

AGENDA - COVID-19

June 9, 2020

Honorable Lina Hidalgo and
Members of Commissioners Court
1001 Preston Street, 9th Floor
Houston, Texas 77002

RE: Transmittal of memo addressing the Precinct One request for a review of the disproportionate impact of COVID-19 on low-income and minority households

Dear Judge Hidalgo and Commissioners Ellis, Garcia, Radack, and Cagle:

During the April 28 Commissioners Court meeting, Precinct One requested the Commissioners Court's Analyst's Office to conduct a study regarding common and where applicable best practices in addressing the disproportionate impact of COVID-19 on low-income and minority communities in collaboration with the Public Health Department.

The enclosed memo is a response to this request and was circulated to the Court member offices on May 28, 2020. The Analyst's Office respectfully transmits the enclosed memo via the Commissioners Court agenda.

Thank you for your consideration.



Katie Short
Director
Commissioners Court's Analyst's Office

To: Harris County Precinct One Commissioner Rodney Ellis
From: Katie Short, Director; Amber Weed, Senior Analyst; Candice Johnson, Analyst; Amy Rose, Analyst; Brian Jackson, Analyst
CC: Brandon Dudley, Lance Gilliam, Mark Anderson, Danielle Sullivan
Date: May 28, 2020
Re: **Disproportionate impact of COVID-19 on low-income and minority households**

EXECUTIVE SUMMARY

During the April 28 Commissioners Court meeting, Precinct One requested the Commissioners Court's Analyst's Office to conduct a study regarding common and where applicable best practices in addressing the disproportionate impact of COVID-19 on low-income and minority communities in collaboration with the Public Health Department.

Prior to outbreak of the novel coronavirus low-income and minority communities experienced disproportionate health outcomes. Specifically: reduced access to health insurance, reduced access to financial support, increased prevalence of illnesses like diabetes, asthma, high blood pressure—and the current outbreak is compounding existing disadvantages and the social statuses are not distinct.

Response to pandemic exacerbates existing challenges. The actions implemented by the local and State governments across the nation led to a dramatic shift in the day-to-day functions of residents, and resulted in business closures, and employee furloughs and layoffs for those working in impacted industries. The fallout of the COVID-19 outbreak is exacerbating existing financial, health, food, and economic challenges of low-income persons and communities of color.

COVID-19 impacts vary by race and ethnicity. While there is an incomplete picture of the impact of COVID-19, the limited available national and local data shows greater percentage of cases amongst Blacks and Hispanic/Latino persons in comparison to population.¹ In April 2020, the Johns Hopkins University and American Community Survey indicated that to date, of 131 predominantly Black counties in the US, the infection rate was 137.5/100,000 and the death rate was 6.3/100,000.¹ In comparison, the infection rate for 2,879 predominantly White counties was 39.8/100,000 and the death rate was 1.1/100,000. Out of 124 Hispanic counties the infection rate was 27.2/100,000 and the death rate was 0.6/100,000.¹ Six of the counties reviewed were majority Asian and the case rate was 19.5/100,000 and the death rate was 0.4/100,000.¹

COVID-19 impacts vary by income. As of May 27, 2020, there are 31 zip codes in Harris County that have 100 or more confirmed cases of COVID-19. 18 of the 31 zip codes that have 100 or more confirmed cases of COVID-19 have a median income of greater than \$50,000. Eight of which are in predominantly Black communities, have a combined confirmed case count of 957, and have an average median income of \$48,945. The remaining 23 zip codes are predominantly White, have a combined confirmed case count of 3,572, and have a median income of \$61,742.¹¹

Impacts and strategies understood through social determinants of health framework. This report outlines strategies in the existing literature for addressing specified impacts. The impacts to minority and low-income households are presented through the social determinants of health framework and include the following: Economic Stability, Neighborhood and Physical Environment, Education, Food, Community and Social Context, and Health Care System.

Key strategies include:

- **Supporting essential workers** through job protections, federal work programs, and direct assistance programs.
- **Support utility, mortgage and rental assistance relief programs for impacted individuals and families.**
- **Support policies that guarantee educational learning continuity** such as ensuring all students have access to digital content, WiFi, and laptops, and offering summer school courses or a “bridge year”.
- **Ensure equitable access to healthy food** through streamlining SNAP enrollment, expanding SNAP eligibility and benefits, supporting local food banks and other free food distributions.
- **Increase community engagement** through expanded election preparations and discrimination trainings.
- **Increase access to quality healthcare.**

INTRODUCTION

Starting in Winter 2020, the spread of the novel coronavirus, the cause of COVID-19, began in the United States. At the time of the publication of this memo, the United States is in the early stages of managing the pandemic. In these early stages, though, trends have started to emerge. Notably, health professionals, academics, government officials, and news outlets have started reporting the disproportionate impact that the current pandemic is having on low-income and minority communities across the country.

The extent of the disproportionate impact on minority communities, specifically, is still evolving, as data collection and reporting is not yet standardized across states and communities. As of May 25, 2020, the Centers for Disease Control and Prevention (CDC) reported a total of 1,637,456 cases with over 50% of the cases missing race or ethnicity data.¹ A total of 47 states are reporting confirmed tests by race and ethnicity, and 41 states are reporting confirmed deaths by race and ethnicity. Only four states (Delaware, Illinois, Kansas and Nevada) are sharing testing data by race and ethnicity.² Due to a lack of uniformity in reporting, there is no definite estimation of COVID-19 cases, hospitalizations, and deaths by race and ethnicity across the US.³

While there is an incomplete picture of the impact of COVID-19, the limited available national and local data shows greater percentage of cases among Blacks and Hispanic/Latino persons in comparison to population.⁴

Early county-level COVID-19 case and mortality data coupled with county-level population data showed that counties with larger Black populations faced higher confirmed cases counts and death rates.⁵

According to the American Community Survey (ACS), the demographic breakdown of the US is: 61.1% White (non-Hispanic), 17.8% Hispanic/Latino, 12.7% Black or African American, 5.4% Asian American, and 0.2% Native Hawaiian or Other Pacific Islander (NHOPI).⁶ In contrast, of the reported cases in the United States with race data (for all ages) as of May 27, 2020: 52.3% of cases are White persons; 29.6% are Hispanic/Latino; 26.3% are Black; 4.7% are Asian American; and 0.3% are NHOPI.⁷

The Commonwealth Fund found that early county-level COVID-19 case and mortality data coupled with county-level population data, showed that counties with larger Black populations faced higher confirmed cases counts and death rates.⁸

The Black populations in Chicago, Milwaukee, New Orleans, Washington D.C, and Detroit were among the hardest hit during the early stages of the pandemic.

- In Chicago, Illinois 70% of the City's first 100 recorded victims were Black,⁹ though Blacks represent only 30% of the population in Chicago.¹⁰
- In Milwaukee County, WI, reports from early April 2020 showed Blacks represented almost 50% of all confirmed cases in the County, and 81% of the deaths, yet Blacks comprise only 26% of the County's population.¹¹
- Data and reports from April 2020 showed that Blacks in Louisiana accounted for almost 70% of the deaths while only accounting for 33% of the State's population.^{12 13} The majority Black populated parishes near New Orleans, Jefferson and Orleans, led in the number of confirmed cases.¹⁴

- Early reports from the District of Columbia followed similar trends of other large, urban areas. On April 5, 2020, the District of Columbia data showed that 27% of the confirmed cases and 58% (14) of the first 24 deaths in the area were Blacks.¹⁵ Blacks represent 46% of the population of the District of Columbia.¹⁶
- As of April 26, 2020, the City of Detroit had the greatest number of total cases (8,613) and deaths (922) in Michigan.¹⁷ Detroit's population is 79% Black.¹⁸

This memo includes a synthesis of the available data on the impacts on vulnerable communities, and then summarizes published strategies for addressing these initial impacts.

It was announced on May 22, 2020 that the State of Texas Health & Human Services Commission would study the impact of the current pandemic on the State's vulnerable populations.¹⁹ Results from this new study are expected in Fall 2020.

Methodology

This report includes a description of the impact of the COVID-19 pandemic on low-income and minority communities through the social determinants of health framework. The social determinants of health are a comprehensive and common framework, within the realm of public health, used to describe the myriad of interrelated and interdependent social factors that converge to influence an individual's health and wellbeing.

Each social determinant of health includes: a description of that determinant; a summary of relevant historical disparities and structural drivers (i.e. the causes of the causes) of social determinants for low-income and minority communities; and summary of any strategies identified in the literature review for addressing the disproportionate impact.

Strategies included in this report are limited to strategies published and/or implemented by government agencies, academic institutions and think tanks, and government taskforces. Strategies published by interest groups or advocacy groups were not included in this report because: (1) the nature of such groups can mean an intentionally limited perspective in the positions held; and (2) there are a lack of criteria at these early stages by which to judge the efficacy and value of any proposed strategies, to aid with discounting bias. The strategies identified in this report may not be limited to those that can be directly implemented by Harris County Commissioners Court.

The magnitudes of the social and health impacts shouldered by society during this pandemic are evolving, and similarly, so is the literature around the strategies to mitigate these impacts. This report summarizes information available through May 28, 2020.

While this report separately outlines the impact of COVID-19 on low-income and minority communities, it is important to understand that race/ethnicity and income do not singularly influence an individual's wellbeing. Rather, various combinations of factors, including race, class, gender, language spoken, religion, age, and citizenship status differentially position each individual's wellbeing and access to health and health supportive resources.

This report does not include American Indians and Alaska Natives, as the population represents only 1.1% of the Harris County population and data regarding this racial group is largely unavailable for the variables examined in this report.²⁰

The Harris County Commissioners Court's Analyst's Office worked with Harris County Public Health on the production of this report. The Analyst's Office appreciates the data and feedback provided by the staff at the Public Health.

SECTION 1. HEALTH AND ACCESS TO HEALTHCARE PRIOR TO COVID-19 OUTBREAK

The outbreak of the novel coronavirus, the resulting spread of COVID-19, and the government response to the outbreak cumulatively yielded hardship on an unprecedented scale. Early studies and reporting indicates low-income and minority communities are shouldering a disproportionate share of this hardship.

Prior to this outbreak, low-income and minority residents faced worse health outcomes when compared with wealthier and White counterparts. The current pandemic is compounding existing disadvantages. This section serves to summarize the outcomes for these communities prior to the pandemic, to aid with the describing the existing compounding effects.

Health for Low-Income Residents Pre-COVID-19

In 2018, 38.1 million Americans lived in poverty.²¹ In America, low-income adults are nearly five times as likely to report having poor or fair health status in comparison to adults with incomes above 400% of the federal poverty line (FPL).²² Low-income Americans are more likely to have chronic diseases including, heart disease, diabetes, and strokes.²³

Low-income Americans are less likely to have health insurance²⁴ or readily access to primary and specialty care services.²⁵ Less than one-third of low-income workers obtain employer sponsored insurance compared to almost 60% of higher-income workers.²⁶ Only about 30% of low-wage workers have access to paid sick leave, unlike high-wage earners who are three times as likely to have access to paid sick leave.²⁷

Low-income older adults (over 65) are more likely to not have access to economic resources and are more likely to have higher rates of existing health conditions.^{28 29}

According to the Kaiser Family Foundation, about 35% of nonelderly adults (ages 18-64) in households in the United States earning below \$15,000 are at a higher risk of serious illness if infected with COVID-19—in comparison to only 16% of nonelderly adults earning greater than \$50,000.³⁰ Improvements to an individual's health generally correlate with improvements to financial wellbeing.³¹

Health for Minority Residents Pre-COVID-19

Minority residents in the US have historically had less access to health care, are more likely to be uninsured, and suffer higher rates of underlying medical conditions such as diabetes, hypertension, heart disease, and asthma, while also struggling with poverty and access to healthy foods.

A myriad of historical and present-day social inequities persist in communities of color, creating unhealthy living conditions within which diseases and socio-economic maladies chronically exist, prior to the current pandemic. These social inequities include factors such as: crowded neighborhoods and households, high proportion in essential service jobs that are often low-paying, and chronic stress due to structural drivers such as violence, institutional racism, and income inequality.³²

Hispanics/Latinos represented 43.3% of the Harris County population in 2019.³³ More than one out of five (21.7%) Harris County Hispanics/Latinos live below the poverty line. Hispanics/Latinos have one of the lowest per capita incomes in the County (\$18,637)—only a third of the income of Whites.³⁴ In Harris County, 33.0% of Hispanics/Latinos report to be unable to afford to see a doctor, a rate higher than all other race and ethnicities (24.3%).³⁵ Only 56.3% of Hispanic/Latino adults in Harris County have health insurance, significantly less than the overall rate (72.5%).³⁶

Self-reported “general health” assessment data report that a slightly higher percentage of Hispanics/Latinos feel they have “poor or fair” health (23.7%), compared to 21.2% of all race and ethnicities.³⁷ Nearly three-quarters (73.7%) of Hispanic/Latino adults in Harris County are overweight or obese, compared to 74.3% overall.³⁸

Hispanics/Latinos in Harris County have a lower than average age-adjusted death rate due to cancer (111.3 per 100,000), compared to the overall rate of 153.2 per 100,000.³⁹ Hispanics/Latinos also have some of the lowest death rates per 100,000 by race and ethnicity for lung cancer (16.4 compared to 35.7 overall), colorectal cancer (11.0 compared to 14.3 overall) and prostate cancer (15.4 compared to 19.4 overall).⁴⁰ Hispanic/Latino residents have slightly higher than average age-adjusted death rates due to diabetes (22.4 compared to 19.8 overall) and slightly lower than average age-adjusted death rates due to stroke (31.2 compared to 41.5 overall).⁴¹ Hispanic/Latino women in Harris County also have a lower than average death rate due to breast cancer (14.5 compared to 22.3 overall).⁴²

In addition, Hispanics/Latinos are much more likely to be non-citizens and face unique challenges to accessing health care. Hispanics/Latinos are more likely to forgo care due to cost of service (22%), not have a primary care provider or a usual source of care (25%), and completely skip healthcare (25%) and dental visits (46%).⁴³

Blacks represented 19.9% of the Harris County population in 2019.⁴⁴ One out of five Black residents in Harris County live below the poverty line (20.6%). Blacks fair a bit better than Hispanics/Latinos with a per capita income of \$23,484, but still less than half the income of local Whites (\$54,856).⁴⁵ In Harris County, 28.7% of Blacks report to be unable to afford to see a doctor, compared to 24.3% of all race and ethnicities.⁴⁶ About three-quarters (77.8%) of Black adults have health insurance, slightly higher than the overall rate (72.5%).⁴⁷

Self-reported “general health” assessment data report that a higher percentage of Blacks feel they have “poor or fair” health (27.3%), compared to 21.2% of all race and ethnicities.⁴⁸ More than three-quarters of Black adults in Harris County are overweight or obese (83.1%), a rate higher than all other race and ethnicities (74.3%).⁴⁹

Blacks in Harris County have the highest age-adjusted death rate due to cancer at 196.4 per 100,000, compared to the overall rate of 153.2 per 100,000.⁵⁰ Local Black death rates continue to be the highest among all race and ethnicities in lung, colorectal, and prostate cancers.⁵¹ Black residents have higher than average age-adjusted death rates due to cancer (196.4 per 100,000, compared to 153.2 overall), diabetes (33.2 per 100,000, compared to 19.8 overall) and stroke (57.4 per 100,000, compared to 41.5 overall).⁵² Black women in Harris County have the highest age-adjusted death rate due to breast

cancer at 32.2/100,000, compared to 23.3 for White women and 12 for Asian/Pacific Islander women.⁵³

In addition, Blacks fare worse in HIV diagnosis rates and teen birth rates.⁵⁴ Nonelderly Blacks are more likely to be obese and be diagnosed with diabetes or asthma in comparison with Whites.⁵⁵ The Kaiser Family Foundation also reports that Blacks are more than twice as likely as Whites to live in a food insecure household.⁵⁶

Asian Americans and Native Hawaiians and other Pacific Islanders (NHOPIs) represented 7.5% of the Harris County population in 2019.⁵⁷ Asians and other Pacific Islanders are far less likely to live below the poverty line (11.5%) compared to their Black (20.6%) and Hispanic/Latino (21.7%) counterparts, but slightly more likely than Whites (6.9%).⁵⁸ Asians have the second highest per capita incomes in the County (\$37,192), but still less than the income of Whites (\$54,856).⁵⁹ The majority of Asian adults in Harris County (87.0%) have health insurance, higher than the overall rate (72.5%).⁶⁰

Asian/Pacific Islanders in Harris County have a lower than average age-adjusted death rate due to cancer at 97.9 per 100,000, compared to the overall rate of 153.2 per 100,000.⁶¹ Asians/Pacific Islanders also have some of the lowest death rates per 100,000 by race and ethnicity for lung cancer (21.3 compared to 35.7 overall).⁶² Asians/Pacific Islanders in Harris County have the lowest age-adjusted death rate due to colorectal cancer (10.1 per 100,000, compared to 14.3 overall), prostate cancer (6.0 per 100,000, compared to 19.4 overall), diabetes (11.7 per 100,000, compared to 19.8 overall), stroke (29.2 per 100,000, compared to 41.5 overall), and breast cancer (12.0 per 100,000 compared to 22.3 overall).⁶³

Compared to other race and ethnicities, Asian Americans and Native Hawaiians and other Pacific Islanders demonstrate significantly better health outcomes for most indicators. However, Native Hawaiians and other Pacific Islanders fare worse than Whites in several health measures including problems paying medical bills (23% compared to 16% of Whites), higher diagnosed rates of asthma (19% compared to 14% of Whites) and diabetes (11% compared to 7% of Whites), and are more likely to report “fair or poor”⁶⁴ health status (12% compared to 9% of Whites).⁶⁵

SECTION 2. COVID-19 OUTBREAK RESPONSE

President Donald Trump declared a national state emergency due to the impact of the coronavirus on March 13, 2020.⁶⁶ By March 16, every state in the US filed an emergency declaration.⁶⁷ Emergency declarations grant officials special emergency powers to assist in their response to the emergency. Several state and local actions were taken to reduce and slow the spread of the virus in the US.

A list of implemented US state actions, as of May 5, are as follows:⁶⁸

- Stay at Home Order (45 states, districts, and territories)
- Mandatory Quarantine for Travelers (24 states, districts, and territories)
- Non-Essential Business Closures (45 states, districts, and territories)
- Large Gatherings Ban (49 states, districts, and territories)
- School Closures (51 states, districts, and territories)
- Restaurant Limits (50 states, districts, and territories)
- Primary Election Postponement (15 states, districts, and territories)

Orders and Declarations in Harris County

A sequence of state and local orders were enacted to address and contain the COVID-19 pandemic in the State of Texas and Harris County.⁶⁹

Early instructions from the Harris County Judge suggested that sick people should stay home and encouraged increased hand washing.

On March 11, Harris County issued a local disaster declaration followed by the local implementation of social distancing, reduced number of people at public gatherings (less than 250) and guidance for the populations at higher risk to contract COVID-19.

The Governor of Texas issued a state disaster declaration on March 19, 2020.

On March 24, 2020, the Harris County Judge in conjunction with the Mayor of the City of Houston issued the, “Stay Home, Work Safe” Order advising non-essential businesses to shut down and residents to stay home except for essential activities. Businesses deemed nonessentials such as bars, nightclubs, gyms/fitness centers, retail stores, salons, spas, concert halls and polls were required to close. Restaurants could offer curbside pickup, carry-out and delivery options only. The complete list of state and local orders, which impacted Harris County, can be found in Appendix A.

The actions implemented by the local and State governments across the nation led to a dramatic shift in the day-to-day functions of the American people, and resulted in business closures, and employee furloughs and layoffs for those working in impacted industries.

SECTION 3: IMPACT ASSESSMENT

Communities of color have dealt with historical systemic inequities in social and economic factors including health, wealth, housing, and education. The literature establishes that the compounding effect of these systemic inequities outweigh the impact of individual choice and behavior.⁷⁰

The fallout of the COVID-19 outbreak is exacerbating existing financial, health, food, and economic challenges of low-income persons and communities of color. This section highlights the impact of COVID-19 through the lens of social determinants of health, as outlined by the Kaiser Family Foundation and, if applicable, outlines strategies or mitigation tactics to address identified disparate impacts.

Local COVID-19 Cases

According to the Kinder Institute of Rice University’s COVID-19 Registry, out of the 5,097 registrants, 23.7% residents in Harris County have experienced increased household expenses, 17.1% are having difficulty finding food, and 10.01% and are having difficulty paying bills.⁷¹

Data on the race and ethnicity of COVID-19 cases and deaths in Harris County have gaps, which limits the ability to define the local impact. Of the over 11,000 confirmed cases in Harris County as of May 28, 2020, the race and ethnicity of 3,856 (33%) cases is unknown. While there are limitations on the data available, the race and ethnicity data that are available demonstrate a disparity in impact in these early stages. As shown in Table 1, Blacks in Harris County comprise nearly 20% of the local population, but they represent over 30% of the COVID-19-related deaths.

Race/Ethnicity	Percent of Harris County Population, including the City of Houston	Number of Total COVID-19 Confirmed Cases	Percent of Total COVID-19 Confirmed Cases	Number of Total COVID-19 Deaths	Percent of Total COVID-19 Deaths
Asian/Pacific Islander	7.5%	333	2.8%	15	6.7%
Black	19.9%	2,246	19.2%	70	31.4%
Hispanic/Latino	43.3%	3,479	29.7%	71	31.8%
White (Non-Hispanic)	29.1%	1,782	15.2%	65	29.1%
Unknown		3,856	33.0%	2	0.9%
Total*		11,696		223	

*Race and ethnicity classifications are included if cases within the given classifications constitute more than five percent of total Harris County population.

Source: U.S. Census Bureau QuickFacts: Houston city, Texas; Harris County, Texas. (n.d.). Retrieved May 28, 2020, from <https://www.census.gov/quickfacts/fact/table/houstoncitytexas,harriscountytexas/PST045219>

Source: Coronavirus Disease 2019 (COVID-19) Updates - City of Houston Emergency Operations Center. (n.d.). Retrieved May 28, 2020, from <https://houstonemergency.org/covid19/>

Social Determinants of Health⁷²

The World Health Organization (WHO) describes social determinants of health (SDOH) as “the conditions in which people are born, grow, live, work and age.”⁷³ Health outcomes are driven by more than health; social, economic and behavioral factors all have an impact; whereby, social and economic factors strongly influence individual behavioral factors. These non-health factors contribute to disparities in health status and outcomes.⁷⁴ These conditions impact an individual’s quality of health. Addressing SDOH means not only improving an individual’s health outcomes, but also addressing overarching economic and social disadvantages and attempting to increase health equity.

The SDOH framework is utilized in this report to demonstrate how the health and non-health factors or social risks, coalesce to impact health outcomes. Kaiser Family Foundation outlines the factors into six categories:

- Economic Stability
- Neighborhood and Physical Environment
- Education
- Food
- Community and Social Context
- Health Care System

Prior to the current pandemic, several local Harris County entities including Memorial Hermann, Harris Health System, the Network on Behavioral Health Providers, the Greater Houston Coalition for Social Determinants of Health, Healthy Living Matters and BakerRipley have developed targeted programs to address local SDOH.⁷⁵ Local philanthropic dollars from groups such as the Houston Endowment and the Episcopal Health Foundation have granted funds to local partners to address SDOH and other non-medical factors.⁷⁶

Social Determinant 1: Economic Stability

The economic stability determinate focuses on living expenses, employment, and income.

Forty-five of the states and Washington, D.C. in the United States closed nonessential businesses to decrease the outbreak of COVID-19.⁷⁷ There was a massive wave of unemployment throughout the US workforce among workers who were unable to work remotely and lost wages due to the changes in business operations.

A study from the Joint Center for Housing Studies of Harvard University reported 13 million US households completely relied on wages from at-risk jobs at the start of the pandemic.⁷⁸ The at-risk jobs are defined as jobs in sectors including retail, transportation and travel, oil extraction, and recreation.⁷⁹ Most low-wage jobs cannot be performed at home, so if an individual's job is still available to be performed, the individual faces the choice of foregoing income if they do not go to work, or possibly risk contracting the disease by going to work.⁸⁰

The April US jobs report states that 20.5 million jobs have been lost since mid-March.⁸¹ As of April 2020, the jobs loss total exceeds the number of jobs lost during the Great Recession.⁸²

Prior to the pandemic, the national unemployment rate in February 2020 was at a 50-year low, with only 3.5% of Americans unemployed.⁸³ The unemployment rate in March 2020 increased to 4.4%.⁸⁴ The April 2020 unemployment rate is 14.7%, a jump of 10.3 percentage points from March. This is the highest rate and the largest over-the-month increase in the history of the series dating back to 1948.⁸⁵

Harris County Employment Data

According to the US Department of Labor and the Texas Work Force Commission, the Harris County labor force was 3,449,838 individuals in March 2020, with an unemployment rate of 5.1%. The March 2020 unemployment rate was 1.3 percentage points higher than the 3.8% unemployment rate from March 2019.⁸⁶

Between March 15, 2020 and May 16, 2020, 320,216 initial unemployment claims have been filed by residents of Harris County with the Texas Workforce Commission.⁸⁷ As shown in Table 2, approximately a cumulative 13.6% of Harris County's labor force filed for unemployment over the nine-week period.

Table 2: 2020 Initial Unemployment Claims by Week, March 15, 2020 through May 9, 2020

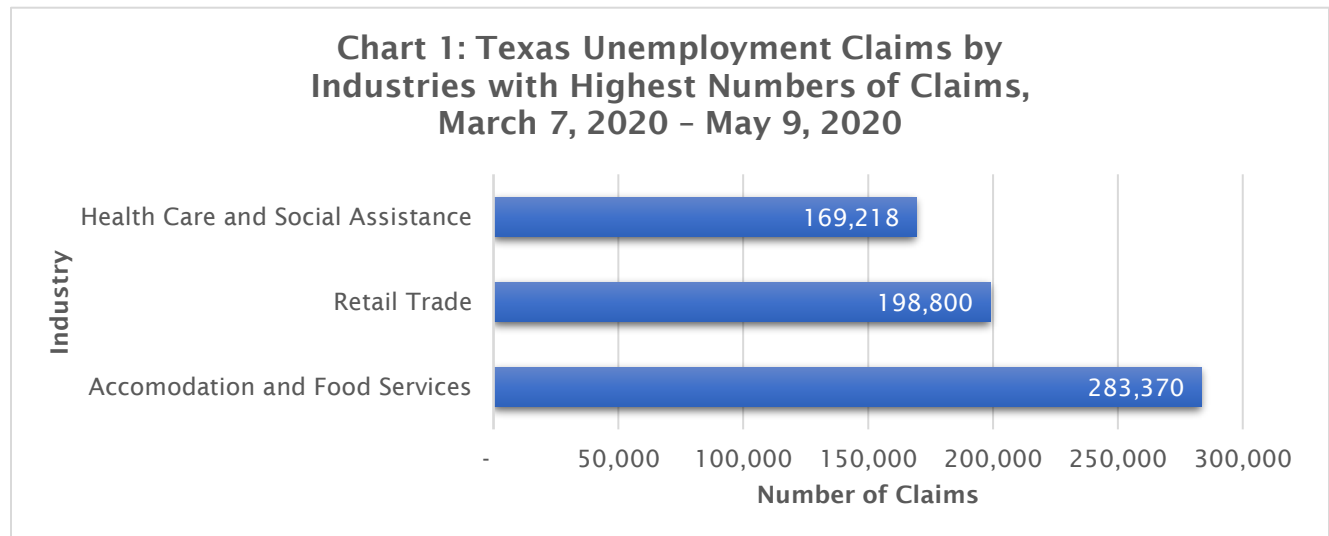
Week	Harris County Filings	Texas Filings	% of Harris Labor Force
3/21/2020	29,492	155,862	1.25%
3/28/2020	45,924	258,607	1.95%
4/4/2020	52,468	277,714	2.22%
4/11/2020	41,424	216,661	1.75%
4/18/2020	40,712	199,979	1.72%
4/25/2020	29,475	148,813	1.25%
5/2/2020	31,927	157,852	1.35%
5/9/2020	26,243	126,391	1.11%
5/16/2020	22,551	109,812	0.96%
Total	320,216	1,651,691	13.56%

Source: US Department of Labor and the Texas Work Force Commission

Impacts of COVID-19 Employment by Sector

Since March 7, 2020, the Texas Workforce Commission has reported statewide initial unemployment claims by industry. As shown in Chart 1, the three industries showing the highest percentages of total initial claims are: accommodation and food service at 17.9% of statewide claims, retail trade at 12.6% of claims, and healthcare and social assistance at 10.7% of claims. It is reasonable to expect these sectors, which employ 18.93% of Harris County’s labor force as of 2018, are also among hardest hit locally.⁸⁸

Chart 1: Texas Unemployment Claims by Industries with Highest Numbers of Claims, March 7, 2020 – May 9, 2020



Source: *Unemployment Claims by Numbers* | Texas Workforce Commission. (n.d.). Retrieved May 18, 2020, from <https://www.twc.texas.gov/news/unemployment-claims-numbers#claimsByIndustry>

The occupations, which appear most impacted by the initial COVID-19 response mandatory orders—food service, retail trade, and healthcare support—report lower median annual incomes than the overall Harris County workforce.

According to the United States Census Bureau, the median income in Harris County as of 2018 is \$36,428.⁸⁹ Table 3 highlights median income for sectors expected to see the greatest losses in employment.

Table 3: Harris County Labor Force by Occupation Sector with Median Individual Income	Civilian Labor Force	% of Labor Force	Median Annual Earnings
Civilian employed population 16 years and over with earnings	2,269,657	100%	\$36,428
Healthcare support occupations	56,856	2.51%	\$23,799
Food preparation and serving related occupations	135,108	5.95%	\$16,995
Sales and related occupations	237,682	10.47%	\$29,434

Source: U.S. Census Bureau; American Community Survey, 2018 American Community Survey 1-Year Estimates

Impact on Low-Income Households

Prior to COVID-19, it is estimated that over 30 million US residents worked in industries now considered frontline or essential workers.⁹⁰ Currently, there is not a consistent definition of which jobs are considered frontline or essential, resulting in the terms often being used interchangeably. That said, many of the jobs classified as frontline or essential are typically low-paying or have a median earnings below national median annual earnings.

The Center for Economic and Policy Research (CEPR)⁹¹ used the New York City Comptroller⁹² definition of industries considered frontline or essential:

- Grocery, Convenience, and Drug Stores
- Public Transit
- Trucking, Warehouse, and Postal Service
- Healthcare
- Building Cleaning Services
- Child Care and Social Services

The CEPR analysis finds that frontline workers in the United States are disproportionately women (64.4%) and are overrepresented by people of color (41.2%).⁹³ One-third (30.2%) of frontline workers have incomes below the poverty line.⁹⁴ Workers of color are the most represented racial group in bus drivers and transit, and the most represented in building cleaning services, trucking, warehouse, postal service, and health care occupations.⁹⁵ Many of the frontline workers (33.9%) are over 50 years old, live in low-income families (23.0%), and have obligations to care for a family (35.9%).⁹⁶ Immigrants represent over 38% of building cleaning service workers and a large share of childcare (22.6%) and social services workers (37.9%).⁹⁷

Frontline or essential workers face increased risk of contracting COVID-19 as they rarely have an option to telework and are required to continue working and commuting in high risk environments throughout the pandemic.⁹⁸

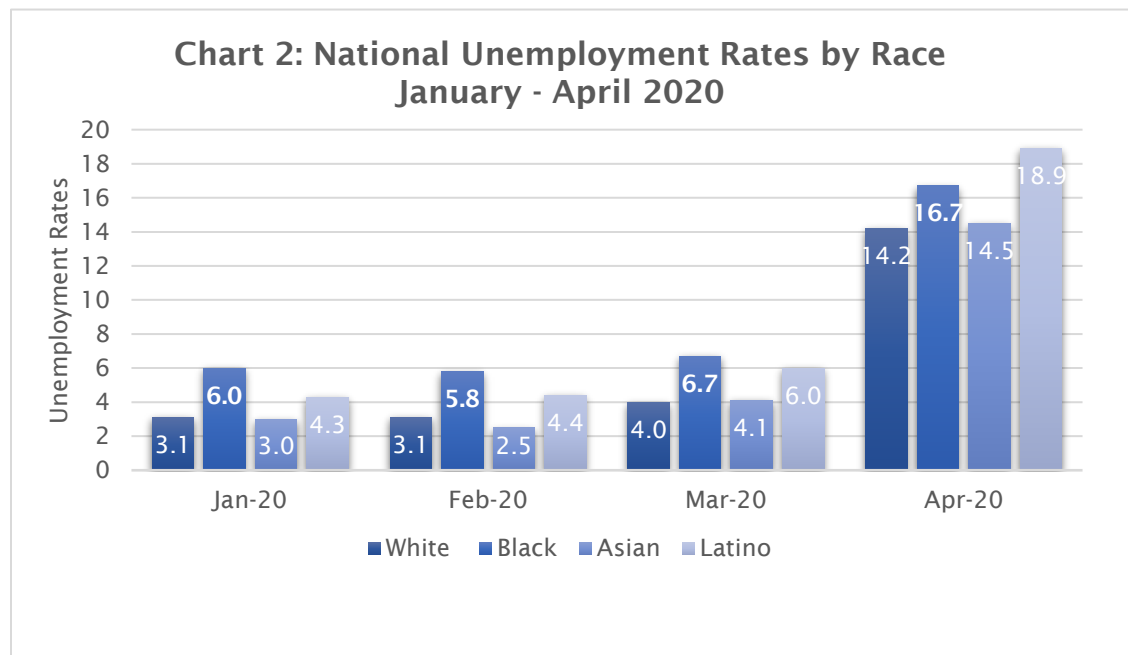
Data on frontline workers is limited in Harris County. In Dallas County, Texas, over 80% of the COVID-19 individuals hospitalized, who reported employment information, were classified as critical infrastructure workers in such industries as healthcare, transportation, public works and first responders.⁹⁹

Impact on Minority Households

Scholars have long known that race is related to both intra- and intergenerational economic mobility, or the ability that children achieve a higher standard of living than caregivers within a single and between multiple generations.¹⁰⁰ There is significant research documenting large Black-White gaps in employment and incarceration, particularly amongst black males.¹⁰¹ One study notes, “racial disparities in income are the result of historical and current discrimination, and differences in educational attainment, wages, and employment rates, among other factors.”¹⁰²

Hispanic/Latino and Blacks are over-represented in essential service industries, including low-wage health care sectors such as home health aides, nursing home staff, and hospital janitorial, food service, laundry and other sectors. These low-wage jobs often fail to provide sufficient, if any, health and social benefits such as health insurance, sick leave, childcare, or other benefits which protect higher wage workers from COVID-19 exposures.¹⁰³

Chart 2 details the national unemployment rates by race from January 2020 through April 2020. Currently, the Texas Workforce Commission only publishes local area unemployment statistics by place of residence and not by race.



Source: U.S. Bureau of Labor Statistics. Page. 15. <https://www.bls.gov/news.release/pdf/empisit.pdf>

In families with children, many women of color are mothers as well as breadwinners, meaning that they are the sole earner for their family or earn as much as or more than their partner.¹⁰⁴ One study found that 67.5% of Black mothers and 41.4% of

Hispanic/Latino mothers were the primary or sole breadwinners for their families, compared with 37% of White mothers.¹⁰⁵ The disruptions of COVID-19 impacts industries dominated by women of color, which impacts their ability to take care of their family.¹⁰⁶ In addition, women of color face longer periods of unemployment in comparison to White women and have experienced higher unemployment rates.¹⁰⁷

Minority households tend to have fewer assets and less access to financial liquidity to weather the economic fallout of the COVID-19 pandemic. Prior to this pandemic, Black and Hispanic/Latino households in the United States average \$17,100 net worth and \$20,765 net worth, respectively.¹⁰⁸ In contrast, White households in the United States average \$171,000 net worth.¹⁰⁹

Strategies

The following are examples of strategies being implemented or promoted by other jurisdictions or authoritative sources. The Commissioners Court may consider supporting the following efforts:

- **Provide hazard pay for essential workers.**¹¹⁰
- **Support financial assistance programs for families of essential workers**, who have lost loved ones from COVID-19, to help cover medical expenses, funeral expenses, and lost income.¹¹¹
- **Supply accessible childcare** for all essential workers.¹¹²
- **Fund deep cleaning subsidies, supplies, and staffing** for businesses.¹¹³
- **Support jobs programs** to get people back to work and prevent extended periods of unemployment.¹¹⁴
- **Support mortgage forbearance and repayment plans for homeowners.**¹¹⁵
- **Support direct assistance programs**, like the funds appropriated through the CARES Act and expansion of unemployment insurance programs.^{116 117}

Social Determinant 2: Neighborhood and Physical Environment

The neighborhood and physical environment determinant addresses housing, transportation, safety, parks, walkability and other built environment factors. Factors such as stable and affordable housing, access to outdoor space, and safety have an impact on health.

Impact on Low-Income Households

Neighborhoods with concentrated poverty often lack grocery stores/fresh food, adequate transportation, employment opportunities, underfunded schools and access to health care.¹¹⁸ COVID-19 heightened these economic inequities as efforts to mitigate the disease such as social distancing orders required the closure of non-essential businesses which impacted the economy.

Low-income people are more likely to live in homes with lead, pest infestations, inadequate space, mold, asbestos and poor air quality.¹¹⁹ The pandemic spurred an increase in job insecurity, job loss, and reduced hours, and produced a cascading effect in housing (increased evictions) and food insecurity across the US due to the pandemic.

A study from the Joint Center for Housing Studies of Harvard University reported the COVID-19 pandemic would affect wages for families in the United States entirely dependent on at-risk jobs.¹²⁰ Those same households are more likely (40%) to be cost-burden (spending more than 30% of income on rent and utilities) in comparison with other job types.¹²¹ A majority of renters with at-risk jobs are cost-burdened.¹²² The loss of a job would further burden the financial stability of these households by increasing the cost burden of renters and the number of low-income households.^{123,124}

Job losses due to COVID-19 in Harris County are likely impacting residents already burdened by high housing costs. Prior to the COVID-19 outbreak, the median household rent in Harris County was \$1,095 per month.¹²⁵ Approximately 96% of renter households making less than \$20,000 per year were spending greater than 30% of their income on housing expenses, and 88% of renter households earning between \$20,000 and \$34,999 were similarly housing burdened.¹²⁶ The 80% AMI the Houston area was \$42,750 for a single household and \$61,050 for a household of four.¹²⁷

The Houston Business Journal and the real estate accounting software firm Real Page LLC, report Houston saw an increase of nonpayment of rent of 8.6% compared to the year before in April 2020.¹²⁸ It is reasonable to predict that this figure will continue to rise in future months. The economic fallout of the COVID-19 pandemic has been shouldered particularly by the local industry sectors and occupations that have lower individual median incomes, and therefore, likely a greater proportion of rent-burdened households.

Low-income communities and communities of color often live in areas of high industrial air pollution, for which data suggests that individuals living in these areas are at higher risk for lung-related hospitalizations.¹²⁹ A Harvard University study on the relationship of prior constant exposure to air pollution to COVID-19 mortality found that individuals with prolonged exposure to fine particulate matter are at increased risk of COVID-19-related death.^{130, 131}

Impact on Minority Households

Decades of racial discrimination in real estate, redlining, lending practices, and federal housing policy resulted in racially segregated neighborhoods that featured poor-quality housing, a lack of investment, and low rates of homeownership.¹³²

The racial disparity also expands to renters. Extremely low-income households (ELI) are households in which the income is below the poverty level or 30% of the area median income (AMI).¹³³ ELI households are more likely to be severely house cost-burden. ELI households account for nearly 72% of cost-burden renters meaning the household spends greater than 30% on housing.¹³⁴ In the United States, a total of 20% of Black households, 15% of Hispanic/Latino households, and 10% of Asian households are considered ELI renters, compared to 6% of White households.¹³⁵

The economic fallout of the current pandemic is jeopardizing the already-precarious housing conditions for some minority households.

Strategies

The following are examples of strategies being implemented or promoted by other jurisdictions or authoritative sources. The Commissioners Court may consider supporting the following efforts:

- **Expand utility, mortgage and rental assistance relief programs for impacted individuals and families.**¹³⁶
- **Expand moratoriums on utility shut-off** as access to clean water for hygiene is critical and restore services for those shut off prior to the pandemic.¹³⁷
- **Continue routine functions of health and housing codes** to protect against new environmental health hazards.¹³⁸
- **Increase air quality** testing and inform the public whenever fine particle concentrations in outdoor air are expected to be elevated.¹³⁹
- **Continue to enforce existing air pollution regulations.**¹⁴⁰

Social Determinant 3: Education

Education is a significant social determinant that influences health over the course of a lifetime and has been shown to increase healthy behaviors and improve health outcomes. Education refers to and includes literacy, language, early childhood education, vocational training, and higher education.¹⁴¹

Research indicates that limited English language skills and low literacy are associated with lower educational attainment and worse health outcomes. Certain groups are at higher risk for having limited English language skills and low literacy, such as individuals who do not speak English at home, immigrants, and individuals with lower levels of education.¹⁴² In Harris County, 21% of the population ages 16 and older lack basic prose literacy skills, slightly higher than the state average of 19%.¹⁴³ Data from the American Community Survey (ACS) indicates that 44% of people in Harris County age 5 or older spoke a language other than English at home.¹⁴⁴ Having limited English fluency in the United States can be a barrier to accessing health care services and understanding health information such as proper medication use, and utilization of preventive services.¹⁴⁵

Early childhood is a period of immense social, emotional, cognitive, and physical development.¹⁴⁶ Access to high-quality early childhood education has been shown to yield benefits in academic achievement, behavior, educational progression and attainment, delinquency and crime, and labor market success, among other domains.¹⁴⁷ In Harris County, three in four low-income children live in zip codes in which the supply of subsidized high-quality child care falls far short of demand.¹⁴⁸

In addition to early educational interventions, access to vocational training and higher education opportunities provide a clear pathway to economic opportunity and improved health outcomes. Higher educational attainment increases the capacity for better decision making regarding one's health, and provide scope for increasing social and personal resources that are vital for physical and mental health.¹⁴⁹ Research also demonstrates that children born to parents who have not completed high school are more likely to live in an environment that poses barriers to health such as lack of safety, exposed garbage, and substandard housing.¹⁵⁰ They also are less likely to have access to sidewalks, parks or playgrounds, recreation centers, or a library.¹⁵¹ Approximately 19% of Harris County residents ages 25 and older have less than a high school diploma and 31% have a bachelor's degree or higher.¹⁵²

Impact on Low-Income Households

Due to the pandemic, every state implemented statewide school closures. Colleges and universities soon followed suit and closed. Teachers are offering coursework online and distance learning is becoming the new normal. Parents are now required to home school, if possible. In addition, states are waiving accountability assessments due to the pandemic. In April 2020, the Department of Education granted waivers of federal test requirements to all US States.¹⁵³ Many parents now working from home struggle to find childcare due to school and daycare facility closures.

These changes have a disproportionate impact on low-income households. The majority of children in low-income families have parents without any college education¹⁵⁴, which can make homeschooling difficult. Low-income households also have less access to internet services, which varies significantly by location. Nationally, more than one in six

people in poverty have no Internet access.¹⁵⁵ In Harris County, access varies by region. 10% of low-income Harris County residents lack access to internet services, however, that figure nearly doubles for residents of North Harris County (23%) and Baytown City (19%).¹⁵⁶ School closures may also have an adverse nutritional impact on Harris County schoolchildren, 80% of whom qualify for the National Free or Reduced-Provided Lunch program.¹⁵⁷

Low-income college students are negatively impacted by school closures and a depressed economy. Many low-income students rely on student aid, scholarships, and on-campus housing to make ends meet. After schools closed or moved online, many low-income college students were not able to go home due to financial challenges. Issues occurred during the abrupt transition to remote learning including finding study space, internet access, and access to instructional support.¹⁵⁸ These issues are compounded by unemployment, as students who previously relied on “nonessential” work income may now struggle to afford the costs of college.

Impact on Minority Households

Educational challenges due to COVID-19 also negatively impact minority communities, who are more likely than their White counterparts to be low-income.¹⁵⁹ As poverty increases, adoption rate of broadband decreases, especially among Black and Latino households (6.8% and 3.4%, respectively, compared to .¹⁶⁰ Broadband adoption rates in Black and Latino or Hispanic/Latino households lag behind White households by 6.8% and 3.4%, respectively. Remote learning due to COVID-19 will continue to expose the “digital divide” amongst children. Difficulty learning from home may further widen educational achievement gaps for Black students, who are less likely to be college-ready and more likely to be concentrated in schools with fewer resources.¹⁶¹ While the federal CARES Act provides loan repayment suspension and grants to college students, undocumented students are excluded from this support.¹⁶²

Strategies

The following are examples of strategies being implemented or promoted by other jurisdictions or authoritative sources. The Commissioners Court may consider supporting the following efforts:

- **Increase access to free public WiFi.** Free WiFi access for low-income neighborhoods. Since many libraries and public spaces have closed, many low-income residents do not have access to the internet. To help encourage social distancing and keep up with schoolwork, municipalities should leave the WiFi on in libraries and related buildings so people can access it from a parking lot or public space if they need it. In addition, they should work with internet providers to arrange free WiFi hotspots in low-income neighborhoods that do not have access. Recent examples include:
 - o Several internet providers have already signed the Federal Communication Commission’s Keep Americans Connected Pledge, vowing to “open Wi-Fi hotspots to any American who needs them”.¹⁶³
 - o A school district in Austin "strategically" placing 110 WiFi-equipped school buses near specific neighborhoods and apartment complexes to ensure more students can complete online lessons.¹⁶⁴

- The legislature in New Hampshire plans to use \$60 million of the \$1.25 billion the state is receiving under the CARES Act to facilitate bringing high-speed internet to underserved areas.¹⁶⁵
- **Provide laptops, tablets, and other devices** to low-income students to use for distance learning. This strategy was employed in via public/private partnership in California in April 2020.¹⁶⁶
- **Require school districts to provide school meals** or meal vouchers to students eligible for free or reduced priced meals during school closures. This strategy was enacted in New Jersey (AB3840).¹⁶⁷
- **Establish a public school digital content and curriculum fund** to provide classrooms with digital content and curriculum that directly impacts student achievement and improve performance. This strategy was enacted in Idaho (HB 576).¹⁶⁸
- **Provide credit or refunds for unused on-campus student housing and meal plans** for college students. This strategy was proposed in New Jersey (AB 3927)¹⁶⁹ and New York (AB 10285)¹⁷⁰.
- **Provide emergency grants to undocumented college students to help cover the costs of college** (including housing, food, transportation). This strategy was employed by the University of California and the California State University.¹⁷¹
- **Support policies that guarantee teaching continuity.**¹⁷² This may include ensuring all students have access to a teacher, lessons, and technology and **offering summer school courses or a “bridge year” to help disadvantaged students catch up.**¹⁷³ This strategy was proposed in several states such as New Jersey¹⁷⁴ and New York.¹⁷⁵

Social Determinant 4: Food

Most American households have consistent, dependable access to enough food to support active, healthy living. However, each year a proportion of people experience food insecurity at some point, meaning their ability to adequately provide food and nutrition is limited by a lack of resources.¹⁷⁶ In 2018, the United States Department of Agriculture (USDA) estimated that, at some point, 37 million individuals, including 11 million children, experienced food insecurity.¹⁷⁷

The established determinant of food insecurity includes poverty, unemployment, incarceration, disability and age. Structural racism and disparate access to resources compounds these factors and exacerbates the difficulties individuals and families face accessing healthy food.

Impact on Low-Income Households

The health impacts of food insecurity are greater among low-income communities, compounded by the fact that individuals in these communities are more likely to have diet-related health conditions and overall poorer health.¹⁷⁸

Additionally, low-income individuals typically cannot afford to purchase food in bulk and do not receive the value benefit of bulk purchasing. Feeding America projects that as unemployment increases, adult poverty, child poverty and adult and child food-insecurity rates will also increase.¹⁷⁹

According to research from the Federal Reserve Board, 40% of Americans would struggle to pay an emergency bill of \$400.¹⁸⁰ The response to COVID-19 has had simultaneous contradictory impacts on low-income communities. Low-wage workers are both more likely to lose jobs in retail, restaurants, and certain health care sectors, but also more likely to be deemed essential in food production (farm labor and meat packing), food delivery, construction, care services and janitorial services. Workers in both categories face economic risks in the current pandemic. Job loss is a shock in terms of lost income and can cause families to struggle to meet the nutritional needs of all members.

Due to COVID-19, 230,000 Texas families filed for Supplemental Nutritional Aid program food assistance in the month of March. This number is up from around 114,000 applicants during the same time last year.¹⁸¹ Texas Health and Human Services (HHSC) temporarily waived renewal requirements for Medicaid and Supplemental nutritional aid program during the crisis.¹⁸²

Low-wage essential workers may not have paid sick time or health care through their job (instead relying on Medicaid or remaining uninsured) and therefore illness, as a result of increased exposure to the virus, has the potential to be an insurmountable healthcare expense. In both cases, the pandemic may exacerbate families' economic insecurity and lead to increased food insecurity.

As discussed in previous sections, low-income communities are more likely to be located farther away from quality sources of healthy food, and are more likely to live in food deserts.¹⁸³ In 2018, over 38 million individuals participated in supplemental nutrition assistance program (SNAP)¹⁸⁴ and 6.4 million participants in Women, Infants and Children (WIC)¹⁸⁵ in an average month. Compounding this, low-income children are not

currently receiving meals that were previously provided at school. About 12.5 million breakfasts and 22 million free and reduced-price lunches and were served in school each day during FY2018 according to USDA data from the National School Lunch Program.¹⁸⁶

The Houston Chronicle reported that 75% of the almost 200,000 Houston Independent School District (HISD) students were eligible for free and reduced meals, which enabled HISD to enroll in the USDA program to provide breakfast, lunch and dinner to all students.¹⁸⁷ With students out of school, low-income families may not be able to afford those additional meals at home. HISD is providing links to food charities and resources, as well as partnering with local food charities to distribute food to families who need it.

Impact on Minority Households

Households in communities of color are more likely to be food insecure. Single parent households, especially those led by women, and households with disabled individuals also experience significantly higher rates of food insecurity.¹⁸⁸

Minority communities across education levels are more likely to be unable to meet an emergency expense, therefore the likely stressors of COVID-19 will fall disproportionately on communities of color.

According to the American Community Survey for 2018, in Harris County there were 203,849 households that received SNAP benefits for some portion of the year. Of that, 34.2% were Black, 47% were Hispanic/Latino (of any race) and 14.4% non-Hispanic/Latino or White alone compared to the overall estimate for households of Harris County in which 20.4% were Black, 32.1% were Hispanic/Latino (of any race) and 40.4% were non-Hispanic White. Appendix B outlines the Harris County SNAP enrollment demographics. These statistics are prior to the COVID-19 response.

Similar to the impacts on low-income communities, minority communities are more likely to have outlets that promote unhealthy eating, fast food and convenience stores, compared to grocery stores and farmer's market.¹⁸⁹ Research indicates that these food environments make it difficult for minority communities to form long lasting healthy eating habits, compared to White communities.

Like in low-income communities, minority children are more likely to attend schools with higher levels of free and reduced meal programs. This means that they are particularly at risk for food shortages with school closures. Minority communities are particularly at risk to economic stressors, those stressors in turn cause food stress.

Strategies

The following are examples of strategies being implemented or promoted by other jurisdictions or authoritative sources. The Commissioners Court may consider supporting the following efforts:

- **Supplemental funding for school districts** in continuing to provide school lunches to children in need. For example, the Families First Coronavirus Response Act of 2020 provided funding to agencies for children, who are eligible to receive free or reduced-price meals, if not for school closures. Under this Act, the State

of Texas received one billion dollars to provide meals to children eligible for free/reduced priced lunch.^{190 191}

- **Support free food distribution sites** to combat hunger.¹⁹²
- **Streamline SNAP enrollment** by implementing electronic signatures to reduce barriers to enrollment.¹⁹³
- **Expand of the monthly SNAP issuance cycle** to accommodate reduced retailer operations.¹⁹⁴
- **Promote the SNAP online purchasing pilot** approved for Texas in April which allows SNAP recipients to order food online from Amazon and Walmart.¹⁹⁵
- **Implement of the Elderly Simplified Application Program**, which creates a 36-month certification and recertification without the interview requirements.¹⁹⁶
- **Support grants directly to local food banks.** For example, the Governor of Pennsylvania announced grants to non-profit food security organizations of up to \$200,000 for the purchase of equipment for the recovery, processing, storage or transportation of food through. These grants are intended to enable food banks the ability to increase capacity to recover and process food that may otherwise be wasted as companies and supply-chains react to the COVID impacts.¹⁹⁷

Social Determinant 5: Community and Social Context

The community and social context determinant includes factors such as social integration, community engagement, discrimination, and stress. It highlights how the connections to an individuals' community and environment can impact their wellbeing and overall health.¹⁹⁸ Pandemics are “sustained in a community/population because of harmful social conditions and injurious social connections.”¹⁹⁹ Any disease crisis, especially a pandemic, must be understood using an analysis of both physiological (i.e. the disease) and psycho-social (i.e. community structural, social, behavioral) circumstances.

Social integration refers to a process of largely agreeing on a shared system of meaning, language, and culture in a society and may be measured through social network, language, and intermarriage.²⁰⁰ Social integration and social networks operate at the behavioral level that influence health outcomes such as tobacco consumption, high-risk sexual activity, exercise, medical adherence, and exposure to infectious disease agents such as HIV.²⁰¹ One of the most notable impacts of the strength of social integration within a community is the prevalence of suicide mortality²⁰², which varies inversely with degree of integration of the social groups of which the individual forms a part.²⁰³

Community engagement refers to the involvement of communities in decision-making and in the planning, design, governance and delivery of services.²⁰⁴ Community engagement activities can take many forms, including service user networks, health-care forums, volunteering or interventions delivered by trained peers.²⁰⁵ Community engagement serves as an intermediary step to create the conditions for a healthy society.²⁰⁶ Community engagement interventions are effective in improving health behaviors, health consequences, participant self-efficacy and perceived social support for disadvantaged groups.²⁰⁷ As it relates to democratic accountability and governance, community engagement is considered a feature of an equitable society.

Discrimination is most often attributed to race, sexual orientation, gender, and gender identity, but can be directed toward individuals or communities with a variety of physical and social attributes such as age, body size, ability, social class, or religion—as well as the multiple intersections thereof.²⁰⁸ Racism and ethnic discrimination cause unfair inequalities in power, resources, and opportunities which can lead to poorer health outcomes and poorer mental health.²⁰⁹ People who are poor and people of color are disproportionately impacted by discriminatory policies and practices that, over generations, have created barriers to good health.²¹⁰ Experiences of everyday discrimination are associated with depression, anxiety symptomology, general psychological distress, and diagnosed psychiatric mental illness.²¹¹ Chronic stress can produce harmful physiological responses. Discrimination has been associated with health-harming behaviors such as alcohol and tobacco consumption, and worse sleep quality, as well as more serious cardiovascular events such as higher blood pressure and heart rate variability.²¹²

Americans are reporting significant and sustained increases in symptoms of depression and anxiety related to the COVID-19 pandemic.²¹³ Stay home orders and other social restrictions may disproportionately impact low-income and minority communities, who already experience risk factors for poor mental health,²¹⁴ lower levels of social integration and higher levels of chronic stress.

Impact to Low-Income Households

Many low-income households are concentrated in decaying urban neighborhoods where they become increasingly socially isolated from mainstream society and live in a world where long-term unemployment, welfare dependence, and crime have become the norm.²¹⁵

The decline of social integration in low-income communities has led to low electoral participation.²¹⁶ As statewide and national elections near, the inability to vote by mail may deter people from participating in the election due to fear of contracting COVID-19—which has been associated with in-person voting in the Wisconsin Primary elections in April.²¹⁷ Health concerns and historically low-levels of electoral participation may further the socio-economic gap in this year’s elections.

Low-income individuals may also be at a greater risk of contracting COVID-19. The risk factors common in low-income communities and poverty-stricken households expose families to chronic stress, which is typically associated with suppression of the immune system, including impaired responses to infectious disease.²¹⁸

Impact to Minority Households

Because racial and ethnic minorities are overrepresented in low-income neighborhoods, they face many of the same barriers as low-income individuals (identified above).

Minorities may also have lower electoral participations rates in 2020, as they are historically unrepresented in voter turnout (particularly Asian and Hispanic/Latino voters).

The health effects of COVID-19 are compounded by existing racial health disparities found disproportionately in the Black community, such as heart disease, hypertension, diabetes, and asthma.²¹⁹ In addition, the harmful physiological responses associated with chronic stress from discrimination (noted above) further exacerbate minorities’ ability to respond to illnesses. These outcomes are supported by one New York study, which notes that Black and Hispanic/Latino individuals have higher COVID-19 death rates.²²⁰

Strategies

The following are examples of strategies being implemented or promoted by other jurisdictions or authoritative sources. The Commissioners Court may consider supporting the following efforts:

- **Expand election preparations.** The CARES Act allocated \$400 million to states for 2020 Election preparations.²²¹ The Brennan Center for Justice recommendations include the following:²²²
 - o polling place modification and preparation
 - o expanded early voting
 - o a universal vote-by-mail option
 - o voter registration modification and preparation, including expanded online registration
 - o voter education and manipulation prevention

- **Reduce prejudice and discrimination** through diversity and inclusion training initiatives concerned with promoting positive relations through challenging stereotypes and 'myths' about out-groups. This may involve groups being in direct contact with each other, for example pupils from different faith schools taking part in shared learning, or peer discussion between different groups on topics that might be said to create divisions and tensions (such as certain historical events).²²³
- **Promote social integration** by increasing the proportion of adolescents who have an adult in their lives with whom they can talk about serious problems.²²⁴
- **Support efforts to connect with people who are typically marginalized and socially isolated** including undocumented, elderly, persons experiencing homelessness and those with mental illness. Train nontraditional groups to provide support.²²⁵
- **Conduct education programs to help people make wise choices** to improve nutritional intake, increase their physical activity, and control their weight.²²⁶
- **Create walking clubs** and work with community groups to introduce healthy menus and cooking methods Promote community gardening groups.²²⁷
- **Work with local grocery stores and convenience stores** to help them increase the amount of fresh fruits and vegetables they carry.²²⁸
- **Establish farmers' markets that accept food stamps** so that low-income residents can shop there.²²⁹
- **Work with the city or county to identify walking trails, parks, and indoor sites** where people can go to walk, and publicize these sites.²³⁰

Social Determinant 6: Health Care System

Traditionally, the health care system was focused on clinical and patient care. Now, research shows that screening and addressing upstream issues in the health care delivery setting is crucial to improving patient health. Provider-level activities are being tailored to identify and address non-medical needs of patients.²³¹ The health care system determinant also addresses health coverage, access to providers, cultural competency and quality of care.

Access to care was an issue for some communities in Harris County prior to the COVID-19 pandemic. A federal program through the Health Resources and Services Administration (HRSA) identifies geographic areas and populations with lack of access to primary care services. As of 2019, there are about 15 communities in Harris County identified with reduced access to primary care services.²³² These neighborhoods faced a sundry of risks to optimal health prior to the pandemic.

Telemedicine encountered administrative barriers, such as geographic restrictions, modality requirements, and reimbursement issues prior to the pandemic.²³³ With the COVID-19 pandemic, there has been a surge in adoption of telemedicine.²³⁴ The pandemic has highlighted the usefulness and effectiveness of virtual care solutions. Medicare and Medicaid rules across the country have relaxed regulations thus allowing patients the ability to utilize telemedicine services.²³⁵

Impact to Low-Income Households

It is estimated that nearly 27 million workers could lose access to their employer-sponsored health insurance due to COVID-19.²³⁶ Around 1.6 million Texans could lose their insurance due to job loss.²³⁷ In 2018, prior to the pandemic, Texas was the state with the highest uninsurance rate in the United States, with 4.7 million people under age 65 uninsured.²³⁸

In Harris County, an estimated 22% of people below the age of 65 were uninsured. The Urban Institute estimates that 59% of those uninsured made less than 138% of the federal poverty level.²³⁹ Around 192,000 of the uninsured would have been covered if Texas were to expand eligibility for Medicaid under the Affordable Care Act.²⁴⁰

Prior to COVID-19, less than one-third of low-income workers obtain employer sponsored insurance compared to almost 60% of higher-income workers.²⁴¹ Only about 30% of low-wage workers have access to paid sick leave unlike high-wage earners who are three times as likely to have access to paid sick leave.²⁴²

It is estimated that 65% of the uninsured population in Harris County is Hispanic/Latino; 13%, Black; and 8%, NHOPI. About 71% of the uninsured are from working families, and 71% of the uninsured population has a high school diploma or less.²⁴³

Hispanics/Latinos are much more likely to be non-citizens and face unique challenges to accessing health care. As mentioned earlier in this memo, local Hispanics/Latinos are more likely to forgo care due to cost of service, not have a primary care provider or a usual source of care.²⁴⁴

Impact to Minority Households

Delays in available COVID-19 testing in and quality treatment for communities of color may be fueling the disparate impact of the pandemic on these communities. One analysis found six-fold higher rates of COVID-19 testing in high-income neighborhoods in Philadelphia despite higher COVID-19 positive tests in poorer Black neighborhoods.²⁴⁵

National Public Radio investigated public testing locations for the six largest cities in Texas and found out that four of the six are disproportionately locating testing sites in Whiter neighborhoods. San Antonio and Houston were the only cities with testing more equitably distributed.²⁴⁶

According to data from the American Public Media (APM) Research Lab, which compiled data from 40 states and the District of Columbia²⁴⁷, calculated several mortality statistics from the available COVID-19 race and ethnicity data.²⁴⁸ The highlights from the data points are below.^{249 250}

- **Blacks** face a higher COVID-19 mortality rate—2.2 times higher than the rate for Hispanics/Latinos and Asians, and 2.4 times higher than the Whites. Blacks represent 13% of the state populations for states reporting data, yet they accounted for 25% of the COVID-19-related deaths. Blacks were over-represented in COVID-19 deaths in 29 of the 41 jurisdictions.
- **Hispanic/Latinos** mortality rate for COVID-19 is 16.4% in the United States, and they represent 18.5% of the population.
- The mortality rate for **Asian Americans** is 5.3%, in the locations sharing data, and they represent 5.3% of the population.
- **Whites** represent 61.7% of the population and represent 49.3% of reported deaths, where data has been shared.

Strategies

The following are examples of strategies being implemented or promoted by other jurisdictions or authoritative sources. The Commissioners Court may consider supporting the following efforts:

- **Lobby to expand federal partners to support supplemental funding providing for the Social Services Block Grant (SSBG).**²⁵¹ SSBG is a uniquely flexible federal funding stream for states and counties, requiring no local match and supporting nearly 30 different types of services for vulnerable populations. Supplemental disaster assistance funds were allocated to address Hurricanes Katrina, Rita and Sandy.²⁵²
- **Request for a special enrollment period (SEP) on the Health Insurance Marketplace and offer grace periods for premium payments.**^{253 254}
- **Request approval of amendments to the state's Medicaid and CHIP requirements or administrative actions during the emergency.**²⁵⁵
 - o Request approval of Medicaid Disaster Relief State Plan Amendments (SPAs) related to the COVID-19 National Emergency. The Disaster Relief SPA allows states to make temporary changes to their Medicaid state plans and address access and coverage issues during the COVID-19 emergency.
 - o Temporarily expand Medicaid eligibility²⁵⁶ or implement similar program to the Disaster Relief Medicaid Program, which offered temporarily public health insurance after the 9/11 terrorist attacks.²⁵⁷

- Request amendments for Centers for Medicare and Medicaid Services (CMS) Waivers such as the
 - 1135 (to waive or modify certain Medicare, Medicaid, and CHIP requirements to ensure that sufficient health care items and services are available to meet the needs of Medicaid enrollees in affected areas.), or
 - 1115 can extend flexibilities under 1915(c) in which States can use Appendix K to amend either of these Medicaid home and community-based services (HCBS) waivers to respond to an emergency. States can modify or expand HCBS eligibility or services, modify or suspend service planning and delivery requirements, and adopt policies to support providers.²⁵⁸
- **Freeze individuals' insurance status** as of April 1, 2020 to keep people on existing health plan and remain on plan until the end of the public health emergency.²⁵⁹
- **Promote social distancing messages in easy literacy levels** in several languages in a culturally sensitive manner.²⁶⁰
- **Create targeted COVID-19 messaging** to address the stigma associated with the virus.
- **Set up testing sites in communities of vulnerable people**, walk-up testing sites and/or offer transportation to get tested elsewhere.^{261 262}
- **Waive cost-sharing for COVID-19 treatment and vaccine, once available.**²⁶³
- **Expand telehealth services** including expanded delivery, reimbursement parity, waive cost-sharing, amend requirements for coverage of telehealth services.²⁶⁴
- **Offer or expand local and statewide paid sick leave and medical leave** due to COVID-19 infection or exposure.^{265 266}
- **NYC Comptroller recommends the following for frontline workers** including guaranteeing healthcare, free protective gear and priority access to COVID-19 testing and strengthening the safety net for independent contractors as well as non-citizens and undocumented persons by providing insurance.²⁶⁷

Appendix A: State of Texas and Harris County Local Orders

Date	Issuing Authority	Guidance
March 5, 2020	County Judge	Stay home if sick, wash hands or use hand sanitizer, if soap and water are not available.
March 11, 2020	County Judge	Issued a Declaration of Local Disaster for Public Health Emergency to allow Harris County to take measures to reduce the possibility of exposure to COVID-19 and promote the health and safety of Harris County residents in accordance with Section 418.108(a) of the Texas Government Code.
March 12, 2020	County Judge	Stay home if sick, implement social distancing, community gatherings over 250 people should be canceled, issued guidance for people at higher risk (60 years and older, underlying health conditions, weakened immune systems, and pregnant women), workplaces should maximize telecommuting options, and limit interactions at senior and assisted living facilities.
March 13, 2020	Governor	Issued a Declaration of State of Disaster to take additional steps to prepare for, respond to, and mitigate the spread of COVID-19 to protect the health and welfare of Texans in accordance with Section 418.014 of the Texas Government Code.
March 17, 2020	Commissioners Court	Harris County Commissioners Court extended the Declaration of Local Disaster for Public Health Emergency to March 25, 2020 in accordance with Section 418.108(b) of the Texas Government Code.
March 19, 2020	Governor	Issued the first Public Health Disaster Declaration released in the State of Texas since 1901 and an Executive Order which, among other things, prohibits Texans from gathering in groups of more than ten persons.
March 24, 2020	County Judge and City Mayor	Issued official "Stay Home, Work Safe" Order advising non-essential businesses to shut down and residents to stay home except for essential activities. Effective through April 3, 2020.

Date	Issuing Authority	Guidance
March 24, 2020	Commissioners Court	Harris County Commissioners Court extended the Declaration of Local Disaster for Public Health Emergency to April 29, 2020 in accordance with Section 418.108(b) of the Texas Government Code.
March 31, 2020	Governor	Issued Executive Order GA-14 implementing Essential Services and Activities Protocols through April 30, 2020 and expanding the social-distancing restrictions and other obligations for Texans that are aimed at slowing the spread of COVID-19, including limiting social gatherings and in-person contact with people other than those in the same household.
April 3, 2020	County Judge	Extended the Stay Home, Work Safe Order effective April 4, 2020 through April 30, 2020.
April 17, 2020	Governor	Issued Executive Order GA-16 to replace Executive Order GA-14 and included the same social-distancing restrictions and other obligations for Texans according to federal guidelines that are aimed at slowing the spread of COVID-19.
April 27, 2020	Governor	Issued Executive Order GA-18 to replace Executive Order GA-16, and providing among other things, that every person in Texas shall, except where necessary to provide or obtain essential services or reopened services, minimize social gatherings and minimize in-person contact with people who are not in the same household in accordance with guidance from DSHS Commissioner Dr. Hellerstedt and to achieve the goals established by the President to reduce the spread of COVID-19.
April 28, 2020	Texas Supreme Court	The Texas Supreme Court issued its Twelfth Emergency Order regarding the COVID-19 State of Disaster, which provides, in part, that “[s]ubject only to constitutional limitations, all courts in Texas may in any case, civil or criminal—and must to avoid risk to court staff, parties, attorneys, jurors,

Date	Issuing Authority	Guidance
		and the public—without a participant’s consent:...modify or suspend any and all deadlines and procedures, whether prescribed by statute, rule, or order a stated period ending no later than 30 days after the Governor’s state of disaster has been lifted.
April 28, 2020	Commissioners Court	Harris County Commissioners Court extended the Declaration of Local Disaster for Public Health Emergency to May 20, 2020 in accordance with Section 418.108(b) of the Texas Government Code.
April 28, 2020	County Judge	Issued an Amended Order regarding the Use of Face Covering which, among other things, encourages individuals to continue to maintain social distance of at least six feet when outside their residences and in a public place.
May 1, 2020	County Judge	Issued to further the goals and policies of the State of Texas as set out in Executive Order GA-18. Gyms, fitness centers, public swimming pools, interactive amusement venues and other facilities that are used or intended to be used for any type of training, martial arts, sport, recreation, barbers, hair salons, nail salons, cosmetology services, spas, massage businesses, tattoo studios, piercing studios, concert halls, live performance theaters, arenas, stadiums, game rooms, bowling alleys, arcades, and bingo halls shall remain closed. Effective until 11:59 p.m. on May 20, 2020.
May 5, 2020	Governor	Issued Executive Order GA-21, which replaces Executive Order GA-18 and relates to the expanded reopening of services as part of the safe, strategic plan to <i>Open Texas</i> in response to the COVID-19 disaster.

Date	Issuing Authority	Guidance
May 7, 2020	Governor	Issued Executive Order GA-22, which amends Executive Order GA-21 in part as follows: Executive Order GA-21, as it pertains to cosmetology salons, hair salons, barber shops, nail salons/shops, and other establishments where licensed cosmetologists or barbers practice their trade, is hereby amended to immediately reopen, retroactive to April 2, 2020, such salons, shops, and establishments to the extent necessary to supersede and nullify the existence of any prior or existing state or local executive order.

Source: *Stay Safe*. (n.d.). Retrieved May 14, 2020, from <https://www.readyharris.org/Stay-Safe>

Appendix B: Harris County SNAP Demographics

Appendix B: Harris County SNAP Demographics				
Harris County, Texas	Total Households		Households receiving food stamps	
	Total	Percentage	Number	Percentage
Total	1,443,611		203,849	
White	934,016	64.7%	101,925	50.0%
Black	294,497	20.4%	69,716	34.2%
American Indian and Alaska Native	5,774	0.4%	1,631	0.8%
Asian	86,617	6.0%	7,746	3.8%
Some other race	101,053	7.0%	20,385	10.0%
Two or more races	20,211	1.4%	2,446	1.2%
Hispanic or Latino origin (of any race)	463,399	32.1%	96,828	47.5%
White alone, not Hispanic or Latino	583,219	40.4%	29,354	14.4%

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