Weill Cornell Medicine Diversity Center of Excellence COVID-19 Health Equity Initiative Request for Applications for Funding

Activity Overview
The Weill Cornell Diversity Center of Excellence (DCOE), a project of the Cornell Center for Health Equity (CCHEQ), is located in New York City, and works to enhance healthcare workforce diversity and promote research, education, training, and community engagement to promote health equity. The DCOE focuses on: pipeline programs; medical student and resident programs; a health equity research fellowship; faculty development; and community engagement. The DCOE is led by Susana Morales, MD, Vice Chair for Diversity in the Department of Medicine and Education Core Director of CCHEQ, and co-led by Monika Safford, MD, NYC based CCHEQ Director and Chief of General Internal Medicine.
Background: COVID-19 impact on New York City and health disparities. New York City has been an epicenter of the COVID-19 pandemic, and has been in lockdown for months. As of 6/6/2020, the NYC Department of Health reported 203,430 COVID-19 cases, 52,790 hospitalizations, 17,113 confirmed and 4,702 probable COVID-19 deaths in NYC since the pandemic onset. The Weill Cornell-NY Presbyterian Hospital network has been massively impacted; at our peak, inpatient clinical services were almost completely filled with COVID-19 patients, dozens of new ICUs were created; nearly all outpatient services and elective procedures were halted. Our students were abruptly shifted to e-learning platforms.
COVID-19 health disparities Dramatically higher rates of COVID-19 illness, hospitalization, and death have been found among African American and Latino New Yorkers, for reasons under investigation. Causes of the massive NYC epidemic and COVID-19 disparities likely include delays in the initiation of testing and inadequate targeting of testing sites, disproportionately impacting poor and minority persons. Other factors in the disparate impact of COVID-19 likely include differences in COVID-19 exposure: minorities are heavily represented as "essential workers". Minorities are more likely to be uninsured, to be cared for in resource challenged settings, to have poorer access to care and information, and poorer health care quality. Minority patients are likely to have experienced bias in care and access to resources due to structural racism and other barriers. Minority COVID-19 patients have increased comorbidities linked to higher mortality.
Telehealth and technology supported education Disruptions in health care delivery during the pandemic have been accompanied by abrupt shifts to telemedicine services around the globe[i], but in the US, Medicaid recipients[ii], minorities, the elderly, and the poor[iii] are less likely to have access to telehealth resources that enhance access to care, accurate health information and advice, and management of acute and chronic conditions. Medical students and clinicians may not yet have had training in telemedicine best practices, especially as they pertain to the underserved[iv]. Education at every level has also been abruptly shifted to remote learning, challenging the delivery of high-quality instruction[v]. Physician educators may not have training or resources to provide effective e-learning[vi]. Distance learning faces barriers to effectiveness[vii], and the ultimate effectiveness of e-learning as compared to in person learning may vary.[viii] The rapidly changing COVID-19 knowledge base requires aggressive updating and dissemination to clinicians, learners, and the public. Research into COVID-19 disparities is essential to avert

further disparities as the pandemic continues, alert other localities about lessons learned, and inform future pandemic preparedness.

COVID-19-CARES Act Centers of Excellence (COE) Health Workforce Modernization Supplemental Funding The fiscal year (FY) 2020 Coronavirus Aid, Relief and Economic Security Act, P.L. 116-136, (CARES Act) appropriated funds to the Public Health and Social Services Emergency Fund (PHSSEF) to prevent, prepare for, and respond to coronavirus, including through telehealth access and infrastructure. The Health Resources and Services Administration (HRSA) has granted each Center of Excellence $150,000 to this end.

The leadership team will include Dr. Morales, who will provide overall supervision and direct objective 3; and Dr. Shapiro, who will direct objective 2. Objective 1 will be led by Dr. Maria Lame, a pediatric emergency medicine physician with expertise in telemedicine and simulation education. **Our evaluation metrics** will include the number and disciplines of individuals receiving training focused on the transition from in-person to telehealth and other distance learning clinical training services during the pandemic; the number and types of training sites offering COVID-19 related telehealth services; and the number of newly developed or enhanced telehealth clinical courses or training activities focused on COVID-19, as well as the disciplines and counts of course participants.

Our Initiative will support three types of projects:

1. **Health Equity Telehealth COVID-19 Innovation Program**, which will support:

   Projects to develop innovative e-learning for health professions students and clinicians on COVID-19 screening, testing, care; health disparities, primary care; train faculty and utilize distance learning platforms for interactive learning experiences related to COVID-19 and primary care to vulnerable and minority populations affected by COVID-19. Projects can also aim to provide on-line education to external colleagues.

   Projects to develop innovative telehealth initiatives to train students and clinicians in telehealth-enabled COVID-19 referral for screening and testing, outpatient care, and maintain primary care functionality away from physical sites, especially for COVID-19 positive, and high risk, low income, limited English proficiency, minority and vulnerable populations. This program will also focus on enhancing culturally competent, high quality health care to patients and communities impacted by COVID-19, including COVID 19 survivors.

   Budgets for projects can be between $5,000 up to $20,000. A maximum of four projects will be supported.

2. **Health Equity COVID-19 Faculty-Student Research Collaborative,** to support research on COVID-19 health disparities and research training of URM students. Support includes project funding of $5-20,000 and stipends for up to five URM medical student researchers. A maximum of four projects will be funded. Applicants can include faculty members and faculty-student collaborators.

3. **Health Equity COVID-19 Academic-Community Partnership**, which will fund up to three faculty-student collaboratives with community partners on projects that can focus on: COVID-19 testing, community education, outreach, and prevention; patient and community education; enhancement of access to primary care, including COVID-19 care, post COVID care; chronic disease prevention and treatment; promote service learning projects for medical students and other trainees, with an emphasis on utilizing e-learning and technology as components.

   We plan to provide funding of up to 3 community-based organizations to serve as partners and consultants in our service learning and community outreach initiatives. Community based organizations can benefit from these partnerships but also often donate their scarce resources to facilitate similar projects. We believe that funding to learn from their expertise in community engagement and support their staff collaboration is a more appropriate approach to service learning and community academic partnerships.

   Project costs of up to $15,000 will be covered. Community based organizations will receive grant support in addition, for up to $4,000.

   Applicants can include student organizations with faculty advisors serving as PI; faculty establishing or engaging in the development of community collaborations or community based service learning projects.

Eligibility for all three programs:
To be responsive to this opportunity, two requirements <u>must</u> be fulfilled:

The Principal Investigator (PI) must be or must become an Academic Member of the Cornell Center for Health Equity. To join the Center, please visit
https://centerforhealthequity.cornell.edu/home/membership-criteria-and-benefits/
 (1) Membership is free.
 (2) The PI must be a Weill Cornell Medicine faculty member at the Instructor, Assistant Professor, Associate Professor, or full Professor level. We strongly encourage underrepresented minority faculty members to apply and/or to be part of faculty teams.

Application Instructions and Checklist
   1. Cover Page: Use attached cover page template
   2. Abstract (30 lines)
   3. Lay Summary (up to ½ page): Provide a brief summary of the project in lay terms.
   4. Novel Direction Statement ($\leq$½ page): Describe how the proposed project is 1) focused on COVID-19 health disparities, and/or COVID-19 related telemedicine and or e-learning, service learning, community collaboration, etc as described above.
   5. Project Plan (2 page limit): Include the following 3 sections only: Specific Aims, Significance and Innovation, and Approach, and Evaluation Metrics. A timeline

must be included that shows the proposed budget for the award and should be included in the 3-page limit.

6. References are not included in the Research Proposal 3-page limit.
7. NIH formatted biosketch is required for all investigators with a significant role on the project.
8. If a community collaboration project is proposed, a letter of support from the community based organization must be appended.

Please utilize the provided application template, with the set margins/font. The Research Plan must use 11-point Arial font with ½ inch margins.

Application Deadline

Applications should be submitted as **a single PDF** to dat4004@med.cornell.edu by July 30, 2020 at 11:59 pm EST. For additional information on this opportunity please contact Daisy Torres-Baez, Diversity Program Coordinator at dat4004@med.cornell.edu. Project faculty (Drs. Morales, Lame, and Shapiro) are also happy to discuss potential projects.

Selection Process

Awards will be chosen on a competitive basis. Selection criteria will include:

(1) Innovation and significance. Is the project innovative and significant? Is it methodologically meritorious and compelling?
(2) Approach. Is the project development plan feasible as proposed? Are the methods appropriately matched to the aim(s)? Is the evaluation plan delineated?
(3) Funding plan. Is the plan well described and matched to the proposed project?

The Contact PI will be notified via e-mail by 8/15/2020 if the project is selected for funding.

[i] Webster P. Virtual health care in the era of COVID-19. Lancet, 395: 4/11/20, 1180-1181.

[ii] Weigel G et al. Opportunities and barriers for telemedicine in the US during the COVID-19 emergency and beyond. Published 5/11/20; downloaded from https://www.kff.org/womens-health-policy/issue-brief/opportunities-and-barriers-for-telemedicine-in-the-u-s-during-the-covid-19-emergency-and-beyond

[iii] Velasquez D. Mehrotra A. Ensuring the growth of telehealth during COVID-19 does not exacerbate disparities in care. Published 5/8/20; downloaded from https://www.healthaffairs.org/do/10.1377/hblog20200505.591306/full/

[iv] Theobald M. Brazelton T. STFM forms task force to develop a national telemedicine curriculum, from STFM. Ann Fam Med. 2020 May; 18(3), 285-286.

[v] O'Keefe, L., Rafferty, J., Gunder, A., Vignare, K. (2020, May 18). *Delivering high-quality instruction online in response to COVID-19: Faculty playbook*. Every Learner Everywhere. http://www.everylearnereverywhere.org/resources

[vi] Hodges C et al. The difference between emergency remote teaching and online learning. Downloaded from https://er.educause.edu/articles/2020/3/the-difference-between-emergency-remote-teaching-and-online-learning

[vii] Regmi K. Jones L. A systematic review of the factors-enablers and barriers-affecting e-learning in health sciences education. BMC Medical Education. (2020) 20:91, 1-18.

[viii] Vaona A, Banzi R, Kwag KH, Rigon G, Cereda D, Pecoraro V, Tramacere I, Moja L. E-learning for health professionals. Cochrane Database Syst Rev. 2018;1.