The Public Health Crisis
and Racial Inequities

June 19, 2020

Structural and Institutional Racism as a Root Cause for Public Health Disparities

Juneteenth 2020 Edition

Who am I?

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GARE Director

20" Objectives:

- About GARE

- Institutional and Structural Racism: A Public Health Crisis

- COVID-19 racial disparities and root causes

- Civic unrest - and the conditions that create it

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Government Alliance on Race and Equity

A national network of government working to achieve racial equity and advance opportunities for all.

- ✓ Launched as a member network in 2016 (12 members)

- ✓ Membership network of ~~200~~ 212 members (and growing!)

- ✓ Member working groups include public works, criminal justice and policing, human resources, procurement / purchasing, and many more.
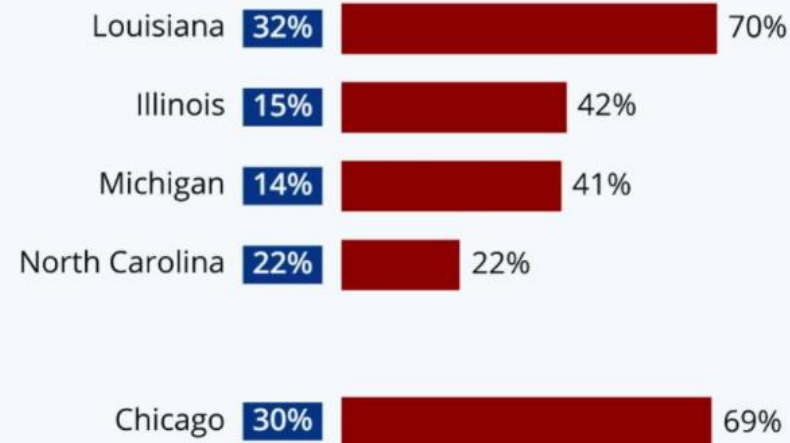
Current Context

COVID-19's Devastating Impact On African Americans

African American share of state/city populations and COVID-19 deaths (as of Apr 06, 2020)

■ Share of state/city's population   ■ Share of COVID-19 deaths

Louisiana: 32% / 70%
Illinois: 15% / 42%
Michigan: 14% / 41%
North Carolina: 22% / 22%
Chicago: 30% / 69%

Sources: 2010 Census, respective state/city health departments

Forbes   statista

Why is This Happening?

Racial Inequity in the U.S.

From infant mortality
to life expectancy, race
predicts how well you
will do…

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COVID-19
Pre-Existing Conditions for Communities of Color

COVID-19 pre-existing conditions for Communities of Color

Living Conditions

- …more likely to live in **densely populated areas** because of institutional racism in the form of residential housing segregation.
- …racial **residential segregation** is linked with a variety of adverse health outcomes and underlying health conditions.

Living Conditions

- …neighborhoods that are **farther from grocery stores and medical facilities**
- **…Multi-generational households**, (sic) may be more common among some racial and ethnic minority families
- Racial and ethnic minority groups are **over-represented in jails, prisons, and detention centers**, (congregate living)

Source: COVID-19 in Racial and Ethnic Minority Groups, CDC

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COVID-19 pre-existing conditions for Communities of Color

Work Circumstances

- **workers in essential industries** (sic) continue to work outside the home despite outbreaks in their communities

- Nearly a quarter of employed Hispanic and black or African American workers are employed in service industry jobs compared to 16% of non-Hispanic whites.

Work Circumstances

- Hispanic workers account for 17% of total employment but constitute 53% of agricultural workers;

- Black or African Americans make up 12% of all employed workers but account for 30% of licensed practical and licensed vocational nurses.[7]

Source: COVID-19 in Racial and Ethnic Minority Groups, CDC

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COVID-19 pre-existing conditions for Communities of Color

Underlying Conditions

- Lack of paid sick leave
- Not having health insurance
- Longstanding distrust of institutions
- Language barriers
- Financial implications of missing work

Underlying Conditions

- Higher prevalence of chronic conditions

Source: COVID-19 in Racial and Ethnic Minority Groups, CDC

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History of government and race

Initially explicit	→	Became implicit	→	Government for racial equity

Government explicitly creates and maintains racial inequity.

Discrimination illegal, but "race-neutral" policies and practices perpetuate inequity.

Proactive policies, practices and procedures that advance racial equity.

Individual racism:

- Bigotry or discrimination by an individual based on race.

Institutional racism:

- Policies, practices and procedures that work better for white people than for people of color, often unintentionally or inadvertently.

Structural racism:

- A history and current reality of institutional racism across all institutions, combining to create a system that negatively impacts communities of color.

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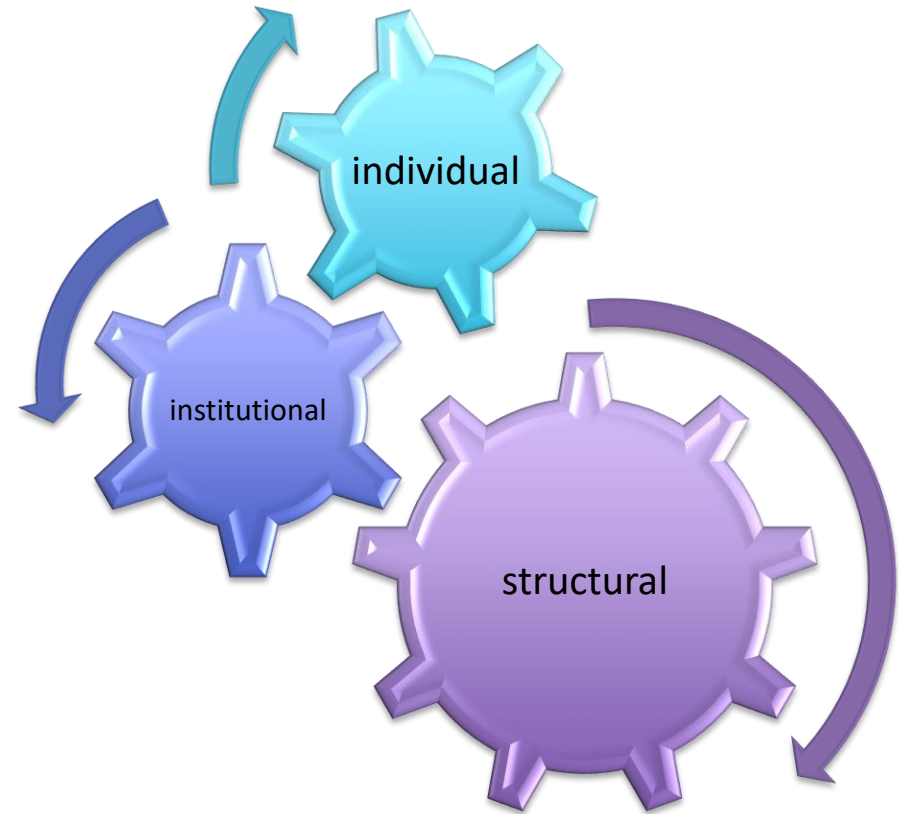
# Structures are a part of our lives:

What We Mean by Structural Racial Inequity:

"Structural Racism" points to multiple institutions

The ways our public and private institutions interact to produce barriers to opportunity and racial disparities.

Intent to discriminate is largely irrelevant

Structures just do what they do, often invisibly, and reinforce disinvestment and disparities.

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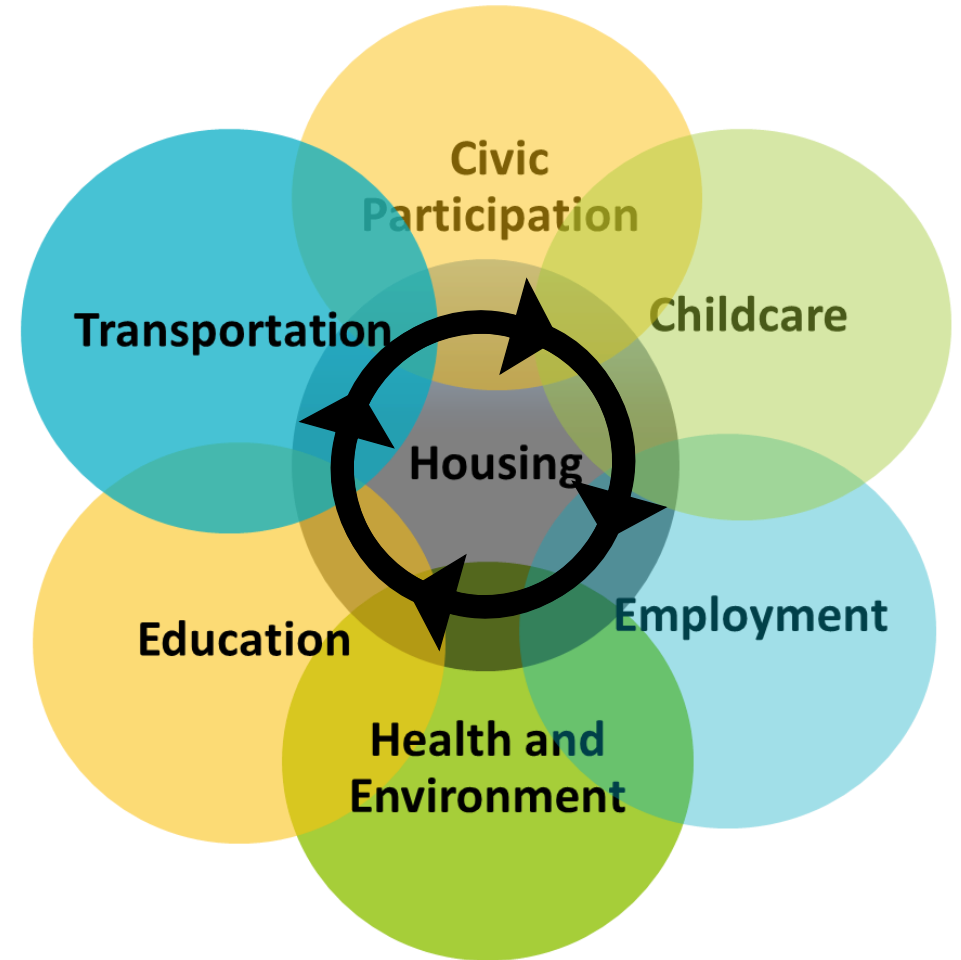
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Why GARE leads with race

- Racial inequities deep and pervasive

- Racial anxiety on the rise – race is often an elephant in the room

- Specificity matters!

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When Leading with Race, we are…

….Race *explicit,* <u>not exclusive</u>

Race *and*…
- ….gender
- ….sexual orientation
- ….religion
- ….disability status
- ….educational attainment

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The Gender Pay Gap Visualized

Gender pay gaps and equal pay days for different races and ethnicities in the U.S.

For every dollar white, non-Hispanic men earned in 2018, women were paid...

Asian women **85 cents**

Women overall* **80 cents**

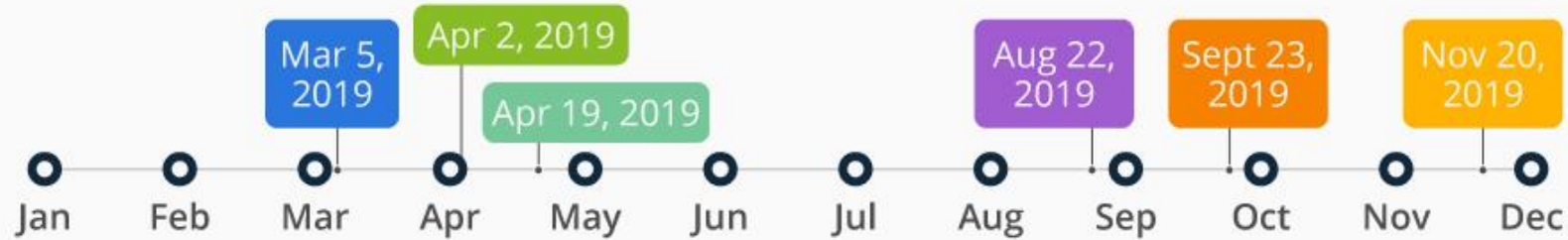White non-Hispanic women **77 cents**

Black women **61 cents**

Native American women **58 cents**

Latina women **53 cents**

To earn what white, non-Hispanic men earned in 2018, they would have to work until...

Mar 5, 2019

Apr 2, 2019

Apr 19, 2019

Aug 22, 2019

Sept 23, 2019

Nov 20, 2019

| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |

* compared to men overall
Based on median annual earnings of full-time, year-round workers

@StatistaCharts   Sources: National Women's Law Center, Wikimedia Commons

statista

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Racial Inequity in the U.S.

From infant mortality
to life expectancy, race
predicts how well you
will do...

WHAT IS RACIAL EQUITY?

Racial equity is realized when race can no longer be used to predict life outcomes, and outcomes for all groups are improved.

Achieving racial equity requires us to…

….Target strategies to focus improvements for those worse off

….Move beyond service provision to focus on changing **policies, institutions and structures**

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DE&I - NOT a single concept

DIVERSITY ▸ INCLUSION ▸ EQUITY

Quantity
Different identities & cultures

Quality
Participation across identities & cultures

Justice
Policies, practices, & procedures to ensure equitable outcomes

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Overview

- Resilient Dallas Strategy
- Health Disparities in Dallas
- Equity Impact Assessment Tool
  - Key Assessment Questions
- Equity Impact Assessment & COVID-19
  - Positive Cases and Race/Ethnicity
  - Latinx Outreach and Engagement
  - Equitable Health Access Working Group
- Assessing your Community

City of Dallas, Texas
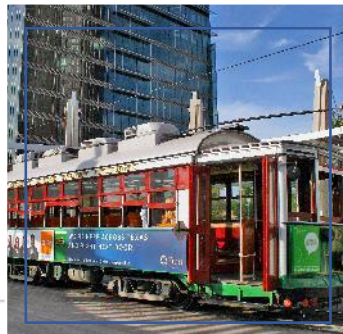
- 9th Largest City in the U.S. (3rd in TX)
- 385 sq mi
- Population: 1.3 million people
  - Non-Hispanic White – 29%
  - Non-Hispanic Black – 24%
  - Hispanic – 41%
  - Non-Hispanic Other Race – 5%
  - Foreign Born – 24%
- Median Age: 32
- Median Household Income: $43,003

Resilient Dallas Strategy

Goal 1
Advance equity in City government.

Goal 2
Ensure Dallas is a Welcoming City to immigrants and all residents.

Goal 3
Increase economic mobility for Dallas' vulnerable and marginalized residents.

Goal 4
Ensure Dallas provides residents with reasonable, reliable, and equitable access.

Goal 5
Leverage partnerships to promote healthy communities.

Goal 6
Invest in neighborhood infrastructure to revitalize historically underserved neighborhoods.

Goal 7
Promote environmental sustainability to improve public health and alleviate adverse environmental conditions.

Health Disparities in Dallas

- Community Health Needs Assessment
  - Significant health disparities by race and ethnicity and by geographic location within the County. African Americans and people living in zip codes located in southern Dallas continue to experience the highest burden of disease and mortality.
- Equity Indicators
  - Hispanic residents are 2.5 times more likely than White residents to report not having a health care provider and four times more likely not to have health insurance
  - For prenatal care, White mothers were 60% more likely than Black mothers to access care during their first trimester
  - Infant mortality rate were 2.46 times higher for Black babies than Hispanic babies
  - Although average life expectancy for Dallas County was 78.3 years, life expectancy at the zip code level was as low as 67.6 years (75215) and as high as 90.3 years (75204)

Equity Impact Assessment Tool

- Equity and Resilience have developed a Equity Impact Assessment Tool to identify communities at high risk and vulnerable to prolonged hardship with less resources for recovery following COVID-19
  - Modeled after King County, WA tool
- **Race/Ethnicity**
  - A high area risk factor for being disproportionately impacted by COVID-19 occurs where Black, Hispanic and Native American populations together exceed 70% of a particular community.
- **Economic Status**
  - Tied closely to race, economic status in Dallas, including both income and wealth, varies widely from area to area.
- **Age**
  - A high-risk factor for an area being disproportionately impacted by COVID-19 is having more than 12% of people in the area who are 65 years old or older.

Key Questions for Equity Impact

1. Do Black, Hispanic and Native American populations together makeup more than 70% of the community?

2. Does the area have 15% or more of its families at or below 100% of the federal poverty level?

3. Do less than 50% of the area's households own the home they live in?

4. Are more than 12% of the area's residents 65 or older?

5. Is the area rated "High" on the Centers for Disease Control's Social Vulnerability Index, Socioeconomic Level?

Equity Impact Assessment

ZIP CODE	HISPANIC, BLACK OR NATIVE AMERICAN POPULATION OVER 70%	15% OR MORE FAMILIES IN POVERTY	HOMEOWNERSHIP RATE LESS THAN 50%	POPULATION 65 OR OLDER MORE THAN 12%	SOCIAL ECONOMIC VULNERABILITY	COMPOUND RISK SCORE BAR
75216	97.20%	27.99%	48.88%	13.27%	High	5
75241	97.14%	23.17%	58.68%	15.02%	High	4
75211	91.37%	21.45%	49.89%	8.07%	High	4
75236	90.00%	16.08%	34.65%	6.09%	High	4
75228	72.68%	17.97%	46.59%	9.38%	High	4
75215	91.72%	26.50%	33.24%	11.82%	High	4
75232	92.19%	23.85%	56.46%	17.40%	High	4
75224	89.76%	22.26%	48.37%	8.17%	High	4
75203	90.69%	26.15%	26.76%	8.77%	High	4
75240	70.57%	19.89%	24.07%	8.30%	High	4
75233	88.80%	19.49%	49.93%	11.32%	High	4
75210	98.96%	34.99%	23.41%	8.30%	High	4

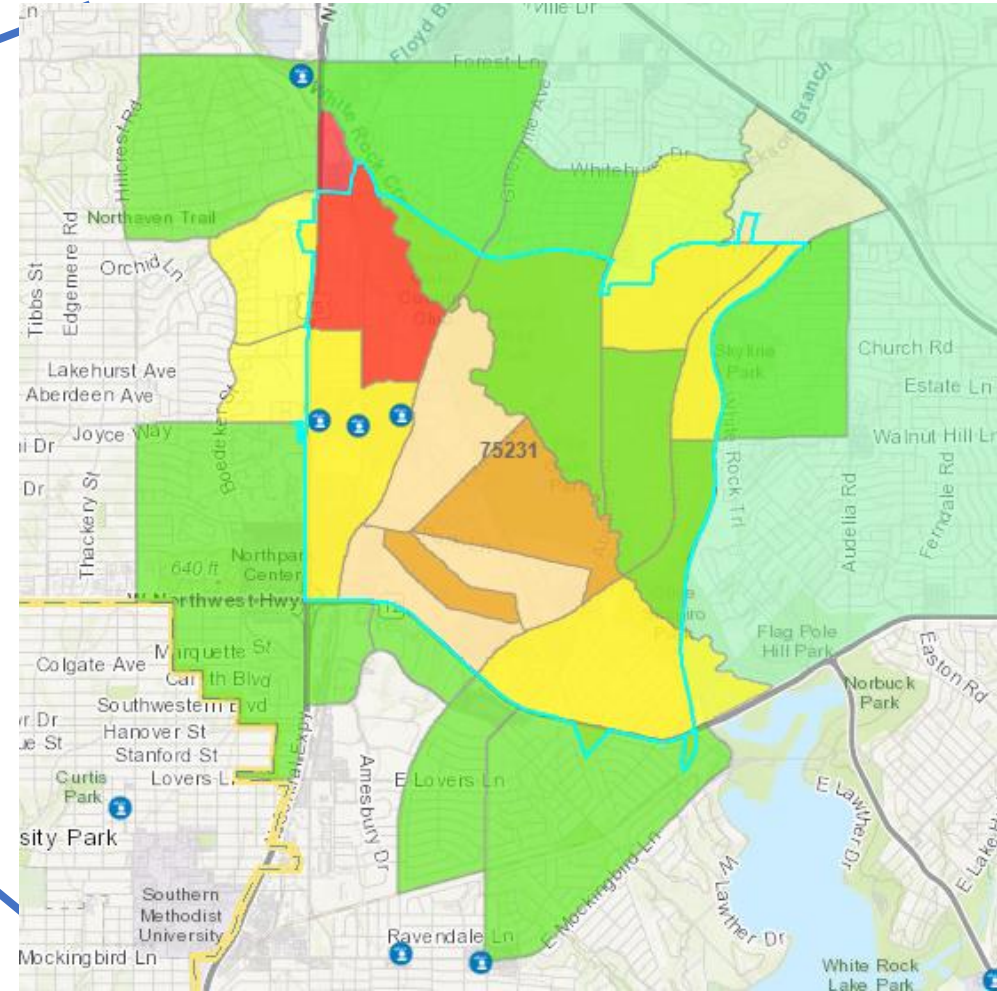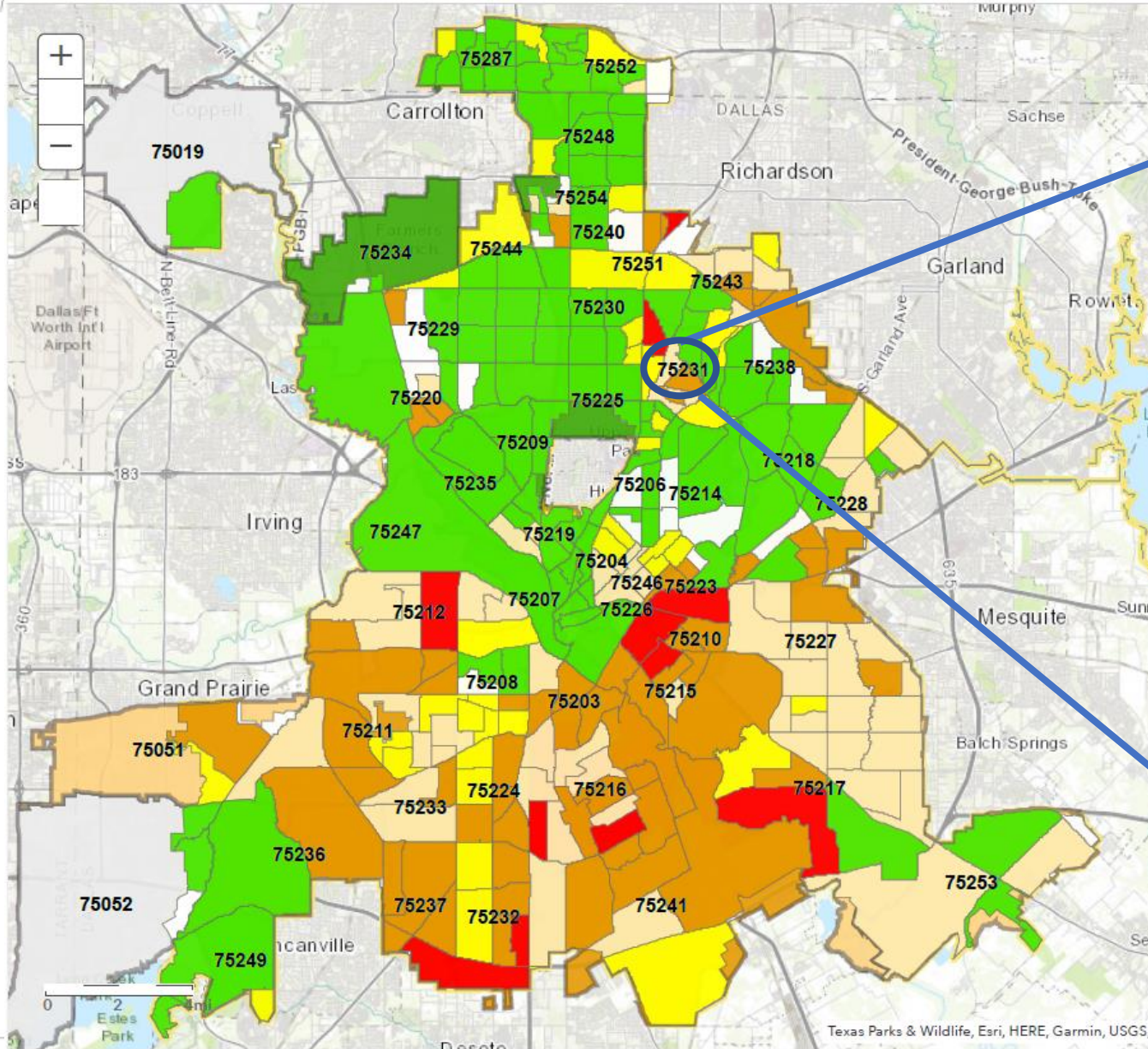# Equity Impact Assessment – Risk Map by Zip Code
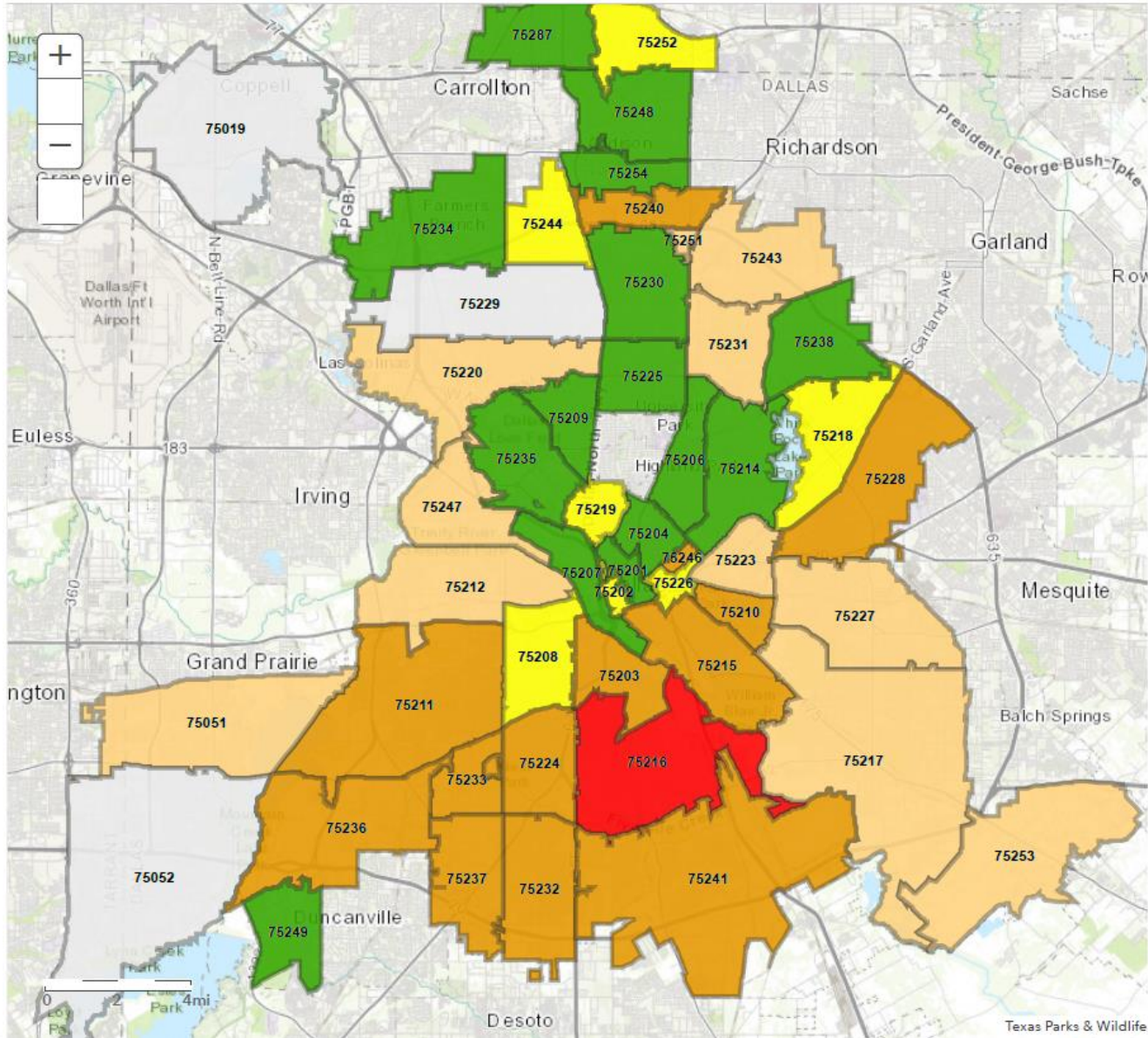
The Equity Impact Assessment Tool indicates that the zip codes at the highest risk for COVID-19 impacts are throughout the city but mostly in southern Dallas.

Equity Impact Assessment – Risk Map by Census Tract

Equity Impact Assessment Tool & COVID-19

COVID-19 in Dallas

Race/Ethnicity	Patient Count	% of Total
African-American*	1295	9%
Asian	399	3%
Hispanic**	8159	60%
White	1041	8%
Other***	68	1%
Not Reported	2623	19%
Total	**13585**	**100%**

PCCI Race/Ethnicity Distribution, June 12, 2020

Race/Ethnicity as reported by individuals via data provided by DCHHS

*African American includes African American; Black; Black, Non-Hispanic

** Hispanic includes Hispanic; White, Hispanic; Black, Hispanic; Pacific-Islander, Hispanic

***Other includes Non-Hispanic; Two or more races reported; American Indian, Non-Hispanic

	Race/Ethnicity	Non-hospitalized	Non-fatal hospitalized	Known to have died
Age-adjusted case rate per 100,000	Hispanic	667.4	124.6	19.9
	Black	136.4	71.5	12.8
	White	43.8	17.2	5.9
	Asian	187.4	40.7	14.1
Count of cases	Hispanic	6,672	933	101
	Black	814	400	63
	White	695	275	91
	Asian	333	50	11
Percent of known race/ethnicity	Hispanic	78.4%	56.3%	38.0%
	Black	9.6%	24.1%	23.7%
	White	8.2%	16.6%	34.2%
	Asian	3.9%	3.0%	4.1%

Dallas County Health and Human Services 2019 Novel Coronavirus (COVID-19) Summary, June 12, 2020, page 5

City of Dallas - Impact Assessment Tool (Census Tracts with Hispanic Population >50%)

Latinx Outreach and Engagement

- **Group Input**
  - Cultural norms
    - Large gatherings
    - Multigenerational Households
  - Lack of timely/culturally appropriate messaging
  - Disproportionate representation in 'front line and essential' jobs that lack healthcare through employment
 - Lack of access to federal aid, internet, food
- **Action Steps**
  - Create a comprehensive multilingual communication and outreach plan
    - Simultaneous broadcast
    - Leverage connection with media
    - Culturally appropriate messaging
  - Meet with internet service providers to discuss telehealth and remote care resources
  - Address long-term healthcare deserts/lack of accessible care

Equitable Health Access Working Group

- Internal Working Group
  - Public Safety, Quality of Life, Human and Social Needs, Equity and Inclusion

- Focus Areas
  - Testing
  - Contact Tracing
  - Community Outreach
  - Public Awareness
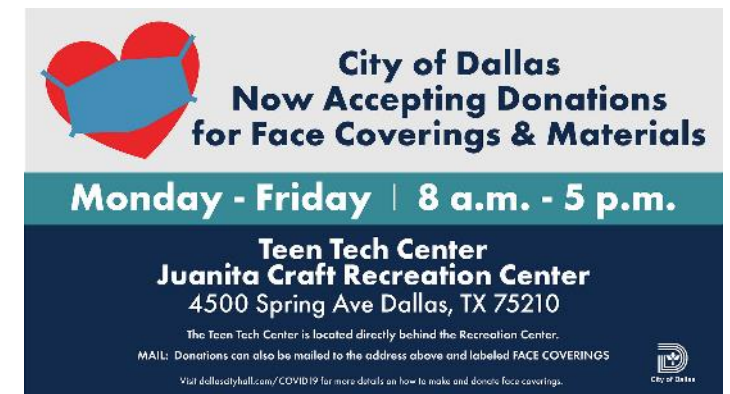
Assessing Your Community

- Census Information - Every community has access to zip code and census tract data
- Economic Status
  - What is the area median income?
  - What is the poverty level of your community? Can it be further analyzed by race/ethnicity?
- Race
  - What is the race/ethnicity composition in your community?
  - Who in your community has been most impacted by COVID-19?
- Age
  - What does COVID-19 data tell you about who is most at risk?
- Recommended Mapping Tools
  - ArcGIS
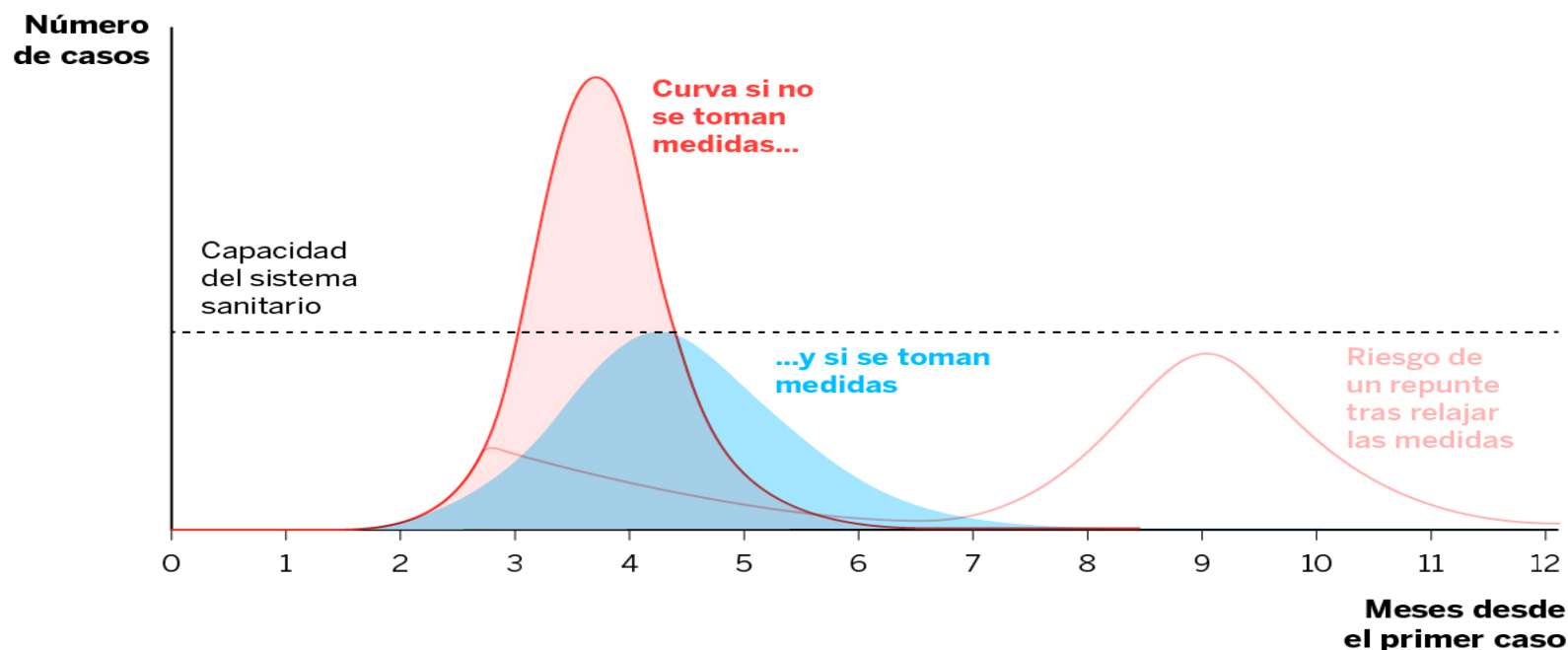 - PolicyLink
- Convene Internal Working Group

RESPONSE TO COVID-19: Municipal System and Contact Tracking

Por: Fabiola Cruz López, MPH
Epidemióloga

Keys to an Effective Response in a Pandemic

- Strict "Lockdown" distancing measures

- Early detection and ability to do molecular and serological tests

- Search for, identify, and isolate cases and contacts

Municipal Tracking System

Considering that the Municipality is the closest governmental entity to the communities, the implementation seeks to do the following:

- Establish a system that allows identification and following of contacts (places and people), and of positive or suspicious cases, in time to stop future infections

- Provide aid to individuals and families directly affected by COVID-19

- Establish a traveler monitoring system

- Assist merchants in monitoring employees to prevent workplace outbreaks

- Support the response of the Department of Health

What is Contact Tracing?

Follow the trail in a chain of virus transmission, in order to cut the transmission.

Initial Case

First line

Second line

Third line
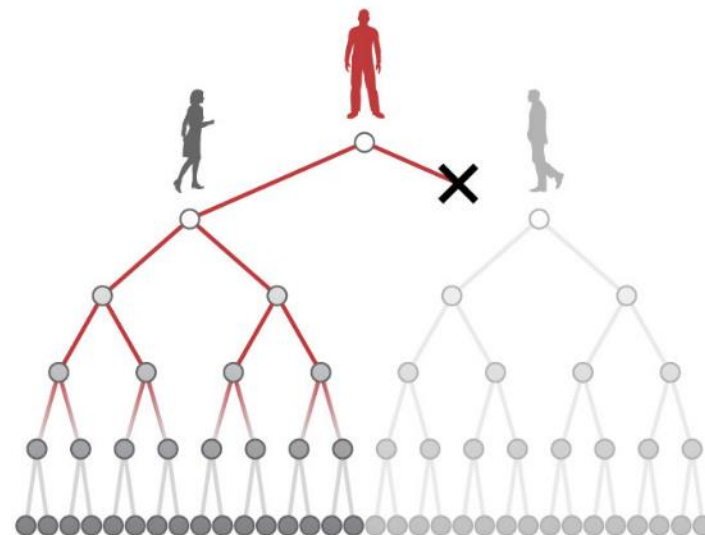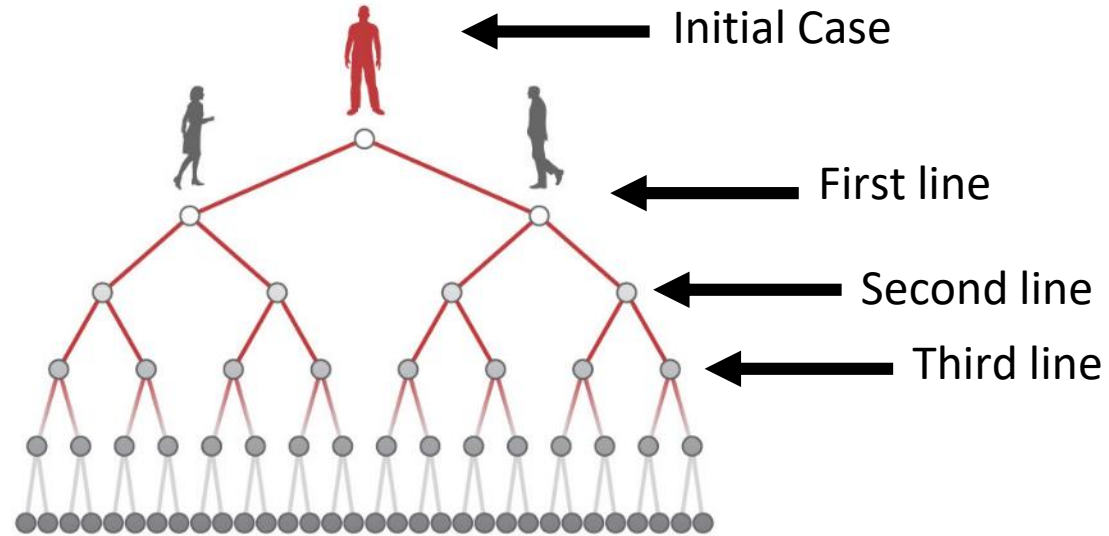
Note:

The later the tracking of contacts begins, the greater coverage they should have on the transmission lines.
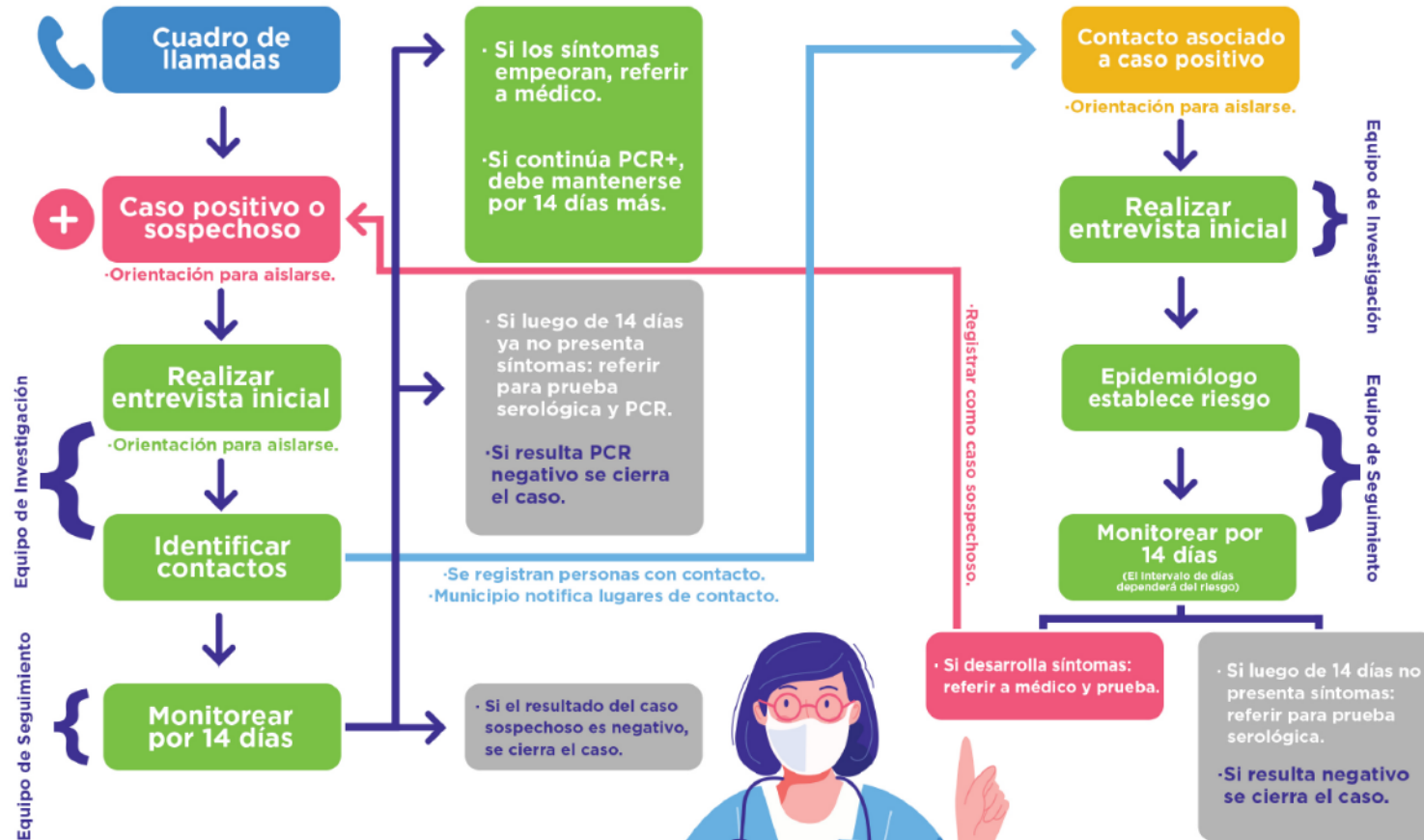
SISTEMA DE RASTREO DE CONTACTOS COVID-19

Contact Tracing System for COVID-19

The system is voluntary. The key to promoting participation:

Confidentiality and Solidarity

SISTEMA DE RASTREO DE CONTACTOS COVID-19

Cuadro de llamadas

Caso positivo o sospechoso
·Orientación para aislarse.

Realizar entrevista inicial
·Orientación para aislarse.

Identificar contactos

Monitorear por 14 días

Equipo de Investigación

Equipo de Seguimiento

· Si los síntomas empeoran, referir a médico.

· Si continúa PCR+, debe mantenerse por 14 días más.

· Si luego de 14 días ya no presenta síntomas: referir para prueba serológica y PCR.

· Si resulta PCR negativo se cierra el caso.

·Se registran personas con contacto.
·Municipio notifica lugares de contacto.

· Si el resultado del caso sospechoso es negativo, se cierra el caso.

·Registrar como caso sospechoso.

Contacto asociado a caso positivo
·Orientación para aislarse.

Realizar entrevista inicial

Epidemiólogo establece riesgo

Monitorear por 14 días
(El intervalo de días dependerá del riesgo)

Equipo de Investigación

Equipo de Seguimiento

· Si desarrolla síntomas: referir a médico y prueba.

· Si luego de 14 días no presenta síntomas: referir para prueba serológica.

·Si resulta negativo se cierra el caso.

Municipality of Villalba

26,000 Inhabitants

Total Number of Staff: 5 people
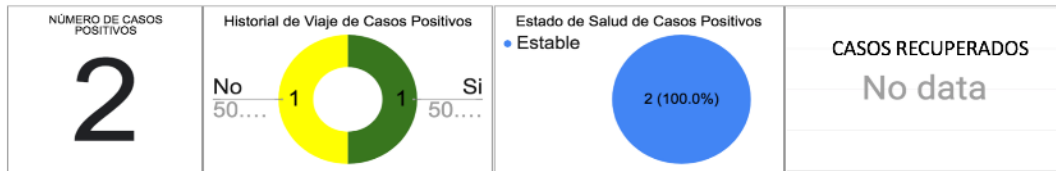
Updated: May 11, 2020

Advantages

- We actively search for the cases, rather than waiting for them to reach the system.

- Identify the asymptomatic

- Identify outbreaks in communities and businesses

- Provide resources to affected individuals and families.

- Education

- Social responsibility/equity

Observations

1. The system will only be effective if the population has trust in it.
2. Track cases before they are confirmed.
3. It supports the statistics presented by the Department of Health.
4. Identify communities at risk.
5. You need to attend to mental health illnesses.
6. Our system redirects calls to the Citizen Assistance and Emergency Management program for patients with chronic diseases.
7. There are people in communities that lack telephones and transportation, so it's important to integrate community leaders and ministers of the Faith to establish a better surveillance and visibility system.
8. There is always room for improvement.
9. The important thing is to start. because what is at risk are lives, not numbers.

Health is the most valuable possession we have.
Let us be ambitious and competent when it comes to fighting for our health and that of our people.
Together we can do it.

Thank You!

Fideicomiso de Salud Pública de Puerto Rico

Un programa de: Fideicomiso para Ciencia, Tecnología e Investigación de Puerto Rico

Villalba
ciudad avancina

Q&A