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?

Gordon F. Goodwin
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
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.
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

CC, 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...
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
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
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
History of government and race

Initially explicit
Government explicitly creates and maintains racial inequity.

Became implicit
Discrimination illegal, but “race-neutral” policies and practices perpetuate inequity.

Government for racial equity
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.
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.
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!
When Leading with Race, we are...

....Race *explicit*, not exclusive

Race *and*...

• ....gender
• ....sexual orientation
• ....religion
• ....disability status
• ....educational attainment
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

* compared to men overall
Based on median annual earnings of full-time, year-round workers
Sources: National Women's Law Center, Wikimedia Commons
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
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
Equitable Health Access and Resilience

Genesis D. Gavino, Resilience Officer
June 19, 2020
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 an 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

<table>
<thead>
<tr>
<th>ZIP CODE</th>
<th>Hispanic, Black Or Native American Population Over 70%</th>
<th>15% Or More Families In Poverty</th>
<th>Homeownership Rate Less Than 50%</th>
<th>Population 65 Or Older More Than 42%</th>
<th>Social Economic Vulnerability</th>
<th>Compound Risk Score Bar</th>
</tr>
</thead>
<tbody>
<tr>
<td>75216</td>
<td>97.20%</td>
<td>27.99%</td>
<td>48.88%</td>
<td>13.27%</td>
<td>High</td>
<td>5</td>
</tr>
<tr>
<td>75241</td>
<td>97.14%</td>
<td>23.17%</td>
<td>58.68%</td>
<td>15.02%</td>
<td>High</td>
<td>4</td>
</tr>
<tr>
<td>75211</td>
<td>91.37%</td>
<td>21.45%</td>
<td>49.89%</td>
<td>8.07%</td>
<td>High</td>
<td>4</td>
</tr>
<tr>
<td>75236</td>
<td>90.00%</td>
<td>16.08%</td>
<td>34.65%</td>
<td>6.09%</td>
<td>High</td>
<td>4</td>
</tr>
<tr>
<td>75228</td>
<td>72.68%</td>
<td>17.97%</td>
<td>46.59%</td>
<td>9.38%</td>
<td>High</td>
<td>4</td>
</tr>
<tr>
<td>75215</td>
<td>91.72%</td>
<td>26.50%</td>
<td>33.24%</td>
<td>11.82%</td>
<td>High</td>
<td>4</td>
</tr>
<tr>
<td>75232</td>
<td>92.19%</td>
<td>23.85%</td>
<td>56.46%</td>
<td>17.40%</td>
<td>High</td>
<td>4</td>
</tr>
<tr>
<td>75224</td>
<td>89.76%</td>
<td>22.26%</td>
<td>48.37%</td>
<td>8.17%</td>
<td>High</td>
<td>4</td>
</tr>
<tr>
<td>75203</td>
<td>90.69%</td>
<td>26.15%</td>
<td>26.76%</td>
<td>8.77%</td>
<td>High</td>
<td>4</td>
</tr>
<tr>
<td>75240</td>
<td>70.57%</td>
<td>19.89%</td>
<td>24.07%</td>
<td>8.30%</td>
<td>High</td>
<td>4</td>
</tr>
<tr>
<td>75233</td>
<td>88.80%</td>
<td>19.49%</td>
<td>49.93%</td>
<td>11.32%</td>
<td>High</td>
<td>4</td>
</tr>
<tr>
<td>75210</td>
<td>98.96%</td>
<td>34.99%</td>
<td>23.41%</td>
<td>8.30%</td>
<td>High</td>
<td>4</td>
</tr>
</tbody>
</table>
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 Tool & COVID-19
## COVID-19 in Dallas

### 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

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Patient Count</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American*</td>
<td>1295</td>
<td>9%</td>
</tr>
<tr>
<td>Asian</td>
<td>399</td>
<td>3%</td>
</tr>
<tr>
<td>Hispanic**</td>
<td>8159</td>
<td>60%</td>
</tr>
<tr>
<td>White</td>
<td>1041</td>
<td>8%</td>
</tr>
<tr>
<td>Other***</td>
<td>68</td>
<td>1%</td>
</tr>
<tr>
<td>Not Reported</td>
<td>2623</td>
<td>19%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13585</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Age-adjusted case rate per 100,000

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Non-hospitalized</th>
<th>Non-fatal hospitalized</th>
<th>Known to have died</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>667.4</td>
<td>124.6</td>
<td>19.9</td>
</tr>
<tr>
<td>Black</td>
<td>135.4</td>
<td>71.5</td>
<td>12.8</td>
</tr>
<tr>
<td>White</td>
<td>43.8</td>
<td>17.2</td>
<td>5.9</td>
</tr>
<tr>
<td>Asian</td>
<td>187.4</td>
<td>40.7</td>
<td>14.1</td>
</tr>
</tbody>
</table>

### Count of cases

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Count</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>6,672</td>
<td>933</td>
</tr>
<tr>
<td>Black</td>
<td>814</td>
<td>400</td>
</tr>
<tr>
<td>White</td>
<td>695</td>
<td>275</td>
</tr>
<tr>
<td>Asian</td>
<td>333</td>
<td>50</td>
</tr>
</tbody>
</table>

### Percent of known race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>% Non-hospitalized</th>
<th>% Non-fatal hospitalized</th>
<th>% Known to have died</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>78.4%</td>
<td>56.3%</td>
<td>38.0%</td>
</tr>
<tr>
<td>Black</td>
<td>9.6%</td>
<td>24.1%</td>
<td>23.7%</td>
</tr>
<tr>
<td>White</td>
<td>8.2%</td>
<td>16.6%</td>
<td>34.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>3.9%</td>
<td>3.0%</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

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%)

[Map showing various census tracts with risk scores and confirmed cases]

- Zip Code: 75234
  Confirmed Cases: 185
- Zip Code: 75254
  Confirmed Cases: 168
- Zip Code: 75264
  Confirmed Cases: 68
- Zip Code: 75240
  Confirmed Cases: 158
- Zip Code: 75231
  Confirmed Cases: 290
- Zip Code: 75238
  Confirmed Cases: 77
- Zip Code: 75228
  Confirmed Cases: 290
- Zip Code: 75229
  Confirmed Cases: 122
- Zip Code: 75220
  Confirmed Cases: 314
- Zip Code: 75212
  Confirmed Cases: 104
- Zip Code: 75203
  Confirmed Cases: 95
- Zip Code: 75208
  Confirmed Cases: 183
- Zip Code: 75211
  Confirmed Cases: 592
- Zip Code: 75235
  Confirmed Cases: 94
- Zip Code: 75239
  Confirmed Cases: 164
- Zip Code: 75233
  Confirmed Cases: 128
- Zip Code: 75224
  Confirmed Cases: 100
- Zip Code: 75216
  Confirmed Cases: 301
- Zip Code: 75215
  Confirmed Cases: 146
- Zip Code: 75237
  Confirmed Cases: 146
- Zip Code: 75236
  Confirmed Cases: 87
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**
Genesis D. Gavino
Resilience Officer

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www.dallascityhall.com
Twitter: @ResilientDAL
Facebook: @ResilientDAL
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.

Note:
The later the tracking of contacts begins, the greater coverage they should have on the transmission lines.
Contact Tracing System for COVID-19

The system is voluntary. The key to promoting participation:

Confidentiality and Solidarity
Municipality of Villalba

26,000 Inhabitants
Total Number of Staff: 5 people

Le exhortamos a ser solidarios #QuedateEnTuCasa Llama a nuestro registro municipal de casos de COVID-19 para ayudarte. 787-428-7928

INFORME DE CASOS POSITIVOS Y RECUPERADOS

<table>
<thead>
<tr>
<th>Historial de Viaje de Casos Positivos</th>
<th>Estado de Salud de Casos Positivos</th>
<th>CASOS RECUPERADOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>No 50,000</td>
<td>1</td>
<td>2 (100.0%)</td>
</tr>
<tr>
<td>Si</td>
<td>1</td>
<td>No data</td>
</tr>
</tbody>
</table>

CASOS CERRADOS (* Prueba Negativa, o que pasaron el periodo de aislamiento de 14 días sin síntomas)

<table>
<thead>
<tr>
<th>Tipo de Caso</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CASOS POSITIVOS

- Casos positivos probados: 164
- Casos recuperados: 2
- Casos sospechosos: 23
- Casos de viajero sin síntomas: 37
- Casos positivos: ¿Ha viajado los pasado 30 días?

Estado de Salud de Casos Positivos

- Estable: 16

Mensaje al ciudadano:

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!