

Virginia COVID-19 Working Group Meeting 6/26/2020

Introduction from Laurie Harrison, EVMS Director of Community Engagement

- She can be a resource in marketing our registry.
- Ideas for getting the word out include: EVMS community-focused newsletter (goes to about 30,000 people), alumni networks, relationships with different organizations and groups throughout the community.

Old business: VBHRC

- Based on feedback from Mike Grisham from VBHRC, we have been trying to develop an idea for a product/service that could be commercialized, as this is critical to the VBHRC opportunity.
- Dave Klein had the idea of creating a referral system and potentially selling that to healthcare systems.
- Dave Klein, Sarah, and Dr. Dodani met with the Sentara VP of Innovation Chrissie Hall to get her opinion on whether Sentara would be a possible buyer of this type of service. Her feedback was that Sentara does not have a major focus on mental health, and thus there would not likely be interest.
- Dr. Dodani suggested that we wait and collect some preliminary data. Once we do that, we may be in a better position to come back to this and develop something that could meet existing needs.

R01- Finalize Aims and feasibility of the timeline

- There have been e-mails and discussion regarding our aims and whether a shift in focus might be necessary given the work the All of Us Study is doing on COVID-19.
- Dr. Dodani reached out to the NIH deputy director, and he suggested that it should not be a problem to have multiple studies of this nature, as it may offer a valuable comparison. The NIH Scientific Officer Dr. Dagher echoed this.
- Brian also mentioned that the All of Us study does not look to have a focus on health disparities. Developing our focus further in this area may be very valuable. Getting at the *why* in particular will be critical, as well as being nuanced and really adding to the understanding. Focusing on the structures at play and figuring out what is *actionable* is important.
- We came back to the question of spatial and mobility parameters and discussed whether adding those would make the study more informative. Noted that this would require an expert in that area.
- We discussed whether the focus for this R01 should be Virginia, or the US. This may require further discussion.
- Ultimately, we will need to focus on what is unique and important about this work, which will require some more discussions.
- We followed up on the timeline and how to best move forward. We need to continue to work on the aims to make them less prescriptive and make things more innovative in order to bring it to the next level. We can start by continuing to develop ideas over e-mail.
- We discussed technology and access. Jack from Vibrent mentioned that penetration of smart phones is marginally different among racial groups. Nonetheless, we will need to consider issues like inconsistent service, data limitations, etc. that may affect participation, particularly given our focus on health disparities.

Action Items:

- Key personnel will share biosketches and funding background with the team.
- We will reconvene next week to further develop the aims—prior to this team members should brainstorm on areas on potential areas of focus and mechanisms of interest based on their area of expertise.
- Laurie to meet with GMU and Vibrent marketing people to develop marketing strategies???

