The Public Health Alliance of Southern California (Alliance) launched “The COVID-19 Equity Snapshot” to support our partners in advancing equity in response to COVID-19. The COVID-19 Equity Snapshot is meant to serve as a consistent, curated resource, aimed at elevating a few key in real time equity-focused resources, tools and best practices (both here in California and nationally).

This public health crisis continues to exacerbate many of the inequities that we know have always existed in our communities. As more demographic and qualitative data becomes available, we also see how this crisis disproportionately impacts low-income individuals and individuals of color. This week's snapshot will provide analysis and resources to assist departments in identifying and addressing some of the economic and racial equity implications of COVID-19.

This snapshot includes analysis, resources, and best practices to assist public health departments with identifying and addressing the multiple equity challenges related to:

» The Equity Implications of Social Distancing: When Staying Home is a Privilege
» The Equity Considerations of Public Health Guidance: Further Areas for Consideration
» Equity Spotlight: Initial Steps to Advance Racial Equity in Response to COVID-19
THE EQUITY IMPLICATIONS OF SOCIAL DISTANCING: SOCIAL DISTANCING AS SOCIAL JUSTICE

As more Americans are being told to “shelter in place” and practice “social distancing,” so too are individuals and communities asking us to consider and uplift the equity implications behind that guidance. We know that social distancing is one of the most effective tools we have for flattening the curve, but there are equity implications inherent in the practice of social distancing; namely, not all of us have the economic, social or physical ability or privilege to safely practice social distancing. As this crisis increasingly demonstrates, the act of staying home and practicing effective social distancing is often a privilege.

A report last month by the Economic Policy Institute pointed out:

- Less than 1 in 5 Black workers and 1 in 6 Hispanic workers are able to work from home
- Only 9.2 percent of workers in the lowest quartile of the wage distribution can telework, compared with 61.5 percent of workers in the highest quartile
- Black families often live in multigenerational homes, with the very young and the very old together under one roof. In 2016, 26 percent of black people lived in multigenerational homes, while 16 percent of whites did, according to Pew Research.

A recent report from the New York Times Confirms That Staying at Home During Coronavirus is a Luxury [for full article, see HERE]:

- By March 16, when President Trump asked people to stay at home to slow the spread of the virus, those in the wealthiest and poorest areas were both moving less than usual;
- But by that date, those in the highest-income locations had already cut their movement by nearly half. Poorer areas did not see a similar drop until three days later.

Many essential workers are in lower-income jobs and have positions that require them to leave home and work face-to-face with others.

“The people at this income, they’re either furloughed and not coming in to work, or they are essential construction, grocery cashiers, workers in long-term care institutions.”

—Matthew Rae, Kaiser Family Foundation

For more data and resources on the equity implications behind social distancing guidelines, see:

1. “Location Data Says It All: Staying at Home During Coronavirus is a Luxury” HERE.
2. “The Workers Who Face the Greatest Coronavirus Risk” HERE.
THE EQUITY CONSIDERATIONS OF PUBLIC HEALTH GUIDANCE: FURTHER AREAS FOR CONSIDERATION

As we work to protect the health and safety of all members of our community, we continue to examine the equity implications of public health guidance. The guidance to wash our hands as frequently as possible, is a privilege many of us have. But for some populations, particularly Native American and unhoused populations, following this important health guidance will take additional support and resources.

Fortunately, the State of California has taken an important first step in issuing a moratorium on shut-offs for non-payment of water. Other policies that support expanded water and hygiene access, will be imperative as state and local governments work to mitigate the spread of COVID-19.

This week, guidance at the local, state, and federal level increasingly recommended that most individuals wear homemade or DIY (non-surgical) masks when entering public spaces in an attempt to limit the spread of COVID-19. This guidance was met with racial equity concerns from communities of color, specifically Black and Latino men who are worried about the implications of wearing a homemade mask which, some fear, could lead to greater incidences of racial profiling.

Jurisdictions working to address those concerns with input and guidance from impacted communities, will be the most effective at reducing the negative health consequences of COVID-19.
RACIAL EQUITY & COVID-19: HOW RACE IMPACTS COVID-19 OUTCOMES

As more demographic data is released, we’re already seeing evidence that African Americans and Latinos have been disproportionately impacted when it comes to reported coronavirus infections and deaths.

Data are increasingly demonstrating that Black individuals and communities nationwide are disproportionately impacted by the negative health impacts of COVID-19. Over the past few days, several states and cities across the country have begun releasing COVID-19 outcomes by race:

- In Louisiana, Black people represent 32% of the population, but 70% of the deaths
- In Milwaukee County, Wisconsin, Black people represent 26% of the population, but 73% of the deaths
- In Chicago, Black people represent 32% of the City’s population, but 67% of the City’s deaths

*Statistics based on available data/reporting

On Tuesday, Los Angeles County become one of the first counties in California to publicly release information on racial disparities in COVID-19 outcomes. Dr. Ferrer in this LA Times article points out that based on the preliminary data available, African Americans appear to have a higher rate of deaths as a result of COVID-19 in LA County (17% of the deaths, compared to 9% of the total population). Dr. Ferrer cautioned that the findings were preliminary since her department was still working to identify the race/ethnicity data for 43% of the total records of those individuals who had passed.

According to recent data from New York, the State with the largest number of coronavirus fatalities, Latinx communities are the most disproportionately impacted by the negative effects of COVID-19 in both the City and State:

- Latinos represent 11% of the State’s population, but 14% of the State’s deaths
- Latinos make up 29% of the City’s population, but represent 34% of the City’s deaths
- African Americans make up 24% of the City’s population, but represent 28% of the City’s deaths


Source: New York City Department of Health (April 6, 2020)
Some Initial Steps to Advance Racial Equity in Response to COVID-19:

1. **Collect Good Demographic Data.** Across the country, public health leaders emphasize that good data, disaggregated by race and ethnicity, can help public health officials identify the communities most vulnerable and assist leaders in responding more effectively to the pandemic;

2. **Focused Interventions.** Interventions directed at impacted communities by race and income, may assist jurisdictions in mitigating the impacts of COVID-19; New York recently announced that the State would launch increased testing in areas that are potentially more vulnerable to the impacts of COVID-19 based on race and ethnicity;

3. **Partner with Community-Based Organizations and Leaders.** Any initiatives developed in response to COVID-19 should be based on guidance primarily from community-based organizations and leaders who have knowledge of the needs and available resources within vulnerable communities;

4. **Engage with Trusted Messengers.** Public officials and health care leaders should engage with trusted messengers, including the leaders of faith communities, to assist in communicating important information about the pandemic such as how to protect oneself and others, and where and when to seek help. This information should be transmitted using frequent and transparent messages that are accurate, and include disclosures about what is and what is not known and the differences between myths and truths;

5. **Speak Up and Advocate!** Dr. Uché Blackstock states, “those who do care have to be as vocal as possible — we have families and generations of people who call these communities home.”

A racially equitable response to COVID-19 requires an understanding of inequities and a response to address those inequities. In their most recent article, “A Game Plan to Help the Most Vulnerable,” Johns Hopkins Professors, Lisa Cooper and Joshua Sharfstein, lay out some primary ways that local, state and federal leaders can work to address some of these inequities.