

COVID-19 RACIAL DISPARITIES

WHAT CAN STATES DO?

Troy University

Master of Public Administration

Atlanta Capstone Project

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OUR CONTENT

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TOP 10 BEST PRACTICES

Learn the top 10 things states can do to combat Covid racial disparities, from getting better data to forging smart partnerships

10

STATE SPOTLIGHTS

Want to know what other states are doing? See strategies from 10 states around the country, such as health disparity task forces, moratoriums on evictions, outreach campaigns, and much more

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THE PLAYBOOK: 77 THINGS STATES CAN DO

From think tanks to reporters to the states themselves, we've curated 79 possible actions states can take to address address Covid-related health disparities

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TOP 10 BEST PRACTICES



TOP 10 STATE BEST PRACTICES FOR COVID RACIAL DISPARITIES

1

START A TASK FORCE

17 states created task forces for Covid racial disparities

2

BETTER DATA

Require agencies to report Covid race and demographic data

3

OUTREACH

Culturally relevant and multi-lingual PSAs to reach diverse communities

4

TESTING

Bring testing to the people through mobile, pop-up, and walk up testing

5

HEALTH CARE

Expand health care access and telehealth

6

HOUSING SUPPORTS

Eviction moratoriums and emergency rental assistance

7

ESSENTIAL WORKERS

Supplemental paid sick leave and expanded unemployment benefits

8

BE INTENTIONAL

Use equity considerations to guide Covid recovery plans

9

FIND FUNDING

Grants and CARES funds for disproportionately impacted communities

10

SMART PARTNERSHIPS

Partnering with companies and foundations for funding and donations



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TOP 10 STATE BEST PRACTICES: EXAMPLES



START A TASK FORCE

- 17 states created task forces specifically to address Covid racial disparities
- Massachusetts tracks implementation status of the state task force recommendations on its website

BETTER DATA

- Louisiana, Massachusetts, and Pennsylvania mandated health agencies to collect race and demographic data for Covid cases
- Ohio and Maryland place Covid-19 racial data on the state's dashboard website
- Michigan's strong data reporting helps the state close the Covid disparity gap

OUTREACH

- Ohio's "More than a Mask" and Oregon's "Safe + Strong" culturally relevant, multi-lingual PSAs campaigns for diverse communities
- New York's "Mask Up" campaign featuring Morgan Freeman and Jeffrey Wright

TESTING

- Free Mobile testing for low-income African American neighborhoods in Louisiana
- Ohio's walk and drive up testing in collaboration with community centers, food pantries, and faith-based organizations

HEALTH CARE

• Pennsylvania expanded health care access, required all major health insurers to cover Covid tests/treatments; enhanced telehealth access and reimbursement; established a 24/7 mental health line



TOP 10 STATE BEST PRACTICES: EXAMPLES

HOUSING SUPPORTS

- Oregon, Massachusetts and Pennsylvania's moratorium on evictions
- New York's emergency rental assistance program to help keep low-income families in their homes



ESSENTIAL WORKERS

- People of color are <u>heavily represented</u> in some essential worker sectors
- California's supplemental paid sick leave for food services employees
- Pennsylvania provided 700K meals, and extended SNAP and issued emergency allotments, and expanded unemployment compensation benefits

BE INTENTIONAL

- Oregon's Covid Equity Framework guides Covid recovery and spending efforts
- California's health equity metric guides county re-opening decisions to ensure comparable test positivity rates in disadvantaged neighborhoods
- Oregon CARES Fund earmarks \$62 million direct assistance to Black businesses



FIND FUNDING

- Maryland legislators proposed a 1% alcohol tax increase for health disparities
- Ohio partnered with The Ohio State University to secure a \$5 million NIH grant to rapidly implement Covid tests in disproportionately affected communities



SMART PARTNERSHIPS

- Louisiana partnered with three foundations for \$500K funding for the Covid-19 Health Equity Task Force
- Ohio's partnered with Ford to donate 2 million medical grade face masks



TEN STATE SPOTLIGHTS

CALIFORNIA



- <u>California's Blueprint for a Safer Economy Reopening Plan</u> requires counties to use a <u>health equity metric</u> to determine when restrictions can be eased and when businesses can reopen. To reopen, counties must ensure that test positivity rates in the most disadvantaged neighborhoods do not lag significantly behind overall county test positivity rate. Counties must also invest resources in disproportionately affected neighborhoods, such as more testing, contact tracing, quarantine support, and education/outreach.
- Established public-private <u>collaborative partnerships</u> to support workers in the hospitality industry impacted heaviest by COVID-19.
- Paid Supplemental Sick Leave for food services employees impacted by COVID-19.
- Issued <u>CLIA Waivers</u> permitting pharmacists and technicians to conduct COVID 19 Testing.
- Expanded income eligibility for the <u>Community Service Block Program</u> and eased restrictions for residents to qualify for the Low-Income Home Energy Assistance Program.
- Provided up to \$1,000 Household Financial Aid to undocumented immigrants who did not receive federal COVID aid.

LOUISIANA





- Regular monitoring and <u>reporting Covid-19 race and ethnicity data</u> to identify disparities to improve responses and interventions.
- Mobile testing for low-income African American neighborhoods.
- Created the <u>Louisiana Covid-19 Health Equity Task Force</u> to address underlying health gaps between blacks and whites in the State and find solutions to racial disparities in Covid-19 deaths.
- Partnered with three foundations to provide \$500K funding to the Covid-19 Health Equity Task Force to research heath disparities, find evidence-based interventions, fund educational outreach, and assess how the state's initiatives affect vulnerable populations.

MARYLAND



- <u>Proposed legislation</u> establishing <u>Health Equity Resource Communities (HERC)</u> to reduce health disparities, by providing qualifying communities with grants, tax incentives, and health provider loan repayment assistant funded by a 1% increase in the State's Alcohol Tax.
- Improved health care access by lowering individual health care premiums by 11% in 2021 <u>through legislation</u>.
- Considering the implementation of <u>an initiative to provide multilingual public service</u> announcements (PSA) for Black and Hispanic communities through 150,000 churches that are part of the National Black Churches Initiative, and 10,000 facility members of the National Association of Community Health Centers.
- Chartered an <u>Interagency Hispanic Outreach Task Force</u> to provide families with medical care, financial assistance and food delivery after individuals test positive for COVID-19.
- Improving public COVID-19 data to reflect race and ethnicity and placing the data on the state's dashboard website.

MASSACHUSETTS



- Massachusetts Public Health Association established an <u>Emergency Task Force on</u>
 <u>Coronavirus & Equity</u> to enact new state polices. To ensure their recommendations are implemented, the Emergency Task Force tracks <u>implementation status</u> of each of its recommendations and assesses whether the State's Covid response is equitable.
- Expanded <u>testing partnerships</u> in high-risk communities and communities of color.
- Launched a <u>Stop the Spread</u> Free Testing Campaign available regardless of the symptoms.
- Enacted <u>new laws</u> regarding Covid-19 data collection of race and other demographics to better address treatment to address the disproportionate effects of the pandemic on communities of color.
- Governor signed into law <u>HB 4647</u> the Massachusetts Eviction and Foreclosure Moratorium Act to provide housing security to tenants and homeowners impacted by COVID-19.

MICHIGAN



- Created <u>Michigan Coronavirus Task Force on Racial Disparities</u>—and immediately implemented the task force recommendations, thus <u>successfully closing the disparity</u> gap in Covid cases.
- Distributed large quantities of masks to at-risk communities.
- Launched a communications and social media effort targeting communities of color.
- Increased access to coronavirus testing in communities of color through drive-thru, walk-up, and mobile testing sites.
- Collaborated with regional racial disparity task forces to share data and recommendations for additional actions.
- Created <u>Rapid Response Grant Plan</u> to continue efforts to deal with racial disparities. The grant will provide \$20 million in CARES funding to local organizations for food and housing, technology, increased testing, and improved contact tracing.

NEW YORK





- Created initiative to <u>partner with churches</u> in Black and Brown communities as testing sites.
- Provide Covid testing in public housing.
- Provide Childcare Scholarships for essential workers.
- Provide Emergency <u>Rental Assistance Program</u> to help keep low income families in their homes.
- Introduced Celebrity Mask Up Campaign featuring Morgan Freeman and Jeffrey Wright.
- <u>Purchased supplies for childcare providers</u> including diapers and baby formula using CARES funding to help them stay open.

NORTH CAROLINA



- The North Carolina Department of Health and Human Services (NCDHHS) awarded a
 grant of \$100,000 to five local organizations including The Latin American Coalition of
 Charlotte to help address the disproportionate impact on the state's Hispanic and Latinx
 communities. The coalition will help slow the spread of COVID-19 by providing masks,
 outreach services, and support to those already infected.
- Launched NCDHHS Community Health Workers Initiative with plans to send a 250-member workforce into 50 targeted counties with high caseloads of COVID-19. The workers will collaborate with local health departments and contract tracers to connect with individuals in need of support and provide medical and social support resources.
- Created the <u>Andrea Harris Social</u>, <u>Economic</u>, <u>Environmental</u>, and <u>Health Equity Task</u>
 <u>Force</u> to address the disproportionate impact of Covid-19 on communities of color after
 Governor Cooper signed the <u>Executive Order No. 143</u> addressing the social,
 environmental, economic and health disparities in communities of color that have been
 disproportionately impacted of COVID-19.

OHIO



- Created a <u>Minority Health Strike Force</u> formed to address the disproportionate impact of COVID-19 on minority populations in the state (<u>see the Strike Force's Blueprint</u>).
- Launched Walk & Drive Up Testing Initiative in partnership with the Ohio Association of Community Health Centers and Ohio National Guard to provide testing centers in collaboration with community centers, food pantries and faith-based organizations.
- Launched the More Than A Mask Campaign to provide specific messaging and resources within communities of color in Ohio to protect and prevent the spread of COVID-19.
- Partnered with The Ohio State University and others to secure a \$5 million grant from
 the National Institutes of Health (NIH) to design strategies to rapidly implement COVID 19 tests in disproportionately affected communities.
- Created the <u>Ohio Governor's Equity Advisor Board</u> to improve minority health and address underlying disparities.
- Launched a <u>Data Dashboard</u> with Covid data by race, ethnicity, age, and county, in order to help better track health disparities for the public and policymakers.
- Secured private donation by the Ford company of <u>2 million medical grade face masks</u> for healthcare providers, first responders, underserved populations, and senior communities.

OREGON



- Established the <u>Oregon CARES Fund</u> to offer \$62 million to provide direct assistance to Black businesses, nonprofits, individuals, or families, including <u>up to \$100,000 to Blackowned businesses</u>.
- Integrated a comprehensive study of equity issues in the <u>State of Oregon Equity</u>
 <u>Framework for Covid-19 Plan</u> which guides COVID 19 recovery efforts and spending to deal with ongoing COVID issues throughout every state agency.
- Implemented <u>Safe + Strong Educational Outreach Initiative</u> designed to reach communities most impacted by health disparities with culturally relevant and responsive resources.
- Developed Covid-19 <u>Emergency Small Business Grant program</u> in collaboration with a credit union to provide funds to small businesses, prioritizing grant awards for women and minority-owned businesses.
- Adopted State <u>Moratorium on Evictions</u>.

PENNSYLVANIA



- Issued <u>Health Alert</u> to remind health providers about mandatory provision of Covid racial data as <u>60% of lab results</u> were missing data.
- Created a COVID 19 Response Task Force for Health Disparities (see <u>policy</u> <u>recommendation report</u> including broadband recommendations).
- Enacted a housing eviction moratorium; expanded <u>driver's license amnesty program</u> to provide individuals an alternative to mass transit; <u>pushed legislation to extend</u> the CARES Relief Act to give counties time to plan broadband expansions; <u>expanded state unemployment compensation benefits</u> through the CARES act; offered <u>business relief</u> by extending tax deadlines, suspending liens, and \$60 million for small business grants.
- Created three agencies including the <u>Interagency Health Reform Council</u> (IHRC) to reform the state health care system.
- Improved food security by extending <u>Supplemental Nutrition Assistance Program</u> (SNAP) eligibility and issuing emergency allotment waivers; partnered with United Way to publicize COVID -19 food resources; launched partnerships to deliver more than 700,000 meals with Salvation Army and others; funded charitable food programs with \$2.6 million and provided 750,000 shelf stable meals, ensured free school meal programs transitioned to community programs, and repurposed Department of Transportation staff to serve as additional workforce for foodbanks across the state.
- Expanded <u>health care access</u> by requiring all major health insurers to cover COVID 19 testing and treatment; ensured that telehealth providers are reimbursed at the same level as in-person services; and established a 24/7 mental health crisis line.
- Partnered with PBS on <u>Education and Childcare Initiatives</u> to offer free instructional programming for communities with limited internet access; launched childcare facilities for children of healthcare workers and first responders.



THE PLAYBOOK:

77 THINGS STATES CAN DO

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77 THINGS STATES CAN DO ABOUT COVID-19 RACIAL DISPARITIES

DATA

- Require state public health agencies to collect COVID 19 disparities data related to testing, hospitalization, infection rates, deaths, and recovery, as well as underlying disparities. This data can lay foundations for a systemwide goal of decreasing health disparities beyond the detrimental effects of COVID (<u>Hunter</u>, 2020).
- 2. Develop indicator dashboards for health disparities, including Covid (See: Kansas Response, 2020); (Zylla & Hartman, 2020).
- 3. Advocate for a permanent national disparities database (<u>Hunter, 2020</u>).
- 4. Develop Live Map with GIS capabilities for state (See: Maryland HEZ Health Disparities Map by Jurisdiction).
- 5. Add or extend intense Contract Tracing and report more accurately. Where feasible, hire contract tracers that will improve community trust in impacted communities (Braveman, 2020).
- 6. Incorporate the use of CDC Electronic Health Records (<u>Department of Health</u> & <u>Human Services</u>, 2020); (<u>Centers for Disease Control</u>, 2020).
- 7. Release information and data on confirmed cases and deaths in real time by racial disparities (Baker, 2020).
- 8. Mandate county reporting commitments to reporting sources such as <u>CDC COVID Tracker</u>, <u>COVID-NET</u>, <u>COVIDVIEW</u>, <u>The COVID Racial Data Tracker</u>, <u>Emory University's COVID 19 Health Equity Interactive Dashboard</u>, etc. (Center for Disease Control, 2020).
- 9. COVID Link (Contract Tracing) (State of Maryland, 2020).

FUNDING & SERVICES

- 10. Connect those affected with social services (i.e., housing, food support, transportation, education, outreach) (<u>State of Maine, 2020</u>).
- 11. Create Equity Grants to support on-the-ground efforts that reduce racial disparities (<u>Hunter, 2020</u>).
- 12. Focus Covid resources, testing, and aid on vulnerable populations and/or disproportionately impacted populations (Nania, 2020; Baker, 2020).



- 13. Expand Medicaid/ ACA to include free testing (Georgians for a Healthy Future, 2020).
- 14. Follow requirements to create Health Equity Zone Comprehensive Plan (i.e., loan assistance, income tax credit, priority status in patient medical home programs, electronic Health records program and grant funding) (See: Maryland Response).
- 15. Provide free PPE statewide in impacted communities (e.g., low-income communities, vulnerable populations/Black, brown and indigenous (BBI) communities, etc.) (Marill, 2020).
- 16. Fund labs for quicker turnaround time (Braveman, 2020).
- 17. Improve transportation systems and infrastructure (plexiglass, sanitizer, free face masks at door) (<u>Hunter, 2020</u>).
- 18. Fund/encourage research on Covid-19 racial disparity variables (e.g., discrimination, chronic stress, effects of immunologic functions, health disparities, food & housing insecurities, etc.) (Hooper, Napoles & Perez-Stable, 2020).
- 19. Free Public Transportation (State of Ohio, 2020).

COMMUNITY

- 20. Offer better accommodations based on the essentiality of jobs, particularly where Black, Brown and Indigenous (BBI) communities or neighborhoods (Hunter, 2020).
- 21. Help eliminate food insecurities, and establish moratoriums on all housing, utility & mortgages cut-offs (<u>U.S. Department of Health & Human Services</u>, 2020).
- 22. Increase the availability of housing assistance and temporary housing for individuals experiencing homelessness and those living in shared housing with a large or extended family to quarantine (<u>Hunter</u>, 2020).
- 23. Create a support program for all individuals in quarantine or isolation by providing safe quarantine locations and connecting them to other Statefunded social service programs (See: <u>State of Maine</u>, 2020).
- 24. Support hospitals that serve low income communities (<u>U.S. Department of Health & Human Services</u>, 2020) and hospitals in rural areas (Hart & Redmon, 2020).

HEALTHCARE ACCESS AND INSURANCE COVERAGE

- 25. Expand access and funding for telehealth programs (<u>U.S. Department of Health & Human Services</u>, 2020).
- 26. Allow flexibility in treatment policies & payments (SAMHSA, 2020).
- 27. Increase access to health coverage (State of Maine, 2020).



- 28. Expand ACA (Affordable Care Act) universal healthcare for uninsured or underinsured and opt into Medicaid expansion for uninsured residents (Millet, 2020).
- 29. Issue State Executive Order prohibiting the denial of coverage on basis of preexisting conditions during the pandemic (Millet, 2020).
- 30. Provide preventative services at no costs to beneficiary (Millet, 2020).
- 31. Strengthen access to substance abuse & mental illness patients (<u>U.S.</u> Department of Health & Human Services, 2020).
- 32. Cap health care costs (Hunter, 2020).
- 33. Increase ICU/CCU capacity & diversion (Braveman, 2020).
- 34. Seek to preserve fragile hospital infrastructure (Braveman, 2020).
- 35. COVID Health Insurance (State of Maryland, 2020).

PARTNERSHIPS

- 36. Engage trusted community leaders, community-based organizations, and faith-based organizations in initiatives to establish and promote testing and triage centers and bring government resources to communities (<u>Baker</u>, 2020).
- 37. Implement programs and practices where minority communities live, learn, work, play & worship (<u>CDC</u>, <u>2020</u>).
- 38. Introduce use of community specific navigators for federal stimulus opportunities; and include/provide peer navigators, coaches & recovery support (SAMHSA, 2020).
- 39. Leverage National Institute of Minority Health and Health Disparities (NIMHD) at the National Institute of Health (NIH) networks of community health centers and local organizations (<u>Hooper, Napoles & Perez-Stable, 2020</u>).
- 40. Partner with organizations and businesses (i.e., Walmart) and make mobile testing widely available (<u>Hunter</u>, 2020).
- 41. Encourage private sector initiatives (Millett, 2020).
- 42. Target support for group home workers (i.e., Office of Aging and Disability Services) working with cultural brokers (See: Maine Response).
- 43. Use churches as testing and triage centers, and health action zones to bridge government resources to communities (<u>Baker, 2020</u>).

TESTING

- 44. Increase free mobile testing sites in low income communities and communities of color (Georgia Recorder, 2020); (Hunter, 2020).
- 45. Make rapid testing free and easily accessible (USA.HHS, 2020).
- 46. Use empty commercial store fronts as temporary testing locations or emergency triage spaces (<u>USA.HHS</u>, <u>2020</u>).





- 47. Increase access to care in rural health clinics and Federally Qualified Health Centers (FQHC) (USA.HHS, 2020).
- 48. Use test positivity rates to influence policies (e.g., social distancing requirements, business measures, etc.) (Braveman, 2020).
- 49. Offer mobile Unit OR POP-UP clinics in collaboration with industries to test employees, their families, and the community (Marill, 2020).
- 50. Have churches and other places of worship serve as "health action zones" to bridge federal, state and local resources with community resources (e.g., United Kingdom) like Maryland Health Enterprise Zones (Ray, 2020).
- 51. Increase testing locations with known retailers (CVS, Rite Aid, Walgreens, etc.) (USA.HHS, 2020).
- 52. Public-private partnerships for testing collaborations (USA.HHS, 2020).
- 53. Mobile Apps (e.g. Guide Safe Alabama).

WORKPLACE PROVISIONS

- 55. Augment the workforce with temporarily workers to assist with language barriers and case work, such as LPNs to help communicate treatments (SAMHSA, 2020).
- 56. Encourage staggered work schedules and other measures that may promote social distancing in workplace and in heavily impacted communities (Nania, 2020).
- 57. Provide hazard pay for essential workers or provide state tax credit (Ray, 2020).
- 58. Increase access to paid sick leave, emergency family leave without penalty (<u>Hunter, 2020</u>).
- 59. Provide a living wage for essential and front-line workers (Ray, 2020; Kent, 2020).
- 60. Protect employees from debt collectors and eviction (<u>U.S. Department of</u> Health & Human Services, 2020).
- 61. Safer workplace & living conditions (Free Protective gear, social distancing and hand sanitizer) (Kent, 2020).
- 62. Create a state-level office of equity/hire a chief equity officer:
 - a. https://www.governor.virginia.gov/diversity/;
 - b. https://www.cdc.gov/minorityhealth/newsletter/2020/summer/ann-ouncements.html
 - c. https://www.hrsa.gov/about/organization/bureaus/ohe/index.html



- d. https://www.shvs.org/five-key-questions-state-health-officials-can-ask-right-now-to-advance-health-equity-during-covid-19-response-efforts/
- e. https://www.phi.org/thought-leadership/policy-memo-advancing-racial-equity-in-california-state-government/

MESSAGING

- 63. Mobile text message campaign throughout the state to provide locations of free texting and reminders to wear masks (<u>Code Red, 2020</u>).
- 64. Create a COVID-19 Communication Program/PSAs that ensures that information is translated in multiple languages in a timely manner, public health concepts are readily understandable across cultures, and that messaging is culturally understood, and disseminated through information channels that reach BBI communities (See: State of Maine, 2020).
- 65. Campaigns to reverse black distrust of government and health care system (<u>Baker</u>, 2020).
- 66. Messaging regarding emotional well-being & social connectedness and support resources (<u>CDC Report, 2020</u>).
- 67. Education on underlying disparities (e.g., that there are long standing systematic and structural problems in health and social inequities like redlining, segregation, food insecurity) that have put people of color at increased risk of getting and dying from COVID (See: Michigan Community Action Task Force, 2020).
 - Message through Community Based Organizations (CBO's) and faith-based organizations (SAMHSA, 2020).
- 68. Create culturally appropriate messages involving local and global celebrities, athletes, politicians and clergy using all media formats social, digital, print, broadcast, radio, promoting precautions, testing locations and encouragement. Great Visual ads campaign on public transportation (i.e., trains, buses) would be most effective (Nania, 2020; South Carolina Dept of Health & Environmental Control, 2020).
- 69. Hold a series of virtual town hall discussions concerning the effects of COVID-19 and how they impact Black and Latinx communities. (Center for Urban and Racial Equity, 2020).
- 70. Seek to hear the voices of AA/black people and other survivors help illuminate the experience and uncover shortcomings in health response & improve outreach strategies (Sawani & Malcolm, 2020).

OTHER INITIATIVES & POLICIES

- 71. Address underlying comorbidities (<u>Hooper, Napoles & Perez-Stable, 2020</u>).
- 72. Address urban setting and housing to facilitate social distancing (<u>Hooper, Napoles & Perez-Stable, 2020</u>).



- 73. Allow local jurisdictions to implement more restrictive measures (<u>Braveman</u>, 2020).
- 74. Continue mandated restrictions on businesses and public gatherings (<u>Kilgore</u>, <u>2020</u>).
- 75. Increase prevention in targeted industries (e.g. poultry processing) to follow sanitation protocols more stringently (e.g., plastic sheeting, masks, gloves) (Marill, 2020).
- 76. Lobby Congress to provide ongoing tools and resources to fight racial inequality in the health care system (<u>Hunter, 2020</u>).
- 77. Continue to tackle underlying disparities (long standing systematic and structural problems in health and social inequities like redlining, segregation, food insecurity and other disparities that place people of color at increased risk of Covid) (See: Michigan Community Action Task Force, 2020).







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WANT MORE?



TO LEARN WHAT CITIES CAN DO, VISIT OUR WEBSITE:

HTTPS://COVID19DISPARITIES.ONLINE/

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