Advance Health Equity and Strengthen Resilience through Ongoing Community-Informed Policy and Practice Changes

SUPPORTING COMMUNITIES AND LOCAL PUBLIC HEALTH DEPARTMENTS DURING COVID-19 AND BEYOND — A ROADMAP FOR EQUITABLE AND TRANSFORMATIVE CHANGE

Public Health Alliance™ OF SOUTHERN CALIFORNIA

JULY 2022

The Public Health Alliance is fiscally sponsored by the Public Health Institute

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This document is one section of the Supporting Communities and Local Public Health Departments During COVID-19 and Beyond - A Roadmap for Equitable and Transformative Change report drafted by the Public Health Alliance of Southern California that includes policy, program, and resource recommendations to ensure that local public health departments are adequately prepared to support communities most vulnerable to the health and socioeconomic impacts of COVID-19 as well as future public health emergencies.

RECOMMENDATIONS

- Address Racism as a Public Health Crisis
- Support Community-informed Policy Priorities both Locally and in State and Federal Policy Priorities
- Institutionalize the Use of a Health Equity Framework, including the Development of Health Equity Metrics, in Ongoing Investment and Resource Allocation Decisions
- Center Communities Most Impacted by Inequities in Policy, Program, and Resource Allocation Decisions
- Conduct a Comprehensive Review of Emergency Assistance Funding Sources at the Federal Level and Work to Remove Eligibility Restrictions that Prohibit Individuals from Obtaining Resources Needed During an Emergency
- Expand Access to Resources and Protections Needed to Meet Immediate Social Needs and Protect Health and Safety during COVID-19 and Beyond
- Identify and Fund Comprehensive Strategies to Strengthen Community Resilience during COVID-19 and in Preparation for Future Public Health and Climate Change-Related Emergencies

"When will public health and the critical role it plays in improving the quality of life collectively in the present and overall safety of communities in the future truly be realized?"
LHD respondent

OVERVIEW

COVID-19 exposed and exacerbated deeply rooted inequities across the public health, healthcare, workforce, and economic systems. These inequities were often starkest by race and place. In the United States, racism is at the root of the inequities in nearly every major measure of health status that exists. Structural racism, including a history of historic and contemporary disinvestment, has laid the foundation for the inequities in COVID-19 outcomes that can be seen in infections and death rates for Black, Latinx, Indigenous, Pacific Islander, and other communities of color across California. It is also the reason behind why low-income communities and communities of color that have been disproportionately impacted throughout the COVID-19 pandemic, are largely the same communities who have been and will continue to be most adversely impacted by climate change impacts. Without structural changes to policy, processes, and resource allocation, these same communities will continue to suffer the worst impacts and health outcomes throughout the COVID-19 pandemic and future public health and climate change-related emergencies.

Both the inequities laid bare by COVID-19 and the unjust murders of George Floyd, Breonna Taylor, and Ahmaud Arbery, and other Black Americans, have led to a nationwide reckoning on the importance of addressing racism as a public health crisis. In response to this recognition, jurisdictions across California have taken bold steps to declare racism a public health crisis and are working to develop strategies for addressing the impacts of centuries of structural racism on government policies and practices. Local public health departments (LHDs) have played a key leadership role in the development of local resolutions to address the role of structural racism in inequitable health outcomes, both during COVID-19 and beyond. Many jurisdictions, with leadership support from LHDs, are also working to identify, implement, and support community-informed policy and practice priorities at the local, state, and federal levels that work to advance health and racial equity. Local pulic health departments are also working to support community-informed policy priorities needed to improve health outcomes and strengthen community resilience during COVID-19 and beyond, especially for communities of color most impacted by inequities.

The development of the State of California's Health Equity Metric has also allowed many jurisdictions, some for the first time, to explicitly prioritize disproportionately impacted communities in short and long-term decision-making and resource allocation. Many LHDs are institutionalizing the use of neighborhood-level, disaggregated data, through the use of data tools like the Healthy Places Index®(HPI), to identify those communities that have been most impacted by structural racism and disinvestment. Local public health departments are working with community partners to identify and implement community priorities in those disproportionately impacted communities in ongoing response and recovery processes.

Local public health departments, in partnership with communities most impacted by inequities, can continue to play a key leadership role in the identification of priority neighborhoods and communities for investment and resource allocation with a specific focus on those investments needed to address structural inequities and support community resilience both during COVID-19 and future public health and climate change-related emergencies. There is no "going back to normal" when "normal" was not working for so many communities throughout California. Through a specific focus on, and commitment to, equity and community-informed policy, practice, and resource allocation decisions, there is a possibility that California can emerge from this crisis a more just, equitable, and resilient California for all.

CHALLENGES

1. The impacts of structural racism and systemic disinvestment on health outcomes have been exposed by, and exacerbated throughout, the pandemic; jurisdictions were not well equipped to address the impact of structural racism on health outcomes throughout the pandemic
2. Prior to COVID-19, there was not a consistent statewide mechanism in place for prioritizing disproportionately impacted communities in public health emergencies, resource allocation, and investment decisions
3. Policies in place at the federal, state, and local levels prior to the crisis have been insufficient for addressing the needs of disproportionally impacted community members during the crisis; policy changes that occurred to address those needs during the pandemic must be institutionalized long-term in order to better support individuals and families most impacted by inequities
4. Social service supports available to disproportionately impacted individuals and families before the crisis, proved insufficient during the crisis; eligibility restrictions and access challenges created additional barriers for those most in need of assistance
5. The compounding impacts of climate change further exacerbate inequitable outcomes during public health and climate change-related disasters

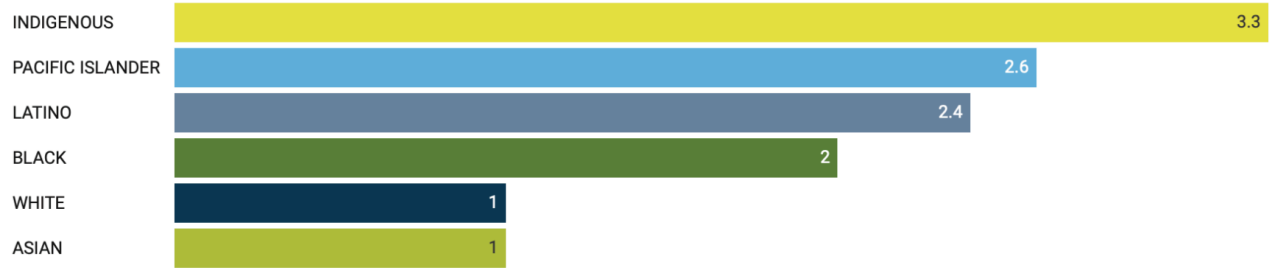
1. The impacts of structural racism and systemic disinvestment on health outcomes have been exposed by, and exacerbated throughout, the pandemic; jurisdictions were not well equipped to communicate and address the role of structural racism on health inequities throughout the pandemic

The COVID-19 crisis has laid bare the stark racial inequities in the United States since its inception, driven by centuries of racist policies and practices that have created and normalized a fundamentally unequal America; an America where people of color, especially Black Americans, are more likely to live in under-resourced, high poverty, highly segregated neighborhoods than White Americans, and are more likely to suffer from chronic illness, preventable disease, and multiple underlying health conditions (or "co-morbidities"). The deep racial and ethnic inequities that exist today are a direct result of structural racism: historical and contemporary policies, practices, and norms create and maintain an unequal American society.

According to nationally updated data from the American Public Media (APM) Research Lab, Indigenous and Black Americans experienced the highest overall mortality rates due to COVID-19. Black, Indigenous, Latinx, and Pacific Islander Americans all have a COVID-19 death rate double or more than that of White Americans. American Indian or Alaska Native people are 3.5 times more likely, Latinx Americans are 3 times more likely, and Black Americans are 2.8 times more likely to be hospitalized as a result of COVID-19, when compared to White Americans.

ADJUSTED FOR AGE, OTHER RACIAL GROUPS ARE THIS MANY TIMES MORE LIKELY TO HAVE DIED OF COVID-19 THAN WHITE AMERICANS

(REFLECTS CUMULATIVE MORTALITY RATES CALCULATED THROUGH MARCH 2, 2021)



Source: APM Research Lab

Here in California, similar inequities emerge by both race and place. As of July 8, 2021:

Death rate for Latino people is **21% higher** than statewide

Deaths per 100K people:

186 Latino
153 all ethnicities

Case rate for Pacific Islanders is **35% higher** than statewide

Deaths per 100K people:

12,360 NHPI
9,123 all ethnicities

Death rate for Black people is **9% higher** than statewide

Deaths per 100K people:

167 Black
153 all ethnicities

Case rate for communities with median income <$40K is **37% higher** than statewide

Cases per 100K people:

12,497 income <$40K
9.123 all income brackets

Furthermore, Californians living in crowded housing, and with less access to paid leave and other worker protections, have a higher risk of infection of COVID-19. Social determinants of health that impact COVID-19 outcomes, such as food insecurity, lack of health insurance, and housing instability, can increase the risk of COVID-19 infections and deaths. Inequities in the social determinants of health based on race and place are largely the result of structural racism.

From the start of the pandemic, local jurisdictions were ill prepared to address the scale and impact of these deeply rooted inequities on members of their communities, especially during the height of a pandemic. Without structural and multi-systemic efforts already in place, LHDs were unable to address the root causes of inequities, and were instead forced to create temporary solutions for deeply rooted, long-term problems. As a result, inequities based on race, place, and income, continued to be revealed throughout the pandemic, and, in most cases, became worse.

The Community Survey conducted between November 2020 and January 2021 found that:

- Respondents identified the need for LHDs to [incorporate] a racial equity lens both internally and externally and make clear connections on the intersectionality of COVID-19 with other sectors, such as the justice system and the transportation system.
- CBOs ranked the following priorities for LHDs in response to the need to address the impact of inequities on health outcomes:
    - » Address differences in health based on race and place (high priority = 80%)
    - » Address differences in health based on economic inequities (high priority = 80%)

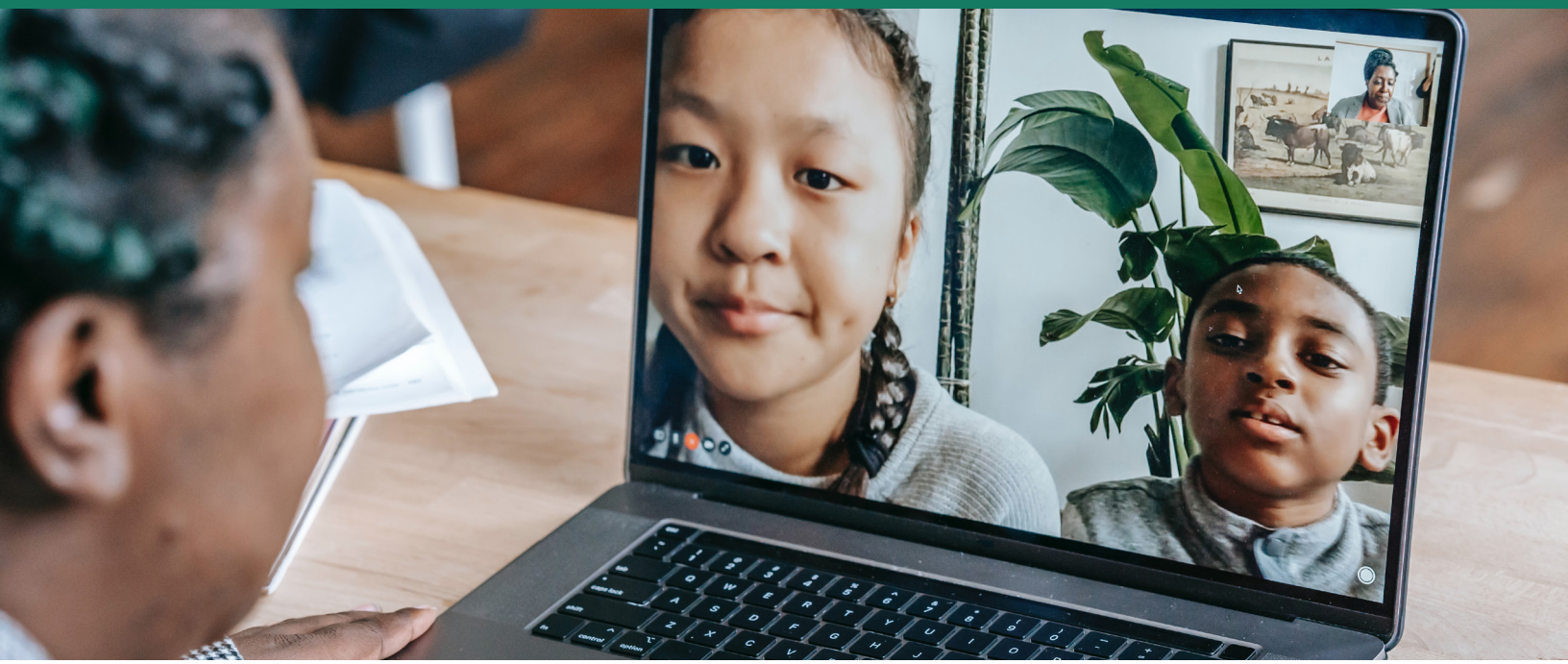
Best Practices

DECLARING RACISM A PUBLIC HEALTH CRISIS: DEVELOPING STRATEGIES FOR ADDRESSING AND DISMANTLING THE IMPACT OF RACISM ON HEALTH OUTCOMES

Many counties and cities across California have taken a stand in declaring racism a public health crisis and committing to a series of actions to begin to address the role of racism on inequitable health outcomes. In California, the County of San Bernardino **became the first County in California to declare racism a public health crisis**. This has paved the way for others across California to issue similar statements, often with leadership support from LHDs. According to the **American Public Health Association (APHA) Map of Declarations**, as of July 1, 2021 over 30 entities (County Boards of Supervisors, City Councils, Boards of Educations, etc.) throughout California have passed resolutions declaring their intent to address racism and its impacts on health outcomes. In April, following the lead taken by local entities across the United States, the Director of the Center for Disease Control and Prevention (CDC) **also released a statement declaring racism a public health crisis**. Her announcement accompanied a national commitment by the CDC to **accelerate its work to address racism** as a fundamental driver of racial and ethnic health inequities in the United States, paving the way for other local jurisdictions to take similar action.

LOCAL PUBLIC HEALTH DEPARTMENTS LEAD THE WAY ON ADDRESSING RACISM AS A PUBLIC HEALTH CRISIS

Local public health departments throughout California are leading multi-sector, community-wide efforts to address the impact of racism on health, economic, and other social outcomes. In the City of Long Beach, the Office of Equity, while located in the Department of Health, led the development of the City's **Framework for Reconciliation**, which included the launch of the City's first Black Equity Fund. In Santa Cruz, the County's commitment to addressing racism and resulting inequities, also aligns with the County's **Collective of Results and Evidence-based (CORE) investments program**, a collective impact approach to achieving equitable health outcomes. In Contra Costa County, Contra Costa Health Services served as the host organization for the establishment of the County's first **Office of Racial Equity and Social Justice**. Across California, LHDs are embracing their role as governmental leaders and key community partners in developing and implementing strategies for addressing the impact of racism on health outcomes both during COVID-19 and beyond.



2. Prior to COVID-19, there was not a consistent statewide mechanism in place for prioritizing disproportionately impacted communities in public health emergencies, resource allocation, and investment decisions

At the start of the pandemic, jurisdictions were often forced to develop their own approaches for addressing emerging and urgent equity priorities. One LHD described feeling like they were playing a game of "whack-a-mole," trying to address a seemingly unlimited number of crises as they emerged without a standard or consistent regional or statewide approach. While the health and economic impact of COVID-19 on low-income Californians and Californians of color continued to grow, LHDs had to try their best to protect residents most vulnerable to the impacts of the virus through public health orders and guidance; orders and guidance that could be ignored or overturned, even by their own local governing bodies (for more on this issue, see the "Ensure Greater Coordination, Collaboration, and Consideration of Equity Impacts When Issuing Health Orders and Guidance" report chapter). In interviews, some LHDs described the exhausting task of trying to "convince" elected officials of how bad the health inequities were, while simultaneously trying to secure limited resources that could be directed towards those communities most impacted by the virus. This uneven approach to addressing health inequities often led to confusion and disparate outcomes across counties, regions, and the state as a whole.

Best Practices

PRIORITIZING COMMUNITIES MOST IMPACTED BY INEQUITIES DURING COVID-19 & BEYOND

Many LHDs identified the **State of California's Health Equity Metric**, part of the State's **Blueprint for a Safer Economy**, as a helpful and pivotal tool for supporting their work to advance equity during the COVID-19 response. The metric, the first of its kind in the country, provided departments with the data needed to justify prioritizing the most disproportionately impacted communities throughout their jurisdictions. Many departments felt the metric supported their ongoing work to prioritize communities most impacted by inequities in resource and investment allocations. The development of the State's health equity metric, and the use of the **Healthy Places Index® (HPI)** for prioritizing communities with the least opportunities for healthy conditions, supported a more consistent local, regional, and statewide approach to prioritizing disproportionately impacted communities in resource allocation and decision-making. During one interview, a LHD stated that the "HPI raised the visibility of inequities to elected officials and [helped direct resources] to community-based organizations in the most impacted communities." The State's **Vaccine Equity Metric**, developed in February, utilized a similar prioritization metric in an effort to ensure communities most impacted by inequities would also be prioritized in COVID-19 vaccine distribution and administration. In addition to support from many LHDs, many **health and racial justice community partners** and **advocates** also echoed their support for the use of community-informed equity metrics and prioritization throughout the COVID-19 response and recovery process.

The Health Equity Metric was not only a consistent approach for protecting the health and wellness of communities most vulnerable to the impacts of the COVID-19 crisis, it was also a statewide effort to prioritize the investment of resources more broadly in those same communities facing inequities. As part of the **Blueprint Health Equity Metric** requirement, LHDs were also required to develop **Targeted Investment Plans** that allocated resources to the lowest HPI quartile in each jurisdiction. Altogether, $272 million in Coronavirus Aid, Relief and Economic Security (CARES) Act and Epidemiology and Laboratory Capacity (ELC) funding is being directed to the most impacted

communities (defined as those in the lowest HPI quartile). CDPH is also directing $5 million in funding for CBOs to implement **Health Equity Pilots** within these same disproportionately impacted communities. This approach worked to set a standard for prioritizing communities most impacted by inequities in resource allocation and investment decisions.

Many LHDs and other intra-governmental partners are now institutionalizing the use of data tools and health equity metrics for identifying priority communities for community-based resource and investment decisions beyond direct health services related to COVID-19. San Diego County's **2021 Emergency Rental and Utilities Assistance Program (ERAP),** provides payment assistance for renters who need help with rent and utilities, using the HPI to support prioritization for eligible applicants. Jurisdictions are recognizing that the institutionalization of a consistent, data-informed approach (both quantitative and qualitative) to the COVID-19 response and recovery, is also an approach that can be implemented to address the root causes of inequities that drove disparate outcomes throughout the pandemic.

3. Policies in place at the federal, state, and local levels prior to the crisis proved insufficient for addressing the needs of disproportionately-impacted community members during the crisis; policy changes that occurred to address those needs during the pandemic, must be institutionalized long-term in order to better support individuals and families most impacted by inequities

From the start of the pandemic, it was clear that federal, state, and local policies in place were insufficient for addressing the health, safety, and social needs of disproportionately-impacted community members. For many jurisdictions, the impact of COVID-19 on low-income residents and residents of color became apparent almost immediately; from housing instability, to food insecurity, millions of Californians were facing a crisis within a crisis. Calls for policy changes at the local, state, and federal level were widespread; from eviction moratoriums, to expanded food assistance, to enhanced worker protections, to childcare assistance, COVID-19 exposed critical gaps in the policy protections needed to protect the health and safety of Californians most vulnerable to the impacts of the crisis.

For California's frontline and essential workers, the absence of policy and enforcement protections was particularly acute, as these workers were often more likely to get be exposed to, get sick, and die from COVID-19. Workers without adequate paid sick and family leave, were less likely to be able to quarantine safely and effectively in their homes. Workplace outbreaks have exposed some of the most dangerous instances of non-compliance with public health orders and guidance. In one tragic example in Los Angeles County, more than 300 employees tested positive at Los Angeles Apparel, a garment manufacturing facility in South Los Angeles, where the company was in violation of infection control protocols.

"Wouldn't it be lovely if there was ever a time when there was a recognition that public health emergencies aren't episodic"
LHD respondent

"[LHDs] had to pivot from focusing on social determinants to focusing on COVID containment…[it was] difficult for health departments to focus on the social determinants driving further COVID spread due to LHDs being under-resourced and overwhelmed" LHD respondent

Local public health departments have struggled to address all the priority and urgent needs of their residents from the start of the pandemic; from working to coordinate Personal Protective Equipment (PPE) distribution for frontline and essential workers, to food distribution for children and families, to identifying technology resources for students needing to learn from home. Local public health departments have often been frontline responders throughout the pandemic and among the first to recognize the massive policy and resource gaps in their communities. However, many LHDs have also had limited ability to directly impact the policy changes needed at the local, state, and federal levels to protect and support their most disproportionately impacted residents.

In the LHD Survey:

- Only 10% of LHDs indicated they were very effective at advocating for policy changes needed (at the local, state, and/or federal level) to support their most vulnerable communities

In the Community Survey:

- Close to 2/3 of respondents felt that policy changes in response to the COVID-19 pandemic at the federal level have been insufficient
- Less than half of respondents reported that their frontline or essential community members often or always had access to PPE. One respondent elaborated further adding that it was, "[not because] it's provided by the employers but [because] organizations and other providers are supplying PPE."
- Less than 1/3 of respondents indicated that the frontline or essential community members they serve were always or often made aware of their rights as employees
- Over 1/3 of respondents indicated that frontline or essential community workers were "rarely or never" able to safely isolate or quarantine without fear of losing employment; close to 1/3 invdicated that frontline community workers were only sometimes able to safely isolate or quarantine
- Nearly all respondents (90%) reported the inability to pay rent as a top housing issue
- 3/4 of respondents identified the threat of eviction as a top housing issue throughout the pandemic
- Nearly all respondents (95%) reported healthy food access as a top issue throughout the pandemic

"We have been successful in recent years working with advocates for policy change that impacts vulnerable populations. However, the Central Valley is significantly behind other areas of the state in policies that reduce health inequities. This has significantly impacted COVID outcomes for vulnerable populations in the Valley" LHD respondent

Best Practices

PUBLIC HEALTH COUNCILS

As the COVID-19 pandemic has consistently demonstrated, workers who feel empowered to identify and address health order violations are essential to slowing the transmission of COVID-19. In workplaces across the country, workers have warned of COVID-19 risk and have raised concerns to their LHDs and elected officials regarding employers who were not adhering to public health orders and guidance. Workplace and public health standards are virtually impossible to enforce when workers lack information on their rights or fear retaliation when speaking out.

On November 10, 2020, the Los Angeles County Board of Supervisors, with leadership from the Los Angeles County Department of Public Health, passed a motion to establish the nation's first Public Health Councils Program. The Public Health Councils aim to support workers who are interested in forming workplace councils to help monitor compliance with public health orders and safety protocols at their worksites. The County Public Health Department partnered with certified worker organizations to train workers on County health order protocols. The goals of the Councils were to expand the capacity of the Department of Public Health and ensure the health and safety of the County's large frontline and essential worker population. In conjunction with the Public Health Councils Program, the Los Angeles County Board of Supervisors unanimously passed an emergency anti-retaliation ordinance, aimed at protecting workers from employer retaliation when reporting workplace violations.

"HERO PAY" FOR FRONTLINE WORKERS

Throughout the pandemic, frontline and essential workers put themselves and their families at risk to ensure the continued provision of essential services, often without the assurance of basic protections for their personal and economic security. In response, dozens of cities and counties across California passed "hazard pay" or "hero pay" ordinances. The City of Long Beach was the first city in California to pass such a local ordinance. Coachella became the first city in the nation to extend their "hazard pay" ordinance to the City's large farmworker population. Counties also passed similar county-wide ordinances: San Francisco, Santa Clara, and Los Angeles Counties all passed "hero pay" ordinances of an additional $5 per hour on top of their regular hourly pay for their frontline and essential workers.

STRENGTHENING EVICTION PROTECTIONS AND RENTAL ASSISTANCE SUPPORT

Early in the pandemic, when it first became clear that large-scale industry and education closures would lead to even greater housing instability for low-income renters and homeowners, several Bay Area counties mobilized to pass local eviction moratoriums and protections. Contra Costa, Alameda, and Solano counties were among the first to adopt local, county-wide eviction moratoriums. Organizers and LHDs throughout the Bay Area partnered to support the passage of local ordinances at the city and county levels. Local eviction moratoriums proved vital at the start of the pandemic, when State policies were still being developed. The local moratoriums and protections eventually laid the groundwork for the passage of statewide protections for tenants and property owners.

"[LHDs] need additional resource support to address economic needs of communities" *LHD respondent*

Best Practices

INCREASING AND EXPANDING FOOD ASSISTANCE

Food assistance programs in non-pandemic times are lifelines for low-income individuals and families. During the pandemic, the need for robust food assistance programs and expanded eligibility for individuals and families, became even more critical. Local public health departments throughout California have been critical partners in reaching out to individuals and families to ensure they are receiving essential food assistance and support. Policy changes at the State and local level, have been imperative for ensuring food security throughout the pandemic. The Families First Coronavirus Response Act gave the Agriculture Department (USDA) **authority to let states temporarily modify procedures** to make it easier for families to continue participating in or apply for SNAP. The law allowed CalFresh[4] recipients to purchase food online, expanded CalFresh eligibility to college students, and increased CalFresh allocations for individuals and families. Similarly, the U.S. Department of Agriculture allowed for increased flexibility to ensure as many children and families as possible could benefit from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The expanded food assistance and access have been critical during a pandemic where millions of Californians faced food insecurity, **some for the first time.**

4. Social service supports available to disproportionately-impacted individuals and families before the crisis, proved insufficient during the crisis; eligibility restrictions and access challenges created additional barriers for those most in need of assistance

The COVID-19 crisis exposed and exacerbated the inequities in basic needs resources and social support services available for communities most vulnerable to the health and economic impacts of the crisis. Basic needs, such as safety, housing (including isolation and quarantine support), food, and economic assistance, became as vital for many families as access to testing and healthcare. Those resources in place to support struggling Californians before the crisis, proved insufficient for supporting communities most vulnerable to COVID-19 during the crisis. Insufficient resources included, but were not limited to, PPE for frontline and essential workers, economic assistance for individuals and families, rental assistance and housing support for those at risk of homelessness or housing instability or who were in need of isolation or quarantine support, and food assistance for individuals and families facing economic insecurity.

While many government programs expanded access and capacity to provide critical support in response to the pandemic, LHDs and community partners noted that eligibility and access barriers continued to limit the number of individuals who could receive these critical supports. In one example elevated by multiple LHDs, access to a food assistance program for older adults, Great Plates Delivered, limited eligibility for individuals receiving assistance from other state or federal nutrition assistance programs. The Great Plates Delivered Program provided seniors with three home-delivered, restaurant-quality meals per day. However, the program excluded seniors already receiving other nutrition assistance like CalFresh or Meals on Wheels. This essentially denied enhanced nutrition benefits to those who needed them most. Seniors with higher incomes who were not accessing nutrition assistance programs were able to access $66 per day, while their lower income counterparts were excluded from this program, receiving the maximum benefit of only $6.26 per day under the expansion of the CalFresh

4 CalFresh, known federally as the Supplemental Nutrition Assistance Program or SNAP, provides monthly food benefits to individuals and families with low-income and provides economic benefits to communities.

program, and were left to navigate a rapidly-evolving emergency food system.

In other cases, long wait times, complicated enrollment criteria, and barriers to technology access, limited access to critical supports, often for those most in need of assistance. For undocumented Californians, the situation was often even more dire. Undocumented individuals and families were unable to receive many of the expanded economic benefits available through federal legislation. For those benefits and resources that were available to undocumented residents (e.g., access to free testing, isolation support, etc.), fears around public charge and immigration enforcement often had a dampening effect on residents' willingness to seek out resources and basic needs support.

In the Community Survey:

- Unemployment (85%) was ranked as the number one economic issue, followed closely (80%) by accessing financial support (e.g. employment benefits).
- Impacts to safe and reliable spaces for children such school closures (75%) and issues with childcare (70%) emerged as top issues.
- 65% of respondents identified access to stable internet as a top issue for individuals and families
- Close to half of partners surveyed cited the need for undocumented resident support (42%), including:
  - » Individual financial supports like cash assistance (39%), and technology support (36%)
- Community partners elevated the negative cooling effect of public charge on many residents who needed access to testing and quarantine support

Best Practices

EXPANDING HOUSING FOR THOSE WHO NEED IT MOST

In response to the urgent need for short- and longer-term housing support throughout the crisis, local jurisdictions, in partnership with LHDs, implemented a variety of housing support programs. **Project Roomkey** provided people experiencing homelessness and were recovering from COVID-19, or were exposed to COVID-19, a place to recuperate and properly quarantine outside of a hospital. It also provided a safe place for isolation for people experiencing homelessness and at high risk for medical complications should they become infected. The City and County of San Francisco's **Right to Recover Program** provided $1,285 to reimburse or pay reasonable and necessary personal, family, or living expenses to any worker living in San Francisco who tested positive for COVID-19, and anticipated experiencing financial hardship during their two-week quarantine or isolation period. In Stanislaus County, **the LHD created a local program** to provide an $800 paycheck to support workers who had to isolate or quarantine due to infection or exposure.

On July 24, 2020, Governor Gavin Newsom announced the launch of the **Housing for the Harvest program**. The program was designed to provide temporary hotel housing options for essential farm and food processing employees who were either COVID-19 positive or exposed, did not require hospitalization, and were unable to isolate at home, to have safe and suitable places to isolate elsewhere. **Many LHDs throughout the State** from Santa Barbara, to Imperial, to Monterey Counties, partnered with trusted community partners to connect farmworkers in need of housing and isolation support with temporary housing.

Best Practices

CONNECTING RESIDENTS TO BASIC RESOURCES

Local public health departments throughout California leveraged partnerships with **local "211" providers** to connect residents to much needed health, economic, and basic needs supports. This included connections to expanded food assistance through local food banks and other meal delivery programs, connections to rental or mortgage assistance programs, and in some select cities, **pet food assistance for struggling pet owners**. In San Louis Obispo, **the LHD partnered to implement a program to deliver food and prescription medication** for self-isolating seniors (65+) and individuals with chronic medical conditions. Approximately 900 households were served weekly by this program. Local public health departments also partnered with California's **Great Plates Delivered** program to support reaching older adults and helping them stay safe at home during the pandemic. Older adults who were eligible for assistance, were able to receive three free, restaurant-quality meals per day, although there were barriers to accessing the program for some older adults (a more detailed discussion is provided in the challenges section on page 84 above and recommendations around addressing eligibility restrictions can be found in the "Recommendations" section beginning on page 95).

PROVIDING VITAL FINANCIAL SUPPORT FOR UNDOCUMENTED RESIDENTS

COVID-19 exacerbated and amplified the need for assistance for undocumented California residents during public health emergencies. In recognizing this need, the State of California launched the **Immigrant Resilience Fund**. The fund provided financial assistance of up to $1,000 to over 230,000 undocumented California families. The fund was the first State program of its kind in the nation, and was replicated in other states and cities across the US.

Local jurisdictions also worked to establish local UndocuFunds in counties and cities across California. The **Sonoma County UndocuFund** was launched in 2017 to support undocumented residents impacted by wildfires but ineligible for FEMA assistance. The fund was reactivated in response to growing community need throughout the COVID-19 pandemic. **San Francisco launched an UndocuFund** modeled after the Sonoma County mutual aid model, disbursing critical financial assistance to the City and County's undocumented residents. Since its inception in July, **San Mateo County's Immigrant Relief Fund** has awarded over $11 million in grants to immigrant families needing relief during the COVID-19 pandemic who did not qualify for CARES Act assistance. In Ventura and Santa Barbara Counties, **the 805 Undocufund**, created in the aftermath of the 2017 Thomas Fire, reopened in 2020 to assist undocumented families impacted by the outbreak of COVID-19.

Throughout the crisis, the **California Protecting Immigrant Families Network** also worked to address the vital need to support undocumented individuals and families with education and outreach support around public charge. This work included a robust coalition of community partners who worked throughout the crisis to create a comprehensive, multilingual suite of **"know your rights"** materials that was shared with LHDs and community partners throughout the state. These materials supported undocumented immigrants with accessing vital health and economic resources throughout the crisis.

5. The compounding impacts of climate change further exacerbates inequitable outcomes during public health and climate change-related emergencies

The communities disproportionately impacted by the COVID-19 emergency are largely the same communities who have been and will continue to be most adversely impacted by climate change impacts, and often have the fewest resources to prepare, respond, and recover from these impacts. Throughout the COVID-19 emergency, communities with the fewest resources, communities of color, and agricultural and service workers, generally suffered the most devastating impacts. These same communities are often also most vulnerable to extreme heat events, wildfires, smoke events, and flooding emergencies. During a record-setting extreme heat event in the summer of 2020, families and communities who would normally gather together in shared spaces to stay cool, whether family apartments or shopping malls, were forced to choose between risking COVID-19 exposure or heat illness. Similarly, during the unprecedented wildfires and smoke events of the summer and fall of 2020, agricultural and outdoor workers were put at increased risk of serious illness caused by prolonged toxic smoke exposure as well as COVID-19, and in many cases were inadequately supplied with PPE effective in reducing COVID-19 transmission and filtering out harmful particulate matter from wildfire smoke. Despite the laudable efforts of community-based organizations and LHDs to provide PPE and support to these populations, lack of resources and staff capacity continue to be a limiting factor.

Given the chronic disinvestments in the nation's public health departments, other sectors and communities, LHDs are unprepared to address multiple or compounding emergencies, such as COVID-19 and extreme heat events or extreme precipitation and mudslides. Throughout the

COVID-19 emergency, LHDs were faced with the challenge of setting up cooling, clean-air, and warm, dry shelters, while maintaining necessary physical distancing and COVID-19 mitigation protocols. While many LHDs and their partners coordinated to adjust shelter capacities, connect clients with COVID-19 related and other resources, and distribute supplies, there is much more to be done to protect and support communities most disproportionately impacted by inequities, especially during emergencies. The impacts of climate change will continue to worsen over the coming decades, therefore it is critically important that public health departments, other sectors and communities are adequately resourced and supported to prepare for, respond to, and recover from climate change-related events and others compounding emergencies.

The California Department of Public Health (CDPH) also released guidance and resources for LHDs and communities related to a broad range of COVID-19 and climate change-related impacts. This guidance includes, but is not limited to, public health strategies for reducing exposure to wildfire smoke during the COVID-19 pandemic and guidance to reduce the risk of COVID-19 transmission in cooling centers.

Best Practices

GUIDANCE FOR COVID-19 AND CLIMATE IMPACTS

During the unprecedented 2020 wildfire season and weeks long unhealthy air quality event, Alameda County issued guidance on **COVID-19 Considerations for Extreme Heat & Unhealthy Air Quality**. The document includes guidance on cooling and cleaner air centers, tools to assess air quality, and information about how to reduce smoke exposure at food distribution and COVID-19 testing sites. Alameda County also shared the Environmental Protection Agency's guidance on how to reduce smoke exposure during Shelter-in-Place by **creating a clean air room** within the home. The California Department of Public Health (CDPH) also **released guidance and resources for LHDs and communities related to a broad range of COVID-19 and climate change**-related impacts. This guidance includes, but is not limited to, public health strategies for reducing exposure to wildfire smoke during the COVID-19 pandemic and guidance to reduce the risk of COVID-19 transmission in cooling centers. As climate change impacts become more frequent and severe, the likelihood of co-occurring public health emergencies increases, therefore LHDs must plan and prepare for these scenarios, with particular emphasis on communities disproportionately impacted by inequities.

Recommendations

Address racism as a public health crisis

In response to the national recognition of the impact of structural racism on health and other social outcomes, counties and cities across California have made commitments to address the impact of racism on health outcomes. Local public health departments have often played a key governmental leadership role in the development of these resolutions, as well as the development of community-led recommendations for addressing the impact of structural racism on health and other outcomes. Local public health departments can continue to play a key leadership role in supporting the development of resolutions to address and dismantle the impact of racism on health outcomes. In addition, LHDs can contribute to defining the impact of racism in perpetuating and exacerbating health inequities, including the provision of key quantitative and qualitative data points from individuals and communities most impacted by inequities.

The work to address structural racism requires a sustained and ongoing commitment. Local public health departments can support jurisdictions in embracing a "Health and Equity in All Policies" approach to policymaking and resource and investment decisions. Local public health departments can also play a key role in advocating for long-term funding to support community-informed racial equity priorities (e.g. Long Beach's Black Health Equity Fund).

Addressing the impact of racism on health and other outcomes, will require sustained, ongoing commitment. As bodies whose mission it is to protect the health and wellbeing of their communities, LHDs are well positioned as partners and key government leaders to support the work of community to transform the policies, practices and processes needed to begin to address the impact of structural racism on health and other social outcomes.

Support community-informed policy priorities both locally and in state and federal policy priorities

Throughout the COVID-19 pandemic, community-driven policy change at the local, state, and federal level has played a critical role in addressing the disproportionate impact of the pandemic on low-income Californians and Californians of color. It is important that policies put in place in response to the pandemic, from eviction protections, to expanded food access, to economic assistance for individuals and families in need, should be extended

throughout the pandemic and beyond. The Los Angeles County Public Health Council Program and anti-retaliation ordinance are models for other LHDs and jurisdictions throughout the COVID-19 response and recovery process. While safety in the workplace is essential during COVID-19, it is also important that jurisdictions consider similar models for monitoring workplace health and safety standards during COVID-19 and beyond. Similarly, eviction protections, rental assistance programs, and efforts to produce more housing opportunities throughout the pandemic, can also be considered essential ongoing policy considerations for a just response and recovery.

The State and local jurisdictions can consider enacting stronger policies outlined in the CDPH COVID-19 Health Equity Playbook for Communities, as well as policies that strengthen public health infrastructure, advance health equity, and strengthen community resilience. Local public health departments can continue to support community-informed policy demands at the local, state, and federal levels. Local public health departments can also consider regional approaches and alignment when advocating for local policy priorities. Policies that work to address health inequities and improve community health and resilience locally, will better support community members who live, work and play across city and county borders.

Throughout the COVID-19 pandemic, policy differences throughout localities in the same region, led to greater confusion and uncertainty, especially for low-wage workers and families. Public health regional bodies, like the Bay Area Health Inequities Initiative and the Public Health Alliance of Southern California, have developed regional policy platforms aimed at identifying those local, state, and federal policies and investments needed to address inequities and support impacted Californians in the short and long term. These regional policy platforms align with and draw from community-informed policy priorities that have been established by public health and racial justice organizations, like Human Impact Partners, PolicyLink, and the California Pan-Ethnic Health Network. The policy priorities identified in these platforms, support the health and racial equity policy changes needed to truly address structural health inequities that have led to disproportionate impacts throughout the pandemic. The implementation of robust policy change in alignment with these community informed policy priorities, will support the creation of a more just, equitable California during COVID-19 and beyond.

"[With] CDPH and the State making health equity a priority in terms of addressing COVID, [it] has actually given us, as a local health department that tends to the more conservative side, the courage to use stronger language when discussing health equity issues. Instead of talking about health disparities... [now we can say] 'we want to eliminate racial injustice in our county.'"
LHD respondent

Institutionalize the use of a health equity framework, including the development of health equity metrics, in ongoing investment and resource allocation decisions

The State of California has established several equity-focused metrics throughout the pandemic that many LHDs have identified as critical tools for supporting their work to advance equity during the COVID-19 response . The State of California's Blueprint Health Equity Metric (announced in October 2020), and subsequent Vaccine Equity Metric (announced in March 2021), helped facilitate a consistent, aligned approach for identifying communities most in need of COVID-19 resources and investment support. As part of the Health Equity Metric requirement, LHDs were also required to develop Targeted Investment Plans that direct resources to the lowest HPI quartile in each jurisdiction. Altogether, $272 million in LHD CARES and ELC funding was being directed to many of the most disproportionately impacted communities (defined as communities in the lowest HPI quartile) through the development of these plans. The metrics and accompanying Investment Plans have supported jurisdictions in explicitly directing resources to communities most impacted by health inequities during the COVID-19 response.

Many LHDs, as well as community-based partners and advocates, feel the development of equity metrics at the state and local levels can support their ongoing work to prioritize communities most impacted by inequities in resource allocation and investment decisions during COVID-19 and beyond. It is important that local, state, and federal policymakers build off the models developed during COVID-19 and work to develop community and data-informed equity metrics for use in all ongoing resource prioritization and investment decisions. The incorporation of an equity data tool such as the HPI in the development of equity metrics, can support LHDs in identifying communities in their own jurisdictions most impacted by health inequities. The HPI can support LHDs in identifying priority community needs and directing investments aimed at strengthening the social determinants of health (economic security, housing stability, etc.) at the neighborhood level. To date, the HPI has helped direct over $1 billion in grant funding to communities most impacted by health inequities statewide. In addition to place-based metrics, the State and LHDs must work with community partners to identify those community members who may be vulnerable during COVID-19 as well as other public health and climate change-related emergencies that may not be fully reflected in the identified equity metric or data tool (e.g. racial/ethnic populations who may not be fully and/or accurately captured by the data, including: linguistically isolated communities, those who are incarcerated, those with serious mental health needs, persons experiencing homelessness, etc.).

Center communities most impacted by inequities in policy, program, and resource allocation decisions

Many LHDs have begun to incorporate a health equity lens into decision-making at the local level, working in partnership with the communities they serve to develop community-driven health and resource priorities. In addition to the incorporation of quantitative data (e.g., an equity metric and/or data tool) and qualitative data (e.g., lived experience data), LHDs can consider institutionalizing the use of a health or racial equity tool to assess potential impacts of all policy, program, and resource allocation decisions during emergency response and recovery planning. Human Impact Partners, in partnership with Big Cities Health Coalition, released an "Equity Lens Tool for Health Departments." The tool aims to ensure equity in COVID-19 planning, response, and recovery by centering communities most impacted by inequities in the decision-making process. In addition, the Praxis Project offers LHDs and other governmental decision-makers strategic tools to support the development of organizational policies and processes that will lead to authentic co-creation of solutions

in partnership with the communities they serve. Local public health departments can also work to establish and institutionalize a funded community advisory committee to advise local and state health departments on equity across their operations and identify any gaps in the data-informed metrics (see also "Embed Equity Throughout Local Health Department Emergency Planning, Response & Recovery Processes"). Institutionalization of equity tools and community-informed approaches across departments and jurisdictions, can ensure greater community accountability and consistency as work advances towards a more just, equitable future for all Californians.

Conduct a comprehensive review of emergency assistance funding sources at the federal level (e.g., FEMA Funding) and work to remove eligibility restrictions when said restrictions prohibit individuals from obtaining resources needed during an emergency

A comprehensive review of funding sources available to provide and/or enhance critical social service supports and resources during emergencies must be conducted at the federal level and work must be done to remove eligibility restrictions that prohibit individuals from obtaining critical resources needed during an emergency (The Center for Law and Social Policy developed a brief and recommendations for addressing many of these barriers at the federal level). Federal Emergency Management Assistance (FEMA) funding includes a duplication of benefits restriction that limits access to certain resources and support for individuals in need (e.g. FEMA restrictions around duplication of benefits that led to the exclusion of seniors from the Great Plates Delivered program (read more in the challenges section around eligibility barriers above)). Eligibility restrictions like this one, can deny benefits to those who need them most during emergencies.

It is important that access to social service supports that address basic needs should be expanded and eligibility restrictions should be eliminated to the fullest extent possible. This also includes particular consideration for undocumented residents. Limiting accessibility to vital basic needs and social service supports will only serve to further exacerbate structural inequities and fail to meet the fundamental needs of countless low-income Californians and Californians of color.

Expand access to resources and protections needed to meet immediate social needs and protect health and safety during COVID-19 and beyond

During public health, climate change-related, and other local, state, and national emergencies, it is important that the state of emergency triggers the rapid deployment of local support that aims to bring much needed resources to impacted communities (e.g. expanded food and housing assistance support). Basic needs also include expanded paid sick and family leave, so that individuals can feel supported in caring for themselves and their loved ones during COVID-19 and in future emergencies.

It is important that emergency-specific resources that have provided critical housing and food assistance support for vulnerable Californians, like Project Roomkey, Housing for the Harvest, and expanded CalFresh and WIC eligibility, also be considered for continuation beyond the pandemic. It is also important that expanded access to State and local rental assistance and mortgage assistance resources also be prioritized beyond the COVID-19 pandemic.

Due to the disproportionate impact of the pandemic on frontline and essential workers, those workers should be prioritized in policy and resource allocation during COVID-19 and beyond. The identification of PPE for this and future emergencies can be a State and local priority. In addition, strengthening worker protections and ensuring the health and safety of California's workers in response to the pandemic, will serve California's workers and their families in the future. With support from the California Department of Public Health Office

of Health Equity, Human Impact Partners has developed and released a full report to support LHDs in taking action to support worker health and safety during COVID-19 and beyond.

it is important that the State and LHDs should identify and address access barriers that are not based on eligibility requirements but continue to limit the ability of individuals to receive critical resources and support. These barriers may include access barriers for individuals living with disabilities (see a list of recommendations co-developed by the Los Angeles County Department of Public Health's Center for Health Equity, in partnership with partners who represent and or serve individuals living with disabilities, for improving accessibility for individuals living with disabilities during COVID-19 vaccine distribution and beyond), long wait times, complicated forms or paperwork, or inequitable access to technology needed to enroll in program supports.

Identify and fund comprehensive strategies to strengthen community resilience during COVID-19 and in preparation for future public health and climate change-related emergencies

In the face of devastating climate change impacts and an ongoing pandemic, the need to proactively advance climate adaptation and resilience is clearer than ever. Strengthening community resilience during COVID-19 and in future public health and climate change-related emergencies, will require the building of equitable, community-driven solutions. Asian Pacific Environmental Network's Resilience Before Disaster: The Need to Build Equitable, Community-Driven Social Infrastructure, outlines a set of comprehensive recommendations for strengthening community resilience during COVID-19 and beyond.

A key recommendation for strengthening community resilience is the identification and funding of robust, community resilience hubs, specifically in disproportionately impacted low-income communities and communities of color. Community resilience hubs are existing community-serving facilities that provide support or resources to the community, and may be schools, community centers, or libraries. As defined by the Asian Pacific Environmental Network, resilience hubs "are physical institutions that offer space for community members to gather, organize, and access resilience-building social services on a daily basis, and provide response and recovery services in disaster situations." Many resilience hubs have been central points of support in their community for decades, while others may have emerged more recently during the COVID-19 pandemic, providing food distribution or other services. Investing in community resilience hubs is an important strategy to strengthen our systems more broadly. It is critical that state and local government, as well as philanthropy, prioritize funding existing sites to increase their capacity to serve communities during emergencies and non-emergency times. Funding support can include retrofits to incorporate green building practices, renewable energy and microgrids, energy-efficient HVAC systems, broadband and other technology infrastructure. It is important that any investment in community resilience hubs be driven by community needs and priorities, specifically in communities most disproportionately impacted by inequities.

There were several pieces of legislation in the 2021 session that aimed to advance community resilience hubs. Most notably Assembly Bill 1087 introduced by Assembly Member Chiu, which would have created an Environmental Justice Community Resilience Hubs Program. Local public health departments can push to support legislation and policy priorities that support the identification and funding of community resilience hubs and other community-driven social networks in their departmental and jurisdictional policy platforms.