



**THE COUNTY ROLE IN
PROMOTING HEALTH EQUITY
DURING COVID-19**



KEY TAKEAWAYS

COUNTIES ACROSS THE COUNTRY ARE PROMOTING HEALTH EQUITY BY MAKING POLICY DECISIONS THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH.

Social determinants of health are the societal and environmental conditions in which an individual is born, lives, learns, plays, works and ages that ultimately impact overall health and well-being.

***ECONOMIC STABILITY**

often dictates a person's ability to access resources needed to live a healthy life.

*Higher levels of **EDUCATION** are linked to improved employment opportunities and higher incomes.

*Lower levels of **HEALTH LITERACY** and access to health care leads to poorer outcomes and quality of life.

***HOUSING AND NEIGHBORHOOD RESOURCES** can protect residents from exposure to disease and improve nutritional outcomes.

***SOCIAL AND COMMUNITY CONNECTEDNESS** influence physical and mental health.

WITH A HEALTH EQUITY LENS, COUNTIES CAN IDENTIFY THE CONDITIONS THAT KEEP RESIDENTS FROM THRIVING AND CREATE SOLUTIONS THAT SPEAK DIRECTLY TO COMMUNITY NEEDS.

INTRODUCTION

Counties across the country are grappling with the widespread ramifications of the COVID-19 outbreak and pandemic. As of May 1, 2021, the United States had tracked nearly 34 million cases and more than 567,000 deaths.¹

The COVID-19 pandemic stands to have profound effects on the nation's economy, health care system and job market, as well as the lives of individual residents. While the virus itself does not discriminate, its impact is not uniformly felt across all population groups.² As counties play an essential role in community health, human services and economic development, the COVID-19 pandemic and [State and Local Coronavirus Fiscal Recovery Funds](#) to support public health infrastructure improvements provide a critical opportunity for county leaders to intentionally center health equity in their practices and policies.³ This report outlines key strategies counties are using to promote health equity and mitigate the disproportionate impact of COVID-19 on vulnerable populations.

DEFINING HEALTH EQUITY

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”⁴ Equity is not the same as equality. While equality champions providing each individual or community the same opportunity, equity champions providing individuals or communities what they need to have equal opportunity.

Health disparities are differences in the presence of disease, health outcomes and access to health care observed between groups. [The COVID Tracking Project](#), a collaborative, volunteer-run effort to track the ongoing COVID-19 pandemic in the United States, reports key health disparities among race and ethnicity demographics.⁵ For example, while Black and Hispanic people* make up approximately 12 and 18 percent of the

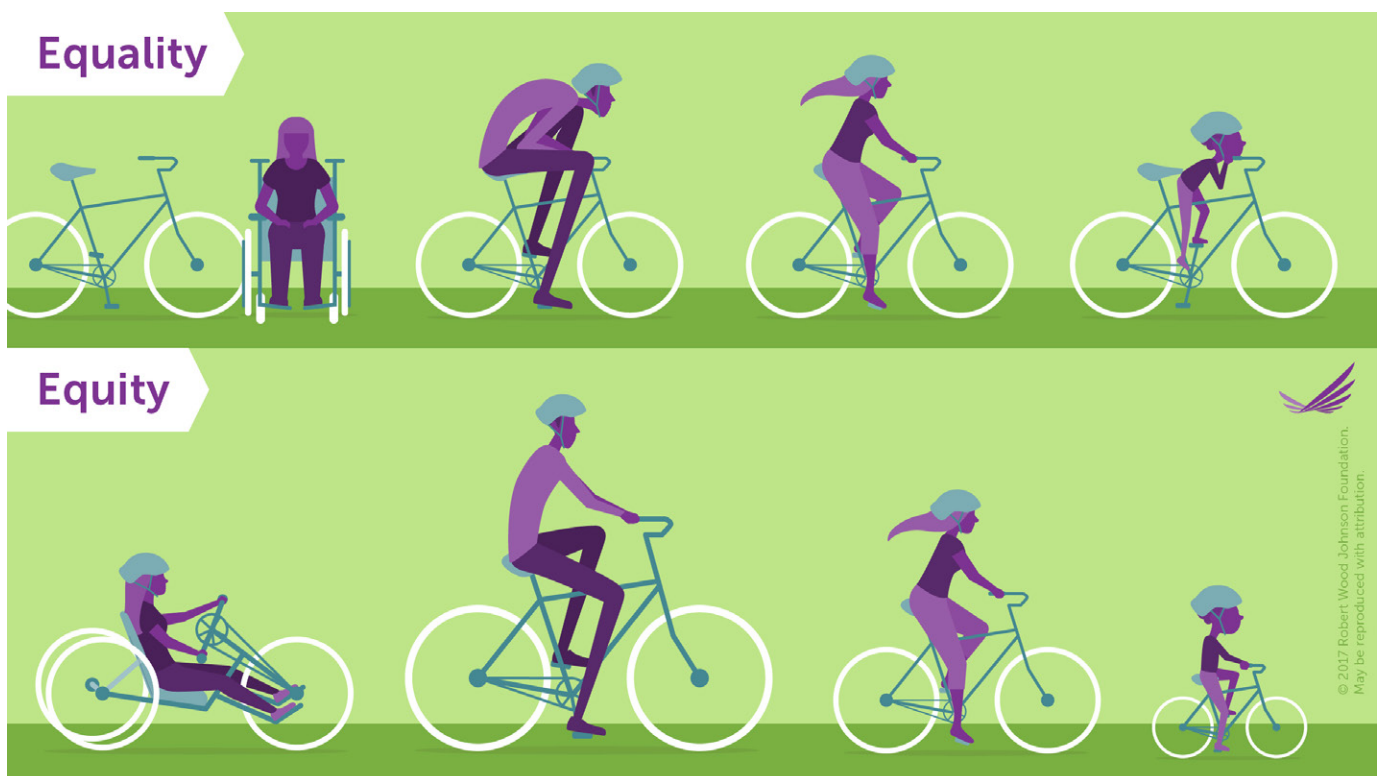


Image source: Robert Wood Johnson Foundation

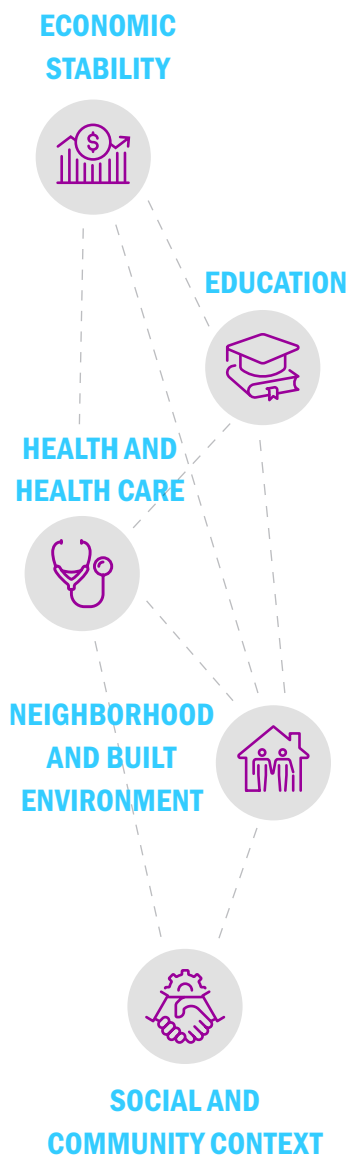
* Throughout this report, NACoRF uses language and terms from the original analytical source documents, as appropriate.

total U.S. population, respectively, they represented nearly 20 and 30 percent of COVID-19 cases.⁶ When health disparities are rooted in unfairness or injustice, they are considered health inequities. To help us better understand inequities and their root causes, it is important to consider how individual health is shaped by social constructions.

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are the conditions in which an individual is born, lives, learns, plays, works and ages that ultimately impact overall health, functioning and quality-of-life outcomes.⁷ Healthy People 2020, a longstanding national initiative of the Office of Disease Prevention and Health Promotion, identifies the following social determinants of health as part of its organizing framework: economic stability, education, health and health care, neighborhood and built environment and social and community context.

While not exhaustive, these determinants provide a framework for understanding some of the upstream drivers of health observed in communities. In addition to functioning independently, these determinants also often interact with one another, compounding their overall impact on an individual or community. For example, an individual's economic status and income often dictates where they can reside. A person with limited financial means may only be able to afford housing in an area that lacks the infrastructure, such as public transportation, needed to connect them to necessary services and resources,



Social determinants often work in tandem to create barriers to health.

such as grocery stores and hospitals. The combination of social determinants, in this case economic stability and neighborhood, work in tandem to create barriers to health.

By employing a health equity lens, counties are better able to respond to the COVID-19 pandemic and prepare for future public health emergencies in a way that understands, addresses and minimizes preventable disparities in health outcomes.

VULNERABLE POPULATIONS

Certain population groups are disproportionately impacted by natural disasters, economic downturns and public health emergencies like the COVID-19 pandemic. These groups are considered “vulnerable,” because they are at greater risk for adverse outcomes, including poor health and lower life expectancy.⁸ Here are just seven vulnerable population groups who experience greater risk factors and increased morbidity and mortality compared with the general population.

- Individuals who are economically disadvantaged
- Racial and ethnic minorities
- Individuals who are uninsured
- Low-income children
- Elderly individuals
- Individuals experiencing homelessness, and
- Individuals with other chronic health conditions including severe mental illness.⁹

By considering and addressing these underlying conditions and vulnerabilities, county leaders can improve health outcomes in the near and long-term.



HEALTH EQUITY MEANS THAT
EVERYONE HAS A FAIR AND
JUST OPPORTUNITY TO BE AS
HEALTHY AS POSSIBLE

Robert Wood Johnson Foundation

COUNTY STRATEGIES FOR PROMOTING HEALTH EQUITY

Counties across the country are working to develop strategies that address the social determinants of health or address a vulnerable population group in response to COVID-19. The following sections outline county actions in addressing COVID-19 in each of the five social determinants of health.



ECONOMIC STABILITY

An individual's economic stability often dictates their ability to access resources needed to live a healthy life.¹⁰ Resources like quality housing, health care and nutritious food are typically dependent on stable income or employment. County leaders are only beginning to understand the extent of the economic consequences of COVID-19 and its potential impact on health outcomes. By April 2020, the U.S. had lost 17.4 million jobs due to COVID-19, and nearly a full year later, the economy is still 4 million jobs behind its pre-pandemic level.¹¹ Vulnerable populations such as women and Latino people were most impacted by pandemic job loss with unemployment rates reaching 15.5 percent and 18.9 percent respectively in the first month of the pandemic.¹² Counties are working to minimize

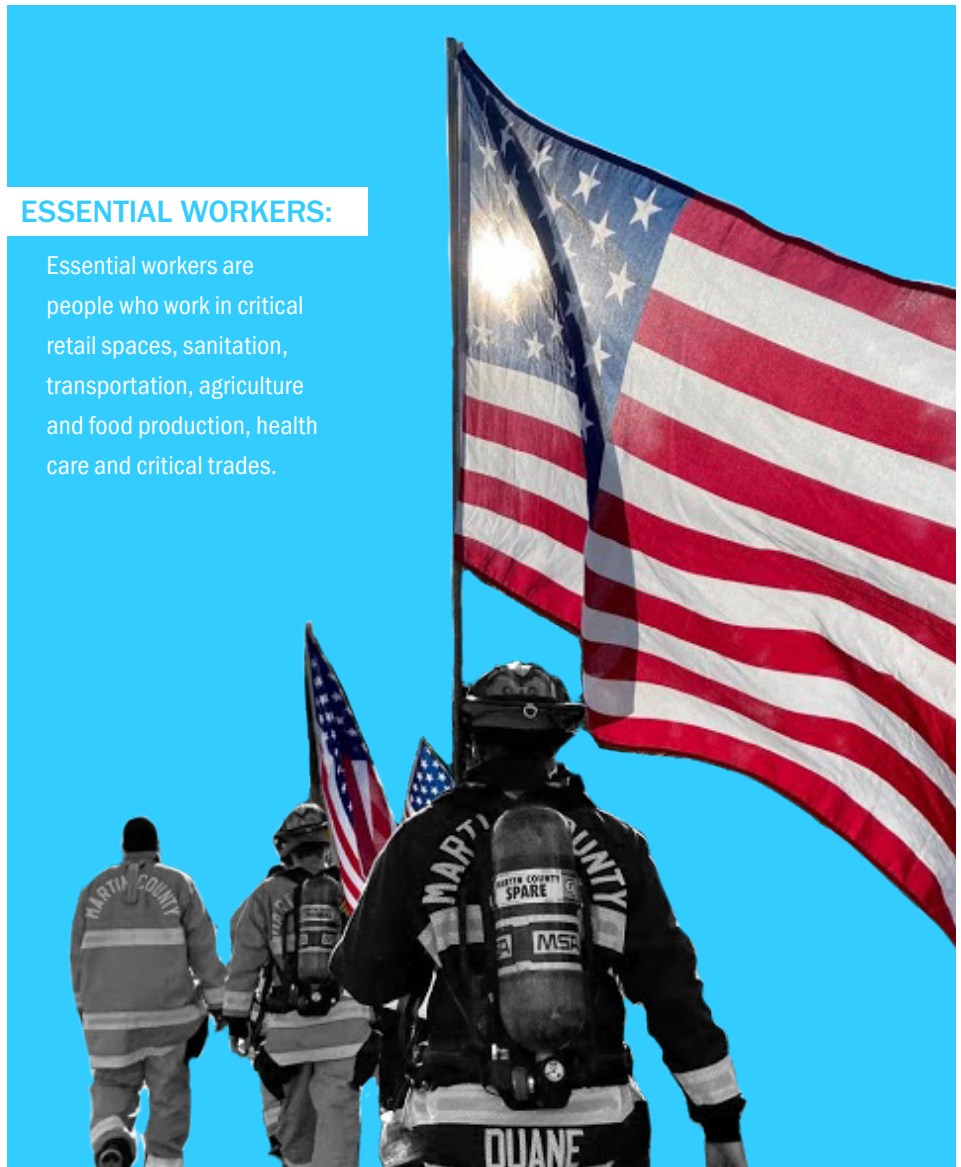
the individual economic impact of COVID-19 while concurrently prioritizing the health and well-being of residents. Among those most affected by the pandemic are essential workers and small businesses.

Essential Labor

Due to the nature of their jobs and inability to work from home, essential workers are at a heightened risk of contracting COVID-19. People of color make up a disproportionate share (50 to 53 percent) of essential workers in various sectors, and women make up the majority of health care (76 percent) and community-based service positions (73 percent).¹³ These groups

ESSENTIAL WORKERS:

Essential workers are people who work in critical retail spaces, sanitation, transportation, agriculture and food production, health care and critical trades.



are often paid comparatively low wages at an hourly rate and may not have access to employer-sponsored health insurance or paid sick leave, in addition to not being able to work remotely. Recognizing the health and economic impact on these workers, counties are implementing measures to help offset the economic burden of COVID-19 on some of our nation's most vulnerable workers.

- **Milwaukee County, Wis.:** Issued in March 2020, the Supplemental Paid Leave (SPL) Administrative Order provided a separate bank of hours to use in response to COVID-19 that was accessible to all county employees, separate from accrued paid leave.¹⁴ All full-time, part-time, seasonal and hourly county workers were granted a minimum of 40 hours of SPL bank time to use. This measure provided a financial safety net to make it easier for county workers to stay home when necessary, allowing for the prioritization of one's health as the pandemic progresses.

Small Business Support

The impact of COVID-19 was particularly felt by small business owners who were forced to close or modify businesses to promote social distancing, resulting in lost revenue and layoffs. Small businesses represent 99 percent of all businesses across the nation and

half of all private-sector employment.¹⁵ Minority- and women-owned businesses represent 15 percent and 36 percent of the nation's businesses respectively.¹⁶ Counties have acted swiftly and creatively to support small businesses with practical guidance on how to operate safely and needed cashflow through loan and grant fund programs to support essential operational costs such as rent, utilities and payroll. By March 2020, counties had already dispersed over \$140 million in loan and grant funds, having leveraged additional partner funds for a total of over \$160 million to support small business.¹⁷

- **Cook County, Ill.:** Cook County launched the Cook County Community Recovery Initiative, which included \$10 million in emergency relief funds for small businesses and independent contract and gig economy workers, targeting workers and businesses owned by women and people of color.¹⁸ This fund offered one-time, zero-interest loans up to \$20,000 for small businesses with 25 employees or fewer and \$10,000 for contract workers receiving at least half their income from 1099 contract work. By the end of 2020, the initiative assisted over 500 businesses, with \$9 million in loans approved for small businesses and independent contractors.

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“

There's a role for all levels of government to play

[in addressing structural racism], some is rooted in economic contributions, some of it is rooted in policy and some is rooted in political and social contributions. It will be important going forward for us to bring them all together in a strategic way.”

— Commissioner Kevin Boyce, Franklin County, Ohio



EDUCATION

Disparities in education can drive disparities in health. Higher levels of educational attainment are related to improved employment opportunities and higher income, resulting in greater access to care and other resources.¹⁹ Like income and economic stability, educational attainment is often highly correlated with race. In 2016, 35 percent of white adults over the age of 25 had completed a bachelor's degree or higher as compared to 21 percent of Black adults, 15 percent of Hispanic adults and 18 percent of Pacific Islander adults.²⁰

In navigating the COVID-19 pandemic, counties have sought to balance the importance of education with the urgency of maintaining the safety of students, teachers, nurses, groundskeepers, janitors and others who work in schools. Like telework policies, the move toward virtual school highlighted standing inequities in broadband access, particularly in low-income, rural and communities of color.²¹ Over 31 percent of rural Americans are without access to high-speed broadband as compared to 4 percent of Americans in urban communities. With moves toward virtual

or hybrid classrooms, counties have stepped up to alleviate inequities in households with limited access to personal computers, internet or both so that all students have a chance to continue to pursue their education.

- School buses in **Pierce County, Wash.;** **Caldwell County, N.C.** and **Polk County, Fla.**, were repurposed to serve as “rolling hotspots” for students throughout the county.
- In **Baltimore County, Md.**, County Executive John Olszewski announced exterior Wi-Fi resources at Baltimore County Public Library branches.²²

Due to the economic impact of COVID-19, many students were forced to find work to support their families – often as essential workers – rather than prioritize their education. Some schools like in **Alexandria, Va.**, started offering flexible class schedules to accommodate this new reality.²³ Similarly, schools in **Henry County, Ga.**, created an evening school academy so that parents who had to work during the day could better supervise their children's virtual education.²⁴



HEALTH AND HEALTH CARE

No other social determinant is represented more prominently in discussions of health equity and COVID-19 than health and health care, which refers to an individual's healthy literacy and access to care.

Understanding and Accessing Health Care

Lower levels of health literacy and access to health care leads to poorer health outcomes. Older adults, people of color and low-income individuals tend to have lower levels of health literacy, which can adversely impact an individual's ability to make informed health decisions. Access to care is not only about location and availability, but also about cost and health insurance status. Uninsured individuals tend to have a shorter life expectancy and are less likely to receive medical care when needed. They are also more likely to be diagnosed later in the progression of an illness, increasing the risk of complications.²⁵

Lack of insurance disproportionately affects people of color. Before the pandemic (in 2017), white individuals had

the lowest rate of uninsured individuals at 6.3 percent, compared to 10.6 percent of Black individuals and 16.1 percent of Hispanic individuals.²⁶

Lack of access to needed care and these related morbidities tell the story of unequal access and opportunity that has led to present-day health inequities exacerbated by COVID-19. For example, the prevalence of COVID-19 infection is disproportionately distributed across racial groups. Latino and Black individuals are three times more likely to contract the COVID-19 virus as compared to their white counterparts.²⁷ Additionally, Black and Latino people are 2.4 and 1.5 times respectively more likely to die from the virus.²⁸ Non-Hispanic American Indian and Alaskan Native individuals are five times as likely to become infected when compared to white persons in Utah, Montana, Wyoming and New Mexico.²⁹

Health Care Services

To address these inequities, counties are implementing innovative strategies to engage community members so they are able to make informed decisions on how to equitably test, treat and vaccinate residents for COVID-19.

- **Lucas County, Ohio** held virtual townhalls to better understand the burden of COVID-19 on communities of color.³⁰
- **Multnomah County, Ore.** embedded equity-based pre-requisites as part of its reopening plans to ensure sufficient testing services were accessible to communities of color.
- **Montgomery County, Md.** set up tents outside of medical centers and hospitals to treat patients displaying COVID-19 symptoms.³¹
- **Henderson County, N.C.** set up drive-through screening sites for both COVID-19 and the flu.³²

Finally, counties across the country have centered equity in their COVID-19 vaccination plans by leveraging communications campaigns, partnering with local organizations to spread the word about vaccine availability, improving accessibility at sites and placing vaccination sites in neighborhoods where people of color and essential workers reside.

UNINSURED RATE BY RACIAL/ETHNIC GROUP

Hispanic **16.1 percent**
 Black **10.6 percent**
 Asian **7.3 percent**
 White **6.3 percent**



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NEIGHBORHOOD AND BUILT ENVIRONMENT

Our neighborhoods, including overall environmental quality, personal and family shelter and the infrastructure that support our access to food and connection to work and commerce are a strong predictor of health outcomes and health status.³³ In the midst of the pandemic, counties are developing innovative solutions to challenges with housing, homelessness and access to healthy food.



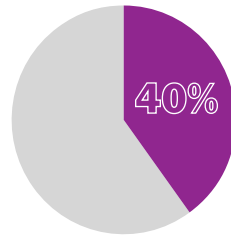
Housing

The link between housing and health outcomes is well documented, and housing interventions for low-income people have been found to improve health outcomes and reduce health care costs.³⁴ In recognizing housing as a social determinant of health, county leaders can align housing goals with health goals and focus on improving housing affordability, stability, quality and neighborhoods.

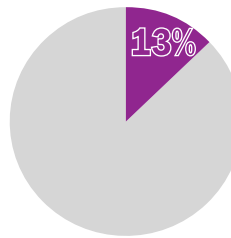
To avoid loss of housing during the pandemic, many counties are working with the courts and sheriffs to put a moratorium on evictions.³⁵ Additionally, counties are exploring ways to financially support individuals who may be facing eviction or foreclosure due to COVID-19.

- **Minnehaha County, S.D.:** The City of Sioux Falls, Sioux Falls Area Community Foundation and local businesses established the One Sioux Falls Fund to support residents of the Sioux Falls Metropolitan Statistical Area (Minnehaha, Lincoln, McCook and Turner counties) in avoiding evictions and financial strain due to a loss of income resulting from COVID-19 through an application-based process. Recognizing the lack of representation of the county's strong immigrant community in incoming applications, the implementers made a point to engage local Hispanic business networks and the workers' union representing employees of the Smithfield Food processing plant, employer of nearly 4,000 county residents and one of the nation's largest pork processing facilities.³⁶

As eviction moratoriums are lifted, counties may choose to create sustainable and equitable solutions such as transitional support to those most affected by the pandemic and resulting economic downturn. Engaging impacted individuals in decision making provides an



In 2020, Black people represented 40 percent of the homeless population while accounting for only 13 percent of the general population



opportunity for counties to develop interventions that speak directly to the lived reality of its most affected residents.

Homelessness

Individuals experiencing homelessness exhibit higher rates of disease, behavioral health disorders and disability and less access to treatment when compared to their housed counterparts.³⁷ The U.S. Department of Housing and Urban Development estimates that 580,000 people experienced homelessness on any given night in 2020.³⁸ Black people represented 40 percent of the homeless population while accounting for only 13 percent of the general population, with both white and Asian people significantly underrepresented among unhoused populations.³⁹ Due to COVID-

19's impact on the economy, an additional 30 million people may be at risk for eviction and potential resulting homelessness.⁴⁰

In addition, following the Centers for Disease Control and Prevention guidelines often proves challenging for individuals experiencing homelessness who may not have consistent access to cleaning products and running water. Unhoused individuals are also less likely to access health services, more likely to suffer from an undiagnosed pre-existing condition and are unable to shelter in place and/or self-quarantine making them more likely to suffer serious cases of COVID-19 without access to medical treatment.⁴¹ Controlling the spread





of COVID-19 within unhoused populations is a critical undertaking for communities across the country.

- Several counties, such as **Dane County, Wis.**, **Mecklenburg County, N.C.** and **San Diego County, Calif.**, have partnered with hotels to secure rooms to temporarily house individuals experiencing homelessness.⁴²
- Others, such as **Fulton County, Ga.** and **Harris County, Texas** have increased outreach and testing services for homeless populations through partnering with community-based organizations.⁴³

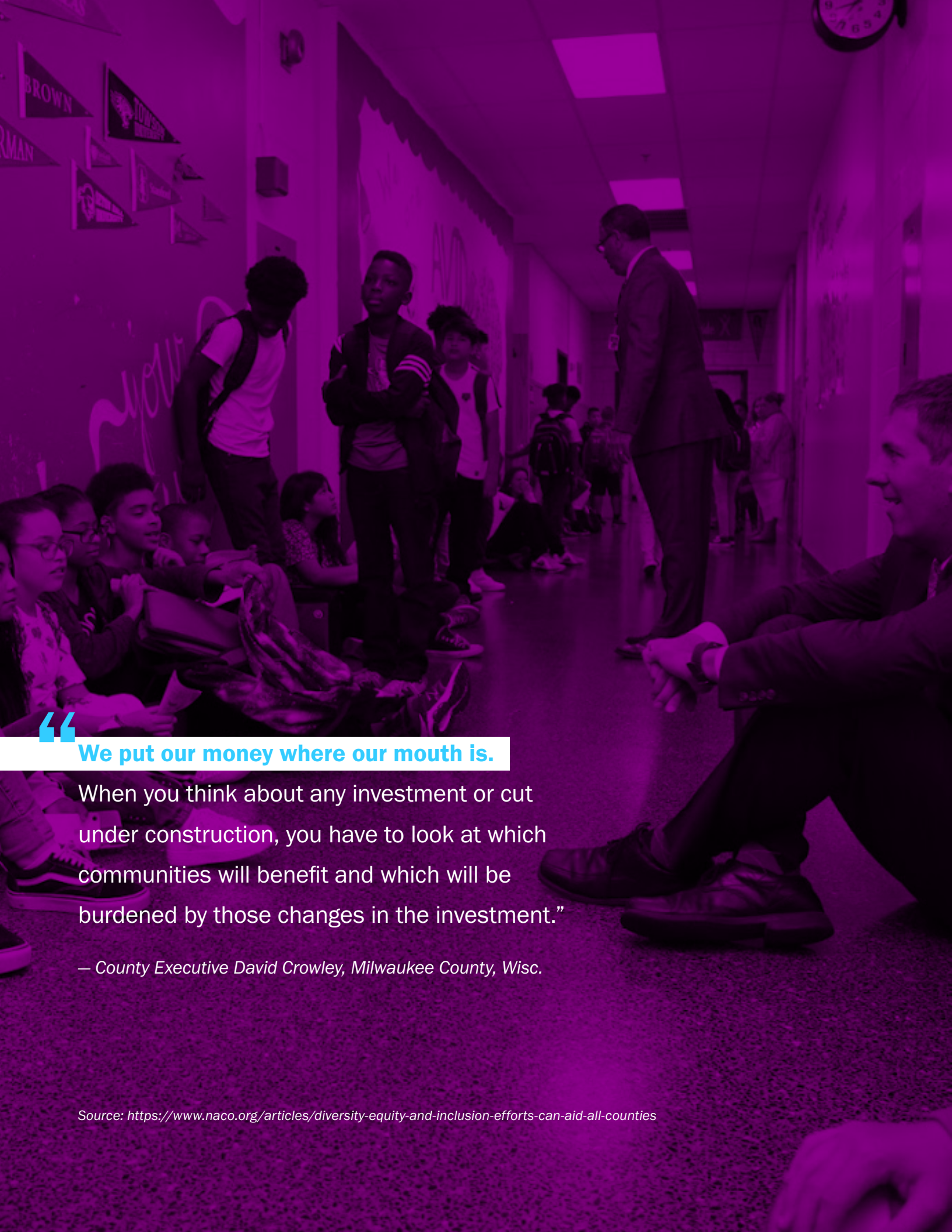
Food access

Food access and availability has long been linked to poverty, with low-income communities having the least access to healthy, affordable and nutritious foods. This connection is exacerbated by racial inequities: when controlling for poverty, Black and Hispanic neighborhoods still have fewer large supermarkets with fresh produce and more small grocery stores with cheaper, processed food options than their white counterparts.⁴⁴ Compounded with the transportation barriers associated with poverty, making nutritious food

choices becomes even more difficult. Without access to healthy and affordable foods, these communities continue to be at a heightened risk of developing obesity, hypertension, diabetes and heart disease. Improving access to healthy, affordable food is one way to help ensure residents avoid the negative health outcomes associated with poor nutrition.⁴⁵

As a result of COVID-19 social distancing recommendations, such as limiting public transit and reducing grocery store capacities, many Americans are finding it difficult to access healthy foods. To address this challenge, counties have developed strategies to more easily connect their residents to food.

- **Johnson County, Iowa:** Through collaboration with several food pantries and a delivery service platform, Johnson County offered grocery delivery services to individuals impacted by the COVID-19 pandemic.⁴⁶ The initiative also employed transit drivers whose hours were reduced due to low ridership. As such, this initiative not only improved access to healthy foods in underserved communities but also provided economic opportunity for those whose jobs were impacted by the pandemic.



“

We put our money where our mouth is.

When you think about any investment or cut under construction, you have to look at which communities will benefit and which will be burdened by those changes in the investment.”

— County Executive David Crowley, Milwaukee County, Wisc.

Source: <https://www.naco.org/articles/diversity-equity-and-inclusion-efforts-can-aid-all-counties>



SOCIAL AND COMMUNITY CONTEXT

Lack of social connectedness, unsafe neighborhoods and discrimination can have a negative impact on health and well-being across the lifespan.⁴⁷ Social and community context as a social determinant of health speaks to some of the less tangible factors, such as social cohesion and discrimination, that impact resident and community health.⁴⁸ These elements influence physical and mental health, overall well-being and participation in society.⁴⁹ Disparities in infrastructure, community investment and institutions in many of the nation's underserved communities have led to vast racialized discrepancies in the health of these populations. A history of discrimination, redlining, policing and segregation targeting communities of color has laid the foundation for these disparities, making them more susceptible to and less resilient in the face of national disasters such as COVID-19.⁵⁰ These realities, in addition to the increased burden of disease and death due to COVID-19, highlight the increased vulnerabilities of these populations.

While none of these inequities are new, the COVID-19 pandemic has brought them to light in a way that is difficult to ignore. More than 75 counties have passed resolutions declaring racism a public health emergency.⁵¹ Recognizing the interrelated nature of race, health and well-being, counties across the country are mobilizing to better understand and address the long-standing disparities in a variety of ways.

- **Durham County, N.C.:** Recognizing the cost of racialized systems and their impact on the quality of life for communities of color, Durham County announced its first racial equity officer in May 2020. This role was tasked with leading and coordinating efforts to embed and integrate principles of equity within existing county government operations, processes and services.⁵² In June 2020, the Durham Board of County Commissioners declared racism a public health emergency and resolved to continue to work on this important issue.⁵³





CONCLUSION

County officials are creating and implementing innovative policies and practices to move away from “one size fits all” approaches in favor of tailored initiatives and policies that speak directly to community needs.

While no action, policy or process is truly equity-neutral and progress requires intention and effort, the manner in which counties respond to the COVID-19 pandemic has the potential to curb the current trajectory and move the country towards equitable opportunity and access for all for future generations.

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PLANNING FOR EQUITY

THE ROBERT WOOD JOHNSON FOUNDATION PROVIDES THE FOLLOWING GUIDANCE FOR JURISDICTIONS AIMING TO RECOVER AND REOPEN FULLY AND EQUITABLY:

*Collect, analyze and report data disaggregated by age, race, ethnicity, gender, disability, neighborhood and other sociodemographic characteristics. This will allow counties to paint a more informed, comprehensive picture of COVID-19's impact and help identify areas of highest need.

*Proactively identify and address existing policy gaps while advocating for further federal support. Understanding the current policy landscape allows local leaders to prioritize areas of opportunity and champion the needs of underserved communities.

*Include in decision making the people most affected by health and economic challenges and benchmark progress based on their outcomes. These individuals can speak directly to the lived reality of that impact and can help inform solutions.

* Invest in strengthening public health, health care and social infrastructure to foster resilience. This investment will serve to bridge existing disparities and increase our communities' ability to mitigate the impact of future events.⁵⁴

* Establish and empower teams dedicated to promoting racial equity in response and recovery efforts. Without centering equity, jurisdictions are bound to implement solutions that continue to widen disparities within racial groups.

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