *Here's Why a Surprising Number of Healthcare Workers are Rejecting COVID-19 Vaccine Despite Having Witnessed the Immense Suffering of the Pandemic*. Insider. https://www.businessinsider.com/covid-19-heres-why-healthcare-workers-are-turning-down-the-vaccines-2021-2

Key Consensus Driven Action Items and Research Recommendations

An important part of the panel's charge is to identify areas of consensus to address the issues identified during the discussion. Clyatt set the framework for panel comments and recommendations about Key Actions and research needs. She stated that these are very important conversations for us at PCORI to hear from those working in the field. PCORI is continuing to release funding opportunities related to research on COVID-19, for example in work in the community and mental health. PCORI is also looking to fund research including IDD persons and the impact COVID-19 has had on them. The point about research being structured to look at the intersectionality of multiple factors is a very important one. PCORI tends to view this type of research as valuable in providing needed perspectives and data that reflects the patient's real-world experiences and needs.

Ellis, representing paralyzed veterans, said that it is very important to engage in research that approaches these problems by looking at multiple intersections. Looking at just one or two factors just does not reflect the broad range and mix of contributing factors and co-existing conditions that are the real-world scenarios for individuals they work with and serve. Basic and outcomes-oriented comparative research in minority and vulnerable populations that looks at the intersections of race, poverty, homelessness, clinical conditions, addiction and education is more relevant and needed. This type of intersectional research is so important to provide the information that is needed to create programs and understand how to best serve these individuals in the real world. If we don't do this, we are not going to get good information, and that will hamper our ability to make good decisions for the various populations we work with. Furr-Holden provided an additional perspective, stating that an important aspect of care is the intersectionality of women and the role they play in men's health. Women are often the primary care giver in the family, taking care of elderly fathers and uncles and sons. None of us live in a vacuum and the organization she represents, Women's Health, is very interested in working to help advance the health of men.

The panel's moderator, Dr. Susan Milstein, asked the panel for their final thoughts and recommendations. The following are final thoughts and observations of panel members regarding research:

Maureen Ellis

All research should be intentionally inclusive of races and try to be representative of racial demographics in context of the study. Just doing this alone would be a very big help. Certainly, there are some studies that need to be done with a certain ethnicity or demographic but if this is not a specific component of the research intentionally recruiting with proportionate ethnic representation is very important and will go a long way to addressing many concerns.

John Dougherty, MD

Funders, such as PCORI, need to redefine their funding rubric. Most community groups do not understand the grant rubric and unless rubrics are developed that meet the needs and offer understanding about how grants are scored, we will never have community entities become engaged.

Salvatore J. Giorgianni, PharmD

In order to engage community-based organizations and other non-research-based entities, who have important project and program contributions to make in understanding patient-focused research, funders must create process, procedures, and criteria that are within the capability of these smaller non-research-intensive organizations. Most research and program funding applications were designed in the NIH and academic intuitional model that simply stifles participation at the grass roots level where much good and novel work is done.

Albert Pless

One of the things that would help expand our research capacity is to encourage and help community members who are doing important, useful and effective work to learn to structure, collect, analyze and report data.

Alphonso Gibbs

Funders should recognize that there is valuable work and there are valuable services that should be researched and disseminated that is not inherently quantifiable. It is not possible to quantify the impact of keeping a veteran off the streets. It is not possible to quantify the evolution of a relationship between a social worker and their client. Yet, these are important components of health care work that need to be examined, understood, reported on and disseminated. We need to rethink our research rubric as to what is important to our work to enhance and better the lives and health of boys and men.

Tamara James, PhD

The communities we work with in IHS are valuable places to do research. We make a concerted effort to examine our review process to meet the credentials and skill sets in our community and we also have reviewers who come from the community to help with cultural relevance. We work very hard to help make our processes relevant and realistic for our community partners.

Courtney Clyatt

PCORI has programs and is proactive in helping community level organizations obtain funding. We also encourage researchers to partner with community members to bring this expertise to both sides of the equat
ion.

Panel Consensus Summary of Key Action Items and Research Needs

1. **There is little information about the type and magnitude of physical and emotional stress brought on by a catastrophic medical emergency such as a modern-day pandemic in general and virtually none in minority and vulnerable populations.** This represents a significant and dangerous gap in understanding the needs of these communities and potential strategies to address them. Therefore, a series of research studies in various minority and vulnerable population sectors that are designed to help better understand how physical and emotional stress from circumstances such as a pandemic impacts the overall health and wellbeing of these persons and their unique communities is of paramount importance to guide development of support and health care services to be employed more effectively in time of emergency.

2. **Many minority communities, communities of vulnerable individuals, and rural communities are at continued risk for negative long-term health and economic impacts from COVID-19.** Programs and practices to help better reach these communities to address fundamental structural impediments to good health need to be developed and evaluated. Programs that have been locally successful in addressing deficiencies in determinants of health in these at-risk populations should be supported for further development and expansion into other communities.

3. **The widespread nature of vaccine hesitancy, particularly in some minority communities and demographics, has become apparent during this pandemic.** It is not only troubling from a public health perspective but also as a surrogate marker of the deep and abiding distrust of many in various demographics that cross many socioeconomic and demographic boundaries of medical care, science and government. Conducting broad based research about the myriad of factors that feed into vaccine hesitancy is imperative.

4. **Equally important to better understanding of the elements of vaccine hesitancy in minority and vulnerable populations is to conduct comparative research to identify communication, educational and other important aspects of restoring trust in health care and science.** Further, for this work to be truly meaningful and useful in developing population-stratified and directed mitigation this work needs to be stratified by sex, population and socioeconomic and racial demographics.

5. **Fundamental to the COVID-19 related health issues that impact minority and vulnerable boys and men are the pre-COVID-19 health disparities.** In US male mortality is significantly higher in nine of the 10 leading causes of death in this country. The overall mortality levels of African-America, Indigenous People and Hispanics are generally higher than in the overall male population. Several

of these morbidities have been identified as contributory factors which increase the potential for serious sequala from COVID-19 infections or higher mortality. Addressing known health disparities and enhancing the overall health of American males, particularly minority and vulnerable males, is a strategic imperative

6. Establishment of an Office of Men's Health within Health and Human Services and establishing the Office of Male Indian Health is an essential and necessary step to help raise the awareness of male health disparities and address the inequity it brings to all American males. It is also a necessary platform to help examine, establish, promote and fund important national health policy and projects designed to enhance the health of men and boys.

7. Many minority males express the desire to have health providers who come from the same ethnic and sociocultural backgrounds as they do. More work needs to be done to qualitatively and quantitatively document how access to sociocultural peer-to-peer health care providers impacts the determinants of health and health outcomes across the range of sociocultural diversity.

8. The panel unanimously believes the lack of diversity of male health care workforce is an important overarching consideration that needs to be addressed. This is necessary both from the perspective of delivering optimal clinical care to minority men and to help correct the overall distrust in health care that impedes effective public and clinical health care services in many minority communities in health care. All health care professional groups and educators should conduct a top-to-bottom review of the diversity of manpower, including assessment of male providers, within their professions and develop 10-year workplans to enhance recruitment and educational opportunities and provide cultural and financial support to address gaps.

9. One of the fundamental building blocks for changing health care delivery to make it more aligned with preferences and needs of male patients is to provide a core curricular framework for education and training of health professionals related to the specific health issues of men and boys. A review of training components in the area of comprehensive male health in professional programs should be undertaken to identify opportunities to better train providers in delivering male sex specific care. In order to effect such change professional credentialing organizations, need to incorporate male health management more broadly in certification competencies.

10. One of the key points to consider is the need for more standardized approaches to data collection protocols and core "must have" data points for any future local, regional, national or global mass vaccination or mass public health programs. A core data set should be established by an expert

commission. This data set must include patient sex as a core element. Without this data it is difficult to make ongoing and real-time decisions about vaccination protocol effectiveness and strategies to correct deficiencies.

11. **Peer-to-peer support programs have proven time-and-time again to be effective ways to engage members of a particular community in important health care activities and education.** With regard to addressing vaccine hesitance, and other issues such as contagion mitigation and accurate information about health emergencies, the panel felt there could be much better use of peer-to-peer programs. Assessing how to do this work in various communities and establishing approaches to disseminate accurate information in socio-culturally appropriate formats should be begun now so when the next national medical emergency strikes public health providers, and health organizations, can quickly mobilize trusted messengers and peer-to-peer networks quickly and early.

Appendix I

Panel Members

Dr. Jean Bonhomme, MD MPH

Dr. Bonhomme is Founder of the National Black Men's Health Network and an expert on men's health, minority health and the impact of poor men's health on families. From 2003 to the present, he has served as corporate president and Chairman of the Steering Committee for CHAMPS (Community Health and Men's Promotion Summit), providing free health screenings to economically disadvantaged minority males. Also, from 2003 to the present, he has served as staff physician for Toxicology Associates of North Georgia (TANG), a drug treatment facility based in Marietta, Georgia. From 2004 to the present, he serves on the editorial board of the Journal of Men's Health.

Jimmy Boyd

Mr. Boyd is a federal and state level policy analyst who is co-founder of the Father's Connection, a unique men's group therapy and support program. His leadership, with a talented team of dedicated professionals, is responsible for the Congressional passage of National Men's Health Week, signed into law by President Bill Clinton in 1994, also known as International Men's Health's Week, which has since been expanded to all of June and is now known as Men's Health Month.

Armin Brott, MBA

Mr. Armin Brott is a skilled media communicator highly sought after as a facilitator, author, lecturer, and authority on men's health, leveraging expertise with multiple media platforms to craft messages that support the health of boys and men. Brott is a pioneer in the field of fatherhood and has been building better fathers for more than a decade. As the author of 10 bestselling books on fatherhood, he's helped millions of men around the world become the fathers they want to be—and that their children need them to be. He is a member and Board Member of the American Public Health Association Caucus on Men's Health.

Deacon Glenn Chester

Deacon Chester is an advocate for the health and welfare of men and boys in his community in Washington, DC. He advances the health of these individuals through his work in faith-based communities in Washington and through his volunteer work with various social support organizations in the District of Columbia. He has been involved in this calling for many years. He has a strong desire to make a difference by fortifying minds through spiritual enrichment and lending an ear and assistance where needed through his faith-based ministry and community work.

Courtney Clyatt, MA MPH

Ms. Courtney Clyatt is a Senior Program Officer for Engagement at the Patient-Centered Outcomes Research Institute (PCORI). She comes to PCORI with more than 10 years of experience in public health and project management. In her position, she has played a vital role in the Engagement Awards program and, specifically, the Pipeline to Proposal Awards, which will fund community-building and engagement projects.

John-Wako Hawk Co-Cke' BS CAMS CBHCM

Mr. Co-Cke' is Ordained Christian minister, proudly embraces his/her Indian heritage as a member of the government Osage, Peoria tribes, non-Government of the Blackfeet, Cheyenne, Lakota, Muscogee-Creek Nations he/she is a proud 2Spirit traditional straight and southern cloth dancer.

John-Wako is a suicide prevention specialist for the Muscogee Creek Nation of Oklahoma. Wako-John is the leader of the Okmulgee/Tulsa 2Spirit support group. John-Wako also is the spiritual advisor and Elder for the Dennis R Neil equality center's Indigi-Queer Support group. John-Wako has also worked in the HIV-AIDS Prevention and Education at Muscogee-Creek Nation. Having gained notoriety on a national scale as a learned and gifted speaker. John-Wako educates passionately for LGBT-2spirit suicide prevention. John-Wako also on the honorable heritage of our 2spirit people held in various tribes.

Charles C. Daniels, Jr., PhD, MDiv

Dr. Daniels is co-founder/Chief Executive Officer of Fathers' Uplift, Inc. Dr. Daniels holds a Bachelor's degree from Bethune-Cookman University, a Masters of Social Work (Simmons University), a Master of Divinity (Boston University School of Theology), and a Ph.D. from Simmons University School of Social Work. While on the journey of founding and operating Fathers' Uplift, Dr. Daniels has taught at the college level (e.g. Harvard University and Simmons University), has been a national speaker and writer, and has appeared on numerous television and radio programs, including CNN, ABC, Healthline, Good Morning America, and WBUR.

In 2019, Dr. Daniels was chosen by the Obama Foundation as one of 20 Fellows selected worldwide as a civic innovator creating transformational change and addressing some of the world's most pressing problems.

John Dougherty, DO FACOFP

Dr. Dougherty is Founding Dean and Chief Academic Officer, Noorda College of Osteopathic Medicine a Certified Physician Leader in Administration. He was selected for and completed a Senior Leadership Development Program, a National Health Policy Fellowship and holds a Certificate in Finance from the University of California, San Diego Rady School of Management. He was voted Family Physician of the Year for Missouri in 2014, named Education Health Care Headliner by VegasInc Magazine in 2018 and was recently selected to serve as a Governor for the Salt Lake Chamber of Commerce.

Maureen Elias, MA

Ms. Elias is an Army veteran, Army military spouse, mother of three, veteran advocate, and serves as the Assistant Director of the Veterans Health Council of Vietnam Veterans of America.

Maureen served as a Counterintelligence Agent in the United States Army from 2001-2006. Maureen graduated December 2017 with a Master's Degree in Mental Health Counseling from Bowie State University in Bowie, Maryland, after completing her internship at Creative Alternatives, at Johns Hopkins University.

She serves as the Social Media Strategist for Veterans in Global Leadership. She also volunteers with the Travis Manion Foundation and Veterans for American Ideals and loves sharing opportunities and experiences with other veterans. She recently accepted a position on the Executive Team of HGVA. Her experiences as a disabled woman veteran, mother to special needs children, and military spouse status give her a unique perspective as she advocates for veteran health issues.

Alphonso Gibbs, LICSW LCSW-C

Mr. Gibbs is a Licensed Clinical Social Worker currently employed by the Veteran's Administration Health Systems of Southern Nevada, in Mental Health. He has significant case-management experience with severely mentally ill, dually-diagnosed, formerly homeless adult men and women, adolescent youth, at-risk youth, and families. He also has experience at the executive levels of public health departments in Saginaw, Michigan, and Baltimore, Maryland.

Salvatore J. Giorgianni, Jr. PharmD - Project Lead

Dr. Salvatore (Sal) Giorgianni received his Bachelor and Doctor of Pharmacy degrees from Columbia University in The City Of New York. He has extensive experience in all aspects of the practice of pharmacy and has had held faculty appointments at Columbia and Belmont Universities. He has completed a clinical practice residency at Lenox Hill Hospital in New York City. Dr. Giorgianni is an expert in prescription drugs and health policy as well as the impact of media on male perceptions of health and wellness. He is the Senior Science Adviser to Men's Health Network and is a Co-Founder and Chair-Emeritus of the American Public Health Association Caucus on Men's Health. He is President of Griffon Consulting Group, Inc. a health care and industry consulting practice. He is a member of the American Journal of Men's Health professional review panel.

Eddie Hadley, MDiv

Eddie Hadley serves as a member of the External Affairs Team for Devereux Advanced Behavioral Health Florida, part of the national non-profit behavioral healthcare organization providing a continuum of services in support of children and adolescents with a variety of needs. With over 20 years of experience in behavioral healthcare, Eddie is directly responsible for facilitating and strengthening partnerships with state agencies and healthcare organizations entrusting the care of youth within the Devereux continuum of programs throughout Florida. He is also an ordained minister.

Debra Furr-Holden, PhD

Dr. Furr-Holden is the Associate Dean for Public Health Integration, C.S. Mott Endowed Professor of Public Health, and Director of the Division of Public Health at Michigan State University. She is also the Director of the Flint Center for Health Equity Solutions, funded by the National Institute on Minority Health and Health Disparities.
She is an epidemiologist and classically-trained public health professional with expertise in

behavioral health equity and health disparities. Dr. Furr-Holden has worked extensively with a wide range of partners including community-based organizations, local municipal officials, and policy makers. Her research has supported legislative efforts to impact state- and national-level legislation to promote behavioral health equity.

Dr. Furr-Holden's community-based, action-oriented research has been well received by community stakeholders and driven multiple policy interventions to address some of the nation's greatest public health challenges, especially among racial and ethnic minorities and in racially- and economically-segregated communities. Dr. Furr-Holden's research is grounded in the rubrics of epidemiology and consistent with principles and practices for understanding social determinants of health and health equity. Dr. Furr-Holden attended the Johns Hopkins University Krieger School of Arts and Sciences (BA Natural Sciences and Public Health, 1996) and Johns Hopkins Bloomberg School of Public Health (PhD, 1999).

Tamara James, PhD

Dr. James is the Acting Director, Indian Health Service (IHS), Division of Behavioral Health (DBH). In this capacity she serves as the primary source of national advocacy, policy development, management and administration of behavioral health, alcohol and substance abuse, and family violence prevention programs. Working in partnership with Tribes, Tribal organizations, and Urban Indian health organizations, DBH coordinates national efforts to share knowledge and build capacity through the development and implementation of evidence-/practice-based and cultural-based practices in Indian Country.

She joined IHS in 2016 as the national data coordinator within DBH, Office of Clinical and Preventive Services. In this role, she has supported DBH program priorities, including reporting and evaluation efforts related to suicide prevention, alcohol and substance abuse, and the Community Health Representatives programs. She received her PhD in biomedical sciences from New York University School of Medicine and completed postdoctoral fellowships at the National Institute of Child Health and Human Development and a bioinformatic startup, GeneCentrix Inc.

Throughout her career, Dr. James has worked as a health science resource within tribal, nonprofit, and federal settings to promote the health and well-being of the American Indian and Alaska Native (AI/AN) population. Her transition from "bench science" to health science administration was possible through her selection into the American Association for the Advancement of Science, Science and Technology Policy fellowship program. As a policy fellow within the National Institute of Dental and Craniofacial Research, she participated in science policy activities to advance the mission of the Institute.

Prior to joining IHS, Dr. James worked with the Southern Plains Tribal Health Board as a project coordinator to promote tribal public health development and capacity building. She is passionate about strengthening AI/AN families and communities, with a focus on the promotion of well-being and resilience among AI/AN males

Susan Millstein, PhD CHES
Moderator

Dr. Milstein is a Clinical Assistant Professor in the Department of Health and Kinesiology at Texas A&M University. She is a Master Certified Health Education Specialist who has presented at national and international conferences on a wide variety of health and sexuality topics. She is a member of the Advisory Board for both Men's Health Network, and for the American Journal of Sexuality Education.

Dr. Milstein is the co-author of the 6th edition of Human sexuality: Making informed decisions, the co-editor of Men's health: An introduction, editor of Sex Ed in the Digital Age, and associate editor of the award-winning Teaching Safer Sex, Volumes I and II.

Albert W. Pless, Jr., MS

Albert Pless is the Program Manager for the Men's Health League, which is part of the Cambridge, Massachusetts. Public Health Department. Pless is an experienced Program Manager with a demonstrated history of working in the hospital & health care industry. He is a strong program and project management professional, skilled in training, volunteer management, public speaking, grant writing, and nonprofit organizations.

Judy Seals-Togbo, MSW

Ms. Seals-Togbo is Director of State Programs in Tennessee for Men's Health Network.

James Sykes, MPH

Mr. Sykes is highly motivated and committed to advancing health policy, advocacy, and education. He is an experienced health advocate for global, federal, and state legislation supporting people living with chronic diseases with a specific focus on HIV/AIDS. James became involved with HIV/AIDS in 1994 when he became a volunteer support "buddy" for a person living with HIV/AIDS in Atlanta, Georgia.

James was most recently Job and Day Treatment Manager at Project ReDirect, a provider of support services for people living with mental and physical disabilities in Washington, DC, and Las Vegas, Nevada. James also served as Board Secretary of the Partnership to Fight Chronic Disease until January 2021.

Appendix II

DISCUSSION GUIDE AND WORKING AGENDA for PCORI Conf. Award EAIN 00095

Supplemental COVID-19 – MINORITY MALES AND VULNERABLE POPULATIONS:
Considerations in Behavioral Health for Boys and Men
Men's Health Network
February 26, 2021 E-Conference 12:00 to 2:30PM ET

Defining the Problem

In General, how do pandemics or public health emergencies disproportionately impact minority communities and vulnerable populations in the following domains:

- Clinical health including collateral pre-existing conditions and access
- Education
- Nutrition
- Economic and employment Status
- Support networks

How do these factors impact their overall behavioral health and Social resiliency?
How is COVID-19 different from other widespread medical emergencies?

Impact of COVID-19

For the following discussions please consider a broad array of male minority/vulnerable populations such as:

- Hispanic
- African American
- Native American
- Asian American
- Alaskan Native
- Physically Handicapped
- Homeless Persons
- Foster Children
- Victimized/Abused Children

In General, how Has COVID-19 Impacted Minorities and vulnerable populations? How does this differ from or is similar to other broad health emergencies?

How has Zip-Code and various local governmental approaches to mitigation impacted minorities and the vulnerable populations?
Role of the media (traditional and on-line)
What is the impact on mental health, resiliency and overall health care of COVID-19?

Moving Forward

Principle Lessons Learned about the impact of COVID-19 on minority males and vulnerable populations
What key things need to be done to address upcoming behavioral health needs of these boys and men?
What types of outcomes patient-focused studies do you think would be helpful?

Appendix III

Suggested Additional Readings

1. Centers for Disease Control and Prevention. (n.d.). *People with Developmental and Behavioral Disorders*. Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-developmental-disabilities.html.
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7. *For Asian Americans, a Dual Pandemic of COVID-19 and Racism*. Commonwealth Fund. (n.d.). https://www.commonwealthfund.org/publications/podcast/2021/apr/asian-americans-dual-pandemic-covid-19-racism.
8. Gertrude R Gauthier, PhD, Jeffrey A Smith, PhD, Catherine García, PhD, Marc A Garcia, PhD, Patricia A Thomas, PhD, Exacerbating Inequalities: Social Networks, Racial/Ethnic Disparities, and the COVID-19 Pandemic in the United States, *The Journals of Gerontology: Series B*, Volume 76, Issue 3, March 2021, Pages e88–e92, https://doi.org/10.1093/geronb/gbaa117
9. https://sph.umich.edu/news/2020posts/pandemics-toll-on-african-american-mental-health.html
10. https://www.nature.com/articles/d41586-021-00175-z

11. https://www.rwjf.org/en/blog/2020/05/caring-for-mental-health-in-communities-of-color-during-covid-19.html

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13. Karen-Yi-Wnyc. (2021, March 10). *'Whole Generations of Fathers' Lost As COVID-19 Kills Young Latino Men In NJ*. Gothamist. https://gothamist.com/news/whole-generations-of-fathers-lost-as-covid-19-kills-young-latino-men-in-nj.

14. Millar, B. M., Adebayo, T., Dellucci, T. V., Behar, E., & Starks, T. J. (2020). Keeps me awake at night: The potential of the COVID-19 pandemic to affect sleep quality among sexual minority men in the U.S.A. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. https://doi.org/10.1037/sgd0000441

15. Rabin, R. C. (2020, November 10). *Developmental Disabilities Heighten Risk of Covid Death*. The New York Times. https://www.nytimes.com/2020/11/10/health/covid-developmental-disabilities.html.

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