



National Hispanic Medical Association

# ***VIRTUAL BRIEFING SERIES***

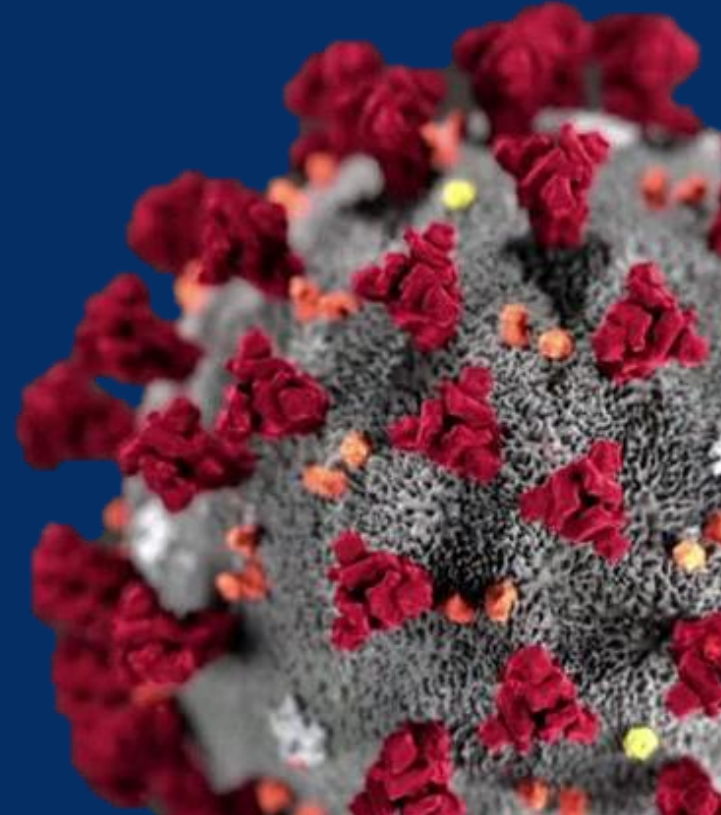
## **SESSION 2**

COVID-19 and Latino Mental Health

June 24, 2020

7:00 PM – 8:15 PM EDT

[www.NHMAmd.org](http://www.NHMAmd.org)



# Welcome



**Congresswoman Grace F. Napolitano (CA-32)**

*Founder & Co-Chair, Mental Health Caucus*

# Overview

**Elena Rios, MD, MSPH, FACP**

*President & CEO*

National Hispanic Medical Association

National Hispanic Health Foundation

## Briefing Protocols

- Presentations to be followed by 10-15 minute discussion
- Microphones will be muted
- Type questions in chat box
- Recording available next week at [www.NHMAMD.org](http://www.NHMAMD.org)

# Latino Population Overview

- 60M (18.3%) of the US population
  - 63% Mexican-American, 9% Puerto Rican, Cuban American
- SES
  - Young population (med age 29.5), Low-income, large families, crowded housing, mixed families, limited education & English proficiency, fear/distrust
- Health Care
  - Uninsured, limited access to health and mental health/substance use services
  - Underrepresented in medicine, mental health, public health & clinical trials
- Mental Health Impact of Pandemic on patients, families, providers:
  - depression, anxiety, trauma, and grief

# Policies for Latino Mental Health

- **ACCESS:** Increase services (inpt, outpt, crisis, recovery), education to patient/family and telemedicine
- **RETENTION IN TX:** insurance, decrease costs of meds, stigma
- **CULTURAL SERVICES:** mental illness, depression, incarceration, undocumented (Public Charge), homeless
- **WORKFORCE:**
  - Community non-profits and schools – to focus on youth and families and improve education about mental health seeking behaviors;
  - Leadership development and workforce training for Latinos

# Thank You To Our Partners



The Pfizer Foundation



# South Texas Interprofessional Team Collaborative for Health in the South Texas & *Colonias*

## **Francisco Fernandez, M.D.**

*Professor, Department of Psychiatry*

University of Texas Rio Grande Valley School of Medicine

*Head, VIDAS Program*

*Chair, NHMA Rio Grande Valley Chapter*

Harlingen, TX



# Access Book 2<sup>nd</sup> Edition A HEALTH RESOURCE GUIDE for the Rio Grande Valley 2020

The RGV Equal Voice Health Working Group





# Who Are We?

- Created by the Texas Legislature in 2013; UTRGV enrolled its first class in Fall 2015, and the School of Medicine graduated its first class in Summer 2020.
- UTRGV has campuses and off-campus research and teaching sites throughout the Rio Grande Valley
- UTRGV is one of the nation's largest Hispanic-serving institutions, with over 28,000 students in Fall 2018 (89% Hispanic).
- UTRGV School of Medicine is one of the most affordable medical schools in the country for out-of-state students (U.S. News & World Report).
- It also has one of the most diverse student bodies with over half from underrepresented minorities.



# Where Are We?

## *The lower Rio Grande Valley*



- **4 Counties: Cameron, Hidalgo, Starr, and Willacy**
- **Population**
  - 1.4 million people
- **Projected 2030 population**
  - 2 million
- **Ethnicity**
  - 90% of Hispanic or Latino origin



# Southwest Border Family Unit Subject, Unaccompanied Alien Children, and Single Adult Apprehensions Fiscal Year 2020 - By Month

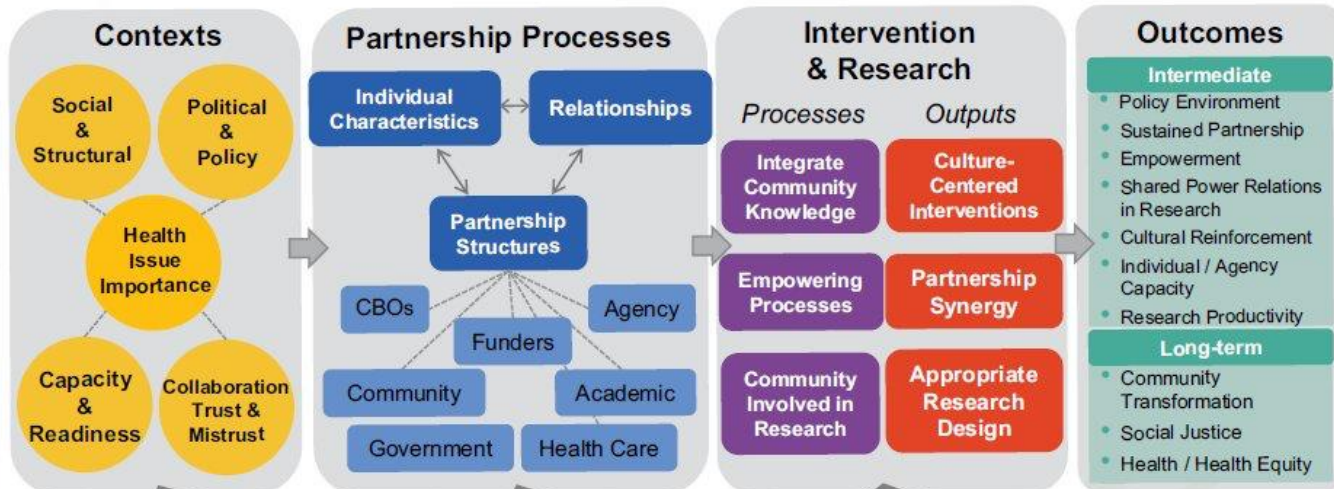
Sector	FMUA	UAC	SA	TOTAL
	FY20 TD MAY	FY20 TD MAY	FY20 TD MAY	FY20 TD MAY
Big Bend	2	25	596	623
Del Rio	216	91	1,965	2,272
El Centro	45	88	1,741	1,874
El Paso	151	144	2,317	2,612
Laredo	145	121	3,086	3,352
<b>Rio Grande</b>	<b>163</b>	<b>189</b>	<b>3,283</b>	<b>3,635</b>
San Diego	58	91	3,148	3,297
Tucson	121	192	2,752	3,065
Yuma	71	18	656	745
<b>Southwest Border Total</b>	<b>972</b>	<b>959</b>	<b>19,544</b>	<b>21,475</b>

**FMUA:** Family Unit Apprehensions  
**UAC:** Unaccompanied Alien Children  
**SA:** Single Adult

- [FY20 October](#)
- [FY20 November](#)
- [FY20 December](#)
- [FY20 January](#)
- [FY20 February](#)
- [FY20 March](#)
- [FY20 April](#)
- [FY20 May](#)

# UTRGV Strategic Priorities

1. Position UTRGV as a community resource for population health innovation and improvement through the provision of services that help identify health priority areas, that guide action on population health, and that assist in evaluating the impact of health policies and interventions
2. Build a diverse health workforce with a keen understanding of the determinants of population health and health inequities and with the cultural skills necessary to serve an increasingly diverse population
3. Advance population health sciences innovation through a transformative research agenda that responds to key trends in health and health care and their corresponding impact on population health



Visual from Amos Health 2017

Contexts	Partnership Processes	Intervention & Research	Outcomes
<ul style="list-style-type: none"> <li>Social-Structural: Social-Economic Status, Place, History, Environment, Community Safety, Institutional Racism, Culture, Role of Education and Research Institutions</li> <li>Political &amp; Policy: National / Local Governance/ Stewardship Approvals of Research; Policy &amp; Funding Trends</li> <li>Health Issue: Perceived Severity by Partners</li> <li>Collaboration: Historic Trust/Mistrust between Partners</li> <li>Capacity: Community History of Organizing / Academic Capacity/ Partnership Capacity</li> </ul>	<p><b>Partnership Structures:</b></p> <ul style="list-style-type: none"> <li>Diversity: Who is involved</li> <li>Complexity</li> <li>Formal Agreements</li> <li>Control of Resources</li> <li>% Dollars to Community</li> <li>CBPR Principles</li> <li>Partnership Values</li> <li>Bridging Social Capital</li> <li>Time in Partnership</li> </ul> <p><b>Individual Characteristics:</b></p> <ul style="list-style-type: none"> <li>Motivation to Participate</li> <li>Cultural Identities/Humility</li> <li>Personal Beliefs/Values</li> <li>Spirituality</li> <li>Reputation of P.I.</li> </ul>	<p><b>Relationships:</b></p> <ul style="list-style-type: none"> <li>Safety / Respect / Trust</li> <li>Influence / Voice</li> <li>Flexibility</li> <li>Dialogue and Listening / Mutual Learning</li> <li>Conflict Management</li> <li>Leadership</li> <li>Self &amp; Collective Reflection/ Reflexivity</li> </ul> <p><b>Resource Management</b></p> <ul style="list-style-type: none"> <li>Participatory Decision-Making</li> <li>Task Roles Recognized</li> </ul> <p><b>Commitment to Collective Empowerment</b></p>	<p><b>Processes that honor community and cultural knowledge &amp; voice, fit local settings, and use both academic &amp; community language lead to Culture-Centered Interventions</b></p> <ul style="list-style-type: none"> <li>Empowering Co-Learning Processes lead to Partnership Synergy</li> <li>Community Members Involved in Research/Evaluation Design that Reflects Community Priorities</li> <li>Bidirectional Translation, Implementation, Dissemination</li> </ul>
			<p><b>Intermediate System &amp; Capacity Outcomes</b></p> <ul style="list-style-type: none"> <li>Policy Environment: University &amp; Community Changes</li> <li>Sustainable Partnerships and Projects</li> <li>Empowerment – Multi-Level</li> <li>Shared Power Relations in Research / Knowledge Democracy</li> <li>Cultural Reinforcement / Revitalization</li> <li>Growth in Individual Partner &amp; Agency Capacities</li> <li>Research Productivity: Research Outcomes, Papers, Grant Applications &amp; Awards</li> </ul> <p><b>Long-Term Outcomes: Social Justice</b></p> <ul style="list-style-type: none"> <li>Community / Social Transformation: Policies &amp; Conditions</li> <li>Improved Health / Health Equity</li> </ul>

# Texas-Mexico Border Priority Health Issues and Root Causes

Priority health problems at the U.S.-Mexico border	Categories	Causes and/or determinants
<ul style="list-style-type: none"> <li>▪ Obesity</li> <li>▪ Diabetes</li> <li>▪ Heart disease</li> <li>▪ Asthma</li> </ul>	Chronic and Degenerative Disease	Physical inactivity, poor diet (high caloric intake), low socio economic status/poverty, genes (non-modifiable determinants), lack of breastfeeding, and education/access to information.
<ul style="list-style-type: none"> <li>▪ Tuberculosis</li> <li>▪ HIV/AIDS/STIs</li> <li>▪ Acute respiratory infections</li> <li>▪ Acute diarrheal disease</li> <li>▪ Vaccine preventable diseases</li> </ul>	Infectious Disease	Poverty, inadequate nutrition/poor nutrition, internal/external migration, poor living conditions/ affordable housing, environmental health (water, sewer services), access to health, education/information, access to health care and delivery.
<ul style="list-style-type: none"> <li>▪ Teen pregnancy</li> <li>▪ Neural tube defects</li> <li>▪ Maternal mortality</li> </ul>	Maternal and Child Health	Access and quality of medical care, education on prenatal and postpartum care, poverty, unnecessary cesarean section/quality of care, personal hygiene, prenatal care, and lack of health education/counseling.
<ul style="list-style-type: none"> <li>▪ <b>Addiction</b></li> <li>▪ <b>Depression</b></li> <li>▪ <b>Violence (all types)</b></li> </ul>	<b>Mental Health Disorders</b>	<b>Poverty, genetic/biological, family dysfunction, addiction, disability, lack of social support, education/information.</b>
<ul style="list-style-type: none"> <li>▪ Increase urgent care services</li> <li>▪ Disability</li> <li>▪ Mortality</li> <li>▪ Mental Health</li> </ul>	Injury Prevention	Education/information (seat belt use/child car seats), built environment/lack of physical and social infrastructure, alcohol use/abuse, substance abuse.

# Context

- Discrimination experiences can engender
  - Severe stress-distress-depressive symptoms
  - Negative life changes
  - Poor mental health outcomes
- Racial and cultural stereotypes when internalized can result in “self-hate”.
- Unauthorized migrants may experience guilt, shame and be treated as “second class” citizens.
- Children’s insecurities, anxiety, and fear can complicate trauma treatment.
- Traditional cultural beliefs may serve as protective factor of mental health

# RGV Community Health Survey

## Sample characteristics (n=765)

	Percent
Experienced material hardship	37.6
Economic hardship	27.9
<b>Any adverse childhood experience(s)</b>	<b>59.7</b>
Social support (tangible)	26.7

Source: Lower RGV Community Health Survey  
Frontiers in Public Health *A Mobile Health Clinic Providing Primary Care to the Colonias of the Rio Grande Valley, South Texas* doi: [10.3389/fpubh.2019.00215](https://doi.org/10.3389/fpubh.2019.00215)



# RGV Community Health Survey

## Summary: Mental Health Findings

### Bad News

- Mental health issues in the RGV are higher than previously reported in Hispanic communities
  - Depression\*
  - Adjustment Disorders\*
  - Anxiety Disorders\*
  - SUDs
- \* Higher than national rates
- Unique stressors in RGV (high levels of material hardship and ACEs) predict mental health outcomes

### Good News

- It appears that cultural stigma regarding mental health is becoming less of a barrier in the border Hispanic population. Is this an indicator of:
  - Greater acceptability of mental illness as an entity that affects health (just like diabetes)?
  - Greater awareness regarding the role of mental illness in health?
  - Greater acceptance of education, health promotion and prevention programs related to mental health?

# What are we seeing with C19?

- Fear of infection, infecting family, dying
- Stress-distress-depressive symptoms → catastrophic levels
  - *Re-traumatization*
    - Puts them at risk – both physically and mentally.
    - Major concerns
      - Family
      - Job
      - Impact of the flow of people between countries
  - *Increased suicide risk*
- *Will region become a reservoir for COVID19?*

# RGV Community Health Survey

## Policy/practice recommendations

- Regional and state-wide planning to address availability and access to mental health services (Chairs of Psychiatry)
- Case management for early intervention of risk factors (FEP)
- Mental health services through mobile units and telemedicine in rural areas inclusive of Colonias (STITCH and Integrated Colonia Care Units)
- Training of promotoras to assist with efforts in education and health promotion (CHW training focused on WHO's MNS priorities)
- Promote/expand initiatives aimed at increasing the number of mental health providers in the Valley
  - UTRGV and SOM initiatives:
    - Development of a Department of Psychiatry
      - UME focus on social determinants
      - Psychiatry Residency with community focus
    - Integrated Behavioral Health Training for Family Medicine Residents
    - Doctoral Program in Clinical Psychology

# VIDAS OUTCOMES



- Partnerships with RGV communities to enhance planning, deliver health promotion, preventive, primary care & behavioral health services (VIDAS, Integrated Colonia Care).
- Increase access to primary care services (STITCH, Pena Clinic, UniMovil, Telehealth, AHEC, RCMAR).
- Inform/empower Latinos to be better healthcare consumers through production of accurate & culturally-linguistically appropriate information (IHA, TAMU, South Texas College, UTRGV).
- Increase Latinos in the healthcare fields through a variety of educational programs (CHW, M2M, SUCCESS, GME).



Improving Sustainable Access to Care in the Hispanic Community

# Gracias!

Vincent Diego, PhD  
Noe Garza, DDS, MPH  
Stephanie Leal, MS  
Miguel Lopez, LMSW, LCDC  
Eron G Manusov MD  
Linda Nelson, DANP, MS  
Sudershan Pasupuleti, PHD  
Aracely Ramirez, LVN  
John Ronnau, PhD  
Adrian Sandoval, PharmD,  
BCPS, BCACP

*One Community, One Mission, One Solution*

South Texas Interprofessional  
Team Collaborative for Health



# COVID-19 and Social Isolation: Impact on Older Adults

**Ruby C. Castilla-Puentes, MD, DrPh, MBA**

*President*

American Society of Hispanic Psychiatry

Cincinnati, OH



Disclosure:  
Ruby C. Castilla-Puentes

Full – Time employee

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Janssen, Pharmaceutical  
Companies of Johnson and  
Johnson

*This presentation was prepared by Dr. Castilla –Puentes in her personal capacity. The opinions expressed do not reflect the view of the Janssen, Pharmaceutical Companies of Johnson and Johnson or the ASHP*



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# Agenda

- Definitions
- COVID-19 infection by age and race/ethnic groups
- Social Isolation - Public health
- What can we do to support older adults in their communities?



# Definitions



***Social connections*** is an umbrella term that encompasses the **structural, functional, and quality** aspects of **how individuals connect to each other**.



Social isolation and loneliness are distinct constructs



***Social isolation*** is the **objective** lack of (or limited) social contact with others.



***Loneliness*** is the **perception** of social isolation or the subjective feeling of being lonely.

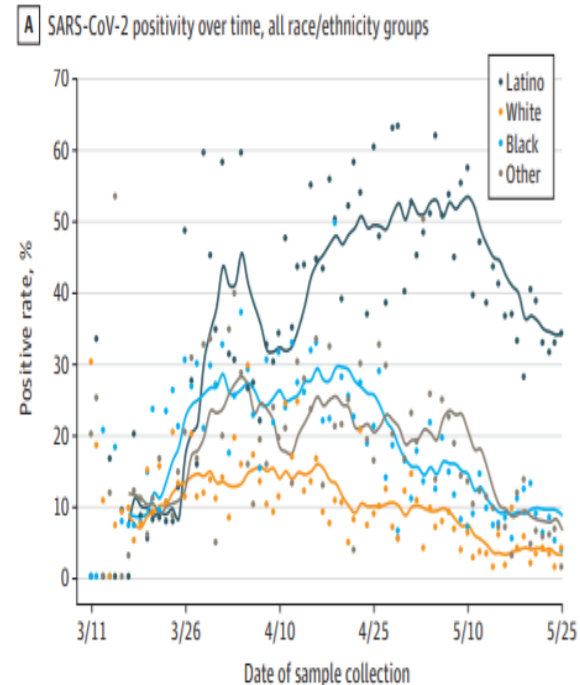
# How is the COVID-19 infection affecting Latinx vs. White vs. Black people?

- Emerging data highlight sharp increases in cases within the Latino community
- Temporal trends in positivity rates for coronavirus by race/ethnicity Johns Hopkins Health System (JHHS)
- More than 40% of Latinos who were tested for coronavirus were positive a much higher proportion than for any other racial/ethnic group

## RESEARCH LETTER

### SARS-CoV-2 Positivity Rate for Latinos in the Baltimore-Washington, DC Region

Figure. SARS-CoV-2 Positivity Rate by Racial/Ethnic Groups in the Baltimore-Washington, DC Region, March 11 to May 25, 2020

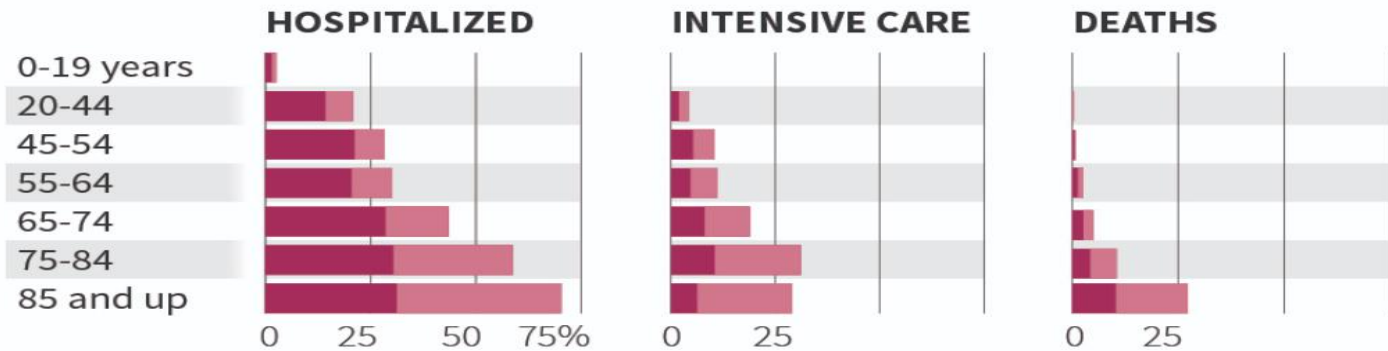


Diego Martinez, et al,  
JAMA, June 18/2020

# How is the COVID-19 infection affecting older people vs. younger people?

## Severity by age group in the U.S.

Hospitalization, intensive care unit (ICU) admission, and case-fatality percentages for reported COVID-19 cases in the United States, Feb. 12–March 16, 2020

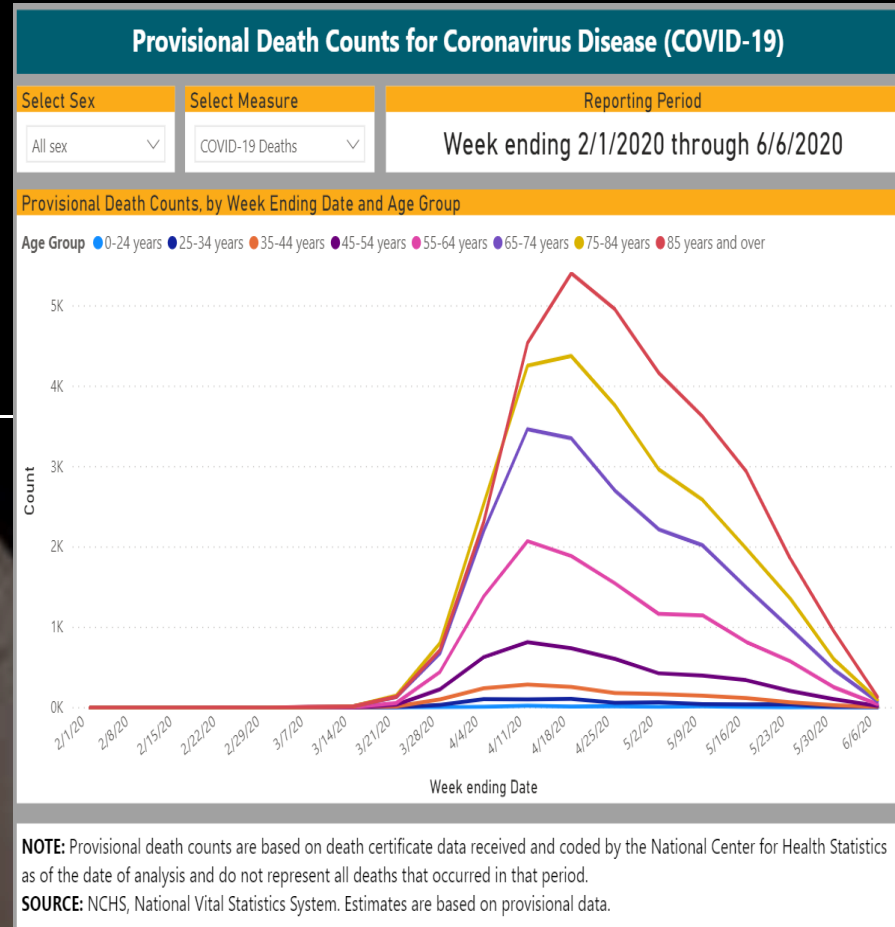


Source: Centers for Disease Control and Prevention

Staff, 19/03/2020

# How is the COVID-19 infection affecting older people vs. younger people?

- Older are more exposed to the virus /not be fully independent.
- In general elderly are advised to take more precautions.
- All this is leading to a scare among the elderly, about the eminent death





# Beyond morbidity and mortality from the infection

- Exacerbated health disparities for older adults
- Social distancing has made them feel more isolated
  - Especially those who are not very technology driven

Economic well – being

Mental Health

Life and Death

Vulnerability

Responders

Abuse and Neglect



The global recommendation for the older population is isolation from society, staying at home for “a very long time”

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Social isolation is a “serious public health concern” and is known to increase the risk of adverse mental health outcomes

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Gerst-Emerson and Jayawardhana, 2015





**World Health  
Organization**



Now lists “social support networks”  
as a determinant of health

Missing  
at:

- Centers for Disease Control [CDC]
- Healthy People 2020
- American Heart Association



# Social relationships decreased risk for all-cause mortality

Social relationship status and functioning

Health outcomes and risk for premature mortality



Individuals who lack social connections or report frequent feelings of loneliness tend to suffer higher rates of

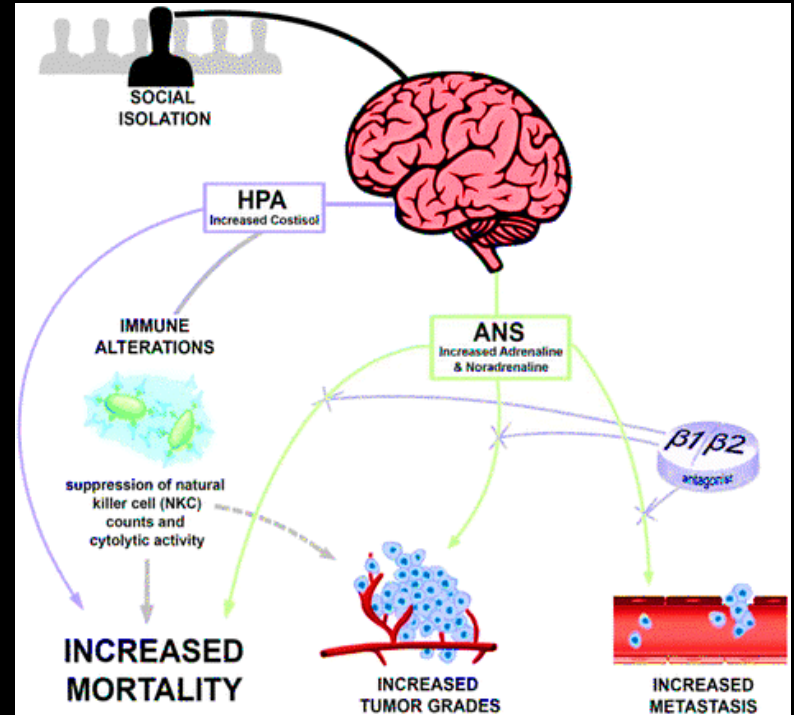
Infection


Depression

Cognitive decline

Morbidity and mortality

## How and why social isolation affects health?



A person wearing a dark jacket and a light-colored hat is walking away from the camera on a dirt path. The path is bordered by a chain-link fence supported by wooden posts. The background is a dense, wooded area with bare trees, suggesting a late autumn or winter setting. The overall tone is somber and reflective.

Available data suggest that social isolation puts the older people at a greater risk of depression and anxiety

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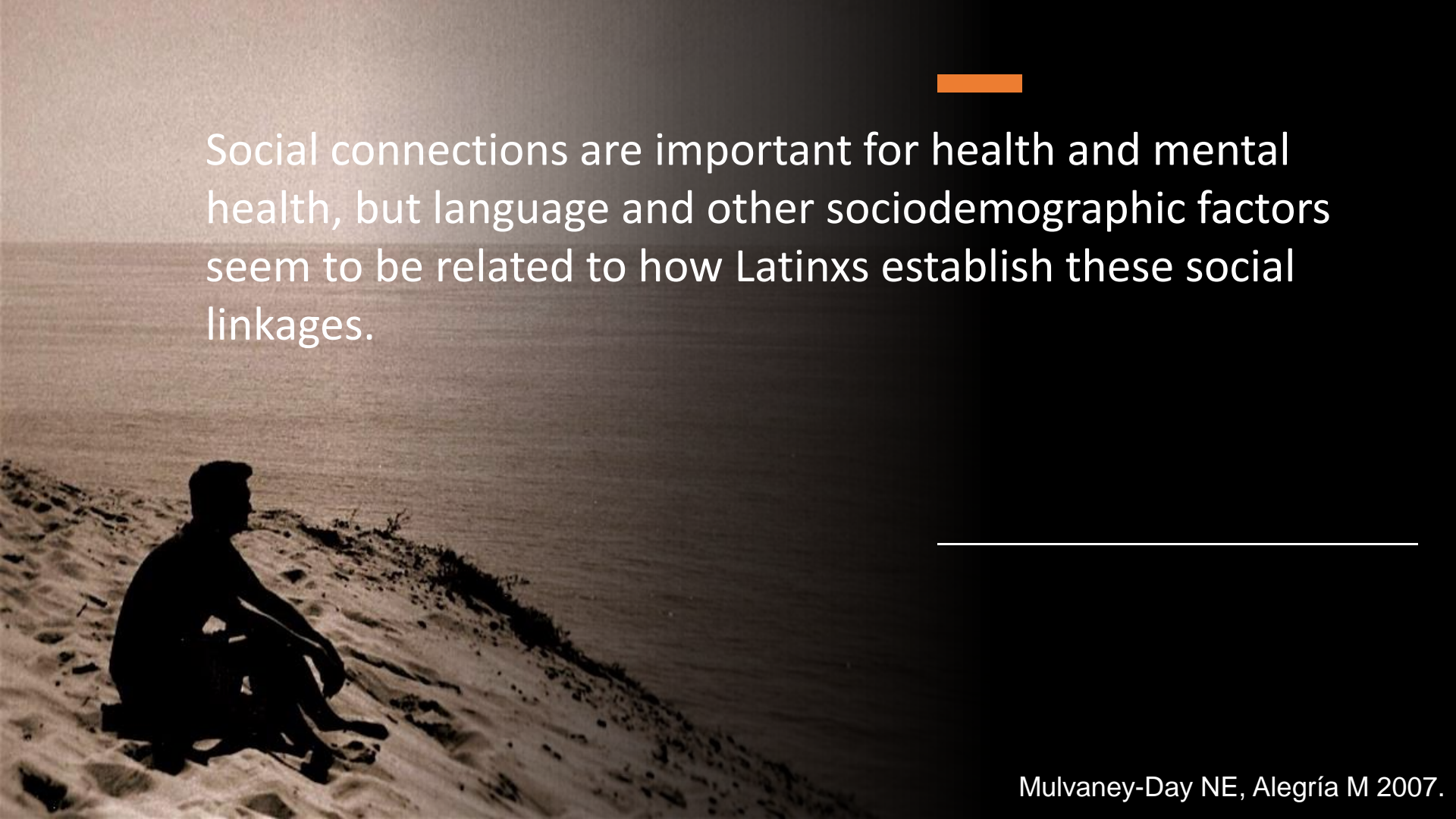
## Public health initiatives

Reduce perceived isolation

Facilitating social network integration

Participation in community activities (e.g. remotely organized based)

Protecting against the development of affective disorders.



Social connections are important for health and mental health, but language and other sociodemographic factors seem to be related to how Latinxs establish these social linkages.

# Summary

Social isolation is an important and potentially modifiable risk that affects a significant proportion of the older adult population

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- The holistic approach through social organizations, healthcare providers, media and charities can minimize the negative impact of the COVID-19 on the elderly.

# What can we do to support older adults in their communities?

Social and legal services

Strengthen care facilities for older persons

Assess the needs

With limited mobility

Cognitive decline/dementia

Mental Health

Keep contact with their families

Support older persons and those providing care

Access digital communication

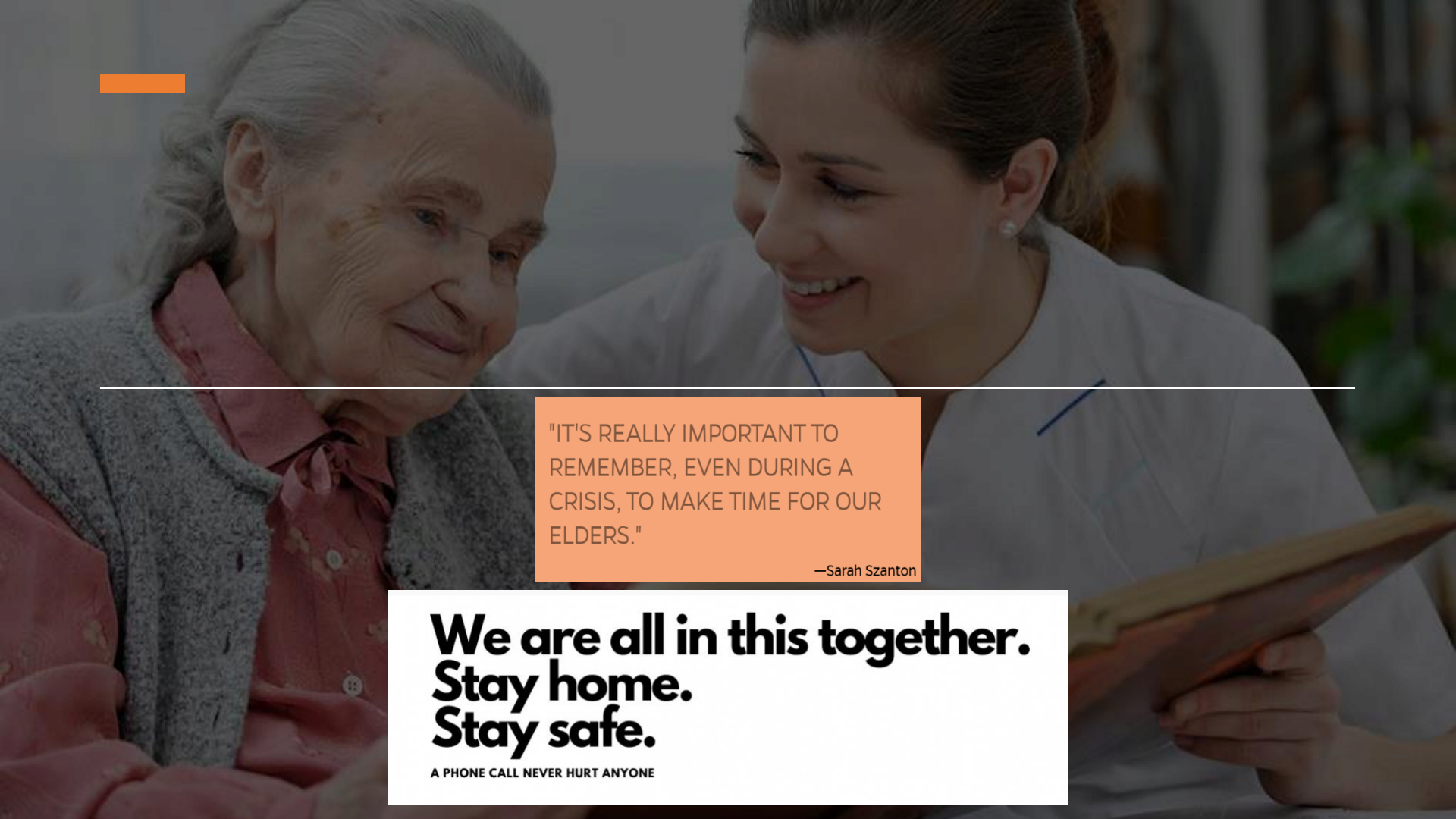
Social networks

Radio broadcasts

For critical information, variety of formats

Print notifications

Text messages



"IT'S REALLY IMPORTANT TO  
REMEMBER, EVEN DURING A  
CRISIS, TO MAKE TIME FOR OUR  
ELDERS."

—Sarah Szanton

**We are all in this together.  
Stay home.  
Stay safe.**

A PHONE CALL NEVER HURT ANYONE

# COVID-19 & Mental Health- Latinos in the US: A Focus on Health Professionals

**Ana Maria Lopez, MD, MPH, MACP**

*Professor and Vice Chair, Medical Oncology, Sidney Kimmel  
Medical College*

*Chief of Cancer Services, Jefferson Health New Jersey,  
Sidney Kimmel Cancer Center*

*Thomas Jefferson University*

*Chair, NHMA Philadelphia Chapter*

*Philadelphia, PA*



# COVID-19 and Mental Health

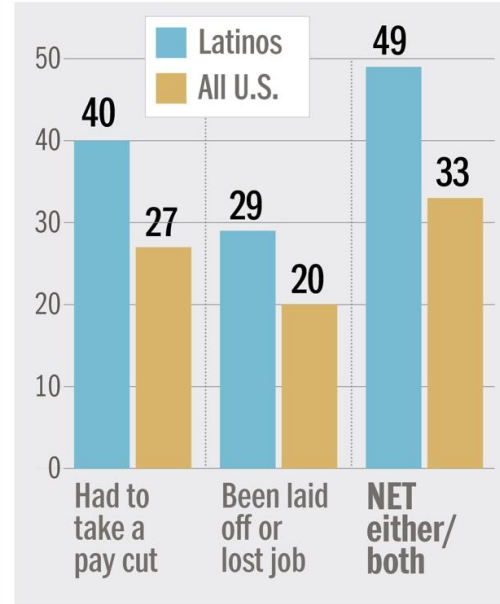
- Increased stress for the whole family
  - Children: difficulties with schoolwork, regression
  - Conflict at home
- Increase in post-traumatic stress
- Access barriers: financial, insurance, cultural, language
- Cultural strain: strong value of family connection
  - Physical distancing may be especially painful

# COVID-19 infection in Latinos

- Some Facts
  - In Chicago: Latinos are 30% of the population; 39% of confirmed COVID-19 dx
  - In UT: Latinos are 14.2% of the population; 42.2% of confirmed COVID-19 dx
  - In CA: Latinos are 43% of the population (18-49 yo); 70% of COVID-19 related-deaths
- And from NYC: race/ethnicity data complete for:
  - 24% diagnoses
  - 72% hospitalizations
  - 88% deaths

# Coronavirus hits Hispanics hard

*Around half of Hispanics say they or someone in their household has taken a pay cut or lost a job – or both – because of the COVID-19 outbreak*



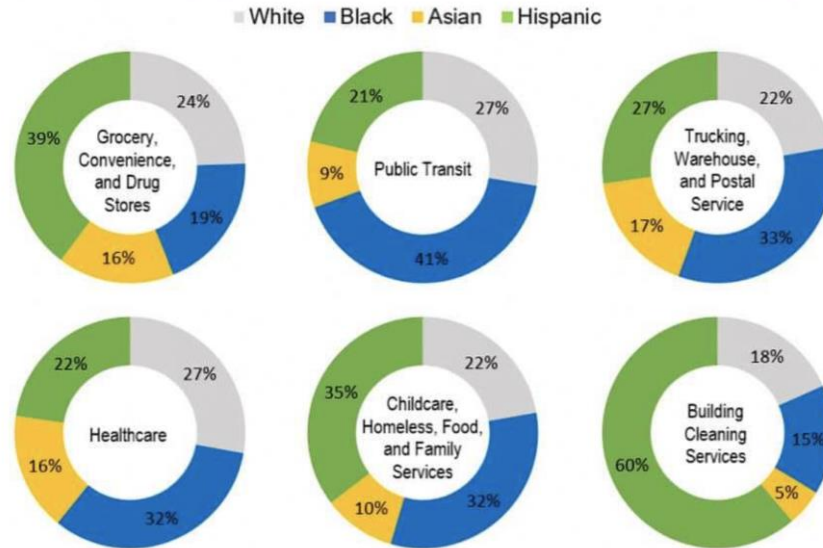
SOURCE: Pew Research Center national survey of 11,537 adults conducted March 19-24, 2020

Deseret News

# Essential Critical Infrastructure Workers

- Department of Homeland Security:
  - “essential workers needed to maintain the services and functions Americans depend on daily and that need to be able to operate resiliently during the COVID-19 pandemic response.”

**New York City Frontline Workers, by Race and Ethnicity**

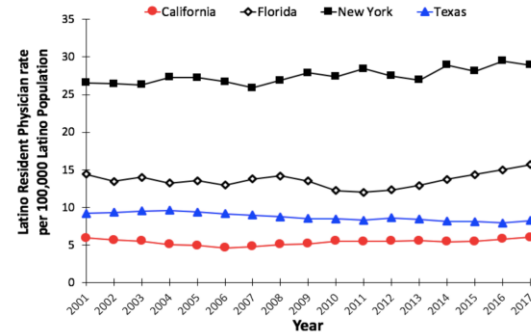


Graphic courtesy of the Office of the New York City Comptroller

# Latino Health Professionals (2019)

- 18% of the US. Population
  - Double by 2050
- Physicians: 5.8% = 53,526 (922862) (AAMC, 2018)
- Nurses: 4.8% = 135,600 RNs and 51,800 LPNs. (3.8M) (HRSA, 2015)
- Health professionals: 16.1% (160M) (2011-2015, HRSA)
  - Mostly women except physicians, dentists, chiropractors, optometrists, EMTs/Paramedics

Figure 1. A Seventeen-Year Overview of Latino Resident Physicians in California, Florida, New York, and Texas.



[https://latino.ucla.edu/wp-content/uploads/2019/03/LPPI\\_Current\\_State\\_of\\_the\\_Latino\\_Physician\\_Workforce\\_2019.pdf](https://latino.ucla.edu/wp-content/uploads/2019/03/LPPI_Current_State_of_the_Latino_Physician_Workforce_2019.pdf)

# DACA

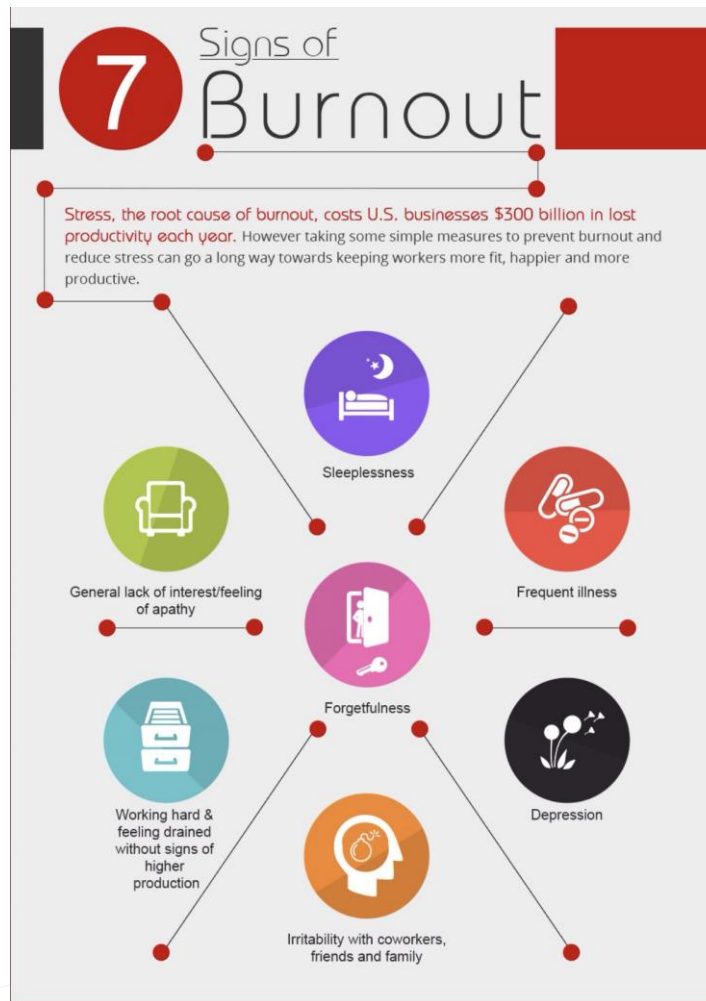
- 202,500 recipients are frontline essential workers
- 29,000 are health care professionals: home health, medical/dental assistants, nurses, LPNs, technologist, MDs/DOs
- Other areas: health administration, mgmt, support (4100), education (14,900), food-related (142,100),

<https://www.americanprogress.org/issues/immigration/news/2020/04/06/482708/demographic-profile-daca-recipients-frontlines-coronavirus-response/>

## Health professional stress

- Depersonalization
- Emotional exhaustion
- Decreased sense of personal accomplishment
  - Loss of meaning/purpose
  - Loss of community

once/week



## Women physicians

- Exhaustion and emotional exhaustion tend to be higher in women
- Is it more socially acceptable for women to acknowledge stress?
- Communication styles/interpersonal interactions-nurturer/caretaker
- Imposter syndrome/stereotype perception
- Gendered expectations/external demands
- Sexual harassment/(un)conscious gender bias
- Difficulties delegating
- Self-denying behavior

Spataro et al 2016



# Latino physicians

- Hypothesis: intersectionality-result in increased risk
- Latino physicians: higher empathy scores which may serve as a buffer
  - Support resilience

<https://link.springer.com/article/10.1007/s40596-020-01226-9>

# THE EPIDEMIC OF PHYSICIAN BURNOUT



OF PHYSICIANS  
REPORTED AT LEAST  
ONE SYMPTOM  
OF BURNOUT

- 79% Primary care physicians
- 57% specialists

IN 3 YEARS



PHYSICIAN BURNOUT



PHYSICIAN SATISFACTION

## MARKERS OF BURNOUT

Exhaustion

Cynicism

Low Self-Efficacy

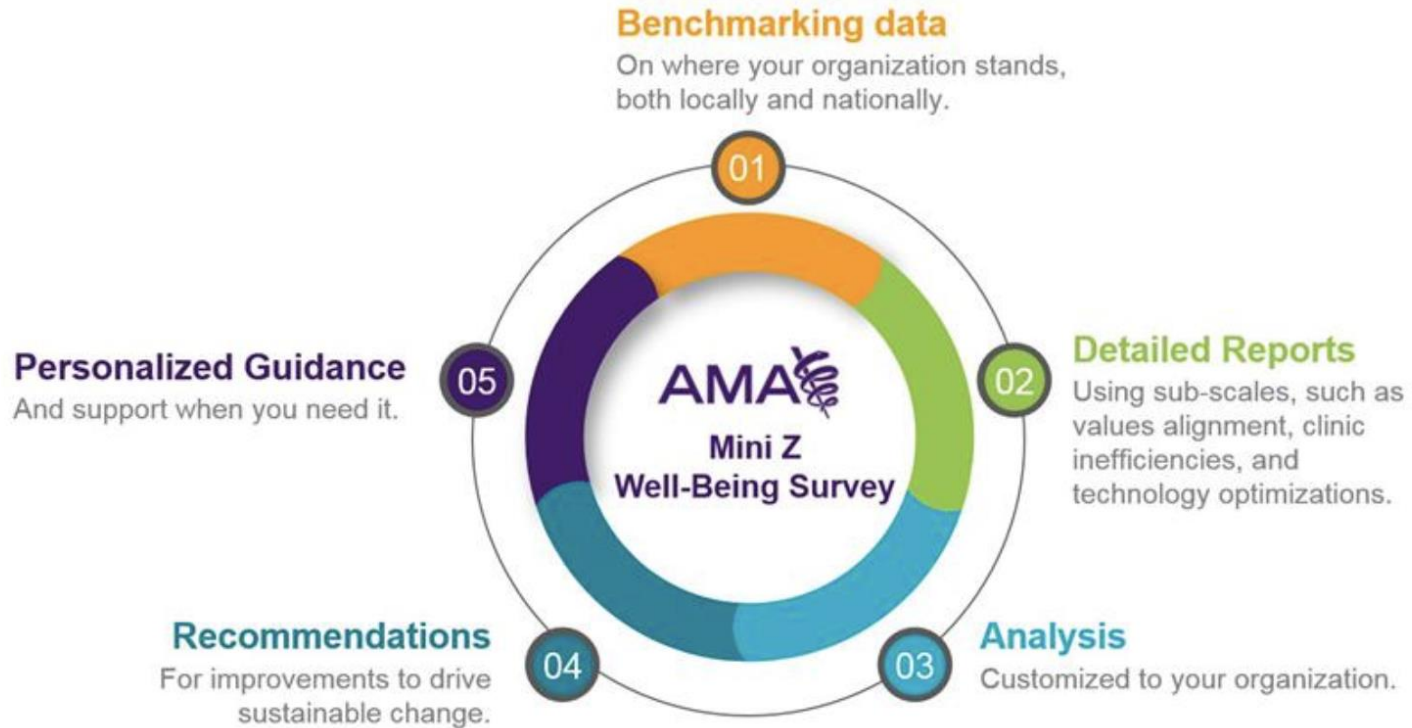
Depersonalization

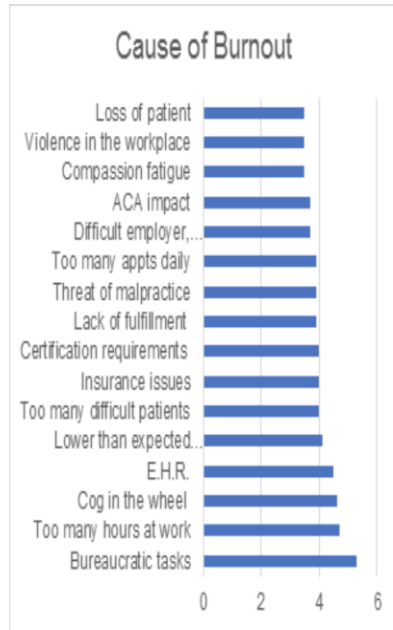
Source: Mayo Clinic Proceedings

<https://www.businessinsider.com/doctor-burnout-reaches-all-time-high-2019-8>

The majority of people in this virtual room have experienced burnout.

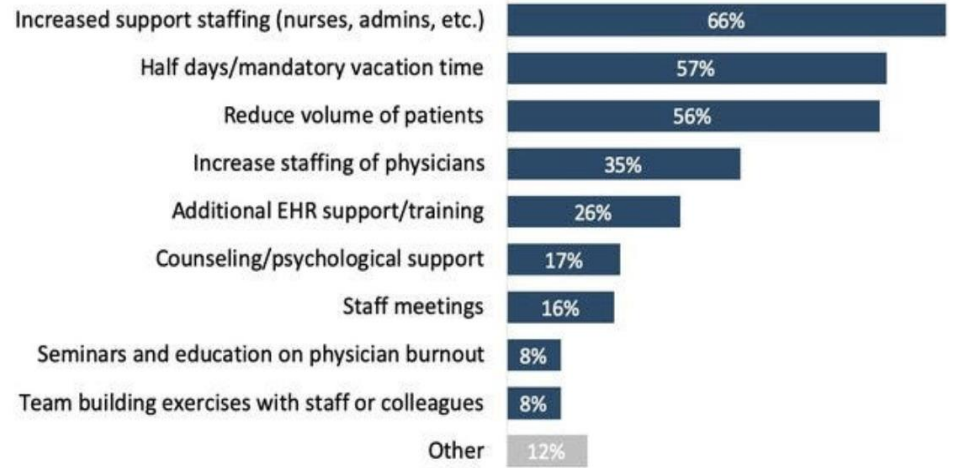
# How to assess? The Mini-Z





## Increased Support Staffing Tops List Of US Physicians' Preferred Methods For Addressing Burnout

*Q: Please select the three options which could be implemented by facilities to address burnout.*



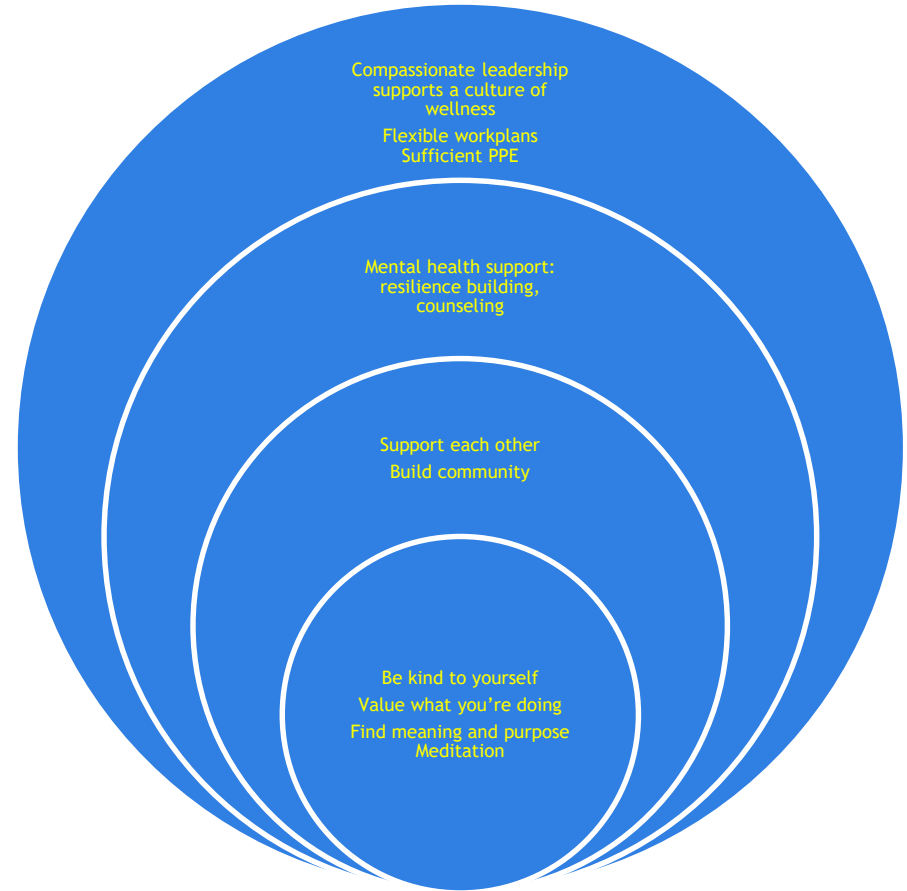
Resource: Peckham, C. (2017). *Medscape Lifestyle Report 2017: Race and Ethnicity, Bias and Burnout*. Medscape. Retrieved from <https://www.medscape.com/features/slideshow/lifestyle/2017/overview#page=1>

Source: InCrowd, n=612 physicians, 2019

Business Insider Intelligence

# Where do I start?

- Pay attention to basic needs
  - Healthy eating, hydration, sleep, destress



“...Place the oxygen mask on yourself first before helping small children or others who may need your assistance.”



<https://www.greenmountainhypnosis.com/blogs/post/The-Oxygen-Mask-Theory-How-to-Take-Care-of-Everyone/>

Thank you!

[anamarialopez@jefferson.edu](mailto:anamarialopez@jefferson.edu)



National Hispanic Medical Association

# ***VIRTUAL BRIEFING SERIES***

## **SESSION 1: THURSDAY, MAY 28, 2020**

Managing Chronic Care Patients with COVID-19

7:00 PM - 8:00 PM Eastern Time

## **SESSION 2: WEDNESDAY, JUNE 24, 2020**

COVID-19 and Latino Mental Health

7:00 PM - 8:00 PM Eastern Time

## **SESSION 3: WEDNESDAY, JULY 22, 2020**

COVID-19 Impact on Health Care Delivery

7:00 PM - 8:00 PM Eastern Time

For more information & to register: <https://bit.ly/NHMACOVIDSeries>

