

Racial/Ethnic Disparities in COVID-19: Priorities for Action

The Connecticut Department of Public Health (DPH) is documenting on a near real-time basis that COVID-19 infections and deaths are far more frequent among racial and ethnic minorities than in any other group. We commend DPH for including race and ethnicity in its regular public reporting. This is directionally compatible with Connecticut's strategic goal of reducing long-standing healthcare disparities. However, the public was already aware that racial and ethnic disparities existed prior to the pandemic, so it is no surprise that people of color are carrying a disproportionate burden of illness and death from COVID-19. What is most disappointing is that more aggressive, real-time actions to rectify this injustice is not a more prominent element of the state response to the crisis.

Once real-time information about unequal outcomes is available a proportionate and equity-minded corrective action plan must follow if we are to uphold the commitment to eliminating disparities. Specifically, we expect a concrete action plan to allocate more resources (commensurably with the data) to the care of people of color. This must be accompanied by quantifiable evidence that those disparities are diminishing and that all individuals are receiving the care they need.

The following are priorities for action set forth by multi-sector organizations currently delivering urgently needed social, economic, spiritual support and health services to people of color.



Wisdom Powell, Ph.D., MPH
Director



Victor Villagra, M.D.
Associate Director



UConn Health Disparities Institute

June 2020

47

Organizations received the partner survey

22

Organizations responded to the partner survey

47%

Organization response rate

ORGANIZATIONS PARTICIPATING IN SURVEY

The partner survey was sent to 58 individuals across 47 organizations in April 2020.

*Serves youth

- ALM's Ministries International, Inc.
- AFCAMP
- City of Hartford Health & Human Services
- Community Health Workers Association of CT
- Connecticut College
- Connecticut Hospital Association
- Connecticut Public Health Association
- Covenant Preparatory School
- Greater Hartford YMCA
- Hartford Communities That Care
- Hartford HealthCare
- Hispanic Health Council
- Office of Health Strategy
- Project Access New Haven
- The Connecticut Oral Health Initiative, Inc.
- UConn Department of Psychiatry Center for Trauma Recovery and Juvenile Justice
- Urban League of Greater Hartford, Inc.

ORGANIZATIONS ALREADY WORKING ON PRIORITIES

- Priority access to testing
 - Project Access-New Haven
- Priority follow-up assessment
 - Project Access-New Haven
- Priority supply of PPE
 - Hartford Communities that Care
- Relieve existing financial burdens
 - Project Access-New Haven
 - AFCAMP
- Digital needs/access to technology & support; policy advocacy, funding, & education (K-12 and health education)
 - AFCAMP
 - Hispanic Health Council
- Educational materials on COVID-19 experiences
 - UConn Center for Treatment of Developmental Trauma Disorder and Center for Trauma Recovery and Juvenile Justice
- Mobile health care units
 - Hartford Communities that Care
- Prioritize mental health needs of people of color
 - Hispanic Health Council
- Priority financial assistance to Community Health Centers; cross-sector initiatives with BMOC Alliance
 - Urban League of Greater Hartford
- Caregivers of color and race/ethnicity data
 - Connecticut College, Economics Department
- Funding for Ryan White community
 - City of Hartford Health & Human Services
- Policies for safe delivery of oral health care during pandemic; sustainable financing and funding for dental/medical/behavioral safety nets
 - CT Oral Health Initiative

While the information above is based on initial responses from partners, we also want to reflect the dynamic & evolving nature of our respective COVID-19 response strategies across CT.

Please visit this shared spreadsheet on [COVID-19 in CT: Work Already Happening](#) to edit, refine, and add your organization's current work and priorities. This is by no means an exhaustive list.



We want to avoid duplication of efforts, develop coordinated responses, and find opportunities for synergy in our collective efforts to reduce racial/ethnic disparities in COVID-19.

Racial/Ethnic Disparities in COVID-19: Priorities for Action

Short Term (1-3 months)

48%

Testing

Priority access to COVID-19 testing among people of color (neighborhoods with predominantly Black and Hispanic residents).

43%

Contact Tracing

Enhanced contact tracing and preventive education among Black and Hispanic communities.

33%

Race/ethnicity data

Race/ethnicity data collection and real-time reporting of all activities related to the state's COVID-19 response.

29%

Personal protective equipment (PPE)

Priority of supply of PPE to frontline workers, community health workers and community based organizations.

19%

Identify metrics

Identifying metrics that reflect a decrease in racial-based care and outcomes and their data sources.

19%

Equity task force

Form a state task force centered on equity in COVID-19 response and recovery.

19%

Follow-up assessment

Priority follow-up assessment in predominantly Black and Hispanic communities for all levels of risk contacts.

19%

Digital needs

Access to technology for people with support for accessing needed services (unemployment applications, telehealth, etc.).

Racial/Ethnic Disparities in COVID-19: Priorities for Action

Mid - Long Term (4+ months)

38%

Pay for essential workers

Immediate and better pay for essential workers, who are predominantly Black and Hispanic employees such as US postal service, grocery store employees, service for garbage, agricultural workers, transportation workers.

29%

Financial burdens

Remove existing financial burdens on people seeking medical care while the state of emergency is in effect.

19%

Community Health Worker Services

Pay for Community Health Worker services focused on Black and Hispanic communities during COVID-19 response and recovery – particularly around chronic health conditions (i.e., diabetes, asthma, heart disease). The goal is to prevent disease decompensation during COVID-19 shutdown. Include CHW services provided via teleconference.

ACTION ITEMS MOST USEFUL FOR YOUTH OF COLOR

SHORT TERM ACTION PRIORITIES (1-3 MONTHS)

- Priority access to COVID-19 testing among people of color (neighborhoods with predominantly Black and Hispanic residents).
- Consider opening public libraries' access to computers with appropriate social distancing logistics and environmental hygienic measures.
- Enhanced contact tracing and preventive education among Black and Hispanic communities.
- Race/ethnicity data collection and real-time reporting of all activities related to the state's COVID-19 response.
- Race/ethnicity data collection and real-time reporting of all activities related to the state's COVID-19 response.
- Access to technology for people with support for accessing needed services (unemployment applications, telehealth, etc.).

MID-LONG TERM ACTION PRIORITIES (4+ MONTHS)

- Remove existing financial burdens on people seeking medical care while the state of emergency is in effect.
- Priority financial assistance to Community Health Centers serving Black and Hispanic communities.

Racial/Ethnic Disparities in COVID-19: Additional Priorities Listed by Partners

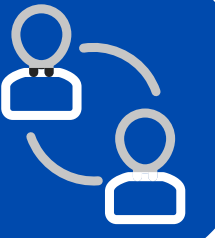
EDUCATION

Fund educational support for children of color, deploy working technology for every student in under-resourced school districts, fund neighborhood and faith-based organizations to support families in distance learning.



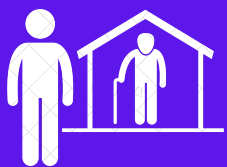
NOTHING FOR US WITHOUT US

Include Black community in all decision-making as staff, admin, board of directors and hire Black community members.



NURSING HOMES

Impact on nursing homes, assisting elderly people of color.



FINANCIAL ASSISTANCE

Financial assistance for those undocumented, neighborhoods at 250% FPL.



STAYING SAFE

Information/education on staying safe in close quarters – messaging via multiple mediums on social distancing, reducing exposure, staying safe, etc.



BEHAVIORAL HEALTH

Support families with COVID positive members, mental health webinars.



HOUSING

Capacity to live in single family home not necessarily in urban center.



JUSTICE

Accelerated release for non-violent offenses.



RESPONSIBLE TRANSITION & CONTINGENCY PLANNING

Policies for safe delivery of oral health care during pandemic and sustainable financing and funding for dental/medical/behavioral safety nets.



COMMUNITY HEALTH WORKERS

Distribute funds and contact tracing.

