

Applying the EQUITY LENS to COVID-19 Response and Recovery



"Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death."

-The Reverend Dr. Martin Luther King, Jr.ⁱ

I. Introduction

The world began to change in December 2019, when the novel coronavirus disease of 2019 (COVID-19) was discovered and began infecting vast numbers of people on a global scale. The first case in the United States was confirmed by the Centers for Disease Control and Prevention on January 21, 2020 and by July 8, 2020, 2.9 million people were impacted by the virus in all 50 states.ⁱⁱ What started as a global health pandemic evolved into an economic and social convulsion which is threatening the well-being of future generations of persons of color in America.

II. The Issue

While all types of people are getting sick from the disease, older adults and people of any age who experience serious underlying medical conditions are at increased risk for severe symptoms from COVID-19. **Culminating factors have placed African Americans, LatinX, and Native Americans in the center of its impact.** This is exacerbated for persons of color due to limited access to affordable health care, reliable transportation, high-quality childcare and education, safe and affordable housing, and quality elder care. Overexposure to unsanitary conditions inside of detention centers, prisons, and jails have also not helped. Sources confirm that LatinX and African-American persons are three times as likely to contract COVID-19, are twice as likely to die, and their impact spans state lines and

regions.ⁱⁱⁱ It is important to note that many persons of color have frontline jobs that limit their ability to work from home and most likely do so with inadequate personal protective equipment (PPE). The impact of this exposure is further intensified by disproportionate underlying health conditions linked to poverty, discrimination in medical care, and higher rates of job loss. Small business owners of color are also more likely to experience fragility due to their limited access to credit or loan services, which connects to the Paycheck Protection Program (PPP). Their lack of PPE can also impede business productivity. Finally, given that persons of color are more likely to own businesses in high-touch industries, they have experienced higher levels of service disruption as a result of the pandemic.

Responding to Equity Implications

The data is clear: **the impact of the COVID-19 crisis is racially disparate.** As a result, a racially equitable response is critical. Communities must use the equity lens to understand the specific needs of the diverse populations served and should consider the following approaches in response and recovery efforts:

- **Disaggregating the data.** It is not enough for the data to show the demographics of customers in aggregate. The ability to disaggregate the data is critical to deeper analysis. For example, what is revealed

in the demographics of customers receiving services compared to those achieving a positive OUTCOME from those services? Do customers of different racial groups obtain comparable results? If not, service delivery should be examined to determine if it is culturally appropriate and engaging for all customer demographics. Different strategies may be needed to achieve equitable outcomes.^{iv}

- **Prioritizing customer voice.** Collecting and analyzing data with the intention of examining racial disparities must lead to addressing why such disparities exist. Answering the “why” question using the voices of persons of color and under-represented populations promotes resilience, builds power, and can lead to vital program delivery and systems change that are person-centered, which can lead to successful response and recovery outcomes for everyone.
- **Applying the health equity lens to service delivery.** Providing culturally sensitive interviewing, case management and coaching, interpersonal management skills, goal setting and planning, and coordinating resources and referrals is an important lifeline for

underrepresented persons who experience an acute need for rental, mortgage, utility, food, and other supports, especially if individuals must be quarantined.

- **Supporting underfunded businesses and organizations led by persons of color through partnerships, contracts, and small business loans.** Businesses and organizations led by persons of color have experienced generations of underinvestment from national and local funders and as a result have less access to large financial reserves. As a result, approaches that infuse emergency and long-term resources and supports into their operations can interrupt economic instability and fuel local communities.^v
- **Prioritizing disproportionately impacted workers.** Persons of color make up the majority of service workers, day laborers, and are dependent on the formal and informal (gig) economy of industries that have minimal work protections. Efforts focused on understanding their unique needs and specialized responses, which connect them with needed supports related to housing, high-quality childcare, transportation, and accessible health care are crucial to achieving an equitable response.^{vi}

III. Conclusion

Available data regarding the demographics of those most impacted by COVID-19 demonstrate structural racism in action; additionally, research documents that structural racism, xenophobia, sexism, stigmatization, and othering persist – and are often exacerbated – in times of crisis. **Community Action embraces the obligation to ensure that the barriers of structural race, gender, and other inequities are addressed during this time of crisis and beyond to ensure that everyone has access to health care, well-being, and opportunity.**

IV. Resources

A. Partnership Resources

- [Healing is the Revolution: Why Trauma Work is Equity Work. July 17, 2019.](#) Dr. Denese Shervington illustrates the effects of structural oppression, societal disfranchisement on communities of color, and discusses the importance of trauma-informed care, providing insight on how community-based organizations can work to help create steps and opportunity for healing on the individual, family, and community levels.
- [Cultural Humility and Health Equity: May 23, 2018.](#) This webinar from the Health Intersections Learning Community Group highlights the importance of cultural humility versus cultural competency in effective equity practices.

B. External Resources

- [Emergency Preparedness Resources for Persons from Diverse Cultural Origins, Guidance for Integrating Culturally Diverse Communities into Planning for and Responding to Emergencies](#), National Consensus Panel on Emergency Preparedness & Cultural Diversity, February 2011. This resource provides analysis of the impacts of persons of diverse cultural origins and response strategies during crisis.
- [Heat Map Reveals Racial Disparities in COVID-19 by State](#). Othering & Belonging Institute, May 2020. Shows how different states across the country are experiencing disparities in infection and death rates by race.
- [The Framework For An Equitable Covid-19 Homelessness Response](#). National Alliance to End Homelessness, June 2020. This framework provides guidance how to use CARES Act funds strategically to meet public health goals, to increase housing stability, and to prevent future increases in homelessness—all with a racial equity lens.
- [COVID-19: New Crisis, Same Story!—Highlighting the Innovations to Racial Economic Inequality from Leaders of Color](#). Prosperity Now, May 2020. Highlights of ways that Community Leaders have been impacted and adapted in response to COVID-19.

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ⁱ Reverend Dr. Martin Luther King, Jr., at a press conference before his speech at the second convention of the Medical Committee for Human Rights (MCHR) in Chicago, March 25, 1966.

ⁱⁱ “United States COVID-19 Cases and Deaths by State,” CDC COVID Data Tracker, Reported to CDC since January, 2020, <https://www.cdc.gov/covid-data-tracker/#cases>.

ⁱⁱⁱ Oppel Jr., Richard A., et al., “The Fullest Look Yet at the Racial Inequity of Coronavirus,” The New York Times, July 5, 2020. <https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latino-african-americans-cdc-data.html?smid=em-share>.

^{iv} “Emergency Preparedness Resources for Persons from Diverse Cultural Origins, Guidance for Integrating Culturally Diverse Communities into Planning for and Responding to Emergencies”, February 2011, National Consensus Panel on Emergency Preparedness & Cultural Diversity, with support from the HHS Office of Minority Health, content created by Office for Civil Rights (OCR), last reviewed on June 29, 2020, <https://www.hhs.gov/civil-rights/for-individuals/special-topics/emergency-preparedness/diverse-cultural-origins/index.html>.

^v “The COVID-19 Crisis is a Racial Justice Issue & our Response must Prioritize the Power of Black, Indigenous, Latinx & Other People of Color,” Consumer Health Foundation, April 17, 2020. <https://consumerhealthfdn.org/the-covid-19-crisis-is-a-racial-justice-issue-our-response-must-prioritize-the-power-of-black-indigenous-latinx-other-people-of-color/>.

^{vi} Ibid.

The Community Action COVID-19 Resource Series

1. Applying the Equity Lens to COVID-19 Response and Recovery
2. A Trauma-Informed Agency Response to COVID-19
3. Applying Lessons Learned from Past Crisis Responses
4. Technology Innovations in Response to COVID-19 Service Delivery and Recovery
5. Leveraging Partnerships in COVID-19 Response and Recovery
6. Whole Family Approach Responses to COVID-19