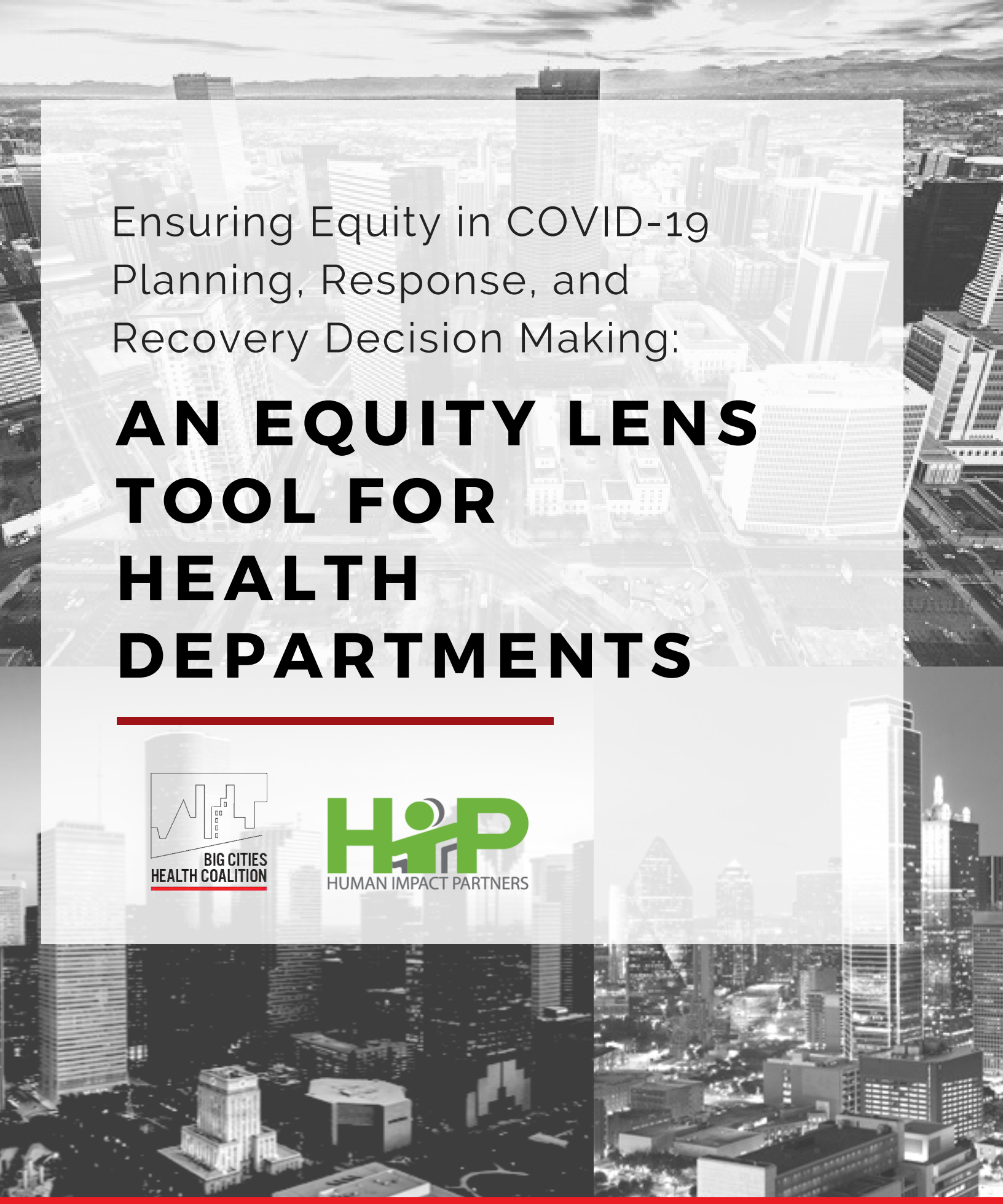

Ensuring Equity in COVID-19 Planning, Response, and Recovery Decision Making:

AN EQUITY LENS TOOL FOR HEALTH DEPARTMENTS

BIG CITIES HEALTH COALITION

HUMAN IMPACT PARTNERS

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About Human Impact Partners

Human Impact Partners (HIP) transforms the field of public health to center equity and builds collective power with social justice movements. www.humanimpact.org

About Big Cities Health Coalition

Big Cities Health Coalition (BCHC) is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the nearly 62 million people they serve. www.bigcitieshealth.org

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Introduction

All across the United States — and even internationally — municipalities, elected bodies, and administrative agencies are changing how they make public policy. They are integrating processes and tools to examine how racial and other inequities might unintentionally result from their decisions — and importantly, they're adjusting those decisions to prevent those inequitable impacts.

This movement to address systemic inequities by applying an equity lens in decision making has yielded concrete changes in public budgets, policies, plans, and programs. And these changes have led to improvements in the health, social, economic, and environmental conditions of communities historically bearing the brunt of inequities.

> **Equity lens tools** are designed to integrate explicit consideration of equity — most often, racial equity — into decisions before they are made and implemented (e.g., policies, programs, plans, and budgets). The goal is to systematically assess how different groups might be affected by a decision, identify adverse consequences, and propose recommendations to address impacts. And since equity is a process and an outcome, community involvement is a core component.

Our COVID-19 Context

COVID-19 has forced health departments into unprecedented territory with respect to the scale and scope of decisions made to protect the health of the public. According to some Big Cities Health Coalition (BCHC) health departments, the urgency and difficulty of rapid decision making in the pandemic — particularly when health departments are situated in a larger emergency response and incident command structure — is requiring a more vocal and persistent focus on equity to ensure it doesn't fall by the wayside.

It is widely understood that COVID-19 disproportionately exposes, sickens, and kills Black, Brown, Indigenous, Asian American and Pacific Islander, immigrant, incarcerated, and lower-income people at rates far higher than White, non-immigrant, and higher-income people. Furthermore, many of the strategies employed to reduce the health impacts of COVID-19 create disproportionate economic, cultural, and other impacts on these communities. A history of systemic racism in employment, housing, health, and social policy has patterned the inequitable exposures and outcomes that persist today. Indeed, Drexel University has a forthcoming COVID-19 data dashboard that highlights the impact of COVID-19 and how historical and contemporary policies manifest in disparate outcomes.

Given this reality, making decisions based primarily on what is most expedient or workable is especially problematic, as decisions may exacerbate existing inequities and fail to meet impacted communities' needs. We offer our Equity Lens Tool to health departments so they may directly and routinely address this ongoing challenge. It will not be a panacea to solve the persistent inequities in our society — however, it provides one approach to share our decision-making power and directly improve people's lives.

Purpose

Big Cities Health Coalition (BCHC) commissioned Human Impact Partners (HIP) to create this Equity Lens Tool for members to use in the context of COVID-related decision making.[1]

Our goal is to provide a resource for health departments, and their sister agencies, to:

- Create momentum and (re)energize the practice of applying an equity lens in COVID-19 decision making by demonstrating its importance and necessity
- Assess how specific decisions will be experienced by specific communities and ensure these decisions work for the people most impacted
- Suggest an approach for engaging with and remaining accountable to communities historically disenfranchised from public decision making

Audience + Implementers

This Equity Lens Tool can be used by anyone working in a health department's COVID-19 planning, response, and recovery contexts — particularly those leading or coordinating — who wishes to ensure equity in a proposed decision. However, all those involved in COVID-19 response would benefit by knowing what questions to ask to better hold their colleagues accountable to equity in decision making.

> **What is the ideal structure for implementing this tool?**
> We are not recommending a specific structure or assigning responsibility for who should apply this tool in COVID-related decision making. Regardless of the structure, there should be a clear individual or team designated with this role, and their relationship to the decision-making structure should be articulated. This may vary on a decision-by-decision basis. The most important consideration is clarity around who has authority to apply the tool and develop recommendations, and to define their relationship to the policy or program decision makers.

[1] The Big Cities Health Coalition partnered with Human Impact Partners in June 2020 to develop an equity lens tool to support its members in COVID-19 planning, response, and recovery decision making. See Appendix 5 for health departments interviewed and resources reviewed in creating this tool.

Use Cases

There are many opportunities to integrate and address equity in COVID-related decision making — from the seemingly small to the obviously large. Our hope is that users will also extrapolate this tool and approach, and the assessment questions beyond COVID-19.

Examples of COVID-related decisions include:

- Selecting and operating testing sites
- Covering testing and healthcare costs
- Contact tracing
- Contracts and vendor selection
- Creating and enforcing mask-wearing and social-distancing policies
- Managing food access and distribution
- Developing site-specific reopening and closing plans for schools, libraries, recreation centers, and other public gathering places
- Developing industry-specific reopening and closing plans
- Requiring workplace and worker protections, particularly for low-wage and undocumented workers
- Establishing policies and practices for addressing exposure and illness among:
    - People in congregate care settings, such as nursing homes
    - People incarcerated in jails, prisons, and detention centers
    - Unhoused people
- Communicating about risk with the public in culturally competent ways
- Implementing policy protections — including eviction moratoriums, unemployment benefits, and small business loans — for those economically impacted
- Policymaking around who is allowed to visit, when they are allowed to visit, and communicating with families, in healthcare settings

Types of Implementers: The City of Chicago implemented a Racial Equity Rapid Response team in response to COVID-19. The team is made up of community organizations and co-chaired by the city's Chief Racial Equity Officer. In Columbus and Los Angeles, the Health Officer is the primary equity advocate in wider decision-making contexts, despite having other job duties. The City of Long Beach, CA, officially integrated an equity officer (who reports to the incident commander) into its Emergency Operations Center.

To learn more about embedding equity into emergency management, see *Embedding Equity into Emergency Operations: Strategies for Local Health Departments during COVID-19 & Beyond*, a collaborative brief from the Bay Area Regional Health Inequities Initiative (BARHII) and the Public Health Alliance of Southern California (The Alliance).

Establishing Broader Buy-in for an Equity Agenda

Uptake of the tool will be influenced by the background knowledge and capacity of the users, as well as their power and positional authority in the decision-making context. Some health departments may still be in a "beginner" stage and may need additional supports to apply this tool. Others may be more committed to equity, but that may not be true of wider incident command and emergency operations structures, in which the health department's voice is one among many. Moreover, health departments themselves are not devoid of policies and practices that uphold disparate racial impacts.

To standardize and routinize considerations of equity in a context where it is not necessarily valued, health departments may need to work internally to develop capacity and garner buy-in. They will need to think about changing their system in its entirety, and on prioritizing equity across the system — not just through application of a single tool or through community involvement.

Learning how to make these more transformative changes is beyond the scope of this particular document. However, Big Cities Health Coalition members did identify the following key strategies to establish broader buy-in for an equity agenda:

- Provide capacity building to advance equity, including for Boards and leadership, and at all levels of the organization
- Develop a shared definition and analysis of what it means to advance equity
- Commit more explicitly to redistributing power within the organization, and with external partners, to give reason for the focus on impacted communities and community involvement in decision making
- Activate external partners to apply pressure on the department to address inequities, and to create a justification for health departments to focus their resources on equity
- Change ideas within the organization about who is a 'leader' and can guide this work across the organization
- Bring in peer leaders from other agencies to share models of success and guidance
- Normalize usage of equity lens tools via explicit buy-in and adoption by leadership
- Develop a strategy for seeding the process in other agencies to build momentum and make the case for using equity lens tools collaboratively

This Equity Lens Tool will not be a panacea to address all inequities associated with COVID-19. Joining with social movements is key to shifting the underlying conditions that create health and equity.

This tool is just one of many strategies needed to combat systemic racism and other forces driving inequities in COVID-19 exposure and outcomes. While a tool may bring us closer to a transparent discussion about

trade-offs, we should not become complacent about the wider political, social, and economic considerations that influence decision making.

Policies related to healthcare access, Medicaid expansion, paid sick days, universal basic income, affordable housing, and other issues create the conditions for health and equity more widely — and fundamentally change the pattern of exposure to COVID-19 and other health issues.

Health departments must bring their resources and power to support social movements who are advocating for these upstream, population-level interventions. Some health departments can advocate for these using their positional authority. But given political constraints, they may need an outside strategy as well. To that end, health departments must shift organizational practices to build the capacity of impacted communities to advocate for themselves, and also work directly with community powerbuilding groups to make connections between social determinants policy and health equity.

To learn more about these kinds of strategies, visit Human Impact Partners' Health Equity Guide at: www.healthequityguide.org.

Steps in Applying the Equity Lens Tool

Our aim is to provide a tool that is flexible, adaptable, and efficient, and that involves communities who are most affected by COVID-19 and the proposed decision in the process. We do not expect that a health department will have capacity for deep, time-intensive background research. However, we encourage health departments to follow these steps in conducting their assessment.

Step 1. Establish parameters for the assessment

- Identify a lead person/team responsible for applying the Equity Lens Tool
    - Make sure to include a person on the team who is not closely aligned with the topic to minimize the potential for blind spots
- Establish the decision-making authority of the person/team with respect to the decision itself — i.e., are they the deciding entity or just giving input to the decider?
- Clarify the decision under consideration and its scope
- Ensure the availability of funds to sustain community involvement and conduct the assessment and communications activities
- Clarify the timeline so the person/team knows when the information is needed

Step 2. Design community involvement process

- Design a community involvement plan using strategies in Appendix 1. This will be based on your timeline, political context, and the nature of the decision — but it is essential, given that equity is not only an outcome, but a process
    - 'Community' is defined as those people who are most likely to be impacted by the decision at hand and/or by COVID-19, who typically include those most marginalized such as communities of color, immigrants, limited English proficiency populations, people with disabilities, and others
    - Consider both direct and indirect impacts on communities, and ensure involvement from those directly and indirectly impacted
- Every health department has a mechanism for community involvement — from formal to informal relationships and partnerships. Draw on this institutional capacity to verify your thinking, and to ensure you're not missing key considerations
- Understand who has power to make decisions, and clarify that authority transparently with community partners, especially if it's not the health department
- Document the community involvement plan, so it can be transparently communicated to others during the assessment and recommendations process

Step 3. Develop assessment + communications plan

- This work plan could be anywhere from three days to three weeks in duration, and could be very simply described. Minimally, you should include:
    - Timeline and methods for the assessment and communications
    - Delineation of who will be answering various questions
    - The community-involvement process, and a feedback mechanism with to ensure that messages are reaching targeted audiences and are effective
    - How and to whom findings and recommendations will be communicated

Step 4. Conduct the assessment

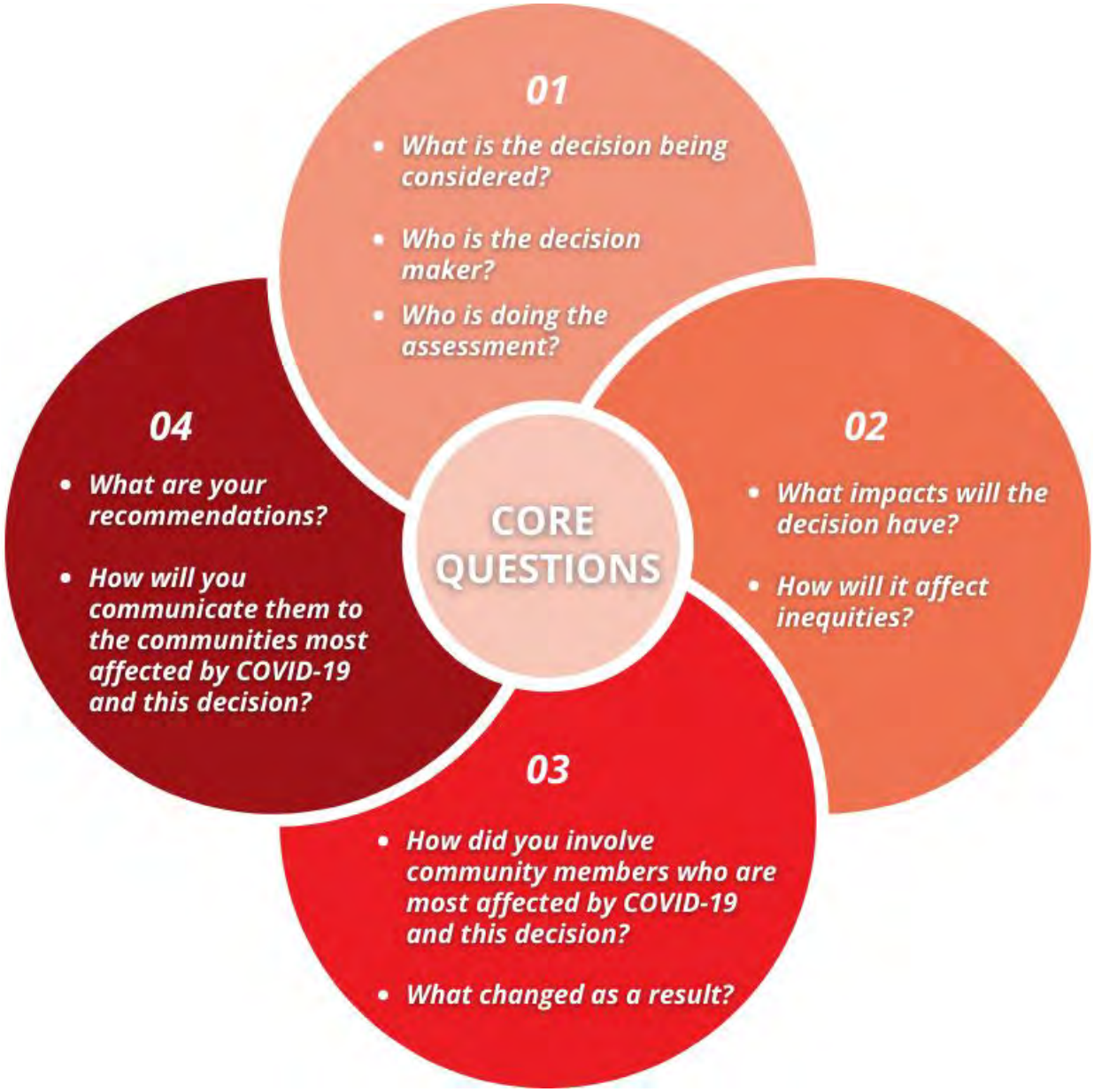
- Use the Questions in the following section to complete the assessment
- Gather existing data and collect new data when necessary. Don't start from scratch, and use tools and data that already exist to assess health conditions
    - Data sources include empirical literature; available social, economic, environmental, and health measures and survey data; focus groups and community surveys; neighborhood assessment tools; and many others
    - Use trusted data — including from community members — to back up your assessment, and document your sources and thought processes
- Consider the intentional and unintentional impacts the decisions will have on groups of people, as well as social determinants of health
- Make informed judgments based on available information, analysis, and expertise
- Be cautious with generalizations, and acknowledge assumptions and limitations
- Identify recommendations to improve the decision, with a focus on meeting the needs of the people who need it most and minimizing any adverse impacts
    - Recommendations can include alternatives to the decision; modifications to the proposed decision; or mitigation measures
- Remember that this is not a linear process: steps will often overlap and be circular and reinforcing, and lack of data or conflicting data may identify the need for additional community involvement to assess potential impacts

Step 5. Communicate the findings

- Prepare a summary of findings, community involvement, and recommendations
- Document changes to the decision that are made as a result of the assessment
- Communicate findings and recommendations to the decision maker
- Report back to community members what changes were made to the decision, and where to go for additional information
- Ensure that all communications strategies and activities are culturally and linguistically appropriate

Core and Detailed Questions of the Equity Lens Tool

The graphic below lists the core questions being asked in the Equity Lens Assessment. The subsequent table provides more detailed questions to dig into these core questions even further.



Equity Lens Tool: Core + Detailed Questions

1. What is the decision being considered, and who is the decision maker? Who is doing the assessment?	
What is the decision under consideration, and what is the scope (e.g., budget, policy, program, initiative)?	
Who is the decision maker? Who else is involved in decision making?	
Who is completing this assessment? Who needs to review it? When is it due?	
2. What impacts will the decision have? How will it affect inequities?	
What current inequities exist around this issue? How does structural racism, in particular, contribute to those inequities?	
Will any groups experience unintended impacts or greater burden, or be left out by this decision?[2]	
Given the above, will the decision worsen or ignore existing disparities?	
Will any groups or communities disproportionately benefit from the decision? Are they the people who are facing inequities?	
Describe the potential unintended impacts on social, economic, and environmental factors affecting health.[3]	
What data are you drawing on to come to this conclusion? Consider quantitative and qualitative data alike.	

[2] Consider: race/ethnicity, gender, sexuality, socioeconomic status, education, occupation, disability, immigration status, religious/faith community, health insurance status, housing status, criminal legal system involvement, age, neighborhood. See Appendix 3 for detailed list.
[3] Consider: economic stability; criminal justice; environmental quality; housing availability and affordability; access to food, education, and healthcare; social cohesion; civic participation; and/or other factors.

3. How did you involve community members who are most affected by COVID-19 and by this potential decision in the assessment? What changed as a result?	
Which community members — from the groups most affected by COVID-19 and this decision — have been informed, involved, and represented in the decision-making process? If none, explain why and the plan for input.	
Describe how you involved the community in this assessment, including whom you worked with and what you did to involve them. Describe how you addressed barriers related to language, literacy, transportation, or compensation.	
What did you learn from your engagement? What was new, and what was confirmed?	
What are you proposing to change in your decision in response to what you learned from community involvement?	
4. What recommendations will you make? How will you communicate the recommendations to communities who are most affected by COVID-19 and the decision?	
What needs to change in the proposed decision to ensure equity? What recommendations do you propose?	
Who is responsible for these changes?	
What competing interests, external to the community and the health department, may influence the ability of the recommendations to be taken (especially if cited by the community)?	
How will the assessment findings and final decision be communicated back to those most affected by the decision?	
Can any part of these findings be incorporated into other related processes to advance equity?	

Appendix 1. Community Involvement Approaches

Community involvement is a core component of many equity tools and public health processes. Indeed, involvement of communities that are disproportionately impacted by COVID-19 is critical to ensuring that response and recovery efforts address, and don't perpetuate, inequities.

Jurisdictions such as King County (WA), Chicago (IL), and Santa Clara (CA) have worked towards promoting citizen control by embedding community involvement into emergency operations structures, tasking senior leaders with ensuring community voices are represented in planning and decision making, and establishing community response networks. Common elements across these three jurisdictions include:

- A shared understanding of structural oppression
- A publicly stated commitment to advancing racial and health equity
- Skilled staff with organizing and advocacy experience

The vast majority of health departments have established community involvement mechanisms that support meaningful engagement, power sharing, and trust building with impacted communities — such as community advisory committees, shared decision-making processes, and/or community networks — and that can be more easily used to inform COVID-related decision making. Ideally, health departments should engage and strengthen their current partnerships, and engage existing local community coalitions rather than create new processes.

The table below illustrates a range of different involvement strategies, modeled loosely on Sherry Arnstein's Ladder of Citizen Participation and the International Association for Public Participation's Spectrum of Public Participation. All community involvement strategies will be appropriate and important given different contexts.

> **A myriad of factors influence decision makers, and chief among them is an organized constituency who can advocate for their own needs.**
>
> In the words of Frederick Douglass, "Power concedes nothing without a demand. It never did and it never will." In this spirit, health departments must view all community involvement efforts through a lens of helping build power among those who are most impacted.

See Appendix 2 for specific questions to reflect on during your community involvement process. See Appendix 3 for the range of communities to engage and consider when assessing impacts. See Appendix 4 for examples of embedding equity into COVID-19 response.

Strategies to Involve Community Members in Conducting a Equity Lens Assessment *All strategies are appropriate and important in different contexts. Make sure you span the spectrum: your promise to the public shouldn't only be to inform or consult, but also to partner and share power.*		
Involvement Level	**Strategy**	**Description**
Inform + Consult	Outreach with social media	Use existing channels — emails, newsletters, social media — to disseminate info about the decision and get super-quick feedback. Translate materials/prompts into other languages, and ensure visual/hearing/literacy accessibility. For example, see Washtenaw's multilingual materials.
Inform + Consult	Conduct focus group(s) or listening sessions	Recruit individuals from impacted communities to participate in a focus group, or host a community listening session, to discuss the decision. Make sure to recruit/target individuals from impacted communities and compensate for time where possible. For example, see Long Beach's racial equity listening session.
Consult	Create a feedback loop	Develop a hotline/800 number, satisfaction survey, polls, and other mechanisms to receive ongoing feedback from people about their experiences, and how to improve decisions and services. Work with community providers to publicize and encourage use of the hotline. For example, see Cal-OSHA's farmworker hotline and CAUSE's dissemination campaign for this and other hotlines during COVID-19.
Consult + Involve	Put community contacts on speed dial	Have three people — from organizations that work with communities who are most impacted — on your speed dial to talk through COVID-19 decisions before they are made.
Involve + Collaborate	Work with existing or create new community advisory committees	Work with an existing or establish a new community advisory committee to inform COVID-19 decision making. Consider groups that have been developed to support previous initiatives and programming outside of COVID-19. This could be ad hoc for a specific topic or ideally ongoing to inform work over time, and with representatives across impacted communities. For example, see advisory groups established in Colorado and King County (WA) and San Diego (CA).

Collaborate + Share Power	Build robust community networks	Create ongoing partnerships with community-based organizations to build a robust community network that can receive and disseminate ongoing information. Use partnership agreements and MOUs to ensure power sharing, trust building, and effective execution of commitments. Provide funding support to the networks and build key messengers. For example, see Chicago's Community Response Networks.
Collaborate + Share Power	Fund organizing and power building	Leverage funding to hire community organizers to build power in vulnerable communities, support capacity building and leadership development, and train health department staff on power building. For example, see Eagle County's agreement with 9to5.
Share Power	Build community leadership and share power	Support representatives of impacted communities to hold a majority of seats on decision-making committees. Move toward having them handle an entire decision-making process (e.g., planning, policy making, management/implementation, funding distribution) without intermediaries. Check out participatory budgeting case studies in New Jersey, Minneapolis, Chicago, Seattle, and Rochester

Appendix 2. Questions for Health Departments to Reflect on Community Involvement Practices

Meaningful community involvement requires building trust between government and community stakeholders. Trust building takes time, but can be deepened or broken more quickly in times of emergency. Key elements to build trust:

- *Recognition*: Acknowledge government's historic and current roles in perpetuating harm and inequities
- *Communication:* Be a good listener, be respectful of different communication styles and preferences, understand how communications occur in different cultural contexts, and be communicative about context
- *Transparency:* Be transparent about what you can and cannot do, both inside and outside of work roles
- *Accountability:* Follow through and do what you say you will do
- *Learning:* Commit to learning from mistakes and to improve midstream

The following questions are meant to prompt reflection on why, how, and with whom you are doing community engagement.

WHY do you want to engage impacted communities in pandemic response? Will this help you and others:

- Understand the barriers and challenges that particular communities are facing?
- Identify solutions to those barriers?
- Understand the history and past relationships communities have experienced with your organization?
- Be aware of your own personal biases and assumptions and how that impacts your decision making?
- Have more robust and accurate data on what communities are experiencing?
- Develop closer long term relationships with communities experiencing inequities?

WHO are you reaching out to?

- Are you reaching out to people experiencing marginalization, systemic inequity, and health inequities? (see San Francisco list of vulnerable population examples)
- Who else is contacting them (from other agencies, other department employees, etc.), and are they experiencing outreach fatigue?
- Who is contacted through existing channels of dissemination? And who is not?
    - Are you relying on social media and email to disseminate info?
    - What institutions (e.g., schools, food banks, clinics, etc.) are disseminating information?
    - Who are the internal and external message amplifiers who reshare and disseminate your messages?

- What barriers may targeted communities be experiencing due to your choice of communications and involvement mechanisms (including lack of access to appropriate technologies)?

<u>WHEN</u> are you reaching out to those communities?

- Are you connecting with communities only when there is an emergency, or are you building relationships in non-crisis times?
- Are you hosting in-person or virtual meetings during the work day, in the evenings, or on the weekends?
- Are you insisting communities engage in your meetings, or are you using existing community meetings, contexts, etc.?

<u>HOW</u> are you reaching out to those communities?

- Are participants compensated for their time?
- What languages are used in meetings and materials?
- Are you developing materials accessible to low-literacy populations and to visually or hearing-impaired populations?
- Are transportation, childcare, and food offered at in-person meetings?
- Are there opportunities to participate/weigh in outside of meetings?
- Are the people extending invitations to participate trusted by the community you are trying to engage?
- Are you using outreach and involvement mechanisms that are accessible to community members?

<u>HOW</u> are you building trust with the community?

- Are you learning/hearing about and acknowledging the community's perceptions and past experiences (including experiences of harm) by the government?
- Are you being transparent about what you can and cannot do in your government position?
- Are you being accountable and doing what you say you will do?
- Are you committing to learn from your and others' mistakes and work to improve relationships?
- Are you committing to take action — in whatever capacity you are able — to address their concerns and needs?
- Are you being open and transparent about the expected and possible outcomes and limitations of their involvement?

<u>HOW</u> are you working to build community power?

- Are you working with community organizers to build leadership skills and community power?
- Are the processes and mechanisms you are using to support the community built for the long term?
- Are you explicitly working to share power with community members impacted by inequities? If yes, how?
- How does information gathered help feed into transformational solutions?
- Are you providing meaningful access and involvement opportunities?
- Are you providing opportunities for shared leadership in the proposed partnership?

<u>HOW</u> do you establish accountability?

- How are you communicating back to residents to let them know if/how their participation impacted decision making?
- Are you cultivating accountable relationships that use inside/outside strategies to address power imbalances?
- How are you providing data back to the community and to community partners?
- Are you regularly reporting accomplishments and results (e.g., dashboards, indicators, etc.)

Appendix 3. Groups to Consider in Assessing Impacts

The following is a list of population groups who may experience unintended impacts or greater burden, or be left out by decisions. Consider each of these in your analysis.

Race or Ethnicity: Black, Native American/Indigenous Americans, Latinx, Asian American, Pacific Islander, Middle Eastern, White

Gender: women, men, transgender, cisgender, non-binary, gender non-conforming

Sexuality: lesbian, gay, bisexual, pansexual, asexual, two-spirit

Socioeconomic Status: low-income, moderate income, SNAP recipient, those without reliable transportation

Education: schoolchildren, college/university students, community-college students, high-school graduates, college graduates, students receiving free or reduced lunch, Pell Grant recipients

Disability: people with the following types of disability: vision, hearing, intellectual, physical, neurological, speech, development, etc.

Immigration Status: undocumented, Green Card status, DREAMer, those with limited English proficiency, people newly immigrated to the United States

Religious/Faith Communities: Muslim, Jewish, Hindu, Sikh, Buddhist

Health Insurance Status: Medicaid, Medicare, uninsured, other state or local insurance program

Housing Status: people experiencing homelessness (living on the streets, living in shelter, unstable housing), residing in low-income housing, living in close contact with others (nursing home, school dormitory)

Criminal legal system-involved: people incarcerated in prisons, jails, or immigrant detention centers; formerly incarcerated individuals; recently released individuals; on probation

Occupation: health and medical workers, first responders, food-industry workers, agricultural workers, teachers, unemployed

Age: youth, older adults (65+), children, parents

Neighborhood: specific neighborhoods, zip codes, or geographic areas in your city (consider the demographic makeup of that neighborhood, as well)

Appendix 4. Examples of Embedding Equity into COVID-19 Responses

Recent efforts to embed equity into emergency operations have highlighted some short-term solutions that emerge from discussions with impacted communities. These solutions help the specific communities, as well as the general population.

The table below illustrates examples of challenges among specific populations at higher risk of exposure and illness and short-term solutions taken by health departments to address the barriers, and longer-term solutions that could be taken in moving forward to address and remove the barrier.

Population	Sample Challenge	Sample Impact	Short-Term Solution	Longer-Term Solution
Latinx	Language barriers Fear of deportation	Hesitancy to cooperate with contact tracing Lower testing rates Higher transmission	Work with Spanish media outlets Host Spanish listening session with community leaders Contract community organizers to help disseminate info Use promatoras and Spanish speaking staff	Permanently hire more Spanish-speaking staff into outreach + leadership positions Develop policies of non-collaboration with ICE and communicate this to community
Black communities	Distrust of government Distrust of clinical settings and research	Lower testing rates Higher transmission	Open a testing site at a trusted community center Advance equitable enforcement of policies (e.g.,targeting noncompliant	Use racial equity lens in all process and outcome evaluations to address impacts Build trust

			employers/ landlords vs. individuals)	
Recently released from prisons/jails	Limited access to housing, jobs, health care	Higher risk of homelessness and COVID-19 risk Higher transmission	Provide housing in hotels, halfway houses, and sober houses, and connect with services Advance equitable enforcement of policies	Increase funding for social services + jobs for formerly incarcerated Eliminate conviction history from job and housing applications Address disproportionate incarceration of communities of color
Individuals lack reliable transportation	Unable to access drive-thru testing sites	Lower testing rates	Provide mobile testing support and allow walk-up testing Offer travel vouchers	Increase investments in public transit Use equity lens for placement of government infrastructure
Individuals experiencing houselessness or housing instability	Staying at shelters increases risk of COVID-19 Unstable housing	Increased risk and transmission across vulnerable populations	Offer temporary housing in hotels, dorms, offices Pass eviction moratoriums Prevent utility shutoffs	Allow rent cancellation Increase renter protections (e.g., rent control, just-cause evictions) Increase permanently affordable housing units

Appendix 5. Interviewees and Resources Reviewed in Creating This Tool

Human Impact Partners conducted interviews with five Big Cities Health Coalition health departments to understand the gap that the tool should fill, and how a standardized instrument could be helpful. Departments included:

- Chicago Department of Public Health (IL), Genny Turner, Sheri Cohen, and Kate McMahon
- Columbus Public Health (OH), Suellen Bennett
- County of San Diego Health & Human Services Agency (CA), Leslie Ray
- Kansas City Health Department (MO), Tracie McClendon-Cole
- Los Angeles County Department of Public Health (CA), Muntu Davis

In addition to all the resources hyperlinked throughout this document, Human Impact Partners also reviewed the following resources to create this tool:

Annie E. Casey Foundation. (2006). *Race Matters: Racial Equity Impact Analysis*. https://www.aecf.org/resources/race-matters-racial-equity-impact-analysis/

The Bay Area Regional Health Inequities Initiative (BARHII) and The Public Health Alliance of Southern California (The Alliance). (2020). Strategies for Local Health Departments During COVID-19 and Beyond: A Collaborative Brief. https://www.barhii.org/embeddingequityinemergencyoperation

Children's Trust of South Carolina. (2017). *South Carolina Racial Equity Impact Assessment Guide*. Children's Trust of South Carolina. https://scchildren.org/wp-content/uploads/2017/11/SouthCarolina_RacialEquityImpactAssessment_Guide.pdf

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