



Gary Puckrein, PhD, is the Founding President and CEO of the *National Minority Quality Forum*.

Here are key take-aways from his conversation with Ken Banta about promoting COVID-19 vaccination in Black Communities:

1. Of the 38,000 zip codes in the U.S., most minorities live in 2,500.
2. The National Medical Quality Forum (NMFQ) has zip code-level data it uses for predictive analytics that serves as an 'early warning' of pandemic disease.
3. Early warnings of a disease 'surge' can help communities prepare and tailor messages to help mitigate the impact of COVID-19.
4. Every community has trusted sources. We need help to amplify their voices, so they're not drowned out by misinformation.
5. By definition, health care requires collaboration and NMQF has a long history of doing that, with positive impact on minority communities.

Let's begin with your own story. How did you end up founding the National Medical Quality Foundation?

My pathway is unusual because my doctorate is in History. I studied Aristotle and Galen and bloodletting. I published a magazine for Smithsonian for a decade, which helped me learn a lot about where and how people live.

That spurred me to work with minority organizations that weren't publishers but had publications. The *National Dental Association* and the *National Medical Association* brought me into the world of healthcare. That's when I realized health care had lots of great data, but no one collected data at the zip code level to use it to make a difference in health.

That was a real innovation, especially at the time. Tell us more about that.

There are about 38,000 zip codes in the country; 70% of African Americans live in 2,500 of them, 70% of Hispanics live in 2,500 and 50% of Asians live in 1,500. That means there are around 10,000 – fewer than a third total – zip codes across the country where most of the minority population lives.

Yet, no one collected data down to the zip code level to understand what was happening to minority populations. We decided to contribute by collecting health data, which we've been doing for 20 years now, not just on those zip codes, but for the whole country.



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We partner with patient advocacy groups and others. As we move into the world of big data and big data analytics, community-based organizations and patient advocacy groups don't have the capacity to do this on their own, so we try to be their data backbone.

Do you have an example of how the data have been of practical value?

If you remember, in August of 2020, we were predicting that 500,000 people would die from the virus by February and, sure enough, 500,000 people died by February. But the nation didn't drill down to data at the zip code level to help communities use it to persuade people to mask, social distance and then get vaccinated when those were available.

We decided to build a *COVID Index*, not just to make the data available because it is historic data, but we put predictive analytics to it. We can predict COVID events about 30 days before they occur. It's like a hurricane warning, except the hurricane about to surge in your community is COVID-19. That means you need to wear a mask, social distance, wash your hands and, if you're not already, get vaccinated. That's how we can really mitigate this pandemic.

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That is remarkable. Looking forward to the next four to five months, will leaders be able to use your data to increase the rate of vaccination in those communities?

We must get to them and say, "Look, it's not just for your health, but it's for the health of us all."

Absolutely. As we've progressed with that data, we've added CDC data and brought it down to the zip code level for vaccine hesitancy and for those who are strongly opposed to being vaccinated. This helps those communities – and not just the government, but all of us together – focus. These people are our families and brothers and sisters and neighbors. We must get to them and say, "Look, it's not just for your health, but it's for the health of us all."

This virus does not move around on its own. We breathe it out, we take it with us with we move around. If we want to control it there are basic things we need to do and being vaccinated is one of them.

Is there any advice you would give about hesitancy and resistance within those at-risk communities?

This is a major issue. What's happening in minority communities is unfiltered content and disinformation pouring in. Trusted sources don't have the capacity to amplify their voices to push back and drown out some of the noise persuading people to not get vaccinated.

Trusted sources don't have the capacity to amplify their voices.



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Trusted voices exist, and we need to lean on them. They've lived in the community for a long time and we need to help amplify their voices. This would include physicians, Federally-Qualified Health Center clinicians, faith-based organizations, patient advocacy groups, community-based school clinics, elected officials and business people.

Like other communities, African American communities are not monolithic. In the senior population, for example, vaccination rates are good because they know how they got to 65, which is by being careful and managing their health. It's the younger population who think they're invincible and don't listen carefully, so they don't get the message. Even more importantly, the messages may not be getting to them in the way they need to receive it and use it well. We have homework to do on the communication side to get better than that. We have to work together in a deep collaborative way to make this happen and fight off this virus.

That being said, the African American community also has a long tradition of distrust in the healthcare system generally and of some political leaders. If they live in Republican districts, they may not trust the political voices they hear. Nonetheless, elected officials need to be sure that they are communicating vital information to their constituents to lower the risk of the COVID by making sure people get vaccinated.

You have an interesting and compelling concept for organizations with communications teams. You seem to be blending your knowledge with their capabilities to address this challenge.

Absolutely. It is the only the only way forward.

We have to get smarter and better at taking science and making it available to the general public. We've not done a good job talking about very complicated ideas and making sure that information is accessible to people in a community at a moment they need to have it and use it. Talking about Warp Speed led people to believe we were rushing through and the vaccines had not been tested.

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It's no wonder people were concerned and thought something horrible would happen to them if they were vaccinated. Our job now is to take complicated ideas, repurpose them, make them accessible and crowd-out disinformation and unfiltered content. We will pay an awful price if we don't. COVID-19 is just one example of that.

Can the leaders in our audience reach out to you for guidance?

We love to partner. In fact, healthcare *IS* a collaboration. It's all about collaboration. We have to work together to protect ourselves and our family and our community. For that reason, we love to work with others and seek out those collaborations. We hope folks will come to us because we'd love to work with them.



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One reason we can offer high-quality guidance is that we work with lots of different organizations and communities, not just African American, but also Asian and Native American. Understanding the community is essential.

For example, the Hmong living in California don't have a written language, so we needed to create visual images. The community also believed the vaccines were intended to assassinate them and if they got one, they would die within a year. In addition, as Asians the community was threatened by prejudice and afraid that if they came out to be vaccinated, they'd be beaten up. For them, we had to find protected spaces. We have other examples like that, and we'd love for people to call us.

In fact, healthcare IS a collaboration.

Gary Puckrein, PhD

Gary Puckrein, PhD is Founding President and Chief Executive Officer of the National Minority Quality Forum (NMQF). He founded NMQF in 1998 after 20 years in higher education. He was graduated Phi Beta Kappa from Brown University, where he received his master's degree (1974) and doctorate (1978). Previously, he taught and lectured at Roger Williams College, Brown University, Connecticut College, and Rutgers University, where he was a tenured member of the faculty. He has received many awards and honors, including being named a visiting scholar and fellow at the Smithsonian's National Museum of American History and a visiting fellow at Princeton University. He was publisher of American Visions, the country's leading African American art and cultural magazine. He also created and launched Minority Health Today, which served the needs of clinicians practicing in minority communities.

The National Medical Quality Forum

The National Minority Quality Forum (NMQF) is a not-for-profit organization dedicated to reducing patient risk by assuring optimal care for all through the development of evidence-based, data-driven policy and initiatives. It is a research and educational organization dedicated to ensuring that high-risk racial and ethnic populations and communities receive optimal health care. This nonpartisan organization integrates data and expertise in support of initiatives to eliminate health disparities. It assists healthcare providers, professionals, administrators, researchers, policymakers and community and faith-based organizations in delivering appropriate health care to minority communities. Its comprehensive database comprises more than 5 billion patient records, which it uses to define disease prevalence, costs, and outcomes for demographic subpopulations at the ZIP code level. The resulting visual maps provide a unique resource to increase awareness, improve clinical practice, expand research and ultimately improve health outcomes among underserved populations.

National Medical Quality Forum and Vaccine Confidence

The National Minority Quality Forum and the Center for Sustainable Health Care produced the [Health Champions Tool Kit](#) with downloadable social media materials, celebrity video endorsements, infographics, and other resources in both English and Spanish. The tool kit was developed in collaboration with Black and Spanish-speaking communities and is suitable for use by non-medical community members and leaders. In addition, the NMQF has an excellent series of webinars. Sign up for their mailing list at: <https://lp.constantcontactpages.com/su/3BHdnt2>



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