
COVID-19 EQUITY SNAPSHOT

ADVANCING RACIAL EQUITY IN RESPONSE TO COVID-19

APRIL 9, 2020



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](#)
- » [Racial Equity & COVID-19: How Race Impacts COVID-19 Outcomes](#)
- » [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.**

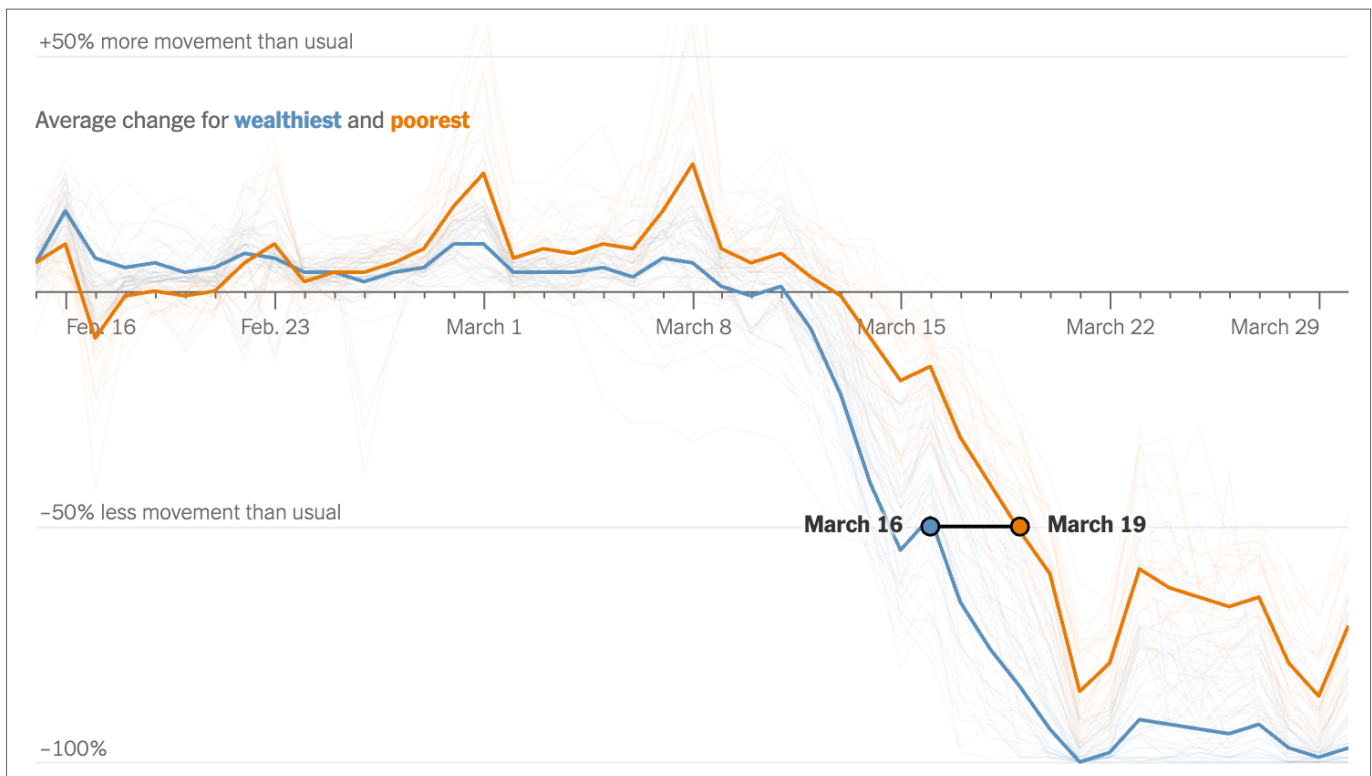


Image Source: <https://www.nytimes.com/interactive/2020/04/03/us/coronavirus-stay-home-rich-poor.html> (April 8, 2020)

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

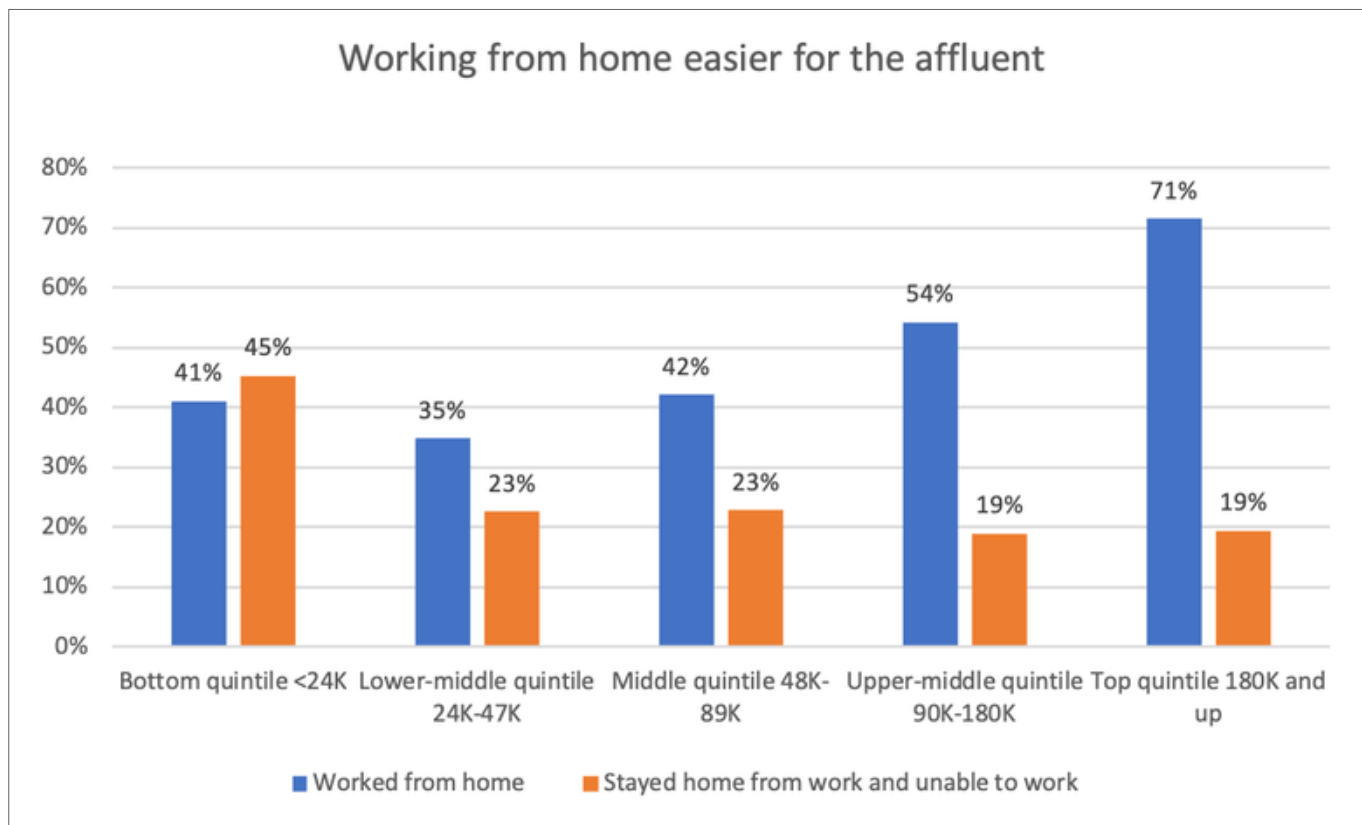


Image Source: <https://www.brookings.edu/blog/up-front/2020/03/27/class-and-covid-how-the-less-affluent-face-double-risks> (April 8, 2020)

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

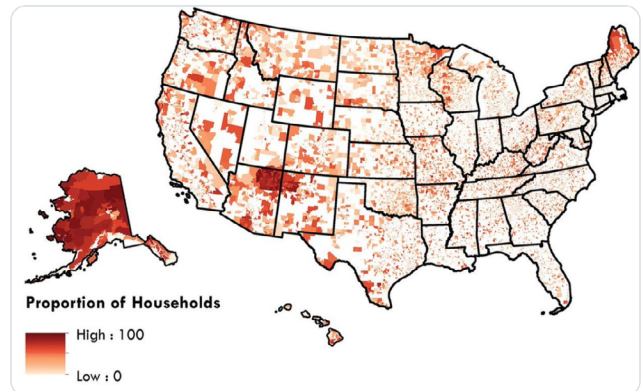
As we work to protect the health and safety of all members of our community, we continue to examine the equity implications of public health guidance. The guidance to wash our hands as frequently as possible, is a privilege many of us have. But for some populations, particularly Native American and unhoused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



Charles M. Blow
@CharlesMBlow

When we implore everyone to wash their hands, let's remember that there are 1.5 mil ppl suffering from "plumbing poverty," no access to running water (map). This doesn't even count the people whose water has been shut off because they couldn't pay. Can't wash hand with no water.



1:01 PM · Apr 5, 2020 · [Twitter Web App](#)

Source: <https://twitter.com/charlesmblow/status/1246890824014729216> (April 5, 2020)

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.

I'm a black man in America. Entering a shop with a face mask might get me killed

I trust the CDC's guidance. But my fear of being mistaken for an armed robber is greater than my fear of Covid-19



▲ "I do not trust that I will be allowed to exist in my Black skin and be able to buy groceries or other necessities without a confrontation!" Photograph: Matt Rourke/AP

Source: <https://www.theguardian.com/commentisfree/2020/apr/07/black-men-coronavirus-masks-safety> (April 7, 2020)

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:

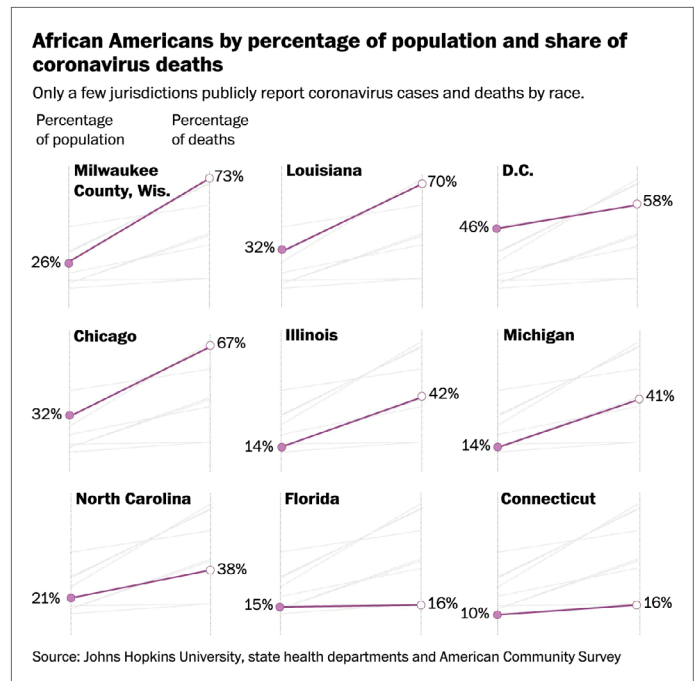
- In Louisiana, Black people represent 32% of the population, but **70% of the deaths**
- In Milwaukee County, Wisconsin, Black people represent 26% of the population, but **73% of the deaths**
- In Chicago, Black people represent 32% of the City's population, but **67% of the City's deaths**

**Statistics based on available data/reporting*

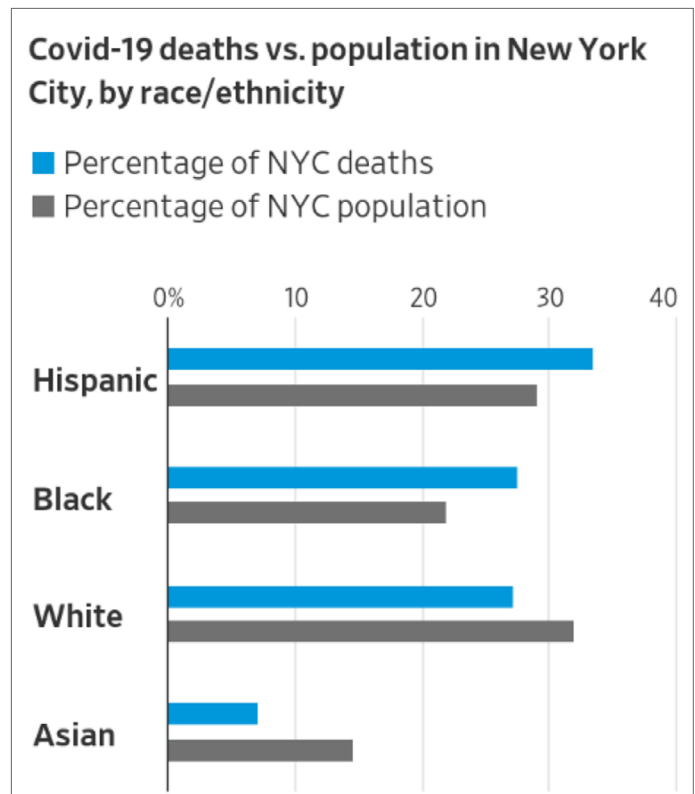
On Tuesday, Los Angeles County became one of the first counties in California to publicly release information on racial disparities in COVID-19 outcomes. Dr. Ferrer [in this LA Times article](#) points out that based on the preliminary data available, African Americans appear to have a higher rate of 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: <https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-inflicting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/?arc404=true> (April 7, 2020)



Source: New York City Department of Health (April 6, 2020)

EQUITY SPOTLIGHT

WHAT CAN WE DO?



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.