



# COVID-19 Health Equity Playbook for Communities

Strategies and Practices for an Equitable Reopening and Recovery



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## INTRODUCTION

### **Purpose**

This document is intended to support local communities in achieving their [Health Equity Measure](#) as part of the [California's Blueprint for a Safer Economy](#) and building an equitable recovery. More specifically, counties can use this document to inform [Targeted Investment Plans](#) that will be leveraging Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (Strategy 5: Use Laboratory Data to Enhance Investigation, Response, and Prevention) grant funds throughout implementation. This living document will continue to be updated as the pandemic progresses and as more is learned about what strategies are working on the ground.

Recognizing that there is no single solution or strategy for the response and recovery to COVID-19, this document provides a collection of options for locals to select from to support customized approaches for the assets and needs of each community.

We also acknowledge that an equitable response and recovery to COVID-19 requires a comprehensive, “all of government” and multi-sectoral approach. Additionally, the response and recovery need to be community and data driven, both through use of quantitative data from surveillance systems and qualitative data from community insight and experience.

### **Technical Assistance**

In addition to the Health Equity Metric (Metric) and the COVID-19 Health Equity Playbook for Communities (Playbook), the State is also working to pull together teams to provide technical assistance (TA) to locals. This section will be updated as the TA teams are finalized. The intention is that between the Playbook and technical assistance, counties will have the information needed to be able to reach and surpass their Health Equity Metrics.

### **Background:**

#### California's Blueprint for a Safer Economy: Health Equity Measure

[California's Blueprint for a Safer Economy](#) includes a Health Equity Metric to help ensure that California's public health interventions and guidance reach individuals in all communities statewide, especially disproportionately impacted communities. Moreover, the COVID-19 pandemic has underscored stark disparities, particularly among Latino communities.

The Health Equity Metric takes into consideration a steady and balanced approach to addressing a complex issue. It is intended to inspire leaders at all levels to ask the question of why disparities have existed and persist in our communities, structures, and systems and how we can work together to address them.

During these unprecedented times, we have the opportunity and the responsibility to act together to ensure that our whole community is safe.

For more information about the Health Equity Metric, visit the [CDPH website](#).

### Why equity?

Health equity is a priority for advancing public health in California and is elevated as a focus in the [state health improvement plan](#). The importance of addressing equity, including the wider factors that significantly impact opportunity for health, has been further elevated in the wake of the COVID-19 pandemic.

The development and incorporation of a health equity metric within California's Blueprint for a Safer Economy puts health equity at the center of our COVID-19 response and recovery efforts by not only seeking to improve overall rates, but also by taking intentional action to address differences in outcomes across communities and populations.

Communities disproportionately affected by COVID-19 include many groups such as older adults, essential workers, communities of color, LGBTQ individuals, people with disabilities, immigrants and other priority populations such as people experiencing homelessness, justice-involved populations, and the uninsured. While these disproportionately affected groups have intersecting factors, race and income are especially crosscutting.

Structural racism affects the distribution of and access to resources and opportunities such as employment, housing, education, and quality healthcare. Low-income communities of color are overrepresented in the low-wage and non-medical essential workforce, with less access to paid leave and other worker protections critical to preventing the spread of COVID-19.

Income inequality increases the risk of exposure to the virus, due to crowded living conditions, greater use of public transportation, and the need to travel farther from home to obtain essentials.

A combination of these factors results in priority populations experiencing higher levels of cumulative adversity over time, which are associated with an increased risk of underlying medical conditions such as high blood pressure, chronic lung diseases, diabetes, and chronic kidney disease. Well-documented racial and ethnic disparities in the prevalence of these chronic conditions among communities of color further increase the risk of morbidity and mortality from COVID-19.

### COVID-19 California Data

California's COVID-19 data show that there are large and persistent racial and ethnic disparities in COVID-19 cases and deaths.<sup>1</sup> Latino and Native Hawaiian/Pacific Islander groups have a disproportionate number of cases relative to their respective population sizes in the state, and adults who are Black, Latino, or Native Hawaiian/Pacific Islander have disproportionately more deaths compared with their respective population sizes in the state.

While Latinos make up 38.9% of the State's population, they comprise 61.1% of cases and 48.4% of all deaths. Similarly, while Blacks comprise 6% of the State's population, they comprise 4.3% of the cases and 7.7% of the deaths. What is particularly striking is that among adults aged 18-34,

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<sup>1</sup> Data posted as of 9/28/20, for latest data visit the [California Department of Public Health: COVID-19 Race and Ethnicity Data](#).

Blacks comprise only 4% of the cases but **13.5%** of the deaths, while Native Hawaiian/Pacific Islanders comprise 0.5% of the cases but 1.7% of the deaths. Among adults aged 35-49, Latinos comprise 62.4% of the cases and 76.8% of the deaths.<sup>1</sup>

Furthermore, because of the lack of disaggregated race and ethnicity data collection and reporting, any disproportionate impact on certain sub-racial populations, specifically within the Asian and Native Hawaiian/Pacific Islander racial categories, (for example, the disparate impact on Filipinos), have been hidden and may be masked by their inclusion within the larger Asian category.<sup>2,3</sup>

### Call to Action: COVID-19 requires a full government response

While COVID-19 is a health emergency, it is deeply connected to housing, income, wealth disparities, and other social determinants of health, and requires solutions that touch on all of these areas simultaneously, both in the immediate wake of a disaster or pandemic and in the months and years following. There are three things government should strongly consider doing:

- **Addressing both immediate and long-term inequities simultaneously.** While this document is organized into immediate and long-term strategies, **they can and should be addressed together.** Short-term actions can help build towards and support long-term efforts. Some examples:
  - The City of Oakland, the California Endowment, and Alameda County elected officials and community members joined together to form the City of Oakland COVID-19 Community Task Force. The Task Force took immediate planning actions to increase access to testing in priority communities, coordinate communications to communities, and fund social determinant of health needs.
  - The City of [Los Angeles' Project Roomkey](#) expanded the state-level Project Roomkey to provide immediate isolation support for unhoused populations while also using this initiative to get participants into permanent housing by setting up collaborative social services.
  - Sonoma County established the LatinX Health Workgroup to address the specific needs of the Latinx and farmworker communities who were bearing the brunt of the outbreak. The group has contracted with community-based providers to advance culturally-specific case management and response.
- **Target investment to communities disproportionately impacted.** We know that COVID-19 is disproportionately impacting certain communities, in particular our lower-income and communities of color. Our response should be targeted, investing more resources into the communities most impacted. An example:
  - Kings County Public Health Department's Kings Cares Essential Workforce Support program leverages CARES funding to provide isolation support for essential workers in hotels or at home for their whole families to isolate together.

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<sup>2</sup> [LA Times. Little noticed, Filipino Americans are dying of COVID-19 at an alarming rate.](#)

<sup>3</sup> [Health Affairs. Asian Americans Facing High COVID-19 Case Fatality.](#)

- San Francisco Expecting Justice is piloting a guaranteed supplemental financial support for Black and Pacific Islander parents based on successful models from Jackson, MS and around the world. This program would enable expecting mothers and parents to remain safely at home while meeting their basic financial needs.
- **Respond quickly and simplify processes wherever possible.** Speed is essential. We know that government is not known for being quick and nimble, but in the face of a pandemic, every minute matters. An example:
  - Alameda County has advanced community-led contact tracing by contracting with a neighborhood anchor institution such as a community health center that can subcontract quickly with small grassroots organizations with close ties to priority populations. This speeds contracting while continuing to ensure that small community groups match their resources to the communities they serve.
  - The Silicon Valley Community Foundation convened a regional fund and distributed the money to other smaller community foundations to speed access for nonprofits to the resources they need to provide resources and food to the people most in need of it.

### Moving Forward Together

Since the outset of the pandemic, we have learned much about how to prevent disease transmission and COVID-19 cases. This includes enhanced testing for priority populations, physical changes to essential workplaces to minimize the risk of transmission, access to PPE, and provision of housing, health care (both physical and behavioral health), and nutrition, as well as wrap-around support for individuals who are infected and cannot safely isolate at home. Even though there are many complex factors that impact mortality, some of which may be difficult to address in the short term, by preventing the spread of cases, we can limit risk to priority populations and reduce the risk of more severe outcomes.

The materials that follow capture principles, key strategies and promising practices for immediate, crosscutting, and long-term actions to address COVID-19 through the lens of equity.

Examples are included from California communities as well as other states, with links to tools and resources. This resource will be expanded based on ongoing collaboration across many state and local partners. Organizing to advance equity is a critical step in COVID-19 response and recovery. The strategies and capacity developed around equity approaches can also have long-term value for public health beyond the scope of the pandemic. Pulling together our best thinking from key stakeholders to meet this challenge can also help us prepare for a stronger, more equitable future for the overall health of California.

## EQUITY STRATEGY MENU – OVERVIEW / AT-A-GLANCE

### IMMEDIATE COVID-19 RESPONSE STRATEGIES

#### TESTING

- Strategy A – Community testing sites
- Strategy B – Mobile testing sites
- Strategy C – Source and distribute self-collection kits to individuals by mail
- Strategy D – Workplace testing

#### CONTACT TRACING

- Strategy A – Recruit a contact tracing workforce representative of communities
- Strategy B – Build partnerships with CBOs to support contact tracing workforce
- Strategy C – Maximize the value of individual interactions with contacts by increasing coordination and/or cross training between the contact tracing, testing, and isolation support teams

#### ISOLATION SUPPORT

- Strategy A – Educate priority individuals and communities on how to appropriately isolate, quarantine, and/or protect themselves from acquiring infection
- Strategy B – Provide access to necessary services and financial and material resources to help individuals adhere to isolation/quarantine recommendations
- Strategy C – Provide alternate housing for isolation and quarantine for those who are unhoused or who cannot safely isolate/quarantine at home
- Strategy D – Provide clinical monitoring for priority populations in isolation and quarantine
- Strategy E – Provide physical accessibility to housing for people with disabilities and access or functional needs

#### WORKER PROTECTIONS

- Strategy A – Enforcement of physical health protections for frontline and non-medical essential workers
- Strategy B – Expand labor protections to workers in the informal economy

### LONGER-TERM COVID-19 RESPONSE STRATEGIES

#### HOUSING SECURITY

- Strategy A – Ensure renters know their rights and protections under California Law, the CDC Eviction Moratorium, AB 3088, and other local level protections if applicable
- Strategy B – COVID-19- related housing assistance
- Strategy C – Using vacant lands and properties
- Strategy D – Alternative housing models

## **HOMELESSNESS**

- Strategy A – Emergency single unit housing for the unhoused
- Strategy B – Expand congregate shelter capacity for the unhoused
- Strategy C – Streamline access to permanent housing
- Strategy D – Provision of hygiene supplies and services
- Strategy E – Street medicine
- Strategy F – Safe parking and sanctioned encampments

## **ECONOMIC SECURITY**

- Strategy A – Expand, enhance, and ensure access to Unemployment Insurance (UI), income support, paid leave, and Disability Insurance (SDI) programs for all types of workers
- Strategy B – Government contracting: extend economic benefits and protections to contractors
- Strategy C – Direct financial compensation for lost wages/ cash assistance
- Strategy D – Housing & utilities debt relief/ forgiveness
- Strategy E – Support and sustain community-based organizations (CBOs) that serve disproportionately impacted communities
- Strategy F – Expand, enhance, and ensure access to childcare support for essential workers
- Strategy G – Financial and material assistance for basic needs
- Strategy H – Protect and support local small businesses
- Strategy I – Vocational rehabilitation

## **SCHOOLS AND CHILDCARE**

- Strategy A – Make meals normally consumed during school hours available to students, regardless of eligibility and whether they attend school in a virtual or hybrid learning setting
- Strategy B – Provide students with access to mental health services to support them while schools are closed
- Strategy C – Students with learning disabilities should receive accommodations and resources to assist them with completing classes and assignments
- Strategy D – Partner with businesses and internet providers to provide laptops and internet services in high-need communities
- Strategy E – Provide essential workers with children assistance to offset the cost of childcare accrued while schools are closed

## **CROSS-SECTORAL COLLABORATION AND HEALTH IN ALL POLICIES (HIAP)**

- Strategy A – Convene and connect across local departments for long term cooperation
- Strategy B – Capacity build for government staff and local stakeholders
- Strategy C – Apply a health and equity lens to important policy decisions
- Strategy D – Develop rural economies of scale

## **TRANSPORTATION / PHYSICAL ACCESS AND MOBILITY**

- Strategy A – Support safe, free, and universal access to emergency public transportation



- Strategy B – Encourage active transportation: walking and cycling
- Strategy C – Organize special delivery of food, non-toxic sanitation supplies, and basic needs
- Strategy D – Develop adaptive land use and improvements to the built environment

## CROSS CUTTING STRATEGIES

### DATA

- Strategy A – Improve collection of race and ethnicity data and sexual orientation and gender identity (SOGI) data
- Strategy B – Publicly report comprehensive, disaggregated data on race/ethnicity
- Strategy C – Utilize social determinants of health data to inform and drive the medium and longer-term response and recovery

### COMMUNICATION

- Strategy A – Create a targeted, culturally competent communication plan

### LANGUAGE ACCESS AND CULTURAL COMPETENCY

- Strategy A – Create language access policies, plans, and/or procedures
- Strategy B – Leverage community-based organizations' expertise in language and culture
- Strategy C – Develop culturally appropriate format and culturally adapted content reflecting a cultural humility perspective
- Strategy D – Develop marketing and outreach materials specifically for Limited English Proficient (LEP) populations
- Strategy E – Translate vital public documents, materials, and essential website information related to COVID-19 and other media like press conferences and social media as feasible
- Strategy F – Utilize interpretation and transcription services
- Strategy G – Develop recorded Telephonic Messages
- Strategy H – Ensure public health information and communication is accessible to individuals with disabilities
- Strategy I – Ensure bilingual staffing, roster, and recruitment, orientation and annual training

### COMMUNITY AND STAKEHOLDER ENGAGEMENT

- Strategy A – Build robust community partnerships
- Strategy B – Compensate community for time dedicated
- Strategy C – Establish a community advisory body
- Strategy D – Leverage data to elevate the strength of community wisdom and experience
- Strategy E – Ensure engagements are healing-centered and trauma-informed
- Strategy F – Develop a plan for community engagement

### MENTAL HEALTH CARE

- Strategy A – Help individuals access mental health services
- Strategy B – Ensure services and resources are specific to the needs of the population

## MENU OF STRATEGIES

### IMMEDIATE COVID-19 RESPONSE STRATEGIES

Testing, contact tracing, and isolation support are important tools to use during a surge and in heading off future outbreaks of COVID-19. Resolving barriers and focusing these interventions where there is disproportionate impact of COVID-19 can help accelerate progress towards recovery.

While called out separately in this document, immediate and long-term strategies, as well as crosscutting approaches should be considered and addressed at the same time as they are inextricably linked.

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## TESTING

### Principles

- Free, confidential, and easily accessible testing with rapid test results (24-48 hours) should be available statewide and especially among disproportionately impacted communities and individuals who are at high risk and/or are part of the essential workforce. This includes testing without a referral or appointment, pedestrian access, on-site registration, and extended hours.
- Testing modalities such as fixed sites, mobile units, or hub and spoke should be tailored to the unique cultural and linguistic needs, as well as the physical accessibility needs (for example, ensuring sites are accessible to wheelchair, cane, and walker users), of the communities being served.
- Partnerships with trusted messengers will increase testing utilization, particularly for priority populations, as well as partnering with social media influencers for targeted communities and sub-groups. The [Public Group Project](#) has examples of using social media for public health campaigns.
- Education materials that include resources for individuals who have tested positive should be available pre-testing as well as at testing sites. Materials should not solely focus on social isolation and quarantine – they should also include resources that address barriers such as wage replacement, tenants' rights, rental payment assistance, and access to health insurance.

### Key Strategies & Promising Practices

- **Strategy A – Community testing sites**
  - Place testing sites at the location of a trusted community organization. These can include non-profits, churches, community centers, community clinics, etc. Coordination includes working with partners to do outreach, provide transportation, and develop appropriate education materials and additional resources.

- Communities can utilize the Hub and Spoke model since not all sites will have capacity to be a long-term testing site. The Hub is used to coordinate receiving, shipping, and transportation of specimens. It can be any site that has capacity and resources to store testing materials (refrigeration, storage space, Wi-Fi). The Spokes are sites that can be used for “pop-up” testing usually for a day or two. Spokes return specimens to the Hubs so they can be transported to the lab.
- As more “unsupervised” testing options become available, train community members who can assist with staffing pop-up sites.
  - Many universities such as Harvard and the UC system have testing sites where students can self-administer a test and volunteers can verbally assist if needed. Similar models can be used at community sites.
- If it is not feasible to coordinate testing at a trusted location, work with community partners such as community health workers to get information out about testing locations, times, appointments, etc.
  - Contra Costa County partnered with a local church to provide culturally relevant messaging that could help overcome fatalism and distrust. Following social distancing guidance, staff presented at an outdoor church service with trusted community leaders on how to reduce the spread of COVID-19 by participating in lower risk activities.
  - [Roots Community Health Clinic](#) provides walk-up COVID-19 testing, tracing, as well as weekly health briefings to educate and demystify public health data and policies, counter myths and misinformation. The clinic serves predominantly African American communities in East Oakland and San Jose.
- Ensure that partners know how to schedule (and reschedule or cancel) appointments for community members, particularly those who do not have access to internet, may not have fixed work schedules, and/or have language barriers.
- Work with testing vendors who have developed ways to assist community members who do not have internet access.
  - Color Genomics has partnered with 211 in certain regions so individuals can call to find out testing locations and register over the phone.
  - OptumServe has set aside 20% of daily appointments to be same day and allows individuals to register on-site.
- **Strategy B – Mobile testing sites**
  - Mobile testing sites can be utilized in the Hub and Spoke model referenced above. Counties and cities can work with their testing vendors to see if mobile units are an option. Mobile units will also be a state resource with the implementation of the Testing RFI2 starting in late October, early November.
  - Mobile testing can be an invaluable resource for a number of communities including those in rural areas and encampments. Coordination with trusted partners is key for this strategy. Proper outreach and planning are necessary so units do not show up to sites

where no one will test. Smaller counties may want to share a mobile resource for a cost-effective regional approach.

- In rural areas a worksite may be the best placement for a mobile unit to test immigrant and undocumented workers. County staff will need to coordinate with employers and CBOs so employees will feel safe testing. Counties may want to develop partnerships with legal aid organizations and the California Protecting Immigrant Family Coalition to develop materials regarding the [Public Charge rule](#) and other immigration and health care “Know Your Rights” materials so they may educate employees on the resources available if they do test positive. [Additional information available in Worker Protections section] Trusted messengers can be present at testing sites to help with translation, outreach, and education. These trusted messengers are vital in helping community members feel safe enough to give the information needed for follow up and contact tracing.
- When testing at encampments, coordination with homeless health care organizations, “street teams,” and other harm reduction services is necessary to develop trust as well assist with follow up and contact tracing. County staff may want to have un-homed community members sign release of information (ROI) forms to allow trusted community partners to receive test results. Since many un-homed individuals are transient, street teams and trusted health care partners will more likely know how to reach an un-homed person who tested positive if they cannot be reached by email or phone. This process will help the un-homed have better access to needed resources.
- **Examples:**
  - [Sacramento County](#) has partnered with a number of organizations including community centers, churches, and libraries to offer mobile and pop-up testing. Testing is done on a calendar rotation so a mobile unit can be used effectively and no one site is over-burdened.
  - Vista Community Health Center partners with San Diego County to provide outreach, education, and mobile testing for rural, migrant, and farmworker communities in San Diego County. Their Promotoras, or community health workers, work with county workers to do health education around COVID-19 testing and administer tests through these mobile units.
  - The Garment Worker Center (GWC) in Los Angeles held a pop-up testing site for those working in the garment industry. Workers and employers were recruited through GWC outreach and by others who found the testing site close to their work and accessible without having to make an appointment.
- **Strategy C – Source and distribute self-collection kits to individuals by mail**
  - Provide at-home test kits to individuals who cannot leave their home or cannot access a community test site. Counties that have access to at-home testing kits should utilize them for contact tracing and priority populations.

- Priority populations for at-home testing include: individuals with hearing, visual and mobile impairments; older adults; immuno-compromised individuals; and individuals with developmental disabilities.
  - These groups face barriers to testing such as transportation and ability to wear masks in public, and are more likely to be in the high-risk category for COVID-19.
  - This strategy is not a substitute for providing physically accessible testing sites, but rather as a supplement.
- Some individuals will be able to complete at-home testing on their own, however many individuals will need assistance from a family member or other caretaker. In these cases, testing may need to be supervised.
- Supervision from someone who has been trained to assist with testing can be offered through telehealth appointments or through at-home visits already scheduled for routine care.
- Kits can also be sent to high-risk settings such as schools, workplaces, and skilled nursing facilities if other testing options are not available.
- Suppliers for at-home testing include: [Pixel by LabCorp](#), [Everlywell](#), [LetsGetChecked](#), [Quest Diagnostics](#), and [BioIQ](#).
  - State and county testing vendors may have at-home testing kits and methods for distribution and specimen collection. Contact your vendor to learn more.
  - Partners to work with for priority populations for at-home testing include the [State Council on Developmental Disabilities](#) the [California Foundation for Independent Living Centers](#), [Area Agencies on Aging](#), and the [Master Plan for Aging Equity Group](#).
- [Video of at-home test kit](#)

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## CONTACT TRACING

### Principles

- Building trust with the most impacted communities, often lower-income, communities of color, people with disabilities and older adults, is essential for successful contact tracing.
- Speed is critical. Contacts made the same day decreased transmission by 80%.<sup>4</sup>
- Local health departments should strive to build a contact tracing workforce that is reflective of the communities most impacted by COVID-19 and avoid working with law enforcement and/or probation officers in tracing work, as they may be less trusted in some communities and may lead to further trauma and stigma
- Multicultural and multilingual staff, especially those directly from the communities being served, can help build trust.

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<sup>4</sup> The Lancet. [Impact of delays on effectiveness of contact tracing strategies for COVID-19: a modelling study](#).

- Partner with community-based organizations, faith-based organizations, and other trusted people of influence when possible to (i) conduct case/contact investigation and/or resource navigation, (ii) advise on LHDs' existing contact tracing workforce, strategies and practices, and/or (iii) help with outreach and education around COVID-19 contact tracing to raise awareness and reduce stigma.

### **Key strategies & promising practices**

- **Strategy A – Recruit contact tracing workforce representative of communities**
  - Partner with local community-based organizations, tribal governments, workforce development boards, and other organizations with ties to the communities most impacted to identify and recruit a multi-cultural, multi-lingual contact tracing workforce representative of the communities being served (e.g., case/contact investigators, contact tracers, and resource navigators for quarantine and isolation).
  - These organizations can assist the health department to recruit potential candidates for these positions through avenues that might be different than those typically used. Compensation for CBO expertise is an important element of equitable partnership and sustainability. Consider compensating CBOs for this partnership as well as other education/outreach services. Additionally, LHDs may choose to use CBOs to actually hire the CI/CTs.
  - Local health departments should strive to make the salaries competitive with existing positions within the health department, regardless of whether the position is a direct hire or hired through an outside entity.
  - Hire surge staff to perform case investigation, contact tracing and outreach from within local communities facing disparities to ensure cultural and language competency. This may include funding community health workers, or Promotoras, increasing bilingual staff, and engaging local trusted community members in strategic planning.
- **Strategy B – Build partnerships with CBOs to support contact tracing workforce**
  - Build partnerships with community-based organizations and workforce development boards to provide ongoing support of contact investigators and contact tracers for success and retention in roles.
  - Newly hired staff may need assistance that is beyond the scope of the local health department such as childcare, transportation and ongoing professional development. Supportive organizations may be able to provide these resources to the newly hired staff.
  - Compensate CBOs utilizing available funding including the Epidemiology and Laboratory Capacity grant (Strategy 5)
- **Strategy C – Maximize the value of individual interactions with contacts by increasing coordination and/or cross training between the contact tracing, testing, and isolation support teams.**
  - Train contact tracers/contact investigators to provide clear guidance and strong recommendations that contacts get tested and/or directly schedule testing or refer

contacts to testing. When referring, consider directly transferring the phone line to someone who can assist with scheduling (as opposed to an automated system).

- Train contact tracers/contact investigators how to refer contacts to available wrap-around services, including other resources on health, behavioral health, and social services. If possible, consider directly transferring contact to a social worker or other service provider.
- Additional resources (Strategy B and C)

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## QUARANTINE AND ISOLATION SUPPORT

### Principles

- Isolation and quarantine are critical public health interventions fundamental to reducing COVID-19 transmission. Adequate isolation and quarantine systems and related resources must be identified for contact tracing efforts to have their targeted public health impact.
- Isolation and quarantine can create substantial hardship due to other responsibilities; measures must be in place to ensure that people placed under isolation or quarantine have the financial, social, mental, and emotional support they need.
- People under isolation or quarantine must be treated with respect, fairness, and compassion; their dignity and privacy should be protected. This is especially critical for priority populations. Failure to sufficiently support people in isolation or quarantine is likely to result in poor clinical outcomes, poor adherence to isolation and quarantine recommendations, and additional spread of COVID-19.
- These strategies may be used for people who need to isolate during their infectious period, for those considered “close contacts” who need to quarantine, or those who are neither a case nor a close contact, but if they become infected with COVID-19, would be at high risk for either severe outcomes (e.g., those at older ages, those with chronic conditions, those with immunocompromised conditions) or would lead to spread to a large priority population (e.g., those living in close quarters, experiencing homelessness).

### Key Strategies & Promising Practices

- **Strategy A – Educate priority individuals and communities on how to appropriately isolate, quarantine, and/or protect themselves from acquiring infection**
  - Knowledge is the first step in prevention. Infected cases and exposed contacts must know what they need to do to prevent further transmission of COVID-19 to their family, friends, and community. This information is particularly important for those who are uninsured and without a primary care provider. Local health departments can provide a resource line to help answer people’s questions about isolation. Instructions should be available in various languages, various accessible formats for people with disabilities, and be culturally appropriate.

- Address cultural barriers to self-isolation. These barriers could include social pressures in communities that place high value in large and frequent gatherings with extended family members or distrust of government and systems.
- Work with community-based organizations and champions who can disseminate information on the importance of isolation/quarantine. These groups may have strategies to be able to better persuade those in their community to follow public health recommendations, including using peer educators as trusted sources of information. Many communities have historic reasons for distrusting government and medical officials – due to that valid historical experience, there is a greater imperative to find trusted messengers.
- Disseminating public health information at non-traditional locations (e.g., churches or other places of worship, barbershops) may reach populations that do not normally engage with the healthcare and public health systems.
- Engage employers around the importance of their role in promoting isolation and quarantine for their workforce, and encouraging use of paid sick leave so they can isolate. Many workers refuse to take this key prevention step because of a very real fear of losing their job. Employers who have gone through an outbreak can be key messengers to other employers about the benefits of taking key prevention steps and the cost of not doing so.
- Ensure written and spoken communications are available in other languages for people with limited English proficiency. Communications should also be culturally appropriate for the target population.
- Use video and other forms of communication to reach priority populations. Radio, talk shows, the news, Spanish television, or social media may be able to better convey a more impactful message to certain populations. Social media campaigns can also be used to target advertisements to priority populations.
- Involve family and caregivers when disseminating public health information and knowledge
- Consider train-the-trainer approaches to efficiently disseminate public health information in priority communities.
- Provide information based on recipient:
  - Those infected: Provide instructions to (both symptomatic and asymptomatic) individuals and their family/caregivers who are infected with COVID-19.
    - [CDPH Self-isolation instructions for individuals who have or likely have COVID-19](#) (translation to Spanish and other languages pending);
    - [Self-isolation Instructions for individuals who have or Likely have COVID-19 – flyer](#) (PDF) (translation to Spanish and other languages pending)
    - Spanish resources:
      - [Stay at Home](#) factsheet (PDF)
      - [CDC If You Are Sick – Spanish](#)
  - Those exposed: Information should also include how to inform their close contacts that they were exposed and instructions on how their close contacts can quarantine.



- [CDPH Self-quarantine instructions for individuals exposed to COVID-19; Self-quarantine Instructions for Individuals Exposed to COVID-19 – Flyer](#) (PDF) (translation to Spanish and other languages pending)
- Those waiting for testing results: [CDPH one-page flyer](#)
- Caregivers
  - [Caring for Someone Sick at Home](#)
  - Provide instructions to individuals and their family/[caregivers](#) who are exposed to COVID-19 on how to get tested and what to do if they develop symptoms.
- Those at high risk for infection: Inform people at high risk for infection and severe outcomes how to minimize their risk of contracting COVID-19.
  - [CDC guidance on how to protect yourself](#)
- Harm-reduction strategies: Promote harm-reduction strategies and approaches when circumstances are not ideal (e.g., person living in crowded housing)
  - [A harm-reduction approach to coronavirus disease 2019 \(COVID-19\)—Safer Socializing](#)
  - [CDC guidance for individuals who live in close quarters](#)
  - [CDC guidance for those who live in shared housing](#)
- **Strategy B – Provide access to necessary services and financial and material resources to help individuals adhere to isolation/quarantine recommendations**
  - Access to enough nutrition and required medications must be ensured during isolation and quarantine. This could be provided by a neighbor, friend, or family member who is not under isolation or quarantine. If the person does not have access to support, the health department should provide additional support such as medication delivery, meal/grocery, and laundry services. In addition to contact tracers, care resource managers are needed to assist people with navigation to supportive services.
    - California Food Banks: [Promising Practices](#)
    - [COVID-19 lessons learned on food distribution](#) (contains recommendations)
    - Area Agencies on Aging (AAAs) - an important resource for older adults and adults with disabilities.
  - Local public health officials should work hand in hand with their behavioral health colleagues to help consumers meaningfully engage in behavioral health services. (See Mental Health Section for further details.)
  - Local public health officials should leverage agreements between departments to create streamlined referral pathways. Many local public health departments or jurisdictions are also housed under one Department of Health Services.
  - Preventing loneliness is key to keeping people safe at home
    - Resources like [Friendship Line CA](#) offer a way for people to stay connected (FLC is for older adults only).
    - [Department of Aging’s Warmlines](#)

- People under isolation and quarantine orders may have challenges that make complying with public health orders difficult, particularly for priority populations. Challenges include loss of income and loss of ability to care for others.
- Case investigators and contact tracers should assess for these barriers and provide resources for additional support.
- Promising practice: Some public health departments have provided “incentives and enablers” for this purpose, which include food and medication delivery as described above. Other examples include covering mortgage or rent payments, providing daycare or elder care, and other services or support. Direct financial compensation for those with lost wages should be considered.
  - **Example:**
    - In the context of tuberculosis, financial incentives to alleviate burden placed on patients have been shown to improve adherence to management and treatment in multiple studies (Heuvelings et al., 2017; Sripad et al., 2014). Similarly, individuals asked to isolate or quarantine due to COVID-19 may find the financial burden of lost wages unacceptable, and thus may not comply with the recommendations, leading to further spread of COVID-19.
- Additional supports may be needed to ensure persons who use drugs (including tobacco and alcohol) can fully comply with orders. That includes harm reduction supplies for people who use illicit drugs (e.g. sterile syringes) and, where appropriate, medications (e.g. buprenorphine & methadone).
- For the below strategies, priority should be based on need and vulnerability to COVID-19:
  - Provide bundle of items (“care package”) to persons who are starting isolation or quarantine. Items may include: facemasks/cloth face covering, hand sanitizer, gloves, thermometer, phone, disinfectant, cleaning materials, incentive coupons (e.g., access to high-speed internet, passwords for on-demand movies, e-books and learning channels), food for two weeks, written instructions on isolation and self-monitoring, and contact information for the medical system. A pulse oximeter should be considered for those at particularly high-risk for decompensation.
  - Hire care resource managers/coordinators. They can be used to assist and navigate people to supportive services, including applications for health insurance and coverage programs (such as Medi-Cal, Medi-Cal COVID-19 Uninsured Group program, Covered California) and social benefits (such as CalFresh), applications for unemployment insurance, accessing medical, dental, and mental health care, etc. LHJs can consider partnering with community-based groups and local safety net institutions, such as community health workers, health navigators, and social workers who are familiar with local services provision and navigation. Navigators may also help support communication with employers about returning to work. LHJs should view isolation and quarantine as an opportunity to connect people to services and improve system integration for the long run.

- The [COVID-19 Uninsured Group Program](#) is a program that provides temporary coverage for COVID-19 diagnostic testing, testing-related services and treatment services, including hospitalization and all medically necessary care at no cost to the individual for up to 12 months or the end of the public health emergency, whichever comes first.
- Provide daycare or elder care. Many individuals may lose the ability to care for children or elders if they must isolate or quarantine to protect them. Emergency childcare assistance programs are underway in several states and cities aimed to serve essential workers and those who face financial instability due to unemployment and reduced hours. *For more information on childcare assistance programs please see the Schools and Childcare section.*
- Home meal delivery. California launched a meal delivery program ([Great Plates Deliver: Home Meals for Seniors](#)) for Californians over the age of 65. Additional local efforts may expand meal delivery for additional populations such as all low-income residents who are isolated and quarantined due to COVID-19. LHJs can partner with local community-based organizations to deliver culturally and ethnically appropriate meals.
- Mandate that in order for large businesses to remain open, they must be required to provide paid-time off when employees must isolate or quarantine due to COVID-19. Smaller businesses are less likely to be able to financially support employees who must be isolated or quarantined, and additional assistance may be required for small business and/or their employees.
  - ChangeLab's [memo on LHO authority and paid sick leave](#)
  - Please see Economic Security section for more examples and resources.
- Mortgage or rent payment assistance. Various states have deployed emergency rental assistance programs to help impacted individuals with mortgage and rent payments. Some rental assistance programs only offer a one-time rent relief payment while other programs offer multiple months. *Please see the Housing section for more examples and resources.*
- Direct financial compensation for lost wages. Provide partial or full wage income replacement to affected workers, especially those without sick leave and access to unemployment insurance. *Please see Economic Security section for more examples and resources.*
- Incentives. Other incentives could be provided on a case by case basis to encourage ongoing cooperation with public health orders to remain in isolation or quarantine. Examples include partnering with organizations to provide gift cards to purchase items, movies, music online, etc.
- Internet Access – broadband/hotspots/devices - bridge the digital divide through distribution of web-enabled devices; safely train people to use devices; and provide support and expand access for people who qualify for low cost/subsidized internet plans.

- **Strategy C – Provide alternate housing for isolation and quarantine for those who are unhoused or who cannot safely isolate/quarantine at home**
  - Local health departments should assess the most appropriate place for isolation or quarantine taking into consideration the different needs of the populations served.
  - Most COVID-19 cases who do not need hospitalization may be able to isolate at home if a separate bedroom and bathroom are available. For exposed contacts without symptoms, a place for quarantine should be identified. Household contacts may be able to remain at home under the assumption that all household members are exposed; however, people exposed elsewhere may need a separate bedroom and bathroom or may need an alternate place of quarantine provided. Local health departments should offer people the option to move to alternate housing if deemed appropriate, but should not force them to do so if they understand the risks and choose to stay at home (with their family).
  - Provide culturally appropriate housing environments to ensure this is an acceptable alternative to staying at home.
  - Use of scripts in dialogue with individuals in need of quarantine support can be used to help identify potential barriers, proactively facilitate linkages with care providers, and offer language support. (e.g., “Can I connect you to [service/resource]?” vs. “Can you quarantine at your home?”)
  - Special consideration for people in congregate settings such as homeless shelters is needed.
  - Partner with local organizations and other county agencies (e.g., department of social services) to assess alternate places for isolation and quarantine for patients who are unhoused or who are unable to appropriately or safely isolate or quarantine at home. Alternate sites could include hotels, trailers, or other places, such as converted public spaces, designated by public health departments for this purpose. Some counties have used local college and universities dormitories for this purpose. Alternate housing should be culturally appropriate.
    - [Project Roomkey](#) can help provide housing to people experiencing homelessness.
    - [Housing for the Harvest](#) is a program launched on July 24, 2020 that provides temporary hotel housing options for essential farm and food processing employees who are COVID-19 positive or exposed. The state contracts with hotels to secure local hotel rooms. To qualify, participants must:
      - Work in California food processing or agriculture,
      - Have tested positive for COVID-19 or been exposed (as documented by a state or local public health official or medical health professional) to COVID-19, and
      - Be unable to self-isolate or quarantine at home.
    - [LA County also has medical sheltering sites](#) that provide temporary housing for symptomatic and COVID positive individuals who cannot safely isolate or quarantine at home. This is mainly for those experiencing homelessness, but is open to others.
- **Strategy D – Provide clinical monitoring for priority populations in isolation and quarantine**

- People in isolation may require continued monitoring for clinical worsening and the ability to rapidly access additional clinical care if needed. Monitoring for development of symptoms and rapid access to testing may be needed for people under quarantine. Monitoring should ideally occur daily and may be done through automated messaging (text, e-mail, phone call) if symptoms have developed or worsened. Contacts who develop symptoms would need to immediately isolate and require additional follow-up by public health, including getting tested as soon as possible. Clinical monitoring may be particularly important for those with limited or no health insurance, and those who belong to groups at higher risk for serious complications or death. Local health departments will need to reinforce privacy protections here or people will be hesitant to participate.
- Provide transportation services for those with COVID-19 who need to seek medical care. Providing private transportation to people without the means to drive themselves can reduce the likelihood that they will take other forms of transportation that may unnecessarily expose a large number of people in their community. Consider guidance for keeping private drivers safe if a person is COVID-19 positive.
  - Consider partnering for health delivery: Medi-Cal has emergency and non-emergency transportation services that the person may be able to utilize [www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx)
- Provide telemedicine services to individuals without access to medical providers (i.e. those without health insurance) with the ability to escalate care as needed.
- **Strategy E – Provide physical accessibility to housing for people with disabilities and access or functional needs**
  - People with disabilities and access or functional needs may require unique housing resources. Prioritize physically accessible housing resources, assess access and functional needs of individuals, provide resources to retrofit spaces for accessibility (ramps, grab bars, lifts), and incorporate the principles of universally accessible design into any new permanent housing and temporary shelters.

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## WORKER PROTECTIONS

### Principles

- Protect the safety and wellbeing of workers who are continuing to provide essential services throughout the pandemic, or those who work in occupations that cannot be done via telework.
- Create an environment that rewards employers for prioritizing worker safety.

### Key Strategies & Promising Practices

- **Strategy A – Enforcement of physical health protections for frontline and non-medical essential workers**
  - Protect non-medical essential workforce, including grocery workers, food workers, farmworkers, public transit workers, warehouse workers, childcare workers, delivery and

- other low-wage workers with COVID-19 workforce protocols, policies, [and personal protective equipment \(PPE\)](#).
- Ensure access to the protective gear and procedures workers need to remain safe and healthy, especially ones working in heavily impacted industries.
  - Create a regulatory environment that rewards protective employer assists where appropriate, and penalizes negligent ones.
  - Implement the most effective workplace protections for working during and after the COVID-19 pandemic
    - Work from home/ telework – extend, expand telework arrangements and policies
    - Environmental measures -air filtration, clear acrylic/plexiglass barriers, etc.
    - Physical (social) distancing and good hygiene practices
    - Access to and appropriate use of PPE and face coverings
  - Engage with priority sectors, including manufacturing, agriculture and hospitality on data and policy approaches.
  - **Examples:**
    - [Los Angeles county has also approved a Workplace Public Health Council](#) model that supports the creation of workplace councils where workers meet with management to deal with compliance issues. This includes engaging certified third-party advocates to visit worksites to educate workers and help create the Councils.
    - Ventura County’s [Farmworker Resource Center](#) was created to “to build trust and relationships among the agricultural community, and to assist in facilitating prompt resolutions to workplace concerns such as payroll issues and working conditions, navigating available public agencies, and leveraging existing resources.”
    - For H-2A Temporary farmworkers specifically, [Santa Barbara](#) and [Ventura](#) have issued health orders requiring daily temperature checks of every worker living in employer-provided housing. [Los Angeles County has also approved a Workplace Public Health Council](#) model that supports the creation of workplace councils where workers meet with management to deal with compliance issues.
  - **Strategy B – Expand labor protections to workers in the informal economy**
    - Support Homecare Workers. Support homecare workers such as in-home health care workers and personal care aides by:
      - Training homecare workers to respond to disaster and emergency scenarios;
      - Leveraging the homecare workforce to help coordinate, facilitate, and communicate with local government and other community organizations during shock events;
      - Providing free health and safety supplies to all homecare workers to protect them and their clients;
      - Improving wages and benefits to attract more homecare workers; and
      - Guaranteeing paid sick leave for all workers.
    - The Domestic and Residential Care Facility Worker Outreach and Education Program focuses on both workers and employers to promote awareness and compliance with labor protections through a contract with a trusted community-based organization.

- **Also see Economic Security section below, *Strategy B: Government contracting - extend economic benefits and protections to contractors***
- **General Resources – Worker protections**
  - State of California – Department of Industrial Relations – Coronavirus (COVID-19)  
Resources: [Guidance for Employers and Workers](#)

## LONGER-TERM COVID-19 RESPONSE STRATEGIES

### **Longer-term COVID-19 response strategies**

In the long-term, lowering positivity rates and improving health outcomes for disproportionately impacted communities requires investments and strategies focused on structural inequities. These strategies include: expanding affordable, safe housing; robust investments in local health department infrastructure; climate resiliency; and expanded, safe employment opportunities.

While this document is organized into immediate and long-term strategies, they can and should be addressed together. Short-term actions can help support long term efforts and long-term efforts in turn can help to reduce future surges while also addressing the underlying root causes that are creating the inequities we experience today.

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## HOUSING SECURITY AND HOMELESSNESS

### **Overarching principles**

- Housing is a human right ([UN Office of the High Commissioner](#)).
- Housing insecurity and homelessness are public health issues.
- Addressing housing insecurity and homelessness requires cross-sector collaboration.
- Partnering with expert housing agencies and organizations is needed to implement policies.
- Outreach to tenants and unhoused communities is vital for understanding lived experience and designing and implementing quality and effective programs and policies.

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## HOUSING SECURITY

### **Principles**

- Partner with housing experts and organizations to ensure that renters and homeowners know their rights and how to access resources available.
- From Get Healthy San Mateo (5 P's needed for developing housing security):
  - Protection. Financial and policy-based assistance that helps renters remain in their homes.
  - Preservation. Commit to maintaining affordable housing units despite changing economic conditions, as well as replacing units at the same affordability levels when preservation is not possible.
  - Production. Incentivized and regulated construction of new affordable housing units, as matched to the demands of local population growth.

- Ensure new housing units comply with ADA regulations, supportive of people with disabilities, all ranges of access or functional needs, and provide for residents to age in place.
- Participation. Turning to the community for leadership by continuously engaging residents in affordable housing and public health planning processes.
- Placement. Strategic and equity-based planning of affordable housing near transit, jobs, green spaces, healthy food sources and other amenities.
- Addressing unique needs of undocumented tenants.

### **Key Strategies and Promising Practices**

- **Strategy A – Ensure renters know their rights and protections under California Law, the CDC Eviction Moratorium, AB 3088, and other local level protections if applicable**
  - Educate renters on their rights and protections under the CDC Eviction Moratorium
    - Under the [CDC Eviction Moratorium declaration \(OMB Control No. 0920-1303\)](#), tenants are temporarily protected from residential evictions (not including foreclosures on home mortgages) to prevent the further spread of COVID-19. This order prevents tenants from being evicted or removed from their home through December 31, 2020. Tenants are still required to pay rent and follow terms of lease and may still be evicted for reasons other than not paying rent. Some key eligibility requirements for renters include:
      - Renters must provide a copy of the declaration to the landlord. Each adult listed on the lease or other housing contract should complete this declaration.
      - Renters must have used their best effort to obtain available government assistance for rent or housing.
      - Individual renters must expect to earn no more than \$99,000 in annual income for Calendar Year 2020 or no more than \$198,000 if filing a joint tax return, or were not required to report any income in 2019 to U.S. Internal Revenue Service, or received an Economic Impact Payment (stimulus check) of the CARES Act.
      - Renters must be unable to make full rent payments due to loss of income or out-of-pocket medical expenses.
      - Tenants cannot be evicted if they would become homeless or move to a sub-standard living situation that could lead to the spread of COVID-19, such as overcrowding.
      - Educational resource: [Housing is Key](#).
  - Educate renters on their rights and protections under AB 3088:
    - AB 3088 protects renters from being evicted for non-payment of rent if they have been financially impacted by COVID-19. These protections cover March 1, 2020 through August 31, 2020 as long as a tenant returns a declaration of COVID-19-related financial distress to their landlord.



- For the months of September 1, 2020 through January 31, 2021 a tenant needs to submit a declaration of COVID-19-related financial distress to their landlord each month, as well as pay 25% of each month's rent. The 25% payment does not need to be paid each month, but the total for September through January needs to be paid by January 31, 2021 (125% of a monthly rent payment due by January 31, 2021).
- Financial hardships related to COVID-19 include: loss of income, increase costs of child-care, increased work expenses, and increased costs of health care.
- Tenant education and outreach should emphasize the process of meeting the requirement to submit a declaration of financial distress to avoid need for repayment as coverage periods and requirements change.
- Landlords are required to provide [financial distress language forms](#) to tenants.
- If cities or counties have stronger protections than AB 3088, those take precedence over the state law. However, if a city or county moratorium expires before January 31, 2021, it cannot be renewed until February 1, 2021, and no new moratoriums can be developed at the local level until February 21, 2021.
- Counties and cities can develop policies that will strengthen "just-cause" evictions not related to COVID-19.
- Counties can continue to work on policies and programs that offer financial assistance to renters.
- A key role for local government is to provide support by connecting people experiencing eviction with legal services. Use existing communication resources and partner with housing experts such as:
  - Local housing authority
  - [Western Poverty Law Center](#)
  - [U.S. Department of Housing and Urban Development: Rental Help: California](#)
  - [California Rental Housing Association](#), with regional associations
  - [Tenants Together](#)
  - [California Apartment Association](#)
  - [Rent Assistance](#)
  - [ACCE Institute](#)
  - Local Legal Aid Organizations such as Legal Services of Northern California, California Rural Legal Assistance, etc.
- Set additional eviction moratoria protections in the jurisdiction to help stop landlords from evicting renters. During the length of AB 3088 these protections cannot be implemented at a local level, but can begin starting February 1, 2021.
  - County of [Alameda eviction moratorium](#), enacted on March 24, 2020 until September 30, 2020 or until the local health emergency declared by the County ends.
  - [City and County of San Francisco eviction moratorium](#), enacted on March 13, 2020, prohibited residential evictions and gave tenants six months to repay accumulated rent.

- [City of Fresno eviction moratorium](#), enacted on March 19, 2020, gave tenants six months to repay accrued rent debt after state of emergency is lifted.
- Leverage talking points to communicate the COVID-19 impact of evictions.
  - Evictions can have long-term negative health impacts on the entire household as well as increase the risk of getting COVID-19 due to more overcrowding.
  - Families who are evicted often move to neighborhoods with even higher poverty and violent crime rates, which both negatively impact health. They often move to housing in worse condition and with more overcrowding.
  - Moving more than once because of evictions can have more mental health issues, substance abuse, poor school performance, teen pregnancy, feelings of isolation, and disrupted social networks
- Coordination with Sheriff's Departments is vital for protecting renters. When possible LHD's should work with their local Sheriff's Department to review evictions to see if a tenant is protected by the CDC, State, or local moratoriums.
- **Strategy B – COVID-19- related housing assistance**
  - Leverage state-level programs and resources for housing assistance.
    - **Example:**
      - [Housing for the Harvest](#) is a program launched on July 24, 2020 that provides temporary hotel housing options for essential farm and food processing employees who are COVID-19 positive or exposed. The state contracts with hotels to secure local hotel rooms. To qualify, participants must:
        - Work in California food processing or agriculture;
        - Have tested positive for COVID-19 or been exposed (as documented by a state or local public health official or medical health professional) to COVID-19; and
        - Be unable to self-isolate or quarantine at home.
  - Provide additional local emergency rental or mortgage assistance to those most affected by job and income loss.
    - **Examples:**
      - [County of Los Angeles COVID-19 Rent Relief Program](#) accepted applications from August 17 to August 31, 2020 from county's lowest-income residents for up to \$3,000 in rental relief.
      - [County of Riverside United Lift Rental Assistance Program](#) used \$33 million in CARES Act funding to provide up to three months of financial aid for up to 10,000 households.
      - [City of Sacramento Housing Choice Voucher Landlord Incentive Program](#) increases the amount of affordable housing in the city during the COVID-19 pandemic by utilizing funds through support from the U.S. Department of Housing and Urban Development (HUD) and the CARES Act. The program aims to persuade landlords to rent out units to voucher recipients.
      - [CARES Act funding](#)

- [CDC ELC Enhancing Detection Funding](#) includes \$150 million to support contact tracing, isolation, and quarantine. This funding can be used for housing.
- Rent control to limit the amount property owners can demand for rent for leasing or renewing a lease.
  - **Examples:**
    - [City of Los Angeles Rent Stabilization Ordinance \(RSO\)](#) and [Mayor Garcetti's order of a rent increase freeze for all units that fall under the RSO](#). LA City Council extended this for 12 months after the end of the local state of emergency.
    - [City of Oakland Rent Adjustment Program](#) adopted in 1980 controls rent increases of covered units.
- **Strategy C – Using vacant lands and properties**
  - Consider using governmental power to appropriate vacant land and property for public use as a tool for preserving affordable housing
    - Examples
      - [Los Angeles County](#) seized a long-vacant property from a South L.A. developer to secure land for affordable housing.
      - [HUD Handbook](#) on Turning Liabilities into Assets.
      - [St. Louis](#) plan to reduce vacant buildings.
- **Strategy D – Alternative housing models**
  - Utilize housing models beyond traditional market-rate and deed-restricted homes such as manufactured housing built in modular sections that are easy to transport and install, community land trusts, micro-units, tiny homes, co-housing, and accessory dwelling units.
  - Partner with Community land trusts (CLTs), most of which are independent, chartered non-profit organizations that purchase parcels of land to be held in perpetuity and in trust for the community, especially low-income community members.
    - **Examples:**
      - New Communities, Inc. founded in 1968 in rural Georgia
      - Dudley Street Neighborhood Initiative created a CLT in 1988
      - Irvine Community Land Trust in Orange County
      - San Francisco Community Land Trust
      - Northern California Land Trust

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## HOMELESSNESS

### Principles

- Homelessness response requires expansive and cross sector collaboration.
- Place central focus on the lived experiences and needs of the unhoused population.
- Address the unique needs of unhoused subpopulations (such as unhoused youth and unhoused drug users).

- Unhoused people face challenges to compliance with certain pandemic response policies (e.g. physical distancing, masking, shelter-in-place). It is Important to acknowledge that these challenges place them at greater risk for contracting the disease.
- Be aware of and address unhoused vulnerabilities to COVID-19:
  - Pre-existing medical conditions and comorbidities.
  - Aging and biologically weathered population. Growing number of the unhomed population is aging and almost half of first time homeless are 50 and older.
  - Congregate living conditions (shelters and other issues with (limited?) physical distancing).
  - Lack of access to hygiene and sanitation needs.
  - Food insecurity.
  - Criminalization of the unhoused.

### Key Strategies & Promising Practices

- **Strategy A – Emergency single unit housing for the unhoused**
  - Provide single unit isolation capacity to protect unhoused population from COVID-19 in hotel and motel rooms.
  - Leverage and expand on state-level [Project Roomkey](#) which provides local governments and Continuums of Care shelter support and emergency housing to address COVID-19 among the homeless and established occupancy agreements to secure rooms in hotels, motels, and other facilities.
    - [Project Roomkey Fact Sheet](#)
  - **Examples:**
    - [City of Los Angeles- Project Roomkey](#) expanded state-level Project Roomkey with a goal of 15,000 isolation motel/hotel units for Los Angeles. This initiative has been met with opposition and challenges but has also effectively been able to get participants into permanent housing faster than usual by setting up collaborative social services.
    - [City of Oakland- Operation HomeBase](#) is an isolation trailer program using 67 Federal Emergency Management Agency trailers to house medically vulnerable unhoused residents. Services include: running water, sewer service, three meals a day, and supportive housing assistance.
- **Strategy B – Expand congregate shelter capacity for the unhoused**
  - Equip shelters with COVID-19 information and protocols and offer testing for all individuals for COVID-19 upon entry.
  - Increase shelter capacity to shelter more unhoused individuals, maintain physical distancing in the shelters, and efficiently provide social services.
  - Counties can lease [state-owned vacant property](#) to add additional congregate shelter in their regions.
  - **Example:**

- [City and County of San Diego - Operation Shelter to Home](#) used San Diego Convention Center to shelter 1,300 unhoused individuals (as of August 6, 2020). Services, run by nonprofits, include: meals, showers, bathrooms, laundry, behavioral and physical healthcare, and housing navigation.
- **Strategy C – Streamlined access to permanent housing**
  - Establish initiatives to purchase and rehabilitate housing, including hotels, motels, and vacant apartment buildings or county-owned properties, for interim and permanent housing for unhoused individuals. Set up support services such as case management and housing navigation services to efficiently move unhoused individuals into these interim or permanent housing.
    - [San Diego](#) expanded its Permanent Supportive Housing Programs.
  - Develop and expand Rapid Rehousing Programs to prevent individuals from becoming homeless.
    - The [County of Santa Clara](#) uses their Rapid Rehousing Program as a cost-effective method to prevent homelessness in their communities.
  - **Example and implementation support:**
    - [The California Department of Housing and Community Development \(HCD\) Project Homekey](#) will grant \$600 million in grant funds to local jurisdictions to purchase and rehabilitate housing to convert into interim or permanent housing.
- **Strategy D – Provision of hygiene supplies and services**
  - Install handwashing stations and showers in unhoused encampments, regularly maintain stations, and regularly restock with soap, water, and paper towels.
  - **Example:**
    - [City of Berkeley](#) has stations located at parks, libraries, and encampments, and invests \$2,000 a month for upkeep.
  - **Talking Points:**
    - More public handwashing stations keep unhoused residents and other community members safer from COVID-19.
- **Strategy E – Street medicine**
  - Street medicine is the practice of providing health care to the unsheltered homeless—people who live in the streets, in abandoned buildings, or in their cars.
  - Engage unhoused people wherever they may be and provide medical services. Deploy teams to specific target locations on a regular schedule and encourage relationship building between provider and patient. Street practitioners prioritize addressing immediate health needs of unhoused clients, but also connect them with follow-up services through clinics or nonprofits. (Gonzalez 36)
  - **Examples:**

- [County of Los Angeles- C3: City, County, and Community Program](#) links housing to street medicine. Teams consist of a peer specialist, a nurse, a social worker, a substance use specialist, a public housing specialist, and an Americorps volunteer.
- County of San Mateo has contracted with external nonprofit outreach agency to direct a regional program. [LifeMoves](#) is providing Whole Person Care grant funds to provide services specifically reaching out to high users of the Emergency Department at the San Mateo County Health System who are unhoused.
- **Talking Points:**
  - Street medicine reduces barriers for unhoused people to get medical care.
- **Strategy F – Safe parking and sanctioned encampments**
  - Provide government sanctioned places for parking and camping with hygiene and sanitation services.
  - **Examples:**
    - City and County of San Francisco- Safe Sleeping Villages is a physically distanced encampment with toilets, handwashing stations, dumpsters, and showers. A nonprofit manages the site and coordinates harm reduction programming.
    - [San Diego’s Safe Parking Program](#)
  - If individual housing options are not available, follow [CDC Interim Guidance on People Experiencing Unsheltered Homelessness](#) and allow people who are living unsheltered or in encampments to remain where they are.
  - Suspend or eliminate policies that criminalize the unhoused. Enforcement of policies that criminalize homelessness (e.g. sit-lie laws, anti-camping laws) can also put unhoused populations at greater risk, especially if people are incarcerated for violations. Bell vs. Boise made ordinances prohibiting and criminalizing lying, sitting, and sleeping in public unconstitutional.
    - [Housing Not Handcuffs](#) provides resources to help address and reduce criminalization.
  - Cities can also suspend enforcement of towing and issuance of parking tickets for vehicles that people are using to shelter. For example, Los Angeles partially suspended its municipal code to allow tents to stay up 24 hours a day.
  - For counties and cities without available housing units, using this approach may keep unhoused people safer while staying where they are. Clearing encampments can cause people to disperse throughout the community and break connections with service providers, which can increase potential for infectious diseases to spread.

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## ECONOMIC SECURITY

### Principles

- Everyone should be able to afford what they need in order to be healthy. This includes medical care, healthy food, quality housing, transportation, education, energy to refrigerate food and

to heat water for washing hands, and other basic needs (Additional information: Public Health Alliance: Policy Action Briefs – [Employed](#), [Median Household Income](#), [Above Poverty](#)).

- Not everyone earns enough income, has access to the same opportunities, or has enough resources to be able to afford the goods and services needed for a healthy life. People in or near poverty often experience greater health impacts and live shorter lifespans.
- In addition to Black, Indigenous, Latinx populations, and Native Hawaiian/Pacific Islander, rates of economic insecurity are higher for older women, older immigrants, older people with disabilities, and LGBTQ older adults.
- Disparities in income security in older age are closely related to gender and racial wealth inequality, also known as the women’s wealth gap and the racial wealth gap. In addition to having higher incomes, older men and white older adults typically have more wealth—assets and savings—than older women and older adults of color.
- COVID-19 has highlighted and worsened these disparities. These systemic issues need to be part of the analysis to understand the nature, scope, and depth of the challenge we face today and also part of the longer-term planning for recovery, sustainability, and thriving communities among the least- resourced neighborhoods. To that end, it is recommended that the present activities also include efforts to align the short-term response model to efforts that address housing, a living wage, access to opportunities, and larger-scale models of community development centered on and prioritizing current residents and their desire to remain in the county, and in their neighborhoods.
- Many people are at risk of losing their jobs, or have already lost their jobs and income, because of the economic impacts of the pandemic. With the loss of income, people need financial help to pay bills and other basic needs. In particular, the needs of people with the least material resources should be prioritized.
- Everyone should be able to stay home when sick or caring for sick family members, without worrying about losing income or a job. But many workers do not have these kinds of job benefits or income protections.
- Many frontline and essential workers often face more health and economic risks and impacts. For example, healthcare workers, home care providers, and public transit drivers often have more risk of being exposed to the coronavirus while working. Gig workers often do not have much choice in being on the frontlines. Many essential workers, like agricultural or food service workers, are not able to afford to be off from work. Workers, especially frontline and essential workers, need to be protected from the coronavirus as well as from economic risks and impacts.
- When workers have to quarantine or be removed from the workplace as a precaution to protect the health of others, they should not be penalized economically.
- There are different ways to help workers and households have more economic security during the pandemic. This section provides strategies and promising practices that focus on ways local government agencies, community-based organizations, and other partners can provide financial and material assistance centered broadly around:

- Employment benefits and income assistance,
- Household resources assistance, and
- Small business assistance.
- Other factors that strengthen economic security for workers include expanding and enforcing worker protections and rights; however, those measures are beyond the scope of the current draft document. It is also important to recognize there are short-term and longer-term actions to help workers and households increase economic security. This document provides strategies that focus on near-term actions; longer-term (and macro-level) strategies will be discussed at another time.

### **Key Strategies & Promising Practices**

- **Strategy A – Expand, enhance, and ensure access to Unemployment Insurance (UI), income support, paid leave, and Disability Insurance (SDI) programs for all types of workers**
  - Expand paid sick, family, and medical leave for those who do become infected and their family members who also need to self-isolate. Counties can adopt strong emergency and permanent paid sick leave policies as well as advocate for and pass emergency paid sick leave ordinances in local jurisdictions.
    - **Examples:**
      - [City of Oakland, California – Emergency Paid Sick Leave \(EPSL\) Ordinance](#): Provides broader and more generous protections than those of the Families First Coronavirus Response Act (FFCRA), including applying to all employers with 50 or more employees, expanding the reasons for when an employee may use EPSL, allowing employees to receive higher pay than what is entitled under FFCRA, and other enhancements. More information [here](#).
  - Enact, extend, or expand economic support programs to correctly classified independent contractors and gig workers. Communicate clearly to workers who may have been misclassified as independent contractors (e.g., gig workers) that they may apply for UI and that the State—not their employer—will make the ultimate decision regarding eligibility.
    - **Examples:**
      - City of Seattle – passed temporary legislation extending paid sick leave and safe leave to “gig workers,” protecting workers of app-based transportation and meal delivery services. [The Paid Sick and Safe Time for Gig Workers Ordinance](#) also acknowledges these workers may be employees under state and federal law but face barriers to accessing their benefits.
  - Improve access to applications, provide comprehensive language assistance, and assistance for claims for unemployment insurance, disability insurance, and paid family leave. Provide access that reduces the need for in-person visits. Minimize burdens on recipients for renewals and recertifications.



- Legal aid organizations can assist with denials of benefits, as well as with suspensions, overpayments, and other issues. Expanding access to legal aid organizations would help increase capacity to provide this support.
- Connect clients to non-governmental relief funds for priority populations, including older adults, families with small children, undocumented workers, and others. Create local fund to support undocumented people who are not included in federal bills and to expand support for workers to access available state benefits.
  - **Examples:**
    - Support and expand models of local UndocuFunds that make disaster relief funds available to undocumented families impacted by COVID-19:
      - [Sonoma County - UndocuFund for Disaster Relief](#)
      - [San Francisco City/County - UndocuFundSF](#)
      - [805 UndocuFund](#)
    - [Asian Pacific Environmental Network \(APEN\)](#) - Emergency Community Stabilization Fund: Prioritizing support for our most medically vulnerable members, including older adults and families with small children. This fund supports residents to secure groceries, household essentials, rent and mortgages, Wi-Fi and phone bills, educational materials for youth, transport expenses, and medical costs.
    - [California Immigrant Resilience Fund](#)
    - [Coronavirus Job Protection Helpline](#) – Established through the partnership of the City of Sacramento, the Sacramento Central Labor Council and the Center for Workers’ Rights. As of October 2020, the helpline had received over 9,000 calls.
  - **Resources:**
    - [Resource compendium](#) from Legal Aid at Work, including relief funding sources for undocumented workers
- Create mutual aid networks to provide community volunteer support in providing and delivering essential supplies such as food and medicine to more medically vulnerable community members.
  - **Examples:**
    - [Contra Costa County Mutual Aid](#)
    - [Oakland at Risk](#): Assisting Residents at High-Risk for COVID-19
- Enact universal basic income programs for residents to ensure they can stay housed, fed, and healthy even if they lose their jobs or get sick.
  - **Examples:**
    - [Stockton Economic Empowerment Demonstration](#) – Mayor-led guaranteed income demonstration
  - **Resources:**
    - [State of California – Department of Industrial Relations](#): Side by Side Comparison of COVID-19 Paid Leave includes comparison of:

- CA Paid Family Leave
- CA Paid Sick Leave
- Families First Coronavirus Response Act (FFCRA) Emergency Paid Sick Leave
- CA COVID-19 Supplemental Paid Sick Leave
- FFCRA Emergency Paid Family and Medical Leave
- Support strong and permanent measures to ensure availability of paid sick days and expanded leave for public health emergencies.
  - **Resources:**
    - [ChangeLab Solutions](#) – “Legal Authority for Local Health Officers’ and Local Governments’ Responses to COVID-19 in California: A Legal and Policy Analysis”
    - [A Better Balance](#) – “Model Law: Establishing a Permanent Right to Paid Sick and Safe Time that Includes Additional Leave for a Public Health Emergency”
- **Strategy B – Government contracting - extend economic benefits and protections to contractors**
  - Consider an equity lens when structuring government contracts to extend benefits and protections (such as: paid leave; PPE for frontline and other essential workers; living wage; equity, diversity, and inclusion training) to all government-contracted workers.
- **Strategy C – Direct financial compensation for lost wages/ cash assistance**
  - Provide partial or full wage income replacement to affected workers, especially those without sick leave and access to unemployment insurance.
    - **Examples:**
      - Workers who test positive for COVID-19 and live in San Francisco may receive two weeks of minimum wage income replacement (approximately \$1,285). The [San Francisco Department of Public Health](#) interviews individuals who test positive and connects eligible workers to the program. Workers may also be eligible for other resources (food delivery, free hotel rooms) needed to self-quarantine. Funding for the program is through private donations.
      - Restaurant worker wage replacement subsidy program through the [City of New York’s “Restaurant Revitalization Program”](#), which provides a \$2 million fund to help restaurants pay employees who are underemployed or unemployed due to COVID-19.
  - Provide guidance and assistance for accessing the [California CalWORKS \(TANF\) program](#) that provides cash aid and services to California families in need.
  - Establish, fund, and/or expand County General Assistance / General Relief (GA/GR) Program, to provide relief and support to indigent adults (and emancipated minors) who are not supported by their own means, other public funds, or assistance programs. Many recipients of GA/GR are also eligible to participate in the [CalFresh Program](#) to receive financial assistance for purchasing healthy and nutritious food [*also see “Strategy G: Financial and material assistance for basic needs” below*].

- Maximize general assistance grants and consider different subsidies that can be added. For example, [Alameda County](#) has a housing supplement for certain GA recipients applying for Supplemental Security Income (SSI).
- The [California Department of Social Services](#) has information regarding General Assistance.
  - To apply for GA/GR and/or CalFresh benefits, contact your [county social services agency](#).
- **Strategy D – Housing & utilities debt relief/ forgiveness**
  - Ensure inclusive and sustained moratorium on disconnections. Ensure California Public Utility Commissions (CPUC) shutoff prohibitions extend and apply to all public and private utilities and service providers including: electric, gas, and water municipal corporations, municipal utility districts, or public utility districts. Confirm electric and gas utilities have reconnected customers previously disconnected due to nonpayment. Suspension of shutoffs and restoration of services should remain in place for at least one year beyond the state of emergency end date.
  - Debt Relief for Utility Customers. Utilities and service providers institute measures to forgive customer debt to support economic stability among impacted communities.
  - For Housing Debt Relief / Forgiveness (see Housing section above)
  - **Examples:**
    - Companies providing consumers support and assistance during the pandemic regarding utilities, phone, and internet, including:
      - Internet / Communications:
        - Comcast provides “[Internet Essentials](#)” service for free to new, low-income households.
      - Utilities / Power:
        - [PG&E](#) voluntarily implemented moratorium on service disconnections for non-payment for residential and commercial customers. PG&E also offers flexible pay plans to customers who indicate either an impact or hardship due to COVID-19.
        - [Southern California Edison](#) has temporarily suspended service disconnections for nonpayment and are waiving late fees.
    - [Housing and Disconnection Policy Responses to COVID-19—Energy Efficiency for All](#)
- **Strategy E – Support and sustain community-based organizations (CBOs) that serve disproportionately impacted communities**
  - Provide funding/grants and structural support to CBOs, particularly small CBOs (<500K annual budget), including legal assistance organizations that offer navigation and assistance for Unemployment Insurance (UI), Disability Insurance (SDI) and Paid Family Leave (PFL) claims (CPEHN, BARHII). Provide strategic support for People of Color (POC)-led CBOs, and CBOs in counties with the most need.

- Contract and Grant Flexibility. California government agencies consider sustainability strategies to provide ongoing support on contracts and grants with nonprofits if they are underperforming due to temporary organization or site closures or suspension of services. For example, homeless shelters and senior food programs are having to close or serve fewer people due to virus-related, social-distancing mandates. To keep their staff and facilities going, they need temporary relief from contract deliverables that cannot be met due to new COVID-19 related directives and mandates.
- Approving Budget Modifications. Consider instituting an expedited or automatic approval process for budget modifications that do not increase the contract total, to allow nonprofits to move budget-line items associated with existing contracts to new priorities such as the cost of disinfecting facilities.
- Commercial Rent Holiday for Non-Profits. Programs aimed at assisting employers or tenants through this crisis should be equally available and beneficial to nonprofit entities.
- **Strategy F – Expand, enhance, and ensure access to childcare support for essential workers.** [Also see *Schools and Childcare* section for more information]
  - Invest in childcare, including: relief to providers, classification of childcare providers as essential workers, and access to no-cost childcare for essential workers.
  - Provide childcare financial support through existing unemployment system.
  - **Resource:** [Child Care Law Center - Coronavirus Resources](#), including guidance for families on receiving childcare during the pandemic, and other resources.
- **Strategy G – Financial and material assistance for basic needs**
  - Ensure access to basic needs, including: clean water, non-toxic sanitation supplies, healthy food, and medicine.
  - Provide emergency funding for community institutions that provide essential services (e.g., childcare, homeless shelters, health clinics, food banks, schools, climate resilience). [See *above section above regarding non-governmental relief funds for priority populations*]
    - *Examples:*
      - The [Housing for the Harvest](#) provides housing to agricultural workers who need to isolate due to COVID-19.
      - The [Oregon Worker Relief Fund](#) provides financial support directly to those who have lost their jobs and are ineligible for Unemployment Insurance and federal stimulus relief due to their immigration status, and now face hunger, homelessness, and economic hardship.
  - Food Assistance / Food Security
    - Expand food assistance support, including an expansion of WIC & SNAP eligible items. Provide guidance and support in applying to [CalFresh](#) to receive financial assistance for purchasing healthy and nutritious food.
    - Keep farmers' markets open.
    - Expand school meal programs during school closures.

- Enhance communications support to ensure families with school-age children have access to food programs.
- Ensure culturally appropriate outreach and messaging around County-provided programs for school meal assistance.
- Support CBOs that are delivering culturally appropriate food.
- **Examples:**
  - City of Sacramento – participation in federally and state-funded [“Great Plates Delivered” Program](#) that tasks cities and counties with providing three meals a day to low-income seniors.
- **Resources:**
  - State of California – COVID-19:
    - [Getting Food](#) (includes information for emergency food and food benefits)
    - [Great Plates Delivered: Home Meals for Seniors](#)
  - State of California – [CalFresh Program](#) (includes resources and information on how to apply)
  - [California Association of Food Banks – Farm to Family](#) works with farmers, ranchers, packers, and shippers to get CA farm products to food banks throughout the state.
- Increase awareness, and ensure or expand access to Long Term Services and Supports (LTSS) to enable older adults and people with disabilities to remain safely in their own homes if they choose, and avoid the need for congregate housing and/or other out-of-home care.
  - **Resources:**
    - State of California – Department of Social Services: [In-Home Supportive Services \(IHSS\) Program](#)
    - State of California – Department of Health Care Services: [COVID-19 FAQs – Long-Term Care Alternatives](#) (Home and Community-Based Services Options)
    - California Collaborative for Long Term Services and Supports (CCLTSS): [COVID-19 Resources](#)
    - The [SCAN Foundation](#): “Policy Brief and Perspectives on Addressing LTSS Needs During COVID-19: How Are Older Californians Accessing LTSS COVID-19?”
    - [California Foundation of Independent Living Centers \(CFILC\)](#): Personal Care Attendants and other in-home supportive services for people with disabilities.
- Ensure access to free broadband Internet and devices to support daily needs, access information and resources, education, telework, and other essential activities both in and outside of the home. Offer computer literacy services to support users. Expand municipally provided internet (for example, free WiFi at libraries) to broadcast to a larger square mileage so nearby neighborhoods can also access the free WiFi at home or if they are out.
  - **Examples:**

- [City of Sacramento](#), in partnership with California State Transportation Agency and Sacramento Regional Transit (SacRT) – is offering buses providing free wireless super hotspots in communities with limited high-speed internet access during the COVID-19 pandemic.
- **Resources:**
  - State of California – [CA Broadband Council](#) – COVID-19 Emergency Response Information (including for Essential Workers, Broadband Access and Device Resources, and more)
- **Strategy H – Protect and support local small businesses**
  - Local financial institutions and governments can work to prioritize assistance for disadvantaged and minority-owned small businesses through the following supports:
    - Grants and Zero-Interest Loans. Provide grants or no-interest loans to small businesses that are not covered by other Federal programs.
    - **Examples:**
      - [City of New York](#) – Offered no-interest loans of up to \$75,000 to small businesses with fewer than 100 employees that could show a 25% decrease in sales since the start of the pandemic, along with grants averaging \$6,000 for businesses with fewer than 5 employees.
      - [City of Miami](#) – Launched a small business emergency assistance program that featured forgivable loans targeted to lower-income owners of micro-businesses and to help other small businesses keep jobs held by lower-income residents.
      - [City of Utica](#) – Provided similar small business emergency assistance through the City’s Economic Stimulus Loan Program.
    - Subsidies. Offer automatic, rapid-response subsidies and payroll advances as a preferred funding over loans.
    - CBO Outreach. Fund local organizations to do outreach and provide assistance to small business borrowers.
    - Loan Payments. Lenders suspend loan payments, restructure loans, and relax underwriting requirements.
  - Help shift small, minority-owned businesses to e-commerce.
  - Increase representation of minority-owned businesses in local business decision-making entities (e.g., local chambers of commerce).
  - Provide opportunities for creative, flexible, and safe outdoor spaces for business operations, economic revitalization, and community engagement:
    - **Example:**
      - [City of Oakland](#) – Flex Streets Initiative explores ways to provide opportunities for impacted businesses’ recovery from the pandemic by streamlining permitting requirements to provide additional space for the City’s businesses to operate on sidewalks, parking lanes, and streets.
    - **Resources:**

- [U.S. Small Business Administration](#) – COVID-19 Small Business Guidance and Loan Resources, including funding options (loan and debt relief), local assistance, and other resources.
- [State of California COVID-19 Website](#) – Businesses and Employers information and resources.
- [Keep Small Strong](#) – Provides online tools to grow digital businesses and a marketplace to buy direct from small businesses.
- **Strategy I – Assist economically insecure individuals, especially those with disabilities, with vocational rehabilitation**
  - Local governments can prioritize job training for members of their community who suffer from higher rates of economic insecurity, especially those from traditionally vulnerable populations, especially those with disabilities.
    - **Example:**
      - [CA Department of Rehabilitation](#)'s vocational rehabilitation program offers support services for employment attainment and job retention, especially for those with disabilities.

**General Resources – Economic Security:**

- State of California - Labor and Workforce Development Agency (LWDA) – [Coronavirus 2019 \(COVID-19\) Resources for Employers and Workers](#)
- State of California – COVID-19: [Help for Immigrants](#) (regardless of documentation)
- State of California – [CalABLE Program](#): allows people with disabilities to save for future expenses without jeopardizing eligibility for income and health care programs (without negatively impacting eligibility for benefits, e.g., if they have more than \$2,000 in their bank account). CalABLE provides a financial planning resource that can be used during emergencies for health care, shelter, transportation, housing, and other needs since CalABLE investments do not count against Supplemental Security Income (SSI).
- State of California – [Department of Social Services](#): provides information and resources regarding state programs to provide direct cash aid (CalWORKS), financial assistance for healthy food (CalFresh), and more.
- [Human Impact Partners \(HIP\) – Health Equity Policy Platform for COVID-19 Response and Recovery](#) (see Economic Security)
- [Public Health Alliance of Southern California – Advancing Equity in the Heat of COVID-19](#) (includes Equity Communications Guide for Public Health Departments and Officials, Equity Snapshots, and more)
- [Bay Area Regional Health Inequities Initiative \(BARHII\) – COVID-19 Response and Recovery](#) (includes BARHII Policy Considerations for Health and Economic Equity, Possible BARHII Strategies to Improve Worker Safety During the COVID-19 Pandemic, and other resources)
- [ChangeLab Solutions – COVID-19 Response and Recovery](#) (includes Policy Solutions for Local Governments around Protections for Food Workers, Paid Leave Protections, and more)

- [NAACP – Coronavirus Equity Considerations](#) (to guide officials responsible for addressing health, economic, and other impacts)
- [UC Berkeley Labor Center – COVID-19: Local Labor Standard Policies in California](#). Provides California city and county ordinances, proclamations, mayoral directives, and orders that expand labor standards for workers affected by COVID-19, such as:
  - Paid sick leave
  - Health care
  - Worker retention/right of return
  - Policies that lift workers’ voices in firms and industries
- [Urban Institute – COVID-19 Resource Tracker: A Guide to State and Local Responses](#): compilation of resources tracking state and local data and policy responses in health care, food, housing, and income supports
- [AFL-CIO – Resources for Workers Impacted by COVID-19](#): provides resources, programs, and benefits searchable by each state, and centered around:
  - Resources and benefits to help replace lost wages
  - Eligibility requirements for emergency paid leave
  - Housing and food assistance programs
  - Health insurance and public health services and guidance
- [Legal Aid at Work](#) – providing free legal information and fact sheets, and other resources around work and family, wage protection, unemployment benefits, racial economic justice, and more
  - [Coronavirus – Frequently Asked Questions](#) (including around unemployment insurance, employer discrimination due to coronavirus, accommodations for employees with disabilities, and other topics)
  - [A List of Relief Funds for Undocumented Workers in California](#)
- [Department of Rehabilitation Vocational Rehab Program](#) - State resource providing services and supports to individuals with disabilities to obtain, maintain, regain or advance in employment. Services include training, evaluation, counseling and guidance, assistive technology, job seeking skills training, job search and on-the-job supports.
- [Employment Development Department](#) - Americas Job Center of CA (AJCC) offers a variety of services that bring employers with job openings and qualified job seekers together at no cost.

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## SCHOOLS AND CHILDCARE

### Principles

- Students will have access to school meals regardless of school environment (virtual/hybrid).
- Resources will be available for students who need mental health services.
- Students with disabilities (learning, developmental, communication and mental health) will receive the support they need to assist with virtual classes and assignments.
- All students will have access to adequate technology needed for distance learning.



- Support is needed to help essential workers with childcare and distance learning assistance while schools are closed.

### **Key Strategies & Promising Practices**

- **Strategy A – Make meals normally consumed during school hours available to students, regardless of eligibility and whether they attend school in a virtual or hybrid learning format.**
  - Partner with food banks and local organizations to provide breakfast and lunch to students until schools can fully reopen. Both breakfast and lunch should be distributed at the same time for convenience. Meals can be picked up by a student, parent, or guardian.
  - **Examples:**
    - [Los Angeles Unified School District \(LAUSD\)](#) opened more than 60 Grab & Go Food Centers to provide two meals per person to provide nutritious meals to students and community members. Anyone who arrives during open hours will be able to receive food.
    - [San Francisco Unified School District \(SFUSD\)](#) provides a bag with five days' worth of meals (breakfast, lunch, and dinner) to students every Wednesday. Meals are provided to students no matter what eligibility they have.
    - [U.S. Department of Agriculture \(USDA\)](#) partnered with The Baylor Collaborative on Hunger and Poverty, McLane Global, and PepsiCo to distribute one million nutritious meals per week to students in rural areas during summer. Private sector partners will be reimbursed by the USDA at the same rate of Summer Food Service Programs.
    - California was approved by the USDA to operate a [Pandemic EBT](#) for eligible households to offset the cost of meals that would have normally be consumed at school.
    - Special rules have been implemented during COVID-19 that allow [Child and Adult Care Food Program \(CACFP\)](#) child care providers to offer take-out or delivered meals for children enrolled, but currently unable to attend care, due to social distancing requirements. If a center chooses to offer these meals, then parents or guardians can pick up non-congregate meals for their children. Children in homeless shelters can also receive meals and snacks through CACFP.
- **Strategy B – Provide students with access to mental health services to support them while schools are closed.**
  - Offer mental health supports and training for educators and school staff (and adult providers in childcare settings), including trauma-informed care approaches and access to mental health services and resources.
  - Create or partner with crisis hotlines. School counselors, psychologists, and other relevant staff can assist with staffing these hotlines. Provide lists of resources through school district websites and highlight local support available to meet the mental health needs of their students.

- Address the unique needs of children and youth in the child welfare system who may experience exacerbated pandemic-related challenges including disruption of services, increased financial hardship and caregiver stress, separation from family and friends, fear of or illness or death of close connections due to COVID-19.
- Offer resources on how to respond to challenging behaviors in a healing-centered way, employing restorative justice rather than punitive or exclusionary discipline approaches, even in virtual classrooms. Exclusionary school discipline practices have negative mental health impacts on students (creating symptoms similar to ACEs and PTSD among children) and disproportionately impact students of color and students with disabilities. Restorative practices are example of an evidence-based practice for positive mental health outcomes and building critical protective factors that help buffer against childhood adversity.
- **Examples:**
  - [SFUSD](#) provides a list of local mental health hotlines on their website such as Child Crisis Hotline, Safe & Sound 24 Hour Parent Talk Line, and Huckleberry House 24 Hour Teen Crisis Hotline.
  - [Sacramento City Unified School District Connection Center](#) provides virtual calming room, a list of current on-site support centers, and provides phone numbers to local and national crises hotlines.
  - [LAUSD](#) launched a mental health hotline for students and families who are experiencing mental health challenges due to COVID-19.
  - [Oakland Unified School District](#) offers virtual restorative justice resources to its school community during remote learning.
  - [Trauma-Informed Strategies for Supporting Children and Youth in the Child Welfare System during COVID-19](#)
  - California Surgeon General's [Playbook: Stress Relief for Caregivers and Kids During COVID-19](#).
  - [ACEs Aware](#) is an initiative led by the Office of the California Surgeon General and the Department of Health Care Services to give Medi-Cal providers training, clinical protocols, and payment for screening children and adults for Adverse Childhood Experiences (ACEs).
- **Strategy C – Students with disabilities (learning, developmental, communication and mental health) should receive accommodations and resources to assist them with completing classes and assignments.**
  - Provide resources to parents to help assist their children with overcoming obstacles encountered when learning in a virtual format.
    - This may include accommodations to ensure that distance learning modalities are fully accessible (or that alternative accommodations are offered) to students with other disabilities such as blind/visually impaired or deaf/heard of hearing, students

with speech related disabilities, and students with dexterity disabilities who may need accommodations to interface with distance learning technology.

○ **Examples:**

- The [Individuals with Disabilities Education Act \(IDEA\)](#) states that “if a lead educational agency (LEA) continues to provide educational opportunities to the general student population during a school closure, the school must ensure that students with disabilities also have equal access to the same opportunities, including the provision of Free Appropriate Public Education (FAPE). (34 CFR §§ 104.4, 104.33 (Section 504) and 28 CFR § 35.130 (Title II of the ADA)). State educational agencies, LEAs, and schools must ensure that, to the greatest extent possible, each student with a disability can be provided the special education and related services identified in the student’s individualized education program developed under IDEA, or a plan developed under Section 504. (34 CFR §§ 300.101 and 300.201 (IDEA), and 34 CFR § 104.33 (Section 504)).”

- Examples:

- [LAUSD’s Special Day Program, Resource Specialist Program, and alternate curriculum](#)
- [SFUSD’s Distance Learning Resources for Students with Disabilities](#)
- [SFUSD](#) special education teachers will support students with IEPs by working with small groups of students, co-teaching lessons, and working with general education teachers.
- [SFUSD’s Shoestrings Children’s Center](#) “will offer free consultation services to families that are struggling with distance learning through the Shoestrings Bridges to Learning Project. Shoestrings staff will facilitate detailed interviews with families and their child’s respective teachers to assess what is needed in the home so that children can receive developmentally appropriate resources to access instruction.”

- **Strategy D – Partner with businesses and internet providers to provide laptops and internet services in high-need communities.**

- **Examples:**

- [SFUSD](#) partnered with The 1Million Project to provide free internet services to those in need and install SuperSpots in high-need areas including public housing sites, single-room occupancy buildings, community centers, and other neighborhood locations where there is a concentrated population of students lacking internet connectivity.
- [SFUSD](#) partnered with the Comcast Internet Essentials program to provide up to eight months of free internet services to students and their families.
- [LAUSD](#) partnered with Verizon Wireless to provide unlimited internet service to approximately 100,000 students who were lacking proper internet needed for distance learning.

- The [State of California](#) partnered with Google, which donated 4,000 Chromebooks and funded the use of 100,000 hotspots to students living in rural areas.
  - [EveryoneOn](#) is a nonprofit dedicated to creating social and economic opportunity by connecting low-income families to affordable internet service and computers, and delivering digital skills trainings.
  - The State Superintendent of Public Instruction reached out to over 100 private businesses in California to create the [California Bridging the Digital Divide Fund](#). This \$500 million initiative will help provide computers and hotspots for public school students in need.
  - Los Angeles Public Library's [Tech2go](#) program circulates laptops, iPads, and mobile hotspots to users who lack access to technology and internet.
- **Strategy E – Provide essential workers with children with assistance to offset the cost of childcare accrued while schools are closed.** [Also see *Economic Security* section, *Strategy F: Expand, Enhance, and Ensure Access to Childcare Support for Essential Workers*]
    - Form partnerships at the state or county level to assist local organizations and nonprofits with providing free or subsidized childcare. Consider converting libraries and recreational centers into childcare areas. Essential workers should be protected with the ability to take time off work when childcare is not available.
    - **Examples:**
      - [Families First Coronavirus Response Act \(FFCRA\)](#) provides “two weeks (up to 80 hours) of paid sick leave at two-thirds the employee's regular rate of pay because the employee is unable to work because of a bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider), or to care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor; and up to an additional 10 weeks of paid expanded family and medical leave at two-thirds the employee's regular rate of pay where an employee, who has been employed for at least 30 calendar days, is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.”
      - Sacramento launched a free [Essential Worker Childcare](#) program for essential City of Sacramento employees, first responders, and health care workers for up to 350 children aged 5-12.
      - [Child Development Association and YMCA of San Diego](#) provides subsidized childcare to essential workers through a \$5.1 million contract with the Department of Education.
      - Emergency childcare facilities are created by converting recreation centers and libraries into emergency childcare areas (pre-K to 5) for low-income workers providing healthcare and frontline services

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## CROSS-SECTORAL COLLABORATION AND HEALTH IN ALL POLICIES (HIAP)

### Principles

- All sectors of government have a responsibility to promote and contribute to the health and well-being of a society, including actively working to identify and reduce health inequities, systemic oppression, racism, discrimination, violence, and other injustices.
- Health in All Policies has 5 key elements:
  1. An understanding that health, equity, and environmental sustainability are deeply linked, and racial equity is a necessary and urgent goal.
  2. Cross-sector collaboration is essential for progress.
  3. Focusing on opportunities that benefit multiple partners will enhance collaboration and outcomes.
  4. The most important stakeholders are the communities directly impacted.
  5. All sectors of government have a responsibility to promote and contribute to the health and well-being of a society, including actively working to identify and reduce health inequities, systemic oppression, racism, discrimination, violence and other injustices. Changes should focus on structures and processes that lead to improvements in government systems for better health outcomes for all.

### Key Strategies & Promising Practices

- **Strategy A – Convening and connecting across local departments for long-term cooperation**
  - Establish collaboration (or ensure that public health has representation in existing relevant structures) between local health departments, other city/county/regional agencies, and impacted communities to identify and address upstream reasons why Black, Indigenous, Native Hawaiian/Pacific Islander, Latinx, and other people of color communities experience more COVID-19 infections, prioritizing solutions that are championed by members of those communities towards recovery.
  - **Examples:**
    - The California HiAP Task Force was established through Executive Order S-04-10 in 2010 and brings together 22 departments to collaborate on multi-sectoral health equity issues including housing, transportation, violence prevention, and more.
    - Local governments in [Dallas, TX](#); [Flint, MI](#); Chicago, IL; Santa Monica, CA; and [Imperial Beach, CA](#), took executive action to create multi-sector task forces or committees that will respond to the immediate and long-term health and economic needs of their residents during the economic recovery.
    - The [City of Richmond](#)'s HiAP strategy “sets a framework of collaboration within city departments as well as with community-based organizations and other government agencies to address community health, equity and sustainability in Richmond. Through this lens, Health in All Policies is both a practice and destination.” Through the Richmond Health Equity Partnership, the City of Richmond, West Contra Costa School District, Contra Costa Health Services, and community partners and

organizations work together to produce 1) Health Equity training, indicators, and report card; 2) a Health in All Policies Subcommittee; and 3) a Full Service Committee School Subcommittee.

- The Salinas HiAP Advisory Council focuses on civic infrastructure, housing, economic development, and parks.
- The Healthy Riverside County Initiative encourages county departments to work together and with community partners to promote active living and help provide access to healthy and affordable foods.
- Region Public Health Coalitions: 1) The Bay Area Regional Health Inequities Initiative (BARHI), 2) [The Public Health Alliance of Southern California](#), and 3) [The San Joaquin Valley Public Health Consortium](#) convene county level health and human services related departments to create policies, provide education, respond to health emergencies (COVID-19), and share out best practices in briefs and reports.
- Over 30 California jurisdictions have Government Alliance on Race and Equity (GARE) programs, which bring together government agencies across a range of fields for collaborative organizing around shared racial equity goals, including healthy community features that impact health.
- **Action steps:**
  - Low effort
    - Request a meeting with leadership across policy areas and share priorities.
    - Access the Government Alliance on Race and Equity portal for resources and connections across the country doing health and racial equity work.
  - Medium effort
    - Conduct a Root Cause Map analysis exercise with leadership and community representatives to exchange ideas.
    - Create a task force to address race and health inequities related to COVID-19 health impacts and solutions.
  - High effort
    - Develop and pass legislation incorporating health in all policies.
    - Build regional coalitions that combine health and other sectors of government.
- **Examples:**
  - City of Richmond HiAP practices with [five key points](#) (page 31):
    - Government partners are an essential part.
    - Find champions who use relationship, visibility, and organizational support to find other key partners.
    - Have “backbone” staff to help plan, manage, and support the initiative.
    - Vary stakeholder engagement depending on the timeline, goals, and resources.
    - Richmond Health Equity Partnership: Combines the City of Richmond, West Contra Costa School District, Contra Costa Health Services, and community partners and organizations to produce three things:

- Health Equity training, indicators, and report card
  - Health in All Policies Subcommittee
  - Full-Service Committee School Subcommittee
  - Regional collaboratives: Bay Area Regional Health Inequities Initiative ([BARHII](#)), Public Health Alliance of Southern California, and the San Joaquin Valley Public Health Consortium provide regional venues for local health, and health and human services departments to create policies, provide education, respond to health emergencies (COVID-19), and share out best practices in briefs and reports.
- **Strategy B – Capacity building for government staff and local stakeholders**
  - Health in All Policies requires health and equity capacity building across “non-health” organizations, as well as training in equity-centered facilitation techniques, HiAP principles, and collaborative practices for staff and stakeholders.
  - **Examples:**
    - Local governments can use training materials on HiAP (see resources list below) and engage participants in Root Cause Mapping exercises to collaboratively understand the experiences of injustice in their communities and the causes of health inequities. Stanislaus County contracted with the Public Health Institute to run a HiAP workshop for a coalition of health department staff and community partners, as part of their work to develop a Suicide Prevention Plan. This included a focus on disaggregating data to understand the demographics and cultural differences and similarities between affected communities, supporting a targeted universalism approach, suicide prevention intervention and partnerships.
    - Merced County hired consultant support for local health department capacity building on HiAP to support the inclusion of multi-sectoral strategies focused on addressing persistent inequities in their community through their Community Health Improvement Plan (CHIP).
  - **Resources:**
    - [Urban Habitat Boards and Commissions Leadership Institute](#) (BCLI) trains leaders committed to advancing social justice, helps them get onto local and regional boards and commissions, and provides individualized support throughout their commission service.
    - California government provides these [SGC Technical Assistance Guidelines](#), which include guidance for mutual learning and describe how technical assistance is needed for community members to figure out government process and to support government staff with skills to connect with community members in an open and genuine manner.
  - **Action Steps:**
    - Low effort
      - Explore [GARE resources](#) for training of staff on connecting and building racially just, ongoing, community relationships.

- Medium effort
  - Provide resources for local stakeholders to participate in processes meaningfully from start to finish.
  - Develop programs that increase local stakeholder capacity.
- High Effort
  - Develop community advisory boards that are fully resourced to collaborate with local governments in developing policies and initiatives.
- **Strategy C – Apply a health and equity lens to important policy decisions**
  - Major policy and fiscal decisions should consider potential health and equity benefits and harms. This can be done through community stakeholders’ input and recognizing the value of lived experience. Questions to consider can include: whether policy decisions increase or decrease access to important resources,; the opportunities and socio-economic benefits of decisions, and the potential exposure to pollutants, etc. Decision makers should also consider whether impacts are experienced equally across communities, and take steps to mitigate unequal harms or benefits, to close gaps and promote a more equitable society.
  - **Example:**
    - The Ventura County Board of Supervisors authorized the health department to review major board decisions and advise on health and equity impacts.
  - Over 30 California jurisdictions have Government Alliance on Race and Equity (GARE) programs, which use racial equity analysis tools to examine and improve upon policies in a wide range of areas including housing, transportation, land use, public health, community engagement, workforce, and more.
  - [Seattle – King County budgeting process](#) to prioritize racial and health equity in the 2020 budget
  - **Action steps:**
    - Low effort
      - Provide open data to the public about overall budget in digestible manner (see [Open Budget for Oakland](#)).
      - Develop open and low barrier participation to boards and decision-making bodies for community members most impacted by health and racial inequities.
    - Medium effort
      - Conduct equity analysis of budgeting priorities as they relate to health and racial equity issues raised by most impacted community stakeholders.
      - Develop guidelines to recognize lived experience as equal to other types of data and knowledge that informs policies and budgets.
    - High effort
      - Develop a participatory budgeting process in collaboration with community members with a focus on health and racial equity.



- **Strategy D – Rural economies of scale**
  - Rural County Public Health Departments are more likely to have limited capacity due to small staff size and smaller overall budgets. Counties can share specialized workforces such as public health specialists, epidemiologists, statisticians, and other positions that share a similar scope of work to meet the needs of the region.
  - **Examples:**
    - [Emergency Preparedness Skills: Human & Social Capital in the Redwood Coast Region](#) shares resources on emergency preparedness across the region.
    - The [Rural County Representatives of California \(RCRC\)](#) is a 37- member county strong service organization that champions policies on behalf of California’s rural counties, providing tools to analyze budget impacts and a platform to advocate for rural counties’ priorities.
    - [Academic Health Department Partnership Agreements](#) provide examples of partnerships and tools between health departments and academic institutions to provide capacity in specialized skills in research and data analysis.
  - **Action steps:**
    - Low effort
      - Gather contacts of rural health professionals.
      - Identify existing cooperation agreements between rural counties.
      - Create a list of resources for rural assistance.
    - Medium effort
      - Identify overlapping needs of rural counties.
      - Conduct an equity analysis of resources directed to rural counties.
      - Develop partnerships with academic institutions to increase research and data analysis capacity of rural counties.
    - High effort
      - Develop regional partnerships to share data and professional human resources.
      - Increase capacity of rural health departments to maintain preparedness for future crisis.
- **Health in All policies and resources**
  - [ChangeLab COVID response](#)
  - [ChangeLab full suite of resources including model language](#)
  - [Health in All Policies: A Guide for State and Local Governments](#)
  - [Health in All Policies Training Manual, World Health Organization](#)
  - [Center for Health Care Strategies: Incorporating Health into Policymaking Across Sectors: The California Health in All Policies Initiative](#)
  - [Human Impact Partners, Health Equity Guide](#)
  - [Healthy Communities Chapter, General Plan Guidelines, California Governor’s Office of Planning and Research](#)

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## TRANSPORTATION / PHYSICAL ACCESS AND MOBILITY

### Principles

- Lower-income individuals and families, and many essential workers, are often more reliant on public transportation compared to those with higher-incomes particularly, along with potentially being at more risk to COVID-19 (though there have been few studies that have systematically looked at the risk of mass transit).
- Every person should be able to get to school, work, doctor and dentist appointments, and other destinations that provide essential goods and services. (Additional information: [Public Health Alliance of Southern California Policy Action Brief – Public Transit Access](#))
- Transportation and mobility needs:
  - to/from testing, medical care, wrap-around services, other services/needs
  - general needs (i.e., to/from jobs, childcare, school, home, etc.)
  - those who do not/cannot drive (e.g., older adults, those with disabilities, children)
  - geographically isolated communities (e.g., rural, tribal, etc.)
- Active modes of transportation, such as walking, cycling, and public transit, provide affordable mobility options that can increase regular physical activity, improve health, reduce chronic diseases, prevent early deaths, and lower health care costs.
- Many transportation strategies (below) will require collaboration with cross-sector partners such as local/regional transit agencies, and City/County planning, transportation, and/or public works departments. Local health departments can play an important role in helping to make the case for these strategies, providing guidance on public health protocols, community engagement, data collection, and evaluation.

### Key Strategies & Promising Practices

- **Strategy A – Support safe, free and universal access to emergency public transportation**
  - Fare-Free Services. Provide free public transportation access to the State’s transit users in priority populations, namely older adults, youth, and students.
  - Universal Transit Pass. Eliminate need for money at point of use and allow riders to use one pass to get on all forms of transit.
    - **Example:**
      - “King County Metro and Sound Transit temporarily suspend fare enforcement amid COVID-19 outbreak”—[Seattle PI](#)
  - Expand availability of paratransit and other similarly specialized transportation services for older adults and people with disabilities.
  - Practice social distancing, cleaning, and sanitation practices for public transportation, including no-touch payment, suspending in-person fare collection, rear door boarding, distributing PPE to operators and frontline staff, distributing masks and sanitizer to riders, and reducing exposure points for transit operators and other frontline staff.
  - For a more detailed list of Emerging Practices for Transit Agencies see the [National Association of City Transportation Officials \(NACTO\) guidance](#).

- **Strategy B – Active transportation/ walking and cycling**
  - Create more outdoor space and safer corridors for essential travel by foot or bike.
    - **Examples:**
      - “Slow Streets” to Fight COVID-19 ([PHASC Equity Snapshot #7](#))
      - [City of Oakland](#) launched one of the nation’s most robust “slow streets” initiatives to restrict access to vehicle traffic on city streets, creating more outdoor space and safer corridors for pedestrians and bikers during the shelter in place order.
      - Oakland also implemented its “[Slow Streets: Essential Places](#)” program to support residents’ safe access to essential services such as COVID-19 test sites, grocery stores, and other locations.
        - City of Oakland released its “[Oakland Slow Streets Interim Findings Report](#)” in September, with the aim of evaluating how their slow streets initiatives are (and are not) working, with recognition of past inequitable distribution of resources and opportunities, and the disproportionate impacts of COVID-19 on Black and Latinx populations.
    - Work with micro-mobility companies and other partners to provide free bike-/scooter-share and other mobility programs during the pandemic
      - **Examples:**
        - [BikeMatch](#) programs across California can connect people, especially frontline workers, to free bikes.
        - City of Detroit – [MoGo Detroit](#), a nonprofit bike-share program waived the cost of its monthly pass at the start of the pandemic, offering free monthly passes to riders for unlimited station-to-station trips for up to 30 minutes. A Detroit [Metro Times news article featured the program](#).
        - City of Santa Monica provided free unlimited 90-minute rides through the City’s [Breeze Bike Share](#) program
          - \*Due to financial shortfalls from the pandemic, the [City of Santa Monica will turn bike sharing over to the private sector](#)
- **Strategy C – Special delivery of food, non-toxic sanitation supplies, and basic needs:** (e.g., to older adults, people with special needs, people who are homeless and do not want to receive/are not receiving emergency sheltering services, low-income)
  - **Examples:**
    - [Great Plates Delivered: Home Meals for Seniors](#)
    - [Lyft – Essential Deliveries](#) volunteer drivers program providing on-demand delivery of meals, groceries, medical supplies, sanitation products, and other home necessities.
  - Automated vehicles / driverless vehicles - reduce touchpoints / human contact.
    - **Example:**
      - “Self-driving vehicles get in on the delivery scene amid COVID-10” — [Reuters](#)

- **Strategy D – Adaptive land use and improvements to the built environment to support COVID-19 response and longer-term recovery**
  - Adapt curbside space, sidewalks, bike lanes, and on-street parking, to allow for drop-off/pickup and delivery.
  - Monitor traffic patterns to be able to adapt to changing needs, especially as schools, workplaces, and businesses start to open up. Implement safety and other transportation measures as needed.
  - Create safer and more welcoming environments to walk, roll, or cycle. They can be temporary or low-cost measures such as: pop-up/temporary bike lanes, converting pedestrian crossing signals to be automated instead of requiring people to touch/push the button, ensuring clear signage and wayfinding, and implementing traffic calming measures [also see “Strategy B – Active transportation / walking and cycling” above].
  - Accelerate or prioritize projects, programs, or policies that were already identified in previous local planning processes (such as active transportation master plan, general plan, trails/open space master plan, climate action plan) that would help to improve safety, access, or ability to social distance, especially in underinvested neighborhoods.
- **General Resources:**
  - Public Transportation:***
    - [CDC Travel during the COVID-19 Pandemic](#) (see “Public transit”)
    - [Caltrans – COVID-19: FAQs, Information, and Resources](#)
    - [American Public Transportation Association \(APTA\) – COVID-19 Resource Hub](#)
      - [American Public Transportation Association – Public Transportation Responds: Safeguarding Riders and Employees](#)
    - [California Transit Association – Coronavirus Awareness: Resources](#)
    - National Association of City Transportation Officials (NACTO):
      - COVID-19 Transportation Response Center – featuring [Tools for Rapid Response, Funding Sources, and other resources](#)
      - COVID-19 Rapid Response [Tools for Transit Agencies - Emerging Practices](#)
  - Complete Streets:***
    - [Smart Growth America / National Complete Streets Coalition](#) – Resources for complete streets and COVID-19, including links to local actions and policies (including a map that shows community responses and strategies implemented) to providing safer transportation access for all users of all ages and abilities.

## CROSS CUTTING STRATEGIES

These are cross cutting and should be considered throughout the immediate and medium/long term strategies.

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### DATA

#### Principles

- Use data to identify populations experiencing greatest or disproportionate impact.
- Use data and reporting standards that help make disparities more visible and actionable.
- Disaggregate data by race/ethnicity and by socioeconomic factors.
- Incorporate qualitative data through community engagement to obtain timely input on issues not captured in other data systems.

Integrate data with programmatic activities; supporting planning, measuring progress and using program insight to broaden data perspective. For example, consider tracking the percentage of contacts made for contact tracing in the first 24 hours. Use data to focus resources and interventions, tailoring them to the context of the communities most affected.

#### Key Strategies & Promising Practices

- **Strategy A – Improve collection of race ethnicity and sexual orientation, gender identity (SOGI) data**
  - Complete data is essential for understanding the impact of COVID-19 on diverse communities and informing actions in the response. Race/ethnicity data on deaths are for the most part, complete. Race/ethnicity data on cases and testing could continue to be improved.
  - Promoting collection of data on primary language spoken can improve community engagement and intervention.
  - State supported activities such as CalCONNECT and CDPH-sponsored testing centers are increasing completeness of the data. These activities, which enable persons to self-report race/ethnicity, should also improve the quality of the data.
  - The State will post county level information on the completeness of COVID-19 data for tests, cases and deaths.
  - CDPH is working to enhance completeness of race/ethnicity data through [regulatory](#) changes that make race/ethnicity and SOGI data required for reporting.
- **Strategy B – Public reporting of comprehensive data on race/ethnicity**
  - Publish disaggregated data on COVID-19 cases, testing and deaths by race/ethnicity where possible to a minimum standard of the six Office of Management and Budget race/ethnic reporting categories. Where feasible, employ further disaggregation to display additional subgroups.
  - Data may be published through locally developed dynamic dashboard tools, static reports, or leveraging state data tools.

- Publish publicly reported data in machine-readable formats.
- Collect and publicly report data by race/ethnicity at the county level by death rates (e.g. deaths per 100,000) as opposed to total deaths or share of total deaths, to account for differences in population size. Use age-adjusted mortality rates to account for differences in population age distribution, as COVID-19 deaths are disproportionately concentrated among older individuals.
  - The American Public Media (APM) [Research Lab website](#) demonstrates these approaches.
- Engage with community stakeholders around available data to understand community context, strategize on interventions, and recognize gaps and opportunities for improvement.
- Data Resources & Tools:
  - California Healthy Places Index (HPI) [COVID-19 HPI Resource Map](#)
  - Examples of County Data Dashboards and Reports
  - [LA County Daily COVID-19 Data](#)
  - [LA County COVID-19 Racial, Ethnic & Socioeconomic Data & Strategies Report](#)
  - [San Francisco COVID-19 Data and Reports](#)
  - [Alameda COVID-19 Data](#)
  - [Contra Costa COVID-19 Overview Dashboard](#)
  - [Stanislaus County COVID-19 Cases Dashboard](#)
  - [Humboldt County Web Based and Printable Dashboard](#)
- State Data Tools: The State publicly posts a wide range of data tools that can be leveraged to support local efforts to identify and address disparities. Counties can also provide feedback on ways to make these tools as relevant as possible to support local action.
  - [County Snapshot Tool](#) (Co log-in)– detailed data resources accessible to local health departments; includes Blueprint visualizations, table and visualization builder tools.
  - Case and deaths by sex, age, race / ethnicity, and by county are available on the state [COVID-19 webpage](#) and on the [CDPH website](#).
  - [COVID-19 State Dashboard –](#) Statewide and County data (cases, deaths, testing, tier status)
  - [COVID-19 Data and Tools](#) - Links to models, dashboards, databases and dictionaries
  - Open Data Portal – Data Sets
    - California Health and Human Services [Open Data](#)
    - California [Open Data Portal](#)
  - Additional data resources from partners
    - Othering and Belonging Institute, UC Berkeley [Coronavirus in California](#)
- **Strategy C – Utilize social determinants of health data to inform and drive the medium and longer-term response and recovery** (see medium and long-term strategic priorities).
  - Resources & Tools

- [CDC's Social Vulnerability Index](#) (uses U.S. Census data to determine the social vulnerability of every census tract)
- [Consolidated Housing Affordability Strategy](#) (housing data)
- [Census data products](#) (data on race, poverty, education, and other social determinants)
- Harvard Geocoding Disparities Project
- [Eviction Lab](#) (Princeton University) – A nationwide database of evictions; data available at the county level
- [Public Health Disparities Geocoding Project Monograph](#) (Harvard) (Geocoded public health surveillance data and census-derived area-based socioeconomic measures)
- [Healthy Communities Data and Indicators Project](#) (various indicators on social determinants of health including, housing cost burden, housing crowding, licensed day care centers)
- [UCSF Health Atlas](#) (capture various domains of social determinants of health, as well as relevant health outcomes)
- Public Health Alliance of Southern California's [California Healthy Places Index](#) (statewide, neighborhood-level data on 25 community conditions linked to life expectancy at birth, plus 50+ supplementary indicators covering health outcomes and risk behaviors, projected climate change impacts and priority populations, as well as demographic characteristics)
- [County Health Rankings](#) data on social, economic, and physical environmental health factors, including access to clinical care. The [2020 report for California](#) is also available.

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## COMMUNICATIONS

### Principles

- Communication strategy should be data-driven to identify target population(s) and key behavior change goals (face covering, social distancing, etc.)
- Use issue framing strategies to focus on solutions and strengthen shared buy-in around equity approaches.
- Communications should address structural barriers for specific audiences including Limited English Proficiency, ADA needs, and groups with limited internet access.
- Messaging should also include risk mitigation strategies.

### Key Strategies & Promising Practices

- **Strategy A – Create a targeted communication plan**
  - Based on COVID cases and death data, identify the communities that are disproportionately impacted to target with key messaging and develop a communication strategy for each group. Leverage community and stakeholder engagement strategies to regularly improve and update communications.

- Step1: Identify Target Group(s)
  - (E.g. farmworkers, college students, etc.)
- Step 2: Identify Behavior Change Desired
  - What is the action or behavior change need to educate around (face coverings, social distancing, safe carpooling, etc.)? Desired behavior change should recognize root causes of behavior and barriers to change and avoid shaming individuals.
- Step 3: Develop Message Content
  - Create key messages that resonate with community. This is beyond translating from English to other languages, but rather involves identifying nuances that are relatable with specific groups. Messages should be co-developed with community partners. See community and stakeholder engagement strategies below (i.e. compensation).
- Step 4: Test Content
  - Test your message content with target group to ensure it evokes the behavior change desired. Make modifications based on their feedback.
- Step 5: Identify Content Delivery Method
  - Solidify the dissemination methods, including flyers, radio, TV, social media, email blasts, virtual townhalls, etc.
- Step 6: Identify Dissemination Champions
  - Identify the stakeholders that can help with outreach to target groups: including community health workers, CBOs, churches, college administrators, etc.
- Step 7: Evaluation
  - Track reach using both quantifiable and qualitative data. Including tracking of comments from target groups, website hits and duration, impressions, etc. Track data on all content delivery methods used in step 5.
- **Resources:**
  - Frameworks Institute has a library of tools, guidance, and talking points on [Framing COVID-19](#). Topics include prevention, young people, education, climate change, schools, and more.
  - Berkeley Media Studies Group's [Tips for communicating about masks in the midst of misinformation](#)
  - Berkeley Media Studies Group's [Talking about health, housing, and COVID-19: Keeping equity at the forefront](#)
  - Berkeley Media Studies Group's [Communicating about racial equity and COVID-19: Connecting data to context](#)
  - CA Department of Rehabilitation's [Disability Access Services](#) (DAS) as well as the [California Foundation for Independent Living Centers](#) (ILCs) support accessibility and cultural appropriateness of communications directed toward people with disabilities.
- **Strategy B – Communications should consider a risk mitigation strategy**



- [Contra Costa County Health Services](#) uses a risk mitigation strategy that helps individuals go from “No, I won’t do this” to “Yes, I will do this” by communicating in stages of “Think. Plan. Do.” It resonates with real life situations particularly for priority populations who may have a distrust from government messages. A risk mitigation strategy is less about direct prevention and avoids messages like “Do this!” and “Don’t do this!” and offers stages that increases critical thinking regarding risk (Think), increases planning and assessment skills (Plan), and leads to healthier choices and behaviors (Do).
  - Stages of Change:
    - **Think** about risk: “How do I lower my risk when I...(go to work, get groceries).”
    - **Plan** how to lower risk: “What do I need to know before I leave...(DENO: Distance from others, Exposure time, Number of people, Outside/air circulation).”
    - **Do** behaviors that keep risk low: “We are going to the beach, BUT finding the area with the least number of people.”
  - **Examples:**
    - Contra Costa County Health Services’ [Know Your Risk for Social Gatherings communications material](#).
    - Contra Costa County Health Services’ Halloween Guidance showing 4 levels of risk [news release](#) and Tips for a Safer Halloween [video](#).
- **Other Examples:**
  - Contra Costa County Health Services has developed a publicly accessible [COVID-19 Communications toolkit](#). The toolkit includes many resources such as:
    - Social media communications on face coverings, testing, and coping tips.
    - Downloadable printable [materials for undocumented immigrants](#) in English, Spanish, and other languages.
    - [Educational videos by local youth](#) in English and Spanish.

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## LANGUAGE ACCESS AND CULTURAL COMPETENCY

### Principles

- Language access is fundamental to supporting the right of individuals and communities to understand government systems and to effectively participate in government decision making.

- Embed language access, cultural competence<sup>5</sup>, and cultural humility<sup>6</sup> in all public-facing activities and services for COVID-19, including information dissemination to testing, treatment, and isolation.
- Ensure cultural adaptation, humility, and competence are built into the processes of creating and sharing written or spoken material in order to effectively communicate and avoid misconceptions and misinformation, using competent interpreters and translators<sup>7</sup>.
- As part of broader accessibility considerations, include disability access and accommodations.
- State agencies are working to make more language assistance and cultural competency materials available to support local governments and other stakeholders in engaging with LEP populations.

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<sup>5</sup> Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989). [Centers for Disease Control and Prevention. National Prevention Information Network. Cultural Competence in Health and Human Services.](#)

<sup>6</sup> Cultural humility is the “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person].” (Hook, J.N. (2013). Cultural Humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology*.) It refers to having a humble and respectful attitude toward individuals of other cultures that pushes one to challenge their own cultural biases, realize they cannot possibly know everything about other cultures, and approach learning about other cultures as a lifelong goal and process. Both cultural competence and cultural humility are important but cultural humility is different from other culturally based training ideals because it focuses on self-humility rather than achieving a state of knowledge or awareness. Cultural humility was formed in the physical health care field and adapted for therapists, social workers, and other health care professionals to learn more about experiences and cultural identities of others and increase the quality of their interactions with clients and community members. (See "Core Competencies for Providing Consumer Health Information Services | NNLM". [nnlm.gov](#)).

<sup>7</sup> [Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons](#), 68 Fed. Reg. 47311, 47316-19 (Aug. 8, 2003) (hereinafter “HHS LEP Guidance.”)

- Partner with community leaders, members, and organizations to identify preferred methods of communication and for delivery of language access and cultural adaptation services. (Washington State Novel Coronavirus (COVID-19) Response Language Access Plan (WA LAP)).
- Avoid relying solely on automated translation services for vital documents and communication materials related to services and access to services as machine translations without human validation can lead to confusion and misinformation.

### Key Strategies & Promising Practices

- **Strategy A – Create a language access policy, plan, or procedure**
  - Establish a language access policy, plan, or procedure to ensure that limited English proficient (LEP)<sup>8</sup> persons in the county or city will be able to access information related to COVID-19. This may include in-person interpretation (i.e. spoken and sign language) and remote interpretation service (i.e. phone and video), dual-language staff, written translation services, notices about the availability of language services, partnerships with community organizations provident in the language of the LEP persons, and accessible and alternative formats (WA LAP).
  - Language assistance services include both oral or interpretation services and written or translation services. Regardless of the type of language service provided, quality and accuracy of those services is critical. For more information, review the Department of Health and Human Services' [Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons](#).
  - To determine LEP populations to provide language assistance services, prioritize LEP groups disproportionately impacted by COVID-19 and related social and economic consequences. Utilize COVID-19 epidemiology data and local understanding of LEP groups to identify what language assistance services are needed.
  - **Examples:**
    - [Washington State Novel Coronavirus \(COVID-19\) Response Language Access Plan](#)
    - [City of Long Beach Language Access Policy](#)
    - [City of San Jose Language Access Policy](#)
    - [City of San Jose Language Access Plan](#)
    - [City of Oakland Language Access Plan](#)
    - [Los Angeles County Cultural and Linguistic Competency Standards](#)
- **Strategy B – Leverage community-based organizations' expertise in language and culture for material development and translation and interpretation services**

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<sup>8</sup> For persons who, as a result of national origin, do not speak English as their primary language and who have a limited ability to speak, read, write, or understand. For purposes of Title VI and the LEP Guidance, persons may be entitled to language assistance with respect to a particular service, benefit, or encounter. [HUD Limited English Proficiency \(LEP\) Frequently Asked Questions](#).

- Partner with, including funding, community-based organizations (CBOs) that work directly with LEP communities or that have language access capabilities, cultural competency and cultural humility, and understandings of specific communities to:
  - Support the development, implementation, and updating of Language Access Plans;
  - Develop and distribute materials;
  - Conduct outreach and education; and
  - Hire diverse and representative COVID-19 Response staff (e.g., community health workers, contact tracers, case investigators, care coordinators, and business navigators) directly or through partner CBOs. (*see Contact Tracing Section for addition strategies and activities*)
- **Examples:**
  - [Washington State Novel Coronavirus \(COVID-19\) Response Language Access Plan](#)
  - [City of San Jose Language Access Plan](#)
  - [Sacramento County COVID-19 Collaborative](#) between the Sacramento County Division of Public Health, The Center at Sierra Health Foundation, and multi-ethnic community-based organizations for community services including contract tracing
  - [Public Health Institute and Kaiser Permanente partnership for community-based contact tracing](#)
- **Strategy C – Culturally appropriate format (WA LAP) and culturally adapted<sup>9</sup> content**
  - Create materials in audio and video format as some communities and language groups prefer receiving information in these formats. Consult with community partners to identify preferred methods of communication. For example, some linguistic groups that may prefer audio or video formats for information include linguistics groups such as Khmer, Amharic, Tigrinya, Somali, Mayan languages, American Sign Language, Kiswahili and more. (WA LAP)
  - **Examples:**
    - [Washington State Novel Coronavirus \(COVID-19\) Response Language Access Plan](#)
  - Translations should include cultural adaptation. Translator should have knowledge of the intended audiences’ culture, language patterns, and connotations. Three ways to improve cultural appropriateness of information include:

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<sup>9</sup> “Cultural adaptation involves modifications to service delivery and/or modifications to context, structure and practice to meet the particular language, communication, spiritual, sexual identity, geographical, social and other needs of the population of focus.” ([CLCHub Resource Brief 1- Cultural Adaptation](#) p. 1. The U.S. Department of Health and Human Services- Office of Minority Health).

<sup>9</sup> Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 67 Fed. Reg. 41455-41472 (June 18, 2002).

<sup>9</sup> HHS LEP Guidance at 47319-21.

- Partnering closely with community leaders or community-based organizations to co-create messages and materials;
- Creating a translation process that includes plain language, back translation into English from the targeted language and a review from a separate entity, preferably a CBO familiar with the targeted language population, to review the translated document to ensure its readability, understandability and correct literacy level;
- Conducting research to better understand community or intended audience and their cultural values and practices related to this topic; and
- Proactively removing culturally nuanced information in communications (such as idioms) that may cause inaccurate, culturally insensitive, or confusing translations.
- For more information: [U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services Toolkit for Making Written Material Clear and Effective](#)
- **Strategy D – Marketing and outreach specifically for LEP populations**
  - Invest in Navigators and Community Health Workers (CHWs) and contract with and/or fund CBOs to create linguistically and culturally competent messages and materials. Conduct outreach and education to LEP populations. Fund Navigators and CHWs from local CBOs to assist with local public health departments’ contact tracers, care coordinators and business navigators, or contract with CBOs for those positions.
  - Use specific and targeted methods to get information out to LEP populations to raise awareness of services and key information. Efforts may include placing multilingual signs and posters in high traffic areas in government buildings and on department websites; including taglines on key material in other languages to indicate translation and/or interpretation services available; partnering with local in-language news media (such as ethnic newspapers, radio, and television stations), and community organizations and associations, religious groups, etc. that organize in language groups to support dissemination of information.
  - Establish work groups of county staff and community members to check the cultural adaptations and translations accurately reflect the intent of messages and communications materials. (CCLHO Health Equity Subcommittee)
  - **Example:**
    - [City of San Jose Language Access Plan](#)
- **Strategy E – Translation of vital public documents, materials, and essential website information related to COVID-19 and other media, press conferences and social media as feasible**
  - Translate and make available to the public vital documents for the key languages spoken in the county or city. Vital documents are important documents that would cause harm to the individual if the information or service was not provided accurately or in a timely manner (e.g., information on how to protect yourself from COVID-19 or forms to access unemployment, food, or other benefits). (WA LAP)

- Policy approaches may include publishing materials translated into additional languages at the same time as materials are disseminated in English.
- Publish material in several modalities; audio for vision impaired individuals, visual for hearing impaired, and plain/simplified English for people with learning, developmental, and/or intellectual disabilities and low literacy.
- For additional languages, include links to vetted translations created by other sources such as other government agencies, non-profits, community-based organizations.
- **Examples:**
  - [City of Long Beach Language Access Policy](#) includes translation of key written material
  - [City of San Jose Language Access Plan](#)
  - [California Department of Aging COVID-19 Info](#) offers six select language options in website menu
  - [CDPH COVID-19 Health Equity and Multilingual Resources Hub Page](#)
- **Strategy F – Interpretation and transcription**
  - Provide interpretation services in real time over the phone. Provide in-person interpretation for American Sign Language to ensure access to meetings and events for individuals who are deaf or hard-of-hearing. Provide Communication Access Real-Time Transcription (CART), which is instant translation of the spoken word into English text for individuals with hearing impairment. For website accessibility, provide access to screen readers for online content for individuals with visual impairments or learning disabilities.
    - [Ways to provide interpretation include:](#)
      - Hiring bilingual staff
      - Hiring professional interpreters
      - Contracting with interpreters for services as needed
      - Recruiting volunteer interpreters
      - Contracting for telephonic interpretation services
      - Leverage the [Statewide COVID-19 Hotline](#) at 833-422-4255 (833-4CA-4ALL)
      - Leverage local 211 services
      - Arranging for local community groups to provide interpreters
  - Events can also be hosted in-language; with organizing with presenters, facilitators and participants geared for the identified language group
  - **Examples:**
    - [City of San Jose Language Access Plan](#)
    - California Department of Aging COVID-19 Info – Let’s Stay Connected Caregiver Check-In Call series was hosted with specific sessions for English, Spanish and Mandarin speaking audiences, and materials posted on YouTube for ongoing access.
- **Strategy G – Recorded telephonic messages**
  - Departments maintain recorded telephonic messages in key spoken languages that inform on basic information such as business hours, location, services offered, and

availability of language assistance, including the use of Interactive Voice Response systems.

- **Example:**
  - [City of Long Beach Language Access Policy](#) includes this strategy
- **Strategy H – Ensure public health information and communication is accessible to individuals with disabilities**
  - Agencies should ensure all vital documents meet accessibility guidelines and should provide an option for requesting information in alternative formats. This includes providing access for individuals with hearing, vision, sensory, developmental, and/or cognitive disabilities. Alternative formats include, but are not limited to, plain text documents, audio recordings, video, Braille, large print, and illustrations of written materials. (WA LAP).
  - Work with disability organizations, including advocacy bodies and disability service providers, to disseminate public health information.<sup>10</sup>
  - Include captioning and sign language for all live and recorded events and communications.<sup>4</sup>
  - Develop accessible written information products by using appropriate document formats, (such as “Word”), with structured headings, large print, braille versions and formats for people who are blind.<sup>4</sup>
  - Include captions for images used within documents or on social media. Use images that are inclusive and do not stigmatize disability.<sup>4</sup>
  - **Examples:**
    - [Washington State Novel Coronavirus \(COVID-19\) Response Language Access Plan](#)
    - CA Department of Rehabilitation’s [Disability Access Services](#) (DAS) as well as the [California Foundation for Independent Living Centers](#) (ILCs) support accessibility and cultural appropriateness of communications directed toward people with disabilities
- **Strategy I – Bilingual staffing, roster, and recruitment. Trainings for all staff on language access and cultural competence.**
  - Create roster of employees who are certified translators, certified interpreters, and dual-language employees (those who are serving in designated bilingual positions) to identify staff language resources available. Hire additional staff if possible and necessary.
  - Ensure public contact positions have access to directory or roster of qualified bilingual staff.
  - Share employee translation and interpretation services across departments as needed (City of Long Beach Language Access Policy).
  - For positions where bilingual capacity is needed, advertise positions with bilingual conversational proficiency as a preferred skill, attract a pool of qualified bilingual

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<sup>10</sup> [World Health Organization. Disability considerations during the COVID-19 outbreak.](#) (located under “Actions for Governments”).

candidates to find most competitive applicants, and ensure recruitment efforts are consistent with jurisdiction's selective bilingual certification process (City of Long Beach Language Access Policy).

- **Example:**
  - [City of Long Beach Language Access Policy](#) includes the bilingual staffing and recruitment guidelines.
  - Trainings for staff on language access and cultural competence.
- Departments provide basic training to all staff and then tiered training for bilingual staff and managers.
- **Example:**
  - [City of San Jose Language Access Plan](#)
- **Resources for language access, cultural competence and adaptation, and disability access resources**
  - The U.S. Department of Justice Civil Rights Division's Language Map App is an interactive mapping tool that helps users find out the concentration of and languages spoken by LEP individuals in a community. Click on your state or county to identify the number or percentage of LEP persons, download language data, or [visually display LEP maps](#) for presentations.
  - Resources for legal information include Title VI of the Civil Rights Act of 1964, Govt. Code Section 11135, the analogous state civil rights statute, and AB-305 Dymally-Alatorre Bilingual Services Act.
  - [The California Office of Environmental Health Hazard Assessment](#) also collects data by census tract on language isolation.
  - [California Office of Emergency Services, Office of Access and Functional Needs Library](#)
  - [California Department of Rehabilitation Web Accessibility Toolkit](#)
  - [Institute for Local Government's Language Access Laws and Legal Issues: A Local Official's Guide](#)
  - [National Institutes of Health, Language Access in Clear Communication](#)
  - [National Institutes of Health, Cultural Respect](#)
  - [Building an Organizational Response to Health Disparities. A Practical Guide to Implementing the National CLAS Standards](#)
  - [Communities Creating Healthy Environments: Multilingual Strategy for Community Organizing, Language Justice Toolkit](#)
  - [The U.S. Department of Health and Human Services- Office of Minority Health](#)
  - [The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care \(The National CLAS Standards\)](#)



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## COMMUNITY AND STAKEHOLDER ENGAGEMENT

### Principles

- Engagement should be early, often, and meaningful; involving community members as equal and indispensable partners, and impacts decisions.
- Engagement should be culturally and linguistically appropriate, healing-centered and trauma-informed.
- Engagement should be bi-directional, involving a two-way communication between decision makers, and community members and stakeholders.
- Engagement should go beyond information sharing and consultation and move towards collaboration and deferring to communities<sup>11</sup>.
- Community base building<sup>12</sup> and organizing is a foundational element of reducing and eliminating health inequities which government, at all levels, can support.
- Equitable engagement should transform government practices and relationships with the communities and populations being served.

### Key Strategies & Promising Practices

- **Strategy A – Build robust community partnerships**
  - Creating partnerships with Community Based Organizations (CBOs), other non-profits, and trusted community leaders can help steer response efforts in an equitable and effective direction. Strengthen community partnerships through [partnership agreements](#) to allow for increased clarity, maximized capacity, effective execution, and mutual respect.
    - For more resources and information see [Embedding Equity Into Emergency Operations: Strategies For Local Health Departments During Covid-19 & Beyond](#)
    - See the Colorado Equity Alliance’s [Community Partnership Principles Guide](#)
    - See FEMA’s [A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action](#)
- **Strategy B – Compensate community for time dedicated**
  - It is important to value the time and wisdom of community-based organizations that serve populations most impacted by health inequities. Recognizing this field of subject matter expertise and its consultative value to government services is an important organizational equity approach. It is strongly recommended that jurisdictions provide compensation for these organizations and residents for participation in emergency

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<sup>11</sup> [Facilitating Power, Spectrum of Community Engagement to Ownership.](#)

<sup>12</sup> Base-building is a set of strategies and activities used by residents, workers, consumers, and other constituencies to build collective strength and power to address a variety of inequitable conditions in communities. Robert Wood Johnson Foundation. [Community Power: Increasing Understanding of Base-Building Methods.](#)

planning and response activities including, but not limited to, outreach, meeting facilitation and presentations, review and input on data, technical documents, and messaging.

- For more resources and information see [Embedding Equity Into Emergency Operations: Strategies For Local Health Departments During Covid-19 & Beyond](#).
- **Strategy C – Establish a community advisory body**
  - Community Advisory Groups, Boards, or Committees are important venues for two-way communication between government and residents and CBOs, creating opportunities to identify community concerns and provide timely feedback on recent activities and proposed actions. These advisory bodies can be also be critical to help prevent, interrupt, and respond to misinformation or stigma that can occur in public health education. They also can allow for creation of joint community-government strategies and initiatives as a partner in long-term planning. Members of these advisory bodies should be compensated and reside within the jurisdiction. Qualifications to join should be minimal so as not to exclude certain populations (i.e. immigrants and those without advanced academic credentials). Logistics and scheduling considerations should also avoid barriers to participation for relevant audiences (e.g., weekday meetings may not be most feasible for working audiences).
  - For more resources and information see:
    - [Embedding Equity Into Emergency Operations: Strategies For Local Health Departments During Covid-19 & Beyond](#)
    - [Best Practices for Convening a Community Advisory Board](#)
    - Related: World Health Organization’s [Working with Community Advisory Boards for COVID-19 related clinical studies](#)
- **Strategy D – Leverage data to elevate the strength of community wisdom and experience**
  - Community and other stakeholders offer great insight into messaging and serve as ambassadors and liaisons, and can also help integrate available data with insights from lived experiences and history. It is critical to utilize both qualitative data (stories, art, quotes, interviews) alongside quantitative data (community-based participatory research, clinical surveys, census measures) in program planning and implementation. This is especially true when addressing the community needs outside the direct scope of public health in order to bring in other government partners such as housing and social services (see Health in All Policies above).
    - For more information about equity in data gathering and monitoring, see the City of Long Beach’s Office of Equity, [Equity Toolkit, Data Tool](#).
    - Also see The Praxis Project’s [Measuring The Impact Of Building Community Power For Health Justice: What? Why? And How?](#)
- **Strategy E – Engagement should be culturally and linguistically appropriate, healing-centered, and trauma-informed**

- Government and other large institutions have a historical and contemporary role in causing trauma in certain populations, intentionally and inadvertently. This is especially true in the parallel “pandemic of racism” impacting the Black community and other communities of color. Community engagement offers an opportunity to rethink the role that local jurisdictions can play in advancing healing. Community residents, organizers and partners have a deep understanding of how trauma shows up in their lives, families, and neighborhoods, and what strategies can counter that trauma.
  - Learn more about why a healing-centered approach matters in The Praxis Project’s [Recognizing Healing-Centered Community Practices as a Complement to Trauma-Informed Interventions and Services](#);
  - Evidence for [Trauma-informed approaches to community building](#)
  - Urban Institute’s [Report on Trauma-Informed Community Building and Engagement](#)
  - Bridge Housing’s [Trauma- Informed Community Building: The Evolution of a Community Engagement Model in a Trauma- Impacted Neighborhood](#).
- Refer to the Key Strategies & Promising Practices from the Language Access and Cultural Competence guidance in this document throughout engagement.
- **Strategy F – Develop a plan for community engagement**
  - Community and stakeholder engagement efforts involve pre-planning, implementation strategies and follow up.

#### Planning Engagement

- Create and regularly maintain a roster or listserv of community-based organizations in your county or city.
- Consult and partner with community-based organizations on the specific needs of a populations in the area. Share and obtain feedback on your outreach and engagement plans with these partners and others.
- Co-design messages with community partners and let community identify messengers. See communication guidance above.
- Identify potential barriers to engagement and work on solutions to resolve them.
- Identify the appropriate messengers for outreach and consider the diversity of the planning and outreach team with the population you want to serve.
- Identify approaches that will allow participants to elevate their experiences and contribute as experts.
- Identify what input you want to receive and the best method of communication to receive that input.
- Consider any history between government entities and the community that may inform your efforts.

#### During Engagement

- Ensure access to remote public meetings and hearings by providing early notification, longer public comment periods that traditionally required, multiple access options

such as a teleconference and videoconference, online and paper surveys, social media, and presentations at community events. See practical tips for digital engagement below.

- Provide ample education, level-setting and context for all participants, especially for content and topics upon which you are seeking input or feedback. Encourage the use of [plain language](#) and consider [health literacy](#) in all information and communications to encourage participation and meaningful engagement.
- All information and communications should be interpreted and/or translated materials for all threshold populations. See the guidance on language access and cultural competence in this document.

After Engagement (Follow Up):

- Share meeting notes and recordings with all stakeholders after a meeting, and post the information in an easily accessible public website. For example, see [Fresno County's COVID-19 community workgroup calls](#).
  - Always follow up and follow through with participants on the questions or comments raised with clarifications, answers, and actions to maintain communication and engagement.
  - Take note of and be intentional around who is and who is not participating in any public or community meeting, who has attended internal planning meetings, and who has and has not commented on technical and decision-making documents.
  - Determine whether your priority population is reflected in those who participated and were engaged.
  - Report back to all those involved in participation, engagement, and outreach how their participation helped shape, or did not, any changes to the process or outcome.
  - Review the overview of beneficial steps to help you achieve equity in community and stakeholder engagement in the City of Long Beach Office of Equity's [Toolkit](#).
- **Community engagement examples:**
    - City and County of San Francisco's equity team engages with community partners that serve populations most impacted by inequities to guide many aspects of the city's pandemic response. Learn more in [Embedding Equity Into Emergency Operations: Strategies For Local Health Departments During Covid-19 & Beyond](#).
    - San Francisco Equity in COVID-19 Examples:
      - [Health Advisory: Prioritizing Populations with Structural Barriers to Health in COVID-19 Care Response](#)
      - [Outreach toolkit for Coronavirus \(COVID-19\)](#)
    - City of Long Beach Department of Health and Human Services is embedding equity for responsive community solutions through a robust network of community partners. Through this process, equity staff were able to identify the critical barriers impacting

- Long Beach residents. Learn more in [Embedding Equity Into Emergency Operations: Strategies For Local Health Departments During Covid-19 & Beyond](#).
- [City Of Long Beach Office Of Equity](#)
  - County of Los Angeles County Public Health Department is using disaggregated data to inform community drive solutions. Learn more at [Embedding Equity Into Emergency Operations: Strategies For Local Health Departments During Covid-19 & Beyond](#).
    - See the “[COVID-19 Racial, Ethnic & Socioeconomic Data & Strategies Report](#);
    - See examples culturally relevant [public health messaging and guidance](#);
    - See examples of translated and tailored COVID-19 communications for [the Black/African American community](#) and [American Indian Alaska Native community](#).
  - Seattle-King County Public Health is integrating community partners into their planning and decision-making process. Learn more at [Embedding Equity Into Emergency Operations: Strategies For Local Health Departments During Covid-19 & Beyond](#).
    - See their [Community Resilience + Equity program](#), a collaboration with Emergency Preparedness and community partners.
    - Seattle-King County Public Health has established a [Pandemic Community Advisory Group](#) to ensure equity is at the forefront of decision-making.
  - Contra Costa County Health Services has launched a “[Youth Ambassador](#)” program and is compensating local youth to drive public health social media messages online. They will also be developing an adult ambassador program. See the City of Concord’s [social media outreach](#) for youth ambassadors.
  - City of Portland Oregon [Office of Equity and Human Rights](#) has developed an [Equity Toolkit for COVID-19 Community Relief and Recovery Efforts](#) and after contact with over 100 community organizations has identified key themes.
  - Louisville, Kentucky’s [Center for Health Equity](#) has launched a [Community Advisory Board](#). The Board will be coordinated by the Center for Health Equity and seek to define expansive, transformative, and antiracist visions across root causes for our upcoming Health Equity Report.
  - California Native American Tribes exercise sovereign authority over their members and territory. Engagement with Tribes should include meaningful consultation through government-to-government relationships between a jurisdiction and a Tribe.
    - The National Indian Health Board has a variety of information and resources to help your jurisdictions learn how to most effectively support Tribal communities, including regular virtual listening sessions:
      - [Public Health in Indian Country Capacity Scan Report 2019](#)
      - [COVID—19 Tribal Resource Center](#)
    - Find information on Urban Indian organizations:
      - [U.S. Department of Health and Human Services, Office of Urban Indians Health Programs](#)
      - [California Consortium for Urban Indian Health](#)

- Learn more about California Rural Indian Health Board and the work they have done in recent months through a series of COVID-19 stakeholder meetings and planning sessions at the county, state, and national level. See their key highlights and more: [CRIHB's COVID-19 Response](#).
- Additional resources for assisting Tribes:
  - John Hopkins University, Bloomberg School of Public Health, Center for American Indian Health | [COVID-19 Materials Developed for Tribal Use: What tribal members need to know about coronavirus](#)
  - California Office of the Tribal Advisory | [COVID-19 Resources](#)
- Practical Tips for Digital Engagement That You Can Replicate (Courtesy of the California Natural Resources Agency) [Online Environmental Engagement: Building Our Skills Together](#)
  - National Coalition for Dialogue and Deliberation | [Resource Center](#)
  - International Association for Public Participation | [COVID-19 Resources Public Participation Resources](#)
  - National Civic League | [COVID-19 Resources for Individuals and Governments](#)
  - Participedia | [Voices and Values on COVID-19](#)
  - Divided Communities Project | [Virtual Toolkit](#)
  - Local Government Commission | [Best Practices for Virtual Engagement](#)
  - Institute for Local Government | [Inclusive Public Engagement](#)
- **Other Resources:**
  - Clinical and Translational Science Awards Consortium Community Engagement Key Function Committee | [Task Force on the Principles of Community Engagement](#)
  - The Praxis Project | [The Power of Community Wisdom in Advancing Health Justice and Racial Equity](#)
  - Facilitating Power | [Spectrum of Community Engagement to Ownership](#)
  - California Natural Resources Agency | [Online Environmental Engagement: Building Our Skills Together](#)
  - Academic Journal Article | [Engaging With Communities — Lessons \(Re\)Learned From COVID-19](#)
  - Academic Journal Article | [The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis](#).
    - Contact tracing is a long-standing public health approach for infectious disease prevention and mitigation. The key to success for contact tracing is public trust and an understanding of the local community needs.
    - Contact tracing is the link to other critical public health and social resources needed to control and prevent the spread of COVID19.

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## MENTAL HEALTH CARE

### Principles

- Social connectedness and community involvement are integral to mental health and wellbeing.
- Many communities are dealing with increased stress, decreased income, and having to stay at home.
- Mental health implications of the pandemic will be felt by all communities, but especially in those impacted by stressors that go beyond the pandemic, as described throughout this document.
- Mental health is not simply the result of individual choices and behavior. Many consumers face barriers that government is in position to address and remove.

### Key Strategies & Promising Practices

- **Strategy A – Help individuals access mental health services**
  - Local public health jurisdictions can work with behavioral health programs to help consumers meaningfully engage in behavioral health services.
  - Access to mental health and behavioral health care is critical for the success of isolation and quarantine and ensuring the overall well-being of cases and contacts.
  - Contact tracing, isolation and quarantine also provide health departments with critical points of intervention and opportunities to increase access and service provision for minority populations who have historically underutilized public behavioral health care and services.
  - Local public health officials should work hand in hand with their behavioral health colleagues to help consumers meaningfully engage in behavioral health services.
  - Identify key staff in behavioral health who are willing to provide additional enrollment and navigation assistance. Some county behavioral health departments have full-time staff dedicated to enrollment and navigation assistance.
  - Local public health officials can leverage agreements between departments to create streamlined referral pathways. Many local public health departments or jurisdictions are also housed under one Department of Health Services.
  - Local public health officials should be prepared to make several attempts in their search to help consumers find the right provider, but should not give up.
  - Resources for accessing services:
    - Medi-Cal offers many mental health or substance use disorder services without cost, including: therapy, psychiatrist services, behavioral support services, psychiatric medication, withdrawal management, and medication-assisted treatment for substance use disorders.
    - Consumers not enrolled in Medi-Cal should be also able to access behavioral health services through their county.

- Consumers can also call or email their primary care doctor or Medi-Cal managed care plan and ask for help accessing mental health or substance use disorder services. They can also call the mental health access line in their region by visiting [DHCS' County Mental Health Plan Information page](#).
  - For substance use care, consumers can call the statewide substance use disorders non-emergency treatment referral line at (800) 879-2772, or find the substance use disorder access and crisis line for the county using the [DHCS County Access line page](#).
  - Accessing mental health services can sometimes be challenging, especially when a person is not feeling well. Crisis support lines can provide assistance if a person is feeling stressed, anxious, or uneasy:
    - California Peer-Run Warm Line at (855) 845-7415
    - 24-hour Suicide Prevention Lifeline: 1-800-273-8255 or text 838255.
    - 24-hour Domestic Violence Hotline: 1-800-799-7233 or click Chat Now.
    - You can also text "TalkWithUs" to 66746 to connect with a trained crisis counselor.
  - If a person is experiencing a behavioral health emergency, call 9-1-1 for immediate help.
- **Strategy B – Services and resources should be specific to the needs of the population**
    - **Resources for communities of color:**
      - [COVID-19 - Foundation for Black Women's Wellness](#)
      - [Fresno County Behavioral Health Department Cultural Humility Committee](#) published a two-part Cultural Humility & COVID-19 guide including resources to consider how COVID-19 might be impacting different communities. While not intended to replace experience, education, and/or cultural humility trainings, this tool should provide knowledge for culturally and linguistically appropriate interventions as well as trauma-informed care in COVID-19. (logging into a Gmail may be required to access).
    - **Other resources**
      - Services for Substance Use Disorders
        - [SAMHSA National Helpline](#): Call 800-662-HELP for 24/7 information and referrals in English and Spanish.
        - [SAMHSA Treatment Locator](#): Find drug or alcohol treatment programs.
        - [Local county access lines](#): Find your local number for help seeking substance use disorder services.
      - Deaf and Hard of Hearing Individuals: [National Suicide Prevention Deaf and Hard of Hearing Hotline](#): Access 24/7 video relay service by dialing 800-273-8255 (TTY 800-799-4889)
      - Older Californians
        - [Friendship Line](#): Call 888-670-1360 for 24/7 support if you are 60 years or older, or an adult living with disabilities.



- California Aging and Adult Information Line: Call 800-510-2020 for help finding local assistance.
- Youth and Teens
  - [California Youth Crisis Line](#): Youth ages 12-24 can call or text 800-843-5200 or [chat online](#) for 24/7 crisis support.
  - [TEEN LINE](#): Teens can talk to another teen by texting “TEEN” to 839863 from 6pm – 9pm, or call 800-852-8336 from 6pm – 10pm.
- LGBTQ Individuals
  - [Trevor Project](#): Call 866-488-7386 or text START to 678678 for 24/7 information and suicide prevention resources for LGBTQ youth.
  - [Lesbian, Gay, Bisexual and Transgender National Hotline](#): Call 800-273-8255 from 1pm – 9pm for support, information or help finding resources.
  - [Victims of Crime Resource Center](#): Call or text 800-842-8467 or [chat online](#) for information about LGBTQ rights, legal protections, and local resources.
- If individuals feel unsafe
  - Partner abuse is never okay and there are people standing by to help, especially during this health crisis. If they can, those who feel unsafe may call the National Domestic Violence Hotline at 800-799-SAFE or text LOVEIS to 22522 for 24/7 help in English or Spanish. If they cannot call, visit [TheHotline.org](#) to learn how to create a safety plan or get immediate help with the 24/7 “Chat Now” feature.
    - Call or text the [Victims of Crime Resource Center](#) at 800-VICTIMS line for information on victim services programs in California.
    - Visit the [California Victims Compensation Board website](#) to find information on county victim service providers in California.
    - There are additional resources available:
- [California Partnership to End Domestic Violence](#): Call 1-916-444-7163 Monday through Friday from 8:30am – 5:30pm for assistance finding local programs.
- [Safety planning guide](#): Use this guide to help with safety planning if you are a survivor of intimate partner violence.
- Domestic Violence Service Providers list: [Find information about programs across the state](#).
- [Sexual Assault and Human Trafficking Victim Service Provider List](#): Use this list to find local resources if you are a victim of sexual assault or human trafficking.