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 snapshot explores the use of data for advancing equity in response to COVID-19. We know that data alone does not lead to equity. However, the importance of data for understanding the impact of this crisis on disproportionately impacted communities, has never been more clear. Data is a tool for helping us understand inequities and supports the creation of policies and programs that address the worst outcomes for those communities most vulnerable to the short and long-term health, economic and social impacts 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 COVID-19 through the continued collection, analysis and dissemination of disaggregated data, including a focus on:

» Health and Justice: Using Data as a Tool for a Just Recovery
» Using Data to Advance Equity
» Framing COVID-19: Tips for Putting Data into Context
» Equity Spotlight: Putting COVID-19 Data into Practice
HEALTH AND JUSTICE: DATA AS A TOOL FOR A JUST RECOVERY

As more disaggregated data at the national, state and local level are released on the health impacts of COVID-19, we see how the virus is continuing to exacerbate health inequities that existed long before the current health crisis began. Demographic data that continues to emerge, shows us that both here in California and across the country, low-income communities and communities of color are being disproportionately impacted.

UNDERSTANDING DATA ON RACE & CLASS

The data have made it clear that across the country, low-income people and people of color, specifically African Americans and Latinos, are being disproportionately impacted by the worst health impacts of this crisis. COVID-19 does not discriminate based on factors such as an individual’s race and economic status, however, we do know that it is disproportionately impacting those who are often least likely to have the resources to fight it.

Here in California, local data have allowed for an even more nuanced analysis of the health impacts of COVID-19. Across the state, data are starting to show that younger Black and Latino Californians (between the ages of 18-64), are dying from coronavirus at higher rates than their White and Asian counterparts.

Across the state, disaggregated data shows that Native Hawaiians or Pacific Islanders are experiencing some of the highest rates of death from the virus, more than 2.6 times higher than the rate of death for the state as a whole. In LA County data shows the death rate for Native Hawaiian or Pacific Islander residents is nearly 12 times the rate of deaths for white residents.

In addition to the health impacts, additional race and ethnicity data illuminates the disproportionate economic impacts of the crisis. Before the COVID-19 crisis led to historic layoffs and small business closures, public policies restricted tens of millions of workers of color to jobs with few benefits, lower wages, and limited protections. Among workers at the bottom of the income distribution, where workers of color are disproportionately likely to be concentrated, less than one-third of workers have access to paid leave. This compares to 94 percent of those in the top 10 percent of the income distribution with paid leave.


A new Pew Research Center survey confirms that the economic impact of the crisis is falling more heavily on lower-income adults and adults of color. Lower-income adults are more likely than middle- and upper-income adults to say they’ve experienced significant job disruption due to the coronavirus outbreak. According to this survey, about half of lower-income adults (52%) say they or someone in their household has lost a job or taken a cut in pay due to the outbreak. This compares with 42% of middle-income and 32% of upper-income adults. These impacts are more pronounced for adults of color; 61% of Hispanic adults and 44% of Black adults say they or someone in their household has lost a job or taken a cut in pay due to the coronavirus outbreak (compared to 38% of White adults).

![Image](https://www.pewsocialtrends.org/2020/04/21/about-half-of-lower-income-americans-report-household-job-or-wage-loss-due-to-covid-19/)

**More than four-in-ten adults say they or someone in their household has lost a job or taken a pay cut due to COVID-19**

% saying this has happened to them or someone in their household because of the coronavirus outbreak

<table>
<thead>
<tr>
<th></th>
<th>Been laid off/lost job</th>
<th>Had to take a cut in pay</th>
<th>Net either/both</th>
</tr>
</thead>
<tbody>
<tr>
<td>All adults</td>
<td>28</td>
<td>33</td>
<td>43</td>
</tr>
<tr>
<td>White</td>
<td>24</td>
<td>29</td>
<td>38</td>
</tr>
<tr>
<td>Black</td>
<td>32</td>
<td>34</td>
<td>44</td>
</tr>
<tr>
<td>Hispanic</td>
<td>41</td>
<td>51</td>
<td>61</td>
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<tr>
<td>Ages 18-29</td>
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<td>54</td>
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<tr>
<td>30-49</td>
<td>30</td>
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<tr>
<td>50-64</td>
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<tr>
<td>65+</td>
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<tr>
<td>Bachelor’s+</td>
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<td>29</td>
<td>37</td>
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<tr>
<td>Some college</td>
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<tr>
<td>HS or less</td>
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</tr>
<tr>
<td>Upper income</td>
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<tr>
<td>Middle income</td>
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</tr>
<tr>
<td>Lower income</td>
<td>39</td>
<td>41</td>
<td>52</td>
</tr>
</tbody>
</table>

Note: White and black adults include those who report being only one race and are non-Hispanic. Hispanics are of any race. “Some college” includes those with an associate degree and those who attended college but did not obtain a degree. Family income tiers are based on adjusted 2018 earnings.

Source: Survey of U.S. adults conducted April 7-12, 2020.

*About Half of Lower-Income Americans Report Household Job or Wage Loss Due to COVID-19*
UNDERSTANDING DATA ON PLACE

Many researchers have concluded that our zip code is often a better predictor of our health outcomes than our genetic code. As more community-level data on the impact of COVID-19 becomes more readily available, we can see how this reality is playing out in our current crisis.

In our previous equity snapshots, we highlighted the fact that low-income workers and workers of color are less likely to be able to work from home, and more likely to work in frontline and essential industries, like farming and retail. As more data emerges and testing capacity expands, the impact of the virus on low-income communities has become even more stark. According to a recently released report from Race Counts, “How Race, Class & Place Fuel a Pandemic,” COVID-19 was originally found in wealthier, predominantly white communities in Los Angeles. However, as the virus has progressed, along with enhanced testing capacity and our ability to analyze its spread, the data now shows that areas of Los Angeles County with a higher percentage of residents under 200% of the Federal Poverty Level have 2.17 times as many cases as communities with a lower percentage of residents living in poverty.

The impact of place on health and social outcomes, is particularly stark for people of color. According to the analysis from Race Counts, communities with a higher percentage of white residents have 0.75 times as many cases of coronavirus as communities with a lower percentage of white residents.

Due to centuries of segregation and discrimination, people of color are more likely to live in low-income communities with less access to basic resources for health and wellness, like access to clean parks and affordable, high quality produce, thus exacerbating racial and economic inequities. The root of these disparities lies in the lasting legacy of generational policies and practices. Historic redlining and discriminatory housing practices, like predatory lending, continue to prevent Black and Latinx communities from accessing safe, affordable housing, pushing more people of color into neighborhoods with less resources to fight the health and social impacts of COVID-19.
**USING DATA TO ADVANCE EQUITY**

Disaggregated data on the health, economic and social impacts of the crisis will help ensure that funding reaches those communities that have been most impacted by the virus during response and recovery efforts. Funding to address the health impacts of COVID-19 should address the structural inequities that place low-income communities and communities of color at greatest risk.

Using Data to Advance an Equitable Response to COVID-19 Includes:

1. Enhanced collection, analysis and dissemination of disaggregated data on the health, economic and social impacts of COVID-19
   - Some members of Congress have already introduced legislation to expand demographic data collection and reporting and are working to create a taskforce on how to best use data to advance health equity.

2. Focused attention and strategies on inequities
   - The County of Los Angeles Department of Public Health released a report which outlines steps the County will take to support communities most impacted by COVID-19.
   - The City of Oakland recently announced the launch of a COVID-19 Racial Disparities Taskforce.

3. Support prioritization of resources in impacted communities during both response and recovery efforts
   - The East Bay Community Foundation’s COVID-19: A Just East Bay Response Fund is working to rapidly deploy resources to organizations addressing the social and economic impacts of the COVID-19 outbreak; this can serve as a model for other jurisdictions.

4. Partner with impacted community members to co-create strategies for addressing inequities during both response and recovery planning
   - The Human Impact Partners Health Equity Guide provides comprehensive steps departments can take to share power with community.

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**FRAMING COVID-19: TIPS FOR PUTTING DATA INTO CONTEXT**

When releasing demographic or community-level data on COVID-19 related impacts, it is imperative to put data into context, to avoid perpetuating preexisting stereotypes or misconceptions about what drives underlying health inequities. Below are some tips from leading thought partners on how to publicly communicate data on COVID-19 disparities.

1. Berkeley Media Studies Group (BMSG), reminds us to “connect health outcomes to policies that structure our systems.”

2. Dr. Tony Iton urges us to provide a policy-based grounding for why we are seeing disparate outcomes for low-income communities and communities of color.

3. Race Counts reminds us that an equity-based response must “not use messaging or framing that suggests that vulnerability is somehow the fault of communities themselves because of lifestyle choices and/or cultural practices.”
EQUITY SPOTLIGHT

PUTTING COVID-19 DATA INTO PRACTICE

The Public Health Alliance launched an interactive COVID-19 HPI Resource Map on our California Healthy Places Index (HPI) platform. This platform is designed to support local response efforts and inform equitable resource allocation, program planning, and service delivery. This tool is designed for users to easily identify the highest needs populations to quickly respond with resources.

In an effort to increase data transparency and accessibility, Los Angeles County Department of Public Health released an interactive COVID-19 dashboard, that provides publicly available information on testing, cases and deaths. It includes graphs that show cumulative and daily figures for confirmed cases and deaths, along with information broken down by community, poverty level, age, gender and race.

In addition, Los Angeles County Department of Public Health released a “Racial, Ethnic, and Socioeconomic Data & Strategies Report” with a detailed analysis of the data on who is being most impacted by COVID-19. This report includes strategies the County is taking in partnership with community for addressing disparities in COVID-19 outcomes.

Source: https://dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/