



COVID-19 Racial Equity Resource Guide

On March 13, 2020, President Trump declared the COVID-19 pandemic a national emergency. Data has shown that this pandemic is impacting historically underserved communities at a dramatically disproportional rate. It sheds light on the many structural inequities, racial disparities and implicit biases in our healthcare system. LAHSA's goal is to address these disparities through three strategic principles of health equity: valuing all individuals and populations equally, recognizing and rectifying historical injustices, providing resources according to need. This resource underscores the importance of LAHSA and providers' efforts to counter structural inequities and remove implicit bias as we work to provide equitable access to vital resources in this crisis.

COVID-19, Structural Inequities & Racial Disparities in Health

Long before COVID-19, health disparities were pervasive and well-documented. Through the COVID-19 pandemic, these health disparities and the heavy burden of the impact of COVID-19 on vulnerable communities—in particular, Black communities—have received global attention. The effects of COVID-19 on the overall health of different racial and ethnic groups is still emerging from different jurisdictions. According to a recent analysis of data from the California Department of Public Health, relative to their share of the population, death rates for Black and Latinx Californians due to COVID-19 are disproportionately higher than other racial and ethnic groups. Overall, public health experts believe that aspects of structural racism such as residential segregation, inequitable access to health care, employment discrimination—as well as inadequate testing, unconscious bias in healthcare, distrust between vulnerable communities and healthcare providers, and limited health literacy—have contributed to the increased vulnerability to COVID-19 for communities of color.

Other underlying causes for COVID-19 racial and ethnic disparities have been linked to:

- Limited access to health care and COVID-19 testing in historically underserved communities
- Black and Latinx communities represent a significant share of frontline-essential workers which increases the risk of exposure to COVID-19 due to inability to practice “safer at home/shelter-in” and social distancing guidelines
- The risk of onset premature death from chronic diseases—which may increase because of COVID-19—is greatest for Black communities, American Indians, and Alaska Natives
- Lack of trust and understanding of health-related information between Black and Latinx communities and healthcare experts/providers

According to the 2019 Point-In-Time Count for the Los Angeles Continuum of Care, Black people experiencing homelessness in Los Angeles County are disproportionately overrepresented compared to other racial and ethnic groups—representing 33.3 percent of the homeless population and only 9 percent of Los Angeles County's general population. This intersectionality of being a homeless person of color diagnosed with COVID-19 creates significant barriers for our healthcare system and healthcare providers' efforts to manage the pandemic's negative impact on people experiencing homelessness.

Addressing Implicit Bias & Structural Inequities during COVID-19 Response in Los Angeles

Implicit bias is defined as an individual's *subconscious* preference or prejudice towards a person or group. It can be developed through certain cultural and societal norms, such as structural racism, which reinforce the idea that certain stereotypes are true or that discrimination is acceptable.

As Project Roomkey (PRK) and other COVID-19 crisis response efforts came online, in monitoring preliminary data LAHSA had concerns about proportionality of access to these resources by all racial and ethnic groups. In order to ensure equitable access into PRK moving forward, we've issued updated guidance on conducting comprehensive COVID-19 risk assessment and PRK referrals for provider caseloads. It is our collective responsibility to ensure that the process of referrals, enrollments, and administration of Project Roomkey is executed as equitably as possible. We ask all system partners to take all possible steps to ensure that we are valuing all populations equally and that we are providing resources according their needs.

Sources

CDC- COVID-19 in Racial and Ethnic Minority Groups: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html?deliveryName=USCDC_2067-DM26555

COVID-19, Data, and Health Justice: https://www.commonwealthfund.org/blog/2020/covid-19-data-and-health-justice?utm_source=alert&utm_medium=email&utm_campaign=Health%20Coverage

Younger blacks and Latinos are dying of COVID-19 at higher rates in California: <https://www.latimes.com/california/story/2020-04-25/coronavirus-takes-a-larger-toll-on-younger-african-americans-and-latinos-in-california>

Ensuring Equitable Access to Homelessness Resources during COVID-19

Providers should be vigilant in recognizing and understanding when their own implicit bias impacts their ability to be impartial to client needs. In order to remove implicit bias and counter structural inequities, one should incorporate the following practices:

- Practice *cultural humility* by showing empathy, dignity, and respect toward other cultures.
- Systematically review caseloads to ensure that all are screened for COVID-19 vulnerability and that there is equitable inclusion of individuals referred to Project Roomkey—racially and ethnically.
 - Organizations may need to strategically redeploy their staff to ensure that caseloads are fully reviewed and contact is made with each client in order to accurately complete assessments.
- Homeless Management Information System (HMIS) contains some health information from the Coordinated Entry System (CES) assessments that are helpful in assessing a client’s risk to severe illness if they contract COVID-19. However, it is not a complete picture; therefore, ask all clients the HMIS COVID-19 Vulnerability Assessment & Tier 1 Referral questions in an impartial and non-judgmental manner.
 - Providers can start out with a general client-centered question such as, “Is there anything about your health background that you believe would increase your chance of becoming severely ill if you were to contract COVID-19?” Providers can then continue to navigate through additional assessment questions as necessary.
 - If your organization does not have access to HMIS, you can refer potential eligible clients by either 1) contacting your Service Planning Areas (SPA’s) access center or 2) calling LAHSA’s COVID-19 Provider Hotline.
- Stay up to date on the [COVID-19 testing site locations](#) and distribute information to all clients and whenever possible, facilitate transportation to testing sites. The City of Los Angeles, in partnership with the County of Los Angeles and CORE (Community Organized Relief Effort), provides free COVID-19 testing to ALL Los Angeles County residents.

Please be sure to thoroughly review and adhere to all guidance LAHSA issues regarding COVID-19 Vulnerability Assessments and PRK Referral processes.

What is LAHSA doing to Reduce Racial Disparities during COVID-19

LAHSA strives to help counteract these inequities by acknowledging the historical racial injustices and refining the process within the homeless response system by:

- Using HMIS to track the client demographics of referrals and placements within Project Roomkey.
- Working with County and City partners to ensure COVID-19 testing is accessible to persons experiencing homelessness.
- Educating stakeholders and partners about COVID-19, its spread and disproportionate impact on communities of color.
- Training and educating homeless service providers on implicit bias and cultural humility.
- Advocating at the state and federal levels for resources to respond to the joint COVID-19 and homelessness crisis in order to target communities with the greatest need.

Additional Resources & Links

- LAHSA’s COVID-19 Provider Hotline number is 213-233-4796. The Hotline is open Monday-Friday from 8am-5pm.
- Los Angeles Department Public Health’s isolation hotline for providers to refer people experiencing homelessness with COVID-19 symptoms and/or who cannot safely isolate onsite is 833-596-1009.
- For questions or help finding medical care, call the Los Angeles County Information line 2-1-1.
- For guidance on how you can protect yourself, staff, clients and community please visit the Los Angeles County Public Health website: www.publichealth.lacounty.gov
- For the most up-to-date information, please follow the Los Angeles County Department of Public Health and the Centers for Disease Control:
 - Los Angeles County Department of Public Health
 - Twitter: @lapublichealth
 - Facebook: facebook.com/lapublichealth
 - Centers for Disease Control and Prevention (CDC)
 - Twitter: @CDCgov
 - Facebook: facebook.com/cdc