COVID-19 EQUITY INVESTMENT GUIDE: POLICY & INVESTMENT PRIORITIES FOR AN EQUITABLE RESPONSE & RECOVERY
THE BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE (BARHII) AND RISE TOGETHER

We are the coalition of 11 local public health departments and over 200 community-based organizations focused on addressing health equity. We have created this policy and investment guide to support local governments across the region in responding to COVID-19 in ways that safeguard the health and economic well-being of everyone who calls the Bay Area home.

The 4 Rs of COVID-19 Recovery

01 Require basic health protections for workers

02 Rebuild financial stability for families, small businesses, and social enterprises

03 Reconnect communities and protect mental wellness

04 Revolutionize the status quo to protect people of color
COVID-19 AND SOCIAL DETERMINANTS OF HEALTH

Medical care is estimated to account for only 10-20% of the modifiable contributors to healthy outcomes for a population. The other 80-90% are the “social determinants of health.” These are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health can be grouped into five domains: economic stability, education access & quality, health care access & quality, neighborhood & built environment, and social & community context.

COVID-19 has revealed stark inequities in the health and economic security of California’s communities, with particularly alarming disparities in health outcomes by race and ethnicity. Black, Latinx and Pacific Islanders are carrying a disproportionate COVID-19 disease burden. Working-age Black Californians are dying at three times the size of their population; Latinx Californians make up 61% of positive cases, 45% of deaths, yet compromise only 39% of the population. Pacific Islanders are dying at a rate of at least 2 times their population size. We know that so many of the communities that have the disproportionate impact are, in fact, essential workers.

For example, the lack of adequate protective measures for many “essential workers”—a population that is disproportionately people of color—has fostered a racial divide between those who can “shelter in place” and those who cannot. These disparities are driven by current inequitable policies and practices and a legacy of historic discrimination, which puts Black, Latinx, Pacific Islander, and other communities impacted by inequities most in harm’s way. These inequities are likely major contributors to California’s recent surge in COVID-19 cases, which brought our state’s economic re-opening process to a standstill and threatens the health of all the state’s residents.

This is a sadly familiar pattern. The Bay Area has experienced many similar systemic failures, including the AIDS epidemic of the 1980s and 90s, the Great Recession of 2008, and the ongoing violence against African Americans by law enforcement professionals. These events demonstrate how our governmental response to moments of crisis can differentially shape the health and economic future of distinct communities, with reverberations across our entire region. They also offer lessons to inform our response to the COVID-19 pandemic—guiding us toward equitable approaches that protect those who are most in harm’s way to ensure our collective well-being.
AN EQUITABLE RESPONSE TO COVID-19

Since March, we have garnered the expertise of hundreds of public health professionals and community leaders across the Bay Area to develop our COVID-19 Rolling Response and Recovery Plan. Our plan addresses the social determinants of health and so is anchored in health equity, economic opportunity, and racial justice. It identifies key solutions that are needed to address the effects of the pandemic and create a future that is equitable and just. The plan focuses on four key areas:

1) Require Protection for Essential Workers
2) Rebuild Stability for Families, Small Businesses and Social Enterprises
3) Reconnect Communities and Protect Mental Wellness
4) Revolutionize the Status Quo to Protect the Health of People of Color

INVESTING IN EQUITY: DISPROPORTIONATE IMPACT = DISPROPORTIONATE RESOURCES

In the words of Dr. Mark Ghaly, Secretary of the California Health and Human Services Agency, this moment calls for “a disproportionate investment in populations and groups that have a disproportionate impact.” We need integrated policies and investments to mitigate the multiple co-occurring crises our communities are experiencing. We therefore recommend considering the actions identified in this guide as a suite of necessary actions—not a menu of options.

Equity means creating policies and funding priorities that center the needs of the most impacted by COVID-19. It means ensuring that resources match the need. Equity also means including the voices of the most impacted in decision making about the priorities outlined here, to ensure local approaches address community needs and build power in disenfranchised communities. This must include the prioritization of Black, Latinx, and Pacific Islander communities as well as other groups that experience higher rates of COVID-19 morbidity and mortality, as well as systemic bias and discrimination, including the unhoused, undocumented, and those living in detention facilities as well as individuals with arrest and conviction histories.
HEALTH EQUITY METRICS AND LOCAL HEALTH EQUITY & INVESTMENT PLANS

On October 6, 2020, the state released the first of its kind Health Equity Metric, to support the reopening processes across the state. This represents an opportunity for local governments to invest in equity. This guide provides examples of best practices that counties and local health jurisdictions can adopt into their local Health Equity & Investment Plans.

LOCAL LEADERSHIP THROUGH WISE POLICY AND RESOURCE ALLOCATION

Local governments across the Bay Area have many opportunities to advance an equitable COVID-19 response. Government agencies can craft local programs to ensure successful implementation of new state and federal laws related to COVID-19 ensuring that all residents can access critical legal protections, social services, and other supports. They can also adopt policies that close critical gaps in our state and federal laws, for example, extending protections to populations that were excluded from federal COVID-19 relief laws or making temporary measures permanent to ensure ongoing protection for recurring crises.

In the months ahead, local jurisdictions will also likely receive new financial resources from federal, state, regional, or local sources to address the COVID-19 pandemic. In many cases, local governments will have substantial discretion in allocating these resources. For example, local governments must allocate resources from the $2.2 trillion federal CARES Act by the end of year. Another $1-2 trillion federal package is under consideration and, if approved, local governments will likely receive tens of millions of dollars to invest in local priorities. Similarly, existing funding streams, such as HUD’s Community Development Block Grant (CDBG), local sales tax revenue, and general fund resources could be harnessed to serve local needs. And many communities across the country are revisiting their law enforcement budgets, making new revenue available to invest in health-focused approaches to improving the safety and well-being of their residents.

WE'RE HERE TO HELP!

We must come together to create a shared future that is equitable and just. We look forward to partnering with you to implement the policy actions and investments described here to strengthen our collective well-being. We stand ready to support you in moving these priorities forward in your jurisdiction and connecting with other jurisdictions that are leading the way. To get help or to learn more about these priorities, please contact BARHII’s Executive Director Melissa Jones at MJones@BARHII.org.
REQUIRE BASIC HEALTH PROTECTIONS FOR WORKERS

COVID-19 represents a new threat to workers, and data demonstrates that essential employees are facing higher rates of COVID-19. To protect workers and prevent spikes in disease, workers need more extension of health protections while on the job and programs that ensure they can afford to stay home when sick. We also need the public health infrastructure to respond equitably and effectively to this and future crises.

Health Equity Issue: Equitable Access to COVID-19 Testing, Treatments, and Vaccines

What We Know: Early indications from contract tracing show that clients are more likely to provide information to culturally representative contact tracers who speak their language, rather than through translation services. Low levels of trust in government agencies is also impacting willingness to share information.

Policy Recommendation

Appoint Equity Officer as a senior level executive into County’s Emergency Operations Center

Ensure the hiring of diverse, multi-lingual and culturally competent contract tracers who have community-based case management experience

Require disaggregation of COVID-19 health outcome data, especially for Pacific Islanders

Investment Priority

Secure long-term funding for a permanent full-time Equity Officer and supporting unit that is institutionalized in County Emergency Response Protocols & Command Centers

- Emerging Best Practice: San Francisco Office of Health Equity
- BARHII Resource: Embedding Equity into Emergency Operations

Fund Community-Based Organizations and Community Health Centers that provide wrap around culturally and linguistic relevant services and are trusted by communities.

- Emerging Best Practice: Alameda County Emergency Community-Based Case Investigation/Contact Tracing Request for Proposal
- Emerging Best Practice: UC Irvine/Orange County HD Contact Tracing Workshop

Invest in public health data infrastructure.

- Emerging Best Practice: Solano County Public Health Dashboards
- Emerging Best Practice: Monterey County COVID Data by Industry
- Emerging Best Practice: CA State COVID Data & Tools
Health Equity Issue: Sick Leave and Family Care Protections

What we know: We can only reduce transmission if those who are sick quarantine. The ability to effectively self-quarantine relies on housing that allows self-isolation and the ability to afford to stay home from work. Even before the pandemic and the resulting reduced hours many low-income folks experienced, it was difficult to make ends meet in the Bay Area.

Essential workers continue to be exposed to the virus and many are afraid of exposing their families

Policy Recommendation

Ensure robust implementation through educational campaigns. New federal, state, and local laws give new rights, but not enough people know about them, and legal-aid services have high demand for services to support employee rights, renter’s rights, eviction protections, etc. BARHII Resource: Essential Worker Protections and Recommendations

Investment Priority

Public Educational Media Campaigns in Multi-Languages

- Emerging Best Practice: CA Working Families Toolkit

Enforcement of new sick leave protections:

- BARHII Resource: Essential Worker Protections Recommendations

Legal aid resources to support employees targeted by unscrupulous employers

- Emerging Best Practice: Legal Aid at Work Resources
- BARHII Resource: Essential Worker Protections Recommendations

Legal aid resources are available to all workers regardless of documentation status

- Emerging Best Practice: Legal Aid at Work Resources for Undocumented
- BARHII Resource: Essential Worker Protections Recommendations

Fund at least two weeks of wage replacement

- Emerging Best Practice: San Francisco’s Wage-Replacement Program

Adopt and Enforce local paid sick leave ordinance
**Health Equity Issue: Sick Leave and Family Care Protections (Continued)**

**Policy Recommendation**

Establish "Paid Quarantine" program

**Investment Priority**

- **Emerging Best Practice:** [Alameda County Paid Quarantine Program](#)

Establish "Right of Recall" for laid-off workers

**Emerging Best Practice:** [City of Oakland’s Right to Recall Policy](#)

Ensure that workers who have been laid off due to the COVID-19 pandemic have certainty about their rehiring and job security

**Health Equity Issue: Enforcement of Physical Health Protections for Frontline Workers**

**What We Know:** Contract tracing is beginning to give us data about which industries are associated with increased COVID-19 transmission.

**Policy Recommendation**

Adopt strong safety protocol for high-risk industries

**Investment Priority**

Enforcement and safety trainings at high-risk work sites

- **Emerging Best Practice:** [Santa Clara County’s Mandatory Directive for Construction Projects](#)

Enforce [California AB685](#) which mandates COVID-19 Exposure and Outbreak Reporting to employees and government agencies.

**Emerging Best Practice:** [Monterey County’s Agricultural Growers and Worker Advocates Join Forces](#)

Targeted education at high-risk sites in partnership with community and workers’ organizations

- **Emerging Best Practice:** [Essential Worker Protections Recommendations](#)

**BARHII Resource:** [Essential Worker Protections Recommendations](#)
REQUIRE BASIC HEALTH PROTECTIONS FOR WORKERS

Health Equity Issue: Robust Public Health Infrastructure for Pandemic and Disaster Response

What we know: Co-occurring disasters is our new normal. We now know that COVID-19 will be with us for a while. Our response must shift from a crisis response to a chronic disease model.

Policy Recommendation

Embed equity staff and equity practices throughout public health emergency response and recovery process.

Investment Priority

Secure long-term funding for a permanent full-time Equity Officer that is institutionalized in County Emergency Response Protocols & Command Centers

- Emerging Best Practice: Sonoma County Equity Office
- BARHII Resource: Embedding Equity into Emergency Operations

Increased, sustained funding for equity-focused public health infrastructure

- Resource: Strengthening Public Health Infrastructure Brief created by the Public Health Alliance of Southern California

Upgraded county public health data systems

- Resource: Local Health Department Needs Brief created by the Public Health Alliance of Southern California

Community-based taskforces, comprised of populations most impacted by inequities, tailored to local needs, with compensation for participants

- Resource: Sonoma County and Oakland have established innovative networks of trusted community organizations to ensure that COVID related information and resources reach communities
People are struggling to feed their families, stay housed, and pay their bills. And yet very few local jurisdictions are offering direct cash assistance—despite evidence that this money protects families and supports the local economy. In addition, new state and federal housing, small business protections, and resource allocations fall short. We must reconnect families to resources so that they can stay healthy and housed, with priority placed on neighborhoods and residents living in communities with high rates of COVID-19 infection and deaths.

**Health Equity Issue: Sustained Financial Resources for Families**

**What We Know:** Food insecurity is at an all time high; many low-income families are facing evictions and federal supplemental unemployment benefits have stopped.

Cash is the simplest yet most powerful way to do the most good for the most people in these uncertain times. It allows for flexibility and is put back into the local economy.

**Policy Recommendation**

- **Appoint** Equity Officer as a senior level executive into County’s Emergency Operations Center

**Investment Priority**

- "Paid Quarantine" Initiatives (See Above)

**Guaranteed Income Programs**

- **Emerging Best Practice:** City of Stockton
- **Emerging Best Practice:** San Francisco’s Pilot for Pregnant Black and Pacific Islander Individuals
- **Emerging Best Practice:** Santa Clara County’s Basic Income Pilot Program for Transitioning Foster Youth
- **Emerging Best Practice:** Oakland’s Pilot Program for Low Income Residents
- **Emerging Best Practice:** Economic Security Project

**Emergency Financial Assistance**

- **Emerging Best Practice:** Napa County Emergency Financial Assistance
Health Equity Issue: Housing Stability and Homelessness Prevention

**What We Know:** The Patchwork of Federal & state housing protections fall short; Counties can close loopholes in emergency eviction protection laws by expanding cases covered by just cause eviction, and proactively reinstating them to go into effect in January as state protections expire.

**Policy Recommendation**

*Close* loopholes in emergency eviction protection laws (expanding just cause for eviction to cover only health and safety concerns, where expiring local moratoria have been preempted by AB 3088, proactively reinstating them to go into effect in January as state protections expire.

**Investment Priority**

Legal counsel and rental/mortgage assistance to families regardless of immigration status

- **Emerging Best Practice:** Sonoma County
- **Emerging Best Practice:** National Low-Income Housing Coalition
- **Emerging Best Practice:** Santa Clara County Destination Home's COVID Rental Assistance Program

Coverage in gaps in federal funds that may not support undocumented households

- **Emerging Best Practice:** Napa Valley Community Foundation helps ensure that undocumented households have the resources they need to quarantine

Flexible cash aid/rental subsidies

- **Emerging Best Practice:** San Francisco’s Give2SF Housing Stabilization Program
- **Emerging Best Practice:** Santa Clara’s Destination Home’s COVID Homelessness Prevention Program

**Ensure** outreach and education about emergency support resources (like legal counsel and rental/mortgage assistance) and new rights under AB 3088 (eviction protections), AB 1482 (rent cap), and SB 329 (source of income discrimination)

Funding for community-based outreach and education

- **Emerging Best Practice:** Sonoma County and Oakland have established innovative networks of trusted community organizations to ensure that COVID related information and resources reach communities
Health Equity Issue: Housing Stability and Homelessness Prevention (Continued)

**Policy Recommendation**
Ensure individuals released from prison/jails transition into stable housing

**Investment Priority**
- Emerging Best Practice: Returning Home Well
- Emerging Best Practice: NYC Right to Counsel

**Health Equity Issue: Inclusive Pathways to Quality Jobs**

**What We Know:** Even during robust economic times, there are a group of high potential individuals who are left out of the workforce. Large-scale, targeted State procurement from employment social enterprises, accompanied by technical assistance and capital for business expansion and social supports are the most efficacious.

**Policy Recommendation**
Prioritize procurement contracts with employment social enterprises to train the needed workforce

**Investment Priority**
- Emerging Best Practice: LA-RISE connects employment social enterprises to the workforce system, supportive services, and employers
- Emerging Best Practice: Caltrains Parolee Work Program

**Health Equity Issue: Preservation of Small Businesses in Underresourced Neighborhoods**

**What We Know:** It is estimated that up to 50% of Black businesses may close permanently during the recession; businesses that are re-opening are doing so with fewer workers who are often working less hours.

**Policy Recommendation**
Prioritize protections, stabilization funds, and support for small commercial tenants (e.g. lease renegotiation, cash flow, practical guidance)

**Investment Priority**
- Emerging Best Practice: National Association of Counties Small Business Relief
- Emerging Best Practice: San Mateo County and City Funds Match for Small Business Relief
REBUILD FINANCIAL STABILITY FOR FAMILIES, SMALL BUSINESSES, AND SOCIAL ENTERPRISES

Health Equity Issue: Preservation of Small Businesses in Underresourced Neighborhoods (Continued)

**Policy Recommendation**
- **Direct** investment in small businesses that serve under-resourced neighborhoods
- **Adopt** "right to counsel" ordinance for small businesses
- **Support** local businesses in procurement of government goods and services

**Investment Priority**
- **Emerging Best Practice:** [Occur’s Black Business Relief Fund](#)
- **Emerging Best Practice:** [Opportunity Fund](#)

**Legal Assistance:** [Resources Forthcoming](#)
**Rent Subsidies:** [Resources Forthcoming](#)
**Debt Relief Programs:** [Resources Forthcoming](#)
**Financial Incentives to Keep Workers Who Have Right of Recall:** [Resources Forthcoming](#)
Staying at home has reminded us about what’s really important. We miss our neighbors, our colleagues, our friends, and our communities. Social isolation has been increasing for years—and so have the impacts of chronic stress on mental wellness. The pandemic has amplified those stressors and added new barriers to connection. We are now facing another impending public health crisis as a result of this pandemic — the increase in cases of major depression, anxiety, grief and trauma.

Now is the time to reconnect our communities and improve mental health—creating a community mental health system that works for all, reinforcing our local non-profit infrastructure that serves those impacted by inequities, enabling equitable online access to a host of essential social services, and more.

Health Equity Issue: Mental Health and Family Well-Being

What We Know: Depression symptoms are more widespread now than before the pandemic. One of the largest increases was in younger adults aged 18 to 39; 38.8% of them experienced at least one symptom of depression in 2020, compared to 9% in the previous years. For Americans aged 40 to 59, the prevalence jumped from 8.5% to 26.8%, and in those 60 and above it rose from 7.9% to 14.9%. The percentage of men who reported at least one symptom of depression increased from 6.9% to 21.9%; for women, the number went from 10.1% to 33.3%.

Policy Recommendation

Create community mental health programs for equity communities experiencing high rates of isolation and trauma

Establish community-based crisis response teams for mental health 911 calls, with funds shifted from law enforcement budgets

Investment Priority

- BARHII Resource: Mental Health Services for the Most Impacted
- Emerging Best Practice: San Francisco Investment of Funds to Support Black Communities
- Emerging Best Practice: CAHOOTS Crisis Assistance in the Streets
RECONNECT COMMUNITIES AND PROTECT MENTAL WELLNESS

Health Equity Issue: Stability for Community-Based Organizations that Serve Equity Communities

What We Know: CBOs have had to dramatically shift their resources and work to meet the basic survival needs of their clients; many are unable to meet their deliverables and are losing funding sources/revenue, despite the increased demand for services.

Policy Recommendation
- Adopt racial equity focus for CBO support (e.g. shifting funds to CBOs in neighborhoods that have been over-policed or faced under-investment)
- Streamline RFP and contracting processes for CBOs with budgets of under 500k
- Initiate cost-saving support initiatives

Investment Priority
- Emerging Best Practice: San Francisco Investment of Funds to Support Black Communities
- Emerging Best Practice: Alameda County Emergency Request for Proposal

Health Equity Issue: Equitable Online Access to Government, Learning, Health, Employment, and Interpersonal Connection

Policy Recommendation
- Ensure all residents have access to affordable and reliable broadband
- Improve local government virtual engagement protocols and technologies to encourage robust virtual access during and after state of emergency

Investment Priority
- Resource: Pew Charitable Trust State Broadband Factsheet

Health Equity Issue: Equitable Access to Public Open Spaces

Policy Recommendation
- Ensure open space areas are accessible to all communities
- Prioritize harm reduction interventions in lieu of fines and fees for congregation violations

Investment Priority
- BARHII Resource: Equitable Access to Open Space During a Pandemic
REVOLUTIONIZE THE STATUS QUO TO PROTECT PEOPLE OF COLOR'S HEALTH

We know that chronic stress related to economic and racial oppression, and inequities in our housing and justice systems have had negative impacts on health and life expectancy that predate COVID-19. We also know that climate change and other environmental disasters disproportionately impact communities of color. These factors contribute to a decade-long difference in life expectancy between Black and white Bay Area residents.

It’s time to treat the housing, homelessness, mass incarceration, and environmental crises with the same urgency we must bring to the fight against COVID-19. BARHII envisions a four-part solution to address these issues:

- Create Anchor Institutions that are focused on health equity to drive equity issues forward
- Form regional coalitions of such institutions to push for large scale community change that improves the lives of individuals at home, work, and school
- Establish a national training academy to ensure that all public health departments are grounded in health equity and the social determinants of health
- Create a federal framework in national law that recognizes health as a human right and creates a robust, stable funding mechanism to support health equity anchor institutions, with investment decisions under community control.

NOTE: This component of the platform is intentionally bolder and future-thinking. Many of these issues are ones that public health has been grappling with but has not yet found consensus. To fully realize our goal, we must bring together the Bay Area’s diverse communities to develop policies, strategies, and programs on the level of the Great Society reforms of the civil rights era and the New Deal programs of the Great Depression.
Health Equity Priority: Ensure Full Access to Democracy

**Goal:** All residents have full and equal access to government planning and decision-making, including authentic public engagement, virtual meeting access, and expanded voting access for all California residents.

Health Equity Priority: Refocus the Justice System on Health

**Goal:** All people are protected by the justice system, regardless of wealth, race, creed, sex, gender, or immigration status. This includes restorative justice, health protections for incarcerated people, fines and fees elimination, and equitable "decarceration."

Health Equity Priority: End Income and Wealth Inequality

**Goal:** All people have enough wealth to meet their needs and live in dignity without wealth-based inequities in access to resources and power. This includes restoring wealth stolen from communities of color during previous recessions and recoveries.

Health Equity Priority: Transform Our Housing System

**Goal:** Everyone has access to affordable health, high-quality housing. These changes will end houselessness and racial disparities in housing systems.

Health Equity Priority: Create a Health Care System for All

**Goal:** All people have full access to culturally responsive care with equitable outcomes. This includes expanding health care to all Californians and addressing bias in care within our medical systems.

Health Equity Priority: Community-Centered Protection from Climate Change

**Goal:** Urgent action is taken on climate change mitigation and resilience, centered on the communities most impacted by climate change. This includes reducing air pollution, wildfire and high heat risks, and ensuring emergency systems prioritize those most vulnerable.

For all of these priorities, investing in community-based infrastructure will be essential to catalyze transformational systems change.