



May 20, 2020

Re: Responding to the COVID-19 Pandemic with Equity Strategies

Esteemed partners:

We are pleased to share with you the attached brief developed by the Alameda County Public Health Department. It explores the disproportionate and varied impacts that the COVID-19 pandemic has on communities in Alameda County and offers strategies that we can collectively advance to protect the health of our residents. As with many other health disparities in our county, both cases and deaths from COVID-19 are disproportionately high in communities of color, and particularly among African American and Latinx communities. These uneven COVID-19 impacts reflect historic inequitable access to a broad range of health, economic, social, and environmental resources that enable people to be healthy.

The Health Care Services Agency has established an internal Health Equity Task Force to ensure that our Agency's COVID-19 response addresses the needs of our most affected and vulnerable residents. Integrated across our pandemic mitigation efforts, this group ensures an equity lens throughout our response, starting with five pressing areas:

- 1) Increased access to testing for low-income populations and communities of color;
- 2) Cultural sensitivity in case and contact tracing efforts;
- 3) Specific and multilingual communications and information for low-income communities of color, youth and non-English speaking populations;
- 4) Health, social, and economic supports to enable sheltering in place and isolation/quarantine for people who face barriers in doing so; and
- 5) Improved internal and external race/ethnicity data collection and quality for COVID-19.

We anticipate evolving our COVID-19 equity strategies alongside the pandemic to address the longer term needs for community recovery and resiliency.

A comprehensive COVID-19 equity strategy for Alameda County must involve a broad coalition of partners to deliver a multi-faceted response that enables disproportionately impacted communities to effectively shelter in place, perform essential work safely, and access needed medical care. The brief offers cross-sector strategies that governments, public-private partnerships, and community and grassroots organizations can deploy to support the health, social, economic, and environmental conditions necessary for everyone in our county to be less vulnerable to the next pandemic. For questions, please email our Public Health team at the OfficeOfTheDirector@acgov.org.

In partnership,

A handwritten signature in blue ink, appearing to read "Colleen Chawla".

Colleen Chawla

Director, Health Care Services Agency (HCSA)

A handwritten signature in blue ink, appearing to read "Kimi Watkins-Tartt".

Kimi Watkins-Tartt

Director, HCSA Public Health Department



Responding to the COVID-19 Pandemic with Equity Strategies



Alameda County Health Care Services Agency, Public Health Department

Our mission is to work in partnership with community to ensure optimal health and wellbeing in Alameda County. As the coronavirus (COVID-19) pandemic continues to evolve, we must **keep health and social equity at the center of our response and recovery.**

- We – including government agencies, healthcare providers, schools and local institutions, community organizations, small businesses, and affected communities, households, and families – are collectively adapting and responding to this public health emergency.
- To meet goals of protecting health of all, safeguarding lives, supporting economic recovery, and restoring social wellbeing in Alameda County, **we must meet the needs of the most marginalized/impacted and address health and social inequities exacerbated by this pandemic.**^{1,2}

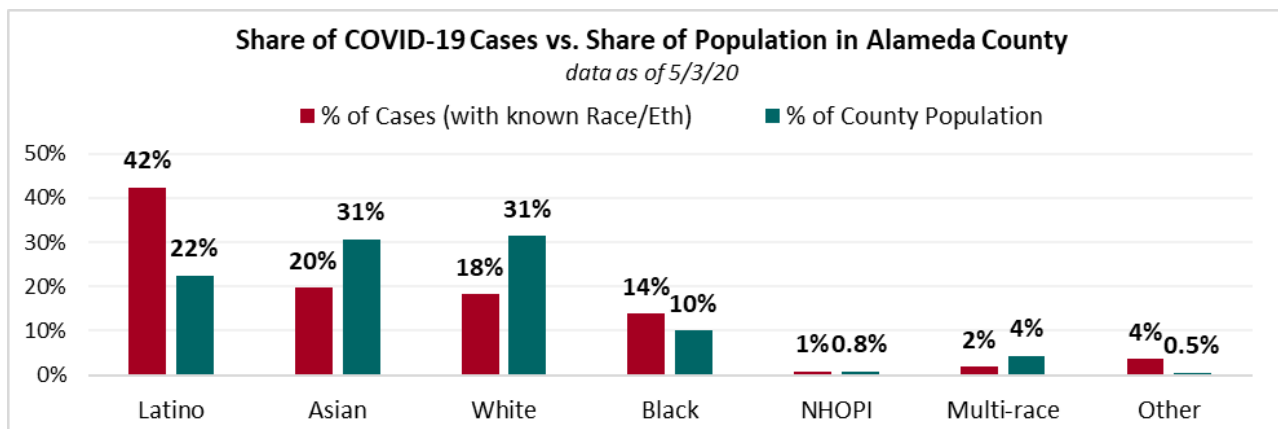


[COVID-19 Data for Alameda County](#)
as of 5/8/20

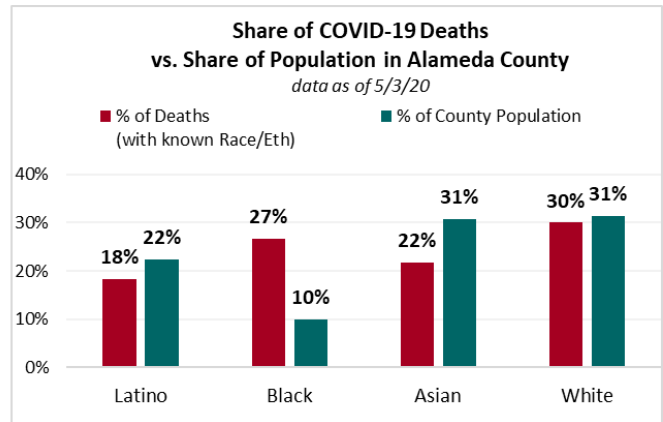
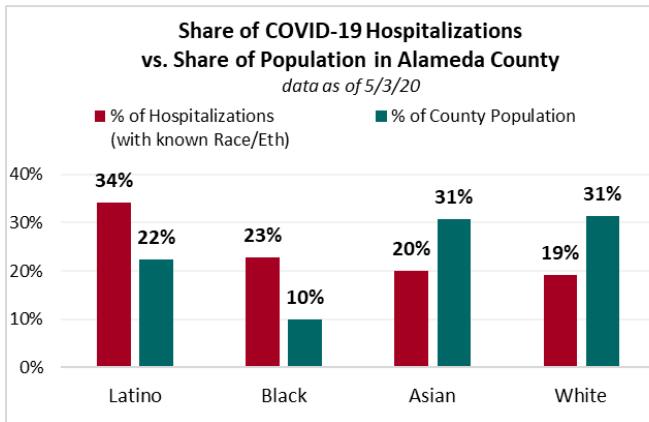
Total Confirmed Cases
1,957
Total Deaths
70

Reflecting long-standing institutional and structural racism and resulting health, economic, social, and environmental inequities, **communities of color across the country and county are being disproportionately impacted by COVID-19.**

- In the majority of states reporting data, African Americans account for a higher share of COVID-19 cases and deaths, compared to their share of the total population. Latinos and Asians make up disproportionate cases and deaths in a smaller number of states. Data on Native Americans and Pacific Islanders remains limited, but inequities are emerging in a few states.³
- In California, African Americans disproportionately account for 10% of COVID-19 deaths, while comprising 6% of the state population, and Pacific Islanders disproportionately account for 0.9% of COVID-19 deaths while comprising 0.3% of the state population.⁴
- In Alameda County, **Latinos** (accounting for 42% of confirmed COVID-19 cases, compared to 22% of the county population) **and African Americans** (14% of cases, compared to 10% of the county population) **are disproportionately affected by COVID-19.** *This is based on data for cases with known race/ethnicity (78% of total cases).*⁵



- **Latinos** (comprising 34% of COVID-19 hospitalizations vs. 22% of the county population) **and African Americans** (23% of COVID-19 hospitalizations vs. 10% of the county population) **are also disproportionately represented among COVID-19 hospitalizations.** *This is based on data for hospitalizations with known race/ethnicity (91% of total hospitalizations).*⁵
- **African Americans** (27% of COVID-19 deaths vs. 10% of the county population) are disproportionately represented among COVID-19 deaths countywide. *This is based on data for deaths with known race/ethnicity (98% of total deaths).*⁵



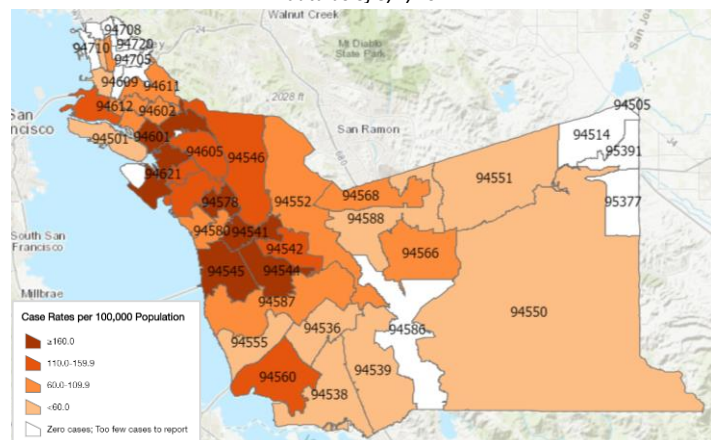
- **Racial differences in COVID-19 outcomes stem from inequitable access to a broad range of resources that enable people to be healthy,** such as: health insurance and quality healthcare; adequate income and employment benefits (like paid sick leave); food security; affordable, healthy housing; clean air and water; and safe, well-resourced neighborhoods.^{6,7}

“COVID IS JUST UNMASKING THE DEEP DISINVESTMENT IN OUR COMMUNITIES, THE HISTORICAL INJUSTICES AND THE IMPACT OF RESIDENTIAL SEGREGATION.”
Dr. Camara Jones¹¹

- **Racial inequities are deeply rooted in institutional and structural racism.** In our county and country, we have a long history of intentional public policies and private practices that have led to people of color and poverty being isolated in certain places.^{8,9} Racial segregation and concentrated poverty have driven large and persistent health inequities based on race, place, and poverty levels in Alameda County.¹⁰ COVID-19 could heighten and exacerbate health and social inequities.¹¹

- The highest case rates of COVID-19 are reported in zip codes in **East Oakland** and **unincorporated central County** – including Ashland, Cherryland, Fairview, and Hayward.¹² Higher COVID-19 rates in these places may reflect increased disease burden and/or higher levels of testing in these areas. Many of these areas correspond with higher-poverty neighborhoods of color that face health/social inequities.

COVID-19 Case Rates (per 100,000 pop) by Zip Code in Alameda County
 data as of 5/4/20



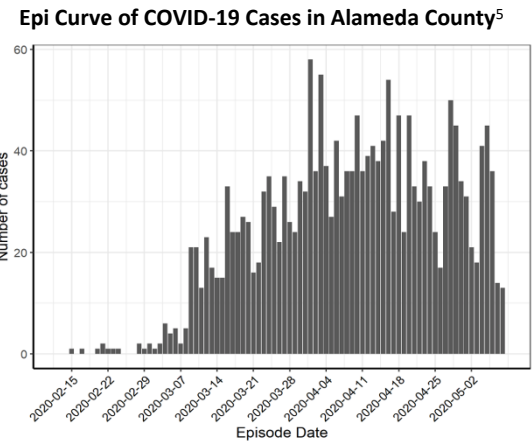
As we seek to advance racial/health equity throughout the COVID-19 crisis, here are some critical insights and observations to help ground and guide our institutional and community responses.

- **Our individual actions – or inactions – matter for the health of others.** COVID-19 underscores we live in an increasingly global society, where people are interdependent and interconnected. Our health, at community and population levels, relies on the ability of *all of us* to take actions to stop transmission of this highly contagious virus.¹³
- **We must protect the health of all, but especially those most vulnerable** to infection, severe illness, or death. Current evidence suggests *older adults* and *people with underlying health conditions* (including lung/heart disease, asthma, diabetes, immuno-compromised conditions, and kidney/liver disease) are at increased risk of experiencing complications from COVID-19.^{14,15} In Alameda County, communities of color face inequitable conditions (like higher poverty, food insecurity, pollution, and toxic stress) that increase risk of chronic diseases.¹⁶ Others especially at-risk of infection and disease transmission are *people experiencing homelessness*¹⁷ and people in *congregate settings*, including *people in long-term care facilities*¹⁸ and *people incarcerated in jails, prisons, and detention centers*.¹⁹
- **Health, socio-economic, environmental, and structural vulnerabilities are drivers of COVID-19 risks.** Some key factors increasing vulnerability include: increased health risks due to co-morbidities; socio-economic risks due to lack of income or resources to protect health; environmental risks due to crowded or substandard conditions; and structural inequities that increase risk of all these risks.^{17,18,19,20}

OUR COLLECTIVE HEALTH
IS ONLY AS STRONG AS
THE WEAKEST AND MOST
VULNERABLE MEMBERS
OF SOCIETY.”

*john a. powell*¹³

- Public health measures are critical to control the spread of COVID-19. In the absence of a vaccine or cure, **testing**,²¹ **isolation** (of sick), **quarantine** (of potentially exposed),²² **contact tracing**, **physical distancing**,²³ and **hygiene** (hand washing/cleaning)²⁴ are key protective methods that can help to “flatten the curve”, reduce strain on our healthcare system and communities, and limit spread of COVID-19. However, all community members are not equally able to adopt protective measures.²⁵



- **Capacity to protect one’s health can vary across conditions where people live and work.** Inequities in health insurance and healthcare can impact access to testing, medical advice, and needed care. Living in densely populated conditions, precarious housing, or under-resourced communities can impact one’s ability to isolate, quarantine, or shelter-in-place. Higher-income workers can more readily telecommute and care for (or hire care for) children.²⁵ African Americans and Latinos are disproportionately represented among low-wage essential workers and non-essential workers who have lost income/jobs. Without financial cushion, low-income households struggle to maintain household income and meet basic needs like food or housing.²⁶
- **COVID-19 is broadly and deeply affecting individual and community health.** An effective, equitable COVID-19 response must go beyond physical health and address psycho-social, socio-economic, and systemic health impacts. Multi- and cross-sector action (e.g., health, economics, education,

housing, criminal justice) – in partnership with impacted communities – is critical to provide immediate resources/supports and longer-term policy/systemic changes.²⁷

INDIVIDUAL & COMMUNITY HEALTH IMPACTS OF COVID-19



PHYSICAL

- **Morbidity**
COVID-19 cases, hospitalizations
- **Mortality**
COVID-19 deaths
- **Indirect Health Impacts**
Other patients who cannot access needed care



PSYCHO-SOCIAL

- **Social Isolation**
Decline in family, social, community connections
- **Stress**
- **Mental Health**
Depression, anxiety, trauma
- **Substance Use**
- **Violence**
Family violence, Community violence



SOCIO-ECONOMIC

- **Loss of Wages & Work**
- **Unemployment**
- **Small Business Strain**
- **Education**
School closures, School meal barriers
- **Housing**
Cost burden, instability, homelessness
- **Basic Living Needs**
Food, utilities, transportation, healthcare, medicine



INSTITUTIONAL/STRUCTURAL

- **Health System Burden**
- **Social Safety Net Strain**
- **Racism & Xenophobia**
Anti-Chinese/Asian racism
Institutional/structural racism
Anti-immigrant bias
- **Health & Social Inequities**
High risks/cumulative impacts for low-income, people of color, immigrants, homeless, incarcerated

To support health/racial equity and groups/communities hardest hit by COVID-19, some institutional and community priorities for action include:



Expanded and targeted testing

- Increase COVID-19 testing capacity – goal of reaching 3,100 COVID-19 tests per day countywide, with testing of all symptomatic individuals.²⁸
- Prioritize testing for high-risk groups, including: healthcare and essential workers; long-term/residential care facilities; other congregate settings, including incarcerated; people experiencing homelessness; high-risk contacts; and hospitalized/critically ill.²⁹
- Expand and coordinate testing to address disparities and ensure countywide access.
- A current list of testing sites in Alameda County can be accessed on the [ACPHD website](#).²⁹



Data surveillance, including monitoring disparities by race and place

- Monitor COVID-19 tests, cases, hospitalizations, and deaths by key social demographics, including race/ethnicity and zip code.
- Continue improving race/ethnicity reporting for tests, cases, hospitalizations, and deaths.³⁰
- Use surveillance data to guide targeted resources, testing, contact tracing, outreach, and linkage to services/supports.
- Current data in Alameda County can be viewed on COVID-19 dashboard at [ACPHD website](#).



Isolation/quarantine supports and protective measures for high-risk

- Provide targeted messaging and supports to help high-risk groups access testing, safely isolate/quarantine, and adopt protective measures (e.g., hygiene, distancing, [face coverings](#)³¹).
- Protect essential workers with workplace health & safety measures, such as physical distancing, protective gear, handwashing breaks, sanitation supplies, and paid sick leave.
- Ease shelter-in-place and physical distancing according to key COVID-19 indicators and consideration of equity and high-risk populations across these indicators.^{32,20}

- The current Shelter in Place Order and FAQs can be viewed on the [ACPHD website](#).



Targeted resources, messaging, and supports for most marginalized/impacted

- Engage trusted leaders in impacted communities to develop/implement strategies to communicate and deliver resources.
- Information/resources, services, and supports should be culturally competent, free or low-cost, linguistically accessible, and provided by trusted messengers.²⁵
- Some COVID-19 resources for community and in various languages are on [ACPHD website](#).



Emergency economic assistance and social benefits

- Promote/strengthen social safety net supports, including cash/welfare assistance ([CalWorks](#)), food ([CalFresh](#)), unemployment insurance ([UI](#)), and paid leave ([PSL/PFL](#)).
- Provide navigation assistance and enrollment support, including via culturally/ linguistically appropriate navigators/case managers and trusted CBOs.²⁵
- Advocate for longer-term economic policies to increase economic security of low-wage workers and low-income people/families.
- Current social benefits available in Alameda County are on [ACSSA](#) and [ACPHD](#) websites.
- Resources (local/state/national) for small businesses are on [ACPHD](#) and [CA.gov](#) websites.



Moratorium on evictions, foreclosures, and utility shut-offs

- Enforce the countywide temporary moratorium on evictions that has been enacted.³³ Ordinance summary and FAQs for homeowners/tenants are on [HCD website](#).
- Provide emergency measures to support housing stability of low-income people who are cost-burdened or at-risk of homelessness, such as rent assistance and tenant protections.
- Promote longer-term housing policies to preserve and expand supply of affordable, stable, and healthy low-income housing.



Protective measures for people experiencing homelessness

- Support/increase isolation housing for people experiencing homelessness and those with no safe place to isolate. Alameda County currently has several hotels and seeks to add sites. More information on Operation Comfort & Operation Safer Ground is on [ACPHD website](#).³⁴
- Increase encampment support and multi-jurisdictional coordination (e.g., portable latrines, hand wash stations, hygiene supplies, visiting nurses/outreach teams, daily assessment).¹⁷
- Ensure access to testing and contact tracing to meet unique needs of this population.



Protective measures for incarcerated

- Promote access to testing, hygiene supplies, and [PPE](#) for incarcerated people and staff.
- Reduce population density and increase capacity to physically distance in jails and prisons.¹⁹



Healthcare access, emergency assistance, and sanctuary protections for immigrants

- Reassure undocumented and uninsured immigrants about access to COVID-19 testing and treatment via Medi-Cal emergency services.³⁵
- Promote/expand access to [emergency assistance funds](#) for undocumented immigrants and mixed-status families who are ineligible for federal funds and unemployment insurance.
- Affirm/strengthen sanctuary policies to make sure hospitals, healthcare centers, and social services are inclusive, safe places where residents will not fear immigration enforcement.

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