



Time For 9 Toolkit

**Addressing the Disproportionate Impact of COVID-19 on
Minority and Low-Income Communities**

The Greater Good Initiative

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Issue Brief

In the wake of the COVID-19 pandemic, public health disparities among minority groups have been shown by how the virus is disproportionately impacting minority groups. COVID-19 has impacted Black and Hispanic Americans more than any other demographic group and Black Americans make up a larger share of COVID-19 hospitalizations nationally than their share in the population.¹ The virus is more likely to spread in densely populated areas, where members of racial and ethnic minorities are more likely to live.² Additionally, risk of infection may be greater for workers in essential industries. According to the CDC, almost ¼ of employed Hispanic and Black American workers are employed in service industry jobs.³ People of color are more likely to be uninsured, work in essential services, take public transportation, lack access to protective gear and have pre-existing health conditions that increase their risk for COVID-19.⁴ Nationwide, Black Americans are dying from COVID-19 at higher rates than whites, even though they make up a smaller percentage of the population.⁵ Black Americans experience the highest COVID-19 mortality rates, which is almost 2.3 times as high as the rate for white Americans.⁶ The inequity of COVID-19 is emerging all across the country, and all five of the top five counties with the

¹ Lopez, M., Rainie, L., & Budiman, A. (2020, May 5). *Financial and health impacts of COVID-19 vary widely by race and ethnicity*. Retrieved from <https://www.pewresearch.org/fact-tank/2020/05/05/>

² *Coronavirus Disease 2019: Racial and Ethnic Minority Groups*. (2020, April 22). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

³ Ibid.

⁴ *COVID-19 pandemic highlights longstanding health inequities in U.S.* (2020, April 14). Retrieved from <https://www.hsph.harvard.edu/news/hsph-in-the-news/covid-19-pandemic-highlights-longstanding-health-inequities-in-u-s/>

⁵ Ibid.

⁶ Egbert, A., Clary, B. [COVID-19 pandemic highlights longstanding health inequities in U.S.](https://www.hsph.harvard.edu/news/hsph-in-the-news/covid-19-pandemic-highlights-longstanding-health-inequities-in-u-s/), Helmstetter, C., & Cortes, G. (2020, July 8). *COVID-19 deaths analyzed by race and ethnicity*. Retrieved from <https://www.apmresearchlab.org/covid/deaths-by-race>

highest COVID-19 death rates in the country are predominately Black.⁷ Not only is COVID-19 exacerbating the systematic racial disparities in the American healthcare system, but it is also targeting those who are socioeconomically disadvantaged. People of color are also disproportionately affected by economic inequalities as well, making it even more important to aid minority communities in fighting COVID-19.⁸

To most efficiently aid minority and low income communities, a combination of factors that each contribute to the disproportionate impact of COVID-19 must be addressed. The [Time For 9 Toolkit](#) aims to empower elected officials to effectively address the disproportionate effect of COVID-19 on minority and socioeconomically disadvantaged communities by uplifting successful models of equity focused testing protocols, community-government partnerships, and resource allocation in cities and states across the country.

Testing Recommendation 1: Residents in each neighborhood of a city should be able to access a disability-friendly and schedule-flexible walk-up testing site within range of public transportation.

Testing sites should be positioned throughout a city such that residents from each neighborhood, especially those in low-income areas, can access them. Testing services should maintain flexible hours to accommodate those who work essential jobs and provide alternative methods of accessing tests for those with disabilities.

⁷ *The COVID Racial Data Tracker*. (2020, July). Retrieved from <https://covidtracking.com/race>

⁸ Pappas, S. (2020). Fighting inequity in the face of COVID-19. *COVID-19 Special Report*, 51(4). Retrieved from <https://www.apa.org/monitor/2020/06/covid-fighting-inequity>

Testing Recommendation 2: Cities should provide COVID-19 testing options that do not require the presentation of government-issued ID, health insurance, or other traditional administrative processes.

Cities should ensure that residents have access to testing services that do not require health insurance or government-issued identification. In addition to expanding the range of acceptable identification beyond government-issued photo ID, cities could establish partnerships with local services that provide coronavirus tests regardless of their insurance coverage or access to identification.

Testing Recommendation 3: Cities should establish a department of neighborhood-familiar officers to trace viral transmission and assist infected persons in seeking safe quarantine.

It is essential that cities identify and limit transmission of COVID-19. Cities should implement task forces and officers to trace viral transmission and assist infected persons in seeking safe quarantine.

Communications/Partnerships Recommendation 1: Create Relationships with Trusted Leaders in Minority Communities

Due to existing racial health inequities that add to the longstanding distrust minorities have in the American health system, local governments should create relationships with trusted leaders in minority communities to ensure credible information regarding COVID-19 is spread. Engaging with churches, community centers, local stores, community officials, well known influencers, and trusted leaders in disproportionately affected communities will help increase the levels of trust residents have in health officials and promote the following of preventative measures and treatment seeking.

Communications/Partnerships Recommendation 2: Prioritize third-party involvement and funding

State and local governments must start initiatives and fundraisers to increase grants and opportunities available to acquire necessary funding to collectively pool resources and slow the progression of the pandemic. Directly engaging with local hospitals and laboratories will alleviate the burden placed on the healthcare system and will prioritize the addition of third-party funding to increase preventative measures and testing within communities.

Communications/Partnerships Recommendation 3: Provide Understandable and Effective Communication Materials across Minority Populations

State and local governments must spread multilingual, culturally inclusive, educational information regarding COVID-19 on diverse and distinct media outlets, such as the television, radio, social media, newspaper, and differing ethnic media platforms. Additionally, safety procedures that apply to those who are unable to social distance in crowded living spaces or at essential jobs that can not be performed remotely, should be distributed within disproportionately affected communities.

Resources Recommendation 1: Ensure that minorities on food stamps have easy access to online grocery shopping.

States that have not yet enacted online Supplemental Nutrition Assistance Program (SNAP) services should do so in order to give those on food stamps opportunities to online grocery shops. For those states that have already enacted online SNAP, State and local governments should expand the list of online grocers that accept online SNAP by encouraging popular grocery stores in predominantly minority communities to meet Food and Nutritional Services (FNS)

retailer stocking requirements and meet online purchasing requirements with the intention of becoming eligible for accepting online food stamp payments.

Resources Recommendation 2: Prioritize the allocation of safe sheltering alternatives and COVID-19-preventative resources for homeless communities.

States and localities should prioritize the acquisition and distribution of both temporary and long-term safe housing solutions to support the safety and upward mobility of homeless populations. Due to preexisting health conditions, housing insecurity, and limited access to nutritious food, hygiene, sanitation, healthcare, homeless individuals are disproportionately susceptible to contracting and dying from COVID-19.

Resources Recommendation 3: Assist renters who are ineligible for direct rental assistance through the Coronavirus Aid, Relief, and Economic Security (CARES) Act

In order to protect financially struggling renters who are ineligible to receive direct rental assistance from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, particularly young renters, renters of color, economically disadvantaged renters, and otherwise marginalized renters, states and cities should refer to successful rental assistance models that most effectively respond to the needs of renters in the localities they serve.

The Nine Recommendations

Testing Equity

1. Access to disability-friendly and schedule-flexible walk-up testing sites within range of public transportation.
2. COVID-19 testing options that do not require the presentation of government-issued ID, health insurance, or other traditional administrative processes.
3. Cities should establish a department of neighborhood-familiar officers to trace viral transmission and assist infected persons in seeking safe quarantine.

Communications/Partnerships

1. Create Relationships with Trusted Leaders in Minority Communities
2. Prioritize third-party involvement and funding
3. Provide Understandable and Effective Communication Materials across Minority Populations

Additional Resources

1. Ensure that minorities on food stamps have easy access to online grocery shopping
2. Create state and city-based rental assistance programs for renters who are ineligible to receive direct rental assistance from the Coronavirus Aid, Relief, and Economic Security (CARES) Act.
3. Prioritize the allocation of safe sheltering alternatives and COVID-19-preventative resources for homeless communities.

Preliminary Report

What is the problem that you're trying to fix?

COVID-19 has disproportionately affected racial and ethnic minority groups.⁹ This is due to a variety of reasons; there are health differences between different racial groups as a result of different economic and social standings, members of racial minorities are more likely to live in densely populated areas, and are more likely to work in essential services that put them in close proximities to others.¹⁰ History has shown that susceptibility to illnesses and death rates are usually higher among racial and ethnic minority groups during public health emergencies.¹¹ This statement has been proven across the nation as the COVID-19 pandemic reveals the inequities racial minorities face within the American healthcare system. Nationally, nearly one in five counties is disproportionately Black and only represent 35% of the population, yet accounts for nearly half of COVID-19 cases and 58% of COVID-19 deaths. Local and state governments must make various efforts and implement new policies in order to decrease the disproportionate number of cases in minority communities. In New York City, the death rates per 100,000 residents are highest among Black and Hispanic populations¹² and 13 out of 14 of COVID-19 fatalities in Richmond, VA have been Black Americans. In Chicago, Black Americans are dying

⁹ *Coronavirus Disease 2019: Racial and Ethnic Minority Groups*. (2020, April 22).

Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

¹⁰ Ibid.

¹¹ Ibid.

¹² Lopez, M., Rainie, L., & Budiman, A. (2020, May 5). *Financial and health impacts of COVID-19 vary widely by race and ethnicity*. Retrieved from <https://www.pewresearch.org/fact-tank/2020/05/05/financial-and-health-impacts-of-covid-19-vary-widely-by-race-and-ethnicity/>

at a rate nearly six times the rate of white Chicagoans, a disparity that has also emerged in other large cities, including New Orleans, Detroit, and Milwaukee.¹³ Racial health disparities are deeply ingrained and eliminating underlying causes for these disparities will require commitment at all levels of government for years.¹⁴ However, in terms of short term relief and action regarding to COVID-19, state and local governments must shift more focus onto aiding marginalized communities to fight the virus. Aiding marginalized communities will prove to be crucial in the fall of 2020 as evidence suggests there will be a second wave of COVID-19. According to Marc Lipstich, a professor of epidemiology at the Harvard T.H. Chan School of Public Health and the director of the Center for Communicable Disease Dynamics, the United States will have a harder time controlling COVID-19 in the fall.¹⁵ In the fall, it will be important to protect ICU's and keep the number of cases from rapidly increasing; doing this may mean a return to preventative measures that governments implemented in the spring of 2020.¹⁶ It is essential that information regarding safe protection measures, available resources, and social services are provided to those in vulnerable minority communities. The Time for 9 Toolkit aims to address a combination of problems that contribute to the large racial and socioeconomic disparities of COVID-19.

¹³ Flynn, M. (2020, April 07). *'Those numbers take your breath away': Covid-19 is hitting Chicago's Black neighborhoods much harder than others, officials say*. Retrieved from <https://www.washingtonpost.com/nation/2020/04/07/chicago-racial-disparity-coronavirus/>

¹⁴ Ollove, M., & Vestal, C. (2020, May 28). *COVID-19 Is Crushing Black Communities. Some States Are Paying Attention*. Retrieved from <https://www.govtech.com/em/safety/Coronavirus-is-Crushing-Black-Communities-Some-States-are-Acting.html>

¹⁵ Strazewski, L. (2020, May 8). *Harvard epidemiologist: Beware COVID-19's second wave this fall*. Retrieved from American Medical Association website:

<https://www.ama-assn.org/delivering-care/public-health/harvard-epidemiologist-beware-covid-19-s-second-wave-fall>

¹⁶ Ibid.

Why was this specific issue chosen?

The COVID-19 pandemic has illuminated common threads in public health sectors across the United States: Communities of color¹⁷ (most prominently, Black and Hispanic communities), those in congregate living situations¹⁸, essential workers¹⁹, and unhoused populations²⁰ consistently and significantly experience COVID-19-related challenges at disproportionate rates, including greater instances of job and housing insecurity, limited access to testing, media misinformation, and higher rates of death due to COVID-19 complications. While these public health inequities are prevalent throughout the nation, they unfold differently across states and localities. For example, in rural localities with limited access to testing and a high percentage of essential workers, the most pressing public health issue might be extending testing hours and assembling a community-run transit service. Alternatively, in metropolises with robust public transit systems and large populations of unsheltered individuals, a more critical health issue to address might be strategically placing hygiene stations in heavily trafficked areas. A public health crisis as unprecedented as the COVID-19 pandemic demands that policymakers,

¹⁷ Centers for Disease Control (2020, June 5). *COVID-19 in Racial and Ethnic Minority Groups*. Retrieved July 12, 2020 from

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

¹⁸ Centers for Disease Control (2020, April 25). *COVID-19 Guidance for Shared or Congregate Housing*. Retrieved July 12, 2020 from

<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>

¹⁹ Occupational Safety and Health Administration (2020). *Worker Exposure Risk to COVID-19*. Retrieved July 12, 2020 from

<https://www.osha.gov/Publications/OSHA3993.pdf>

²⁰ Centers for Disease Control (2020, June 16). *Homeless Populations*. Retrieved July 12, 2020 from

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>

community leaders, and the greater public embrace adaptability, resilience, and the capacity to collaborate for the common good. However, the approach is not one-size-fits-all. The Time for 9 Toolkit was assembled to uplift diversely successful models of equity in testing practices, community partnerships, and resource allocation, and subsequently, to empower policymakers and community leaders to address the disproportionate burden COVID-19 has placed on minority and economically disadvantaged communities.

What is the solution proposed?

Cities and counties must take necessary actions to ensure that marginalized communities are properly equipped to handle COVID-19. The Time for 9 Toolkit offers specific steps that can be taken by elected officials to effectively address the disproportionate impact of COVID-19 by implementing successful models of equity focused measures. These proposals fall under three categories: Testing, Communication/Partnerships, and Additional Resources.

TESTING RECOMMENDATIONS

1. Ensure that residents in each neighborhood have access to a disability-friendly and schedule-flexible walk-up testing site within range of public transportation.

When cities consider equitable testing practices, they should consider solutions beyond placing testing locations in low-income neighborhoods. Cities should make testing accessible for citizens with disabilities, long work hours, and transportation constraints, among other challenges. Cities should also consider operating walk-up and mobile testing, in addition to drive-thru testing, in order to accommodate citizens who do not own cars. Providing on-site services for those with disabilities or giving them the option

to request in-home testing or transportation, as Houston offers,²¹ are practices cities could adopt to improve the accessibility of testing.

2. Cities should provide COVID-19 testing options that do not require the presentation of government-issued ID, health insurance, or other traditional administrative processes.

In addition to ensuring that testing locations are accessible to residents, cities should consider limiting requirements, such as the presentation of government-issued ID and health insurance, that may serve as barriers to testing. More than 25 million adults in the United States do not possess government-issued photo ID, and some ID-issuing offices, depending on states' reopening timelines, remain closed.²² Although many states offer free forms of identification, the transportation and documentation costs involved to obtain them typically range from \$75 to \$175.²³ In 2018, 8.5% of the American population was uninsured.²⁴ To guarantee that lack of access to government-issued ID or health insurance does not prevent any Americans from accessing coronavirus testing, some testing services have relaxed requirements while some states, such as Illinois,²⁵ have removed health insurance as a requirement at state-operated testing sites.

²¹ Reyes, A. (2020, May 21). *How people without vehicles, disabilities are getting tested for COVID-19*. Retrieved from Click2Houston website: <https://www.click2houston.com/traffic/2020/05/21/how-people-without-vehicles-disabilities-are-getting-tested-for-covid-19/>

²² *No Photo ID = No COVID-19 Test for Millions?* (2020, April). Retrieved from VoteRiders website: <https://www.voteriders.org/press-release-covid-19-photo-id/>

²³ Sobel, R. (2014, June). *The High Cost of 'Free' Photo Voter Identification Cards*. Retrieved from Harvard Law School website: <https://today.law.harvard.edu/wp-content/uploads/2014/06/FullReportVoterIDJune20141.pdf>

²⁴ Galewitz, P. (2019, September 10). *Breaking A 10-Year Streak, The Number Of Uninsured Americans Rises*. Retrieved from <https://khn.org/news/number-of-americans-without-insurance-rises-in-2018/>

²⁵ *State Announces Community-Based Testing Sites Now Open to All*. (2020, June 4). Retrieved from Illinois Department of Public Health website: <https://www.dph.illinois.gov/news/state-announces-community-based-testing-sites-now-open-all>

3. Cities should establish a department of neighborhood-familiar officers to trace viral transmission and assist infected persons in seeking safe quarantine.

It is essential that cities identify and limit transmission of COVID-19. Cities should implement task forces and officers to trace viral transmission and assist infected persons in seeking safe quarantine. To promote caution among infected individuals, cities should incentivize quarantine by providing all necessary resources to those who must self-isolate. According to the Centers for Disease Control and Prevention, contact tracing programs that test, trace, and isolate infected individuals substantially limit the incidence of COVID-19 in a community. Cities can increase the effectiveness of their contact tracing efforts by employing officers in their home neighborhoods; this ensures that all officers have local familiarity and community connections.

COMMUNICATION/PARTNERSHIPS RECOMMENDATIONS

1. Create Relationships with Trusted Leaders in Minority Communities

Cities and localities should work with trusted leaders in minority communities to ensure that residents are obtaining reliable information from sources they will listen to.

According to the Pew Research Center, Black adults are less likely to trust medical scientists and obtain vaccines to combat illness.²⁶ This reason, combined with the disproportionate share of COVID-19 cases in minority communities and years of historic distrust among minorities in the American healthcare system, makes it even more imperative for city officials to work with trusted leaders in marginalized communities.

²⁶ Gramlich, J., & Funk, C. (2020, June 04). *Black Americans face higher COVID-19 risks, are more hesitant to trust medical scientists, get vaccinated*. Retrieved from <https://www.pewresearch.org/fact-tank/2020/06/04/Black-americans-face-higher-covid-19-risks-are-more-hesitant-to-trust-medical-scientists-get-vaccinated/>

City officials can build greater levels of trust and spread reliable information by engaging with leaders in churches/interfaith groups, community centers, shops, influencers, and trusted community officials.

2. Prioritize third-party involvement and funding

State and local governments must collectively pool resources and start initiatives to acquire necessary funding in order to slow the progression of the pandemic. After a crucial partnership with IDEXX Laboratories, Inc. in early June, Maine has ensured that 90% of residents can get tested within 30 minutes of their home.²⁷ By starting initiatives and obtaining third-party grants, states can diverge their funding and tackle every aspect of this pandemic. City and state governments can build greater access to necessary resources and diverge funding by engaging with organizations, laboratories and hospitals in need.

3. Provide Understandable and Effective Communication Materials across Minority Populations

Communication about public health emergencies proves to be essential in preventing the spread of a virus and ensuring that residents are remaining safe and healthy. However, different communication strategies must be utilized to reach different ethnic, racial and socioeconomic groups. Multilingual and culturally inclusive educational efforts must be spread on a variety of media outlets that include trusted sources to ensure that minority communities are being provided with understandable and effective information. Cities

²⁷ Minnesota Department of Health. *COVID-19 Contracts for Diverse Media and Community Outreach - Minnesota Dept. of Health*, June 2020, Retrieved from www.health.state.mn.us/communities/equity/funding/covidcontracts.html.

can undergo multilingual communication campaigns within marginalized communities and stress the importance of wearing masks and adhering to safety and sanitation measures.

RESOURCES RECOMMENDATIONS

1. Ensure that minorities on food stamps have easy access to online grocery shopping.

Due to the coronavirus outbreak a quick trip to the grocery store can be deadly for those in immunocompromised positions. In order for those who are especially at risk to avoid leaving their home to buy groceries, online grocery shopping may be the only option. However prior to March the 38 million Americans who may rely on food stamps to help pay for groceries were largely unable to shop for groceries online. Although most U.S. states have passed measures to implement online food stamp payments, however several states have not. Within the states that have created such measures, only a couple of retailers have passed federal regulation in order to accept online food stamp payments. In socioeconomically disadvantaged communities of color, these few retailers that accept online food stamps such as Amazon may not be as accessible. Due to this, popular grocery stores in primarily minority communities are encouraged to undergo necessary federal regulations in order to accept online food stamp payments.

2. **Create state and city-based rental assistance programs for renters who are ineligible to receive direct rental assistance from the Coronavirus Aid, Relief, and Economic Security (CARES) Act.** The effects of redlining on Black, Hispanic, and low-income communities have been both illuminated and exacerbated by challenges renters have endured during the COVID-19 pandemic. Compared with homeowners, renters commonly have lower incomes and savings, lower access to credit, less job stability and a history of facing greater challenges in paying for their housing costs, making them even more vulnerable to increased financial insecurity due to the pandemic. The number of renters who are people of color is significantly greater than the number of non-Hispanic white renters. In 2018, 58.3% of Black households, 52.5% of Hispanic households, 40% of Asian households, and 27% of white households were renters. A greater number of Black and Hispanic households reported challenges with paying rent: One-third of Black households often or sometimes experienced difficulty paying rent, which was nine percentage points higher than for white households. These challenges can potentially be attributed to the fact that Black renter households are the most vulnerable to economic instability, with the lowest median income, the lowest median liquid assets, and the highest unemployment rate among all ethnic and racial groups. Due to the lasting effects of redlining, fewer opportunities to achieve upward mobility, and persistent biased treatment in the pursuit of rental housing, Black, Hispanic, and young renters (for most young, white, renters, the relevant criterion is “fewer opportunities to achieve upward mobility”) are more vulnerable to suffering economic devastation due to the COVID-19 pandemic than white, Asian, and older renters. Following the 2007 housing market crisis, these groups were overwhelmingly harmed and recovered from financial hardship at a slower rate. If programs aimed at assisting financially vulnerable renters are not

implemented, COVID-19 will likely impose similar financial hardships on these renters, decreasing their chances of achieving economic stability. The CARES Act currently offers direct rental assistance to renters whose landlords have federally backed mortgages, but most renters are ineligible to receive this assistance. In order to protect financially struggling renters who cannot receive direct rental assistance from the CARES Act, particularly young renters, renters of color, economically disadvantaged renters, and otherwise marginalized renters, states and cities should consider successful rental assistance models how that most effectively respond to the needs of renters in the localities they serve.

3. Prioritize the allocation of safe sheltering alternatives and COVID-19-preventative resources for homeless communities.

Amid calls to stay home and stay safe, “sheltering in place” is not a feasible reality for the over 500,000 Americans experiencing homelessness.²⁸ COVID-19 has devastated homeless communities across the country and is poised to remain a threat. Due to preexisting health conditions, limited access to nutritious food, hygiene, sanitation, and healthcare, people experiencing homelessness have a more difficult time accessing necessary health resources than those who are housed.²⁹ To mitigate the increased health risks the homeless population face amid the COVID-19 pandemic, state and local governments should pursue opportunities to provide unused hotel rooms and other spaces made available through COVID-19-related closures to homeless individuals. Even if used as temporary sheltering solutions, safely distanced shelters tremendously benefit homeless individuals. Crowded living spaces, particularly those like

²⁸ State of Homelessness: 2020 Edition. (2020, May 20). Retrieved July 13, 2020, from <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2020/>

²⁹ Baggett, T. (2010, July). U.S. National Library of Medicine. Retrieved July 13, 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2882397/>

shelters that regularly circulate new dwellers in and out, have been linked to physical ailments such as tuberculosis and respiratory infections, as well as exacerbated psychological stress.³⁰ Sheltering in hotel rooms allows for residents to safely distance from one another, minimizing their risk of developing respiratory ailments that could increase their susceptibility to contracting COVID-19.

What were the broad questions that guided research into this issue?

When analyzing why COVID-19 is disproportionately impacting minority and marginalized communities, it is important to consider numerous factors that may exacerbate racial and ethnic health disparities. For COVID-19, testing is critical in maintaining public health. Questions that guided research into this particular issue included: Do ALL citizens have access to affordable and convenient testing? Have local authorities considered equitable practices in their testing plans? Why might some citizens feel unsafe or uncomfortable being tested? How can cities counteract these feelings? What services or accommodations do cities provide for those with disabilities wishing to get tested? To what extent do testing requirements, such as photo identification or health insurance, serve as unnecessary barriers to getting tested? Which methods of testing are most effective? For example, what are the benefits and drawbacks of drive-thru testing, walk-up testing, and mobile testing?

After considering each of these factors that contribute to health inequities relating to COVID-19, questions regarding communication efforts in minority communities emerged. These questions included: how is information best spread in minority and marginalized communities? Are those in disproportionately impacted communities obtaining understandable and relevant

³⁰Braveman, P., Dekker, M., Egerter, S., Sadegh-Nobari, T., & Pollack, C. (2020, May 13). Housing and Health. Retrieved July 13, 2020, from <https://www.rwjf.org/en/library/research/2011/05/housing-and-health.html>

information? How is information being tailored to best aid those that are non-English speakers and are unable to social distance for their jobs? What type of information should be spread in these communities? Then, how can communities work with the government to ensure that the most effective practices are being implemented in marginalized communities? How can partnerships within communities help the impact of COVID-19 and what types of partnerships are most beneficial?

The allocation of resources to uplift and further aid those in low income communities is also crucial, especially when considering the detrimental economic impact of the virus. Some questions that guided research into equitable ways to allocate resources included: How were those with food insecurities issues fairing during the pandemic? Has the amount of people online grocery shopping increased? Are those with reliance on food stamps allowed to grocery shop online? How can grocery stores support food stamp users during the pandemic? Do minorities on food stamps have access to online grocery shopping? How will online grocery shopping decrease risk for those who are immunocompromised? What are the current federal regulations on how stores can best support food stamp recipients?

Intrinsically, safe, stable, and affordable housing supports community health; however, the economic crisis resulting from COVID-19 has increased instability among homeowners and renters. Questions concerning access to affordable housing emerged, these included: what does emergency funding for COVID-19-related housing challenges look like? Which groups are receiving inadequate access to this funding? What methods have states and localities used to fund assistance programs for those who do not receive adequate federal assistance? Is there a

disparity between the aid homeowners are receiving versus the aid renters are receiving? Among renters, who are the most vulnerable populations? How has the increase in jobs lost due to COVID-19 affected the pool of renters eligible for government assistance? How have nonprofits and private funders partnered with governments to increase the amount of rent relief available to renters in need?

Amid state and local government calls to “shelter in place” to prevent exposure to COVID-19, considerations regarding homeless communities’ ability to safely social distance emerged, including: In what ways have homeless communities disproportionately suffered from the impact of COVID-19? How have social service agencies modified but still maintained their services to comply with social distancing measures while serving homeless populations during an exceptionally vulnerable time? How have governments addressed the fact that sheltering in place is not feasible for homeless individuals? Further, how have governments coordinated with private funders and/or local businesses to create alternative sheltering solutions for homeless individuals, as many established shelters do not have the infrastructure to safely distance patrons?

What is the relevance of the issues to the country and its citizens?

In the midst of a public health crisis, it is imperative that all citizens receive sufficient access to information, testing, and other essential health services. COVID-19 has disproportionately impacted low-income minority communities, largely because people of color are more likely to live in crowded conditions, lack access to personal protective equipment at work, and use public

transportation.³¹ According to data from the Centers for Disease Control and Prevention, “Latino and Black residents of the United States have been three times as likely to become infected as their white neighbors.”³² Due to underlying health conditions common among certain racial groups, people of color tend to be at higher risk of developing a serious illness if infected with coronavirus. While about one in five (21%) non-elderly (between the ages 18-64) White adults are at high risk if infected with coronavirus, about one in four (27%) non-elderly Black adults and one in three (35%) non-elderly adults whose household incomes are below \$15,000 are at high risk if infected.³³ The high transmissibility of coronavirus in crowded living spaces and the higher likelihood that people of color possess underlying conditions stress the need to equitably distribute resources and information.

The continued surge in positive cases across the country further stresses the need for cities to coordinate with their residents and communities and maintain a robust and effective testing regime. As the United States continues to reopen, Texas and Washington have experienced their highest single-day case totals in early July, and hotspots have emerged in other parts of the country, such as Idaho and Arizona.³⁴ Given the higher mortality rates of areas with

³¹ *COVID-19 pandemic highlights longstanding health inequities in U.S.* (2020, April 14). Retrieved from <https://www.hsph.harvard.edu/news/hsph-in-the-news/covid-19-pandemic-highlights-longstanding-health-inequities-in-u-s/>

³² Oppel Jr., R. A., Gebeloff, R., Lai, K. R., Wright, W., & Smith, M. (2020, July 5). *The Fullest Look Yet at the Racial Inequity of Coronavirus*. Retrieved from The New York Times website: <https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-data.html?referringSource=articleShare>

³³ Koma, W., Artiga, S., Neuman, T., Claxton, G., Rae, M., Kates, J., & Michaud, J. (2020, May 7). *Low-Income and Communities of Color at Higher Risk of Serious Illness if Infected with Coronavirus*. Retrieved from Kaiser Family Foundation website: <https://www.kff.org/coronavirus-covid-19/issue-brief/low-income-and-communities-of-color-at-higher-risk-of-serious-illness-if-infected-with-coronavirus/>

³⁴ *Fauci Says Virus Cases ‘Never Got Down to Where We Wanted to Go’ as Deaths Pass 130,000*. (2020, July 7). Retrieved from The New York Times website: <https://www.nytimes.com/2020/07/06/world/coronavirus-updates.html>

crowded housing,³⁵ metropolitan and urban areas must ensure that their most vulnerable residents can access testing services and critical resources.

Why is this an issue that requires governmental response?

The government's public health responsibilities are shared at the federal, state and local levels. All three levels interact in shaping and delivering health care and various programs to maintain public health.³⁶ In a global pandemic, all levels of government have a responsibility to implement protective measures and extend social services to best protect the health of all residents. Local governments must understand which groups are most affected by the virus and communicate this information to both the state and federal government. One of the most effective tools to combat the uncertainty of a pandemic is a reliable system of quickly reporting data regarding the outbreak from communities to states and the federal government.³⁷ This allows officials to implement necessary measures and new health standards. If cities and states want to see a decrease in COVID-19 cases and prevent the emergence of cases during the predicted second wave in the fall, action must be taken to help minority and marginalized communities fight COVID-19. The government must fulfill its role of protecting public health by focusing on areas where COVID-19 is at its worst.

³⁵ Doubek, J. (2020, May 22). *Harvard Researchers Find 'Inequality On Top Of Inequality' In COVID-19 Deaths*. Retrieved from NPR website: <https://www.npr.org/sections/coronavirus-live-updates/2020/05/22/861008750/harvard-researchers-find-inequality-on-top-of-inequality-in-covid-19-deaths>

³⁶ Altman, D. E., & Morgan, D. H. (1983). The Role of State and Local Government In Health. *Health Affairs*, 2(4), 7-31. doi:10.1377/hlthaff.2.4.7

³⁷ Keller, R. (2020, March 16). *COVID-19 shows why we must prioritize public health surveillance funding*. Retrieved from <https://www.healthcareitnews.com/blog/covid-19-shows-why-we-must-prioritize-public-health-surveillance-funding>

Testing Recommendations

Recommendation 1: Residents in each neighborhood of a city should be able to access a disability-friendly and schedule-flexible walk-up testing site within range of public transportation.

To prevent and monitor the spread of COVID-19, it is essential to provide accessible testing for all people, especially those living in areas more seriously impacted by the virus. Although major hospitals and national pharmacy chains have launched extensive drive-thru testing programs across the country, individuals without access to a car still have difficulty procuring tests. Given that Americans below the poverty line are simultaneously 20% less likely to own a car³⁸ and much more likely to face exposure to COVID-19³⁹, the lack of walk-up testing in the United States will perpetuate the disproportionate impact of COVID-19 on socioeconomically marginalized communities. The United States cannot emerge from the COVID-19 pandemic without addressing the testing inequities facing marginalized communities by providing conveniently located walk-up testing sites.

Cities should follow the example of Washington D.C., which has opened twelve separate publicly operated walk-up testing sites strategically placed in different quarters of the city.⁴⁰ These testing sites, nine of which are fire stations, do not require an appointment. Each site is open for three days during the week at different hours; some are open Monday through

³⁸ *Mobility Challenges for Households in Poverty*. (2014). Retrieved from National Household Travel Survey. <https://nhts.ornl.gov/briefs/PovertyBrief.pdf>

³⁹ Hauck, G., Nichols, M., Marini, M., & Pantazi, A. (2020, May 20). *Coronavirus spares one neighborhood but ravages the next. Race and class spell the difference*. <https://www.usatoday.com/in-depth/news/nation/2020/05/02/coronavirus-impact-black-minority-white-neighborhoods-chicago-detroit/3042630001/>.

⁴⁰ Government of The District of Columbia. (2020). *District of Columbia COVID-19 Testing Sites*. Coronavirus. Retrieved July 12, 2020 from <https://coronavirus.dc.gov/testing>

Wednesday, and some are open Friday through Sunday. Testing is available from 10 AM to 8 PM at various locations; this is critical, because it provides a wide array of times to people with inflexible schedules. Those seeking testing must maintain proper social distancing; as long as cities provide ample space for waiting persons, they should not face any risk of transmission. These tests do require valid ID, an issue explored below.

Along with city-operated testing locations, municipalities should fully subsidize viable testing sites organized by nongovernmental organizations. Foundations like the Equality Health Foundation in Phoenix, Arizona⁴¹ gather resources to establish temporary testing sites in low-income neighborhoods. The Ibn Sina Foundation in Houston, Texas,⁴² has similarly used a staff of medical professionals focused specifically on equity and racial justice to tackle the virus in low-income areas. Because local governments have so many responsibilities (testing, sanitation, contact tracing, food security, among others) in dealing with COVID-19 and need multiple stages of approval to implement new testing procedures, redirecting funding to privately formed testing centers could accelerate a response to testing inequity.

One way to help fund nongovernmental organizations and increase the amount of available resources is to establish a public COVID-19 relief fund. A public fund could draw from local businesses and foundations to give grants to NGOs fighting the virus and individual families in need. A prime example of a successful public relief fund is Chicago's Community

⁴¹ *Equality Health announces COVID-19 Testing Events in West Phoenix.* (2020, June 10). Retrieved from Equality Health website:

<https://www.equalityhealth.com/equality-health-announces-covid-19-testing-events-in-west-phoenix/>.

⁴² Health, C. V. S. (2020, June 9). *Ibn Sina Foundation and CVS Health Launch COVID-19 Testing.* *PR Newswire: news distribution, targeting and monitoring.*

<https://www.prnewswire.com/news-releases/ibn-sina-foundation-and-cvs-health-launch-covid-19-testing-301071594.html>.

COVID-19 Response Fund.⁴³ Chicago has partnered with United Way Chicago and The Chicago Community Trust to court donations from major corporations and charities such as JP Morgan Chase, PepsiCo, and the Pritzker Foundation. While Chicago may have more available resources to utilize due to its national importance, every municipality ought to draw resources from its prominent businesses and charities.

An equitable COVID-19 testing policy must also consider how people with disabilities can access testing services. In the United States, about one in four adults has a disability and many have chronic conditions that make them susceptible to serious illness if infected with COVID-19.⁴⁴ While some people with disabilities have compromising health conditions, practicing social distancing and taking additional precautionary health measures, such as washing hands, is often harder for people with disabilities.⁴⁵ Some people with disabilities rely on others for transportation or hands-on help when performing everyday self-care tasks. Accessing drive-thru testing services can also be challenging for people whose disability prevents them from driving.

In order to improve the accessibility of testing services for those with disabilities, **cities should consider locating test sites near handicap accessible forms of public transportation.** Chicago, for example, considered proximity to public transportation when they determined the

⁴³ City of Chicago. (2020). *Chicago Community COVID-19 Response Fund*. <https://www.chicagocovid19responsefund.org/>.

⁴⁴ Abrams, A. (2020, April 24). *'This Is Really Life or Death.' For People With Disabilities, Coronavirus Is Making It Harder Than Ever to Receive Care*. Retrieved from TIME website: <https://time.com/5826098/coronavirus-people-with-disabilities/>

⁴⁵ Pulrang, A. (2020, March 8). *5 Things To Know About Coronavirus And People With Disabilities*. Retrieved from Forbes website: <https://www.forbes.com/sites/andrewpulrang/2020/03/08/5-things-to-know-about-coronavirus-and-people-with-disabilities/#6ae788581d21>

locations of six new testing sites in May.⁴⁶ Alternatively, **cities could partner with disability and transportation services to bring testing to people with disabilities' homes or to provide transportation.** The city of Houston, led by the mayor's office for People with Disabilities, has worked to provide people with disabilities with adequate access to testing by utilizing the resources of the Houston Health Department and establishing partnerships with organizations like METRO.⁴⁷ If people with disabilities in the Houston area need help accessing testing, they can call a designated phone number and request that a test be delivered to their house or for a vehicle to transport them to a testing site.

How States, Counties, Cities, and Organizations are making tests accessible and disability-friendly:

- The State of **Connecticut** has compiled a list of resources on their website for those with disabilities wishing to receive testing or learn about COVID-19. Their resources are catered to people with disabilities, students, the blind community, and the deaf and hard of hearing community; some resources help people with disabilities navigate the testing process.⁴⁸
- **Washington D.C.** has established twelve locations outside of city fire stations and other public buildings that provide residents with free and accessible COVID-19 testing. Testing sites are open at varying times throughout the week; this is strategically designed to supply testing to individuals who work unconventional hours. Health insurance and payment are not required for testing.
- Non-governmental organizations in **Houston** and **Phoenix** are offering free testing without requisite ID or proof of health insurance.
- **Disability Rights Texas**, a nonprofit organization, has compiled a list of coronavirus-related resources on their website for Texans with disabilities. The resources range from informational videos to sign language phone lines and COVID-19 hospital

⁴⁶ Pratt, G. (2020, May 11). *Chicago to open six more testing sites in neighborhoods, will work with actor Sean Penn's charity to try reaching goal of 10,000 tests per day.* Retrieved from Chicago Tribune website: <https://www.chicagotribune.com/coronavirus/ct-coronavirus-chicago-testing-lightfoot-20200511-jmahvxus5fhxhdilceqvrrfmz4-story.html>

⁴⁷ Reyes, A. (2020, May 21). *How people without vehicles, ties are getting tested for COVID-19.* Retrieved from Click2Houston website: <https://www.click2houston.com/traffic/2020/05/21/how-people-without-vehicles-disabilities-are-getting-tested-for-covid-19/>

⁴⁸ *Individuals with Disabilities.* (n.d.). Retrieved June 28, 2020, from CT.GOV website: <https://portal.ct.gov/Coronavirus/Information-For/Individuals-with-Disabilities>

forms that provide physicians with useful information about a patient’s disability if the patient exhibits COVID-19 related symptoms.⁴⁹

- Increased COVID-19 testing in Texas of predominantly Black and Hispanic communities.

Recommendation 2: Cities should provide COVID-19 testing options that do not require the presentation of government-issued ID, health insurance, or other traditional administrative processes.

In a public health crisis, it is important that we limit potential barriers for COVID-19 testing. **While health insurance and identification often help schedule and administer tests, accommodations should be made for those who do not have photo identification and insurance in order to ensure equitable access to testing.** Estimates show that up to 11% of U.S. citizens do not possess government-issued photo identification and that up to 25% of Black citizens, a demographic group disproportionately impacted by coronavirus,⁵⁰ “lack government-issued photo ID.”⁵¹ While states offer free forms of identification, the expenses for transportation and obtaining the necessary documentation in order to acquire a “free” ID typically range from \$75 to \$175,⁵² which can be a significant deterrent for low-income individuals. Additionally, depending on a state’s reopening timeline, many ID-issuing offices are

⁴⁹ *COVID-19*. (n.d.). Retrieved June 29, 2020, from Disability Rights Texas website: <https://www.disabilityrightstx.org/en/category/covid19/>

⁵⁰ Koma, W., Artiga, S., Neuman, T., Claxton, G., Rae, M., Kates, J., & Michaud, J. (2020, May 7). *Low-Income and Communities of Color at Higher Risk of Serious Illness if Infected with Coronavirus*. Retrieved from Kaiser Family Foundation website: <https://www.kff.org/coronavirus-covid-19/issue-brief/low-income-and-communities-of-color-at-higher-risk-of-serious-illness-if-infected-with-coronavirus/>

⁵¹ *OPPOSE VOTER ID LEGISLATION - FACT SHEET*. (2017, May). Retrieved from American Civil Liberties Union website: <https://www.aclu.org/other/oppose-voter-id-legislation-fact-sheet>

⁵² Sobel, R. (2014, June). *The High Cost of ‘Free’ Photo Voter Identification Cards*. Retrieved from Harvard Law School website: <https://today.law.harvard.edu/wp-content/uploads/2014/06/FullReportVoterIDJune20141.pdf>

closed during the pandemic,⁵³ further emphasizing the need to provide testing options for those without access to government-issued ID.

Providing uninsured individuals with access to testing is another necessary element of equitable COVID-19 testing policy. Noncitizens, whose immigration status may inhibit their ability to receive health coverage, would especially benefit from testing that does not require health insurance. The Migration Policy Institute (MPI) estimates that between 2.6 million and 3.7 million “low-income noncitizens could potentially be covered by Medicaid but are ineligible due to their immigration status.”⁵⁴ As employer-provided insurance coverage declines due to rising unemployment, MPI estimates that as many as 10.8 million noncitizens could be uninsured. The fact that that “69 percent of all immigrants in the labor force and 74 percent of undocumented workers are essential infrastructure workers”⁵⁵ highlights the need for communities of high immigrant population to provide uninsured individuals with sufficient opportunities to get tested for COVID-19.

While photo IDs help cities schedule and confirm testing appointments, **cities should relax or remove ID requirements for testing sites near low-income communities.** Some state governments have expanded the range of acceptable identification beyond government-issued photo ID. For example, the state of New Jersey accepts utility bills and tax documents as proof of residency, in addition to “ID cards issued by a government, employer, or educational

⁵³ *No Photo ID = No COVID-19 Test for Millions?* (2020, April). Retrieved from VoteRiders website: <https://www.voteriders.org/press-release-covid-19-photo-id/>

⁵⁴ Capps, R., & Gelatt, J. (2020, May). *Barriers to COVID-19 Testing and Treatment: Immigrants without Health Insurance Coverage in the United States*. Retrieved from Migration Policy Institute website: https://www.migrationpolicy.org/sites/default/files/publications/UninsuredNoncitizens-FS_Final.pdf

⁵⁵ Kerwin, D., Nicholson, M., Alulema, D., & Warren, R. (2020, May 1). *US Foreign-Born Essential Workers by Status and State, and the Global Pandemic*. Retrieved from The Center for Migration Studies website: <https://cmsny.org/publications/us-essential-workers/>

institution.”⁵⁶ In the state of Washington, participants of a Skagit County drive-through testing site are encouraged to bring an ID, but can still receive testing with no identification as long as they provide their name, date of birth, address, and phone number at registration.⁵⁷ The city of Phoenix has partnered with the Equality Health Foundation to provide free COVID-19 testing services to participants who are not asked to provide ID or proof of insurance.⁵⁸ Other cities can follow the example of Phoenix by partnering with organizations that offer COVID-19 tests with limited or no ID requirements.

As the number of confirmed COVID-19 cases continues to rise, an increasing number of states are offering testing options with no insurance requirements. On June 4, the state of Illinois announced that “no appointment, doctor referral, or insurance is needed at state operated drive-thru sites.”⁵⁹ The city of Seattle has partnered with King County and UW Medicine to provide drive-through testing for no charge regardless of whether or not the participant has health insurance.⁶⁰ On the State of Rhode Island’s Department of Health webpage, a section with the header “If you don’t have insurance” details testing options for those who do not have health

⁵⁶ *What do I need to bring to get tested at a community testing site? What should I expect when I’m there?* (2020, June 11). Retrieved June 20, 2020, from New Jersey Department of Health website: <https://covid19.nj.gov/faqs/nj-information/testing-information/what-do-i-need-to-bring-to-get-tested-at-a-community-testing-site-what-should-i-expect-when-im-there>

⁵⁷ *COVID-19 | Drive-Thru Testing*. (n.d.). Retrieved June 20, 2020, from Skagit County website: <https://www.skagitcounty.net/Departments/HealthDiseases/coronavirusdriveup.htm>

⁵⁸ *Equality Health announces COVID-19 Testing Events in West Phoenix*. (2020, June 10). Retrieved from Equality Health website: <https://www.equalityhealth.com/equality-health-announces-covid-19-testing-events-in-west-phoenix/>

⁵⁹ *State Announces Community-Based Testing Sites Now Open to All*. (2020, June 4). Retrieved from Illinois Department of Public Health website: <https://www.dph.illinois.gov/news/state-announces-community-based-testing-sites-now-open-all>

⁶⁰ *COVID-19: How to Register for Free Testing*. (n.d.). Retrieved June 20, 2020, from City of Seattle website: <https://www.seattle.gov/mayor/covid-19/covid-19-testing#testpositive>

insurance.⁶¹ Other cities can follow Rhode Island’s example by publicizing testing locations that offer services regardless of one’s insurance coverage.

What States, Counties, Cities, and Organizations are doing with ID and health insurance:

- Any essential worker or resident in **San Francisco** who has been exposed to COVID-19 or is exhibiting symptoms can make an appointment to get tested at one of the city’s test sites. Individuals getting tested do not need medical insurance, a doctor’s note, or photo ID in order to get tested.⁶²
- In **Los Angeles County**, officials have clarified that “no one will be turned away [from tests] because of immigration status or lack of insurance.”⁶³
- Those in **Arlington, Virginia**, those wishing to get tested are asked to bring proof of identity, but U.S. government ID is not required. Medical consultation and insurance are also not required to get tested.⁶⁴
- On the State of **New Jersey’s** COVID-19 webpage, there is a section titled “Undocumented New Jerseyans” that details how undocumented immigrants in the state can access free testing regardless of their health insurance or immigration status.⁶⁵
- The State of **Utah** is offering to uninsured individuals. The program is scheduled to last for the duration of the public health emergency, and those eligible for the program “must be uninsured, and meet citizenship and Utah residency requirements.”⁶⁶

Recommendation 3: Cities should establish a department of neighborhood-familiar officers to trace viral transmission and assist infected persons in seeking safe quarantine.

Once testing accessibility and equity is increased, the application of contact tracing is a necessary step in preventing and containing transmission of COVID-19. New York City has been

⁶¹ *COVID-19 Testing for the General Public*. (2020, June 18). Retrieved June 20, 2020, from State of Rhode Island Department of Health website: <https://health.ri.gov/covid/testing/#trans>

⁶² *Get tested: Find out about your COVID-19 testing options*. (n.d.). Retrieved June 20, 2020, from City and County of San Francisco website: <https://sf.gov/find-out-how-get-tested-coronavirus>

⁶³ Wigglesworth, A. (2020, April 20). *Here’s how to get tested for the coronavirus in L.A. County*. Retrieved from Los Angeles Times website:

<https://www.latimes.com/california/story/2020-04-20/heres-how-to-get-tested-for-the-coronavirus-in-l-a-county>

⁶⁴ *Information on Coronavirus (COVID-19) Testing*. (n.d.). Retrieved June 27, 2020, from Arlington County Government website:

<https://health.arlingtonva.us/covid-19-coronavirus-updates/covid-19-testing/>

⁶⁵ *COVID-19 Information Hub*. (2020, June 25). Retrieved June 27, 2020, from State of New Jersey website:

<https://covid19.nj.gov/faqs/nj-information/general-public/how-can-i-get-testing-or-treatment-for-covid-19-if-im-uninsured-or-undocumented-how-do-i-cover-health-costs-associated-with-covid-19>

⁶⁶ *COVID-19 Uninsured Testing Coverage*. (n.d.). Retrieved June 27, 2020, from Utah Department of Health Medicaid website:

<https://medicaid.utah.gov/covid-19-uninsured-testing-coverage/>

at the forefront of contact tracing as they confront the virus; their model is a good one for cities to follow. Because New York has now successfully developed an extensive testing program, they have the resources to administer over 50,000 tests per day starting on August 1st.⁶⁷ Now that this robust test network is established, the city has recruited tracing officers “from communities across the city, especially communities hit the hardest by COVID-19.”⁶⁸ **New York’s example of utilizing community leaders, as well as charitable and corporate partnerships,⁶⁹ should be followed by all cities.** In Nashville, Tennessee, individuals unknowingly exposed to COVID-19 will receive calls from local community organizations if contact tracing data shows that they might have been infected; this is done to increase the likelihood that all at-risk individuals will respond to information regarding the virus.⁷⁰

The Test and Trace Corps, as they are named in New York, works with individuals who tested positive for COVID-19 to “create a list of everyone (they) had contact with since shortly before the onset of symptoms.”⁷¹ Once this process is complete, the Corps finds those who were exposed to the person testing positive and arranges a test for them. An in-depth system like the one employed in New York is essential in containing and tracing the spread of COVID-19.

Those who have tested positive should also receive assistance in seeking quarantine. **The New York Test & Trace Corps offers COVID-19 positive people a free hotel room with 24/7 clinical support and wellness checks, healthcare services, and meal and medication**

⁶⁷ Government of New York City. (2020). *Test & Trace Corps*. Test & Trace Corps - Coronavirus. Retrieved July 12th, 2020, from <https://www1.nyc.gov/site/coronavirus/get-tested/test-trace-corps.page>.

⁶⁸ Ibid

⁶⁹ Ibid.

⁷⁰ Ollove, M., & Vestal, C. (2020, May 28). *COVID-19 Is Crushing Black Communities. Some States Are Paying Attention*. Retrieved from

<https://www.govtech.com/em/safety/Coronavirus-is-Crushing-Black-Communities-Some-States-are-Acting.html>

⁷¹ Government of New York City. (2020). *Test & Trace Corps*. Test & Trace Corps - Coronavirus. Retrieved July 12th, 2020, from <https://www1.nyc.gov/site/coronavirus/get-tested/test-trace-corps.page>.

delivery. Cities should follow this example, as it incentivizes people to take all necessary precautions when they have tested positive for COVID-19. Considering that many people feel that they cannot afford to quarantine for a number of economic and psychological reasons,⁷² giving them a safety net and a comfortable environment will go a long way in preventing transmission.

A contact tracing department needs to be proactive in its fight against the coronavirus; cities must anticipate which communities and professions will be impacted disproportionately, as well as which hospitals should prepare for a mass influx of patients. The Pennsylvania Department of Health projects these developments through the Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS).⁷³ This database tracks the profession, race, age, income, address, living situation, risk factors, and symptoms of every Pennsylvanian who tests positive for COVID-19.⁷⁴ The state then analyzes this data to predict areas that will require additional assistance in preventing transmission.

Contact tracing should also be seen as an opportunity to employ individuals who have lost their jobs due to the COVID-19 pandemic. California has enlisted librarians and tax assessors to work as contact tracing officers as the state battles the virus.⁷⁵ **Librarians and tax assessors make prime contact tracers because they have community familiarity and work**

⁷² Goldbaum, C., & Cook, L. R. (2020, March 30). *They Can't Afford to Quarantine. So They Brave the Subway*. Retrieved from The New York Times website:

<https://www.nytimes.com/2020/03/30/nyregion/coronavirus-mta-subway-riders.html>

⁷³ Pennsylvania Department of Health. (2020). *Contact Tracing*. Retrieved from <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Contact-Tracing.aspx>

⁷⁴ Pennsylvania Department of Health. (2020). *Contact Tracing*. Retrieved June 26, 2020, from <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Contact-Tracing.aspx>

⁷⁵ Dembosky, A. (2020, June 14). *As California Trains 20,000 Contact Tracers, Librarians and Tax Assessors Step Up*. Retrieved from NPR website: <https://www.npr.org/sections/health-shots/2020/06/14/874088597/as-california-trains-20-000-contact-tracers-librarians-and-tax-assessors-step-up>.

primarily with information input. Cities should follow California's example as a way to simultaneously prevent transmission and reemploy state and local workers.

Cities should create convenient ways for individuals to report symptoms and other COVID-19-related concerns. Lancaster, PA, among other cities, uses the SARA alert system to assist at-risk and symptomatic individuals with their questions about the virus.⁷⁶ The SARA alert system, which is a text-communication service that connects individual citizens with healthcare officials, allows concerned individuals to ask questions and report symptoms to the proper authorities.⁷⁷ **Cities should use standardized apps or similar digital report systems so that individuals know where to lodge their symptom information and questions about the virus.**

What States, Counties, Cities, and Organizations are doing with contact tracing:

- **New York City** has established a Contact & Trace corps that locates transmission sources and communicates with individuals who have been exposed to COVID-19. They also provide COVID-19-positive individuals who need special accommodations with housing, food, and healthcare.⁷⁸
- **California** is staffing its contact tracing department with public employees who are currently furloughed, like librarians and tax assessors.⁷⁹
- **Pennsylvania** has opened an extensive database of COVID-19-positive individuals and their demographic information to proactively identify neighborhoods requiring additional help against the virus. The database is known as the Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS).⁸⁰
- **Lancaster, PA**, among other cities, uses the SARA alert system to assist at-risk and symptomatic individuals with their questions about the virus.⁸¹ The SARA alert system,

⁷⁶ Lancaster General Hospital. (2020). *Lancaster County Contact Tracing Program*. Retrieved from Lancaster General Hospital website:

<https://www.lancastergeneralhealth.org/covid-19-information/lancaster-county-contact-tracing-program>.

⁷⁷ Mitre. (2020). *Got Symptoms? Meet Sara Alert*. The Mitre Corporation. Retrieved July 12, 2020, from <https://www.mitre.org/sites/default/files/pdf/Presentation-HIMSS20-Sara-Alert-P.Jarris.pdf>

⁷⁸ Government of New York City. (2020). *Test & Trace Corps. Test & Trace Corps - Coronavirus*. Retrieved from <https://www1.nyc.gov/site/coronavirus/get-tested/test-trace-corps.page>.

⁷⁹ Dembosky, A. (2020, June 14). *As California Trains 20,000 Contact Tracers, Librarians and Tax Assessors Step Up*. Retrieved from NPR website:

<https://www.npr.org/sections/health-shots/2020/06/14/874088597/as-california-trains-20-000-contact-tracers-librarians-and-tax-assessors-step-up>.

⁸⁰ Pennsylvania Department of Health. (2020). *Contact Tracing*. Retrieved from <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Contact-Tracing.aspx>.

⁸¹ Lancaster General Hospital. (2020). *Lancaster County Contact Tracing Program*. Retrieved from Lancaster General Hospital website:

<https://www.lancastergeneralhealth.org/covid-19-information/lancaster-county-contact-tracing-program>.

which is a text-communication service that connects individual citizens with healthcare officials, allows concerned individuals to ask questions and report symptoms to the proper authorities.⁸²

- In **Nashville, Tennessee**, individuals unknowingly exposed to COVID-19 will receive calls from local community organizations if contact tracing data shows that they might have been infected; this is done to increase the likelihood that all at-risk individuals will respond to information regarding the virus.⁸³

Communication/Partnerships Recommendations

Recommendation 1: Create Relationships with Trusted Leaders in Minority Communities

Historically in the United States, severe illness and death rates during public health emergencies have been higher among racial and ethnic minority groups.⁸⁴ This remains true for the COVID-19 pandemic, where the death rate is six times higher in areas that are predominately non-white compared to areas that are primarily white.⁸⁵ COVID-19 is disproportionately affecting minority communities, partially due to a lack of credible information being distributed within these communities. **State and local governments need to partner with trusted leaders in minority communities to spread reliable information about correct protective measures, COVID-19 symptoms, and how to get tested.** Building relationships in minority communities will prove to be essential in preventing the spread of COVID-19.

Historically, there is distrust among Black Americans and Hispanics in the American health system, which is adversely affecting these groups' willingness to seek treatment as COVID-19 spreads.⁸⁶ This can be traced back to years of racial health inequities, which still

⁸² Mitre. (2020). *Got Symptoms? Meet Sara Alert*. The Mitre Corporation. Retrieved July 12, 2020, from <https://www.mitre.org/sites/default/files/pdf/Presentation-HIMSS20-Sara-Alert-P.Jarris.pdf>

⁸³ Ollove, M., & Vestal, C. (2020, May 28). *COVID-19 Is Crushing Black Communities. Some States Are Paying Attention*. Retrieved from <https://www.govtech.com/em/safety/Coronavirus-is-Crushing-Black-Communities-Some-States-are-Acting.html>

⁸⁴ *Coronavirus Disease 2019: Racial and Ethnic Minority Groups*. (2020, April 22) Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

⁸⁵ Fair, M. (2020, May 20). *Why is my community suffering more from COVID-19?* Retrieved from <https://www.aamc.org/news-insights/why-my-community-suffering-more-covid-19>

⁸⁶ Barrón-Lopez, L. (2020, April 21). *Trump coronavirus response feeds distrust in Black and Latino communities*. Retrieved from <https://www.politico.com/news/2020/04/21/race-coronavirus-outreach-197470>

plague the healthcare system today. Researchers from the Harvard School of Public Health completed a study in which they analyzed multiple academic articles and surveys offering solutions to communication inequities during a large scale emergency.⁸⁷ They suggested including “racial/ethnic minority populations, their service providers and trusted community leaders in all aspects of preparedness planning and response plans”⁸⁸ and emphasize “trust building and collaboration with community partners in the preparedness phase, long before evidence of an impending pandemic or adverse health event.”⁸⁹ In minority communities, reliable messages come from those who have tremendous credibility in the community.⁹⁰ The messenger of this crucial information matters. Numerous doctors and health experts have stated that continued distrust among minority communities could have serious repercussions not only for the spread of the virus, but also for the distribution of the eventual vaccine.⁹¹ Compared to the 74% of both Hispanic and white adults who said they would get a COVID-19 vaccine when made available, only 54% of Black adults said they would definitely or probably get a COVID-19 vaccine.⁹² This statistic aligns with statistics from the H1N1 pandemic in 2009,

⁸⁷ Ordway, D. (2020, April 28). *How we can improve public health messaging about COVID-19*. Retrieved from <https://journalistsresource.org/studies/society/public-health/public-health-messaging-coronavirus/>

⁸⁸ Hutchins, S. S., Fiscella, K., Levine, R. S., Ompad, D. C., & McDonald, M. (2009). Protection of Racial/Ethnic Minority Populations During an Influenza Pandemic. *American Journal of Public Health, 99*(S2). doi:10.2105/ajph.2009.161505, Retrieved from <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2009.161505>

⁸⁹ Plough, A., Bristow, B., Fielding, J., Caldwell, S., & Khan, S. (2011, January). *Pandemics and Health Equity: Lessons Learned From the H1N1 Response in Los Angeles County*. Retrieved from https://journals.lww.com/jphmp/Abstract/2011/01000/Pandemics_and_Health_Equity___Lessons_Learned_From.4.aspx

⁹⁰ Nania, R. (2020, May 8). *Blacks, Hispanics Hit Harder by the Coronavirus, Early U.S. Data Show*. Retrieved from <https://www.aarp.org/health/conditions-treatments/info-2020/minority-communities-covid-19.html>

⁹¹ Barrón-Lopez, L. (2020, April 21). *Trump coronavirus response feeds distrust in Black and Latino communities*. Retrieved from <https://www.politico.com/news/2020/04/21/race-coronavirus-outreach-197470>

⁹² Gramlich, J., & Funk, C. (2020, June 04). *Black Americans face higher COVID-19 risks, are more hesitant to trust medical scientists, get vaccinated*. Retrieved from <https://www.pewresearch.org/fact-tank/2020/06/04/Black-americans-face-higher-covid-19-risks-are-more-hesitant-to-trust-medical-scientists-get-vaccinated/>

where 62% of Black Americans were worried about receiving a vaccine, compared to 52% of Hispanics and 45% of whites.⁹³ Additionally during the H1N1 pandemic, major themes of community messaging in minority areas included mistrust of government and concerns that the vaccine was unsafe.⁹⁴ One way that local and state governments can aid these communities and address the racial disparity of COVID-19 cases is by partnering with trusted community leaders to spread credible information about COVID-19 and promote the need to receive a vaccine when made available. Many minority populations currently face a large gap in communication channels because most churches, barber shops, and community centers are, or were, closed.⁹⁵

Local governments can engage with leaders in churches, community centers, shops, and trusted community officials to fix this communication gap.

Currently, many state and local governments are working with churches to build relationships within various communities. The South Carolina Department of Health and Environmental Control (DHEC) is working with churches to help communicate prevention methods.⁹⁶ Faith-based outreach has been adopted by many other states and counties as well. Both North Carolina and South Carolina have focused on working with community leaders, local physicians, retail stores, and health clinics in mainly Black communities to increase testing of

⁹³ Ibid

⁹⁴ Plough, A., Bristow, B., Fielding, J., Caldwell, S., & Khan, S. (2011, January). *Pandemics and Health Equity: Lessons Learned From the H1N1 Response in Los Angeles County*. Retrieved from https://journals.lww.com/jphmp/Abstract/2011/01000/Pandemics_and_Health_Equity___Lessons_Learned_From.4.aspx

⁹⁵ Nania, R. (2020, May 8). *Blacks, Hispanics Hit Harder by the Coronavirus, Early U.S. Data Show*. Retrieved from <https://www.aarp.org/health/conditions-treatments/info-2020/minority-communities-covid-19.html>

⁹⁶ Coello, S. (2020, May 2). *How Black SC leaders plan to bring coronavirus testing to 'the canary in the mine'*. Retrieved from https://www.postandcourier.com/health/covid19/how-Black-sc-leaders-plan-to-bring-coronavirus-testing-to-the-canary-in-the-mine/article_4cce91fe-8c90-11ea-8453-cba0cfc5b750.html

non-symptomatic residents.⁹⁷ An additional strategy for building trust in minority communities and improving communication is to task “influencers” with delivering safety messages.

Influencers typically have a large following on various social media platforms and regularly engage with their following. In Milwaukee County, Wisconsin, the Health Department is striving to improve this relationship by creating targeted public service announcements created by “influencers” in the Black American Community.⁹⁸ **State governments should continue to engage city officials and community leaders in preparation planning, communication strategies, and accurate data distribution so that trusted leaders can convey this information within their communities.**

How States, Counties, Cities and Organizations are building trust in communities:

- **Wisconsin-based UW Health’s** diversity office and public health messaging team have worked to identify key community partners in minority and non-English speaking areas to ensure that educational messaging is appearing in communities of color from trusted sources. UW partnered with Madison365, an online news platform that focuses on communities of color, to distribute reliable information and advice among minority populations.⁹⁹
- In **Nashville, Tennessee**, Meharry Medical School, a historically Black college, is running testing sites throughout the city and helping with COVID-19 outreach. The senior vice president, at Meharry, Patrick H. Johnson, praised Tennessee for turning to trusted partners like Meharry to administer tests. Johnson states that “there’s a pride in the African American community when they hear Meharry is running all the testing sites” and that it makes a big difference when they see these people look like me, they talk like me and they’re not treating me any differently.”¹⁰⁰

⁹⁷ Ollove, M., & Vestal, C. (2020, May 28). *COVID-19 Is Crushing Black Communities. Some States Are Paying Attention*. Retrieved from

<https://www.govtech.com/em/safety/Coronavirus-is-Crushing-Black-Communities-Some-States-are-Acting.html>

⁹⁸Barrón-Lopez, L. (2020, April 21). *Trump coronavirus response feeds distrust in Black and Latino communities*. Retrieved from <https://www.politico.com/news/2020/04/21/race-coronavirus-outreach-197470>

⁹⁹ PatientEngagementHIT. “Striving for Inclusivity in COVID-19 Public Health Messaging.”

PatientEngagementHIT, 8 May 2020, Retrieved from

www.patientengagementhit.com/features/striving-for-inclusivity-in-covid-19-public-health-messaging

¹⁰⁰ Ollove, Micheal and Vestal, Christine. “COVID-19 Is Crushing Black Communities. Some States Are Paying Attention.” PEW, 27 May 2020, Retrieved from

- In **South Dallas, Texas**, several Black churches are hosting free weekly coronavirus testing events, which began at Friendship-West Baptist Church. The series of testing events, part of Project Unity's Together We Test initiative¹⁰¹, launched in response to the racial disparities of coronavirus testing in Texas. Participants of the program praised the testing project for improving the accessibility of testing services for those in Black communities and using Black churches, institutions that Black residents of Dallas tend to trust, to administer the tests.¹⁰²
- The Wesley Seminary in **Washington D.C.** has been serving marginalized communities by distributing various resources for decades and has created a relationship with socioeconomically disadvantaged communities. During the pandemic, the seminary has launched a COVID-19 initiative to provide information about the virus to homeless and marginalized populations.¹⁰³
- In **Aurora, Indiana**, groups of women from local churches came together to donate sewn shorts, dresses and masks to marginalized communities in order to improve general well being. These communities responded well to this initiative statewide and they received over 40 requests per day. This project specifically focused to promote safe practices while simultaneously building trust with socioeconomically disadvantaged populations during the pandemic.¹⁰⁴
- In **Massachusetts**, state officials have intentionally hired employees at community centers in minority neighborhoods in order to better communicate with marginalized populations, specifically non-english speaking individuals.¹⁰⁵
- The NAACP, a trusted organization among the Black community, in **Mississippi** has distributed masks to individuals living in areas with high rates of COVID-19. They have also promoted safe social practices, as well as the use of hand sanitizer and other sanitary agents.¹⁰⁶

<https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/05/27/covid-19-is-crushing-Black-communities-some-states-are-paying-attention>.

¹⁰¹ *Together We Test*. (n.d.). Retrieved July 12, 2020, from Project Unity website:

<https://www.projectunity.net/together-we-test/>

¹⁰² *To Combat Disparities, Black Churches In Dallas Offer Coronavirus Testing*. (2020, June 13). Retrieved from NPR website:

<https://www.npr.org/sections/health-shots/2020/06/13/874950245/to-combat-disparities-Black-churches-in-dallas-offer-coronavirus-testing>

¹⁰³ Wesley Seminary. Wesley Theological Seminary, 2020, www.wesleyseminary.edu/covid-19-faith-community-resource/.

¹⁰⁴ Belony, Leintz. "How Local Churches Are Working to Provide PPE Amid COVID-19." INUMC, 18 May 2020, www.inumc.org/blog/local-churches-are-working-to-provide-ppe-amid-covid19/.

¹⁰⁵ McCammon, Sarah. "*In Minority Neighborhoods, Knocking On Doors To Stop The Spread Of The Coronavirus*." (2020, July 10). Retrieved from NPR website on July 12, 2020.

<https://www.npr.org/2020/07/10/888891449/in-minority-neighborhoods-knocking-on-doors-to-stop-the-spread-of-the-coronavirus>

¹⁰⁶ Ibid

- **Mississippi** is utilizing its Head Start programs, which predominantly serves families in minority areas, to spread credible COVID-19 related information. This is important because these families already have any existing relationship with the program and are more likely to trust their messaging.¹⁰⁷

Recommendation 2: Prioritize third-party involvement and funding

In the past few years, states have tried to solve healthcare problems without any third-party aid.¹⁰⁸ Even with millions of dollars available, states still struggle to procure valuable healthcare equipment and testing materials. In the past two months, states have been working tirelessly to provide organizations and hospitals with adequate testing and protective materials. With the lack of collaboration between states and organizations, third-party companies and laboratories face the brunt of healthcare dilemmas.¹⁰⁹

As the COVID-19 pandemic continues to devastate millions of lives nationwide, testing packages are necessary to decrease the spread of the virus. However, due to the lack of funding, states and cities fail to provide enough testing materials to citizens. States and cities can take the first step of procuring more funding by trying to contact local hospitals and relief organizations.

To obtain such partnerships, local governments can start initiatives and fundraisers to increase grants and opportunities available to acquire necessary funding.¹¹⁰ States need to work with COVID-19 organizations that can increase testing and PPE distribution. For example,

¹⁰⁷ Ollove, M., & Vestal, C. (2020, May 28). *COVID-19 Is Crushing Black Communities. Some States Are Paying Attention*. Retrieved from

<https://www.govtech.com/em/safety/Coronavirus-is-Crushing-Black-Communities-Some-States-are-Acting.html>

¹⁰⁸ Tescher, David. "COVID-19 Impact: Key Takeaways From Our Articles." COVID-19 Impact: Key Takeaways From Our Articles | S&P Global Ratings, 2020, Retrieved from

<https://www.spglobal.com/ratings/en/research/articles/200204-coronavirus-impact-key-takeaways-from-our-articles-11337257>.

¹⁰⁹ *Healthcare organizations need to do better with third-party risk management*. (2019, September 03). Retrieved from

<https://www.healthcarebusinesstech.com/healthcare-organizations-need-to-do-better-with-third-party-risk-management/>

¹¹⁰ Finding Other Sources of Funding - Public. (n.d.). Retrieved from

<https://www.lisc.org/charter-schools/understanding-your-needs/financing/finding-other-sources-funding/>

to help increase testing statewide, Maine partnered with IDEXX Laboratories, Inc. in early June, 2020, to give walk-in testing to state citizens.¹¹¹ With the help of this third-party organization, the Maine Department of Health and Human Services (DHHS) is developing a new lab to expand the testing capacity and will utilize the added capacity by creating walk-in testing locations across the state.

In April 2020, the nursing operator, Pruitt Health, entered a partnership with a coalition of healthcare providers to expand COVID-19 testing at its facilities across numerous states like Florida, Georgia, and North and South Carolina.¹¹² Pruitt has also already implemented a public dashboard of its COVID-19 test results and is using donated masks to help allocate PPE more efficiently. With quick action and large third-party funding, Pruitt has bolstered its testing capacity by at least 30%, allowing states to divert funding to other aspects of tackling this pandemic.¹¹³ States have faced numerous difficulties in the past 2 months to provide adequate testing capabilities and PPE to hospitals and local governments. With the aid of laboratories and a decrease in faulty equipment, states can finally see an increase in walk-in testing and help better contain the virus.

Through donations from companies like Walgreens and Ford, numerous states have slowed the progression of the pandemic considerably.¹¹⁴ **To tackle the spread of this pandemic,**

¹¹¹ Mannino, G. (2020, June 08). *State to quadruple COVID-19 testing capacity with expanded IDEXX partnership*. Retrieved from <https://www.newscentermaine.com/article/news/health/coronavirus/state-to-quadruple-covid-19-testing-capacity-with-expanded-idexx-partnership/97-646f9970-438e-4c5c-bbbe-20e32b972f96>

¹¹² Flynn, M. (2020, April 30). *Behind the Scenes of PruittHealth's Partnership to Expand Nursing Home COVID-19 Testing*. Retrieved from <https://skillednursingnews.com/2020/04/behind-the-scenes-of-pruithhealths-partnership-to-expand-nursing-home-covid-19-testing/>

¹¹³ Flynn, M. (2020, April 14). *PruittHealth's COVID-19 Strategy: Testing Transparency, PPE Production Partnership*. Retrieved from <https://skillednursingnews.com/2020/04/pruithhealths-covid-19-strategy-testing-transparency-ppe-production-partnership/>

¹¹⁴ *Walgreens Offers COVID-19 Testing in Partnership with PWNHealth*. (2020). Retrieved from <https://www.pwnhealth.com/news-and-press/walgreens-offers-covid-19-testing-in-partnership-with-pwnhealth/>

it is necessary to collectively pool resources and to aid hospitals and testing laboratories.

States have shown an inability to fund these initiatives by themselves and it is imperative that local governments utilize third-party grants and funding to increase the amount of walk-in testing available.

Possible Partnerships for States and Cities relating to COVID-19:

- In April 2020, the nursing operator third-party organization **Pruitt Health** entered into a partnership with testing facilities across Florida, Georgia, and North and South Carolina.¹¹⁵ Pruitt has also already implemented a public dashboard of its COVID-19 test results and is using donated masks to help allocate personal protective equipment (PPE) more efficiently.
- In July 2020, Maine expanded its partnership with **IDEXX Laboratories**, Inc. to focus on providing walk-in testing to state citizens. With the help of the third-party organization, the Maine Department of Health and Human Services (DHHS) is developing a new lab to expand the testing capacity and will utilize the added capacity by creating walk-in testing locations across the state.¹¹⁶
- **Walgreens** is partnering up with Arizona, Florida, Illinois, Kentucky, Louisiana, Tennessee and Texas to set up walk-in tests. It is working towards utilizing new technology, such as Abbott's new ID NOW COVID-19 test, which delivers positive results in as little as five minutes and negative results within 13 minutes.¹¹⁷
- In April 2020, the **Henry Ford Foundation** donated \$400 million to the city of Detroit, Michigan. The money is being directed to bring over 10,000 onsite covid-19 tests to the city's 126 nursing homes and facilities. This partnership is directed specifically to enlarge testing throughout the city and to make sure the city's budget is not a limitation to testing.¹¹⁸
- In the past few months, **Upwork** has been working to provide grants towards fighting the spread of coronavirus. It has already donated \$250,000 and will donate \$750,000 more to other projects nationwide.¹¹⁹

¹¹⁵ Flynn, M. (2020, April 30). *Behind the Scenes of PruittHealth's Partnership to Expand Nursing Home COVID-19 Testing*. Retrieved from <https://skillednursingnews.com/2020/04/behind-the-scenes-of-pruitthealths-partnership-to-expand-nursing-home-covid-19-testing/>

¹¹⁶ Mannino, G. (2020, June 08). *State to quadruple COVID-19 testing capacity with expanded IDEXX partnership*. Retrieved June 25, 2020, from <https://www.newscentermaine.com/article/news/health/coronavirus/state-to-quadruple-covid-19-testing-capacity-with-expanded-idexx-partnership/97-646f9970-438e-4c5c-bbbe-20e32b972f96>

¹¹⁷ PWNHealth. "Walgreens Offers COVID-19 Testing in Partnership with PWNHealth." Welcome to PWNHealth, 2020, www.pwnhealth.com/news-and-press/walgreens-offers-covid-19-testing-in-partnership-with-pwnhealth/.

¹¹⁸ Ford. "Partnership, \$400,000 Donation to Bring Onsite COVID-19 Testing to Nursing Homes, Senior Facilities." HenryFord HEALTH SYSTEM®, 2020, www.henryford.com/news/2020/04/onsite-covid-testing-senior-facilities.

¹¹⁹ Upwork. "Work Together Talent Grants - Helping Businesses Counter COVID-19." Upwork, 2020, www.upwork.com/worktogether.

- **RWJ Barnabas**, a network of independent healthcare providers in New Jersey, has partnered with Horizon Blue Cross Shield (New Jersey’s largest healthcare provider) on a program called Neighbors in Health. This program helps targeted individuals in select zip codes access medical and social services relating to COVID-19.¹²⁰
- The **Minnesota Department of Health (MDH)** has created partnerships with experienced and trusted diverse media outlets and community organizations. This partnership allows reliable messages and informative information that are culturally relevant, timely, accurate and culturally inclusive to be provided to minority communities. MDH had contracts with 50 diverse media vendors and 30 community based organizations by the end of May, they also distributed \$670,000 to diverse media organizations across Minnesota.¹²¹
- The **Center for Disease Control (CDC)** is collecting data to monitor and track disparities among racial and ethnic groups on the number of COVID-19 cases, complications, and deaths. This ensures the improvement of clinical management of patients and targeting of public health information. As a result, the federal government will support partnerships between scientific researchers, professional organizations, community organizations, and community members to prevent a spike of COVID-19 in racial and ethnic minority communities.¹²²

Recommendation 3: Provide Understandable and Effective Communication Materials across Minority Populations

In any public health emergency, communication matters. Communication inequities have the potential of hindering public efforts to prevent and address a pandemic outbreak.¹²³ It is also important to remember that different communication strategies and messages will need to be shared to different groups who may vary in their socio-economic status, culture and education levels. In terms of education, people with lower levels of education are often exposed to different

¹²⁰ Stainton, Lilo H. “We Can't Unsee' Racial Inequities in NJ Made Clear by COVID-19. What's the Plan to Address Them?” NJ Spotlight, 19 June 2020, www.njspotlight.com/2020/06/we-cant-unsee-racial-inequities-in-nj-made-clear-by-covid-19-whats-the-plan-to-address-them/.

¹²¹ Minnesota Department of Health. COVID-19 Contracts for Diverse Media and Community Outreach - Minnesota Dept. of Health, June 2020, www.health.state.mn.us/communities/equity/funding/covidcontracts.html.

¹²² CDC. “Racial & Ethnic Minority Groups.” Centers for Disease Control and Prevention, 25 June 2020, Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>.

¹²³ Lin, L., Jung, M., McCloud, R., & Viswanath, K. (2014). *Media Use and Communication Inequalities in a Public Health Emergency: A Case Study of 2009–2010 Pandemic Influenza A Virus Subtype H1N1* (4th ed., Vol. 129, pp. 49-55, Rep.). Public Health Reports. Retrieved from <https://journals.sagepub.com/doi/pdf/10.1177/003335491412965408>

information than those with higher levels of education.¹²⁴ In a survey analyzing communication strategies from the H1N1 pandemic, it was found that adults with a high school education or less relied more on local and network TV news for H1N1 information than adults with higher levels of education, who relied more on local newspapers and the internet.¹²⁵ Adults who faced fewer communication barriers and had more knowledge of the virus were more likely to practice good hygiene and social distancing.¹²⁶ **State and local governments must utilize a diverse array of media outlets that people are routinely exposed to as a way to spread information.** The utilization of various media outlets will prove to be imperative in communicating effectively with various minority groups, as will offering information in different languages. **Local governments must release multilingual and culturally inclusive educational efforts on television, radio and social media.** One way to help fix this communication gap and ease fears and misconceptions regarding COVID-19, is by tailoring information to non-English speaking populations. This means spreading messages in various languages and also adjusting information to be culturally relevant. Social media campaigns should include culturally relevant graphics and illustrations.¹²⁷

An additional factor to consider is that many people in minority communities work essential jobs, making it harder to social distance and avoid contracting the virus.¹²⁸ According to

¹²⁴ Lin, L., Jung, M., McCloud, R., & Viswanath, K. (2014, May 21). *What have we learned about communication inequalities during the H1N1 pandemic: A systematic review of the literature*. Retrieved from <https://link.springer.com/article/10.1186/1471-2458-14-484>

¹²⁵ Lin, L., Jung, M., McCloud, R., & Viswanath, K. (2014). *Media Use and Communication Inequalities in a Public Health Emergency: A Case Study of 2009–2010 Pandemic Influenza A Virus Subtype H1N1* (4th ed., Vol. 129, pp. 49-55, Rep.). Public Health Reports. Retrieved from <https://journals.sagepub.com/doi/pdf/10.1177/00333549141296S408>

¹²⁶ Ibid.

¹²⁷ Barrón-Lopez, L. (2020, April 21). *Trump coronavirus response feeds distrust in Black and Latino communities*. Retrieved from <https://www.politico.com/news/2020/04/21/race-coronavirus-outreach-197470>

¹²⁸ Koma, W., Artiga, S., Neuman, T., Claxton, G., Rae, M., Kates, J., & Michaud, J. (2020, May 07). *Low-Income and Communities of Color at Higher Risk of Serious Illness if Infected with Coronavirus*. Retrieved from

the U.S Bureau of Labor Statistics, only 30% of Black workers and 16% of Hispanic workers are able to telecommute.¹²⁹ About 2/3 of Hispanics say that they would not get paid if COVID-19 caused them to be absent from work for two weeks or more.¹³⁰ People of color are more likely to work in low-wage jobs that can not be done remotely,¹³¹ meaning that they will face more difficulty following standard social distancing measures. An additional factor that makes it harder to follow social distancing protocols is living in crowded living areas. Members of racial and ethnic minorities may be more likely to live in densely populated areas.¹³² **Standard social distancing information is not adequate for those that live in crowded living spaces, instead information on measures those in crowded living areas can take should be spread.** This includes the circulation of information that stresses wearing a mask, proper sanitation methods, and how to social distance at the workplace and densely populated living areas.

Minority communities should also be provided with understandable and low literacy educational and communication materials. **Effective messages, preferably visual ads with simple instructions, should be distributed on multiple channels that include trusted sources of information.** A study from the influenza pandemic found that a strategy to help the health disparities racial and ethnic minorities faced is to educate early about isolation, quarantine, hygiene and the use of PPD's.¹³³ The study also found that education on behavioral change, and

<https://www.kff.org/coronavirus-covid-19/issue-brief/low-income-and-communities-of-color-at-higher-risk-of-serious-illness-if-infected-with-coronavirus/>

¹²⁹ Nania, R. (2020, May 8). *Blacks, Hispanics Hit Harder by the Coronavirus, Early U.S. Data Show*. Retrieved from <https://www.aarp.org/health/conditions-treatments/info-2020/minority-communities-covid-19.html>

¹³⁰ Ibid

¹³¹ *Equitable Data Collection and Disclosure on COVID-19 Act of 2020*. (2020). Retrieved from <https://www.warren.senate.gov/imo/media/doc/Equitable%20Data%20Collection%20and%20Disclosure%20Act%201%20pager.pdf>

¹³² *Coronavirus Disease 2019: Racial and Ethnic Minority Groups*. (2020, April 22) Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

¹³³ Hutchins, S. S., Fiscella, K., Levine, R. S., Ompad, D. C., & McDonald, M. (2009). Protection of Racial/Ethnic Minority Populations During an Influenza Pandemic. *American Journal of Public Health*, 99(S2).

not just increasing one's knowledge, was also imperative.¹³⁴ For example, conveying that hand washing can serve as a means of protecting one's self and their family from a virus and is not just a form of sanitation.¹³⁵

To create thorough and equitable communication to different minority groups, local and state governments must understand the importance of focusing on minority communities with effective communicative efforts. Communication efforts to these communities must be understandable, offered in multiple languages, distributed on various communication channels, conveyed by a trusted community leader, and tailored to be effective for those that are unable to social distance. Many minority communities are disproportionately impacted by the virus, making it crucial to implement effective strategies about preventative and safety measures to ensure public health.

How States, Counties, Cities and Organizations are communicating with minority communities:

- In **Philadelphia**, City Councilwoman Maria Quiñones-Sánchez collaborated with medical providers in District 7 to offer tests to those who needed them. She believed that the high COVID-19 rates among Hispanics in her district were in part due to language barriers. She stated that “the message has to come from people they trust. I’ve [appeared] on Spanish media almost daily.” Quiñones-Sánchez and Philadelphia Doctors created a media blitz in Spanish and distributed tens of thousands of fliers. They also worked with community leaders to not only make the fliers in Spanish, but to apply them to the culture as well.¹³⁶
- **Massachusetts** launched a multicultural public awareness campaign in May to help prevent the spread of COVID-19 in diverse communities and expand contact tracing. To reach out to these communities, MA is working with “ethnic media outlets and community influencers” to communicate to diverse residents in various languages. The state partnered with Partners in Health and Archipelago Strategies Group (ASG) to launch the education campaign. The campaign is offered in “English, Spanish, Haitian Creole, Cape Verdean Kreol, Khmer, Vietnamese, Chinese, Portuguese and Arabic.” Ads have been released on ethnic and digital media outlets, including Facebook, Pandora and

doi:10.2105/ajph.2009.161505, Retrieved from
<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2009.161505>

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶Barrón-Lopez, L. (2020, April 21). Trump coronavirus response feeds distrust in Black and Latino communities. Retrieved from <https://www.politico.com/news/2020/04/21/race-coronavirus-outreach-197470>

Hulu. Additionally, messages are being spread throughout minority communities through ethnic radio ads, web videos and multilingual bus shelter ads and train platform posters. A series of online and radio help lines, with hour long live conversations with state leaders and listeners, have also been implemented. The goal of this educational communication campaign is to build trust and increase participation in the Commonwealth's new Community Tracing Collaborative.¹³⁷

- In **Milwaukee County, Wisconsin**, The Health Department has strived to improve communications with the Black community by creating targeted public service announcements made by “influencers” in those communities.¹³⁸
- The **New York** state government has partnered with a network of immigrant physicians, SOMOS Community Care, to treat and educate Hispanic and Chinese immigrant populations. They have created trilingual mobile testing sites and are working to educate minorities online and on Univision. With Univision, they are striving to inform the Hispanic population about telehealth, ways to get tested, and costs of COVID-19 testing. SOMOS has conveyed that the Hispanic population do not trust existing institutions, a hospital can be intimidating to people which is why communication regarding care and easing misconceptions is important.¹³⁹
- In **South Carolina**, public service video messages relating to COVID-19 are being delivered by Black state leaders. These leaders include Rep. James Clyburn, Columbia Mayor Steve Benjamin, and the state's chief epidemiologist, Dr. Linda Bell.¹⁴⁰

¹³⁷ Massachusetts launches public awareness campaign to stop spread of COVID-19. (2020, May 19). Retrieved from <https://www.baystatebanner.com/2020/05/14/massachusetts-launches-public-awareness-campaign-to-stop-spread-of-covid-19/>

¹³⁸ Barrón-Lopez, L. (2020, April 21). Trump coronavirus response feeds distrust in Black and Latino communities. Retrieved from <https://www.politico.com/news/2020/04/21/race-coronavirus-outreach-197470>

¹³⁹ Ibid

¹⁴⁰ Ollove, M., & Vestal, C. (2020, May 28). *COVID-19 Is Crushing Black Communities. Some States Are Paying Attention*. Retrieved from <https://www.govtech.com/em/safety/Coronavirus-is-Crushing-Black-Communities-Some-States-are-Acting.html>

Additional Resources Recommendations

Recommendation 1: Ensure that residents of low income minority communities still have access to adequate food supplies without having to put themselves at risk of infection by physically going to a grocery store.

Since minorities, such as Black and Hispanic populations are more at risk of COVID-19 infection, it is imperative that these communities take extra precautions in order to stay as safe as possible.¹⁴¹ One way that such communities can take these precautions is to limit public outings such as grocery store trips that could potentially expose them to the virus. In addition to this risk, a sizeable part of minorities may live in neighborhoods that are physically further from grocery stores, making it more difficult to stock up on necessary supplies¹⁴² The federal government has created legislation in order to help combat food insecurity starting with the First Food Stamp Program in 1939.¹⁴³ This program, the Supplemental Nutrition Assistance Program (SNAP), has grown to support over 38 million Americans.¹⁴⁴ About, 25.6% of those who receive food stamps are Black and 17.2% are Hispanic.¹⁴⁵ About 13.1% of the U.S. population is Black¹⁴⁶ and 17.8% is Hispanic.¹⁴⁷ This means that both minority groups are or nearly overrepresented in the

¹⁴¹ Godoy, M., & Wood, D. (2020, May 30). What Do Coronavirus Racial Disparities Look Like State By State? Retrieved July 08, 2020, from <https://www.npr.org/sections/health-shots/2020/05/30/865413079/what-do-coronavirus-racial-disparities-look-like-state-by-state>

¹⁴² COVID-19 in Racial and Ethnic Minority Groups. (2020, June 25). Retrieved July 08, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

¹⁴³ A Short History of SNAP. (n.d.). Retrieved July 13, 2020, from <https://www.fns.usda.gov/snap/short-history-snap>

¹⁴⁴ Ibid.

¹⁴⁵ Devine, S. (2018, October 14). Demographic Characteristics Of SNAP Beneficiaries. Retrieved July 08, 2020, from <https://theatlantis.com/charts/Bym35alsm>

¹⁴⁶ Bureau, U. (2018, August 03). Black (African-American) History Month: February 2016. Retrieved July 08, 2020, from <https://www.census.gov/newsroom/facts-for-features/2016/cb16-ff01.html>

¹⁴⁷ Bureau, U. (2018, August 03). Hispanic Heritage Month 2017. Retrieved July 08, 2020, from <https://www.census.gov/newsroom/facts-for-features/2017/hispanic-heritage.html>

demographics of SNAP beneficiaries. Due to this fact, a significant portion of both minority groups partially or fully rely on food stamps in order to purchase food.

Prior to the coronavirus outbreak, most Americans living off food stamps were not allowed to shop for these groceries online.¹⁴⁸ However, since the initial intense spread of COVID-19 in March, 36 states in addition to the District of Columbia have adopted the online SNAP purchasing tool. Seven other states are currently in the process of executing online SNAP. However, Alaska, Arkansas, Hawaii, Louisiana, Maine, Montana, and North Dakota do not currently have any online SNAP services. In the U.S. states (as well as the District of Columbia) that have already begun or fully enacted online SNAP, the few retailers that have implemented online SNAP are Amazon (in thirty six states and D.C.), Walmart (thirty six states), ShopRite (four states), and TheFreshGrocer (two states).

Although most states have implemented online SNAP, more action needs to be taken in order to ensure that minority groups, especially those who rely on SNAP, are fully able to shop for groceries via online purchase. States such as Alaska, Arkansas, Hawaii, Louisiana, Maine, Montana, and North Dakota are encouraged to implement online SNAP so that food stamp recipients can order groceries online.¹⁴⁹ State and local governments are encouraged to contact grocery retailers, especially those who are popular within communities of color, to implement SNAP so that people of color who rely on SNAP can have equal access to a trusted online grocery system. This step is imperative because within communities of color, stores such as Amazon may not be a trusted or a viable option. Expanding the list of minority

¹⁴⁸Crampton, E. (2020, April 07). Most Americans on food stamps must shop at stores, risking coronavirus exposure. Retrieved July 08, 2020, from

<https://www.politico.com/news/2020/04/07/americans-food-stamps-coronavirus-exposure-173248>

¹⁴⁹ FNS Launches the Online Purchasing Pilot. (2020). Retrieved July 08, 2020, from

<https://www.fns.usda.gov/snap/online-purchasing-pilot>

owned/trusted retailers who provide online SNAP services will be a significant step in the process of increasing food security in minority communities. Local officials should provide a list of the most popular and widespread grocery stores in each community to use for reference along with the list of the most popular grocery stores in each state, which is included in the supplementary materials portion of the report. (Page 78)¹⁵⁰ In order for grocery stores to become eligible to accept payments in the form of online SNAP, retailers must first meet Food and Nutritional Services (FNS) retailer stocking requirements and meet online purchasing requirements. Both sets of requirements can be found through the online applications provided by the U.S. Food and Nutrition service under the U.S. Department of Agriculture. The first application is linked [here](#).¹⁵¹ After this initial application is completed, retailers need to undergo the current U.S.F.N. requirements to be able to process online SNAP payments. This online application is linked [here](#).¹⁵² **Lastly, for areas that have undergone the creation of online SNAP programs, state and local governments should advertise the online SNAP programs to food stamp recipients.**

¹⁵⁰Gentile, D. (2016, February 10). The Most Popular Grocery Store in Every State. Retrieved July 08, 2020, from <https://www.mentalfloss.com/article/74016/most-popular-grocery-store-every-state>

¹⁵¹ How Do I Apply to Accept Benefits? (2020, April 07). Retrieved July 09, 2020, from <https://www.fns.usda.gov/snap/apply-to-accept>

¹⁵²Retailer Requirements to Provide Online Purchasing to SNAP Households. (2020, May 06). Retrieved July 09, 2020, from <https://www.fns.usda.gov/snap/retailer-requirements-provide-online-purchasing>

Recommendation 2: Create state and city-based rental assistance programs for renters who are ineligible to receive direct rental assistance from the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

The history of housing in the United States is plagued by structural racism. When a nationwide housing shortage unfolded in 1933, the federal government sought to mitigate the shortage by implementing housing programs aimed at increasing the United States' housing stock under the New Deal.¹⁵³ Through these programs, sheltered, suburban communities arose across the nation, offering a haven for nuclear families seeking safer neighborhoods than the ones they left behind in overcrowded and dangerous inner cities. That is, for middle-to-lower-class white families. Black families and other families of color were frequently excluded from these new communities by racist program regulations that author Richard Rothstein equates to a “state-sponsored system of segregation.”¹⁵⁴ Such regulations include redlining and financing builders who required that none of the homes in their mass produced subdivisions be sold to Black Americans. The FHA justified these racist policies by claiming that the property values of the white homes they were insuring would decrease if Black Americans bought homes in or around the suburbs, therefore jeopardizing their loans.¹⁵⁵ However, these claims were found to be baseless, for when Black Americans tried to purchase homes in mainly white neighborhoods, property values rose. Because they were not offered a breadth of affordable housing, Black American buyers were willing to pay higher prices than white buyers.

¹⁵³ Gross, T. (2017, May 03). A 'Forgotten History' Of How The U.S. Government Segregated America. Retrieved July 13, 2020, from

<https://www.npr.org/2017/05/03/526655831/a-forgotten-history-of-how-the-u-s-government-segregated-america>

¹⁵⁴ Rothstein, R. (2018). *The color of law: A forgotten history of how our government segregated America*. New York, New York: Liveright Publishing Corporation, a division of W.W. Norton & Company.

¹⁵⁵ Gross, T. (2017, May 03). A 'Forgotten History' Of How The U.S. Government Segregated America. Retrieved July 13, 2020, from

<https://www.npr.org/2017/05/03/526655831/a-forgotten-history-of-how-the-u-s-government-segregated-america>

The effects of racist redlining policies have been exacerbated by the COVID-19 crisis. After decades of disinvestment, once-redlined neighborhoods presently have “higher poverty rates, lower performing schools, more segregation, lower social mobility, greater exposure to extreme heat, fewer parks, higher gentrification rates,” lower-quality walking and biking infrastructure, and fewer healthy food outlets than non-redlined neighborhoods.¹⁵⁶ All of the aforementioned factors detract from residents’ overall health and well-being, making residents of once-redlined neighborhoods disproportionately susceptible to contracting COVID-19. In Denver, Colorado, the Valverde neighborhood offers low-income housing, has an 81% Hispanic population, and due to its placement between interstates and state highways, invites a heavy amount of air pollution.¹⁵⁷ A Harvard study¹⁵⁸ analyzing the exposure to air pollution and COVID-19 mortality in the United States determined that respiratory damage resulting from air pollution drastically limits one’s ability to fight COVID-19, making it unsurprising that Valverde had the highest COVID-19 hospitalization rate in Denver.¹⁵⁹

The effects of redlining on communities of color have been both illuminated and exacerbated by challenges renters have endured during the COVID-19 pandemic. While protecting public health is of the utmost importance during a global pandemic, across the nation, citywide closures enacted to promote social distancing have exacerbated financial strain for America’s renters, particularly those in minority and low-income communities. A survey of

¹⁵⁶ Nemeth, J., & Rowan, S. (2020, May 28). COVID-19: How decades-old redlining is still making neighborhoods unsafe. Retrieved July 13, 2020, from <https://www.efficientgov.com/community-development/articles/covid-19-how-decades-old-redlining-is-still-making-neighborhoods-unsafe-0ECaO6ITrOffZB4i/>

¹⁵⁷ Ibid

¹⁵⁸ COVID-19 PM2.5. (2020). Retrieved July 13, 2020, from <https://projects.iq.harvard.edu/covid-pm>

¹⁵⁹ Nemeth, J., & Rowan, S. (2020, May 28). COVID-19: How decades-old redlining is still making neighborhoods unsafe. Retrieved July 13, 2020, from <https://www.efficientgov.com/community-development/articles/covid-19-how-decades-old-redlining-is-still-making-neighborhoods-unsafe-0ECaO6ITrOffZB4i/>

2,775 landlords and 7,379 renters and conducted by Avail, an online resource for landlords, found that COVID-19-motivated closures resulted in job losses for 53.5% of renters.¹⁶⁰ Compared with homeowners, renters commonly have lower incomes and savings, lower access to credit, less job stability and a history of facing greater challenges in paying for their housing costs, making them even more vulnerable to increased financial insecurity due to the pandemic. The number of renters who are people of color is significantly greater than the number of non-Hispanic white renters.¹⁶¹ In 2018, 58.3% of Black households, 52.5% of Hispanic households, 40% of Asian households, and 27% of white households were renters.¹⁶² Since the 2007 market housing crisis, Black households have experienced the greatest drop in homeownership.¹⁶³ Further, a greater number of Black and Hispanic households reported challenges with paying rent: One-third of Black households often or sometimes experienced difficulty paying rent, which was nine percentage points higher than for white households¹⁶⁴ These challenges can potentially be attributed to the fact that Black renter households are the most vulnerable to economic instability, with the lowest median income, the lowest median liquid assets, and the highest unemployment rate among all ethnic and racial groups. Black and Hispanic renters face a disproportionate susceptibility to losing their jobs due to COVID-19, as 25% of Black renters and 25% of Hispanic renter household heads were service workers before

¹⁶⁰ Marketwatch (2020, April 04). More than half of renters say they lost jobs due to coronavirus: 'They could face housing situations that spiral out of control'. (n.d.). Retrieved July 13, 2020, from <https://www.google.com/amp/s/www.marketwatch.com/amp/story/they-could-face-housing-situations-that-spiral-out-of-control-more-than-half-of-renters-say-they-lost-their-jobs-due-to-covid-19-2020-04-09>

¹⁶¹ Choi, J., Zhu, J., & Goodman, L. (2020, April 09). COVID-19 Policy Responses Must Consider the Pandemic's Impact on Young Renters and Renters of Color. Retrieved July 13, 2020, from <https://www.urban.org/urban-wire/covid-19-policy-responses-must-consider-pandemics-impact-young-renters-and-renters-color>

¹⁶² Ibid.

¹⁶³ Ibid.

¹⁶⁴ Ibid.

pandemic-related closures ensued, while only 19% of white and 11% of Asian renter household heads held similar jobs.¹⁶⁵

Due to the lasting effects of redlining, fewer opportunities to achieve upward mobility, and persistent biased treatment in the pursuit of rental housing, Black, Hispanic, and young renters (for most young, white, renters, the relevant criterion is “fewer opportunities to achieve upward mobility”) are more vulnerable to suffering economic devastation due to the COVID-19 pandemic than white, Asian, and older renters.¹⁶⁶ Following the 2007 housing market crisis, these groups were overwhelmingly harmed and recovered from financial hardship at a slower rate.¹⁶⁷ **If programs aimed at assisting financially vulnerable renters are not implemented, the COVID-19 crisis will likely impose similar financial hardships on these renters, decreasing their chances of achieving economic stability.**

The CARES Act currently offers direct rental assistance to renters whose landlords have federally backed mortgages, but according to the Urban Institute, most renters are ineligible to receive this assistance.¹⁶⁸ In order to protect financially struggling renters who cannot receive direct rental assistance from the CARES Act, particularly young renters, renters of color, economically disadvantaged renters, and otherwise marginalized renters, **states and cities should consider successful rental assistance models that most effectively respond to the needs of renters in the localities they serve.**

¹⁶⁵ Ibid.

¹⁶⁶ Ibid.

¹⁶⁷ Ibid.

¹⁶⁸ Goodman, L., Kaul, K., & Neal, M. (2020, April 09). The CARES Act Eviction Moratorium Covers All Federally Financed Rentals-That's One in Four US Rental Units. Retrieved July 13, 2020, from <https://www.urban.org/urban-wire/cares-act-eviction-moratorium-covers-all-federally-financed-rentals-thats-one-four-us-rental-units>

Due to an influx of middle-income renters who lost their jobs because of COVID-19 and would otherwise be unqualified for housing subsidies, the number of renters with financial need has increased across the nation, and states and localities must make challenging decisions about where to allocate limited resources. In a significant portion of the rental assistance programs analyzed in a study conducted by the Urban Institute, people living in unsheltered locations, are receiving housing assistance, have no income, and are undocumented immigrants were ineligible to receive assistance.¹⁶⁹ **It is critical that minority and economically disadvantaged communities are prioritized in rental assistance policies whenever possible.** The following rental assistance models offer different examples of how to utilize federal, state, and private funds through a method that best caters to the size, available resources, and the highest need across demographics of different states and localities across the U.S.

Rental assistance Model for Small Towns: Whitefish Housing Authority Rental Assistance Fund¹⁷⁰

- Considering Whitefish, Montana’s local economy is reliant on tourism industries, many residents have been put out of work, increasing the vulnerability of their community.
 - The Whitefish Chamber of Commerce, The Whitefish Housing Authority and the Whitefish Community Foundation collaborated to create an emergency rental assistance fund providing one-time, partial rent relief to Whitefish area renters.
 - Eligibility requirements:
 - Renters must live in the 59937 zip code
 - Applying renters’ employment status must have been affected by COVID-19-related closures
 - Applicants must properly fill out Emergency Assistance Application and submit proper documentation.
 - Steps to file for the fund:
 - Fill out Emergency Assistance Application
 - Copy of the applicant’s driver’s license/form of ID

¹⁶⁹ Ibid.

¹⁷⁰ News, M. (2020, March 27). Whitefish Housing Authority establishes Emergency Rental Assistance Fund. Retrieved July 13, 2020, from <https://www.kpax.com/news/local-news/flathead-county/whitefish-housing-authority-establishes-emergency-rental-assistance-fund>

- Copy of the applicant’s most recent pay stub and proof of layoff from job. A submitted State of Montana unemployment assistance application suffices.
 - Copy of applicant’s lease agreement showing the property address and applicant’s name on lease.
- Affected workers may apply for \$300 in rental assistance, with a cap placed on 50% of the monthly rent amount.
- Multiple affected wage earners in a single home may each receive \$300 in rent assistance, relative to the 50% cap
- Funding will be distributed on a first-come, first-serve basis, so long as all applications fit eligibility guidelines and funding is available.
- Recipients will be offered a check written by the Whitefish Housing Authority directly to the applicant’s landlord to assist with rental payment
- The application and instructions were made available via the Housing Authority website.

City of New Orleans’ Rental Assistance Plan¹⁷¹

Rental Assistance Program Guidelines:

- “The program is designed to benefit low to moderate income households impacted by COVID-19.
- **Priority will be given to families with children, re-entering citizens and lower income earning households. Consideration may be given to other vulnerable populations.**
- Eligible tenants will have the grant paid to the landlord, directly benefiting the tenant and the landlord.
- The rent must be considered current by the landlord after receipt of the grant payment.
- The grant will be calculated based on the amount of rent owed and the tenant’s ability to pay a portion of the past due rent.
- Applicants will be required to provide documentation of their income and eligibility which may include check stubs, bank statements and/or a letter from your employer. **Alternate documentation may be considered for individuals whose income was based on cash compensation.**
- Funding to landlords will be limited to rental units with City of New Orleans addresses.
- Examples of Impact by COVID-19 (not limited to the following)
 - Job loss, furlough or layoff
 - Reduction in hours of work or pay
 - Store, restaurant or office closure
 - The need to miss work to care for a home-bound, school age child or elderly person”¹⁷²

Applications can be acquired through the Mayor’s Office of Community Development (OCD) or online

¹⁷¹ Coronavirus Updates. (2020). Retrieved July 13, 2020, from <https://ready.nola.gov/incident/coronavirus/city-of-new-orleans-covid-19-rental-assistance-pro/>

¹⁷² Ibid.

Mayor Lightfoot, The Department of Housing and Family Independence Initiative (FII) Launch Covid-19 Housing Assistance Grant Program¹⁷³

- Chicago, Illinois Mayor Lori E. Lightfoot and the Department of Housing (DOH) announced the establishment of a COVID-19 Housing Assistance Grant program
 - Aimed at assisting Chicagoans who have lost their jobs or otherwise experienced economic instability resulting from the COVID-19 pandemic
- The program is sustained through a partnership between the DOH and the Family Independence Initiative (FII).
 - DOH placed \$2 million from the Affordable Housing Opportunity Fund (AHOF) to offer one-time grants to help Chicagoans with rent and mortgage payments.
 - The fund provided 2,000 individuals/families with \$1,000 grants, half of which was awarded through the lottery system, while the other half was distributed by nonprofit organizations across the city.
- Applications were made available online, and in several different languages, increasing the accessibility of the application process
 - Applicants were asked to demonstrate how COVID-19 damaged their financial stability by showing recent unemployment insurance claims, notification of a changed employment status, and proof of household income at or below 60% of the area median income (ranging from \$37,000 for one person to \$53,000 for a family of four) before loss of job or other economic impact.
- Awardees received funds via transfers to their banking institution, PayPal, or CashApp accounts, with delegate agencies ready to assist awardees without immediate access to a computer or bank account.

Los Angeles County Rent Subsidization Program¹⁷⁴

- The Los Angeles County Board of Supervisors voted unanimously to distribute additional emergency funding for financially strained renters and expand tenant protections throughout the COVID-19 crisis.
- Program advocates and Supervisors Janice Hahn and Hilda Solis asked for support in establishing an emergency rental assistance program with **Community Development Block Grants provided through the CARES Act**.
 - Los Angeles County's legislative advocates were directed to push for additional Community Development Block funds to finance the program, while other staffers were directed to expand the fund's capabilities by sourcing private dollars.
- The focus of the rental assistance program is to allocate rent subsidies of up to \$1,000 per month for up to three months for families who are suffering from job loss.

¹⁷³ Mayor's Press Office. (2020). Mayor Lightfoot, The Department of Housing and Family Independence Initiative (FII) Launch Covid-19 Housing Assistance Grant Program. Retrieved July 13, 2020, from https://www.chicago.gov/city/en/depts/mayor/press_room/press_releases/2020/march/HousingAssistanceProgram.html

¹⁷⁴ Service, C. (2020, April 14). LA County Approves Plan to Subsidize Rent With Coronavirus Emergency Funds. Retrieved July 13, 2020, from <https://www.nbclosangeles.com/news/local/la-county-approves-plan-to-subsidize-rent-with-coronavirus-emergency-funds/2346116/>

- As Hahn articulated, "The eviction moratorium we have in place has provided some relief, but many families are going to struggle to pay back the rent they owe after this crisis is over," emphasizing the value of investing in rental assistance programs.

Nevada Emergency Rental Assistance Plan¹⁷⁵

- Attorney General Aaron Ford announced \$2 million in settlement funding for emergency rental assistance across Nevada.
 - The money will be transferred to United Way of Southern Nevada and United Way of Northern Nevada and the Sierra
 - Funding is part of a settlement agreement with Wells Fargo approved by the Nevada State Legislature's Interim Finance Committee
 - Directed toward families in need of emergency assistance
 - Informational flyer to help renters and landlords understand their rights concerning the governor's directive stopping evictions (generated by the attorney general's office)

The One Louisville: COVID-19 Response Fund¹⁷⁶

- The One Louisville: COVID-19 Response Fund seeks to provide flexible funding resources for rental assistance, childcare assistance, transportation aid, food access, utility assistance, pharmaceutical needs and other support as determined in the form of \$1,000 payments to eligible households.
 - Funds are managed by the Community Foundation of Louisville
 - Distribution to households is managed by Louisville Metro Government's Office of Resilience & Community Services
- One Louisville: COVID-19 Response Fund also assists community organizations who have been hit hard by COVID-19 related challenges.
 - Funding to community groups will be directed by the Community Foundation of Louisville, in coordination with Metro United Way and fund partners.
- Initiated by Louisville Metro Government, the Community Foundation of Louisville, Metro United Way, and other community partners
 - Community leaders, businesses, and GLI [?] have helped guide fundraising efforts to sustain the fund
 - Within the first few days of the fund's existence, organizers amassed over \$3.6 million, and the fund continues to accept donations, large and small.
 - [Add examples of community funding partners]
- Housing Assistance Eligibility Criteria for Individuals/Households:
 - Need to be residents of Jefferson County
 - Must have an income at or below 100% of Area Median Income (AMI), which is determined by the U.S. Department of Housing and Urban Development.

¹⁷⁵ NNBW staff report. (2020, April 08). \$2 million approved for Nevada emergency rental assistance. Retrieved July 13, 2020, from <https://www.nnbw.com/news/2-million-approved-for-nevada-emergency-rental-assistance/>

¹⁷⁶ Mayor Fischer announces One Louisville: COVID-19 Response Fund to help Louisvillians impacted by virus outbreak. (2020, March 18). Retrieved July 13, 2020, from <https://louisvilleky.gov/news/mayor-fischer-announces-one-louisville-covid-19-response-fund-help-louisvillians-impacted-virus>

- The AMI for the Louisville region is \$76,400 for a four-person family (100% AMI).
- All applicants must offer proof of identity and supporting documents that present a loss of earned income due to medical reasons, business closure, or school closure resulting from the COVID-19 pandemic.
- Housing assistance is conducted through their closest Neighborhood Place
 - Each location offers drop-boxes for verification documents due to the closure of walk-in services

The City of Kissimmee, Florida’s Rental Assistance Program for Low-Income Residents¹⁷⁷

- Enhanced protections for renters offer a maximum of \$1,200 for housing assistance or one month of rent (whichever option is the most cost-effective).
- Qualifications for Program Participation:
 - Applicants must be a City of Kissimmee resident.
 - Household income must be less than 80% of the average median income, as displayed on a chart on kissimmee.org.
 - Must have a documented loss of income related to COVID-19 impacts due to health, employment, or school/child care closures.
 - Allocation preferences will be given to households with special needs
- Application Requirements
 - Applicants must submit identification, income verification, and documentation of how COVID-19 has detracted from their income to verify eligibility (Additional information must be available upon request).
 - Allocation is determined on a “first-come, first qualified to proceed basis.”
 - After funds have been expended, eligible non-recipients may add their name to Kissimmee’s interest list in the event more funds are acquired.
 - Online application (at the moment, the City of Kimissee is not accepting applications, but is compiling a waitlist to designate candidates for when future funding is available. Residents are encouraged to seek assistance from Heart of Florida United Way Rental Assistance during this time of application closure.

Mountain View California Rent Relief¹⁷⁸

- April 14th, 2020: Mountain View City Council approved an additional \$1.13 million for the Mountain View Rent Relief Program.
 - The Mountain View Rent Relief Program provides up to \$3,000 of rental assistance for one month’s worth of rent to local and qualified tenants affected by COVID-19
 - The program is administered by the Community Services Agency (CSA).
 - If funds are expended, CSA will place eligible tenants on a waitlist.

¹⁷⁷ Nunez, G. (2020, March 31). City of Kissimmee to provide foreclosure, rental assistance for those impacted by COVID-19. Retrieved July 13, 2020, from <https://www.clickorlando.com/news/local/2020/03/31/city-of-kissimmee-to-provide-foreclosure-rental-assistance-for-those-impacted-by-covid-19/>

¹⁷⁸ COVID-19 Relief Resources. (2020). Retrieved July 13, 2020, from https://www.mountainview.gov/depts/comdev/preservation/homelessness/covid_19_relief_resources.asp

Eligibility Requirements:

- Must be a Mountain View resident
- Have an income of up to 120% of the AMI
 - This includes any renter in need whose income is up to \$110,000 for a one-person household and up to \$158,000 for a four person household.
- Must show COVID-19 related financial hardship
 - Reasons include loss of employment, reduced employment or wages, increased Citywide Rent Relief Program
- Destination: Home through Sacred Heart provides aid for rent relief to keep renters in their homes.
- Renters with financial need who are up to 80% AMI (up to \$72,750 for a 1-person household or up to \$103,900 for a 4-person household) are eligible to apply.

Washington D.C. Emergency Rental Assistance Program¹⁷⁹What is ERAP?

- The Emergency Rental Assistance Program (ERAP) assists income-eligible District residents confronting housing emergencies,

What services does ERAP provide?

- Funding for overdue rent if a qualified house is facing eviction (includes late costs and court fees).
- Security deposit for a new residence
- First month's rent
- ERAP cannot fund utilities, mortgage payments, or housing expenses aside from those listed above.

Who is eligible for ERAP?

- DC residents whose income is 125% below the monthly federal poverty level according to household size.

Are there limits of how much ERAP can pay?

- For overdue rent, ERAP can pay for up to five months, or \$4,250 (this amount can be increased to \$6,000 if households have a resident with a disability or seven or more children).
- ERAP can pay up to a total of \$900 each for the security deposits and the first month's rent.
- In the event that the highest ERAP value cannot ameliorate the housing emergency, ERAP cannot make a payment until the individual can present how the remaining amount of the needed money will be paid.
- ERAP can only offer eligible individuals and families assistance once in a twelve month period.

Will ERAP directly give the resident the money?

- ERAP makes payments to landlords, courts, or court marshals, meaning residents are never directly given money.

How does one apply for ERAP?

¹⁷⁹ Emergency Rental Assistance Program. (2020). Retrieved July 13, 2020, from <https://dhs.dc.gov/service/emergency-rental-assistance-program>

- Fill out an application, be interviewed, and provide documents allowing the organization to assess your eligibility.
- Residents who do not have enough resources to pay for residence after the initial emergency is attended to must agree to participate in subsequent case management services, helping to ensure that future housing emergencies do not occur.
- The following organizations accept applications:
 - Catholic Charities The Southeast Family Center
 - www.catholiccharitiesdc.org
 - Housing Counseling Services, Inc.
 - www.Housingetc.org
 - Salvation Army (NW Office) National Capital Area Command
 - www.salvationarmynca.org
 - Salvation Army (SE Office) The Solomon G. Brown Social Services Center
 - www.salvationarmynca.org/solomon-g-brown/
 - The Community Partnership for the Prevention of Homelessness at Virginia Williams Family Resource Center
 - www.community-partnership.org
 - The United Planning Organization (UPO)
 - www.upo.org
 - The Greater Washington Urban League
 - www.gwul.org

Dallas Rent Plan¹⁸⁰

- Dallas City Council members supplemented the \$13.7 million federally funded rental and mortgage assistance with eviction protections for renters unable to pay rent due to COVID-19.
 - Beginning May 1st, eligible residents (those with incomes below 80% of the area median income) could apply to receive a grant of up to \$1,500 a month for up to three months of rent, mortgage, or utility payments.
 - Those needing long-term help could secure up to two years of payments (the majority of long-term assistance funds will be reserved for those at or below 60% of the area median income).
 - City Council members additionally created a \$1 million fund for nonprofits to allocate funds to qualified residents in need of rental assistance.
 - The program serves those with incomes at or below 50% of the area median income and would otherwise face homelessness if they could not pay their rent.
 - Eligible candidates can receive up to six months of payment

¹⁸⁰ Dallas to give millions for rent, mortgage help and small business aid; eviction protections approved. (2020, April 28). Retrieved July 13, 2020, from <https://www.dallasnews.com/news/public-health/2020/04/22/dallas-to-give-millions-for-rent-mortgage-help-and-small-business-aid-eviction-protections-approved/>

- Nonprofits--faith institutions, in particular--aim to allocate some of the funding to undocumented immigrants ineligible for federal funding.

ALICE Recovery Fund for COVID-19 - Rental Assistance Those Affected by COVID-19¹⁸¹

- Heart of Florida United Way has established a fund to support Central Florida residents experiencing financial instability
 - Heart of Florida United Way provided \$100,000 as an initial investment to seed the fund, but hopes to accrue additional support to assist as many families as possible.
 - The target demographic for the fund is to support the “ALICE” (Asset Limited, Income Constrained, Employed) population suffering from economic hardship caused by decreased work hours or unpaid leave.
 - The COVID-19 pandemic has caused nearly half of Central Floridians to live paycheck-to-paycheck, “one financial emergency away from being sent into a financial tailspin” and therefore, ALICE.
 - Eligible residents of Orange, Seminole, and Osceola counties receive rent, mortgage, and utility assistance geared toward helping to prevent eviction and homelessness.
 - Clients need to present bank statements, pay stubs, rent agreements, utility bills, and other forms of documentation to demonstrate financial need.

Recommendation 3: Prioritize the allocation of safe sheltering alternatives and

COVID-19-preventative resources for homeless communities.

As of May 15th, 42 states and the District of Columbia had mandated “shelter in place orders,” strongly encouraging residents to stay home in order to limit the spread of COVID-19. A study published in the Public Affairs journal found sheltering in place to be a successful public safety measure, saving between 250,000 and 370,000 lives between March 21 and May 15.¹⁸² State reopenings in late May and early June further demonstrated the efficacy of staying home to save lives. Following their respective May 16th and May 22nd reopenings, Arizona and Texas

¹⁸¹ ALICE Recovery Fund for COVID-19. (2020, April 16). Retrieved July 13, 2020, from <https://www.hfuw.org/alicefund/>

¹⁸² Perez, M. (2020, July 10). Study: Up To 370,000 U.S. Coronavirus Deaths Prevented By Shelter-In-Place Orders To May 15. Retrieved July 13, 2020, from <https://www.forbes.com/sites/mattperetz/2020/07/09/study-up-to-370000-us-coronavirus-deaths-prevented-by-shelter-in-place-orders-to-may-15/>

saw a drastic increase in COVID-19 cases and deaths. Such a spike in cases following state reopenings illuminates that the evident correlation between sheltering in place and minimizing the spread of COVID-19 remains a relevant public health concern. In response to the 75,000 COVID-19 cases and 1,600 COVID-related deaths in Arizona as of June 29th, Arizona Governor Doug Ducey ordered the reclosure of several venues.¹⁸³

However, “sheltering in place” is not a feasible reality for the over 500,000 Americans experiencing homelessness.¹⁸⁴ COVID-19 has devastated homeless communities across the country and is poised to remain a threat. Due to preexisting health conditions, limited access to nutritious food, hygiene, sanitation, and healthcare, people experiencing homelessness have a more difficult time accessing necessary health resources than those who are housed.¹⁸⁵ Homeless individuals in metropolitan areas often rely on public transit to access daily meals, increasing their susceptibility to contracting COVID-19. In Portland, Oregon, the Old Town neighborhood houses the majority of social services agencies that provide free meals, the only accessible source of food for many homeless individuals. Old Town is located just northwest of Downtown Portland, yet much of Portland’s homeless population congregates in distant suburbs, having been marginalized from Portland proper due to increased living costs.¹⁸⁶ The transitory nature of day-to-day life for many homeless individuals is a means of survival, yet it creates opportunities

¹⁸³ Halaschak | June 29, Z. (2020, June 30). Arizona governor shuts down bars, gyms, and theaters as coronavirus cases skyrocket. Retrieved July 13, 2020, from <https://www.washingtonexaminer.com/news/arizona-governor-shuts-down-bars-gyms-and-theaters-as-coronavirus-cases-skyrocket>

¹⁸⁴ State of Homelessness: 2020 Edition. (2020, May 20). Retrieved July 13, 2020, from <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2020/>

¹⁸⁵ Baggett, T. (2010, July). U.S. National Library of Medicine. Retrieved July 13, 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2882397/>

¹⁸⁶ Eastman, J. (2020, May 13). Portland area home prices inch up during the coronavirus-caused economic crisis. Retrieved July 13, 2020, from <https://www.oregonlive.com/realestate/2020/05/portland-area-home-prices-inch-up-during-the-coronavirus-caused-economic-crisis.html>

for increased exposure to COVID-19. The widespread stigma surrounding homelessness further exacerbates the challenges homeless individuals face when seeking social services. The National Law Center on Homelessness and Poverty predicts that due to COVID-19, up to 10% of the homeless community--almost 56,800 people--will be hospitalized.¹⁸⁷ Compared with the general population, homeless individuals who contract COVID-19 will be twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times more likely to die.¹⁸⁸

The risk is even greater for Black Americans experiencing homelessness.¹⁸⁹ According to the United States Census, among all other racial groups, Black Americans experience homelessness at the most disproportionate rate, followed by American Indian/Alaska Native individuals.¹⁹⁰ This disparity is apparent on local levels. Approximately 40% of the 60,000 people experiencing homelessness in Los Angeles are Black, despite the fact that only 9% of all Los Angelenos are Black.¹⁹¹ Additionally, Black residents of Los Angeles are more likely to suffer from underlying health conditions that increase their susceptibility to COVID-19, including diabetes, asthma, heart disease, and high blood pressure.¹⁹²

To mitigate the increased health risks the homeless population face amid the COVID-19 pandemic, state and local governments should pursue opportunities to provide unused hotel rooms and other spaces made available through COVID-19-related closures to homeless

¹⁸⁷ National Law Center on Homelessness and Poverty. (2020). Racism, Homelessness, and COVID-19. Retrieved July 13, 2020, from

https://nlchp.org/wp-content/uploads/2020/05/Racism-Homelessness-and-COVID-19-Fact-Sheet-Final_2.pdf

¹⁸⁸ Ibid.

¹⁸⁹ Ibid.

¹⁹⁰ United States Census Bureau. (2020). QuickFacts, Retrieved July 12, 2020, from

<https://www.census.gov/quickfacts/fact/table/US/IPE120218>

¹⁹¹ State of Homelessness: 2020 Edition. (2020, May 20). Retrieved July 13, 2020, from

<https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2020/>

¹⁹² Ibid.

individuals. Even if used as temporary sheltering solutions, safely distanced shelters tremendously benefit homeless individuals. Crowded living spaces, particularly those like shelters that regularly circulate new dwellers in and out, have been linked to physical ailments such as tuberculosis and respiratory infections, as well as exacerbated psychological stress.¹⁹³ Sheltering in hotel rooms allows for residents to safely distance from one another, minimizing their risk of developing respiratory ailments that could increase their susceptibility to contracting COVID-19.

At the request a city supervisor, Naresh Dhadhal, the owner of the Oasis Inn and the Embassy Hotel in San Francisco, California, allocates 20 rooms per hotel to individuals experiencing homelessness. It costs \$80 per night to stay in a room, but all costs are covered by private donations. Dhadhal, whose hotels are typically 80% full during the springtime, expressed an appreciation for the opportunity to provide temporary housing. Though \$80 is less than half of his base rate, Dhadhal expressed that during the COVID-19 pandemic, “You have to do anything you can to survive.”¹⁹⁴

In order to most effectively meet the holistic needs of homeless communities, local governments and community partners should consider how to support homeless individuals’ immediate safety while investing in their future stability. As of April 8th, homeless services organization UNITY of Greater New Orleans¹⁹⁵ had connected each of the 220 New Orleanians

¹⁹³Braveman, P., Dekker, M., Egerter, S., Sadegh-Nobari, T., & Pollack, C. (2020, May 13). Housing and Health. Retrieved July 13, 2020, from <https://www.rwjf.org/en/library/research/2011/05/housing-and-health.html>

¹⁹⁴ To house the homeless, agencies turn to vacant hotels. (2020, April 10). Retrieved July 13, 2020, from <https://www.marketplace.org/2020/04/08/house-homeless-agencies-vacant-hotels/>

¹⁹⁵ Kegel, M. (2019, December 03). End Homelessness. Retrieved July 13, 2020, from <https://unitygno.org/end-homelessness/>

who had moved into hotels rooms because of COVID-19 risks with a case manager. As articulated by UNITY executive director, Martha Kegel: “You don’t want to just put up very vulnerable people with disabilities in hotel rooms without somebody working on the next step...[which is] to get them into permanent housing as soon as possible.”¹⁹⁶

The harsh conditions homeless individuals are forced to acclimate to--severe food insecurity, ill health, separation from loved ones, threats of violence, and lack of stable shelter--breed high levels of stress that make them susceptible to developing mental health conditions or engaging in the cycle of substance abuse.¹⁹⁷ In analyses of data from national Epidemiological Survey on Alcohol and Related Conditions (NESARC) and the National Comorbidity Study Replication (NCS-R), Greenberg and Rosenheck found that people who had experienced homelessness in adulthood were “significantly more likely to have mental disorder,” noting that an estimated “20 to 50 percent of people who are homeless have serious mental illness found (SMI).”¹⁹⁸ Concerning the cycle of substance abuse, the National Coalition for the Homeless found that “38% of homeless people are alcohol dependent and 26% are dependent on other harmful chemicals.”¹⁹⁹ A 2016 study published in Sage Journals determined that people

¹⁹⁶ To house the homeless, agencies turn to vacant hotels. (2020, April 10). Retrieved July 13, 2020, from <https://www.marketplace.org/2020/04/08/house-homeless-agencies-vacant-hotels/>

¹⁹⁷ Homelessness and Addiction. (2020, June 19). Retrieved July 13, 2020, from <https://www.addictioncenter.com/addiction/homelessness/>

¹⁹⁸ SAMSHA. (2020). A Review of Behavioral Health Services for People Who Are Homeless. Retrieved July 13, 2020, from <https://www.ncbi.nlm.nih.gov/books/NBK138716/>

¹⁹⁹ Lessness and Addiction. (2020, June 19). Retrieved July 13, 2020, from <https://www.addictioncenter.com/addiction/homelessness/>

who live in unsheltered situations “often have poorer health, less access to health care, and an increased risk of premature mortality” as compared with sheltered individuals.²⁰⁰ The presence of a case manager is valuable in minimizing additional health risks homeless individuals face in response to a lack of stability and connection and their basic needs not being met. Case managers foster a relationship with homeless individuals, creating a sense of connectedness that not only improves one’s mental health, but maximizes one’s opportunities to pursue stable, sustainable housing.

As states and localities consider how to provide immediate shelter for their homeless residents, it is critical that they consider how to advance long-term solutions to expand affordable housing. The approach of connecting individuals experiencing homelessness with case managers focuses on empowering the individual by disrupting cycles of substance abuse, connecting individuals with mental health services, employment, social and educational resources, and notably, affordable housing.²⁰¹ Alternatively, acquisition programs focus on the empowerment of low-income individuals through the attainment, rehabilitation, and allocation of affordable, existing housing, often expediting the process of securing public housing in comparison with

²⁰⁰ Montgomery, A. E., Szymkowiak, D., Marcus, J., Howard, P., & Culhane, D. P. (2016). Homelessness, Unsheltered Status, and Risk Factors for Mortality. *Public Health Reports*, 131(6), 765-772. doi:10.1177/0033354916667501

²⁰¹ Case Management. (2020). Retrieved July 13, 2020, from <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/case-management>

new construction.²⁰² The following model offers an example of an acquisition program that utilizes flexible funds to expand affordable housing in high-opportunity neighborhoods that support housing and economic mobility for low-income renters:

The King County Housing Authority's (KCHA) Multifamily Housing Acquisition Program²⁰³

- As one of the 39 public housing authorities participating in the U.S. Department of Housing and Urban Development's (HUD) Moving to Work (MTW) program, KCHA has capitalized on the flexibility of federal funds offered to MTW participants.
 - MTW excuses participating public housing authorities from several public housing and housing choice voucher rules.
 - In 2016, King County granted KCHA access to the county's triple-A credit rating for the purpose of developing or acquiring up to 2,200 additional rental units over the next six years.
 - The financing support from the lines of credit from lenders allows KCHA to more quickly pursue strategically located properties.
 - Through the acquisition of additional rental units, KCHA can sustain long-term affordability and provide Section 8 voucher holders housing in high opportunity neighborhoods (lower unemployment, better schools, lower crime, greater opportunities for upward economic mobility).
 - The flexibility offered through MTW has enable King County to obtain mixed-income properties in high-opportunity areas through bond financing and other private financing tools
 - As of early June, 2020, KCHA had acquired over 1,500 housing units along the area's mass transit corridors.
 - **KCHA's acquisition program is successful because of the flexibility in spending federal money AND strong credit ratings for KCHA and King County.**

Advantages to Acquisition Versus New Construction When Pursuing Affordable Housing (The Brookings Institute):²⁰⁴

²⁰² Ellen, I., Graves, E., O'Regan, K., & Schuetz, J. (2020, June 17). Strategies for increasing affordable housing amid the COVID-19 economic crisis. Retrieved July 13, 2020, from

<https://www.brookings.edu/research/strategies-for-increasing-affordable-housing-amid-the-covid-19-economic-crisis>

²⁰³ Department of Housing and Urban Development (2020). Moving To Work, Retrieved July 12, 2020, from

<https://www.hud.gov/sites/dfiles/PIH/documents/KingCoFY20Plan.pdf>

²⁰⁴ Ellen, I., Graves, E., O'Regan, K., & Schuetz, J. (2020, June 17). Strategies for increasing affordable housing amid the COVID-19 economic crisis. Retrieved July 13, 2020, from

<https://www.brookings.edu/research/strategies-for-increasing-affordable-housing-amid-the-covid-19-economic-crisis>

- During the immediate recovery period following the COVID-19 pandemic, it is widely anticipated that housing asset prices will drop, creating an advantageous opportunity for affordable housing providers to purchase low-cost units and add them to the pool of long-term affordable housing.
 - Due to the significant loss of revenue state and local governments are expected to experience as a result of the COVID-19 economic crisis, initial subsidy allocation from the federal government, philanthropic donations, low-cost loans (during a time of very low interest rates) or a combination of the three may be required to launch an acquisition program.
 - Program organizers should consider the pursuit of high-opportunity neighborhoods to create lasting value.
 - The caveat to acquisition is that it requires a high staff capacity, specific skill set, and available resources to execute.
 - Affordable properties could be at risk of disappearing if sold to market-rate investors who intend on raising rents. The COVID-19 economic crisis increases the likelihood of this occurring.
 - The Brookings Institute recommends that state and local governments protect and preserve existing affordable housing from dilapidation and financial insecurity to mitigate such a risk.
 - A strategy that may offer additional support for smaller landlords, who in many markets are disproportionately Black and Hispanic, is to provide grants or subsidized loans to current owners in exchange for the acceptance or extension of existing affordability requirements.

Budget Analysis

Because estimated costs of resources needed to operate a COVID-19 testing site are not always readily available and often vague, it is more helpful to simply outline all required resources and provide information about their cost and availability. Of course, a COVID-19 testing site will need as many COVID-19 tests as it anticipates it will administer. It will also need personal protective equipment for its employees; masks for most, and full body PPE for those actually handling tests. Full body PPE will include protection for the respiratory system, hands, eyes, and body.²⁰⁵ Testing sites will also need a vast amount of sanitation equipment, including hand sanitizer, EPA-registered household disinfectant, excess supplies of soap and water, and any other sanitary equipment deemed suitable, according to the CDC.²⁰⁶ Tents, traffic cones, string or caution tape, and directional signage for arriving patients are also necessary in order to conveniently and safely distribute testing. Along with medical and health equipment, sites will need a substantial amount of administrative supplies. This category is harder to estimate than others, but sites should anticipate the need for pens, paper, clipboards, and a host of other office supplies in order to execute necessary paperwork.

Due to changes in demand, the cost of testing resources fluctuates significantly. The cost of coronavirus tests varies based on the type of test and the company selling the testing kits. Most health care providers have set test prices between \$50 and \$200; for example, “LabCorp,

²⁰⁵ University of California, Merced. (2020). *Types of PPE*. Types of PPE | Environmental Health & Safety. <https://ehs.ucmerced.edu/researchers-labs/ppe/selection>.

²⁰⁶ Centers for Disease Control and Prevention. (2020, April 28). *Cleaning and Disinfecting Your Facility*. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

one of the country's largest diagnostic testing firms, bills insurers \$100 for its tests."²⁰⁷ Prices of coronavirus tests can also vary based on location. Blue Cross and Blue Shield of Texas "has received more than 600 out-of-network bills for coronavirus tests that are over \$500," and other insurers have "identified Texas as the state where they've received the highest proportion of expensive tests."²⁰⁸ Ruben Argueta, director of investor relations at Quidel, a test manufacturing company, said that a test kit providing tests for 25 patients costs approximately \$575, or \$23 per test.²⁰⁹

In addition to test kits, the pricing of infrastructure and personal protective equipment (PPE) needed to operate a testing site varies. For example, testing sites in San Mateo County of California operated by Verily Life Sciences were initially more expensive than testing sites in other California due to the high rent at the San Mateo site.²¹⁰ Verily initially charged the state of California \$819 per test before San Mateo County agreed to take on the cost of rent, which dropped the cost per test to an estimated \$127. The cost of PPE, complicated by competition between states,²¹¹ varies based on fluctuating demand. The Federal Emergency Management Agency (FEMA) has taken on the role of distributing PPE, announcing that as of June 10 they "had distributed or directed private companies to distribute more than 74 million N95 masks and

²⁰⁷ Kliff, S. (2020, June 16). *Most Coronavirus Tests Cost About \$100. Why Did One Cost \$2,315?* Retrieved from The New York Times website:

<https://www.nytimes.com/2020/06/16/upshot/coronavirus-test-cost-varies-widely.html>

²⁰⁸ Ibid.

²⁰⁹ Stellino, M. (2020, June 10). *Fact check: Cost of COVID-19 testing is complicated, varies by patient.* USA Today.

<https://www.usatoday.com/story/news/factcheck/2020/06/09/fact-check-cost-covid-19-testing-complicated-varies-patient/3139091001/>.

²¹⁰ Bollag, S. (2020, May 5). *California paid nearly \$340 per COVID-19 test in Verily sites' first month, contract shows.* Retrieved from The Sacramento Bee website:

<https://www.sacbee.com/news/politics-government/capitol-alert/article242511516.html>

²¹¹ Collman, A. (2020, July 9). *The governor of Illinois says the White House forced states into a 'sick Hunger Games' trying to outbid each other for PPE.* Business Insider.

<https://www.businessinsider.com/illinois-gov-coronavirus-ppe-fight-hunger-games-2020-7>.

66 million pairs of gloves.”²¹² Recent surges in case numbers could reignite competition between states and hospitals if supplies run low again.

In regards to the Supplemental Nutrition Assistance Programs, the United States Federal Government sets aside about 95 billion dollars each year²¹³. About 90% of these funds go directly towards aiding households in purchasing food while the remaining 10% go towards State administrative costs²¹⁴. These administrative costs include tasks such as eligibility determinations, employment and training and nutrition education, as well as anti fraud activities²¹⁵. The Time for 9 Toolkit hopes that states use a portion of the already subsidized State funds to support Local governments in their endeavours of encouraging grocers, in low income communities, to implement online food stamp programs.

²¹² Fasset, G. (2020, July 7). *Supply of PPE for medical workers begins to run low again as COVID-19 spikes in US*. [chicagotribune.com.
https://www.chicagotribune.com/coronavirus/ct-nw-covid-19-ppe-shortage-20200707-f7szdu3vmjkhxg2nkxoxhhbnr-q-story.html](https://www.chicagotribune.com/coronavirus/ct-nw-covid-19-ppe-shortage-20200707-f7szdu3vmjkhxg2nkxoxhhbnr-q-story.html).

²¹³ Chantrill, C. (2020). *US Food Stamps Spending*. Retrieved August 03, 2020, from https://www.usgovernmentpending.com/food_stamps

²¹⁴ Policy Basics: The Supplemental Nutrition Assistance Program (SNAP). (2019, June 25). Retrieved August 03, 2020, from <https://www.cbpp.org/research/food-assistance/policy-basics-the-supplemental-nutrition-assistance-program-snap>

²¹⁵ Ibid

Conclusion

_____The disproportionate impact of COVID-19 on socioeconomically marginalized communities stresses the need for an equitable response plan. The recent surge of cases in the United States illustrates the unpredictability and danger of the virus. Since COVID-19 will remain a reality for the foreseeable future, cities and states must continue to consider how best to serve its people through equitable public health policy.

Cities can effectively confront the virus by providing equitable testing, building trust with marginalized communities through partnerships and effective communication strategies, and identifying needed resources. The three phases of our toolkit aim to prevent the spread of the virus and equip communities with resources to deal with disruptions in the economy.

To enact our policy, we plan to reach out to elected officials and obtain media coverage through a grassroots campaign. Utilizing social media, we hope to apply pressure on local

officials who can implement our recommendations. Collaboration between citizens and elected officials--an important goal of our campaign--ensures that legislators are responsive to the needs of their constituents during a public health emergency.

References

[Full References Document is linked here.](#)

Press Release



The Greater Good Initiative: Time For 9 Toolkit. Addressing the Disproportionate Impact of COVID-19 on Minority and Low-Income Communities.

Across the country, the impact of COVID-19 has devastated minority and low-income communities. The CDC has conveyed that some members of racial and ethnic minority groups are at a higher risk of getting COVID-19 due to pre-existing health conditions resulting from systemic inequities. Members of racial and ethnic minorities are more likely to live in densely populated areas, work in essential industries, not have health insurance, have pre-existing chronic conditions, and be less trusting of the government and the healthcare industry due to deeply institutionalized systems. With evidence suggesting that the second wave of COVID-19 will come in the fall of 2020, it is imperative that action is taken to reduce the impact of the virus within these communities.

The Time For 9 Toolkit holistically addresses this impending issue by providing a series of recommendations that fall under three categories: testing, communication/partnerships, and additional resources. It is crucial to consider distinct, yet interconnecting, strategies and practices when creating a response plan to the public health inequities exasperated by COVID-19. The toolkit proposes nine ways

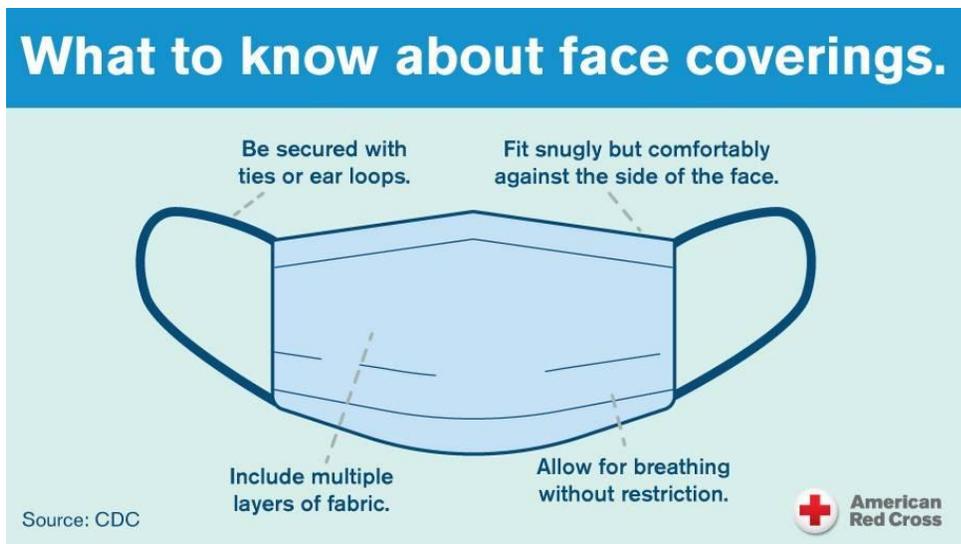
that communities, counties, cities, and states can help those disproportionately impacted by the virus. To have more equitable testing, localities should offer disability-friendly and flexible walk-up testing sites within the range of public transportation, provide testing options that do not require the presentation of a government-issued ID or health insurance, and a department of neighborhood familiar officers should be created to assist those seeking safe quarantine. Communication and partnerships within minority communities will also prove essential in containing the virus. The three recommendations in this domain are: create relationships with trusted leaders in minority communities, prioritize third-party involvement and funding, and provide understandable and effective communication materials across minority populations. Additionally, localities should rethink the allocation of resources to help minority and low-income communities. In terms of resources, minorities on food stamps should have easy access to online grocery shopping, the allocation of safe sheltering alternatives for homeless communities should be prioritized by local governments, and state and local governments should protect renters whose housing units are in buildings without a federally backed mortgage, and thus, are not eligible for CARES Act eviction protections. The implementation and consideration of these recommendations will not only decrease the number of COVID-19 cases and deaths within these communities and across the country, but also serve as a crucial step in the long path toward a more equitable health care system.

The Time For 9 Toolkit is a grassroots campaign, harnessing the power of public advocacy to reach legislators at the local, state, and federal level. Advocacy efforts will utilize various social media platforms to engage a diverse array of users in the campaign's message, and further, to encourage the public to uplift the campaign on their platforms. The campaign will also consist of outreach to elected officials, community organizations, and media contacts to spread awareness and help those in marginalized communities that are disproportionately impacted by COVID-19.

About The Greater Good Initiative: The Greater Good Initiative is a youth-led policy think-tank with a mission to create sustainable, effective, and non-partisan policy solutions to the nation's most pressing issues. From writing practical policy proposals to advocating them to local, state, and federal government officials, GGI is pushing for youth mobilization and voice in the policymaking process.

Supplementary Materials

Figure A: Personal Safety Communication Materials



Source: Coronavirus (COVID-19). (2020, May 12). Retrieved July 13, 2020, from <https://www.hhs.gov/coronavirus/index.html>

Table B: List of states and Washington D.C. and their most popular grocery stores

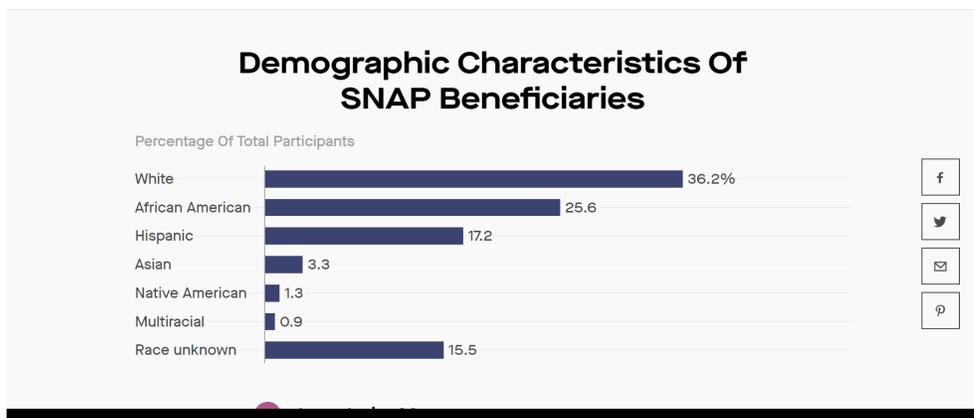
State	Grocery Store	Number of Stores
Alabama	Walmart	129
Alaska	Safeway	29
Arizona	Fry's Food & Drug Stores (Kroger)	119
Arkansas	Walmart	127
California	Walmart	286
Colorado	King Soopers (Kroger)	112
Connecticut	Stop & Shop (Royal Ahold)	91
Delaware	Food Lion (Delhaize Belgium)	22
Florida	Publix Super Markets	768
Georgia	Walmart	191
Hawaii	Safeway	22

Idaho	Albertsons	32
Illinois	Jewel-Osco (Albertsons)	180
Indiana	Kroger	96
Iowa	Hy-Vee	138
Kansas	Walmart	83
Kentucky	Walmart	119
Louisiana	Walmart	119
Maine	Hannaford Supermarkets (Delhaize Belgium)	90
Maryland	Giant Food (Royal Ahold)	99
Massachusetts	Stop & Shop (Royal Ahold)	132
Michigan	Kroger	130
Minnesota	Cub Foods (SUPERVALU)	78
Mississippi	Walmart	79
Missouri	Walmart	139
Montana	Albertsons	29
Nebraska	Kroger	48
Nevada	Smith's Food & Drug Stores (Kroger)	44
New Hampshire	Hannaford Supermarkets (Delhaize Belgium)	39
New Jersey	ShopRite	169
New Mexico	Walmart	43
New York	Tops Friendly Markets	141
North Carolina	Food Lion (Delhaize Belgium)	496
North Dakota	Walmart	14

Ohio	Giant Eagle	214
Oklahoma	Walmart	122
Oregon	Safeway	93
Pennsylvania	Weis Markets	236
Rhode Island	Stop & Shop (Royal Ahold)	26
South Carolina	BI-LO	135
South Dakota	Walmart	14
Tennessee	Walmart	134
Texas	Walmart	503
Utah	Walmart	51
Vermont	Shaw's (Albertsons)	19
Virginia	Food Lion	306
Washington	Safeway	165
Washington D.C.	Safeway	14
West Virginia	Kroger	42
Wisconsin	Walmart	93
Wyoming	Kroger	50

Source: Gentile, D. (2016, February 10). The Most Popular Grocery Store in Every State. Retrieved July 08, 2020, from <https://www.mentalfloss.com/article/74016/most-popular-grocery-store-every-state>

Figure C: Graphic on the demographics of Food Stamp recipients



Source: Devine, S. (2018, October 14). Demographic Characteristics Of SNAP Beneficiaries. Retrieved July 08, 2020, from <https://theatlans.com/charts/Bym35alsm>

