RYAN A. BIZZARRO, CHAIRMAN
414 MAIN CAPITOL BUILDING
P.O. BOX 202003
HARRISBURG, PENNSYLVANIA 17120-2003
(717) 772-2297
FAX: (717) 780-4767

HOUSE DEMOCRATIC POLICY COMMITTEE
WEBSITE: WWW.PAHOUSE.COM/POLICYCOMMITTEE
EMAIL: POLICY@PAHOUSE.NET
@PADEMPOLICY

HOUSE OF REPRESENTATIVES
COMMONWEALTH *of* PENNSYLVANIA

House Democratic Policy Committee Roundtable
COVID in Communities of Color

Thursday, March 11, 2021 | 10 a.m.

Hosted by State Representative Donna Bullock, Chair, Pennsylvania Legislative Black Caucus and State Representative Stephen Kinsey, Chair, Subcommittee on Health Equity & Justice

10 a.m. – 10:45 a.m. **Panel 1**

Dr. Tiffany Gary-Webb Associate Professor, Epidemiology, Associate Director, Center for Health Equity and Associate Dean for Diversity and Inclusion
University of Pittsburgh Graduate School of Public Health

Dr. Sharrelle Barber, Assistant Professor Epidemiology and Bio Statistics
Drexel University

Teri Ooms, Executive Director
The Institute for Public Policy & Economic Development

Dr. Omar Martinez, Associate Professor, School of Social Work
Temple University

10:45 a.m. -- 11:30 a.m. Panel 2: Practicing doctors

Dr. Chris Pernell, Chief Strategic Integration and Health Equity Office
University Hospital

Dr. Kathleen Reeves, Senior Associate Dean, Health Equity, Diversity, and Inclusion
Temple University

Dr. Kizzmekia Corbett, Research Fellow and Scientific Lead for the Coronavirus Vaccines and Immunopathogenesis Team
National Institutes of Health

11:30 a.m. – 12 p.m. **Panel 3: Life with COVID**

Loree Jones, Chief Executive Officer, Philabundance

Richard Garland, Director of Violence Prevention Project
University of Pittsburgh, Pittsburgh Black Equity Coalition

Natosha Reid Rice, Global Diversity, Equity, and Inclusion Officer
Habitat for Humanity International

Tomea Sippio Smith, Policy Director
Public Citizens for Children and Youth

Health Equity Response to COVID-19 in Allegheny County:

BLACK EQUITY
COALITION

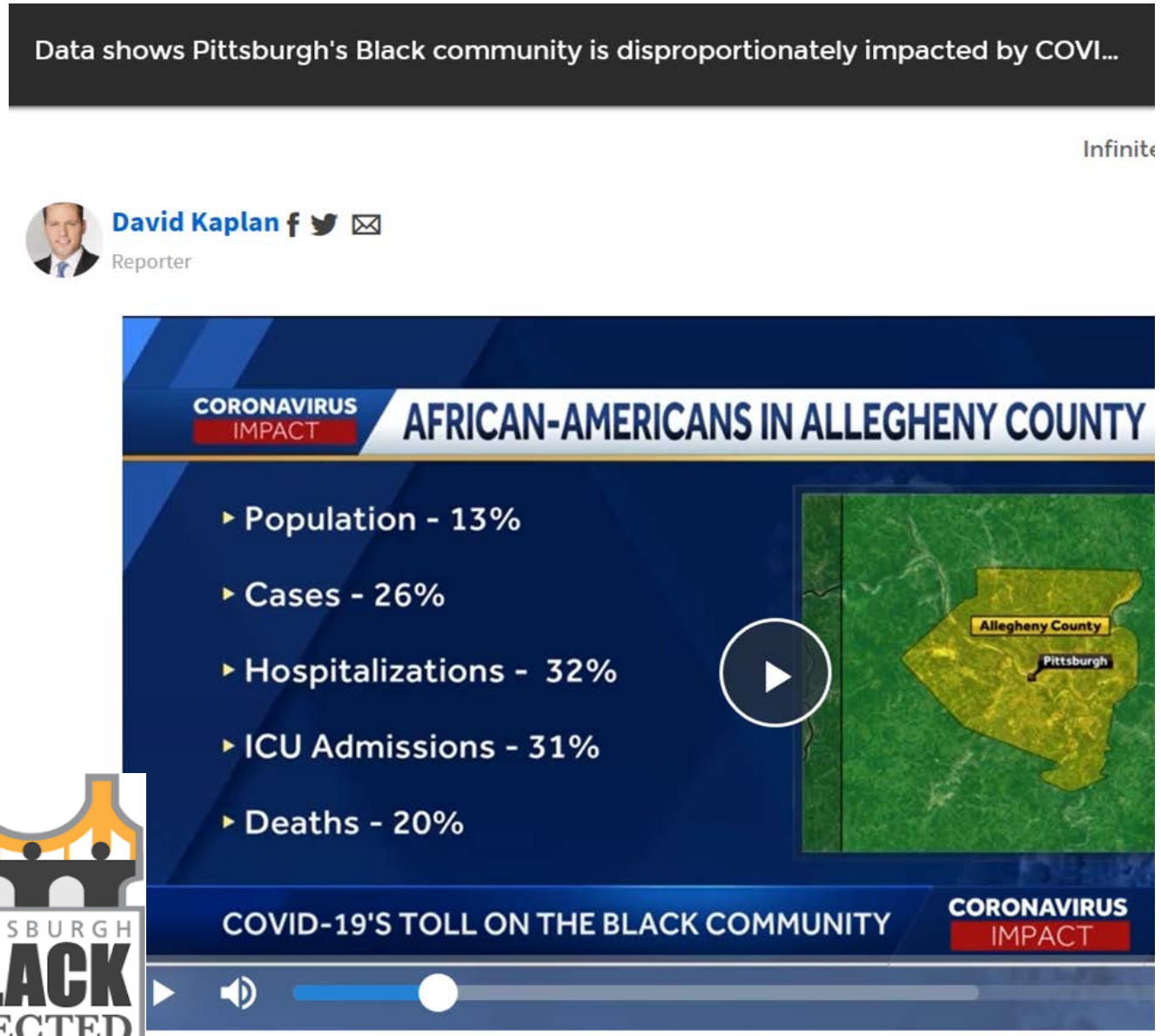
Tiffany L. Gary-Webb, PhD, MHS
Associate Dean for Diversity and Inclusion
Associate Professor of Epidemiology
University of Pittsburgh
Graduate School of Public Health

Black Equity Coalition

The Black Equity Coalition is comprised of a group of physicians, researchers, epidemiologists, public health and health care practitioners, social scientists, community funders, and government officials concerned about addressing COVID-19 in vulnerable populations.

Our goal is to ensure an equitable response to the coronavirus pandemic, based on socio-economic and culturally relevant data, that produces culturally relevant responses that will reduce health inequities and improve health and well-being in general.

Thus, we are working to establish a community oriented, preventive health care infrastructure that will be better able to respond and meet the emerging health needs of communities of color.



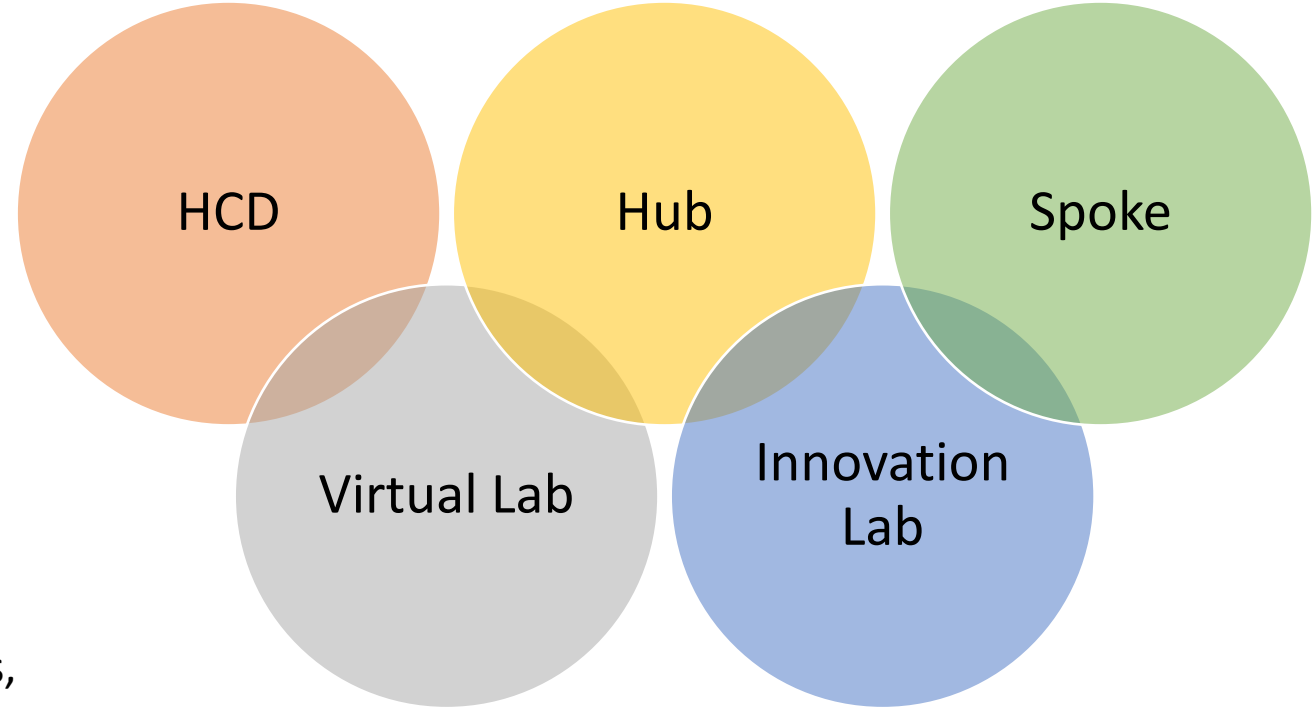
PITTSBURGH BLACK ELECTED OFFICIALS COALITION

Black Equity Coalition – Working Groups

- The Huddle Leadership Group
- Black COVID-19 Statewide Coalition
- Black COVID-19 Data Working Group
- Black COVID-19 FQHC Taskforce
- Black COVID-19 Community Health Working Group
- Black COVID-19 Policy Taskforce
- COVID-19 Black Business Taskforce
- Black COVID-19 Community Engagement Taskforce

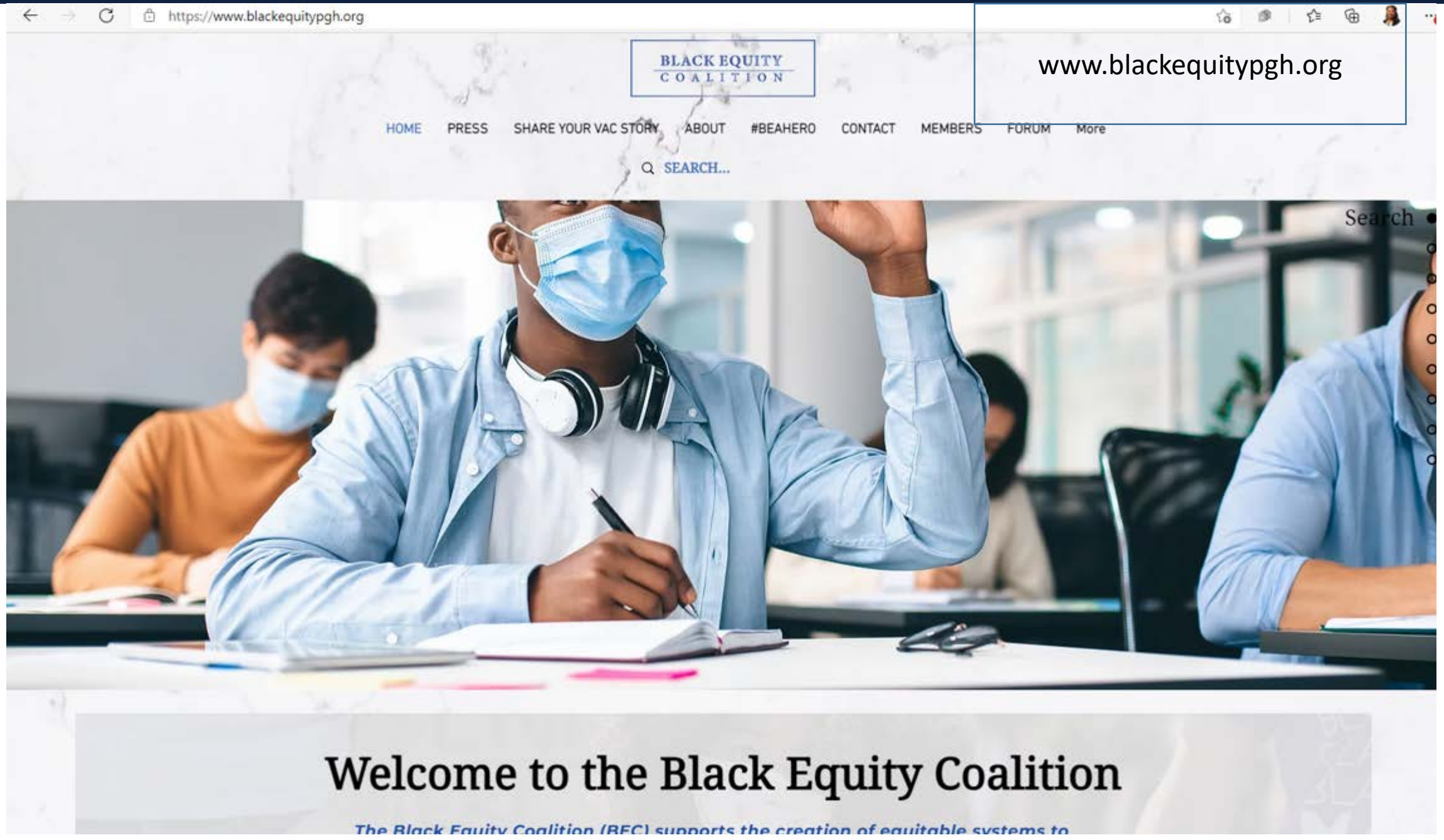
Local to Regional Statewide Approach

1. Through Human Centered Design, the BEC will create a statewide self-sufficiency model that build on existing assets.
2. Systems change to ecosystems and co-creation locally through the optimization of the Federal Qualified Health Centers and strategic alignment with community-based non-profits: Hub and Spoke Model
3. Develop a virtual Research Lab focused on POC co-morbidity responses
4. Share learnings through Rapid Prototyping
5. Provide Project Management capacity to BEC efficacy model and implement baseline assessments to qualify continuity of care construct validity
6. Strategic community engagement through direct services, communications
7. Replicate model across the state through coalition building

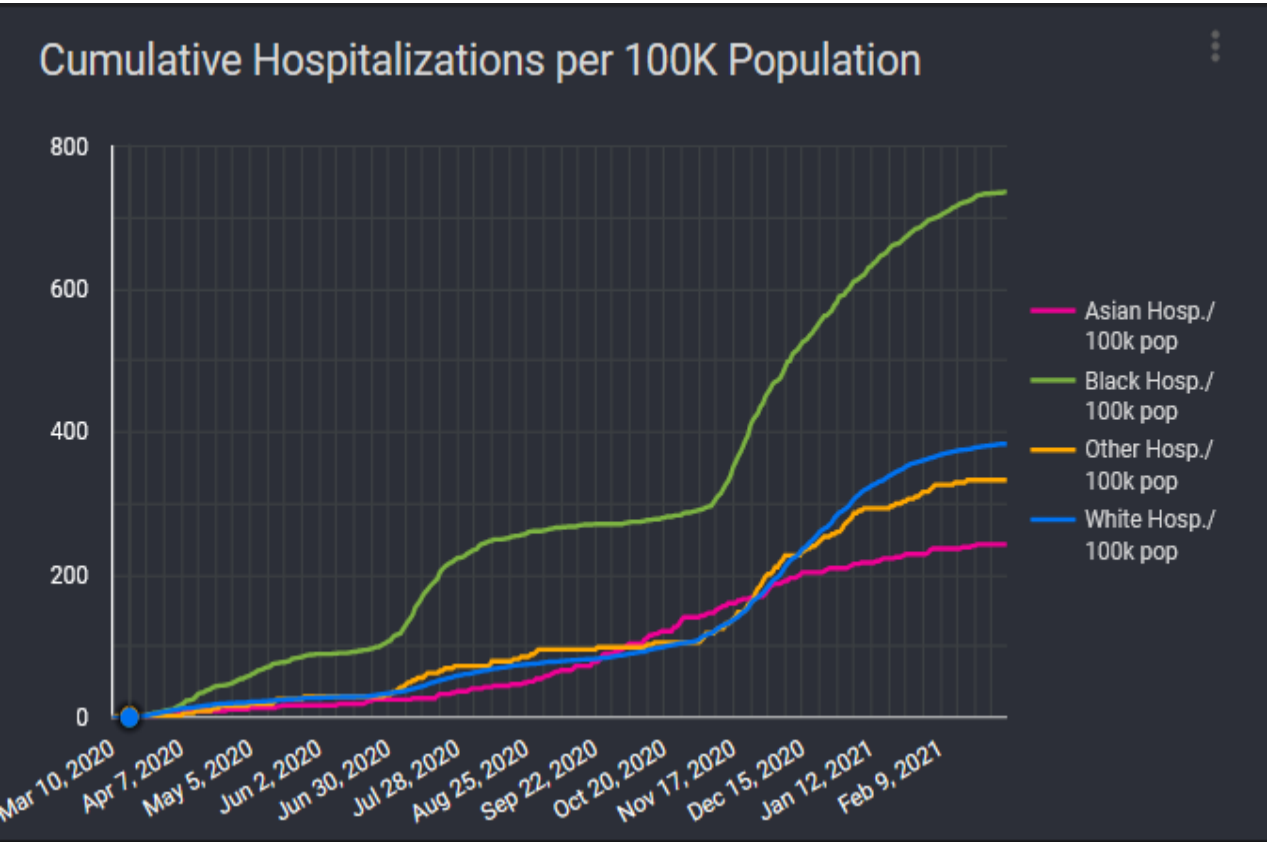


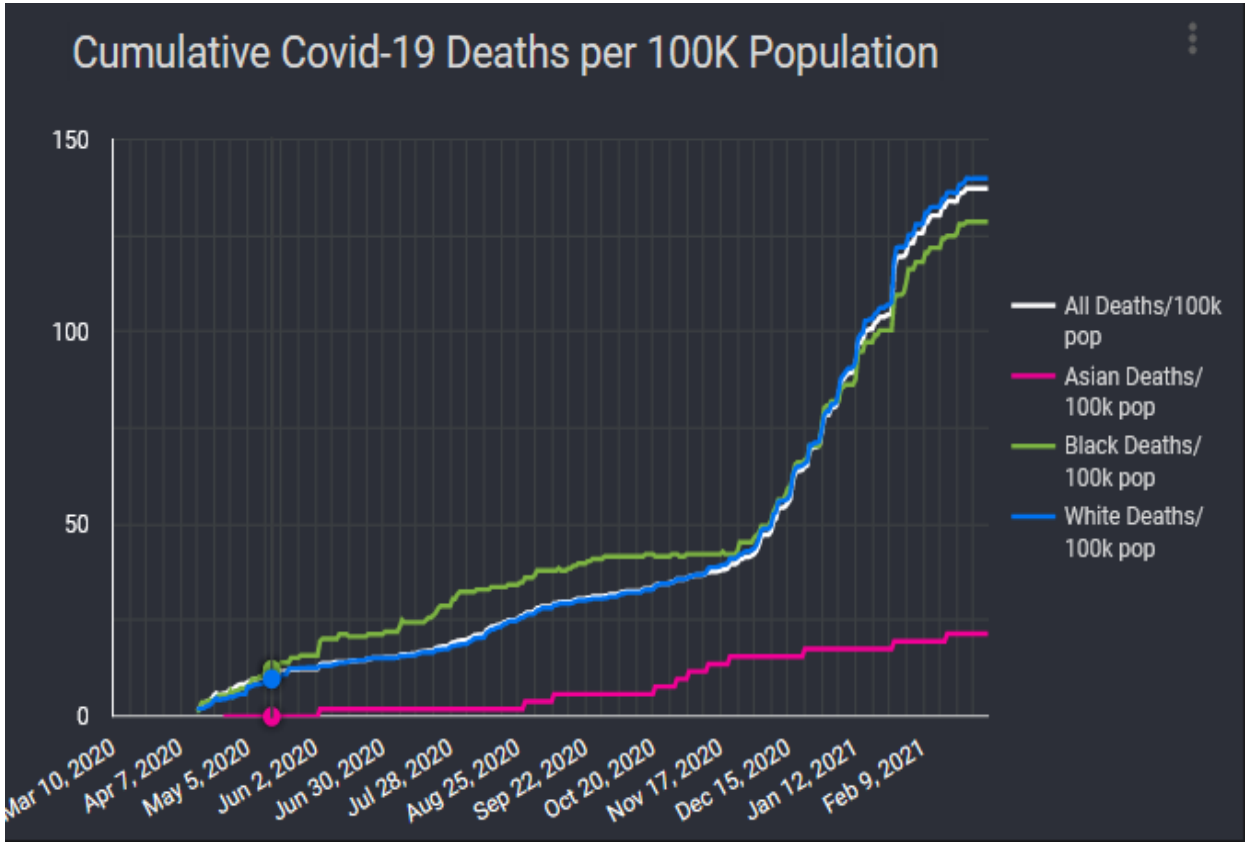
THE FORBES FUNDS
UrbanKind INSTITUTE
POISE FOUNDATION
UPMC LIFE CHANGING MEDICINE
PCHS Primary Care Health Services Inc.

www.blackequitypgh.org



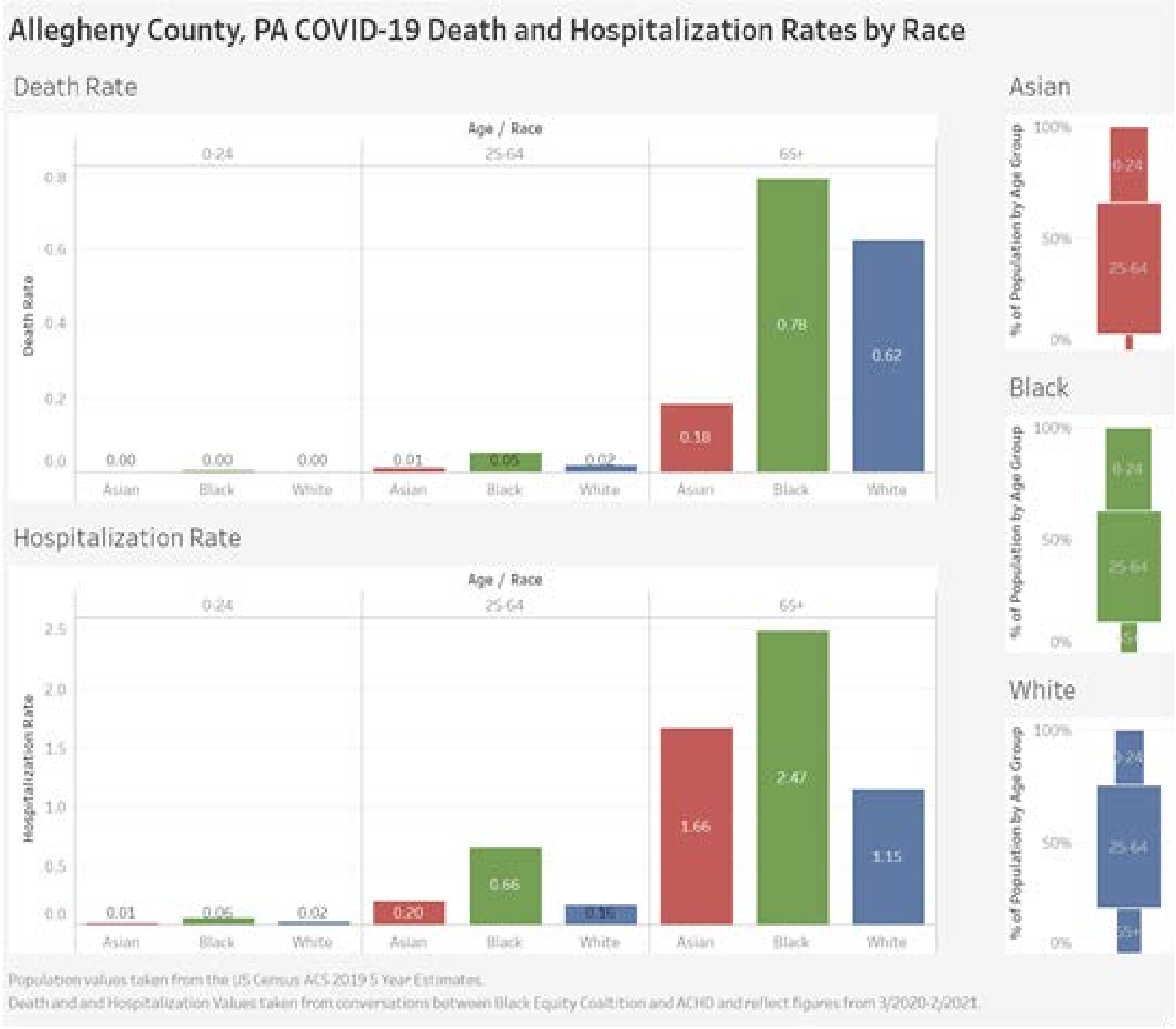
Allegheny County Hospitalizations and Deaths by Race as of 3/2/21





www.covidcreatelab.org

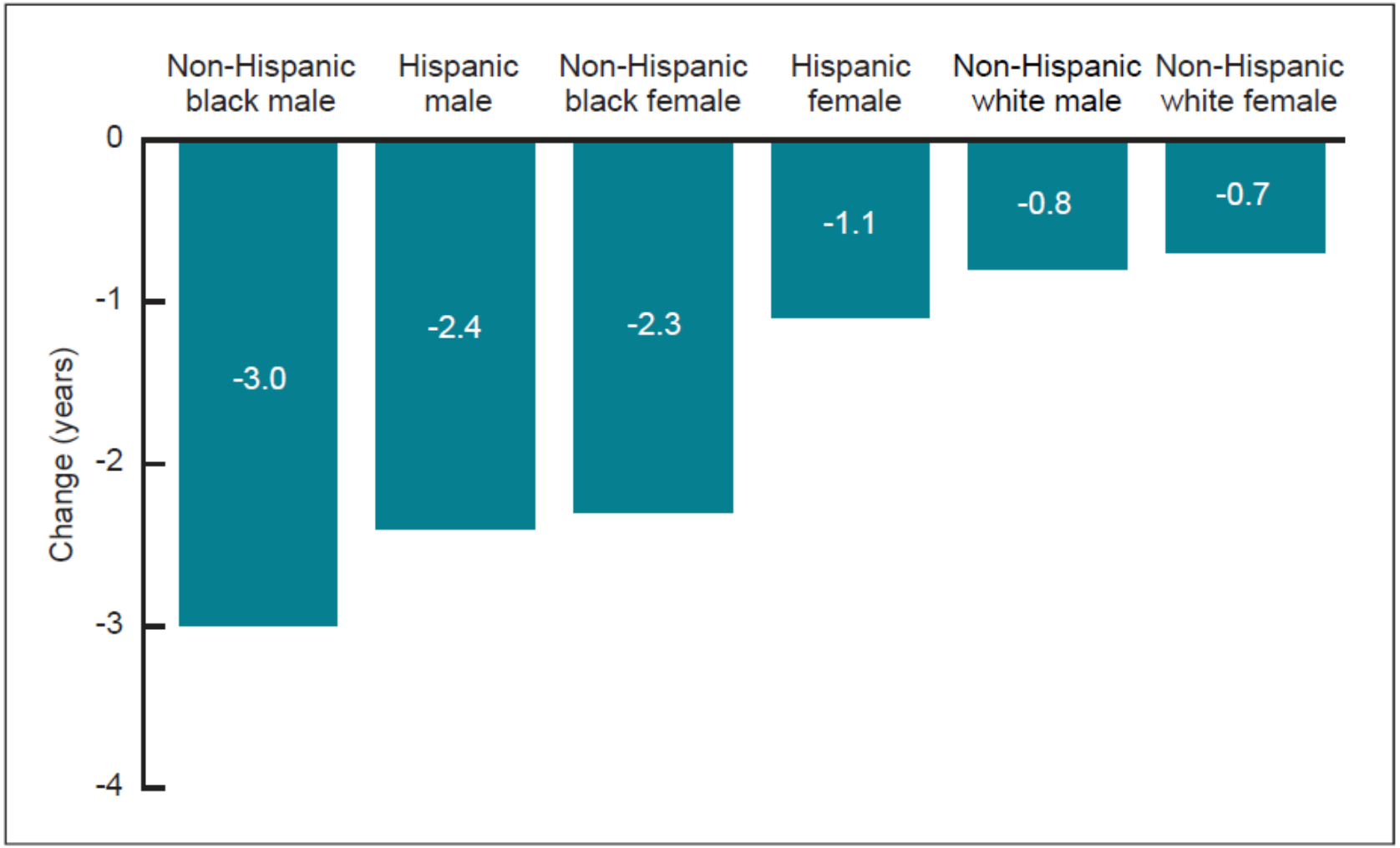
- Disproportionate rates of hospitalizations and deaths for Blacks 65+ compared to Whites 65+
- Disproportionate rates of hospitalizations and to some extent deaths for Blacks 25-64 compared to Whites 25-64
- Demographic difference in age distribution with only 13% of Blacks represented in those 65+ compared to 20% for Whites 65+
- This demonstrates the need for opening vaccine distribution to Black populations at younger age groups to achieve an equitable distribution



Vital Statistics Surveillance Report

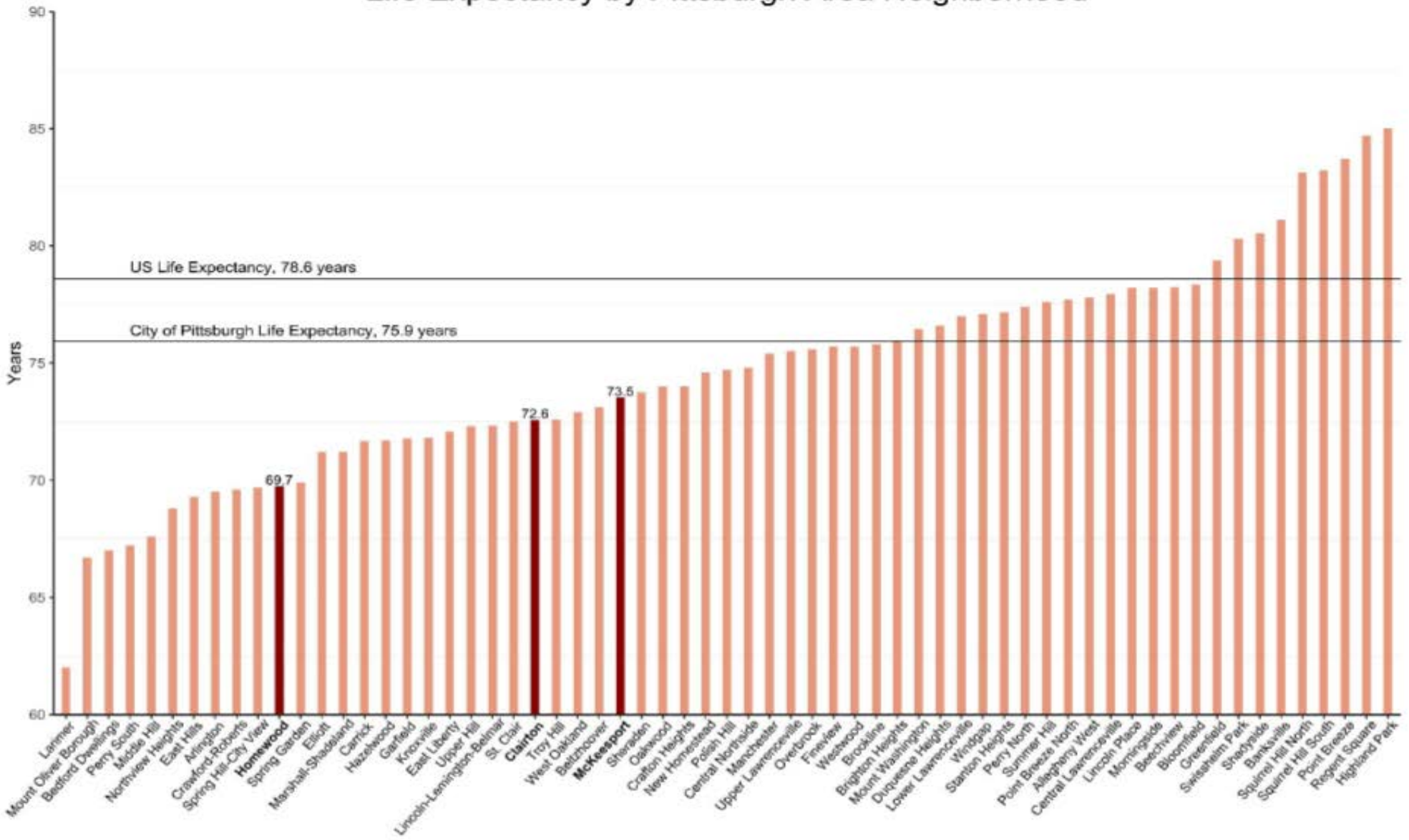
- Life expectancy decreased for all groups between 2019-2020 but dropped disproportionately for Blacks and Hispanics

Figure 4. Change in life expectancy at birth, by Hispanic origin and race and sex: United States, 2019 and 2020



NOTES: Life expectancies for 2019 by Hispanic origin and race are not final estimates; see Technical Notes. Estimates are based on provisional data from January 2020 through June 2020.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality data.

Life Expectancy by Pittsburgh Area Neighborhood



PittPublicHealth

National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates File for Allegheny County, PA, 2010-2015. National Center for Health Statistics. 2018. Available from: https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html

*Life expectancy averaged over census tracts by neighborhood

Recommendations/Next Steps

- Consider an equitable approach to vaccine distribution in Allegheny County and PA
  - BEC has submitted an equitable vaccine plan (specifically related to phase 1B) to PA Secretary of Health Beam which is under review

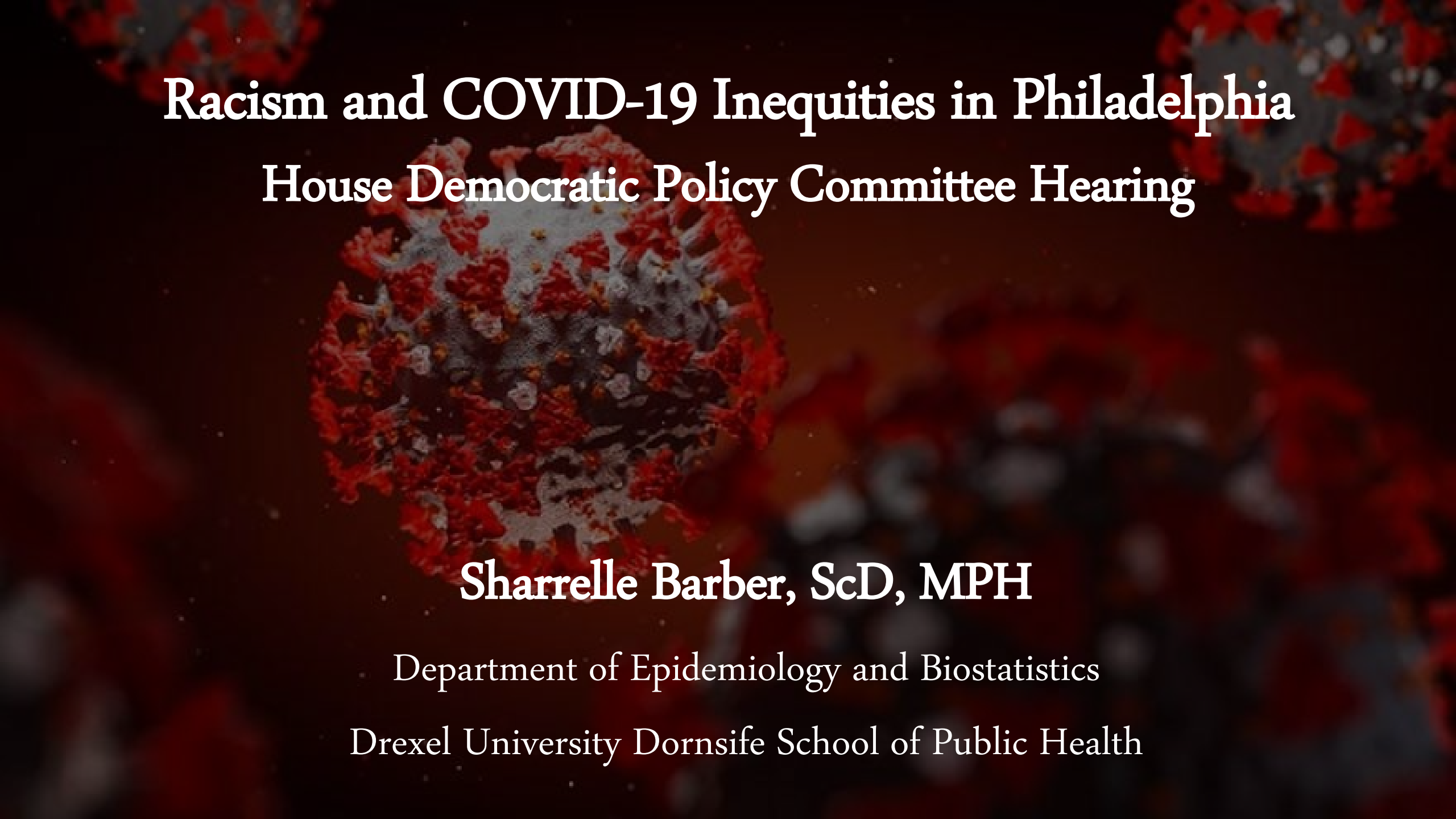
- Data shows inequities for Blacks in many COVID-19 outcomes:
  - Disproportionate cases and hospitalizations overall
  - Disproportionate hospitalizations and deaths for Blacks at younger and older ages

- The BEC will continue to work on equity issues beyond COVID-19


Thank You

Racism and COVID-19 Inequities in Philadelphia

House Democratic Policy Committee Hearing



Sharrelle Barber, ScD, MPH

Department of Epidemiology and Biostatistics

Drexel University Dornsife School of Public Health

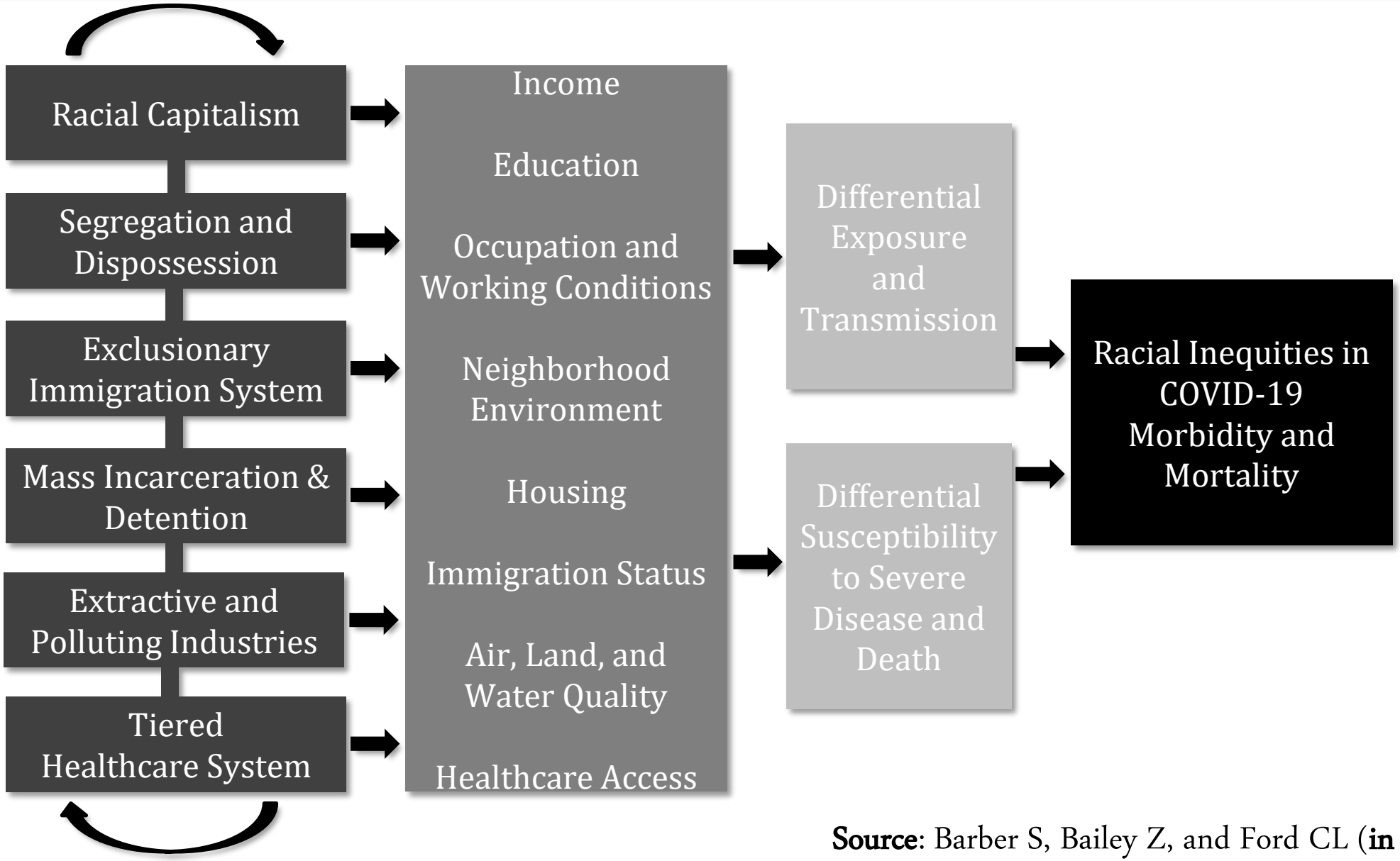
Racism in the Time of COVID-19

“. . .while COVID-19 is indiscriminate in its transmission, its propagation within a society steeped in structural racism will undoubtedly, as we are already beginning to see, lead to disproportionate impacts among marginalized racial groups in this country.”

Source: “Racism in the Time of COVID-19” IAPHS Blog, April 9, 2020

Structural Racism

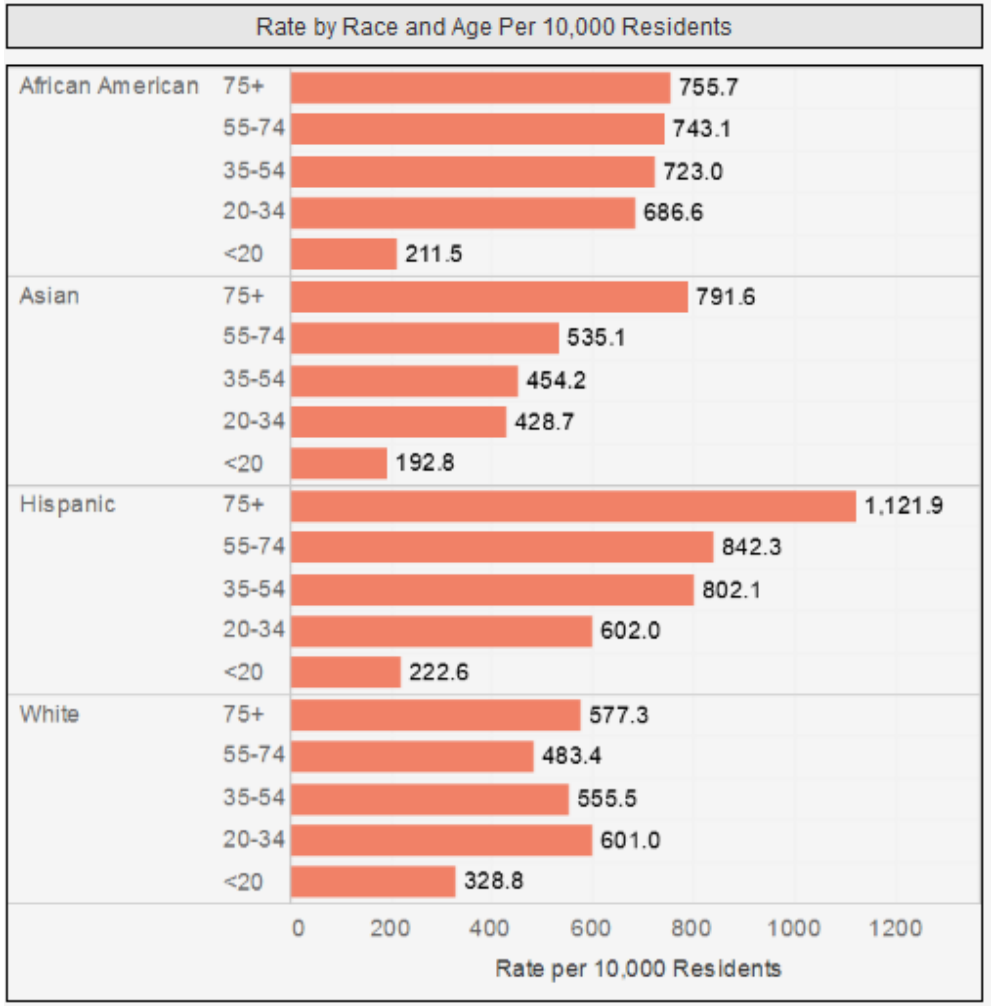
Rooted in White Supremacist Ideology and Upheld by Racist Polices, Politics, and Violence

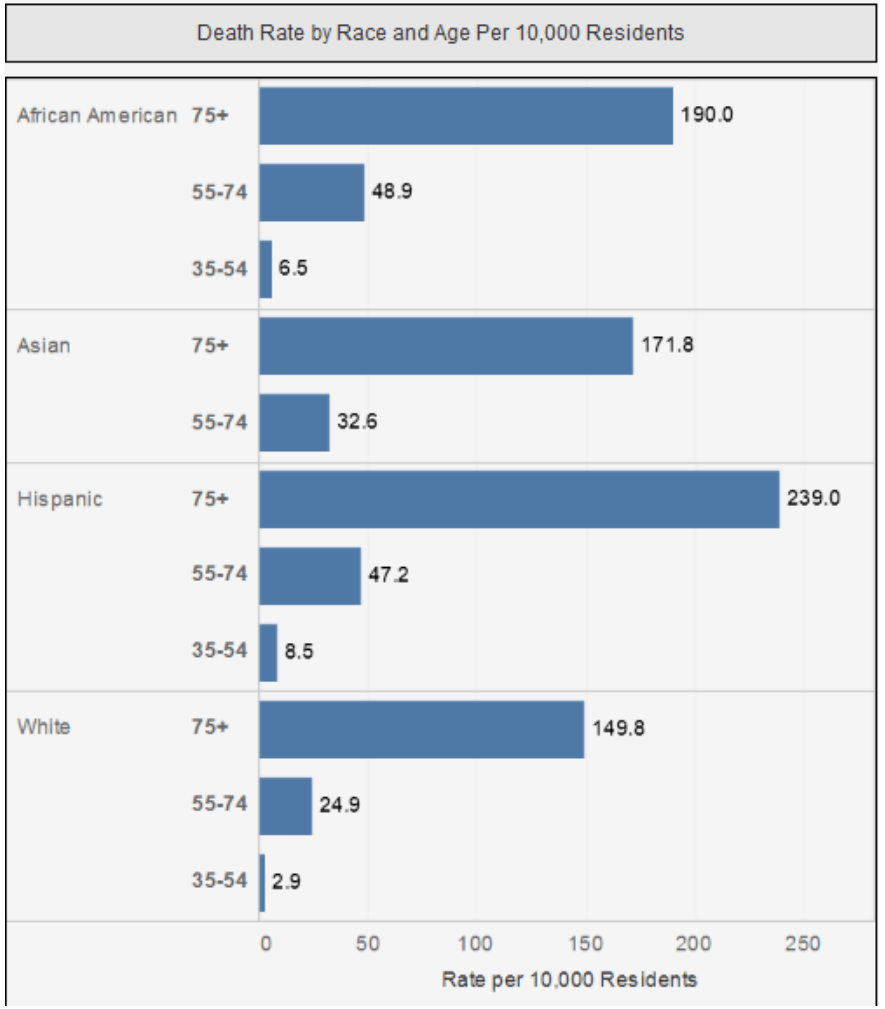


Source: Barber S, Bailey Z, and Ford CL (**in preparation**)

Racial Inequities in COVID-19 Outcomes

Philadelphia, PA as of March 10, 2021





COVID-19 in Context

Racism, Segregation, and Racial Inequities in Philadelphia

Acknowledgements

Irene Headen, PhD, MPH, Assistant Professor

Department of Community Health and Prevention

Loni Tabb, PhD, MS, Associate Professor

Department of Epidemiology and Biostatistics

Breauna Branch, MPH, Graduate Research Assistant

Department of Epidemiology and Biostatistics

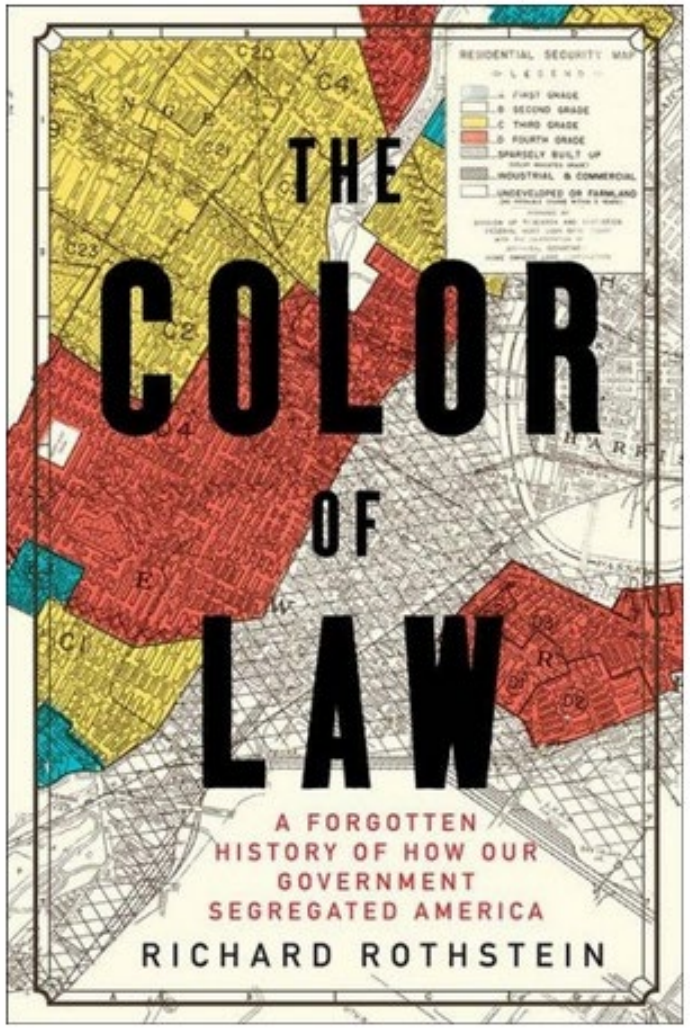
Kenna Yadeta, MPH, Graduate Research Assistant

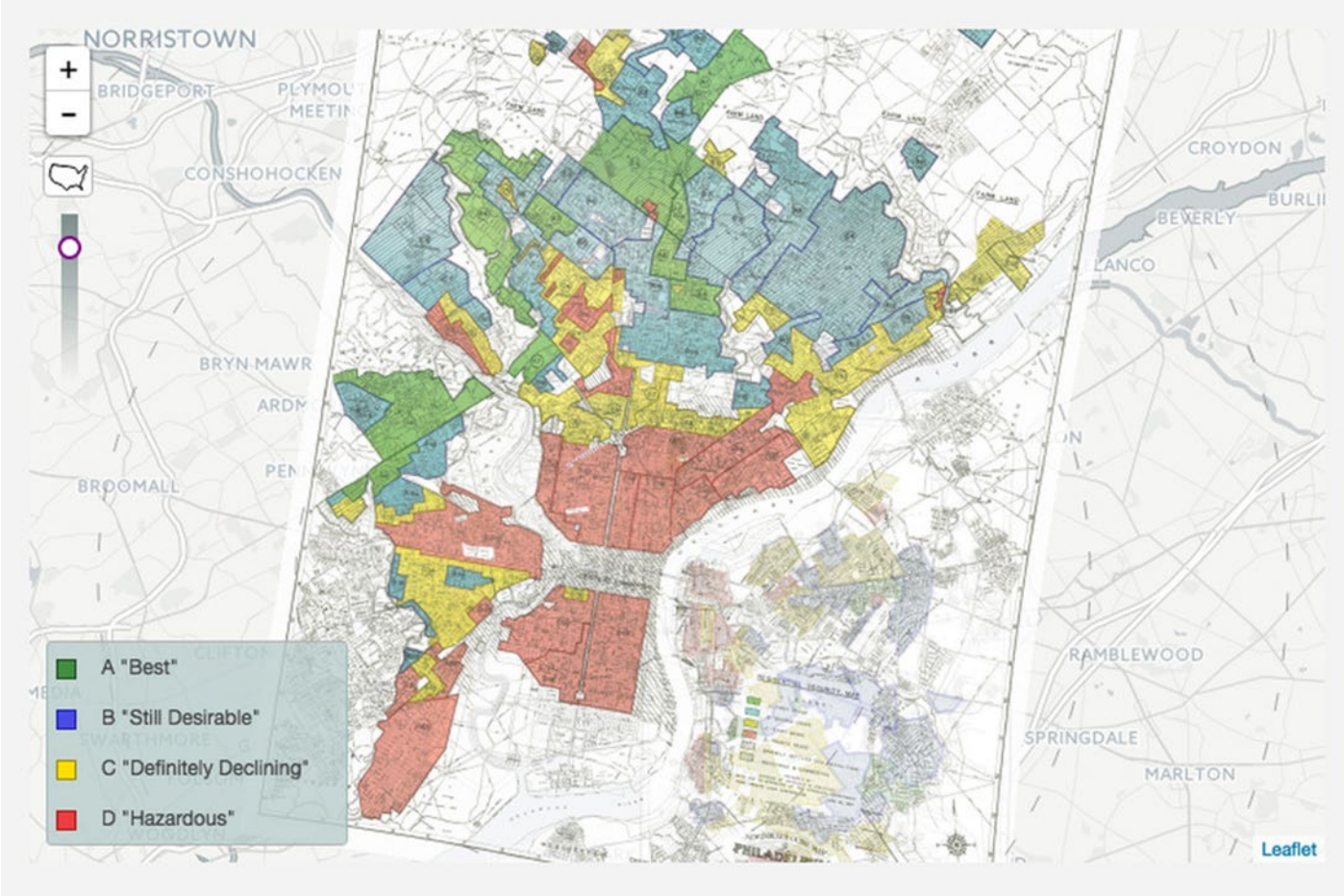
Department of Community Health and Prevention

Drexel Urban Health Collaborative

Separate and Unequal

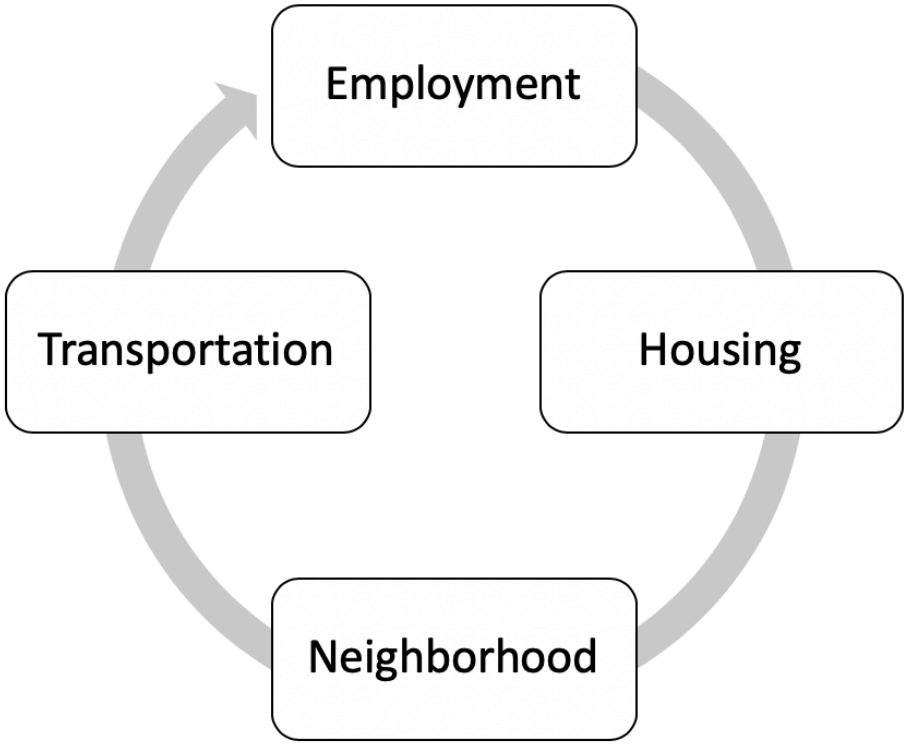
Racial Residential Segregation in the United States





Racism, Segregation, and COVID-19

Applying Critical Race Theory and Systems Thinking

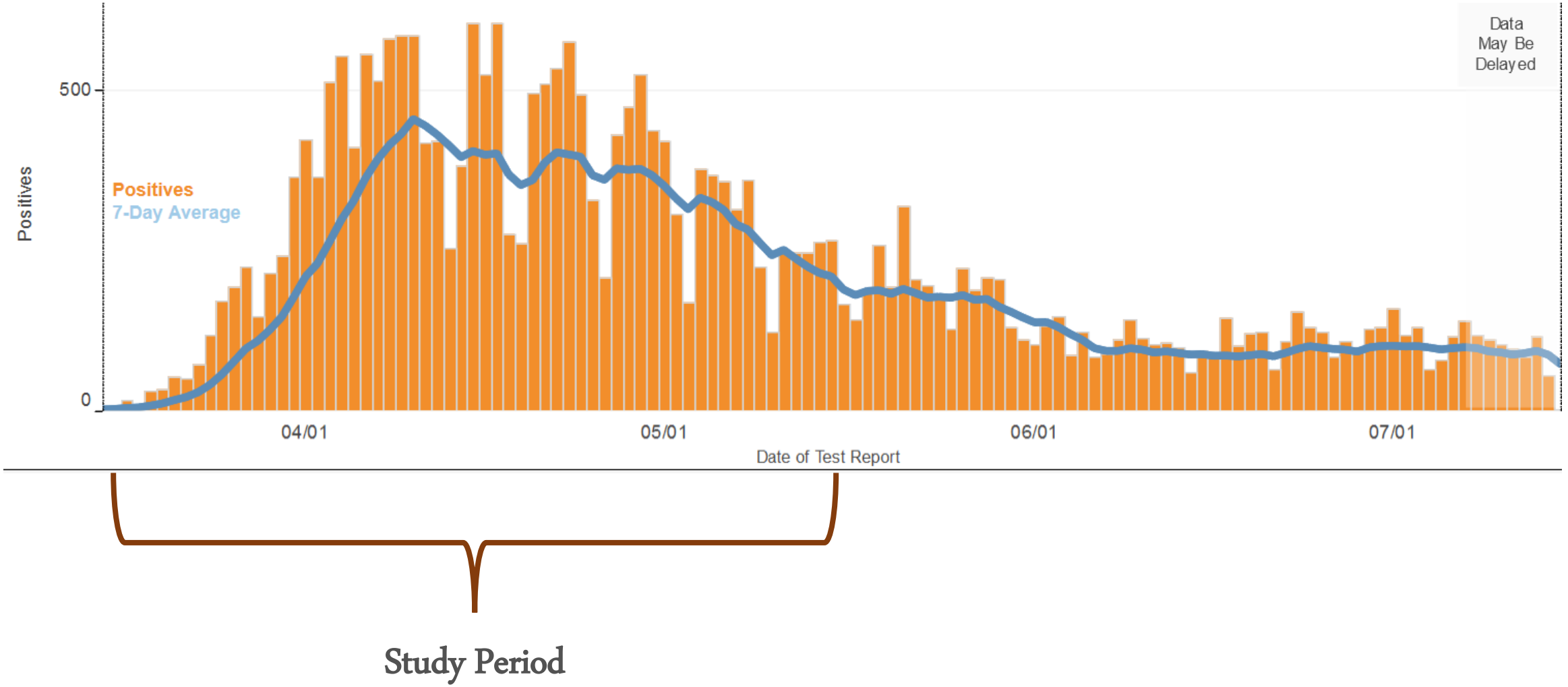


Interlocking Systems Amplify **Exposure** and **Transmission** in Racially Segregated Communities

Adapted from Powell JA 2008. Structural Racism: Building upon the Insights of John Calmore.

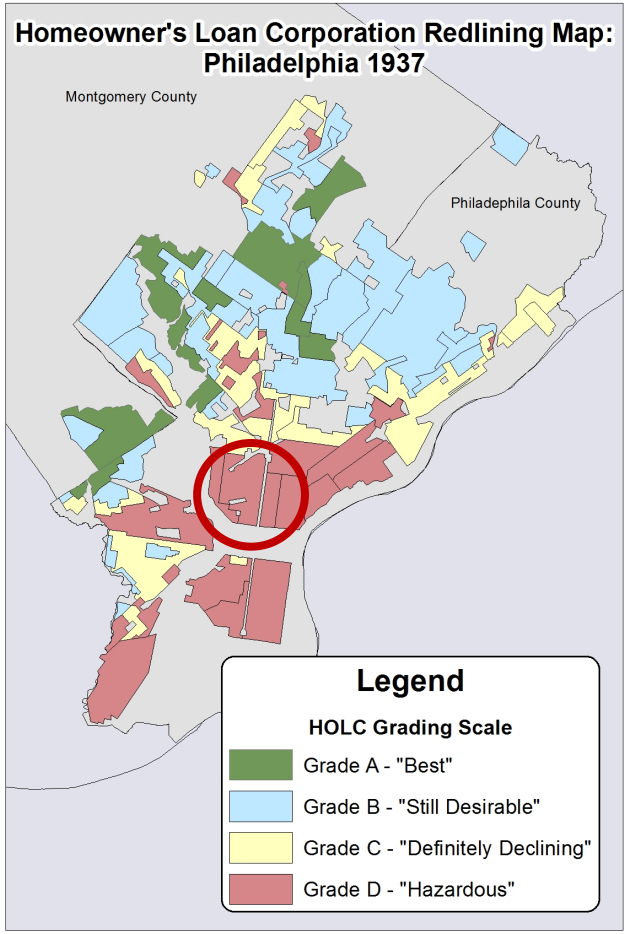
Racism, Segregation, and COVID-19

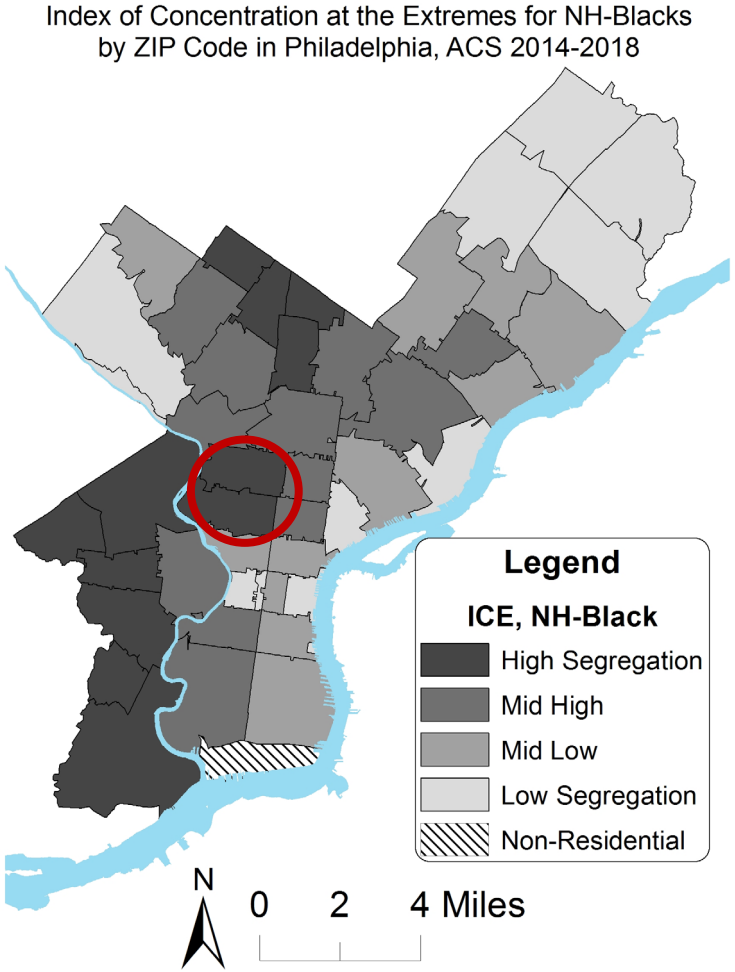
Study Period

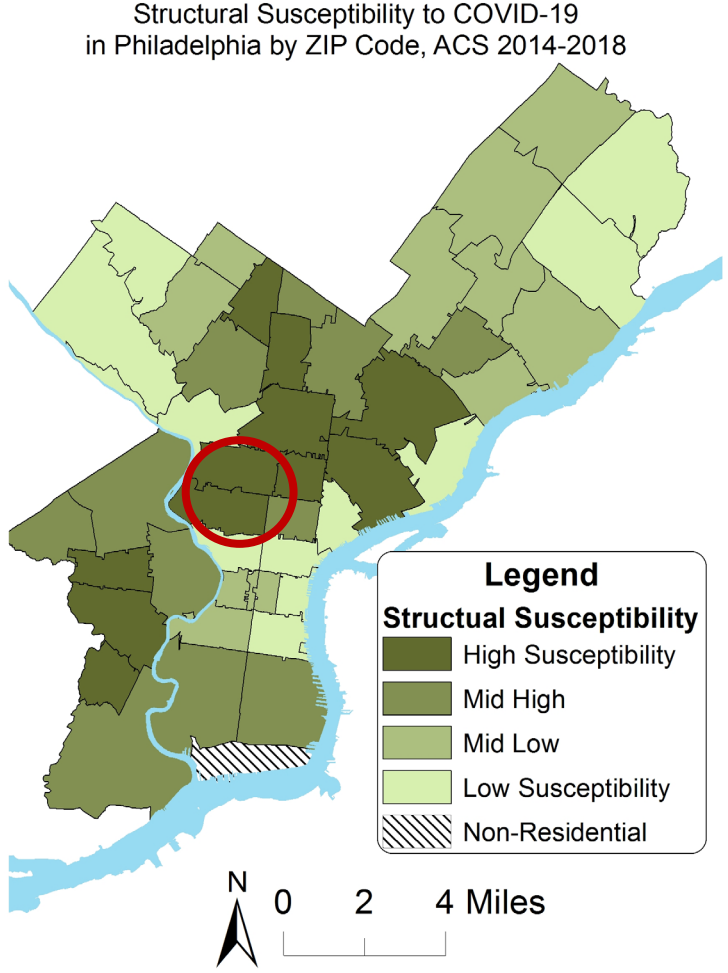


Racism, Segregation, and COVID-19

A Descriptive Spatial Analysis in Philadelphia



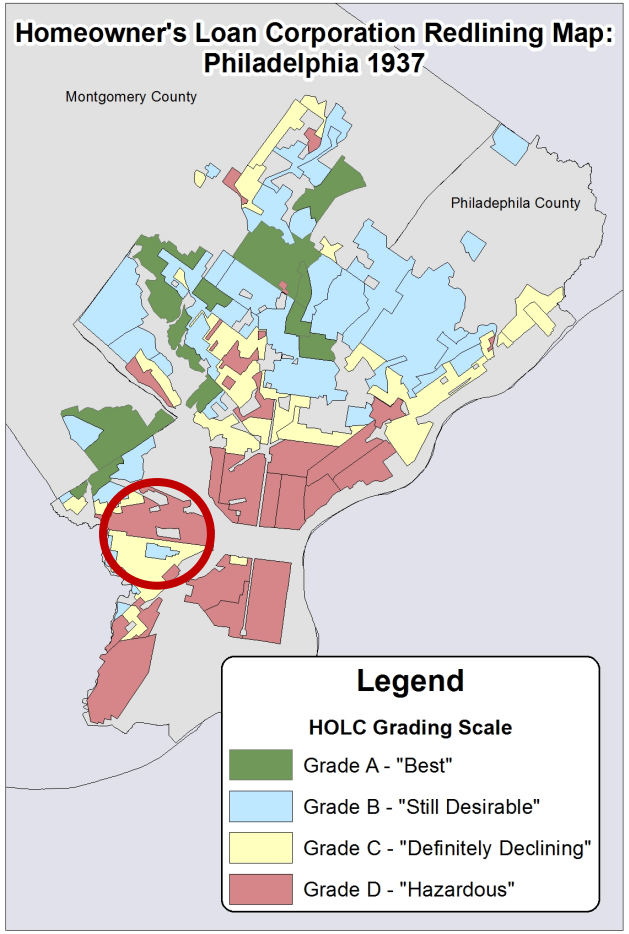


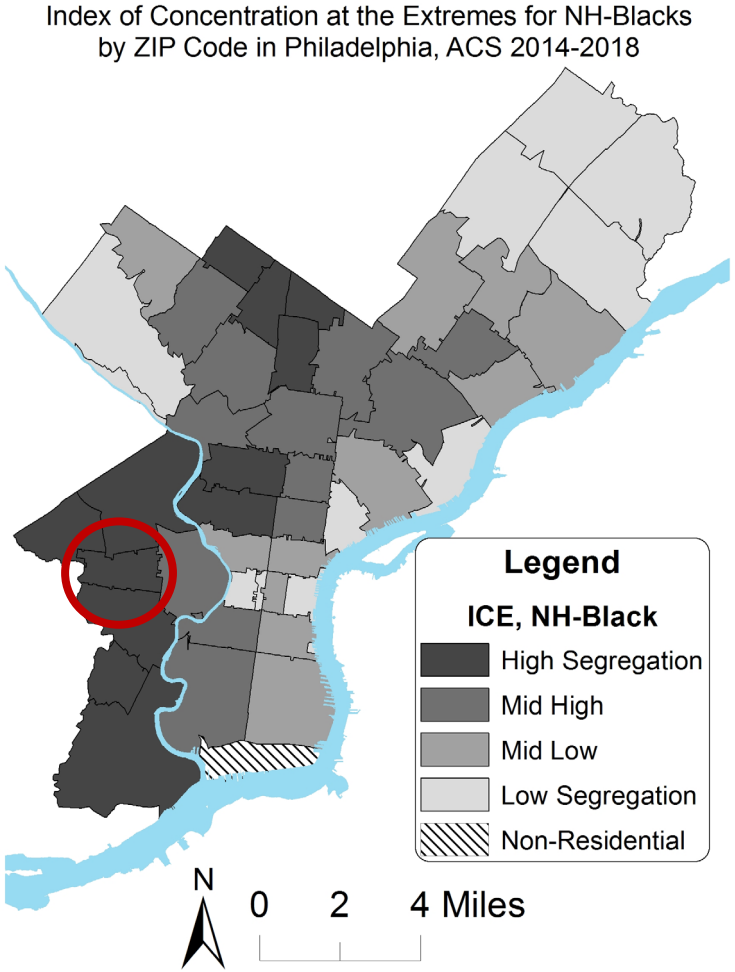


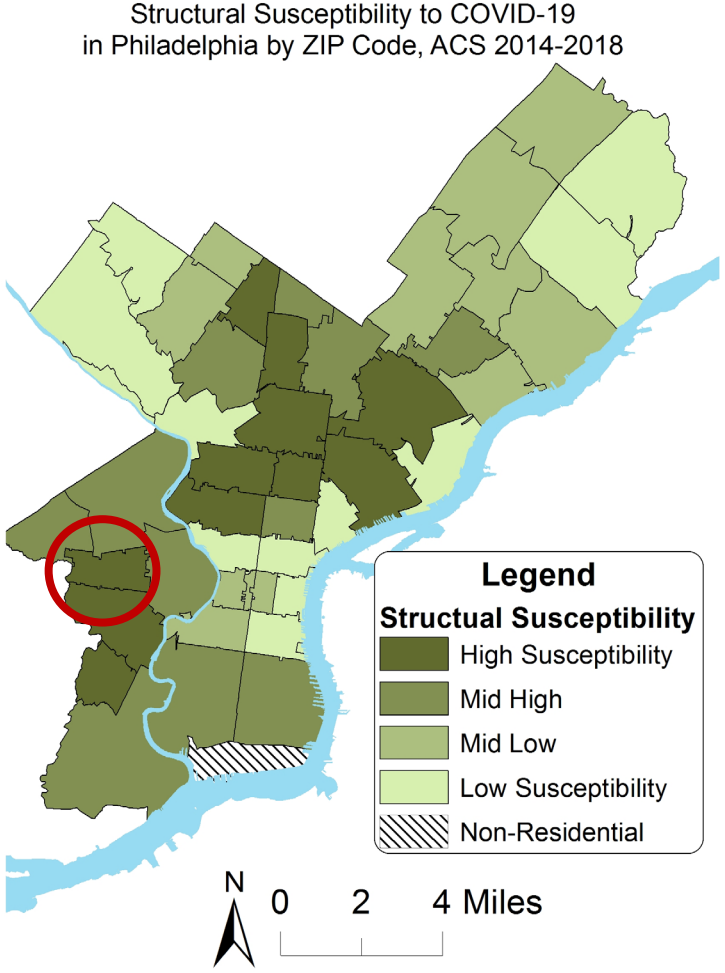
Source: Barber S, Headen I, Branch B, Tabb L, Yadeta K. Drexel University Urban Health Collaborative; June 2020.

Racism, Segregation, and COVID-19

A Descriptive Spatial Analysis in Philadelphia



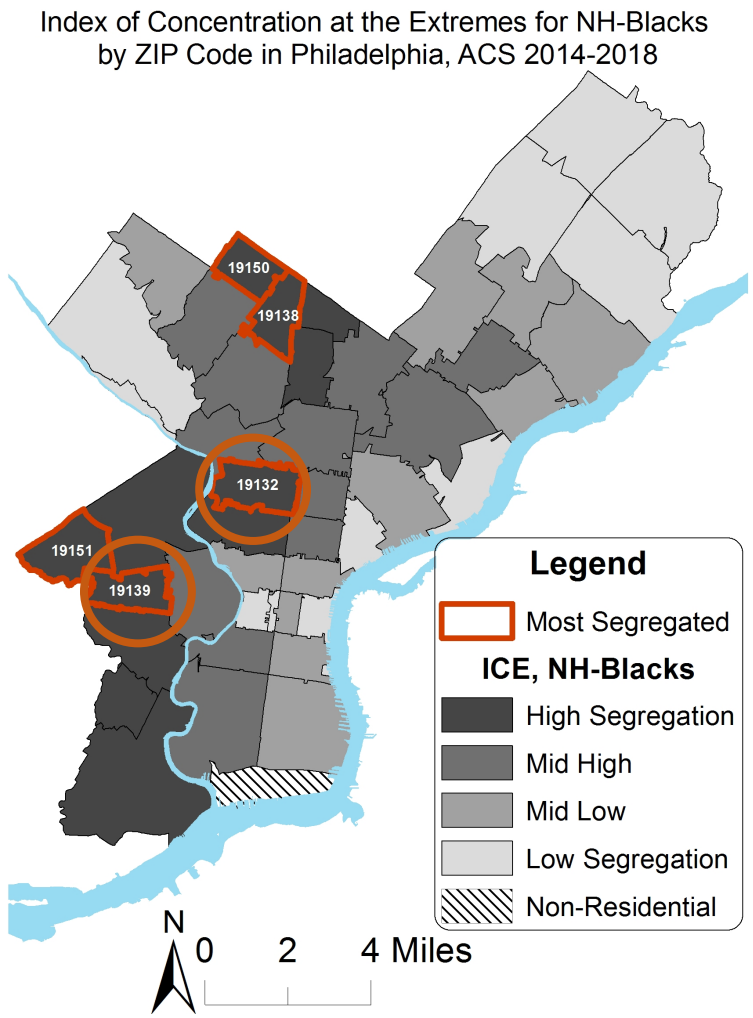




Source: Barber S, Headen I, Branch B, Tabb L, Yadeta K. Drexel University Urban Health Collaborative; June 2020.

Racism, Segregation, and COVID-19

A Descriptive Spatial Analysis in Philadelphia- through May 2020



ZIP Code	ICE Rank	% NH Black	Cases per 10,000
5 Most Segregated ZIP Codes			
19150 (**Most Segregated**)	1	93.6	159.6
19138	2	91.6	138.6
19132	3	90.6	153.4
19139	4	87.0	157.6
19151	5	87.1	147.4
5 Least Segregated ZIP Codes			
19106	42	8.1	43.4
19154	43	8.5	101.0
19125	44	3.9	70.1
19127	45	9.4	44.4
19137 (**Least Segregated**)	46	2.3	44.8

151.3 Cases per 10,000

74.3 Cases per 10,000

The COVID-19 rate in the most segregated neighborhoods in Philadelphia was 23 percent higher than the city overall and Two times the rate of the least segregated neighborhoods

Source: Barber S, Headen I, Branch B, Tabb L, Yadeta K. Drexel University Urban Health Collaborative; June 2020.

Racism, Segregation, and COVID-19

A Descriptive Spatial Analysis in Philadelphia- through January 2021

ZIP Code	ICE Rank	% NH Black	Cases per 10,000	Deaths per 10,000
5 Most Segregated ZIP Codes				
19132	1	92.4	678.97	18.95
19121	2	77.0	800.77	14.97
19139	3	88.6	682.86	21.61
19141	4	84.4	641.67	20.70
19142	5	84.9	767.84	15.63
5 Least Segregated ZIP Codes				
19103	43	6.2	476.90	15.69
19147	44	9.1	531.75	9.73
19118	45	19.2	432.27	30.22
19102	46	4.5	621.84	0.00
19106	47	8.5	623.03	0.00

710
Cases per 10,000

190
Deaths per 10,000

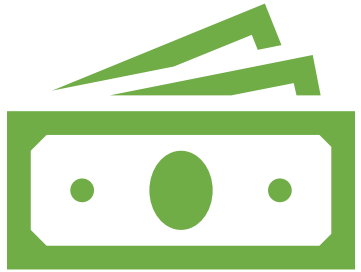
520
Cases per 10,000

120
Deaths per 10,000

Recommendations for the Pandemic and Beyond

Equitable Access to Vaccines

Sustained Access to Testing & Treatment



Sustained Access to Economic Relief

Racial and Economic Justice

Thank You

Sharrelle Barber, ScD, MPH

Drexel University Dornsife School of Public Health

Department of Epidemiology and Biostatistics

Email: smb483@drexele.du | **Twitter**: @HealthEquityDoc

House Democratic Policy Committee Hearing

Thursday, March 11, 2021

Written Testimony by Sharrelle Barber, ScD, MPH
Drexel University Dornsife School of Public Health

Today marks one year since COVID-19 was declared a global pandemic by the World Health Organization. Since that time, over 520,000 individuals have lost their lives to this deadly disease in the United States and millions more have lost their lives worldwide. By all accounts, the COVID-19 pandemic is the worst public health crisis we have seen in a generation made even more tragic by the reckless, immoral, and criminal response of the Trump Administration. In an unprecedented move, the New England Journal of Medicine called out the administration saying quote "This crisis has produced a test of leadership. With no good options to combat a novel pathogen, countries were forced to make hard choices about how to respond. Here in the United States, our leaders have failed that test. They have taken a crisis and turned it into a tragedy."

This inaction and blatant disregard for life has been measured in lives loss, but this loss has not been experienced equally.

Data on Racial Inequities in COVID-19

Although initially characterized as the "great equalizer," striking racial inequities in COVID-19 outcomes began to emerge in late March 2020 in Philadelphia and other cities across the country and have persisted throughout the pandemic, with Black Americans and other marginalized racial groups being disproportionately impacted. According to available data from the Centers for Disease Control and Prevention (CDC), Black Americans, have higher rates of reported cases, hospitalizations, and deaths. As of March 5, Data from APM Research Lab report age-adjusted death rates upwards of 2 times higher for Black Americans resulting in over 73,000 deaths in the span of nearly 12 months.

But not only are Blacks more likely to contract and die from COVID-19 compared to whites, they also do so at much younger ages. An analysis from the Harvard Population Center documented age-specific mortality rates by race and found that Black Americans between the ages of 25 and 34 died at a rate 7 times that of white Americans in the same age group while Black Americans between the ages of 35-44 died at a rate 9 times that of white Americans. Moreover, Black Americans have lost nearly 7 times as many years of life before the age of 65 compared to whites. And although cases and deaths among children are still relatively low, patterns are nevertheless racialized, with Black, Hispanic, and Indigenous children making up 78% of the COVID-19 deaths and growing evidence that they are more likely than white children to contract the disease.

Anticipating the emergence of these inequities, colleagues and I began writing a commentary in mid-March, prior to the widespread availability of COVID-19 outcomes by race. Based on history, past health crisis, and our lived experiences, we knew that ". . .while COVID-19 is indiscriminate in its transmission, its propagation within a society steeped in structural racism would undoubtedly lead to disproportionate impacts among marginalized racial groups in this country.
Racial inequities in COVID-19 outcomes are the consequence of a legacy of racism and white supremacy that has plagued this country for over 400 years and that has created interlocking systems of marginalization that have converged in this moment to increase exposure, transmission, and death among Black Americans and other marginalized racial groups.

For example, Black Americans are more likely to be low-wage, essential workers who have been forced to work with inadequate personal protective equipment, crowded working conditions, and inadequate income protections such as paid sick leave and hazard pay, putting them at increased risk of exposure to the virus. Black Americans are less likely to have access to affordable housing options and live in racially segregated communities that have experienced decades of systematic disinvestment. Structural conditions in these communities such as over-crowded housing further increase exposure and transmission. The impact of increased exposure is further compounded by limited access to quality healthcare which limits access to testing and follow-up treatment, experiences of discrimination within the healthcare system which makes it more likely for Blacks to be turned away when seeking medical care, and a wide-array of exposures such as toxic environmental hazards, chronic stress, and limited access to healthy foods all of which lead to underlying chronic conditions. Black Americans are also over-represented among the homeless and have been unjustly and disproportionately imprisoned by the criminal legal system placing them at increased risk in these crowded and unsanitary settings. Black Americans are also among those who have been hit hardest by the economic downturn, facing some of the highest levels of unemployment, food insecurity, and eviction, a crisis that will inevitably add fuel to the fire of the raging pandemic.

COVID-19 in Context: Racism, Segregation, and Racial Inequities in Philadelphia

Colleagues and I at the Drexel University Dornsife School of Public Health have examining these racial inequities in Philadelphia. Mirroring national trends, Blacks in Philadelphia have higher rates of COVID-19 compared to Whites across most age groups and have higher rates of mortality. In June of 2020, we released a brief entitled COVID-19 in Context: Racism, Segregation, and Racial Inequities in Philadelphia. For the brief, we examined COVID-19 rates by racial residential segregation and found staggering inequities. The COVID-19 rate in the most segregated neighborhoods in Philadelphia was 23 percent higher than the city overall and two times the rate of the least segregated neighborhoods. In updated analysis that includes cases and deaths through January 2021 for racially and economically segregated neighborhoods, inequities persist. The COVID-19 rate in the most racially and economically segregated neighborhoods in Philadelphia are 37% higher than the least racially and economically segregated neighborhoods. COVID-19 mortality rates are 58% higher.

Recommendations

Given the persistence of these inequities, a comprehensive approach must be employed to continue to address and mitigate inequities.

Equitable Access to Vaccines

Similar to the emergence of racial inequities in other COVID-19 related outcomes, Blacks in Philadelphia are less likely to be vaccinated. While some of the inequity can be attributed to vaccine hesitancy caused by past and contemporary experiences of racism within the healthcare system, a large portion of the inequities are due to issues related to access and the lack of credible information to make an informed decision about the vaccine. The efforts of the Black Doctors COVID Consortium in Philadelphia led by Dr. Ala Stanford is to be commended and can serve as a model of how to improve access for the hardest hit communities in Philadelphia. Other barriers to access also need to be addressed including the digital divide that prevents individuals from signing up for appointments, long waiting periods, and inconvenient hours, especially for working adults.

Sustained Access to Free Testing and Follow-Up Treatment

Although rates and deaths are declining, the pandemic is far from over and Blacks in Philadelphia will still need to have access to free testing and follow-up treatment. Without sustained access, inequities could widen even as more individuals and communities gain access to the vaccine.

Sustained Economic Relief

Racial inequities caused by systems and structures require systemic and structural solutions to increase access to vaccines, testing, and quality care will be undermined if action is not taken outside the healthcare system to address other drivers of exposure and transmission. Low-wage essential workers must continue to be protected and given adequate personal protective equipment, hazard pay, paid sick leave and guaranteed humane working conditions. Legislation must be extended that provides a moratorium on evictions and utility disruptions as well as safe housing options for quarantine and self-isolation when needed. Black Americans and those most directly impacted need to have sustained economic relief throughout the pandemic. This includes a guaranteed basic income and access to food subsidies for those who have lost income. The new relief bill signed by the Biden administration will go a long way in alleviating some of the devastating economic consequences of the pandemic for Black Americans and other communities of color.

Commitment to Dismantling Systemic Racism and Systemic Poverty

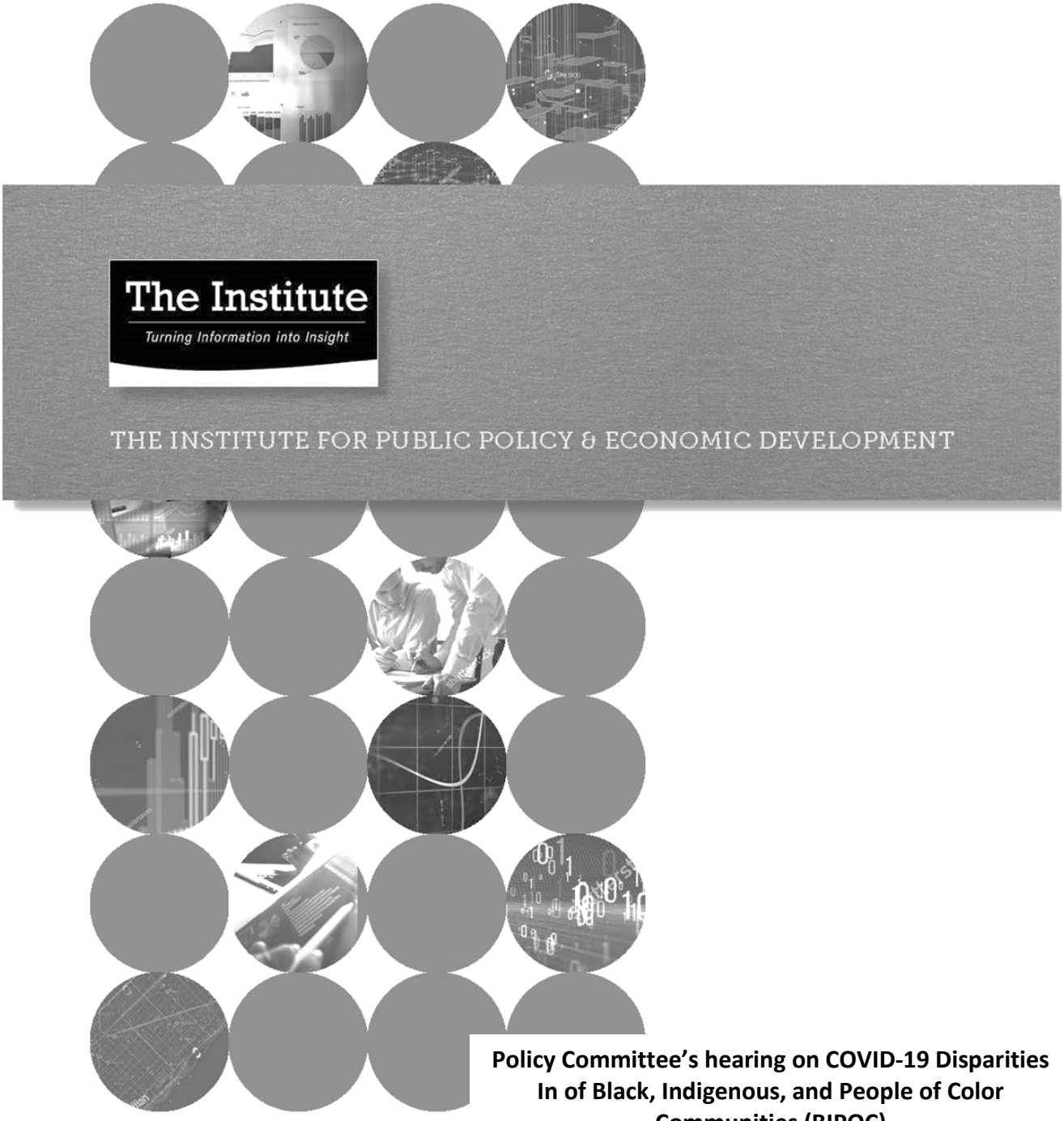
Finally, as noted earlier, the pandemic has revealed the deep fissures in our society that can only be address through radical transformation and bold action. Movements like the *Poor People's Campaign: A National Call for Moral Revival* offer a viable, just, and moral way forward through their Jubilee Platform: A Moral Policy Agenda to Heal and Transform America. Key recommendations include protecting voting rights, universal healthcare for all, a universal and adequate guaranteed income, demilitarizing the police, and adequate housing for all.

Failure to Act is Being Measured in Lives Lost

As a social epidemiologist, part of my job description is to "count deaths" and over the past year it has been painful and heartbreaking to bear witness to the deaths caused by the pandemic. The reckless and criminal actions of the past administration coupled with the deep seeded racism, exploitive capitalism, our fragmented and inhumane healthcare system and crumbling public health infrastructure all led to the disproportionate deaths among Black, Indigenous, Latinx, Asian, and poor people in this country. And that is not only heartbreaking, but it is also enraging. May our collective response to this pandemic and beyond honor the dead and the families and communities they have left behind.

In the words of Amanda Gorman, "may we be brave and bold enough to see and be the light. May we all make a commitment to fight for the just, equitable, and humane future we all deserve. Justice demands nothing less and our collective lives depend on it. Thank you.

A collaboration among Geisinger Commonwealth School of Medicine, Johnson College, Keystone College, King's College, Lackawanna College, Luzerne County Community College, Marywood University, Misericordia University, Penn State Scranton, Penn State Wilkes-Barre, The Wright Center for Graduate Medical Education, University of Scranton, & Wilkes University



Policy Committee's hearing on COVID-19 Disparities In of Black, Indigenous, and People of Color Communities (BIPOC)

March 2021

Policy Committee's hearing on COVID-19 Disparities
In of Black, Indigenous, and People of Color Communities (BIPOC)

By: Teri Ooms, Executive Director – The Institute

Introduction

Research has shown that health outcomes are closely related to socioeconomic factors, called social determinants of health. Prior research by The Institute found that this relationship between socioeconomic factors and health outcomes was at least as strong in Northeastern Pennsylvania as it is statewide. As such, there is reason to believe COVID-19 would have disparate impacts across groups, especially as pre-existing health conditions have been widely understood as being associated with higher rates of COVID-19 hospitalizations and deaths. The Centers for Disease Control and Prevention have recognized that these disparities are occurring, and have identified several factors contributing to this increased risk:

1. Discrimination, in systems such as health care, housing, education, criminal justice, and finance
2. Healthcare access and utilization, such as disparities in insurance coverage and barriers to getting care such as transportation, child care, language barriers, or historical or current discrimination
3. Occupation, including some racial and ethnic minority group overrepresentation in certain essential work settings
4. Educational, income, and wealth gaps
5. Housing, including overcrowded living situations and greater risk of eviction and homelessness

The Institute prepared a report that presents statewide data on COVID-19 cases and deaths by age, gender, race, and Hispanic/Latino ethnicity to understand how these groups vary in burden of COVID-19 infections.

Furthermore, the secondary economic impacts of the pandemic can also be considered for demographic groups. While many past recessions have had disparities in their impact on different populations across racial, educational, or geographic lines, the current economic environment has many complicating factors that could exacerbate these differences. Examples include highly disparate impacts of mitigation efforts on different industries and impact of virtual schooling on workers' childcare needs.

Having an understanding of which groups may be disproportionately impacted by the COVID-19 disease itself or economic impacts of the pandemic will help communities respond appropriately, particularly when historically marginalized or vulnerable populations face worse impacts.

Since the start of the pandemic, there have been signs of disparities in COVID-19 infections across demographic groups all over the world.

COVID-19 Impacts for Demographic Groups

Statewide data is reported for COVID-19 cases and deaths by several demographic indicators. Data presented in this section represents the cumulative statewide totals for cases and deaths from the start of the pandemic through November 16, 2020. Detailed demographic breakdowns for granular geographies were not readily available for this report.

Race & Ethnicity

White residents statewide account for just under 80 percent of the population, and just under 75 percent of cases and deaths. Black residents account for a disproportionate share of both cases and deaths relative to their share of the population: 20.2 percent of cases where race was reported, and 19 percent of deaths, compared to 11.4 of the population statewide.

A large share of cases, about 43 percent, had no race reported, so these findings should be viewed with caution. It is not known whether cases with an unreported race reflect the same breakdowns of cases with a race reported.

An even larger share of cases, 66 percent, did not report whether the patient was or was not of Hispanic/Latino ethnicity. Non-Hispanic residents of any race account for 92 percent of the statewide population, but 77 percent of statewide cases where Hispanic or Latino identity was reported. While Hispanic/Latino residents of any race make up just under 8 percent of the statewide population, they make up nearly 23 percent of COVID-19 cases where Hispanic or Latino identity was specified. While the large share of cases with unknown Hispanic/Latino ethnicity may obscure the actual size of any disparity, it does appear that there is a higher share of cases among Hispanic and Latino residents relative to their share of the population.

It also appears that the share of deaths may be lower among Hispanic/Latino residents relative to their share of the population. However, this could be explained by the age differences among demographic groups. The median age of Hispanic/Latino residents in Pennsylvania is 27, compared to 41 overall, 44 for White residents, 35 for Asian residents, and 33 for Black residents. Because hospitalizations and deaths from COVID-19 are closely correlated with age, the younger-skewing age distribution of Hispanic Pennsylvanians is a likely factor in the apparently lower share of COVID-19 deaths among that demographic group relative to both the number of cases and the Hispanic/Latino share of the statewide population as a whole.

Employment Impacts for Demographic Groups

Analysis of unemployment claims data indicates certain segments, including women, younger workers, and some minority groups have been disproportionately impacted by job losses. There are several factors at play: the pandemic and associated business restrictions have affected industries very differently, so demographic groups that are more represented in the workforces of heavily impacted industries would face a greater burden of employment and income disruption. Further, changes to family needs specific to the pandemic have an impact, such as the need for more parents to stay at home due to virtual education.

Gender

Women have been leaving the labor force in much higher numbers than men since the pandemic began. Nationally, there are more than 2.5 million fewer women in the labor force than before the pandemic began, and the labor force participation rate for women, or the share of women working or looking for a job, fell from 57.9 percent in January 2020 to 55.6 percent in September.

Some industries with higher concentrations of female employees, such as Retail Trade, Leisure and Hospitality, Government, and Education Services, were hardest hit with job losses. And a higher percentage of women have dropped out of the labor force, or are no longer looking for work. According to an analysis by the National Women's Law Center, of the nearly 1.1 million workers ages 20 and up who dropped out of the labor force between August and September, 80 percent were women.

Part of the reason for this is the pandemic has created even greater challenges for working parents, with some struggling to find child care and support their children's education as schools have increasingly moved to virtual learning environments. Due to the pay gap between men and women, in households where both parents work, it might often make more sense for women to stay home if someone needed to care for children or assist with virtual schooling. For single mothers, these challenges are likely even greater. In addition to taking on increased childcare responsibilities, women have also been assuming the role of caregivers for elderly parents and family members affected by the pandemic. This has contributed, in part, to the high number of women scaling back their workloads or leaving the workforce.

An analysis of regional unemployment claims illustrates how women in the workforce have been disproportionately impacted by the pandemic. In Lackawanna and Luzerne Counties, women accounted for more than half (51 percent) of the nearly 90,000 initial unemployment claims filed since March, compared to 49 percent for men. This represents a dramatic shift from 2019, when women accounted for only 37 percent of initial claims filed, while men represented 63 percent of initial claims.

Since April, women have continued to represent the majority of the continued unemployment claims filed in Luzerne and Lackawanna Counties. In early 2019 prior to the pandemic, women represented around one-third or less of continued unemployment claims filed in the region, while men accounted for the remaining two-thirds or more of continued claims. This shifted in April, when women accounted for the majority (54 percent) of continued unemployment claims. As the volume of continued unemployment claims in the region peaked in May at more than 56,000 claims, and then began tapering off to around 20,000 continued claims in October, women have continued to represent the majority of continued unemployment claim filers in the region. This sharp reversal from the pre-pandemic employment landscape illustrates the impact COVID-19 has had on working women.

Race & Ethnicity

The latest available regional data from the U.S. Census Bureau on employment status by race and ethnicity indicates that in 2018, more than 9 in 10 workers age 16 or older in Lackawanna and Luzerne Counties were White/Caucasian. However, white workers represent a smaller share of initial unemployment claims filed both in 2019 and since the pandemic began in March 2020 relative to their share of the total workforce in the region, accounting for around 8 in 10 claims filed. While the Hispanic/Latino population represented eight percent of the region's workforce in 2018, they accounted for a larger share of initial unemployment claims filed in 2019 (11 percent). This has increased slightly since the pandemic began, with Hispanic/Latino workers accounting for 12 percent of initial unemployment claims filed. Similarly, while Black/African American workers comprised three percent of the region's workforce in 2018, they accounted for a slightly larger share (5 percent) of the initial unemployment claims filed in both 2019, and since March 2020.

Non-white workers also represent an increasing share of continued unemployment claims in the region. In Lackawanna and Luzerne Counties, non-white workers accounted for 21 percent of continued employment claims in January 2020 prior to the pandemic. As of October 17, this share has increased 32 percent of continued unemployment claims in the two counties combined. The largest shares of continued claims from non-white workers in both counties comes from Hispanic workers, who account for 19 percent of filers, and Black workers, who account for eight percent of filers. This illustrates that Hispanic and Black workers are more susceptible to job losses in the region, and this has continued during the pandemic.

Income & Remote Work

Another way inequities are present in the workforce is through disparities in remote work opportunities. A study by the National Bureau of Economic Research in April found that nationwide, about 37 percent of jobs can feasibly be done at home. However, these jobs account for 46 percent of all wages earned from employment, indicating that jobs that can be done remotely are, on average, higher paying. In the Scranton/Wilkes-Barre/Hazleton metropolitan statistical area, an estimated 30 percent of jobs can be done remotely. However, these jobs account for 36 percent of all wages earned in the region.

When the authors' nationwide data is broken down by major industry group at the 2-digit NAICS level, this trend is apparent for every industry category except Educational Services and Health Care and Social Assistance.

While not all jobs with high wages can be done at home, and not all jobs that can be done remotely have high wages or high educational requirements, it is apparent that lower income workers will have less access to remote work, and therefore be more vulnerable to job or income losses due to pandemic business restrictions and have a higher risk of infection in the course of working.

Medical Mistrust

Medical mistrust is real. Both history and recent current events have created an environment of mistrust and fear between Black people and institutions. This mistrust must be dealt with in a respectful and positive way to encourage individuals to get the vaccine.

Conclusions & Recommendations

Both statewide and nationwide data collected on COVID-19 infections and deaths so far have shown significant disparities across racial and ethnic lines. Many of these disparities are related to social determinants of health. A previous study by The Institute has identified on social determinants of health in the region recommended measures such as improved data collection and access, greater emphasis of social determinants in education and training of health practitioners, expanding cultural competency in healthcare settings, untangle healthcare access from employment and income, and considering systemic approaches to healthcare.[i]

Further, the data confirms that women, non-white workers and those in the 20 – 24 age group have been disproportionately affected by COVID itself and in the workplace as a result of COVID. Information as recent as last week also points to areas where vaccines for the impoverished and individuals of color were diverted to other communities. The prevalence of mistrust has to be addressed in order to ensure that Black individuals have the opportunity to not only access the vaccine, but truly understand the efficacy and side effects of the vaccine and the risk individuals with underlying conditions face.

Finally, we must understand that public policy, while historically, designed in a cookie cutter approach to solve problems, is not the answer.

Vaccination efforts must recognize that Black people comprise about 17 percent of all frontline workers in the U.S. in occupations such as retail, public transit, warehousing, building cleaning services, food services, etc. Many of these jobs are not salaried positions, nor offer sick leave and therefore, encouraging paid time off to secure the vaccine is recommended. Ensuring access to affordable PPE for these workers is also critical.

Addressing mistrust is also necessary and therefore ensuring that information is readily available and people can ask questions of professionals they trust will go a long way in ensuring informed decision-making. Many people classified as Black may also have limited English proficiency and therefore, culturally competent care is needed. Finally, vaccine distribution should occur in neighborhoods where Black people live. Convenience, decreased travel and locations individuals are comfortable with will increase the number of vaccines delivered.

Finally, we do know that vaccinations are vital in reducing the spread of COVID 19 and that the racial disparities exist with the disease itself and the vaccination distribution and individuals consenting to receive the vaccine, but there is more. Health equity or lack of health equity needs to be addressed.

Furthermore, workforce development remains a challenge in PA and with the Black community.

Partnering with community groups and local education institutions to provide further education and professional development targeted at workers from racial or ethnic minority groups can help upskill or reskill individuals needed in to fulfill workforce needs and connect them to job opportunities.

Finally, it is important that local, state, and federal agencies ensure that detailed demographic data is collected and made widely available to allow for further in-depth study of inequities both during and after the pandemic has ended. Public health data around COVID-19 as well as workforce and economic data must have allow for robust analysis of key indicators across populations to inform health, education, social services, and public policy. This data must be available in a timely manner and geographically granular to have the most impact.

References

Dingel, J. and Neiman, B. (2020, April). How Many Jobs Can be Done at Home?
Ewing-Nelson, C. (2020, October). Four Times More Women Than Men Dropped Out of the Labor Force in September. National Women's Law Center.
The Institute for Public Policy & Economic Development (2018). Social Determinants of Health. Retrieved from www.institutepa.org.
The Institute for Public Policy & Economic Development (2020). COVID Equity Study. Retrieved from www.institutepa.org.
Uniting health equity and vaccinations considerations for working with black populations, Community Catalyst, 2020

About the Institute

The Institute is a non-profit economic and social innovation research and policy organization dedicated to empowering business and community leaders with research based strategies for informed decision making. We conduct independent, non-biased research to identify the opportunities, issues and challenges unique to the region and to find innovative solutions to help solve the problems facing our communities. The Institute also offers a wide array of research, consulting and support services to help organizations boost productivity, increase profitability and be successful in their missions. The Institute is a partnership of 13 colleges and universities and the business community. The Institute has served clients in a number of states including the federal government.

Community – Based Research

Community based research is at the core of The Institute's mission. This work, funded by our academic partners, generous underwriters, and sponsors, is made available to organizations and communities needed reliable, objective data, research, and best practices to make more informed decisions.

Client Solutions

The Institute prepares studies, surveys, and conducts research for public, private, and non-profit entities to identify strategies and solutions that facilitate decision-making, and enhance growth, profitability, revitalization and sustainability of their businesses and organizations.

The Institute Team

Teri Ooms, Executive Director
Andrew Chew, Research & Policy Analyst
Megan Stachowiak, Research Analyst
Kara McGrane, Research Assistant
Joe Gallo, Research Assistant
Jill Avery-Stoss, Data, Administrative, and Intern Coordinator

ADDRESSING DISPARITIES AND INEQUITIES IN COVID-19 AMONG BLACK, INDIGENOUS AND PEOPLE OF COLOR COMMUNITIES

OMAR MARTINEZ, JD, MPH, MS
ASSOCIATE PROFESSOR

COLLEGE OF PUBLIC HEALTH
School of Social Work

AGENDA

- Data on new COVID-19 cases, deaths, and vaccination among BIPOC
- Social and structural drivers of COVID-19 pandemic among BIPOC
- Update on COVID-19 trials
- Discussion/Future Direction

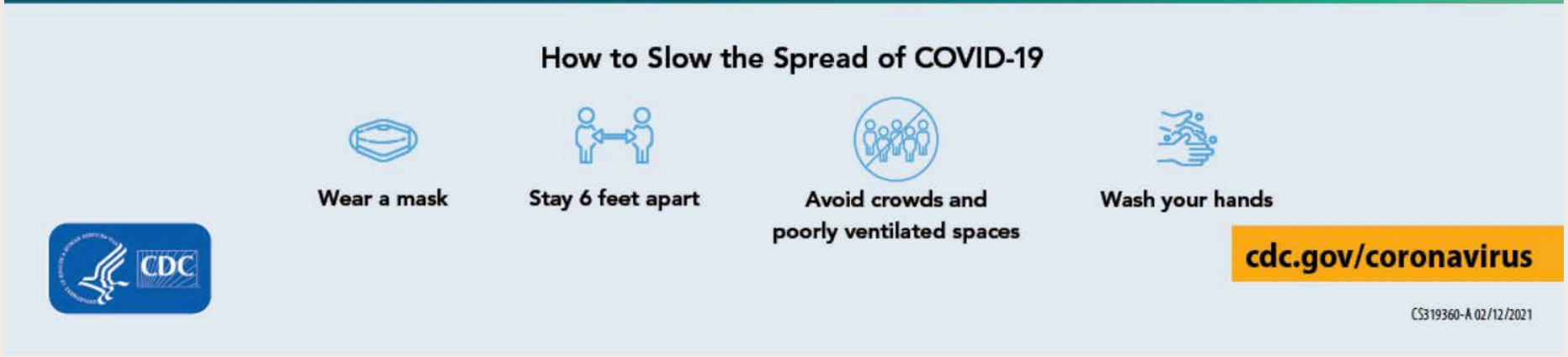
TEMPLE UNIVERSITY
College of Public Health
School of Social Work

CASES AND DEATHS

Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases[1]	1.9x	0.7x	1.1x	1.3x
Hospitalization[2]	3.7x	1.1x	2.9x	3.2x
Death[3]	2.4x	1.0x	1.9x	2.3x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.



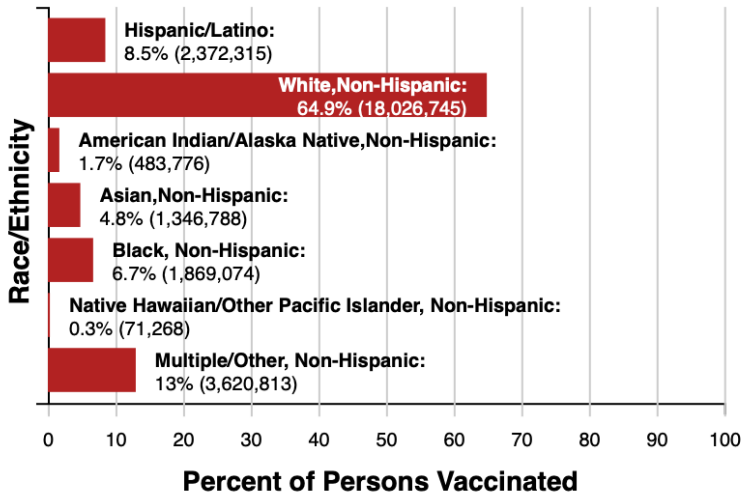
- In PA: As of March 1st, 2021: African Americans accounted for 14% of cases and 12% of deaths. Latinxs accounted for 19% of cases and 4% of deaths.

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

VACCINATION

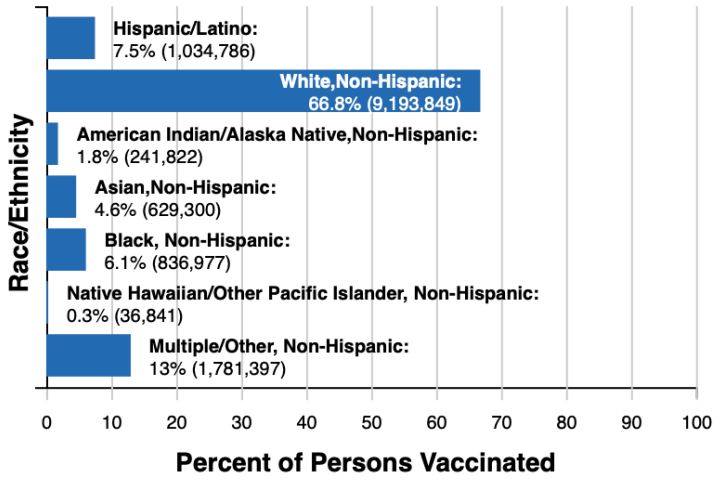
Race/Ethnicity of People with 1 or More Doses Administered:

Data from 51,755,447 people with 1 or more doses administered. Race/Ethnicity was available for 27,790,779 (53.7%) people with 1 or more doses administered.



Race/Ethnicity of People with 2 Doses Administered:

Data from 26,162,122 people with 2 doses administered. Race/Ethnicity was available for 13,754,972 (52.6%) people with 2 doses administered.

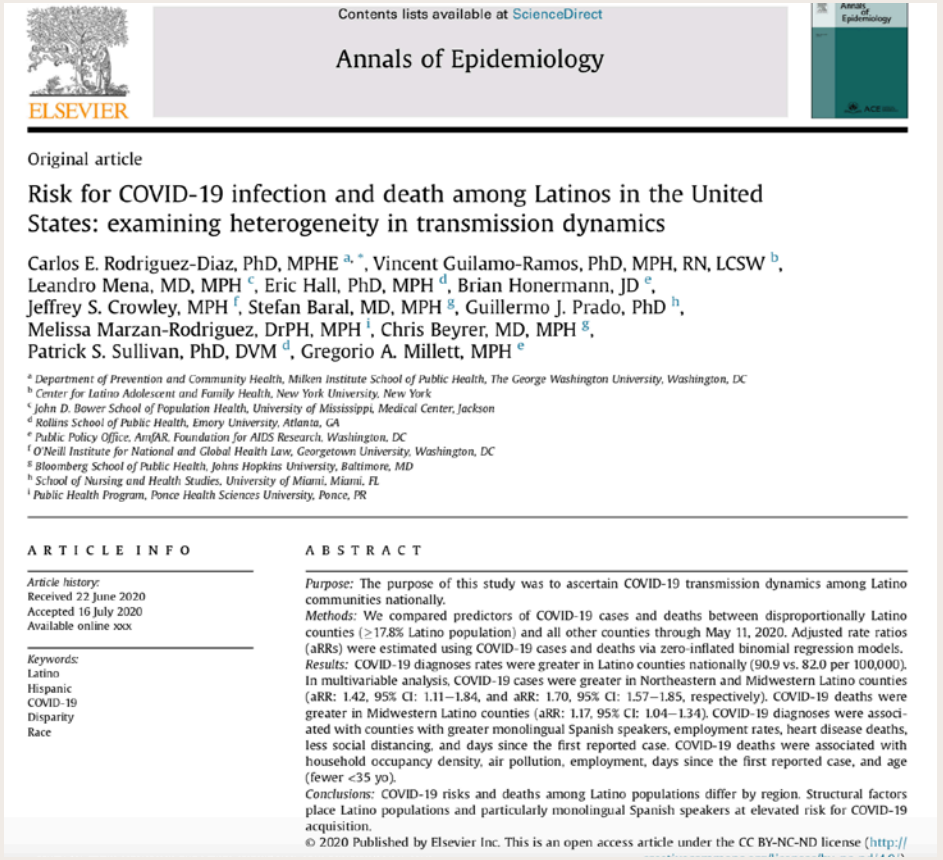


- In PA: As of March 1st, 2021: 3% of African Americans and 2% of Latinxs have been vaccinated.

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

RISK OF COVID-19

- COVID-19 diagnoses rates were greater in Latin@ counties nationally.
- COVID-19 cases were greater in Northeastern and Midwestern Latin@ counties.
- COVID-19 deaths were greater in Midwestern Latin@ counties.
- COVID-19 diagnoses were associated with counties with greater monolingual Spanish speakers, employment rates, heart disease deaths, less social distancing, and days since the first reported case.
- COVID-19 deaths were associated with household occupancy density, air pollution, employment, days since the first reported case, and age (fewer <35 yo).



Contents lists available at ScienceDirect

Annals of Epidemiology

ELSEVIER

Original article

Risk for COVID-19 infection and death among Latinos in the United States: examining heterogeneity in transmission dynamics

Carlos E. Rodriguez-Diaz, PhD, MPHE [a,*], Vincent Guilamo-Ramos, PhD, MPH, RN, LCSW [b], Leandro Mena, MD, MPH [c], Eric Hall, PhD, MPH [d], Brian Honermann, JD [e], Jeffrey S. Crowley, MPH [f], Stefan Baral, MD, MPH [g], Guillermo J. Prado, PhD [h], Melissa Marzan-Rodriguez, DrPH, MPH [i], Chris Beyrer, MD, MPH [g], Patrick S. Sullivan, PhD, DVM [d], Gregorio A. Millett, MPH [e]

[a] Department of Prevention and Community Health, Milken Institute School of Public Health, The George Washington University, Washington, DC
[b] Center for Latino Adolescent and Family Health, New York University, New York
[c] John D. Bower School of Population Health, University of Mississippi, Medical Center, Jackson
[d] Rollins School of Public Health, Emory University, Atlanta, GA
[e] Public Policy Office, AmfAR, Foundation for AIDS Research, Washington, DC
[f] O'Neill Institute for National and Global Health Law, Georgetown University, Washington, DC
[g] Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD
[h] School of Nursing and Health Studies, University of Miami, Miami, FL
[i] Public Health Program, Ponce Health Sciences University, Ponce, PR

ARTICLE INFO

Article history:
Received 22 June 2020
Accepted 16 July 2020
Available online xxx

Keywords:
Latino
Hispanic
COVID-19
Disparity
Race

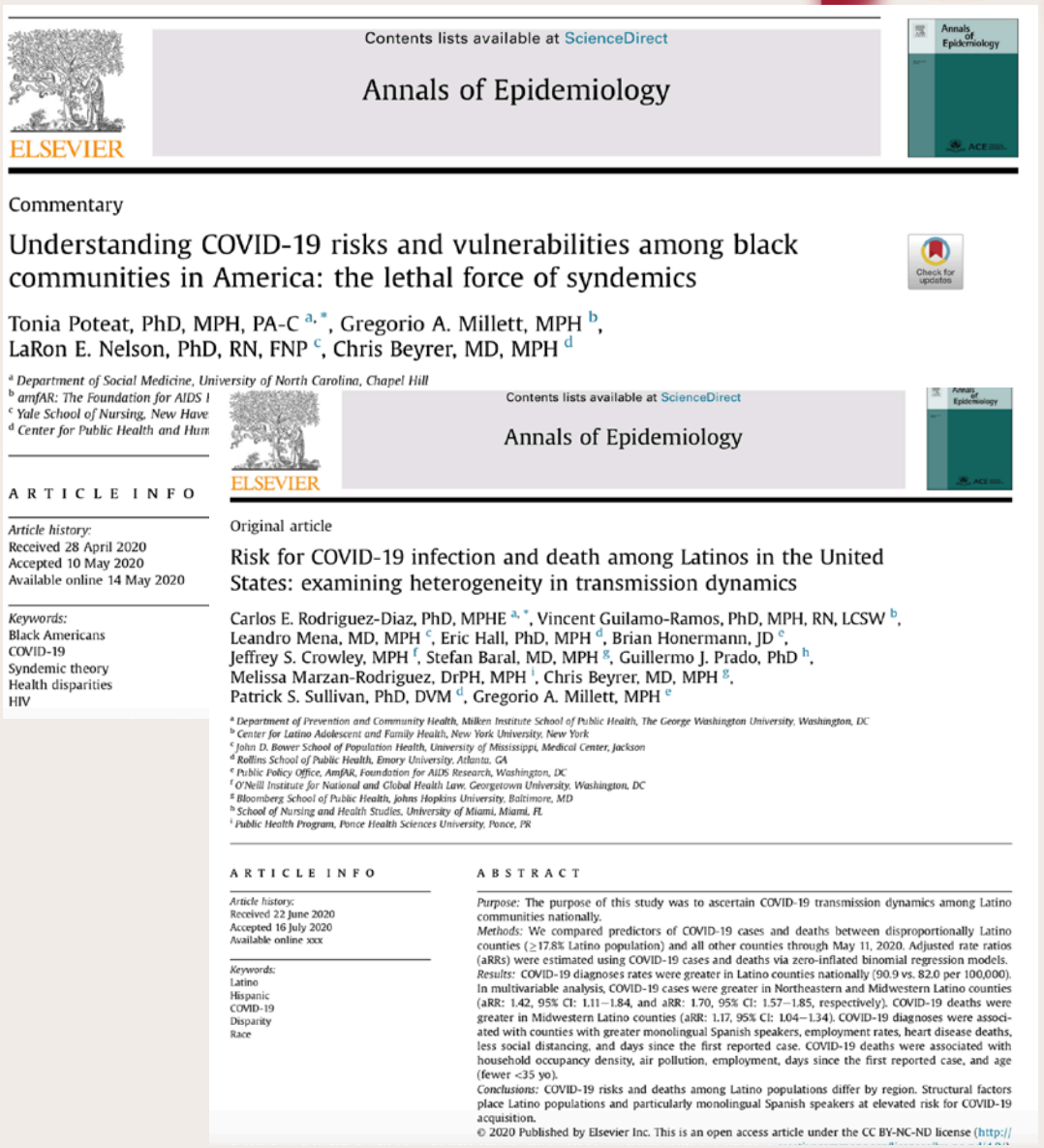
ABSTRACT

Purpose: The purpose of this study was to ascertain COVID-19 transmission dynamics among Latino communities nationally.
Methods: We compared predictors of COVID-19 cases and deaths between disproportionally Latino counties (>17.8% Latino population) and all other counties through May 11, 2020. Adjusted rate ratios (aRRs) were estimated using COVID-19 cases and deaths via zero-inflated binomial regression models.
Results: COVID-19 diagnoses rates were greater in Latino counties nationally (90.9 vs. 82.0 per 100,000). In multivariable analysis, COVID-19 cases were greater in Northeastern and Midwestern Latino counties (aRR: 1.42, 95% CI: 1.11–1.84, and aRR: 1.70, 95% CI: 1.57–1.85, respectively). COVID-19 deaths were greater in Midwestern Latino counties (aRR: 1.17, 95% CI: 1.04–1.34). COVID-19 diagnoses were associated with counties with greater monolingual Spanish speakers, employment rates, heart disease deaths, less social distancing, and days since the first reported case. COVID-19 deaths were associated with household occupancy density, air pollution, employment, days since the first reported case, and age (fewer <35 yo).
Conclusions: COVID-19 risks and deaths among Latino populations differ by region. Structural factors place Latino populations and particularly monolingual Spanish speakers at elevated risk for COVID-19 acquisition.

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

RISK OF COVID-19

- A study with African Americans found that structural conditions including racism and its manifestations, health care access, housing, and unemployment explained COVID-19 disparities.
- Similar to the study with Latin@s, underlying health conditions did not explain disparities in COVID-19 cases and deaths among African Americans. In both of these studies, social and structural conditions determined COVID-19 cases and deaths.
- The studies highlight the need of multi-level structural interventions and approaches to address the complex social and structural drivers of COVID-19 among Latin@s and African Americans.



Contents lists available at ScienceDirect

Annals of Epidemiology

ELSEVIER

Commentary

Understanding COVID-19 risks and vulnerabilities among black communities in America: the lethal force of syndemics

Tonia Poteat, PhD, MPH, PA-C [a,*], Gregorio A. Millett, MPH [b], LaRon E. Nelson, PhD, RN, FNP [c], Chris Beyrer, MD, MPH [d]

[a] Department of Social Medicine, University of North Carolina, Chapel Hill
[b] amfAR: The Foundation for AIDS I
[c] Yale School of Nursing, New Have
[d] Center for Public Health and Hum

ARTICLE INFO

Article history:
Received 28 April 2020
Accepted 10 May 2020
Available online 14 May 2020

Keywords:
Black Americans
COVID-19
Syndemic theory
Health disparities
HIV

Contents lists available at ScienceDirect

Annals of Epidemiology

ELSEVIER

Original article

Risk for COVID-19 infection and death among Latinos in the United States: examining heterogeneity in transmission dynamics

Carlos E. Rodriguez-Diaz, PhD, MPHE [a,*], Vincent Guilamo-Ramos, PhD, MPH, RN, LCSW [b], Leandro Mena, MD, MPH [c], Eric Hall, PhD, MPH [d], Brian Honermann, JD [e], Jeffrey S. Crowley, MPH [f], Stefan Baral, MD, MPH [g], Guillermo J. Prado, PhD [h], Melissa Marzan-Rodriguez, DrPH, MPH [i], Chris Beyrer, MD, MPH [g], Patrick S. Sullivan, PhD, DVM [d], Gregorio A. Millett, MPH [e]

[a] Department of Prevention and Community Health, Milken Institute School of Public Health, The George Washington University, Washington, DC
[b] Center for Latino Adolescent and Family Health, New York University, New York
[c] John D. Bower School of Population Health, University of Mississippi, Medical Center, Jackson
[d] Rollins School of Public Health, Emory University, Atlanta, GA
[e] Public Policy Office, AmfAR, Foundation for AIDS Research, Washington, DC
[f] O'Neill Institute for National and Global Health Law, Georgetown University, Washington, DC
[g] Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD
[h] School of Nursing and Health Studies, University of Miami, Miami, FL
[i] Public Health Program, Ponce Health Sciences University, Ponce, PR

ARTICLE INFO

Article history:
Received 22 June 2020
Accepted 16 July 2020
Available online xxx

Keywords:
Latino
Hispanic
COVID-19
Disparity
Race

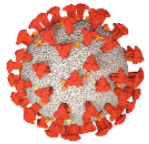
ABSTRACT

Purpose: The purpose of this study was to ascertain COVID-19 transmission dynamics among Latino communities nationally.
Methods: We compared predictors of COVID-19 cases and deaths between disproportionally Latino counties (≥17.8% Latino population) and all other counties through May 11, 2020. Adjusted rate ratios (aRRs) were estimated using COVID-19 cases and deaths via zero-inflated binomial regression models.
Results: COVID-19 diagnoses rates were greater in Latino counties nationally (90.9 vs. 82.0 per 100,000). In multivariable analysis, COVID-19 cases were greater in Northeastern and Midwestern Latino counties (aRR: 1.42, 95% CI: 1.11–1.84, and aRR: 1.70, 95% CI: 1.57–1.85, respectively). COVID-19 deaths were greater in Midwestern Latino counties (aRR: 1.17, 95% CI: 1.04–1.34). COVID-19 diagnoses were associated with counties with greater monolingual Spanish speakers, employment rates, heart disease deaths, less social distancing, and days since the first reported case. COVID-19 deaths were associated with household occupancy density, air pollution, employment, days since the first reported case, and age (fewer <35 yo).
Conclusions: COVID-19 risks and deaths among Latino populations differ by region. Structural factors place Latino populations and particularly monolingual Spanish speakers at elevated risk for COVID-19 acquisition.

COVID-19 TRIALS UPDATE

Latinx Expert Panel

- José Cordero (UGA)
- Edwin DeJesus (OIC)
- Adrian Dominguez (UIHI)
- Sandra Echeverria (UNCG)
- Julie Levison (Harvard)
- Omar Martinez (Temple)
- Leandro Mena (UMC)
- Ligia Peralta (MIT)
- Efrén Pérez (UCLA)
- Carlos Rodriguez-Diaz (GWU)
- Jorge Santana (UPR)
- Carmen Zorilla (UPR)



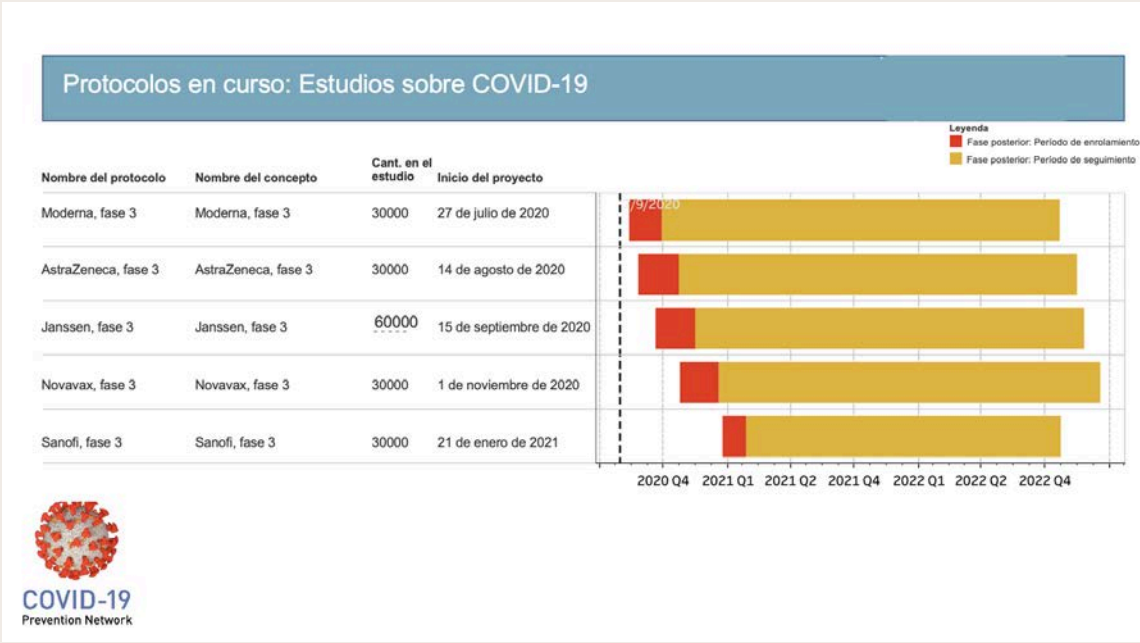
COVID-19
Prevention Network

HPTN
HIV Prevention Trials Network

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

COVID-19 TRIALS UPDATE

- **Moderna** continues to follow people to collect data. Secured Food and Drug Administration (FDA) emergency use authorization (EUA).
- **Pfeizer** is fully enrolled. Secured FDA EUA.
- **J&J** is fully enrolled. Secured FDA EUA **and will begin rolling out the single shot nationwide.**
- **AZ** has been fully enrolled since mid-January. Sites are focusing on data integrity, cleanup and retention, & vaccine education for participants regarding EUA vaccines. There are different rates of unblinding countrywide; now focus on integrity and cleanup and follow-up.
- **Novavax** is fully enrolled in both the US and Mexico.
- **Sanofi** had disappointing outcomes from the phase1/2 studies – were not successful in identifying an optimal dose. They are moving forward with a smaller phase 2 study that is not placebo controlled – all participants will get vaccine. They are contrasting different doses of vaccine and different doses of the adjuvant. Study opens next week. Weekly investigator calls are being held. If successful in achieving optimal dose, phase 3 will roll out in April/May.



Note: Moderna and J&J are currently conducting **pediatric clinical trials**; expect vaccine rollout for those 16 and younger April or May.

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

COVID-19 TRIALS UPDATE

CoVPN

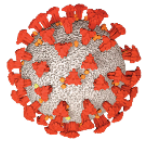
PreventCovid.org

- En español e ingles
- Regístrese para participar

  -Cerca de 500.000 personas se han registrado

Social Media

@Preventcovid19



COVID-19
Prevention Network

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

DISCUSSION

Strategic and targeted testing, contact tracing, and isolation/quarantine, with data/surveillance to inform these efforts.

- Promote accessible and free of charge COVID-19 testing.
- Mistrust of medical institutions and authorities is related to a historical legacy of mistreatment and discrimination (e.g., Trump administration's public charge rule, 287(g) policies). Every effort should be made to recruit contact tracers from within highly impacted communities/*barrio*.

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

DISCUSSION

Community before self has long been a core principle in Native American culture.

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

DISCUSSION

Equitable treatment and vaccine rollout.

- Affordable and accessible COVID-19 vaccines and treatment.
  - Clear messaging about the dynamic vaccine landscape is needed in anticipation of changes in availability and the advance of research findings
- BIPOC should be encouraged to take active part in discussions about treatment and vaccine distribution.

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

DISCUSSION

Distribution considerations should be made using available indices for guidance.

- The CDCs Social Vulnerability Index or COVID-19 Community Vulnerability Index - https://www.atsdr.cdc.gov/placeandhealth/svi/index.html
- The Area Deprivation Index - https://www.neighborhoodatlas.medicine.wisc.edu/.

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

DISCUSSION

Protection of vaccine volunteers' privacy.

- Trump administration is requiring states to submit personal data – names, birth dates, and addresses – of COVID-19 vaccine recipients.

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

DISCUSSION

Comprehensive training for the next generation of health and social service providers.

- Move away from “be monitored” and focus on “affirming” models of care
- “Train and hire community members” instead of “using” them

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

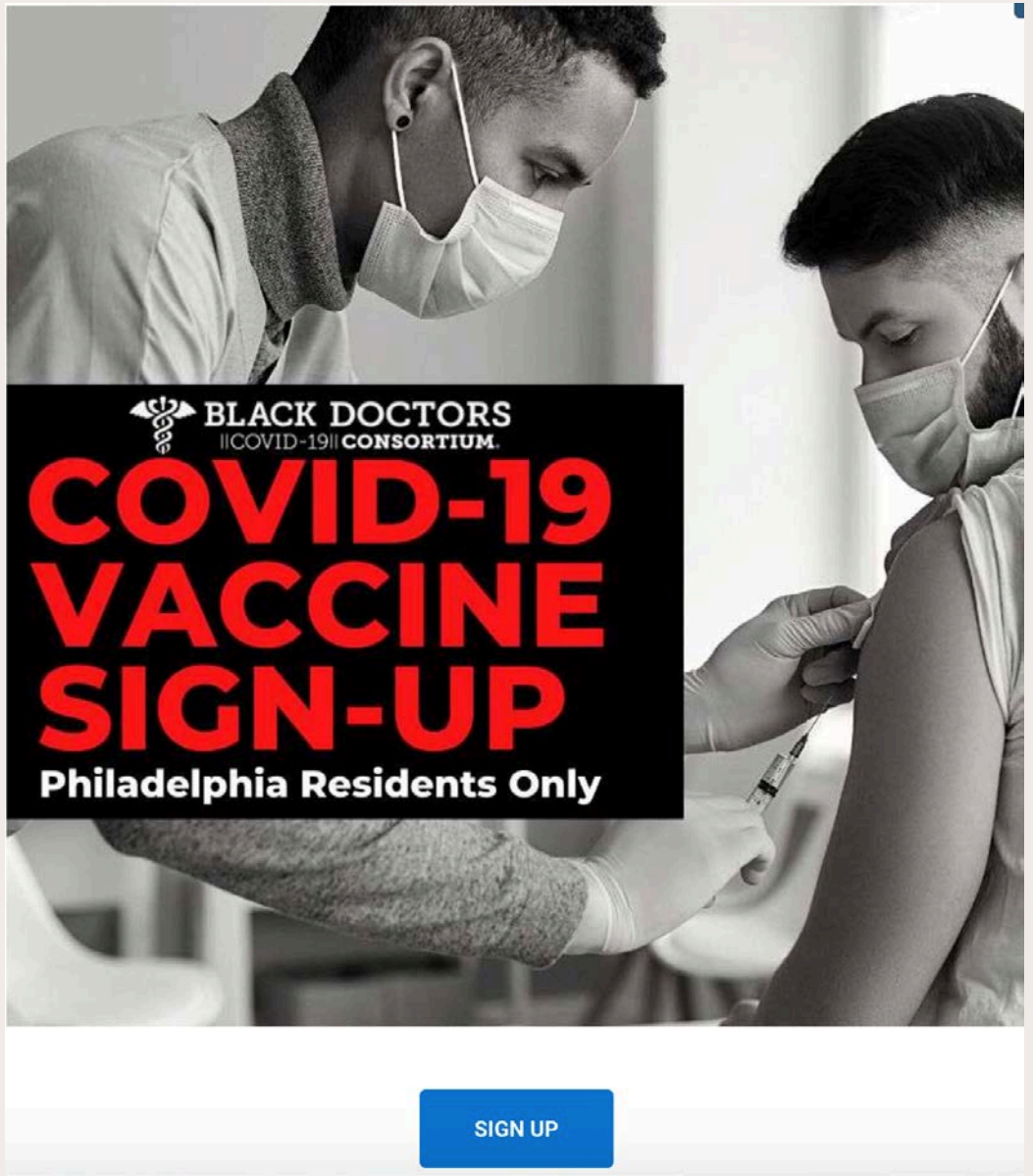
DISCUSSION

Continue investment in the development and implementation of locally-developed homegrown programs responsive of jurisdiction specific conditions driving COVID-19 infections and deaths.

- "promotores de salud"
- "safe space"
- "build trusted community networks"
- Medical Legal Partnerships

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

DISCUSSION



TEMPLE UNIVERSITY
College of Public Health
School of Social Work

DISCUSSION

¿QUÉ DEBO SABER?

¿Me afectará la norma de carga pública si necesito buscar atención médica por el COVID-19?

- La prevención o el tratamiento de la prueba COVID-19 no se utilizarán contra inmigrantes en una norma de carga pública.
- Esto significa que las familias inmigrantes deben buscar la atención que necesitan durante este tiempo.

RECUERDA:

1. Puedes buscar atención médica con la confianza que tu información personal no se compartirá
2. El personal de salud no debe preguntarte por tu estatus migratorio
3. Llama siempre a tu proveedor de salud si presentas síntomas de COVID 19 o piensas que has estado en riesgo
4. Si los síntomas continúan, ve a la sala de emergencias

LA CLÍNICA DEL PUEBLO

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

DISCUSSIO

LA CLÍNICA DEL PUEBLO

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

DISCUSSION

MLPs offer a structural integrated intervention that could facilitate improvements in medical and psychosocial outcomes among people impacted by COVID-19. Through legal aid, MLPs can ensure that patients are able to access services in a culturally sensitive environment.

Bridging Health Disparity Gaps through the Use of Medical Legal Partnerships in Patient Care:

A Systematic Review

Omar Martinez, Jeffrey Boles, Miguel Muñoz-Laboy, Ethan C. Levine, Chukwuemeka Ayamele, Rebecca Eisenberg, Justin Manusov, and Jeffrey Draine

TEMPLE UNIVERSITY

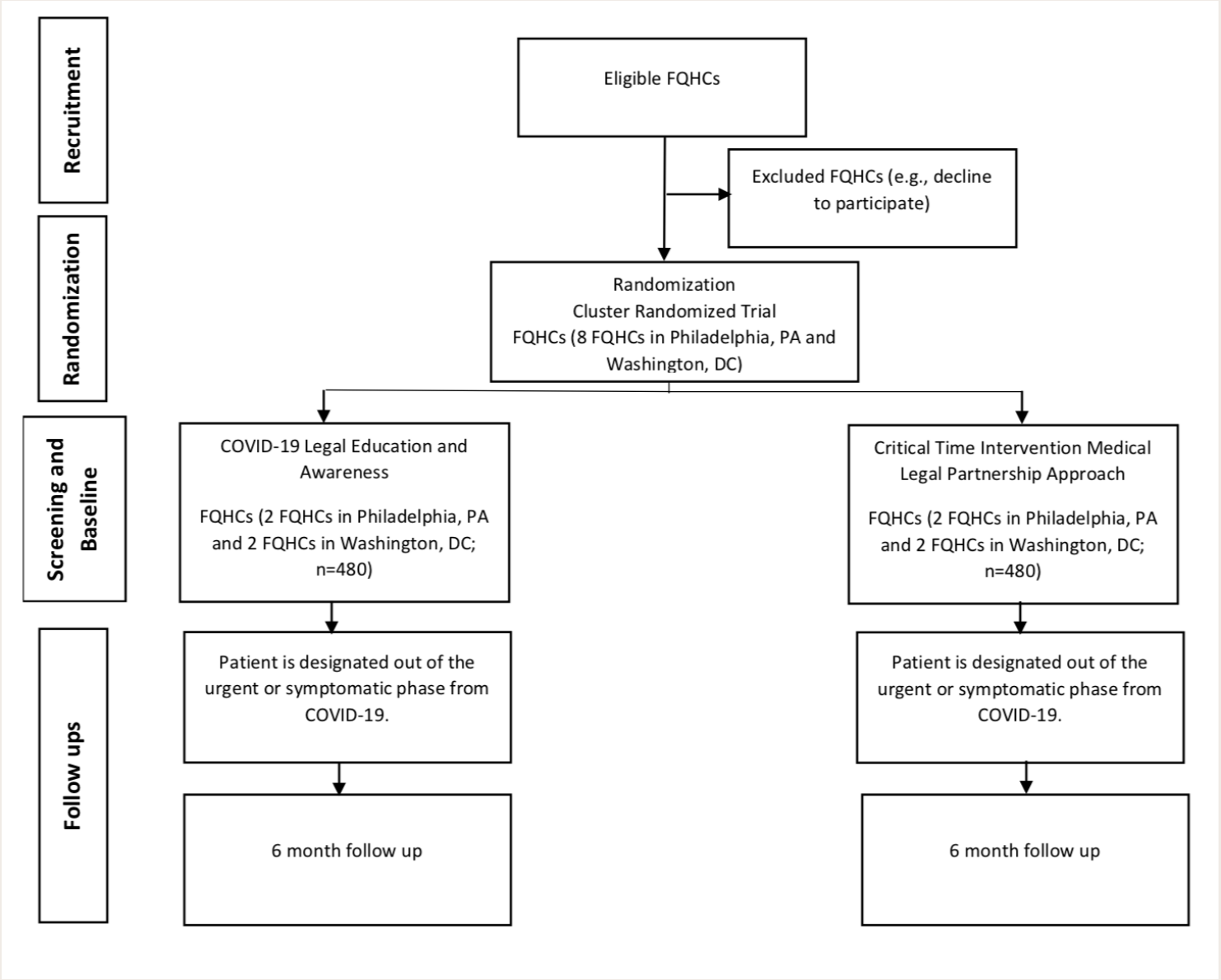
College of Public Health
School of Social Work

DISCUSSION

Appendix B. Added Value of Attorney in Health Care Team

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

DISCUSSION

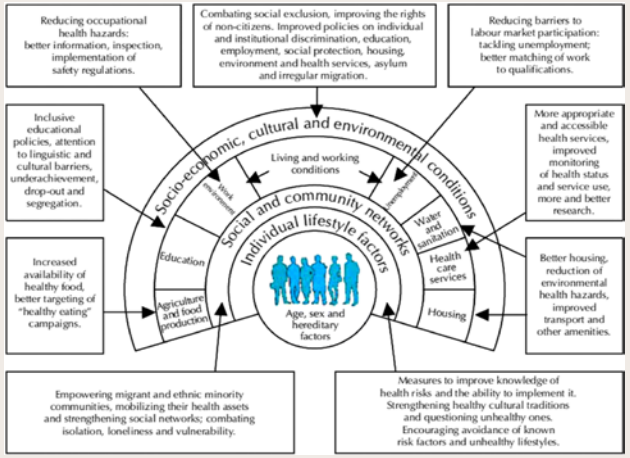


TEMPLE UNIVERSITY
College of Public Health
School of Social Work

DISCUSSION

Examine immigration as a social determinant of COVID-19 cases and deaths and vaccination uptake. Most of our "work" is behaviorally focused rather than investigating contextual drivers of behaviors and the possibility for upstream change.

- 70% of variation in health outcomes is tied to social determinants rather than the health care that one receives.



Ingleby D (2012). Ethnicity, migration and the 'social determinants of health' agenda. *Psychosocial Interv*;21:331-41. https://doi.org/10.5093/in2012a29.

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

DISCUSSION

More targeted and strategic RFPs are urgently needed.

PMHCC
A Human Service Systems Management Company

February 22, 2021

COVID-19 Community Vaccination Program Request for Proposals (RFP)

About PMHCC, Inc. ("PMHCC")
PMHCC, Inc., a not-for-profit organization, is a major human services systems management company in support of several City of Philadelphia departments. The organization serves as an umbrella organization for special programs and initiatives, and provides critical administrative services to mental health, substance abuse, intellectual disabilities, human services, special health and related City of Philadelphia offices and health programs. **PMHCC, Inc. is contracting with the City of Philadelphia Department of Public Health ("PDPH") to manage the RFP process. PDPH will be reviewing the proposals and selecting qualified organizations to implement the COVID-19 Community Vaccine Program ("the Program").**

Notice of Special Interest (NOSI): Research to Address Vaccine Hesitancy, Uptake, and Implementation among Populations that Experience Health Disparities

Notice Number:
NOT-MD-21-008

Key Dates

Release Date:	December 17, 2020
First Available Due Date:	February 05, 2021
Expiration Date:	January 08, 2022

Related Announcements

PA-20-183 - Research Project Grant (Parent R01 Clinical Trial Required)
PA-20-185 - NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed)

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

DISCUSSION

Support ALL essential workers.

- There is a moral duty to protect ALL essential workers, yet there has been a shortage of personal protective equipment.
- Allocate resources for hazard pay, childcare, and family care.

TEMPLE UNIVERSITY
College of Public Health
School of Social Work

“Living on borders and in margins, keeping intact one’s shifting and multiple identity and integrity, is like trying to swim in a new element, an ‘alien’ element.”

Gloria E. Anzaldúa

Omar Martinez omar.martinez@temple.edu

@latinoactivist

TEMPLE UNIVERSITY

College of Public Health
School of Social Work

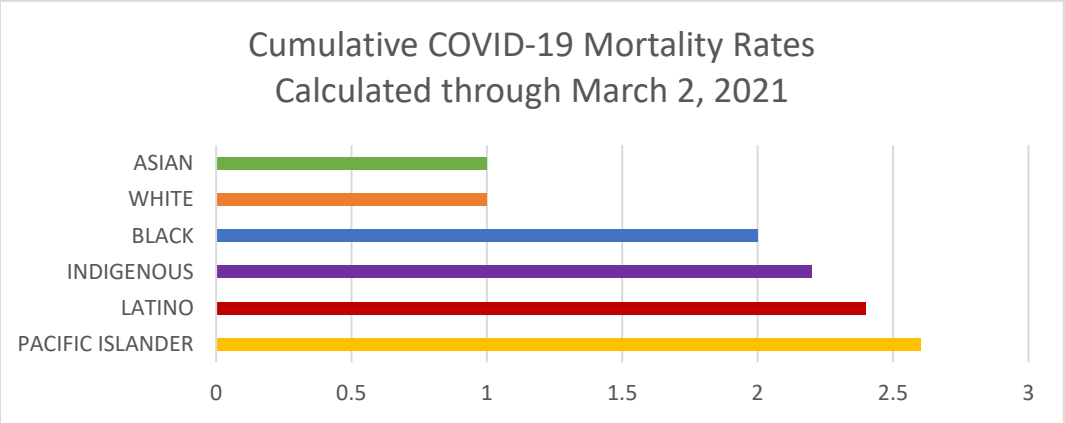
The Tale of Two Americas: How Two Pandemics Collided and Cost Black and Brown Lives

Chris T. Pernell, MD, MPH, FACPM

On January 20, 2020 the United States (US) had its first laboratory-confirmed diagnosis of coronavirus disease 2019 (COVID-19).[1] Over one year later, this novel infectious agent ripped across the globe leaving an unprecedented wake of death, morbidity, social disruption and economic upheaval. Given the "interlocking systems of racism,"[2] the disproportionate devastation in Black and Brown communities has exposed, yet again, the two Americas which exist within our borders. While the staggering toll of COVID-19 on all Americans is undeniable – with over twenty-eight million positive infections and five hundred twenty-five thousand deaths, [3]–persons of color bear an unequal and unjust burden of coronavirus cases, hospitalizations and deaths. As reported by the Centers for Disease Control and Prevention (CDC) in February 2021, compared to White, Non-Hispanic persons, historically excluded communities are impacted by stark differences:[4]

Rate ratios compared to White, Non-Hispanic persons	**American Indian or Alaska Native, Non-Hispanic persons**	**Asian, Non-Hispanic persons**	**Black or African American, Non-Hispanic persons**	**Hispanic or Latino persons**
Cases	1.9x	0.7x	1.1x	1.3x
Hospitalization	3.7x	1.1x	2.9x	3.2x
Death	2.4x	1.0x	1.9x	2.3x

These trends are also supported by the APM Research Lab's Color of Coronavirus Project which shows age-adjusted mortality rates across racial/ethnic groups:[5]



[1] Holshue, Michelle L., et al. "First Case of 2019 Novel Coronavirus in the United States: NEJM." *New England Journal of Medicine*, 7 May 2020, www.nejm.org/doi/full/10.1056/NEJMoa2001191.

[2] Barber, Sharrelle. "Death by racism: The Lancet." *The Lancet Infectious Diseases,* Volume 20, Issue 9, 2020, Page 903, https://doi.org/10.1016/S1473-3099(20)30567-3.

[3] Centers for Disease Control and Prevention. (2021, March 8). COVID Data Tracker. https://covid.cdc.gov/covid-data-tracker/#cases_totaldeaths

[4] Centers for Disease Control and Prevention. (2021, February 18). Risks for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity. https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

[5] APM Research Lab. (2021, March 2). Adjusted for age, other racial groups are this many times more likely to have died of COVID-19 than White Americans. https://www.apmresearchlab.org/covid/deaths-by-race

Scholars have examined the salient factors driving these inequities. It has been argued that "Race and ethnicity are risk markers for other underlying conditions that affect health including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers." [4] Rather, it is more precise to argue that structural and institutional racism – "a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which we call "race") that

- **Unfairly disadvantages some individuals and communities**
- **Unfairly advantages other individuals and communities**
- **Saps the strength of the whole society through the waste of human resources**"[6]

– in its pervasive and oppressive nature across every sector of American life–drive the catastrophic outcomes seen in communities of color and not race or ethnicity. Albeit *racism operates as a pre-existing American condition.* As Barber and Jones and decades of literature affirm, these "interlocking systems of racism," [2] rooted in white supremacist power and ideology, have shaped health care, racial residential segregation, and wealth and income inequalities,[2] among other social determinants of health, and effect the distribution of resources, the distribution of populations in relation to those resources, and the distribution of risks, i.e., how these factors converge to impact life exposures and experiences which are sourced in where a person is born, lives, works, and plays.[7] As for resource distribution, a nationwide study by FiveThirtyEight and ABC News of nearly 8,000 coronavirus testing sites released in July 2020 found that Blacks and Latinos were more likely to face fewer testing centers in their communities, which had higher demand and were critically understaffed, leading to longer wait times than sites in predominantly Whiter and wealthier neighborhoods.[8] When looking at how employment shapes risks, Barber cites data from the US census which shows 43% of Black and Latinx workers compared to 25% of White workers occupy jobs in the production and service industries that could not be worked remotely during the pandemic.[2] These jobs often left workers plagued by "inadequate personal protective equipment (PPE) resources, crowded working conditions, and inadequate income protections such as paid sick leave and hazard pay," [2] which likely fueled exposure and transmission rates.

But the risks are not only experienced at work, since as Barber explains, these same essential workers often live in economically disinvested communities where they are *essentially* trapped by low wages and they are housed in substandard, cramped conditions due to the scarcity of affordable, quality housing stock.[2] Or as Airgood-Obrycki at the Joint Center for Housing Studies writes about "high contact jobs and household vulnerabilities,"[9] in one third of all households, and specifically 40% of Black and 45% of Latino households, "at least one person works in a job that requires them be close to other people, which could increase their risk of catching COVID-19. These include about 5.4 million households that are especially vulnerable because they are multigenerational with older adults and/or are living in overcrowded

---

[6] Jones, Camara. American Public Health Association. (2021). What is Racism? https://www.apha.org/topics-and-issues/health-equity/racism-and-health

[7] Jones, Camara. Confronting Institutionalized Racism. *Phylon.* 2003; 50(1-2):7-22.

[8] Kim, S.R. et al. Which Cities Have the Biggest Racial Gaps in COVID-19 Testing Access? (2020, July 22). https://fivethirtyeight.com/features/white-neighborhoods-have-more-access-to-covid-19-testing-sites/

[9] Airgood-Obrycki. Joint Center for Housing Studies of Harvard University. (2020, June 8). High-Proximity Jobs and Household Vulnerabilities. https://www.jchs.harvard.edu/blog/high-proximity-jobs-and-household-vulnerabilities

conditions." [8] In these conditions, isolating at home is ineffective given the lack of sufficient space–"overcrowded households have more than one person per room," [8] hence, driving up exposure risks and transmission rates. These same vulnerable groups are more likely to commute by public transportation, again, placing them at higher exposure and transmission risks.[10]

Moreover, in the literature, Jones describes structural factors such as the "differential access to health care," "differential [quality of] care," and "differences in exposures and life opportunities by 'race'," as "the different levels at which health disparities are produced."[7] Barber specifies this phenomenon in the pandemic. She writes:

> "The impact of increased exposure is further compounded by limited access to quality healthcare which limits access to testing and follow-up treatment, discrimination within the healthcare system which makes it more likely for Blacks to be turned away when seeking medical care, and a wide-array of exposures such as toxic environmental hazards, chronic stress, and limited access to healthy foods all of which lead to underlying chronic [health] conditions." [2] In all, Barber defines "death by racism." [2]

Also, Lopez et al. point out that "immigrants, whether undocumented or legally in the US, are likely to avoid health care due to concerns about deportation or that use of public supported services would be used as a reason for denying future immigration."[9] The insidious grip of racism is evidenced in the disparate rates of pediatric coronavirus deaths. While children only account for 13% of all cases and have experienced only 241 deaths as of February 2021 as reported in a Joint Report from the American Academy of Pediatrics and the Children's Hospital Association,[11] a September 2020 Morbidity and Mortality Weekly Report (MMWR) revealed that more than three-quarters of COVID-19 deaths in children occurred in Latino, Black and Indigenous populations and those deaths happened outside of a hospital.[12] In preliminary data released by the CDC National Center for Health Statistics, for the first half of 2020, Americans lost a full year off their life expectancy due to the COVID-19 pandemic either directly due to coronavirus deaths and/or indirectly due to foregoing or delaying medical care for non-COVID related health issues because of the fear of contracting the virus.[13,14] Blacks and Latinos experienced the brunt of these losses: overall Blacks lost nearly 3 years of life and Latinos lost almost 2 years of life from their life expectancies – Black men fared the worst losing 3 years to Black women losing 2.3 years, and Latinx men losing 2.4 years to Latinx women losing 1.1 years.[12]

---

[10] Lopez L, Hart LH, Katz MH. Racial and Ethnic Health Disparities Related to COVID-19. *JAMA.* 2021;325(8):719–720. doi:10.1001/jama.2020.26443

[11] A Joint Report from the American Academy of Pediatrics and the Children's Hospital Association. (2021, February 11). Children and COVID-19: State Data Report. https://downloads.aap.org/AAP/PDF/AAP%20and%20CHA%20-%20Children%20and%20COVID-19%20State%20Data%20Report%202.11.21%20FINAL.pdf

[12] Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. (2020, September 15). SARS-CoV-2-Associated Deaths Among Persons Aged <21 Years – United States, February 12–July 31, 2020. https://www.cdc.gov/mmwr/volumes/69/wr/mm6937e4.htm

[13] Centers for Disease Control and Prevention National Center for Health Statistics. Vital Statistics Rapid Release, Number 010. (2021, February). Provisional Life Expectancy Estimates for January through June, 2020. https://www.cdc.gov/nchs/data/vsrr/VSRR10-508.pdf

[14] Santhanam, Laura. (2021, February 18). https://www.pbs.org/newshour/health/covid-19-has-already-cut-u-s-life-expectancy-by-a-year-for-black-americans-its-worse

Finally, it is critical to examine how structural factors have influenced vaccine equity. To date, the CDC reports more than 60 million Americans have had at least 1 dose administered and over 31 million Americans have been fully vaccinated with 2 doses.[15] While the overwhelmingly majority of those who have been vaccinated are White (representing 65.4% and 67.4% of those who have received at least 1 or 2 doses, respectively)[16], the rates of Latinos (8.5%; 7.3%), Blacks (7.1%; 6.4%) and Asians (4.7%; 4.3%) who have been partially or fully vaccinated lag in comparison to their population share[17] and share of healthcare workers[18], which was the first priority group to have doses administered. Much has been dialogued about the reasons contributing to lower vaccinations in persons of color. What is clear is that the issues which impact vaccine uptake are not monolithic for Black and Brown communities but include historical injustices, e.g., past examples of medical experimentation and exploitation and present-day discrimination and bias in health care as well access barriers associated with time and location (i.e., convenience and transportation barriers), perceived cost, and language/literacy barriers (i.e., informational barriers).

Recent polls by the Kaiser Family Foundation (KFF) have shown marked improvement across all racial/ethnic groups in having been vaccinated already or their willingness to get vaccinated as soon as possible. In the latest survey results released on February 26, 2021, 55% of those surveyed indicated they had received their first dose or would like to get vaccinated, which was an increase from 47% in January and 34% in December.[19] Those who want to "wait and see" before getting vaccinated registered at 22% which was down from 31% in January. Still, among Blacks and Latinos, the wait-and-see category was comparatively higher: 34% of Black adults (a nearly 20-point drop since December); 26% of Latino adults (a nearly 17-point drop since December); compared with 18% of White adults which declined from 36% accordingly.[19] Knowing someone in your inner circle who has been vaccinated tracks with an individual's vaccine enthusiasm. According to KFF analysis, Blacks, Latinos, lower-income adults and those without a college degree are less likely to know someone who has been vaccinated.[19] "Majorities of Black and Hispanic adults – also say they are concerned that they might get COVID-19 from the vaccine, they might have to miss work if the side effects make them feel sick, they may have to pay an out-of-pocket cost to get vaccinated (despite the fact that the vaccine is available for free to everyone), or they won't be able to get the vaccine from a place they trust." [19] Also, significant percentages of Blacks (half) and Latinos (about one-third) are unsure if the safety and efficacy of COVID vaccines have been demonstrated among members of their own groups, and those who hold these perceptions are less likely to report being vaccinated already or eagerness to receive a vaccine. [19]

---

[15] Centers for Disease Control and Prevention. (2021, March 8). COVID-19 Vaccinations in the United States. https://covid.cdc.gov/covid-data-tracker/#vaccinations

[16] Centers for Disease Control and Prevention. (2021, March 8). Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States. https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic

[17] Ndugga, N. et al. (2021, March 3). Latest Data on COVID-19 Vaccinations Race/Ethnicity. *Kaiser Family Foundation.* https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-race-ethnicity/

[18] Recht, H. and L. Weber. (2021, January 17). Black Americans Are Getting Vaccinated at Lower Rates than White Americans. *Kaiser Health News.* https://khn.org/news/article/black-americans-are-getting-vaccinated-at-lower-rates-than-white-americans/

[19] Hamel, L et al. (2021, February 26). KFF COVID-19 Vaccine Monitor: February 2021. *Kaiser Family Foundation.* https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-february-2021/

To solve disparities along the coronavirus continuum, there must be the moral and political will to enact an antiracism agenda in health care and society more broadly (i.e., a systems approach), and to design and execute multi-pronged racial and health equity solutions based on need in order to achieve health and racial justice. Consistent across the literature are several priorities:

- **Provide robust access to care**[10] **→ to solve "differential access to care"** [7]
    - Strengthen primary care networks by investing in community-integrated care models including community health centers, community health worker programs, and fully funded safety-net institutions
    - Expand insurance coverage, especially among marginalized groups

- **Ensure socially and culturally fluent/competent care systems**[10] **→ to solve "differential care within the health care system"** [7]
    - Encourage high-quality care interactions and positive health-seeking behaviors by increasing the pipeline for racially/ethnically diverse and inclusive provider communities
    - Mandate and design bias-free and antiracist health care environments through provider training on implicit bias and micro/macroaggressions and how to practice from a place of cultural humility
    - Ensure culturally competent, multi-lingual and universally accessible health communication strategies across multiple platforms and modalities
    - Elevate and amplify trusted community messengers as partners in care and leverage community assets to help solve gaps in health outcomes and social conditions (i.e., community oversight and community-participatory models)

- **Launch a social determinants of health (SDOH) strategy**[10] **→ to tackle "differences in exposures and life opportunities by race"** [7]
    - Provide SDOH screens for all patients to connect/refer persons to appropriate community resources (e.g., linkages to services for homelessness and housing instability, food scarcity/insecurity, job/workforce development, and legal assistance for justice-involved populations)
    - Operate through a health-in-all policies approach across multiple sectors and develop an intentional antiracism strategy to dismantle/disrupt how racism may be operating within a particular sector or system
    - Practice restorative justice

PA House Democratic Policy Committee Hearing
Impact of COVID-19 on Communities of Color
March 11, 2021

Kathleen Reeves, MD, FAAP
Senior Associate Dean Health Equity
Director Center for Urban Bioethics
Professor of Pediatrics
Lewis Katz School of Medicine at Temple University

Good Morning Chairman Bizzarro and members of the House Democratic Policy Committee. My name is Kathleen Reeves. I am a Professor of Pediatrics, Director of the Center for Urban Bioethics, and Senior Associate Dean for Health Equity, Diversity and Inclusion in Temple University's Lewis Katz School of Medicine. Thank you for allowing us to participate in this hearing on this very important issue.

I am an academic clinician and researcher. My job is to bring knew knowledge on how to better treat disease and how to best support health. My specific area is health equity especially in urban spaces. Over the past year COVID-19 has altered how we see health and how we practice medicine. The pandemic has exponentially increased the gap between people that have what they need to experience health and people who do not. These inequities and health disparities are experienced every day by Black and Latinx Philadelphians. All of the effects of the pandemic have been worse in our communities of color. We have seen this with COVID infections, illness, hospitalizations, and deaths.

I would like to share our COVID treatment results. During the first six months of the pandemic, 13% of our nearly 3,000 Medicare FFS inpatient cases had a COVID- 19 diagnosis, compared to 7% in our five-county catchment area, 4% in PA, and 3% in the U.S.

Even though the neighborhoods we serve include many of the people who are suffering the most from the effects of COVID, our inpatient COVID mortality rate was 15% lower than the state and 28% lower than the U.S. Within 30 days post-discharge, our COVID patient mortality rates were 32% and 33% lower than the state and nation, respectively. This relates to the work of our caregivers but also the work with our community. One example comes to mind. Early on in the pandemic we noticed that we had higher numbers of people from our Latinx communities than from any other. As we spoke with our community stakeholders it was clear that there were a lot of family members coming from New York to Philadelphia. People thought family was OK; that social distancing only applied to people who are not family. Also, there was very little information out there in Spanish. So, we partnered with our local Community Development Corporations, Spanish speaking media and grocery stores to get information out. We had information in Spanish going out in every grocery bag in our most popular supermarkets.

We also made sure that our community members had access to the best, cutting edge treatment. We were using Remdesivir early on in the pandemic making sure it is available to our North Philadelphia residents. We had early access to monoclonal antibodies and continue to make those available to our local patients. And we continue to partner with community stakeholders to be sure we effectively communicate all we can about available treatments.

COVID highlights again the need for institutions with expertise in serving urban communities understanding the unique strengths and challenges; an opportunity to create Centers of Excellence in Urban Health.

- 70% of the community served by Temple University Hospital/Temple University Health System is Black, Hispanic or Asian
- 45% of the community lives below the poverty line
- 86% of the community served by Temple is served by government programs
- Compared to the national rate, the community served by Temple's mortality rate is:
    - 65% greater for heart disease
    - 30% greater for cancer
    - 700% greater for homicide
- Temple cares for a segment of the population recognized as the highest risk for contracting COVID-19 and dying from the virus.
- January-June 2020 performance snapshot of Temple University Hospital's Medicare inpatients with a COVID-19 diagnosis, relative to state and national benchmarks:
    - 13% of nearly 3,000 Medicare FFS inpatient cases had a COVID-19 diagnosis, compared to 7% in Temple's five-county catchment area, 4% in PA and 3% in the U.S.
    - Temple's inpatient COVID-19 mortality rate was 15% lower than the PA mortality rate and 28% lower than US rates. Within 30 days post-discharge, the COVID-19 patient mortality rates were 32% and 33% lower than the state and nation, respectively.
- Temple was just 2% above the state average for percent of COVID-19 inpatients requiring ventilator care, and 21% lower than the national average.
- The number of Temple COVID-19 patients requiring the ICU was 28% lower than the state average and 9% lower than the national average.

This is also evident in all the other ways the pandemic has negatively impacted society. We see this with the effects on the economy. We see this with how our public schools have been unable to respond to and engage students virtually. Violence in our city was up 68% last year to 499 homicide deaths: the highest number in decades. We are already up 35% this year from last year on track to seen a number for deaths over 600. More and more people are suffering from substance use disorder and overdoses are on the rise. Food insecurity is prevalent in a way we have not seen for decades. All of this is health related and all of these are issues are issues we need to work together to improve.

Health Systems and Universities must be part of the solution. Temple University and Temple Health have been working since the beginning of the pandemic to include our north Philadelphia community in the work of treating and preventing the effects of the virus. We must continue to engage our community members as partners as we roll out the vaccine phase. Each and every University and Health System in the state needs to take care of the populations they live in and they serve. Below are some examples of what we have learned from our community and how we have worked together to mitigate the negative effects of this virus.

1. **North Philadelphia Community Collective**

Since March of 2020 we have worked with our north Philadelphia partners to create a group called the north Philadelphia collective. This group of community and Temple stakeholders has met at least weekly since that time to share information and setting priorities for intervening. We share information about the virus, the treatment, testing, vaccination, social distancing, and so much more. Together we could see that food security was one of the biggest issues facing the community. Together we worked to deliver over 1300 bags of groceries a week to those most in need. We have also worked to distribute over 10,000 masks and created

a phone connection program where our medical students connect with patients and elderly citizens feeling isolated because of the need to quarantine. We are continuing to meet now to discuss how to best get the vaccine out into our community.

As we meet every week, we learn about how the community is experiencing the vaccine roll out. We hear about vaccine eagerness not vaccine hesitancy. We hear how people need an organized and compassionate way to access the vaccine. We hear again how the internet-based models being used to schedule vaccination again leaves out communities that don't have great internet access. We have to all remember internet connectivity is still a commodity and not a right so those most marginalized don't have it.

2. **COVID testing**

Temple University and Temple Health worked together to set up mobile testing sites. With that we created a hotline for local community members to call with COVID questions and to schedule an appointment to get tested. We didn't require the community members come with an order from a physician because we know how hard it is to access that during these challenging times. We had trained people on the phones who could assess the situation and arrange testing at our sites. We also did some weekend events where we provided testing in differently locations to support the community. We are also working to see how we can work in tandem with the Black Doctors Consortium so that we are respectful of what they are doing and both groups are working collectively towards the same goal.

3. **Vaccination**

Temple Health knew it was important to be part of the vaccine solution and offered to be a site for the Johnson & Johnson vaccine trial. We also knew, because of our partnership with our community stakeholders, the value in acknowledging and validating that it is easy to understand why our communities of color are not trusting the vaccine. We know that a small percentage of our North Philadelphia population gets the flu shot each year. We all saw the information from Washington DC where less than 12% of their Black citizens thought the vaccines were safe and effective.

Philadelphia receives its vaccine allocation directly from the Federal government. Temple Health then receives its allocation directly from the City and is required to follow their administration guidelines and report back on every vaccine dose that is given. This is a unique setup, in the sense that the Commonwealth is not directly involved in the distribution of vaccine in Philadelphia.

With that in mind we made sure our local community was aware of the trial, but also made it clear to them that we understood why they lacked trust in the trial. We went further as a group to learn more about what their concerns were and are and what we could do to help them feel more trusting of the vaccine. We learned a lot:

- First, validate that the fears are real because of terrible things that happened in the past
- Explain how the vaccines work and how could they have been developed so quickly
- Explain how decisions are made as to who gets the vaccine when
- Address all of the concerns without judgement but with understanding
- Use language that supportive and clear

- Help people understand why it is still safe for this community even when few Black and Latinx individuals where in the trials
- Provide the vaccine in places that are trusted by
- Have people giving the vaccine look like us; be people from our community that we trust
- Don't turn our participation into research

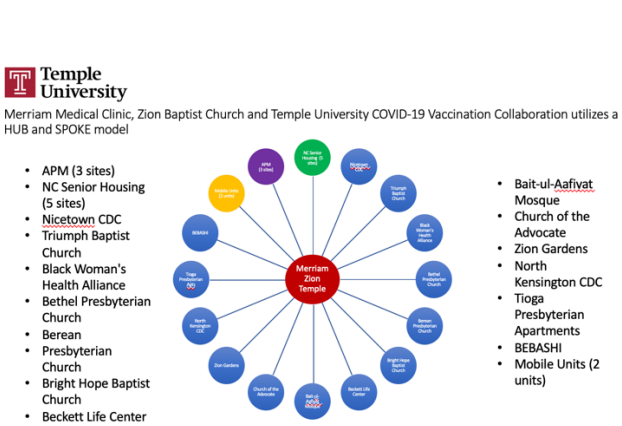
To date we have vaccinated over 11,000 people at Temple under Phase 1A; these are patient facing practitioners from Temple and from the local community. We were able to immunize about 65% of the people we invited. We have sought out community based health care workers like home health aides, doulas, community health workers, outreach workers, and others. As we move through Phase 1B, we have worked to hire credible messengers within housing communities, nursing homes, and assisted living programs. We continue to provide vaccine at fixed sites at our hospitals but are moving out to community based sites.

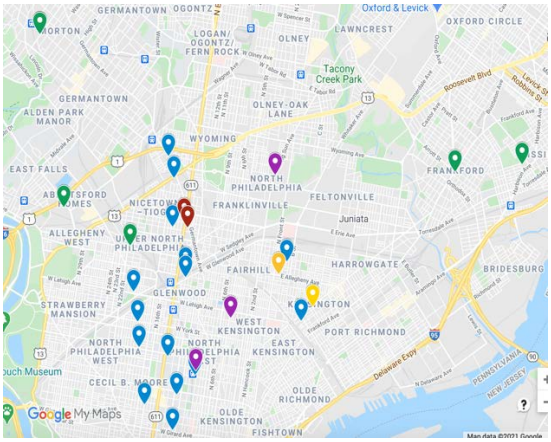
We have amazing community groups in North Philadelphia with health ministries, health navigators, and translators. Many within our faith based communities, housing developments and community development organizations have an infrastructure that is well positioned to efficiently and effectively provide vaccine. We as Temple should not usurp this function; we should partner with these very well-run groups so that they can provide vaccine with our support.

One other thing we have learned from our community partners and our patients is that providing care in a mobile setting is very important to reaching populations who do not have a lot of resources and who have good reason not have a lot of trust. Hiring people from the community as credible messengers really matters. We have seen this in our violence prevention work and in our substance use disorder work. We have mobile clinics that serve these populations. We know we must reproduce that to provide effective vaccination. We are working with our community stakeholders to be sure we do this in the most effective, respectful, and culturally aware way.

Finally, it is imperative that with any vaccine roll out during a pandemic we actively work to be sure we are handling this precious resource in the most ethical way possible. We discussed with hospital and university leadership as well as with community stakeholders how to move forward in the most ethical way throughout the pandemic. To that end Temple has not wasted any vaccine. We have communicated with the city who we were immunizing when and making sure we hold true to the criteria while not wasting any doses of vaccine.

As we all move through the most helpful phase of this pandemic year, it is imperative that we do this WITH our community partners. There is so much strength in our local communities of color. Our community partners can do this very well. It is so important that we share our resources as universities and health systems to support the work of these amazing community organizations. People deserve to receive as much information as they need to make a good decision. People deserve to receive the vaccine in spaces from providers they trust. We have applied to the City to grow our community driven program. Below is a graphic that describes our hub and spoke model.





As we move through this phase, it is so important that we all use all of the resources that have been made available during COVID to address the collateral damage that is disproportionately affecting our communities of color. We need to address food security, jobs, and schools. We need to acknowledge that the school children in Philadelphia have not had the same access to broadband and to virtual education as many of the other school children across our state. These issues of public education and food and jobs will affect our communities of color for decades to come. One wise clinician once told me, when White America gets a cold Black America gets the flu. We must acknowledge that this public health crisis and all that is coming with it is hurting Black and Latinx Pennsylvanians the most. Knowing that, it is time we truly work to address it.

PHILABUNDANCE

Driving hunger from our communities

The Impact of COVID-19 on Communities of Color

Hearing Hosted By:

Pennsylvania Legislative Black Caucus, Health Equity and Justice Subcommittee

Pennsylvania House Democratic Policy Committee

Loree D. Jones, Chief Executive Officer

March 11, 2021

Good morning, members of the Pennsylvania Black Caucus' Health and Justice Subcommittee and the House Democratic Policy Committee. Thank you for having me today to speak about the impact of COVID-19 on communities of color, particularly as it pertains to food access.

I am Loree Jones, Chief Executive Officer of Philabundance, a hunger relief organization serving five counties in Pennsylvania and four counties in New Jersey. We are part of the Feeding America national network of over 200 food banks and the Feeding Pennsylvania network which is comprised of nine food bank partners in the state. At Philabundance, our mission is to alleviate hunger today while we work to end hunger for good. We are dedicated not only to meeting the immediate need through emergency food provision, but also to addressing the root causes of hunger. We understand that emergency food is not going to solve hunger, poverty, or racial disparities, but it is one piece of a much larger puzzle. Philabundance is committed to reducing hunger and the reliance on emergency food.

Philabundance has seen firsthand how the need for emergency food has grown during the pandemic, with hunger continuing to disproportionately afflict people of color in our service area and across the country. For example, nationally **nearly 4 in 10** Black households with children are struggling to feed their families during the COVID-19 pandemic, nearly double the number of white households with children. Meaning more people, and especially people of color, have to line up at their local pantries or wait in long car lines to be able to have something to feed their families.

COVID-19 did not create, but rather exposed at heightened levels, the inequities we can see so clearly today. Structural racism is the foundation on which many of our country's policies and programs were built. If you were not a white male who owned land, then you were not afforded equal status at the very founding of this country. Many of us here today were not given equal footing on paper until laws and amendments were passed. However, the ripple effects of the **words** in our founding documents still exist and are seen in the discrimination faced by Black, Indigenous, and other people of color in many aspects of daily life today.

We need to start at the foundation in order to promote true racial equity and ensure that people do not need services like Philabundance in the future.

Philabundance Background

A Philabundance agency partner picking up free product at an Agency Hub event.

At Philabundance we strive to ensure equitable and broader access to nutritious food and resources to help all our neighbors lead healthy, active lives. Philabundance was founded in 1984 with the simple belief that no man, woman, or child should go hungry while healthy food goes to waste. Our mission is to drive hunger from our communities today and to end hunger for good. In addition to food distribution, we strive to reduce food waste, increase accessibility to nutritious meals, and tackle the root causes of hunger through programs such as the Philabundance Community Kitchen. In partnership with more than 350 agencies, we provide nutritious food to those in need in our service area, which includes Philadelphia, Montgomery, Bucks, Chester, and Delaware counties in Pennsylvania. Our work stretches from the streets of

Kensington in Philadelphia to the countryside in Chester County. In no area, no county, do we not see a need – and an increased need at this time.

Philabundance operates by primarily distributing donated, purchased, and rescued product. This allows our food to be distributed without any barriers. To receive our non-government food, the people we serve do not need to prove they are poor or in need. They simply show up and can be provided nutritious food.

In addition to our work to relieve hunger today, Philabundance has made a commitment to ending hunger for good. Our goal is to pair food with other social determinants of health, like housing and education, to collaboratively and holistically improve overall health in our communities. We know that the majority (over 70 percent) of what determines a person's health and lifespan has less to do with genetics and direct healthcare and more to do with the social and economic conditions in which they live. Necessities like food, housing, education and access to primary and preventive healthcare are intertwined. Hunger doesn't happen in a silo. By partnering with other organizations that provide these types of interventions, Philabundance can be part of a movement to increase stability and long-term food security in the communities we serve.

We have already seen success with this work through our Philabundance Community Kitchen (PCK), which is a culinary arts and life skills training program. PCK trains people who are low- to no-income in a 16-week culinary vocational training program with the goal of helping people transform their lives. When we began PCK, we were committed to making it as accessible as possible, so the program has very low barriers to entry. Students are held to high standards and are required to be at class on time and prepared, but any student facing challenges will receive staff support to give them the best chance to be successful. The PCK team has built a program that truly meets people where they are today to help them move forward.

Food Insecurity

The reason Philabundance, PCK, and other programs are necessary is because of incredibly high rates of food insecurity. Defined by the United States Department of Agriculture (USDA) as a lack of access to enough food for a healthy and active life, food insecurity is a pervasive issue that impacts the health, well-being, and success of those who face it. At its core, food insecurity is hunger; it's when people are not able to afford the food they need.

Before the pandemic, there was a sweeping epidemic of hunger in this country. In Pennsylvania, over 1.4 million people faced food insecurity during 2018. That's nearly 11 percent of Pennsylvanians. In a country, and especially a state, with so much farming, agriculture, and resources, we still could not ensure the residents of Pennsylvania were fed.

USDA National Food Insecurity Rates by Race

Year	All	White	Black	Hispanic
2015	12.7%	10%	21.5%	19.1%
2016	12.3%	9.3%	22.5%	18.5%
2017	11.8%	8.8%	21.8%	18%
2018	11.1%	8.1%	21.2%	16.2%
2019	10.5%	7.9%	19.1%	15.6%

For decades the research has shown that households headed by people of color face hunger at higher rates than white households. Before the pandemic, USDA data showed that Black and Hispanic people faced hunger at double the rate of white people. While the rate of food

insecurity has certainly increased due to COVID-19, statistics showing this level of disparity are unfortunately nothing new. Even as overall food insecurity rates declined prior to the pandemic, race-based disparities persisted.

We know that the high rates of hunger are directly linked to high rates of poverty. Hunger is an issue of resources and access, worsened by the many existing obstacles people face: low-wage jobs, part-time hours, transportation challenges, the high cost of childcare and housing, and language barriers. When wages are too low or jobs are hard to find, it becomes impossible for families to meet the ever-rising costs and put food on the table.

COVID-19

Then came a global pandemic. COVID-19 had an immediate and devastating effect on the communities we serve. Food insecurity in our service area rose sharply, with agencies in our network reporting a 60 percent increase in the number of clients they served – 40 percent of which were people using the emergency food system for the first time. Feeding America is projecting that nationally more than 50 million people, including 17 million children, may experience food insecurity due to COVID-19.

Increasing hunger is being seen across the entire state. This ranges from a high of 21.8 percent in Philadelphia County to a low of 9.8 percent in Chester County.[1] When the best we are doing is a rate of nearly 10 percent of the population being food insecure, there is a huge problem. From urban to rural counties in Pennsylvania, each one is seeing massive increases in hunger. Most counties saw a 4 percent increase in hunger, like Lackawanna County that went from 12 percent of people experiencing food insecurity in 2019 to a projected 16.7 percent in 2020.[2]

Please see the chart attached to this testimony that has the food insecurity rates for every county in the Pennsylvania, including rates of households with children.

Hunger is of course impacted by the loss of jobs brought on by the pandemic. At Philabundance we are seeing people in need of our services because so many have lost their jobs or had their hours

BLACK AMERICANS AND HUNGER

- The poverty rate for Black Pennsylvanians is **27 percent.** The overall poverty rate for PA is 13 percent.
- **Nearly 4 in 10** Black households with children are struggling to feed their families during the COVID-19 pandemic – almost double the amount of white households with children.
- **14 percent** more Black households with children have faced food insecurity since the pandemic began
- More than **12 percent** of Black Pennsylvanians are unemployed while the overall unemployment rate is 6 percent.
- **31 percent** of Black Americans are served by food banks each year.
- Black Pennsylvanians are **3 times** as likely to receive food assistance than white, non-Hispanic Pennsylvanians.
- Only **8 percent** of Black Americas have a grocery store in their Census Area

Source: Greater Pittsburgh Community Food Bank

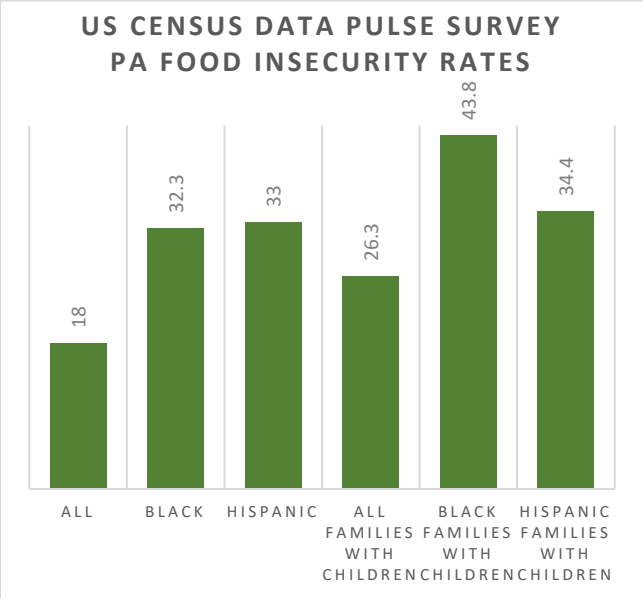
[1] Feeding America, Map the Meal Gap, 2020 Projected Overall Food Insecurity Rate, https://www.feedingamericaaction.org/the-impact-of-coronavirus-on-food-insecurity/
[2] Id.

A line of cars awaiting a food distribution.

reduced. COVID-19 has increased unemployment overall and its economic fallout has been widespread, but Black, Latino, Indigenous, and Immigrant households have been disproportionately impacted. This is largely due to the fact that people of color did not start out on equal footing when the pandemic began. Black workers currently face an unemployment rate more than double that of white workers.[3] This disparity has existed since the unemployment rate began being measured. Researchers say the only explanation for the ongoing disparity is discrimination.

In April of 2020 the Census Bureau launched a Household Pulse Survey. This provides real-time weekly data on how the pandemic is affecting the country. This data shows that tens of millions of people are out of work and struggling to make ends meet.[4]

For the month of January in Pennsylvania, 627,000 adults reported that their household sometimes or often did not have enough to eat in the last seven days.[5] This represents 8 percent of all adults in the Commonwealth. In addition, 578,000 adults living with children reported that the children were not eating enough because the adults could not afford enough food. This represents 20 percent of adults living with children in Pennsylvania. Nationally, 1 in 3 adults report having difficulty covering their usual household expenses. In Pennsylvania, 2.6 million adults have reported this difficulty, meaning almost 30 percent of adults in the state struggle to make ends meet. The state's current unemployment rate of 7 percent, or close to 1 million people, is certainly a big part of the issue.[6]



The national analysis of the Pulse Survey found that Black and Latino adults were roughly three times as likely as white adults to report that their household did not have enough to eat. The numbers were 21 percent for Black households, 20 percent for Latino households, and 7 percent for white households. Indigenous

[3] Lena V. Groeger, "What Coronavirus Job Losses Reveal about Racism in America," ProPublica https://projects.propublica.org/coronavirus-unemployment/

[4] United States Census, Household Pulse Survey Data Tables, https://www.census.gov/programs-surveys/household-pulse-survey/data.html

[5] Center on Budget and Policy Priorities, Tracking the COVID-19 Recession's Effects on Food, Housing, and Employment Hardships, Feb 18, 2021, https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and

[6] Id.

adults were more than twice as likely, at 18 percent, as white adults to report the same for their household.[7]

A line of clients picking up food outside Feast of Justice.

Feast of Justice, a Philabundance agency partner in Northeast Philadelphia, has dramatically increased their food distribution during COVID-19. Prior to COVID-19, Feast of Justice provided food to approximately 285 households. At the height of the pandemic that number increased to 1,500 households. Today they serve approximately 825 households a week. The demographics of the people they serve has changed with the increase in clients. In 2019, 8 percent of Feast of Justice's clients were Asian. That number has increased to 48 percent in the last year.

Another agency partner, the Garces Foundation, primarily serves the immigrant community in South Philadelphia. The Foundation works to connect their clients to health care, education, food, and other supports. Before the pandemic more than a quarter of the population they serve lived below the poverty line, despite a large portion of them working. The Garces Foundation sent the following statement for me to share today:

"The COVID-19 pandemic has been especially devastating to the immigrant community in South Philadelphia, many of whom work in the hard-hit service industry. The Garces Foundation serves families who have difficulty accessing government benefits such as unemployment, healthcare, and rental assistance. In a survey last June of nearly 200 families from our community, only 11 percent had at least one family member working full-time, leaving the remaining 89 percent without the means to pay rent and feed their families. Our community members are plagued with undiagnosed medical conditions; they are twice as likely to contract the virus and require hospitalization. Our community lives in fear of losing their homes and losing their lives to this virus."

In fear of losing their homes and losing their lives. It is a scary reality when families must put themselves and their loved ones at risk of contracting a potentially fatal virus simply in order to do their work.

That is the case for many of the essential and frontline workers who have most heavily felt the effects of the COVID-19 pandemic. These workers are largely people of color and immigrants. They are packing groceries, driving for rideshare services, caring for our elderly, and providing building maintenance. The Garces Foundation also works with many people in the restaurant industry who saw their means of employment shut down long-term or close their doors for good. When federal benefits largely leave out immigrant populations, there is very little, if any, relief available.

Sustained and substantial relief will be necessary to combat these numbers. Hardships like hunger, eviction, and homelessness will continue to devastate these communities without robust targeted relief to meet the need today. But we also know there needs to be systematic change to ensure more people do not face the hardships in the first place.

[7] Id.

Health and Food Insecurity

Philabundance Food Distribution for children.

As food insecurity increases, we know it is also often combined with a decline in overall health.

Access to nutritious food is critical for the health of every person. For babies and young children, a lack of nutrition can lead to delays in body and brain development that have lifelong impacts.[8] As children get older, not having a balanced breakfast or lunch can lead to an inability to focus in school, health consequences, and even an increase in suicidal ideation.[9] Older adults who are food insecure have a greater likelihood of depression, diabetes, hypertension, and overall report being in poor or fair health.[10] As hunger impacts people of color more often than white people, it is not hard to see how this cycle continues to disproportionally impact people of color.

A child facing food insecurity is not starting life out on equal footing. If food insecurity continues through school age and into adulthood, that person will face severe disadvantages. Lack of access to food -- a basic thing every person needs to survive -- leads to increase costs in hospitalizations, underperformance in school, and a decrease in future earnings. Access to food is a much larger issue that simply addressing hunger, it is about providing people with the nutrients need to have a full, healthy life.

While a virus cannot discriminate, the disproportionate impact of COVID-19 on Black, Latino, Indigenous, and Immigrant populations has highlighted the effect of longstanding racist policies. According to the COVID-19 Tracking Project, in Pennsylvania Latino people are most likely to contract COVID and Black people were the most likely to have died.[11]

Again, the numbers do not lie. Nationally, Black people are 2.9 times more likely to be hospitalized and 1.9 times more likely to die from COVID-19 as compared to white people.[12] Hispanic or Latino people are 3.2 times more likely to be hospitalized and 2.3 times more likely to die from COVID-19 as compared to white people. There is something fundamentally unacceptable about these numbers. Race and ethnicity are risk markers for COVID-19 not because of the virus itself, but as a result of the underlying conditions that affect health including poverty, hunger, employment, and housing.

---

[8] Children's HealthWatch, Keeping Children's Weight on Track, https://childrenshealthwatch.org/wp-content/uploads/CHW-weight-trajectories-web-final.pdf

[9] Craig Gunderson and James Ziliak, "Food Insecurity and Health Outcomes," Health Affairs, https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2015.0645

[10] Id.

[11] The COVID Tracking Project, Infection and Mortality by Race, Pennsylvania, https://covidtracking.com/race/infection-and-mortality-data#PA.

[12] Center for Disease Control, Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity, https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

Collaboration and Representation

To have any success in combatting hunger and poverty, even before COVID-19, collaboration is key. Hunger, homelessness, unemployment, and other social determinants of health do not occur in a vacuum. Therefore, programs to fight them must work together to be successful.

With Philabundance's Ending Hunger For Good initiative, we are committed to bringing together partners so we can take any challenges head on and together.

In 2020, Philabundance launched Sharswood THRIVE: Community by Design. Sharswood THRIVE seeks to fundamentally change the way people seek and receive services by promoting a comprehensive safety-net system approach that not only provides stability services such as housing and healthcare but also economic mobility empowerment through workforce development, home ownership and financial literacy training. Sharswood THRIVE is a multi-year project carried out in collaboration with partner community organizations.

The overall goal is to create a scalable model combining multiple services to increase the stability and economic mobility of Sharswood community members meaningfully and measurably over a three to five-year period. The collaborative wants to ensure that that existing, returning, and future residents of Sharswood will live peacefully, prosperously, and as a cohesive community for generations to come. Sharswood residents will achieve their life goals and affect sustainable neighborhood change.

Absolutely key to any collaboration is having diverse people and perspectives around the table. Diversity in race, gender, background, socio economic status, viewpoint, etc. People with lived experience with the issues at hand must be at the center of this work. Without their expertise, any solutions will come up short. If we are looking to combat hunger we need to speak with people who have waited in line at food pantries, who know what it is like to fill out a SNAP application, and who have made the impossible choice between paying their rent or putting food on the table. The silence and exclusion of those impacted in the decision-making process is a choice that can no longer be made.

I invite all of the members participating in this hearing to seek out people who are struggling and take the time to learn from them. Volunteer at a pantry in your district and stay for the entire distribution to see what happens when the food runs out. Take the "SNAP Challenge" by committing to live on only $4.00 a day – not per meal but for the entire day – for a week. Spend an afternoon in a County Assistance Office, when they are open again, to see what it is like to ask for help. Take time to understand these issues at a personal level, if you have not already. We would be happy to help connect you with our partners and help support this work.

Secretary Redding volunteering at a Philabundance Agency Hub

Policy Recommendations

Civil Rights leader and Nobel Laureate Martin Luther King, Jr said "I refuse to accept the view that mankind is so tragically bound to the starless midnight of racism and war that the bright daybreak of

peace and brotherhood can never become a reality.... I believe that unarmed truth and unconditional love will have the final word." We must face the truth of our past, name the things we must change, and move forward together.

Hunger, poverty, and racial inequity continue to exist because of the political choices we have made. This is how our system was built. Fixing this problem is not going to be easy - it's going to require an extraordinary commitment to remedy these historic injustices.

But we know that COVID-19 means less resources not only for households but also for government. During the Great Recession of 2008, states were forced to make major cuts to critical programs due to huge budget shortfalls. Cuts to schools, higher education, and economic supports families needed most were devastating for communities.[13] Such cuts worsen structural inequities that impact people of color. During the Great Recession, the median Black household lost more than half of its income and the median Hispanic household lost two-thirds.[14] In addition to cuts to schools, the weakening of income supports like unemployment insurance and the Temporary Assistance for Needy Families (TANF) program added to the challenges.

Legislators must intentionally work to create an antiracist, equitable, and inclusive recovery plan that extends to all people. The Center for Budget and Policy Priorities lists three principles for state policymakers to consider[15]:

- Target aid to those most in need due to the COVID-19 pandemic and consequent economic crises.
- Advance antiracist and equitable policies — both short- and long-term — to dismantle persistent racial, gender, and economic inequities and other barriers that non-dominant groups and identities experience.
- Protect state finances to preserve the foundations of long-term economic growth and opportunity.

With these principles in mind, I would like to offer the following recommendations:

Make Funding Nutrition and Other Support Programs a Priority – As the Commonwealth struggles with budget shortfalls they must also consider the households who have their own budget shortfalls. We must provide adequate supports to ensure that families already struggling due to the pandemic are not made worse during the recovery.

- **Increase funding for the State Food Purchase Program (SFPP)** – SFPP is the State's nutrition program that provides direct funding to food banks and emergency food providers. This program helps organizations purchase food and finances needed infrastructure and

[13] Michael Lechman and Erica Williams, "Policy Brief: States Can Learn from Great Recession, Adopt Forward-Looking, Anti-racist Policies," Center of Budget and Policy Priorities, https://www.cbpp.org/research/state-budget-and-tax/policy-brief-states-can-learn-from-great-recession-adopt.
[14] Id.
[15] Id.

transportation. Each county gets a portion of the funding. SFPP has been funded at $18.1 million for years and hunger advocates are requesting an increase to $24 million.

- **Increase funding for the Pennsylvania Agricultural Surplus System (PASS)** – PASS is a program that supports farmers, reduces food waste, and provides food to food banks. By covering the cost of harvesting food, packing products, and transportation, PASS keeps Pennsylvania produce and dairy from going to waste. This program has been funded at $1.5 million since 2017 and has shown great results. We request a $5 million investment to allow PASS to benefit more farmers and create more opportunities for collaboration all while benefiting the charitable food network.

- **Ensure no cuts to other support programs** – Where investments can be made, the Commonwealth should find resources to support housing, education, health care, and other programs. Without ensuring the basic needs of our residents are met we will never move beyond the impact of the pandemic or build a more equitable future.

Draw Down a Maximum of Federal Funds – The process of applying for benefit programs is lengthy and difficult. While many of the requirements are set at the federal level the State should take advantage of every possible flexibility offered to ensure we are drawing down as much federal funding as possible. The Pennsylvania Department of Human Services and Department of Health have been great partners and we ask the State to do the following:

- **Allow for SNAP Flexibilities –** The Supplemental Nutrition Assistance Program (SNAP) is the nation's number one defense against hunger. It provides federal funds directly to families to purchase their own food. Prior to COVID-19, Pennsylvania was already behind in its utilization of the program. More people are eligible for SNAP than are applying largely due to the cumbersome process, not knowing they are eligible, and overall stigma of the program. The State could do more to remove barriers to this program and provide more federal funds into communities who need it. SNAP also is a boost for local economies as for every $1 invested in SNAP there is a $1.70 economic benefit.[16] While the state budget is tight, we must all work to bring in as much federal resources as possible.

    - **SNAP Recertification –** During COVID the USDA has provide flexibilities to SNAP and other programs. One flexibility is to waive the recertification period, which is when people need to reapply for the program. Pennsylvania reinstituted the recertification process despite not being required to do so by the USDA. We recommend that the Department of Human Service take advantage of every flexibility possible to ensure people are getting the needed federal resources.

[16] Ed Bolen and Elizabeth Wolkomir, "SNAP Boosts Retailers and Local Economies", Center on Budget and Policy Priorities, https://www.cbpp.org/research/food-assistance/snap-boosts-retailers-and-local-economies.

- **County Assistance Offices** – Prior to COVID-19, people would go to their local County Assistance Offices to apply for benefits or seek help with the process. While we greatly appreciate efforts to allow people to apply for benefits remotely, we are also concerned about people who need in-person help with their applications. When it is safe to do so we recommend that the County Assistance Offices reopen and continue to help people without internet access, who have low literacy level, or are simply not comfortable with computers to apply for benefits.

- **Support Innovations in WIC –** The Special Supplemental Nutrition Program for Women Infants and Children (WIC) is a critical program for the health and well-being of pregnant women and kids up to the age of six. WIC provides nutrition assistance, health referrals, and other supports that are critical for women and children at a vulnerable time. Similar to SNAP, we recommend that the State work to bring in as much federal funding through this program as possible. This can be done by promoting the program, streamlining the process where possible, and updating our systems. We ask that the Department of Health utilize a portion of any COVID-19 relief funding set aside for WIC to fund system upgrades. This will help create a smoother process for the State but also for their clients with the goals of having more people using those federal dollars.

Release Pandemic EBT Funds Quickly – Now that the USDA has released their regulations about the Pandemic EBT program and Pennsylvania has submitted their plan, we hope the State will move as quickly as possible to get these additional resources to families. The Pandemic EBT program was meant to supplement the cost of school meals that were not being provided at schools yet families have not seen any funds from this program yet this school year. We know school districts did their best to run programs where people could pick up food but they did not reach nearly enough. This extra boost for families will be a lifeline for so many who have had their children at home for almost a year.

Invest in Workforce Development – When the economy begins to reopen we need to have strategic investments in workforce development. Those investments should be in programs that serve low income individuals, have low barriers to access, and have a proven track record. A special emphasis should be on serving people of color. Any program should have a life skills component to ensure the students are fully prepared to be successful in the workforce.

More Intentional Work to Address the Root Causes of Hunger – As I said in my testimony – hunger is about resources. Hunger is about people not having enough money to purchase food. When passing any legislation or creating any policies you must consider how to best address the deep poverty and hunger throughout the Commonwealth. As recovery from the pandemic begins we know that those hit hardest by the economic crisis will be the slowest to recover. Any policies considered must be reviewed with that in mind.

Our diversity is our greatest strength. The fact that we all have different experiences, backgrounds, and cultures makes us all the richer. However, for too long, being different has meant being treated as less.

Having less wages, limited education, and diminished opportunities. Policies at the local, state, and national levels can and must change this.

Conclusion

Thirty-five years ago, Philabundance began because one woman saw a problem in her community and wanted to do something about it. She saw food going to waste while people struggled with hunger. She did not ignore the problem or wait for someone else to take care of it but stepped up herself. She took excess food from restaurants and retailers and brought it to pantries, shelters, and other places where people came for food. With this one act she started something. She began building toward an organization that today feeds hundreds of thousands of people and moves millions of pounds of food.

I bring this up today not to simply to tout Philabundance's founder, Pam Rainey Lawler, but to say that this type of work is needed to address the problems we face today. We need to name the issues when we see them and then work together to find solutions. It may mean starting small but each step forward will lead us to a better future. No longer can we simply wait for someone else to step up – we must start with tangible change today and I stand ready to work with each of you to a brighter future.

We need to step up like Desiree Lamar Murphy did in her community. Having faced homelessness after a fire and needing emergency food, Desiree thought people deserved better. Out of the trunk of her car she began distributing bread collected from local markets in the parking lot of her church. Murphy's Giving Market is now a Philabundance partner providing food to several schools and child care centers.

In a letter to President Biden, Desiree shared that "I think that we both agree that we must, without reservation, eliminate barriers that continue to oppress underserved communities and give them access to the same opportunities as wealthier communities. This starts by establishing and funding programs that support these communities and provide healthy food and eliminate food deserts. We know that you will work to rebuild strong communities by securing access to food as well as educational opportunities, fair wages, and employment opportunities."

Desiree wrote that letter to then President -elect Biden on the occasion of his visit to Philabundance on the Martin Luther King Day of Service. His visit on a national holiday honoring one of our country's greatest citizens allowed a moment of reflection. Our great country was founded in this state. In Pennsylvania, in Philadelphia, the founding fathers gathered to develop a democracy like no other. As proud as we are of the American experiment with ideals that all men are created equal and that promote the pursuit of happiness, we must also acknowledge that their work was imperfect and incomplete.

As we strive to build what our founding fathers called a more perfect union, we must work to ensure all people within our borders indeed have access to the proverbial America dream. Some would say that the system that has left so many Americans food insecure during this pandemic is not broken. Some would say based on the historical reality that the system was intentionally built this way; that it was built to be unequal.

Today, you have asked me to highlight *racial* disparities related to food insecurity. I believe I have done that. I do think it is important to note that food insecurity touches every county and people of all backgrounds across our Commonwealth. I include at the end of my testimony a chart noting the insecurity rates by county in 2018 and then in 2020. The chart demonstrates that there have be alarming

increases in the number of people who are food insecure in Pennsylvania regardless of racial and ethnic background.

I stand with you ready to work toward that more perfect union, and I hope you consider some of the recommendations I laid out today. But more importantly I hope we can all commit to working together – non-profit, private entities, government, and individuals – to do the hard work, to bring together diverse groups, collaborate, and come up with big ideas to move Pennsylvania to a brighter future for all of its residents.

I want to thank you for considering my testimony today. I along with my colleagues from Philabundance and the other organizations I mentioned today are available for questions today and at any time. We are committed to working with the State to find solutions to end hunger for everyone in Pennsylvania.

County	Food Insecurity Rate 2020	Food Insecurity Rate 2018	Child Food Insecurity 2020	Child Food Insecurity 2018
Adams	12.0%	8.2%	19.7%	12.3%
Allegheny	15.0%	10.6%	23.1%	14.3%
Armstrong	16.2%	11.7%	27.0%	18.1%
Beaver	15.6%	10.7%	25.9%	16.1%
Bedford	15.7%	11.2%	25.9%	17.2%
Berks	14.1%	9.6%	22.6%	13.7%
Blair	16.4%	12.0%	26.1%	17.6%
Bradford	14.4%	10.7%	23.4%	16.3%
Bucks	11.4%	7.1%	17.8%	9.4%
Butler	12.4%	8.3%	19.5%	11.6%
Cambria	17.4%	12.8%	29.4%	20.4%
Cameron	18.5%	12.6%	30.5%	18.9%
Carbon	16.0%	11.2%	27.6%	18.3%
Centre	11.9%	8.8%	16.9%	10.9%
Chester	9.8%	6.3%	14.7%	7.9%
Clarion	16.3%	12.3%	26.0%	18.1%
Clearfield	16.9%	12.6%	28.9%	20.5%
Clinton	16.9%	12.8%	27.4%	19.6%
Columbia	14.5%	10.5%	23.6%	15.9%
Crawford	16.4%	12.0%	26.6%	18.0%
Cumberland	11.4%	7.9%	18.0%	11.1%
Dauphin	14.9%	10.6%	23.5%	15.0%
Delaware	13.9%	9.4%	21.3%	12.5%
Elk	15.9%	9.9%	27.2%	15.3%
Erie	17.1%	12.3%	27.6%	18.3%
Fayette	19.4%	14.2%	32.7%	22.3%
Forest	19.3%	14.7%	36.7%	27.6%
Franklin	13.6%	9.7%	21.8%	14.2%
Fulton	15.5%	10.4%	25.7%	15.6%
Greene	16.9%	12.5%	27.4%	18.7%
Huntingdon	16.5%	11.8%	28.1%	18.8%
Indiana	16.1%	11.8%	26.1%	17.6%
Jefferson	15.8%	11.5%	26.2%	18.0%
Juniata	13.8%	10.1%	22.7%	15.6%
Lackawanna	16.7%	12.0%	26.5%	17.1%
Lancaster	12.7%	8.7%	19.8%	12.1%
Lawrence	17.1%	12.3%	28.0%	18.7%
Lebanon	13.1%	9.1%	20.9%	13.1%
Lehigh	14.8%	10.1%	22.9%	13.7%
Luzerne	17.1%	11.9%	28.8%	18.6%

Lycoming	16.2%	11.8%	26.6%	18.0%
McKean	17.8%	13.0%	30.2%	21.0%
Mercer	16.7%	12.1%	28.6%	19.4%
Mifflin	16.0%	12.0%	27.0%	19.2%
Monroe	15.8%	10.2%	26.0%	14.8%
Montgomery	11.1%	7.0%	16.6%	8.8%
Montour	13.2%	10.0%	20.8%	14.7%
Northampton	13.2%	8.7%	21.5%	12.6%
Northumberland	16.5%	12.1%	26.8%	18.2%
Perry	12.2%	8.7%	19.8%	13.0%
Philadelphia	21.8%	16.3%	32.8%	22.0%
Pike	15.2%	10.1%	26.3%	16.1%
Potter	16.8%	12.7%	27.6%	19.6%
Schuylkill	16.1%	11.7%	26.3%	17.6%
Snyder	13.3%	9.4%	22.3%	14.8%
Somerset	15.8%	11.3%	27.2%	18.5%
Sullivan	15.9%	11.9%	26.4%	18.7%
Susquehanna	14.4%	10.8%	23.8%	16.9%
Tioga	16.3%	12.1%	26.7%	18.5%
Union	13.1%	9.5%	20.5%	13.4%
Venango	16.5%	12.3%	27.2%	19.1%
Warren	15.2%	11.3%	26.0%	18.5%
Washington	14.1%	9.6%	22.5%	13.6%
Wayne	15.4%	10.9%	25.5%	16.6%
Westmoreland	14.4%	9.9%	23.6%	14.8%
Wyoming	13.8%	9.7%	23.3%	15.2%
York	13.3%	9.1%	21.5%	13.5%

Source: Feeding America, Impact of Coronavirus on Food Insecurity

Black Americans and Hunger

While hunger affects all Americans, systemic racism is strongly linked with hunger in the United States. In Pittsburgh and throughout Pennsylvania, Black Americans are one group most affected by hunger.

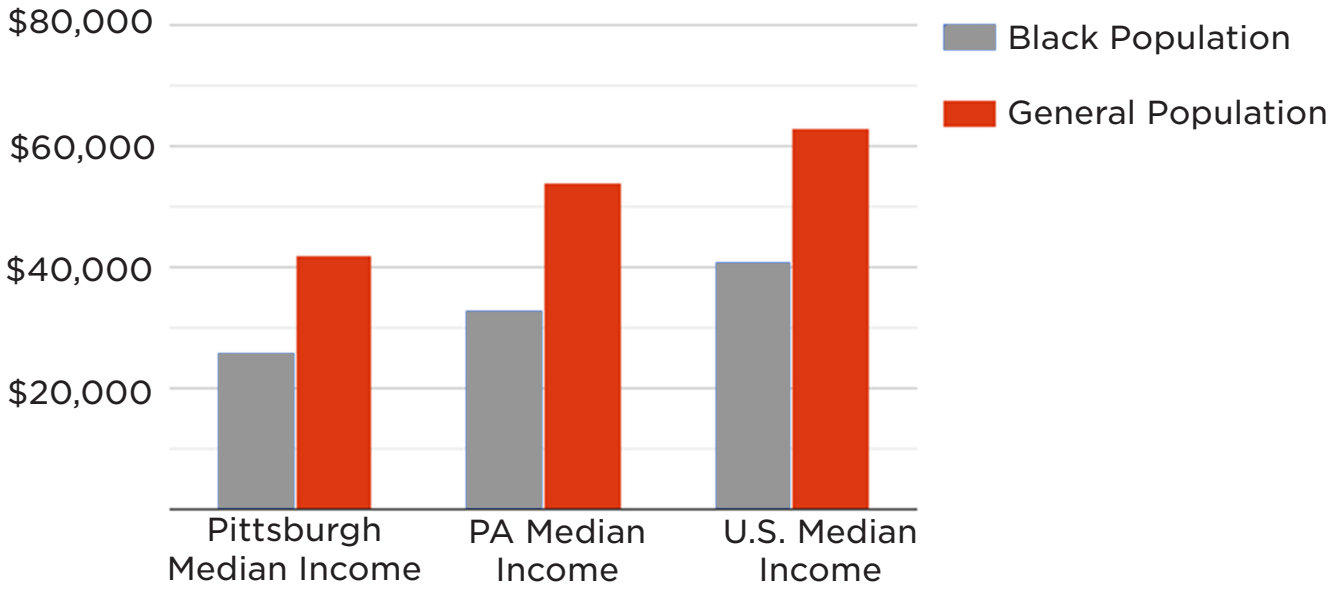
In the United States **1 in 4 Black households** is food insecure compared to 1 in 11 white households.

The poverty rate for **Black Pennsylvanians is 27 percent.** The overall poverty rate for PA is nearly 13 percent.

The Statistics

- **94 percent** of U.S. counties with a Black majority population have high food insecurity.
- **77 percent** of U.S. counties with a Black majority population have persistent poverty.
- The **top 10** counties with the highest food insecurity rates in the country are at least **60 percent** Black.
- Only **8 percent** of Black Americans have a grocery store in their census area.
- More than **12 percent** of Black Pennsylvanians are unemployed while the overall unemployment rate is six percent.

Income Inequality



1 N. Linden St. • Duquesne, PA 15110
P: 412-460-3663 • F: 412-460-0418
info@pittsburghfoodbank.org
pittsburghfoodbank.org

1-ADVOC-54-2020

Greater Pittsburgh community food bank

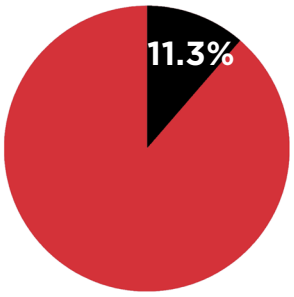
Food assistance programs for Black Americans

- SNAP provides **13 million meals** each month to Black American households and helps lift **2.1 million** Black Americans out of poverty.
- More than **25 percent** of Black Pennsylvanian households receive SNAP. This is nearly double their overall population.
- Nearly **42 percent** of all Black Pittsburgh households receive SNAP benefits.
- **31 percent** of Black Americans are served by food banks each year. This equals approximately 12 million adults, seniors and children.
- Black Pennsylvanians are **3 times** as likely to receive food assistance than white, non-Hispanic Pennsylvanians.

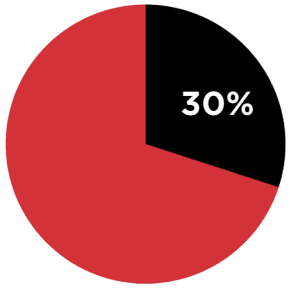
The impact of COVID-19 on Black Americans

- **Nearly 4 in 10** Black households with children are struggling to feed their families during the COVID-19 pandemic - nearly double the amount of white households with children.
- **14 percent** more Black households with children have faced food insecurity since the pandemic began.

Total Population



COVID-19 Cases



Food assistance during COVID-19

Amy is living with her daughter and has never used food assistance before. Amy is fighting a rare type of cancer and because of COVID-19 her daughter is unable to work.

"We ran out of money because my daughter was working at the hospital and she had to stop because I have cancer and she worked at the hospital. She's my caregiver so we had to find some food and they directed us down here."

Amy drove an hour and a half to attend a drive-up distribution at PPG Paints Arena in Pittsburgh.

"I had tears in my eyes when they said I could come. I'm down to the last of my food so what this means to me and my family is we get to eat for the rest of the month and I don't have to worry. I can sleep - I haven't slept because in my head, because I'm so worried about making sure we're ok."

Amy is thankful for everyone who made the drive-up distributions possible.

"We are thankful for you all risking your lives with the virus to be out here. You could catch something, but you're out here helping us. So that means a lot."

PHILABUNDANCE

Driving hunger from our communities

The Impact of COVID-19 on Communities of Color

Hearing Hosted By:

Pennsylvania Legislative Black Caucus, Health Equity and Justice Subcommittee

Pennsylvania House Democratic Policy Committee

Loree D. Jones, Chief Executive Officer

March 11, 2021

Good morning, members of the Pennsylvania Black Caucus' Health and Justice Subcommittee and the House Democratic Policy Committee. Thank you for having me today to speak about the impact of COVID-19 on communities of color, particularly as it pertains to food access.

I am Loree Jones, Chief Executive Officer of Philabundance, a hunger relief organization serving five counties in Pennsylvania and four counties in New Jersey. We are part of the Feeding America national network of over 200 food banks and the Feeding Pennsylvania network which is comprised of nine food bank partners in the state. At Philabundance, our mission is to alleviate hunger today while we work to end hunger for good. We are dedicated not only to meeting the immediate need through emergency food provision, but also to addressing the root causes of hunger. We understand that emergency food is not going to solve hunger, poverty, or racial disparities, but it is one piece of a much larger puzzle. Philabundance is committed to reducing hunger and the reliance on emergency food.

Philabundance has seen firsthand how the need for emergency food has grown during the pandemic, with hunger continuing to disproportionately afflict people of color in our service area and across the country. For example, nationally **nearly 4 in 10** Black households with children are struggling to feed their families during the COVID-19 pandemic, nearly double the number of white households with children. Meaning more people, and especially people of color, have to line up at their local pantries or wait in long car lines to be able to have something to feed their families.

COVID-19 did not create, but rather exposed at heightened levels, the inequities we can see so clearly today. Structural racism is the foundation on which many of our country's policies and programs were built. If you were not a white male who owned land, then you were not afforded equal status at the very founding of this country. Many of us here today were not given equal footing on paper until laws and amendments were passed. However, the ripple effects of the **words** in our founding documents still exist and are seen in the discrimination faced by Black, Indigenous, and other people of color in many aspects of daily life today.

We need to start at the foundation in order to promote true racial equity and ensure that people do not need services like Philabundance in the future.

Philabundance Background

A Philabundance agency partner picking up free product at an Agency Hub event.

At Philabundance we strive to ensure equitable and broader access to nutritious food and resources to help all our neighbors lead healthy, active lives. Philabundance was founded in 1984 with the simple belief that no man, woman, or child should go hungry while healthy food goes to waste. Our mission is to drive hunger from our communities today and to end hunger for good. In addition to food distribution, we strive to reduce food waste, increase accessibility to nutritious meals, and tackle the root causes of hunger through programs such as the Philabundance Community Kitchen. In partnership with more than 350 agencies, we provide nutritious food to those in need in our service area, which includes Philadelphia, Montgomery, Bucks, Chester, and Delaware counties in Pennsylvania. Our work stretches from the streets of

Kensington in Philadelphia to the countryside in Chester County. In no area, no county, do we not see a need – and an increased need at this time.

Philabundance operates by primarily distributing donated, purchased, and rescued product. This allows our food to be distributed without any barriers. To receive our non-government food, the people we serve do not need to prove they are poor or in need. They simply show up and can be provided nutritious food.

In addition to our work to relieve hunger today, Philabundance has made a commitment to ending hunger for good. Our goal is to pair food with other social determinants of health, like housing and education, to collaboratively and holistically improve overall health in our communities. We know that the majority (over 70 percent) of what determines a person's health and lifespan has less to do with genetics and direct healthcare and more to do with the social and economic conditions in which they live. Necessities like food, housing, education and access to primary and preventive healthcare are intertwined. Hunger doesn't happen in a silo. By partnering with other organizations that provide these types of interventions, Philabundance can be part of a movement to increase stability and long-term food security in the communities we serve.

We have already seen success with this work through our Philabundance Community Kitchen (PCK), which is a culinary arts and life skills training program. PCK trains people who are low- to no-income in a 16-week culinary vocational training program with the goal of helping people transform their lives. When we began PCK, we were committed to making it as accessible as possible, so the program has very low barriers to entry. Students are held to high standards and are required to be at class on time and prepared, but any student facing challenges will receive staff support to give them the best chance to be successful. The PCK team has built a program that truly meets people where they are today to help them move forward.

Food Insecurity

The reason Philabundance, PCK, and other programs are necessary is because of incredibly high rates of food insecurity. Defined by the United States Department of Agriculture (USDA) as a lack of access to enough food for a healthy and active life, food insecurity is a pervasive issue that impacts the health, well-being, and success of those who face it. At its core, food insecurity is hunger; it's when people are not able to afford the food they need.

Before the pandemic, there was a sweeping epidemic of hunger in this country. In Pennsylvania, over 1.4 million people faced food insecurity during 2018. That's nearly 11 percent of Pennsylvanians. In a country, and especially a state, with so much farming, agriculture, and resources, we still could not ensure the residents of Pennsylvania were fed.

USDA National Food Insecurity Rates by Race

Year	All	White	Black	Hispanic
2015	12.7%	10%	21.5%	19.1%
2016	12.3%	9.3%	22.5%	18.5%
2017	11.8%	8.8%	21.8%	18%
2018	11.1%	8.1%	21.2%	16.2%
2019	10.5%	7.9%	19.1%	15.6%

For decades the research has shown that households headed by people of color face hunger at higher rates than white households. Before the pandemic, USDA data showed that Black and Hispanic people faced hunger at double the rate of white people. While the rate of food

insecurity has certainly increased due to COVID-19, statistics showing this level of disparity are unfortunately nothing new. Even as overall food insecurity rates declined prior to the pandemic, race-based disparities persisted.

We know that the high rates of hunger are directly linked to high rates of poverty. Hunger is an issue of resources and access, worsened by the many existing obstacles people face: low-wage jobs, part-time hours, transportation challenges, the high cost of childcare and housing, and language barriers. When wages are too low or jobs are hard to find, it becomes impossible for families to meet the ever-rising costs and put food on the table.

COVID-19

Then came a global pandemic. COVID-19 had an immediate and devastating effect on the communities we serve. Food insecurity in our service area rose sharply, with agencies in our network reporting a 60 percent increase in the number of clients they served – 40 percent of which were people using the emergency food system for the first time. Feeding America is projecting that nationally more than 50 million people, including 17 million children, may experience food insecurity due to COVID-19.

Increasing hunger is being seen across the entire state. This ranges from a high of 21.8 percent in Philadelphia County to a low of 9.8 percent in Chester County.[1] When the best we are doing is a rate of nearly 10 percent of the population being food insecure, there is a huge problem. From urban to rural counties in Pennsylvania, each one is seeing massive increases in hunger. Most counties saw a 4 percent increase in hunger, like Lackawanna County that went from 12 percent of people experiencing food insecurity in 2019 to a projected 16.7 percent in 2020.[2]

Please see the chart attached to this testimony that has the food insecurity rates for every county in the Pennsylvania, including rates of households with children.

Hunger is of course impacted by the loss of jobs brought on by the pandemic. At Philabundance we are seeing people in need of our services because so many have lost their jobs or had their hours

BLACK AMERICANS AND HUNGER

- The poverty rate for Black Pennsylvanians is **27 percent.** The overall poverty rate for PA is 13 percent.
- **Nearly 4 in 10** Black households with children are struggling to feed their families during the COVID-19 pandemic – almost double the amount of white households with children.
- **14 percent** more Black households with children have faced food insecurity since the pandemic began
- More than **12 percent** of Black Pennsylvanians are unemployed while the overall unemployment rate is 6 percent.
- **31 percent** of Black Americans are served by food banks each year.
- Black Pennsylvanians are **3 times** as likely to receive food assistance than white, non-Hispanic Pennsylvanians.
- Only **8 percent** of Black Americas have a grocery store in their Census Area

Source: Greater Pittsburgh Community Food Bank

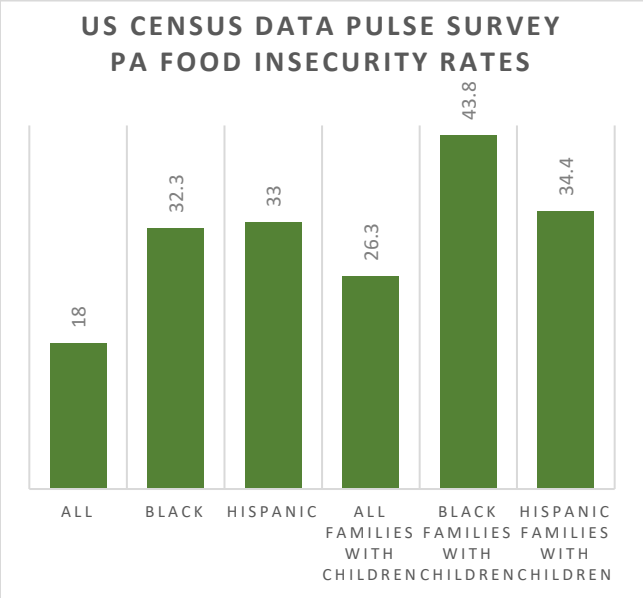
[1] Feeding America, Map the Meal Gap, 2020 Projected Overall Food Insecurity Rate, https://www.feedingamericaaction.org/the-impact-of-coronavirus-on-food-insecurity/
[2] Id.

A line of cars awaiting a food distribution.

reduced. COVID-19 has increased unemployment overall and its economic fallout has been widespread, but Black, Latino, Indigenous, and Immigrant households have been disproportionately impacted. This is largely due to the fact that people of color did not start out on equal footing when the pandemic began. Black workers currently face an unemployment rate more than double that of white workers.[3] This disparity has existed since the unemployment rate began being measured. Researchers say the only explanation for the ongoing disparity is discrimination.

In April of 2020 the Census Bureau launched a Household Pulse Survey. This provides real-time weekly data on how the pandemic is affecting the country. This data shows that tens of millions of people are out of work and struggling to make ends meet.[4]

For the month of January in Pennsylvania, 627,000 adults reported that their household sometimes or often did not have enough to eat in the last seven days.[5] This represents 8 percent of all adults in the Commonwealth. In addition, 578,000 adults living with children reported that the children were not eating enough because the adults could not afford enough food. This represents 20 percent of adults living with children in Pennsylvania. Nationally, 1 in 3 adults report having difficulty covering their usual household expenses. In Pennsylvania, 2.6 million adults have reported this difficulty, meaning almost 30 percent of adults in the state struggle to make ends meet. The state's current unemployment rate of 7 percent, or close to 1 million people, is certainly a big part of the issue.[6]



The national analysis of the Pulse Survey found that Black and Latino adults were roughly three times as likely as white adults to report that their household did not have enough to eat. The numbers were 21 percent for Black households, 20 percent for Latino households, and 7 percent for white households. Indigenous

[3] Lena V. Groeger, "What Coronavirus Job Losses Reveal about Racism in America," ProPublica https://projects.propublica.org/coronavirus-unemployment/

[4] United States Census, Household Pulse Survey Data Tables, https://www.census.gov/programs-surveys/household-pulse-survey/data.html

[5] Center on Budget and Policy Priorities, Tracking the COVID-19 Recession's Effects on Food, Housing, and Employment Hardships, Feb 18, 2021, https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and

[6] Id.

adults were more than twice as likely, at 18 percent, as white adults to report the same for their household.[7]

A line of clients picking up food outside Feast of Justice.

Feast of Justice, a Philabundance agency partner in Northeast Philadelphia, has dramatically increased their food distribution during COVID-19. Prior to COVID-19, Feast of Justice provided food to approximately 285 households. At the height of the pandemic that number increased to 1,500 households. Today they serve approximately 825 households a week. The demographics of the people they serve has changed with the increase in clients. In 2019, 8 percent of Feast of Justice's clients were Asian. That number has increased to 48 percent in the last year.

Another agency partner, the Garces Foundation, primarily serves the immigrant community in South Philadelphia. The Foundation works to connect their clients to health care, education, food, and other supports. Before the pandemic more than a quarter of the population they serve lived below the poverty line, despite a large portion of them working. The Garces Foundation sent the following statement for me to share today:

"The COVID-19 pandemic has been especially devastating to the immigrant community in South Philadelphia, many of whom work in the hard-hit service industry. The Garces Foundation serves families who have difficulty accessing government benefits such as unemployment, healthcare, and rental assistance. In a survey last June of nearly 200 families from our community, only 11 percent had at least one family member working full-time, leaving the remaining 89 percent without the means to pay rent and feed their families. Our community members are plagued with undiagnosed medical conditions; they are twice as likely to contract the virus and require hospitalization. Our community lives in fear of losing their homes and losing their lives to this virus."

In fear of losing their homes and losing their lives. It is a scary reality when families must put themselves and their loved ones at risk of contracting a potentially fatal virus simply in order to do their work.

That is the case for many of the essential and frontline workers who have most heavily felt the effects of the COVID-19 pandemic. These workers are largely people of color and immigrants. They are packing groceries, driving for rideshare services, caring for our elderly, and providing building maintenance. The Garces Foundation also works with many people in the restaurant industry who saw their means of employment shut down long-term or close their doors for good. When federal benefits largely leave out immigrant populations, there is very little, if any, relief available.

Sustained and substantial relief will be necessary to combat these numbers. Hardships like hunger, eviction, and homelessness will continue to devastate these communities without robust targeted relief to meet the need today. But we also know there needs to be systematic change to ensure more people do not face the hardships in the first place.

[7] Id.

Health and Food Insecurity

Philabundance Food Distribution for children.

As food insecurity increases, we know it is also often combined with a decline in overall health.

Access to nutritious food is critical for the health of every person. For babies and young children, a lack of nutrition can lead to delays in body and brain development that have lifelong impacts.[8] As children get older, not having a balanced breakfast or lunch can lead to an inability to focus in school, health consequences, and even an increase in suicidal ideation.[9] Older adults who are food insecure have a greater likelihood of depression, diabetes, hypertension, and overall report being in poor or fair health.[10] As hunger impacts people of color more often than white people, it is not hard to see how this cycle continues to disproportionally impact people of color.

A child facing food insecurity is not starting life out on equal footing. If food insecurity continues through school age and into adulthood, that person will face severe disadvantages. Lack of access to food -- a basic thing every person needs to survive -- leads to increase costs in hospitalizations, underperformance in school, and a decrease in future earnings. Access to food is a much larger issue that simply addressing hunger, it is about providing people with the nutrients need to have a full, healthy life.

While a virus cannot discriminate, the disproportionate impact of COVID-19 on Black, Latino, Indigenous, and Immigrant populations has highlighted the effect of longstanding racist policies. According to the COVID-19 Tracking Project, in Pennsylvania Latino people are most likely to contract COVID and Black people were the most likely to have died.[11]

Again, the numbers do not lie. Nationally, Black people are 2.9 times more likely to be hospitalized and 1.9 times more likely to die from COVID-19 as compared to white people.[12] Hispanic or Latino people are 3.2 times more likely to be hospitalized and 2.3 times more likely to die from COVID-19 as compared to white people. There is something fundamentally unacceptable about these numbers. Race and ethnicity are risk markers for COVID-19 not because of the virus itself, but as a result of the underlying conditions that affect health including poverty, hunger, employment, and housing.

---

[8] Children's HealthWatch, Keeping Children's Weight on Track, https://childrenshealthwatch.org/wp-content/uploads/CHW-weight-trajectories-web-final.pdf

[9] Craig Gunderson and James Ziliak, "Food Insecurity and Health Outcomes," Health Affairs, https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2015.0645

[10] Id.

[11] The COVID Tracking Project, Infection and Mortality by Race, Pennsylvania, https://covidtracking.com/race/infection-and-mortality-data#PA.

[12] Center for Disease Control, Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity, https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

Collaboration and Representation

To have any success in combatting hunger and poverty, even before COVID-19, collaboration is key. Hunger, homelessness, unemployment, and other social determinants of health do not occur in a vacuum. Therefore, programs to fight them must work together to be successful.

With Philabundance's Ending Hunger For Good initiative, we are committed to bringing together partners so we can take any challenges head on and together.

In 2020, Philabundance launched Sharswood THRIVE: Community by Design. Sharswood THRIVE seeks to fundamentally change the way people seek and receive services by promoting a comprehensive safety-net system approach that not only provides stability services such as housing and healthcare but also economic mobility empowerment through workforce development, home ownership and financial literacy training. Sharswood THRIVE is a multi-year project carried out in collaboration with partner community organizations.

The overall goal is to create a scalable model combining multiple services to increase the stability and economic mobility of Sharswood community members meaningfully and measurably over a three to five-year period. The collaborative wants to ensure that that existing, returning, and future residents of Sharswood will live peacefully, prosperously, and as a cohesive community for generations to come. Sharswood residents will achieve their life goals and affect sustainable neighborhood change.

Absolutely key to any collaboration is having diverse people and perspectives around the table. Diversity in race, gender, background, socio economic status, viewpoint, etc. People with lived experience with the issues at hand must be at the center of this work. Without their expertise, any solutions will come up short. If we are looking to combat hunger we need to speak with people who have waited in line at food pantries, who know what it is like to fill out a SNAP application, and who have made the impossible choice between paying their rent or putting food on the table. The silence and exclusion of those impacted in the decision-making process is a choice that can no longer be made.

I invite all of the members participating in this hearing to seek out people who are struggling and take the time to learn from them. Volunteer at a pantry in your district and stay for the entire distribution to see what happens when the food runs out. Take the "SNAP Challenge" by committing to live on only $4.00 a day – not per meal but for the entire day – for a week. Spend an afternoon in a County Assistance Office, when they are open again, to see what it is like to ask for help. Take time to understand these issues at a personal level, if you have not already. We would be happy to help connect you with our partners and help support this work.

Secretary Redding volunteering at a Philabundance Agency Hub

Policy Recommendations

Civil Rights leader and Nobel Laureate Martin Luther King, Jr said "I refuse to accept the view that mankind is so tragically bound to the starless midnight of racism and war that the bright daybreak of

peace and brotherhood can never become a reality.... I believe that unarmed truth and unconditional love will have the final word." We must face the truth of our past, name the things we must change, and move forward together.

Hunger, poverty, and racial inequity continue to exist because of the political choices we have made. This is how our system was built. Fixing this problem is not going to be easy - it's going to require an extraordinary commitment to remedy these historic injustices.

But we know that COVID-19 means less resources not only for households but also for government. During the Great Recession of 2008, states were forced to make major cuts to critical programs due to huge budget shortfalls. Cuts to schools, higher education, and economic supports families needed most were devastating for communities.[13] Such cuts worsen structural inequities that impact people of color. During the Great Recession, the median Black household lost more than half of its income and the median Hispanic household lost two-thirds.[14] In addition to cuts to schools, the weakening of income supports like unemployment insurance and the Temporary Assistance for Needy Families (TANF) program added to the challenges.

Legislators must intentionally work to create an antiracist, equitable, and inclusive recovery plan that extends to all people. The Center for Budget and Policy Priorities lists three principles for state policymakers to consider[15]:

- Target aid to those most in need due to the COVID-19 pandemic and consequent economic crises.
- Advance antiracist and equitable policies — both short- and long-term — to dismantle persistent racial, gender, and economic inequities and other barriers that non-dominant groups and identities experience.
- Protect state finances to preserve the foundations of long-term economic growth and opportunity.

With these principles in mind, I would like to offer the following recommendations:

Make Funding Nutrition and Other Support Programs a Priority – As the Commonwealth struggles with budget shortfalls they must also consider the households who have their own budget shortfalls. We must provide adequate supports to ensure that families already struggling due to the pandemic are not made worse during the recovery.

- **Increase funding for the State Food Purchase Program (SFPP)** – SFPP is the State's nutrition program that provides direct funding to food banks and emergency food providers. This program helps organizations purchase food and finances needed infrastructure and

[13] Michael Lechman and Erica Williams, "Policy Brief: States Can Learn from Great Recession, Adopt Forward-Looking, Anti-racist Policies," Center of Budget and Policy Priorities, https://www.cbpp.org/research/state-budget-and-tax/policy-brief-states-can-learn-from-great-recession-adopt.
[14] Id.
[15] Id.

transportation. Each county gets a portion of the funding. SFPP has been funded at $18.1 million for years and hunger advocates are requesting an increase to $24 million.

- **Increase funding for the Pennsylvania Agricultural Surplus System (PASS)** – PASS is a program that supports farmers, reduces food waste, and provides food to food banks. By covering the cost of harvesting food, packing products, and transportation, PASS keeps Pennsylvania produce and dairy from going to waste. This program has been funded at $1.5 million since 2017 and has shown great results. We request a $5 million investment to allow PASS to benefit more farmers and create more opportunities for collaboration all while benefiting the charitable food network.

- **Ensure no cuts to other support programs** – Where investments can be made, the Commonwealth should find resources to support housing, education, health care, and other programs. Without ensuring the basic needs of our residents are met we will never move beyond the impact of the pandemic or build a more equitable future.

Draw Down a Maximum of Federal Funds – The process of applying for benefit programs is lengthy and difficult. While many of the requirements are set at the federal level the State should take advantage of every possible flexibility offered to ensure we are drawing down as much federal funding as possible. The Pennsylvania Department of Human Services and Department of Health have been great partners and we ask the State to do the following:

- **Allow for SNAP Flexibilities –** The Supplemental Nutrition Assistance Program (SNAP) is the nation's number one defense against hunger. It provides federal funds directly to families to purchase their own food. Prior to COVID-19, Pennsylvania was already behind in its utilization of the program. More people are eligible for SNAP than are applying largely due to the cumbersome process, not knowing they are eligible, and overall stigma of the program. The State could do more to remove barriers to this program and provide more federal funds into communities who need it. SNAP also is a boost for local economies as for every $1 invested in SNAP there is a $1.70 economic benefit.[16] While the state budget is tight, we must all work to bring in as much federal resources as possible.

    - **SNAP Recertification –** During COVID the USDA has provide flexibilities to SNAP and other programs. One flexibility is to waive the recertification period, which is when people need to reapply for the program. Pennsylvania reinstituted the recertification process despite not being required to do so by the USDA. We recommend that the Department of Human Service take advantage of every flexibility possible to ensure people are getting the needed federal resources.

[16] Ed Bolen and Elizabeth Wolkomir, "SNAP Boosts Retailers and Local Economies", Center on Budget and Policy Priorities, https://www.cbpp.org/research/food-assistance/snap-boosts-retailers-and-local-economies.

- **County Assistance Offices** – Prior to COVID-19, people would go to their local County Assistance Offices to apply for benefits or seek help with the process. While we greatly appreciate efforts to allow people to apply for benefits remotely, we are also concerned about people who need in-person help with their applications. When it is safe to do so we recommend that the County Assistance Offices reopen and continue to help people without internet access, who have low literacy level, or are simply not comfortable with computers to apply for benefits.

- **Support Innovations in WIC –** The Special Supplemental Nutrition Program for Women Infants and Children (WIC) is a critical program for the health and well-being of pregnant women and kids up to the age of six. WIC provides nutrition assistance, health referrals, and other supports that are critical for women and children at a vulnerable time. Similar to SNAP, we recommend that the State work to bring in as much federal funding through this program as possible. This can be done by promoting the program, streamlining the process where possible, and updating our systems. We ask that the Department of Health utilize a portion of any COVID-19 relief funding set aside for WIC to fund system upgrades. This will help create a smoother process for the State but also for their clients with the goals of having more people using those federal dollars.

Release Pandemic EBT Funds Quickly – Now that the USDA has released their regulations about the Pandemic EBT program and Pennsylvania has submitted their plan, we hope the State will move as quickly as possible to get these additional resources to families. The Pandemic EBT program was meant to supplement the cost of school meals that were not being provided at schools yet families have not seen any funds from this program yet this school year. We know school districts did their best to run programs where people could pick up food but they did not reach nearly enough. This extra boost for families will be a lifeline for so many who have had their children at home for almost a year.

Invest in Workforce Development – When the economy begins to reopen we need to have strategic investments in workforce development. Those investments should be in programs that serve low income individuals, have low barriers to access, and have a proven track record. A special emphasis should be on serving people of color. Any program should have a life skills component to ensure the students are fully prepared to be successful in the workforce.

More Intentional Work to Address the Root Causes of Hunger – As I said in my testimony – hunger is about resources. Hunger is about people not having enough money to purchase food. When passing any legislation or creating any policies you must consider how to best address the deep poverty and hunger throughout the Commonwealth. As recovery from the pandemic begins we know that those hit hardest by the economic crisis will be the slowest to recover. Any policies considered must be reviewed with that in mind.

Our diversity is our greatest strength. The fact that we all have different experiences, backgrounds, and cultures makes us all the richer. However, for too long, being different has meant being treated as less.

Having less wages, limited education, and diminished opportunities. Policies at the local, state, and national levels can and must change this.

Conclusion

Thirty-five years ago, Philabundance began because one woman saw a problem in her community and wanted to do something about it. She saw food going to waste while people struggled with hunger. She did not ignore the problem or wait for someone else to take care of it but stepped up herself. She took excess food from restaurants and retailers and brought it to pantries, shelters, and other places where people came for food. With this one act she started something. She began building toward an organization that today feeds hundreds of thousands of people and moves millions of pounds of food.

I bring this up today not to simply to tout Philabundance's founder, Pam Rainey Lawler, but to say that this type of work is needed to address the problems we face today. We need to name the issues when we see them and then work together to find solutions. It may mean starting small but each step forward will lead us to a better future. No longer can we simply wait for someone else to step up – we must start with tangible change today and I stand ready to work with each of you to a brighter future.

We need to step up like Desiree Lamar Murphy did in her community. Having faced homelessness after a fire and needing emergency food, Desiree thought people deserved better. Out of the trunk of her car she began distributing bread collected from local markets in the parking lot of her church. Murphy's Giving Market is now a Philabundance partner providing food to several schools and child care centers.

In a letter to President Biden, Desiree shared that "I think that we both agree that we must, without reservation, eliminate barriers that continue to oppress underserved communities and give them access to the same opportunities as wealthier communities. This starts by establishing and funding programs that support these communities and provide healthy food and eliminate food deserts. We know that you will work to rebuild strong communities by securing access to food as well as educational opportunities, fair wages, and employment opportunities."

Desiree wrote that letter to then President -elect Biden on the occasion of his visit to Philabundance on the Martin Luther King Day of Service. His visit on a national holiday honoring one of our country's greatest citizens allowed a moment of reflection. Our great country was founded in this state. In Pennsylvania, in Philadelphia, the founding fathers gathered to develop a democracy like no other. As proud as we are of the American experiment with ideals that all men are created equal and that promote the pursuit of happiness, we must also acknowledge that their work was imperfect and incomplete.

As we strive to build what our founding fathers called a more perfect union, we must work to ensure all people within our borders indeed have access to the proverbial America dream. Some would say that the system that has left so many Americans food insecure during this pandemic is not broken. Some would say based on the historical reality that the system was intentionally built this way; that it was built to be unequal.

Today, you have asked me to highlight *racial* disparities related to food insecurity. I believe I have done that. I do think it is important to note that food insecurity touches every county and people of all backgrounds across our Commonwealth. I include at the end of my testimony a chart noting the insecurity rates by county in 2018 and then in 2020. The chart demonstrates that there have be alarming

increases in the number of people who are food insecure in Pennsylvania regardless of racial and ethnic background.

I stand with you ready to work toward that more perfect union, and I hope you consider some of the recommendations I laid out today. But more importantly I hope we can all commit to working together – non-profit, private entities, government, and individuals – to do the hard work, to bring together diverse groups, collaborate, and come up with big ideas to move Pennsylvania to a brighter future for all of its residents.

I want to thank you for considering my testimony today. I along with my colleagues from Philabundance and the other organizations I mentioned today are available for questions today and at any time. We are committed to working with the State to find solutions to end hunger for everyone in Pennsylvania.

County	Food Insecurity Rate 2020	Food Insecurity Rate 2018	Child Food Insecurity 2020	Child Food Insecurity 2018
Adams	12.0%	8.2%	19.7%	12.3%
Allegheny	15.0%	10.6%	23.1%	14.3%
Armstrong	16.2%	11.7%	27.0%	18.1%
Beaver	15.6%	10.7%	25.9%	16.1%
Bedford	15.7%	11.2%	25.9%	17.2%
Berks	14.1%	9.6%	22.6%	13.7%
Blair	16.4%	12.0%	26.1%	17.6%
Bradford	14.4%	10.7%	23.4%	16.3%
Bucks	11.4%	7.1%	17.8%	9.4%
Butler	12.4%	8.3%	19.5%	11.6%
Cambria	17.4%	12.8%	29.4%	20.4%
Cameron	18.5%	12.6%	30.5%	18.9%
Carbon	16.0%	11.2%	27.6%	18.3%
Centre	11.9%	8.8%	16.9%	10.9%
Chester	9.8%	6.3%	14.7%	7.9%
Clarion	16.3%	12.3%	26.0%	18.1%
Clearfield	16.9%	12.6%	28.9%	20.5%
Clinton	16.9%	12.8%	27.4%	19.6%
Columbia	14.5%	10.5%	23.6%	15.9%
Crawford	16.4%	12.0%	26.6%	18.0%
Cumberland	11.4%	7.9%	18.0%	11.1%
Dauphin	14.9%	10.6%	23.5%	15.0%
Delaware	13.9%	9.4%	21.3%	12.5%
Elk	15.9%	9.9%	27.2%	15.3%
Erie	17.1%	12.3%	27.6%	18.3%
Fayette	19.4%	14.2%	32.7%	22.3%
Forest	19.3%	14.7%	36.7%	27.6%
Franklin	13.6%	9.7%	21.8%	14.2%
Fulton	15.5%	10.4%	25.7%	15.6%
Greene	16.9%	12.5%	27.4%	18.7%
Huntingdon	16.5%	11.8%	28.1%	18.8%
Indiana	16.1%	11.8%	26.1%	17.6%
Jefferson	15.8%	11.5%	26.2%	18.0%
Juniata	13.8%	10.1%	22.7%	15.6%
Lackawanna	16.7%	12.0%	26.5%	17.1%
Lancaster	12.7%	8.7%	19.8%	12.1%
Lawrence	17.1%	12.3%	28.0%	18.7%
Lebanon	13.1%	9.1%	20.9%	13.1%
Lehigh	14.8%	10.1%	22.9%	13.7%
Luzerne	17.1%	11.9%	28.8%	18.6%

Lycoming	16.2%	11.8%	26.6%	18.0%
McKean	17.8%	13.0%	30.2%	21.0%
Mercer	16.7%	12.1%	28.6%	19.4%
Mifflin	16.0%	12.0%	27.0%	19.2%
Monroe	15.8%	10.2%	26.0%	14.8%
Montgomery	11.1%	7.0%	16.6%	8.8%
Montour	13.2%	10.0%	20.8%	14.7%
Northampton	13.2%	8.7%	21.5%	12.6%
Northumberland	16.5%	12.1%	26.8%	18.2%
Perry	12.2%	8.7%	19.8%	13.0%
Philadelphia	21.8%	16.3%	32.8%	22.0%
Pike	15.2%	10.1%	26.3%	16.1%
Potter	16.8%	12.7%	27.6%	19.6%
Schuylkill	16.1%	11.7%	26.3%	17.6%
Snyder	13.3%	9.4%	22.3%	14.8%
Somerset	15.8%	11.3%	27.2%	18.5%
Sullivan	15.9%	11.9%	26.4%	18.7%
Susquehanna	14.4%	10.8%	23.8%	16.9%
Tioga	16.3%	12.1%	26.7%	18.5%
Union	13.1%	9.5%	20.5%	13.4%
Venango	16.5%	12.3%	27.2%	19.1%
Warren	15.2%	11.3%	26.0%	18.5%
Washington	14.1%	9.6%	22.5%	13.6%
Wayne	15.4%	10.9%	25.5%	16.6%
Westmoreland	14.4%	9.9%	23.6%	14.8%
Wyoming	13.8%	9.7%	23.3%	15.2%
York	13.3%	9.1%	21.5%	13.5%

Source: Feeding America, Impact of Coronavirus on Food Insecurity

Black Americans and Hunger

While hunger affects all Americans, systemic racism is strongly linked with hunger in the United States. In Pittsburgh and throughout Pennsylvania, Black Americans are one group most affected by hunger.

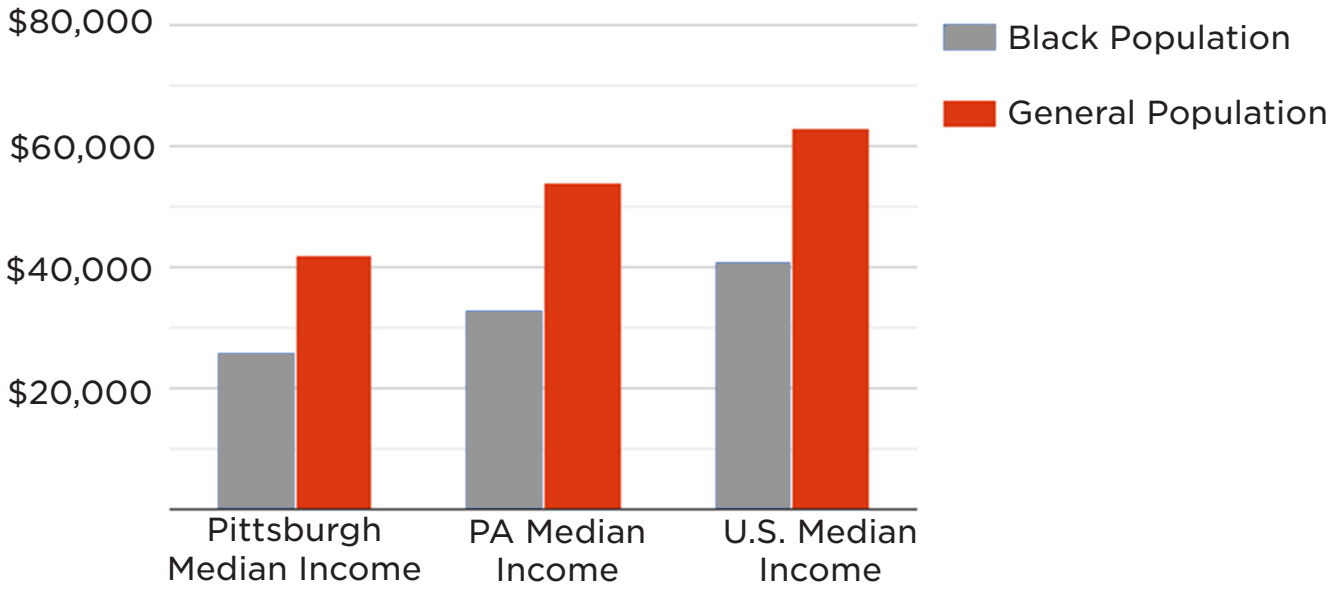
In the United States **1 in 4 Black households** is food insecure compared to 1 in 11 white households.

The poverty rate for **Black Pennsylvanians is 27 percent.** The overall poverty rate for PA is nearly 13 percent.

The Statistics

- **94 percent** of U.S. counties with a Black majority population have high food insecurity.
- **77 percent** of U.S. counties with a Black majority population have persistent poverty.
- The **top 10** counties with the highest food insecurity rates in the country are at least **60 percent** Black.
- Only **8 percent** of Black Americans have a grocery store in their census area.
- More than **12 percent** of Black Pennsylvanians are unemployed while the overall unemployment rate is six percent.

Income Inequality



1 N. Linden St. • Duquesne, PA 15110
P: 412-460-3663 • F: 412-460-0418
info@pittsburghfoodbank.org
pittsburghfoodbank.org

1-ADVOC-54-2020

Greater Pittsburgh community food bank

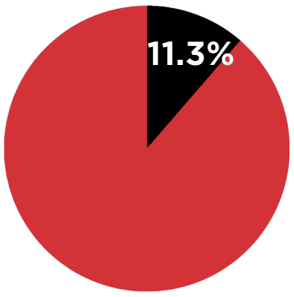
Food assistance programs for Black Americans

- SNAP provides **13 million meals** each month to Black American households and helps lift **2.1 million** Black Americans out of poverty.
- More than **25 percent** of Black Pennsylvanian households receive SNAP. This is nearly double their overall population.
- Nearly **42 percent** of all Black Pittsburgh households receive SNAP benefits.
- **31 percent** of Black Americans are served by food banks each year. This equals approximately 12 million adults, seniors and children.
- Black Pennsylvanians are **3 times** as likely to receive food assistance than white, non-Hispanic Pennsylvanians.

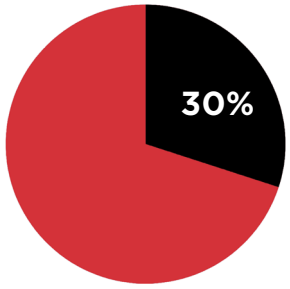
The impact of COVID-19 on Black Americans

- **Nearly 4 in 10** Black households with children are struggling to feed their families during the COVID-19 pandemic - nearly double the amount of white households with children.
- **14 percent** more Black households with children have faced food insecurity since the pandemic began.

Total Population



COVID-19 Cases



Food assistance during COVID-19

Amy is living with her daughter and has never used food assistance before. Amy is fighting a rare type of cancer and because of COVID-19 her daughter is unable to work.

"We ran out of money because my daughter was working at the hospital and she had to stop because I have cancer and she worked at the hospital. She's my caregiver so we had to find some food and they directed us down here."

Amy drove an hour and a half to attend a drive-up distribution at PPG Paints Arena in Pittsburgh.

"I had tears in my eyes when they said I could come. I'm down to the last of my food so what this means to me and my family is we get to eat for the rest of the month and I don't have to worry. I can sleep - I haven't slept because in my head, because I'm so worried about making sure we're ok."

Amy is thankful for everyone who made the drive-up distributions possible.

"We are thankful for you all risking your lives with the virus to be out here. You could catch something, but you're out here helping us. So that means a lot."

Richard Garland MSW
Assistant Professor of Public Health Practice
University of Pittsburgh Graduate School of Public Health
March 11, 2021

I have gotten the vaccine, and I understand the hesitation of many African American men and women. Some do not believe it is something they should take, because of the racism that exist in America today. There are many war stories about the system giving diseases to men and women in the past. Even now with the environment we live in today that speaks to racial justice, police reform, the Black Lives Matter movement. People in the African American community are suspect of this disease and think it was something that was derived to kill off African Americans. WE of the COVID-19 Black Equity Taskforce are made up of Community Activist, Public Health doctors, social workers, nurses, foundation representatives, all who are African American. We are working in conjunction with people from all over the state to raise the awareness of COVID-19 amongst the Black and Brown Community. Most of us are doing this due to our commitment to our community, and awareness of the public health issue this disease brings.

Richard Garland MSW
Assistant Professor of Public Health Practice
University of Pittsburgh Graduate School of Public Health
130 DeSoto Street
6118 Public Health
Pittsburgh PA. 15261
412-624-4631 (o)
412-383-5846 (f)
412-287-5959 (c)
rig11@pitt.edu

Pennsylvania Legislative Black Caucus
COVID-19 and Racial Disparities
Natosha Reid Rice, Habitat for Humanity International

Representative Bullock, members of the Pennsylvania Black Caucus and other members of the Pennsylvania General Assembly, my name is Natosha Reid Rice, Global Diversity, Equity, and Inclusion Officer for Habitat for Humanity International. I am happy to be here with you today.

Habitat for Humanity

At Habitat for Humanity, we are driven the vision that *everyone* needs a decent place to live. The organization began in 1976 as a grassroots effort on a community farm in southern Georgia. The Christian housing organization has since grown to become a leading global nonprofit working in local communities across all 50 states in the U.S. and in more than 70 countries. Families and individuals in need partner with local Habitat affiliate, like those here in Pennsylvania, to build or improve a place they can call home. Habitat homeowners help build their own homes alongside volunteers and pay an affordable mortgage. Habitat surveys with our homebuyers have shown improved educational outcomes for children, better financial health, and parents who are more financially secure to meet their family's needs.

Habitat is also committed to doing the work in our practices, our programs and our networks that brings equity to our efforts and helps bring justice to the communities in which we work. And we are working to connect issues of racial and social injustice with historic barriers to affordable housing and working to eradicate those barriers.

Habitat for Humanity's response to COVID-19

Habitat affiliates serve over 1,100 communities across the nation and the Habitat affiliate network seen firsthand the devastating health and economic impacts of the coronavirus pandemic. For many families who were already struggling with a need for decent and affordable housing, their daily lives have only become more challenging. For others, those who find themselves affected by the economic crisis caused by the COVID-19 pandemic, the future is now uncertain. Even in these times — especially in these times — Habitat has continued to work tirelessly toward our vision.

Throughout the COVID-19 pandemic, Habitat for Humanity has prioritized the health and safety of the people in the communities we serve, as well as those staff, volunteers and partners who carry out our mission. The Habitat network in the U.S. has not seen an overall increase in mortgage delinquencies among Habitat homeowners, however that is most likely due to our ability to provide mortgage forbearance and other support to impacted homeowners. We are working with Habitat homeowners to ensure that they can remain in their homes, even if they have had income interruptions due to the pandemic.

Since the pandemic began, Habitat has also advocated tirelessly at the all levels of government for rent and homeowner assistance, as well as support housing access and affordability for long-term recovery.

Impact of COVID on Black households

We know that the pandemic has had an unequal impact on communities across the nation, with Black households disproportionately feeling the health and economic impacts. Black workers have experienced higher rates of job loss and unemployment during the pandemic. Black workers are also more likely to work in 'front-line' jobs that carry a higher risk of infection. According to the Center for Economic and Policy Research, Black persons make up 11.9 percent of the workforce, and 17 percent of jobs in these industries, and constitute even higher proportions of workers in public transit, childcare, healthcare, and social services.

On average, Black households started the COVID-19 crisis with higher housing cost burdens, lower accumulated savings, and fewer assets that could be liquidated to provide financial cushion during the shock. According to the Harvard Joint Center for Housing Studies State of the Nation's Housing 2020 report, over half of Black and Hispanic renter households were cost burdened going into the pandemic, compared to 42 percent of Asian and white households These "preexisting conditions" left Black households more economically vulnerable to the job losses caused by COVID-19. The result is a greater threat of foreclosure or eviction during this crisis, and with it greater risk of virus exposure, stress, and negative impacts on children's school performance. According to the Harvard Joint Center for Housing Studies, 23 percent of Black renters were behind on their rents by late September, or about twice the 10 percent share of white renters. Also by late September, 17 percent of Black homeowners were behind on mortgage payments compared to just 7 percent of white homeowners.

Disparate housing conditions in turn area likely contributor to the higher rate at which Black Americans have died from COVID-19. Black families disproportionately live in substandard homes with conditions that increase rates of asthma and heart disease—two of the underlying conditions linked with greater risk of patients dying from the virus. Black Americans are also more likely to live in neighborhoods with higher-than-average levels of air pollution, increasing their risk of heart and respiratory diseases that increase the lethality of COVID-19. Lastly, quality hospitals and clinics tend to be located far from the segregated communities where many Black households live.

Historical racial disparities in housing

The impacts racial disparities that we see in the health and economic impacts of the pandemic are not a new phenomenon. COVID has compounded existing systemic housing disparities that were caused by policy choices at all levels of government.

For much of the 20th Century, federal, state and local housing policies systematically denied Black households equal access to mortgage lending, homeownership subsidies, and neighborhood opportunities offered to White households. This has had a lasting and inter-generational impact, with the legacy of these policy decisions visible today in our stark racial disparities in homeownership, housing security, education, employment, health, income, and wealth.

Many layers of racially discriminatory policies have combined to profoundly disadvantage Black households and communities of color.

- Starting in the 1930s, redlining by the Federal Housing Administration excluded homebuyers of color from affordable, low-down payment mortgages made available to white households.
- Around the same time, FHA propelled the use of racially-restrictive covenants that excluded people of color from the new growing suburbs and favored city neighborhoods.
- The GI Bill further excluded Black households from homeownership opportunities, placing white and Black households on very different paths after the war.
- Federal urban renewal and highway construction subsequently leveled or isolated many working-class Black neighborhoods, displacing families and forcing them to start over.
- Meanwhile, the federal government continued to permit inconsistent and unequal credit access for Black homebuyers and businesses even after redlining and racialized zoning were officially outlawed.

All this rippled through generations:

- It meant that Black families would gain none of the equity appreciation that white homeowners would gain during some of our nation's biggest growth years.
- It meant that Black parents had less wealth to pass on to their children to help with a down payment.

- That Black children grew up with unequal educational opportunities and unequal neighborhoods.
- That Black parents were less able to finance their children's college tuition with home equity, contributing to higher student debt for Black college graduates.

And it is not just confined to the past. During and after the Great Recession, we know that Black homeowners were disproportionately targeted by predatory mortgages and predatory refinancing. And exclusionary zoning by income and wealth continues to lock in the patterns of racial segregation formed initially with the help of racial covenants and explicit racial discrimination.

We see the effect today in significant racial disparities:

- The 30-percentage point gap in homeownership between Black and white households
- The tremendous wealth gap between white households and communities of color
- Continuing racial segregation in our communities
- Different levels of access to healthy housing and neighborhoods
- Major disparities in access to quality schools.
- Higher housing cost burdens.
- Greater housing instability.

Policy recommendations

There are a number of policy ideas that the Pennsylvania General Assembly should consider to address the long-standing housing disparities that have been exacerbated by COVID-19:

1. **Minimize the damage and compounding effect of COVID-19 for Black households**
   On average, Black renters and homeowners are at higher risk of losing their homes, having entered the health and economic crisis with less access to stable and affordable homes. Broad eviction and foreclosure moratoria are critical for stabilizing households during the pandemic but it is just as critical to help renters and homeowners get caught up on missed payments after moratoria and forbearance terms end so that households can return to sound footing and keep their homes over the long-term. Key recovery tools for homeowners and renters include investing state foreclosure prevention assistance targeting low-income homeowners, emergency financial assistance for renters facing eviction, and extended repayment options for renters and homeowners alike. *Greater investment in the Homeowners' Emergency Mortgage Assistance Program will be critical for the preservation of homeownership for Black owners in Pennsylvania.*

2. **Pursue policies increase opportunities for Black homeownership**
   Eliminating disparities in homeownership rates and home equity gain would shrink the racial wealth gap by 31% and 16%, respectively, according to a recent analysis by Demos. Key strategies for closing the Black homeownership gap include:

   - *Increase investment in down payment assistance(DPA) to support Black homebuyers*
     One consequence of the many layered policies that have excluded Black families from homeownership, educational and job opportunities is that Black parents have less wealth to pass on to their children. This poses a significant barrier to assembling a down payment for many Black prospective homebuyers. Down payment assistance, or DPA, programs help overcome this obstacle. DPA will be especially important during the recovery from COVID-19, as lost income has depleted savings for many renters, and banks are starting to require higher down payments in response to the crisis

   - *Invest in affordable homeownership*

Even when down payment assistance is available, unaffordable home prices remain a major obstacle to homeownership in many communities. state and local investments can help mission-driven builders such as Habitat for Humanity leverage private contributions to create lasting, sustainable homeownership opportunities. Resources for affordable homeownership are needed in all types of communities, including and especially communities with appreciating home values.

3. **Invest in distressed, racially segregated communities to promote an inclusive economic recovery**
   Many formerly redlined communities and other highly segregated neighborhoods continue to suffer from disinvestment and economic distress. Significant reinvestment and thoughtful tax incentives should be targeted to these communities to spark recovery and opportunities for all residents. Public investment and private tax incentives need to be carefully designed to ensure they do not displace existing residents and businesses, rather than benefiting them. Additional strategies include:

   - *Enact HB 581 that would authorizing local taxing authorities in Pennsylvania to provide for tax exemptions for improvements to deteriorated areas and dwellings to incentivize the creation and improvement of affordable housing units.*

   - *Enact and ensure access to property tax relief for low-income homeowners can also help prevent displacement of existing residents in revitalizing neighborhoods or in localities where tax increases are planned to recoup losses due to COVID-19.*

   - *Public investments in home repairs and affordable homes are also important for ensuring existing residents can stay and benefit as neighborhood conditions improve.*

4. **Stop the perpetuation of segregation by increasing opportunities for Black households to rent and purchase homes in communities of opportunity**
   Segregation is the legacy of deliberate policy and zoning choices that led to the under-investment and isolation of communities where Black households lived, and the creation of separate, higher-opportunity communities that excluded people of color. Today's economically exclusionary zoning perpetuates this segregation. Governments at all levels have an obligation to increase opportunities for Black households to live in neighborhoods with good schools and safe streets, where children do better later in life. Governments at all levels also need to help Black families stay in their neighborhoods as conditions change, if they so choose. Key strategies for reducing segregation and expanding opportunity include:

   - *Reforming zoning to allow mixed-income communities*

   - *Building and preserving affordable homes in existing and emerging communities of opportunity*

   - *Increasing the mobility of families with housing choice vouchers*

5. **Invest in affordable rental housing**
   State investment in rental affordability is critical for remedying the disproportionately high cost burdens and housing instability experienced by Black households. Funding for new rental construction, preservation and operating support are all essential for ensuring that those with the highest cost burdens can access stable, affordable homes.

public citizens
for children + youth

Testimony Presented Before the PA House Democratic Policy Committee and PA Legislative Black Caucus Hearing on March 11, 2021 on COVID-19 Disparities
Tomea Sippio-Smith, K-12 Policy Director
Public Citizens for Children and Youth

Good morning Democratic Policy Committee and Black Legislative Caucus.

Thank you for the opportunity to testify before you today.

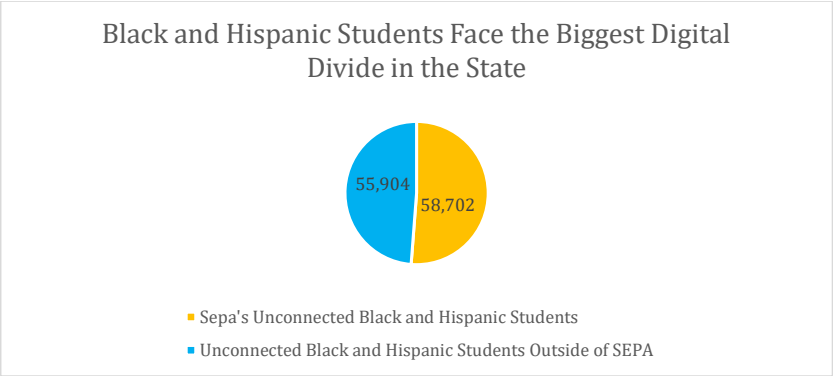
My name is Tomea Sippio-Smith. I am the Education Policy Director at the child advocacy organization, Public Citizens for Children and Youth (PCCY).

This pandemic has had an unimaginable impact on low income and Black and Hispanic kids. Some of the worst have been on our student's education.

As you all know, Covid has reshaped how America educates its students. Pew estimated that even before the pandemic, about five million or 15% school-age children lacked high-speed internet service at home.[i] And 1/3 of the poorest families, those with incomes below $30,000 per did.[ii] Most of the hardest hit were students from poor Black and Hispanic families.[iii] This had dire consequences for Black and Hispanic students. Because many homework assignments required access, they were far less likely to be able to complete and turn in their homework leaving them struggling in school.

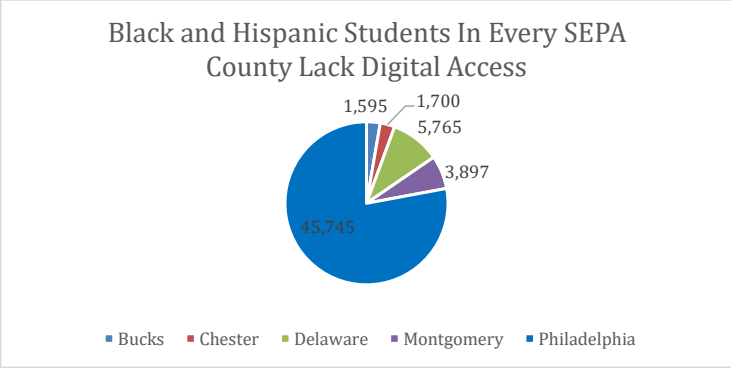
Even then, Pennsylvania ranked 38th in connectivity due to high-speed internet access problems for students.[iv] Of the state's approximately 302,000 unconnected students, 38%, or more than 114,000, were Black or Hispanic.[v] I'm from Southeastern Pennsylvania where more than half or 58,700 of Black and Hispanic students lack access.[vi]

PCCY
1709 Benjamin Franklin Pkwy
Sixth Floor
Philadelphia, PA 19103
215-563-5848 Office
215-563-9442 Fax
info@pccy.org Email
@pccyteam
facebook.com/PCCYPage
pccy.org



Commented [A1]: SEPA all caps in chart legend above

This is not a just an urban problem. To be clear, although Philadelphia is home to the largest number of Black and Hispanic students without reliable internet connectivity, more than 13,000 students in the region's suburbs also lack adequate access.[vii]



Covid – 19 laid bare these inequities. Of course, students living in well-funded school districts had access to high-speed internet, readily available technology like Chromebooks and tablets, and the software necessary to help students transition to virtual learning when schools closed. Thousands of others, including many Black and Hispanic students in districts with a high share of students of color, went months without access to virtual learning or new lessons. [viii]

Many are still struggling with connectivity, have yet to re-enter classrooms and face the likelihood that temporary programs offering free or low-cost internet will expire leaving them without access again. Consistent access remains a hurdle for them as virtual learning in some form – in class and at home – will be the norm for the foreseeable future.

The same students battling connectivity issues were also the least likely to have returned to school. In Southeastern Pennsylvania, as of January 2021, the eight districts educating the majority of the region's students of color - more than 114,000 students remained entirely virtual. It is no surprise that they struggled to reopen; six of them are among the poorest in the state.

Unsurprisingly, our children, especially children of color, are staggeringly behind. Students who were proficient a year ago, are now testing below average in school.[ix] Researchers estimate that White students are four to eight months behind.[x] And the effects are most pronounced for Black and Hispanic students, especially from low-income families. They may have fallen six months to a year behind.[xi]

As you all know, inequities do not occur in a vacuum. Students of color were much more likely than their peers to start behind. And in Pennsylvania, they attend some of the most racially and economically segregated schools in the country.[xii] This impact is compounded by the fact that the most powerful education funding policy in the state since 1991 - the hold harmless system - in fact harms 80% of the state's students of color, by failing to adequately fund their schools.[xiii]

Remarkably, in Pennsylvania, students of color are 466% more likely to attend a high poverty school than White students.[xiv] And 20% of Pennsylvania's poorest school districts serve: 65% of the state's Black students, 58% of its' Hispanic students and 48% of the state's poorest students.[xv]

And we have heard from superintendents, educators, community members and parents, the impact on our most vulnerable students – those receiving special education services, English language learners and on children struggling to learn on their own without adult assistance have been disastrous. Thousands of students across the state have yet to return to their classrooms. And schools

remain in dire need of repair or do not have the space to accommodate the distancing protocols to keep students and safe.

If there was ever a time to address these inequities head on, the time is now. Students that were struggling will keep struggling unless we take active measures to catch them up. Students of color will keep falling behind unless we eliminate the biases and practices that impacted their learning before Covid.

I have gone over some of the problems, here is how we start to fix them.

First, federal government has appropriated $2.2 billion more dollars to school districts.[xvi] Of this, 90% will be going out to school districts based on their share of poor students.[xvii] At least 20% of this must be used on supports to catch students up and limit the Covid learning loss slide.[xviii] Additionally, the governor has an additional $220 million that he can use to fund education at his discretion; these funds **cannot** be used to supplant state education funds.[xix] And, across the nation schools, including ours will receive a share of a $7.2 billion dollar allocation to enhance broadband access through the Emergency Connectivity Fund.[xx] This money will allow our state's schools and other organizations to provide eligible connected devices, internet services and hotspots for students and teachers to access the internet at home. [xxi]

By any measure, these generous and unprecedented buckets of federal funds give us the opportunity to provide support that schools have always needed and if we invest adequately in our students, show us what they can do. Although districts have a few years to use federal dollars, this is a stop-gap measure, especially for districts that have been chronically underfunded for decades. When the federal funding dries up, without state action, these districts will continue to face millions of dollars in shortfalls annually.

Governor Wolf has presented a bold budgetary proposal that calls for the state to fund our schools adequately and equitably. And most of the state's students of color would benefit from this initiative. It is not the only way to resolve the funding inequities that plague the state, but it is a start. We must continue to do this going forward.

We must use the funds not only to close the digital divide but adopt a state funding strategy that builds the cost of technology into the costs of funding schools.

Moreover, school districts should make extra time in school and out of school for learning the norm. To offset learning losses, we must ensure that schools are open for summer school, students in all districts, especially those with Black, Hispanic, and low-income students have reduced class sizes, increased adult help in classrooms, and tutoring. Their teachers should receive ongoing comprehensive and robust professional development to ensure that they have the skills to continue to use online learning platforms, assist students and their parents in navigating synchronous and asynchronous lessons and assignments during the summer, and catch-up our most vulnerable students – those with disabilities and English Language learners. Taking these steps will enable us to watch the positive impact of having supports aligned with student need. We will see what our students can achieve when they have the tools to do so.

To be clear, we cannot keep saying we will reform education funding next year and expect students to perform better this year – without computers, without tutors and educational support. We cannot wait for another crisis to send our students, especially students of color into an educational whirlpool and see if they will sink or swim. The state must do better by them. We are calling on every legislator to do just that – adequately, consistently, and equitably invest in our schools, so that schools can better adapt and educate our students whether another crisis arises.

Covid-2019 was a violent and unprecedented wake-up call. Yet, it was one that was sorely needed. Children of color should not have had to bear the weight of this burden. We have the opportunity right now to ensure that it does not happened again. With adequate funding at the federal and state levels, we can invest our students, so this atrocity is a truly a once-in-century event.

[i] Anderson, Monica, and Andrew Perrin. "Nearly One-In-Five Teens Can't Always Finish Their Homework because of the Digital Divide." *Pew Research Center*, Pew Research Center, 26 Oct. 2018, www.pewresearch.org/fact-tank/2018/10/26/nearly-one-in-five-teens-cant-always-finish-their-homework-because-of-the-digital-divide/.
[ii] Ibid.
[iii] Ibid.
[iv] "State Ranking," *Education Superhighway*, accessed September 17, 2019, https://stateofthestates.educationsuperhighway.org/state_ranking.html.
[v] "Interactive Map: America's Unconnected Students." *Digital Bridge K-12*, digitalbridgek12.org/toolkit/assess-need/connectivity-map/.
[vi] Ibid.
[vii] Ibid.
[viii] Rybak, Sue Ann. *School District of Philadelphia Will Begin Formal Online Instruction in May*. 6 Apr. 2020.
[ix] Sparks, Sarah D. "Pandemic Learning Loss Heavier in Math than Reading This Fall, but Questions Remain." *Blogs Site (for Redirect Purposes Only)*, 1 Dec. 2020, blogs.edweek.org/edweek/inside-school research/2020/12/pandemic_learning_loss_heavier_in_math.html?cmp=soc-edit-tw. Accessed 10 Mar. 2021.
[x] "Mind the Gap: COVID-19 Is Widening Racial Disparities in Learning, so Students Need Help and a Chance to Catch up | McKinsey." *Www.mckinsey.com*, www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-learning-loss-disparities-grow-and-students-need-help.
[xi] Ibid.
[xii] *FAULT LINES AMERICA'S MOST SEGREGATING SCHOOL DISTRICT BORDERS*. , 2016. retrieved from: EdBuild-Fault-Lines-2016.pdf
[xiii] Loeb, David, and Donna Cooper. *2 Hold "Harmless": A Quarter Century of Inequity at the Heart of Pennsylvania's School System a PCCY Education Report*. , Jan. 2021.
[xiv] "School Poverty | National Equity Atlas." *Nationalequityatlas.org*, nationalequityatlas.org/indicators/School_poverty#/?geo=02000000000042000. Accessed 19 Jan. 2021.
[xv] Pennsylvania Department of Education. Statistics compiled using school district funding data -Average Instructional Expense per Weighted Average Daily Membership from 2018-2019. Retrieved from https://www.education.pa.gov/Teachers%20-%20Administrators/School%20Finances/Finances/Historical%20Files/Pages/default.aspx
[xvi] *Elementary and Secondary School Emergency Relief Fund (ESSER II) Authorized by the Coronavirus Response and Relief Supplemental Appropriations Act, 2021*. 2021. Retrieved from Final_ESSERII_Methodology_Table_1.5.21.pdf (ed.gov)
[xvii] Ibid.
[xviii] Ibid.
[xix] Ibid.
[xx] *CHAPTER 2—DISTANCE LEARNING and 2 CONSUMER PROTECTION during the 3 COVID–19 PANDEMIC 4 SEC. 3311. FUNDING for CONSUMER PRODUCT SAFETY 5 FUND to PROTECT CONSUMERS from PO6 TENTIALLY DANGEROUS PRODUCTS RELATED to COVID–19*. 2021. Retrieved from C:\Users\KLMERY~1\AppData\Roaming\SoftQuad\XMetaL\11.0\gen\c\OP_02.XML (house.gov)
[xxi] Ibid.

PA Legislative Black Caucus' COVID-19 and Racial Disparities
March 11, 2021

Testimony of:

David Saunders
Director, Office of Health Equity

Testimony of **David Saunders, Director,**
Office of Health Equity
March 11, 2021

Good morning Chairman members of the Democratic Policy Committee I am very pleased to be with you this morning to discuss health access and equity during the pandemic, such as equitable testing and vaccine roll out, access to primary healthcare and impact on other health conditions for Black and Brown communities on behalf of the Department of Health.

On March 6, 2020 the Pennsylvania Department of Health recorded the first case of COVID 19. Since then, many Pennsylvanian citizens have lost their lives. Many of us have lost loved ones, friends, and colleagues. Who would have known one year ago that over almost 930,000 Pennsylvanians would contract the virus, and over 23,000 would perish.

These are sobering numbers, yes, but there are three ways to control infectious disease outbreaks, including the COVID-19 outbreak. Those are containment, mitigation, and vaccines. We are hopeful that we are turning the corner with vaccines, and our many mitigation efforts that are bringing the positivity rates down, reducing hospitalizations, and reducing loss of life.

While optimism abounds, there remains the plight of the most vulnerable communities in the Commonwealth. That is where the Office of Health Equity comes in. We are laser focused on eliminating health disparities by 2030. This is a goal that was established in 2019 by the Advisory Committee of the Office of Health Equity. This august group of stakeholders represent the four corners of the state, various disciplines from law, to health care, to academia, government, and non-profits.

What we knew when our office was established in 2007, is coming to light by those who are only now seeing the impact of disparities. That is that disease and suffering are concomitant to social, economic, and environmental factors that are most commonly referred to as the social determinants of health. We know that a persons' zip code is a better predictor of a persons' life expectancy than their genetic code.

What I hope to do this morning, is illuminate some of the underlying causes that make persons who are from racial and ethnic minorities more susceptible to COVID-19. Additionally, I want to explain what we are doing to reduce this burden through the department of health, with the partnership across commonwealth agencies, and in fact through a stakeholder engagement process. I would also like to highlight what our Office sees as a path forward to eliminating the pandemic of health disparities.

You may ask, why is it that people of color are at higher risk for COVID-19? I will give you a glimpse into the lives of those who are more at risk for COVID-19.

In many low-income areas populated by racial and ethnic minorities education, access to health care, nutritious food, safe streets, and recreational opportunities are not plentiful. Disinvestment, disenfranchisement, and policies steeped in a historically established racist framework have reduced the flexibility of racial and ethnic minorities to live in places that provide for healthy lifestyles.

For these reasons and others, some of the underlying health conditions that fall under Phase 1 for vaccine priority (a good indication of severity) are more prevalent in these communities.

According to the State Health Assessment, recently released from the Department of Health, Black adults have higher rates of cardiovascular deaths compared to white adults. Heart conditions are considered a high-risk condition.

Cancer, Chronic kidney disease, COPD, severe obesity, smoking, and Type 2 diabetes are all conditions that people of color tend to suffer at greater rates than their white neighbors. All of these conditions and more are considered high-risk.

As stated earlier, a person's zip code is a great predictor of how healthy of a life a person will have. In these communities, due to a plethora of low costs, and non-nutritious food options, coupled with unsafe communities that lack recreational opportunities, obesity is rampant. Higher rates of obesity are found in Black and Hispanic adults, higher than in the white population.

Beyond health conditions, living conditions and workplace options put people of color at higher risk for COVID-19. Congregate housing in densely populated urban communities make it difficult to isolate. Working environments that many low-income minority populations must endure, is a contributing factor of increased susceptibility. Many of these resident's work in front line positions that are public facing. They may have difficulty getting time off for testing, and to quarantine if they are sick.

Finally, access to care is an issue. More people of color do not have a personal care provider, do not see a doctor due to cost, and are uninsured than their white neighbors.

To reiterate, underlying health conditions, access to care, living conditions, and work environments make people of color more susceptible to COVID-19. With this knowledge, the Department, almost a year ago, sought to address this conundrum through a cross sectoral approach with a passionate group of stakeholders who helped develop recommendations, implementation steps, and regularly provide feedback; raising urgent priorities to the highest levels of Commonwealth governance.

Known as the COVID-19 Health Equity Response Team, this group representing government, academia, non-profit organizations, and health care, was established on April 22, 2020. Additional consideration is essential to mitigate the increased risk that COVID-19 poses for underserved populations. The COVID-19 Health Equity Response Team formed 11 subcommittees to address unique barriers and needs experienced by individuals who may identify with a historically underserved population. The population groups listed below are not homogenous. Identity within these population groups often intersects and can compound negative impacts of COVID-19.

- Pregnant individuals and parents of extremely young or multiple children;
- Pennsylvanians over age 65;
- Racial and ethnic minorities (R/EM);
- LGBTQ community;

- Incarcerated or returning citizens;
- Individuals living with mental health and/or substance abuse disorder;
- Rural Pennsylvanians
- Economically challenged individuals, low-wage essential employees, and the un- and underinsured;
- Survivors of interpersonal violence (SIPV);
- Pennsylvanians with disabilities and individuals who experience short-term or persistent housing insecurity or live in congregate housing; and
- Individuals who have immigrated and/or those for whom English is a second language.

The committees developed 69 recommendations, with several common themes going across the multiple committees: increase testing, use technology more widely to address health, increase access to care, make mental health more widely available, expand data collection, and have resources to address multiple preferred languages in an increasingly diverse commonwealth.

The group takes concrete action steps to reduce the burden of the pandemic on people of color revolved around increased testing, expanding data collection, and now the equitable distribution of the vaccine.

To increase testing, we used a multi-pronged strategy. A faith-based testing initiative was implemented in both Allegheny and Dauphin county based upon the needs determined through data that indicated high prevalence of the virus, and low testing options. To reach migrant and Latino populations a mobile testing initiative was deployed in many counties across the state. We have also worked with a contractor to target racial and ethnic minorities to further testing.

Early in the pandemic we experienced lower rates of racial and ethnic data available. We worked to increase data available through. We communicated to labs and health care numerous times to emphasis the need for race and ethnic data collection. We have also engaged a contractor to enrich our data by going back and reviewing data collected and "fixing" broken records.

Lastly, as we focus on vaccine distribution, we are engaging trusted messengers to increase confidence in vaccines through implemented and planned town halls, using key Health Equity Team members as speakers on radio, via social media, on town halls, and one on one. We continue to partner with faith-based partners to communicate vaccine efficacy. We hope to use churches as we expand vaccine distribution in the months to come as well.

Finally, we understand that due to a myriad of factors, including living conditions, work environment, and access to care racial and ethnic minorities are more susceptible to COVID-19. The goal of health equity is to ensure every person has the right to the resources and environment to live the healthiest life possible. With that in mind, we will do all we can to meet the specific needs of the residents of color in the State of Pennsylvania during this pandemic and beyond.

As previously stated, our goal is to eliminate health disparities. With the continued collaboration of our Health Equity Response Team, we hope to build a stronger, more resilient Pennsylvania.