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**A Just and Equitable Response to Disparities Illuminated by the COVID-19  
Pandemic**

Despite the sentiment, COVID-19 has not been a “true equalizer.” The brunt of this virus and the resulting economic hardship are most felt by communities of color and neighborhoods that are low income. This reality is revealed through data and is exemplified in plain view each day. The pandemic has shined a harsh light on long-standing inequities that must be addressed.

The disparate impact on low-income communities, Black, Latino/Latinx, Indigenous, Asian, Native Hawaiian, Pacific Islanders, American Indian and Alaska Native, and other people of color is stark. From the beginning of the pandemic, affluent areas of Los Angeles County reported more cases of COVID-19 than other communities. However, this was not because the virus was only spreading in those zip codes. Public health experts and advocates predicted at the time, and now recognize, that phenomenon occurred, in part, because diagnostic testing was initially concentrated in wealthier areas. Denser and poorer communities of color were left

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without sufficient testing, hindering their ability to identify, trace, and isolate the virus. This exacerbated existing inequities placing communities of color at higher risk of negative health outcomes including higher rates of underlying health conditions and social factors that can increase vulnerability (e.g., poverty, undocumented status, immigrant communities, being incarcerated, persons experiencing homelessness, and uninsured status.) As a result, COVID-19 cases among communities of color eventually grew and are now disproportionately higher. For example, according to the Los Angeles County Department of Public Health, Latino/Latinx people account for 54.6% of COVID-19 positive cases, but only 49.3% of the population. This is compared to white people who account for 20.2% of COVID-19 positive cases, but 27.6% of the population.

According to the Advancement Project's *How Race, Class, and Place Fuel a Pandemic* report, communities with a higher percentage of residents under the federal poverty level have 2.6 times as many cases as communities with a lower percentage of residents in poverty. The same report also indicates that areas with a higher percentage of white residents consistently have a lower virus rate of increase than areas with fewer white residents. Overall, the report paints an alarming picture of how racial inequities exacerbate the pandemic for communities of color.

The staggering racial disparities then extend into the workplace. In Los Angeles County, 48.6% of workers in food services and 56.3% of workers in accommodation are Latinx. According to the Los Angeles Economic Development Corporation (LAEDC), low-wage accommodation and food service occupations are among the highest at-risk jobs in Los Angeles County, meaning they are vulnerable for job loss and economic hardship. Those jobs are also considered high-risk in terms of exposure to COVID-19,

given their inability to work from home and general lack of paid sick time. These factors contribute to communities of color faring worse in both health and economic outcomes.

The data is clear. While the virus does not discriminate based on race, the health and economic effects of COVID-19 are, in fact, racialized. As such, government's response and recovery efforts must be tailored to the most vulnerable and most impacted communities.

LA County is responding. There have been several COVID-19 testing sites launched in low-income areas across Los Angeles County. Additionally, the Department of Health Services is submitting a proposal for the Center for Disease Control and Prevention's Epidemiology and Laboratory Capacity Grant for approximately \$4 million in funding to support several ways to address these disparities. This includes communication campaigns focused on highly impacted communities by developing standard culturally and linguistically appropriate public education materials. Additionally, it entails robust community outreach, engagement and linkage to care initiative that engage community partners, and community health workers to address disparities in access to COVID-19 testing and care in targeted communities, including: Black, Latino/Latinx, Asian, Native Hawaiian/Pacific Islander, Indigenous, American Indian and Alaskan Native, monolingual, and justice involved populations. Lastly, the grant will offer organizational capacity building in these community partners to enhance their capacity to reach and impact outcomes in many of the most vulnerable community members. Still, there remains not only an opportunity but also a duty to expand and accelerate efforts to address this crisis.

‡ **WE, THEREFORE, MOVE** that the Board of Supervisors direct the Chief

Executive Office, in collaboration with the Advancement Project's Cross-Sector Group, the Department of Public Health, the Department of Mental Health, and the Department of Health Services, to review the recommendations in *How Race, Class, and Place Fuel a Pandemic* and in the *DPH Strategies for Addressing COVID-19 Disparities in Health Outcomes Among Highly Impacted Populations* and work with relevant stakeholders and County Departments to:

1. Develop and implement culturally, and linguistically, as well as literacy appropriate public education campaigns by contracting with outside entities with deep connections within ~~minority~~ highly impacted communities, including Black, Latinx, Asian, Native Hawaiian/Pacific Islander, Indigenous, American Indian and Alaskan Native, low-income, and justice involved populations, such as local ethnic media partners and local community-based organizations, and in partnership with local community leaders:
  - a. underscoring the availability of free COVID-19 testing regardless of immigration or insurance status, the symptoms of COVID-19 and signs that may signify the need to seek medical care, health options for those without a regular provider, and resources related to the pandemic; and
  - b. leveraging the ability of community-based organizations, including organizers, community health promoters, gang intervention workers, nonprofit organizations, congregations, labor unions, and others, to directly reach out to their constituents and form “neighborhood education teams.”

- c. identifying, strengthening and amplifying the capacity of supportive resources (e.g. 2-1-1, One Degree, Hunger Action LA's People's Guide to Welfare Health and Other Services).
  - d. connecting to information hubs that exist in a variety of mediums including, but not limited to, hotlines and websites.
2. Partner with local community clinics and community-based organizations that serve the most COVID-19-impacted neighborhoods and non-geographic identity-based vulnerable groups (such as the American Indian Alaskan Native population) to:
- a. Provide technical assistance, as needed, to help community organizations collaborate with existing and proposed ~~establish~~ testing sites and support testing sites in high impact communities by providing access to testing resources, including advising on options to obtain reimbursement for COVID-19 testing through available state and federal mechanisms;
  - b. As supplies are available, leverage State stockpile and PPE resources in a manner that supports distribution to community-accessible testing sites; and
  - c. conduct outreach to the community about COVID-19 testing and linkages to healthcare and other supportive services, (e.g. housing, food, etc.) with a focus on engaging and funding community partners in outreach and engagement activities in the most vulnerable and at-risk communities.

- d. identify the capacity and resource needs of the community-based clinics and organizations that serve our most impacted neighborhoods, to offer testing and have an adequate supply of PPE for clinical staff employees.
  - e. leverage the cultural and linguistic competency of community partners to support and enhance the County's contact tracing efforts in our vulnerable and at-risk communities.
  - f. ensure testing and contact tracing efforts are integrated with care delivery and linkages to supportive services through the engagement of community partners, federally qualified health centers, and County clinics.
3. Report back weekly on the current status of COVID-19 testing of individuals who are detained in the County's adult and youth detention facilities.
  4. Report back on the indications for testing among staff in the County's adult and youth detention facilities.
  5. Report back monthly regarding the Countywide efforts to address the racial, ethnic, and income disparities magnified during the COVID-19 pandemic.

! **WE FURTHER MOVE** that the Board of Supervisors direct the Chief Executive Officer, in consultation with relevant Departments to identify and allocate the funding necessary to support the above directives and the County's efforts to reduce the disparate impact of COVID-19 on communities of color, including detailing where involved Departments have access to external funding sources (e.g., Centers for Disease Control grant for

testing, contact tracing, and related activities) and exploring whether these efforts can be reimbursed through the Federal Emergency Management Agency and federal COVID-19 sources.

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