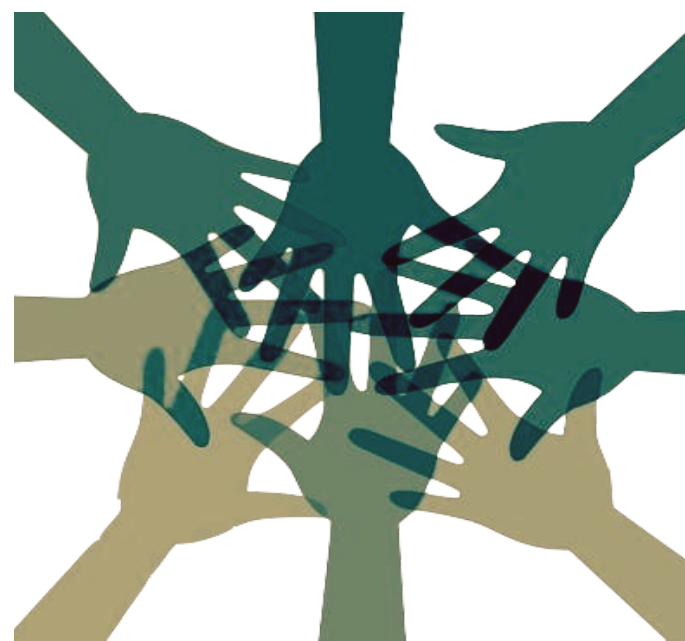


COVID-19: Emerging Community Needs & Policy Solutions

A Community Leaders Forum:
Report and Call to Action

A discussion on community needs and policy changes marginalized and underserved communities need to see in order to address COVID-19 inequities.



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Executive Summary

In response to the ongoing COVID-19 pandemic and its disproportionate impact among Black, Brown and Indigenous communities as well as other communities of color and many marginalized and underserved groups both in the United States and globally, Health Equity Initiative, a member-driven nonprofit membership organization, designed, organized and hosted a Community Leaders Forum to highlight the experience and insights of community leaders from across the United States. The Forum took place on July 8, 2020 and focused on (a) how the coronavirus underscores many of the challenges and health and social inequities we already knew existed, (b) emerging community needs in light of the COVID-19 pandemic, and (c) community-driven ideas for policy solutions that may address emerging needs and priorities that contribute to COVID-19 inequities.

The Forum is the first in a series of upcoming discussions and events. It's also an important component of Health Equity Initiative's long-standing capacity building and advocacy efforts in support of raising the influence of community voices on health equity solutions.

Several themes emerged from the discussion. First, the importance of addressing food insecurity and the limited availability of healthy food, which in many communities have worsened during COVID-19 due to increased financial instability and loss of employment and may also have a negative impact on the severity and rates of chronic conditions. Second, the underfunding of local hospitals that attend to communities of color and other marginalized communities, which is an important contributing factor to poor COVID-19 outcomes among these groups. This is also compounded by the existing lack of trust in the healthcare and social systems among communities of color, immigrants, and other key groups, which unfortunately have reasons to believe that implicit bias, such as in the form of

racism or xenophobia, and a history of racial and social discrimination in healthcare settings, may influence quality of care and the allocation of scarce life-saving resources if they had to contract COVID-19. Specifically, immigrants may not use health services because of fear of legal consequences and deportation, and Black people have feared that white people and other groups may be prioritized in the use of scarce resources (e.g., ventilators, PPEs) within local hospitals.

Other emerging issues include the increasing stigma toward people living in homelessness or with a substance use disorder, which complicates the ability of local community-based organizations (CBOs) to attend to the needs of these populations during COVID-19; and a spike in loneliness and its mental health impact among elderly people and other isolated community members. In addition, the many barriers to virtual doctor visits and telehealth (e.g., limited health or media literacy, or the poor quality of internet connection in many underserved neighborhoods that have been "redlined") is a driver of inequities as telehealth is increasingly being used for medical care during these pandemic times. An underlying theme is the importance of local CBOs not only in attending to community-specific needs but also in designing the kinds of solutions and policy changes these communities need. Therefore, prioritizing funding of local CBOs is a strategic imperative. This report and call to action include the discussion from the Forum, and features recommendations for policy solutions that are grounded in the experience of the community leaders who participated.

Participant List

Moderators:

Renata Schiavo, PhD, MA, CCL, Health Equity Initiative

Tonya Lewis Lee, JD, Entrepreneur, Producer, Writer, Advocate, Health Equity Champion, and Founder, Movita

Speakers:

Amy Vu, RD, MPH, FEAST, Los Angeles, CA

Annette Roque-Lewis, La Nueva Esperanza, Brooklyn, NY

Paulette Spencer, MPH, MA, Bronx Community Health Network, NY

Teneasha Washington, PhD, National Center on Health, Physical Activity and Disability, Birmingham, AL

Call to Action and Policy Recommendations

The call to action and policy recommendations described below aim to achieve improved outcomes for communities of color, and other marginalized and underserved groups during COVID-19 and beyond. The following recommendations emerged from the discussion with the community leaders who participated in this July 8, 2020 Forum and reflect Health Equity Initiative’s commitment to listening and giving voice to the needs of marginalized communities. The recommendations are directed at policymakers, organizational leaders, grant-making organizations, and/or other leaders and organizations across professions and disciplines who can affect much needed change to mitigate the impact of health, racial, and social inequities during and after the COVID-19 pandemic. Health Equity Initiative will continue to explore each of these themes in detail in future events and resources.

1) Increase awareness of rising food insecurity, unemployment, and financial vulnerability among Black and Brown communities, other communities of color, and other marginalized and underserved groups, such as immigrants, people living in homelessness or with a chronic condition or with a substance use disorder. Engage the public, policymakers and other leaders in your community via tailored awareness and advocacy efforts.

2) Develop a plan to mobilize and increase resources for hospitals and other clinical services in underserved neighborhoods. Map existing resources and needs, tell patient stories, address gaps, focus on collective benefits of strengthening the capacity of local clinical resources re: COVID-19 mitigation.

3) Address implicit bias and health inequities in the healthcare system. Design and develop guidelines and processes to recognize and mitigate the impact of racial and social bias in resource allocation, quality of care, and patient outcomes within the healthcare system.

4) Develop interventions and prioritize funding to address the increase in loneliness

during the pandemic and its mental health impact among people living with disability, and other marginalized communities.

5) Address the digital divide as it relates to quality of and access to the Internet in underserved neighborhoods. Develop a comprehensive plan to improve Internet quality in “redlined” neighborhoods, build health literacy and media literacy skills among disenfranchised community members, discuss implications for telehealth, education, social connectedness and others during COVID-19 and beyond.

6) Expand the reach of and access to public and healthcare services available to immigrants to make sure they feel comfortable with seeking medical attention and preventative services during COVID-19, and to address any other health condition or social issue. This would benefit the general population by improving the overall health status in the United States, and would also improve immigrant health outcomes and well-being.

7) Prioritize grant-giving to community-based organizations (CBOs) to support the essential services they provide to protect and

maintain the health of underserved and marginalized communities. Increased funding would not only strengthen public health services, but also increase respect and recognition for the important role CBOs play in the health and well-being of our communities.

8) Improve access to and affordability of healthcare services to mitigate the impact of healthcare bills among low-income communities, which is especially important during a global pandemic. Develop a national plan to expand affordability and access of healthcare services to all.

9) Continue to expand access to the Supplemental Nutrition Assistance Program (SNAP) by relaxing application requirements. This policy has shown to be very effective in many states during this pandemic time in attending to the needs of vulnerable populations, and should continue to be supported in the long-term.

Forum Discussion

Moderators: Renata Schiavo, PhD, MA, CCL & Tonya Lewis Lee, JD

Participants: Paulette Spencer, MPH, MA, Teneasha Washington, PhD, Annette Roque-Lewis, Amy Vu, RD, MPH

RENATA SCHIAVO: Welcome, everyone. I'm Renata Schiavo, and serve as the founder and president of the board of directors at Health Equity Initiative. Thank you all for participating. We know it's a very difficult and busy time for everyone. Thank you to Tonya for being here today and for her championship of health equity.

As you know, Health Equity Initiative is a member-driven nonprofit membership organization. By bringing together and enlisting the public and private sector, as well as professionals and communities that have both a stake and an influence in the different social determinants of health, Health Equity Initiative advocates for solutions to improve conditions and ultimately advance equity in health for all. Today's community leader forum is very important to our organization, as it is an important step forward in our capacity building and advocacy efforts.

Since our inception, Health Equity Initiative has considered community engagement and multi-sectoral partnership as key areas of focus, and has centered our work on recognizing the expert in everyone. By providing a forum for communities and their leaders to speak for themselves, we advocate for making sure that health equity-related interventions are inspired by the needs, priorities, and preferences of such communities.

Here at Health Equity Initiative, we recognize that COVID-19 has exposed many existing inequities. Marginalized communities, Black and Brown communities, as well as other communities of color have been disproportionately affected by COVID-19. This has finally brought health equity to the forefront of public discourse, which for a lot of us is exciting. It's also a very frustrating moment because I feel everyone should have

paid attention before to the many racial, social, and health inequities in our society. "Where have many people been? Didn't they know?"

Most of the current discussions and policy solutions have involved only very large organizations. Here at Health Equity Initiative, we recognize that it is crucial to listen to the voices of community leaders to ensure that all of the interventions and policies we endorse, design, and/or help form are shaped by the voices of community leaders.

With that said, I want to welcome Tonya Lewis Lee, an entrepreneur, producer, writer, advocate, health equity champion, the founder of Movita, and a mom. We are grateful for her friendship with Health Equity Initiative. Thank you, Tonya.

TONYA LEWIS LEE: Renata, thank you so much. Thank you Health Equity Initiative for inviting me to participate in this important conversation. I want to welcome and thank all of our panelists for being here to talk about how COVID is disproportionately impacting our communities, and specifically what's going on in your communities. As Renata said, it's really important to do this work, community up. It's important that we understand what's happening in your communities so that we can really serve you.

Before COVID began to ravage our country, we were already in a health crisis. This isn't new. We knew about the high rates of disparities, particularly in infant and maternal health, which are both my areas of focus and the key indicators of the health of a nation, and that the United States was not doing well. We're the only industrialized nation in the world where maternal death is on the rise, especially among black women.

When COVID hit, we knew the healthcare system was weak to begin with, and we knew it was biased as well. It was inevitable that the disparities we have seen across the board would show up with COVID on the loose. What was astonishing to me, as Renata alluded to, was that as the data began coming in, it was a shock and a surprise to so many in the media, to our TV doctors, and some of our so-called leaders. Night after night they asked, "Why is this happening? How can this be?"

On the one hand, I was happy about the conversation. As Renata said, at least many people finally understood that this was an issue. However, I was also frustrated. The discussion seemed to stall at the idea that Black and Brown communities index higher when it comes to obesity levels, that we have underlying conditions which contribute to our deaths with COVID, and basically, our poor health became another headline. There was talk about how we, as Black and Brown people, are on the frontlines, not necessarily able to shelter in because we're keeping the nation running through our labor. I was really looking for a deeper dive into why we "overdex" in comorbidities and obesity in the first place.

My armchair analysis of the impact of COVID on Black and Brown communities was that it would be bleak. As I said, healthcare, specifically hospitals in our community, have been defunded. They don't have the resources for and were not prepared for this kind of emergency. In fact, they were barely prepared for any emergency to begin with. And implicit bias is real. Black and Brown people know this, and so often, we try to avoid hospitals and healthcare until it's too late.

My father, a very healthy guy, a former CEO who has great insurance and lives in Florida, told me early on in COVID that "If I get sick, I'm not going to the hospital, because I know that as a 79-year-old black man, they're not going to give me the life-saving measure over a younger white patient. The hospital will make the choice who to save, and I won't be it."

In some ways, the issue of health inequity in

general is complex, but it feels like it doesn't have to be if society decided to prioritize good healthcare for all. In the world of COVID-19, where communities are dealing in triage, we need rapid response, not philosophical ponderings, which is why I'm excited to hear from all of you today about what's going on the ground in your communities, as well as to hear what you need to help Black and Brown people survive and thrive through this difficult time.

RENATA SCHIAVO: Thank you, Tonya. This was a great introduction to our discussion. At this time, I would like to invite our panelists to introduce themselves briefly, and also to share a bit with us about what makes them passionate about their work with their community.

ANNETTE ROQUE-LEWIS: My name is Annette Lewis-Roque. I'm the executive director at La Nueva Esperanza, a grassroots community-based organization located in Bushwick, Brooklyn. La Nueva Esperanza's a bilingual, bicultural CBO that specializes in meeting the needs of our immediate neighboring community areas that have been devastated by the twin epidemics of substance abuse and HIV. Through various community outreach initiatives including our food and nutrition program, prevention education, HIV linkage and navigation, and supportive counseling, we're able to provide these services. One thing that makes me truly passionate about the work LNE does in the communities of North Brooklyn is connectivity. I'm passionate about this community because North Brooklyn is my community. This lived experience allows me to connect to our clients in a way that is unique. It's identifiable, and it's familiar.

PAULETTE SPENCER: My name is Paulette Spencer. I work for the Bronx Community Health Network where I'm a community engagement policy analyst for our program in the All of Us Research Program, which is part of the Advancing Precision Medicine Initiative. We are a federally-funded health center, and we have a presence in 21 different health and school-based centers linked to Montefiore Medical Center, Acacia Network and PROMESA.

What is it that brings me to my office every day? Well, it's the ability to bring together community members whose paths would normally never cross and to open a space for dialogue. I'm speaking particularly about my program, All of Us, where I bring together community members and medical personnel to actually talk about the quality of health as well as the importance of participating as communities of color in medical studies.

TENEASHA WASHINGTON: Sure, and thank you so much to the Health Equity Initiative for having this conversation today. I'm Teneasha Washington. I work with a national organization called the National Center for Physical Health, Activity and Disability. We focus on individuals who have disabilities, and we're a national organization that's funded by the Centers for Disease Control. Our goal is to link individuals who have disabilities with the services that they need in the community. We also provide them with the resources that they need to actively engage and increase their quality of life in everything that they do. I think outside of that, my passion centers around the idea that people are their own experts. I feel like when we can engage community members and actively listen to them, we let them know that they are their own experts in their community.

AMY VU: Good morning, everyone. Thanks so much for having me here. My name is Amy Vu, and I'm the Head of Programs at FEAST. FEAST is based in Los Angeles, and we were founded on the idea that, in order for us humans to not only survive, but thrive, we need more than just our basics covered. We need to be fed emotionally, socially, and spiritually.

FEAST is a 16-week Wellness Program where we bring together 15 individuals in a small a group setting to learn about nutrition and healthy cooking. We aim to provide a supportive space where people can talk through the challenges that they experience in their day-to-day lives and any barriers that they face towards making changes to their diets. We also increase fresh food access by providing gift cards and fresh produce to families.

FEAST started in South Los Angeles, and now we're in other states like New York, Nebraska, and Virginia. I would say the one thing that makes me passionate about community work is just knowing that when everybody has the ability to take care of their own health, we have the opportunity to be the best version of ourselves, and that just makes society a better place not only for us individually, but also for those around us.

RENATA SCHIAVO: Just following up from what Amy said in their introduction about the importance of actually working with communities, what is the number one emerging need in the community you serve or represent that has been most prominent in light of COVID-19?

AMY VU: The community that we serve in South Los Angeles is predominantly Latino with 42% being foreign-born, and one in five are either undocumented or live with a family member who is. In the light of COVID-19, we already knew that these were the individuals who are working in jobs that are putting themselves at higher risk. They have little protection benefits, no sick leave, no overtime, no healthcare, and a fear of accessing different public programs that are supposed to protect our public. However, because of our political climate, people are afraid to access these resources.

What we see is that many people who are working in the food service industry were losing their jobs and had no access to a paycheck, no unemployment benefits, and as a result, their families are struggling to put food on their tables. With the increase in demand, all of the food banks around are having a difficult time meeting the increased food access needs for this community. Our organization has pivoted to focus on food access, and we are seeing that as a number one priority to make sure that people are able to take care of their families' health.

ANNETTE ROQUE-LEWIS: COVID has magnified what we at La Nueva Esperanza have always known to be true. Health inequities are not limited to the population we are funded to serve.

There's a great need for unfettered access to culturally and linguistically appropriate social services within our community. This specifically includes populations of people of color, undocumented New York City residents, non-English speakers, bicultural individuals, as well as those struggling with substance use, or at risk of HIV.

Since the city-wide pause, LNE has not closed its doors.

Before COVID, our clients came to us for everything and anything. Now, our immediate community has come to rely on us more than ever. With everything being closed and slowly reopening, our local community residents are coming into us with urgent issues like accessing medical care, homelessness, language and literacy barriers, and issues with accessing technology in a contactless service model.

TENEASHA WASHINGTON: I would say the idea of isolation is very significant now. We do know that individuals with disabilities already oftentimes feel like they're isolated. Sometimes if they have a newly acquired disability they may not feel empowered to get out of the house. They may not know how to get around in their wheelchair. I think now, they really feel a lot more isolated because we're already being told that we need to stay at home, and those individuals already were at home, but now they can't have people come visit, or they can't have a lot of other things happen as a result of that.

I think that the language that those who are at risk should stay put is so discouraging for individuals that are in situations where, if you do have a disability, oftentimes you have other comorbidities that go along with it. You're already isolated, and then you're being told that you are the problem and that you should be the one that continues to stay at home while everybody else can go out and do the things that they need to do. That's what we're seeing for people with disabilities: the idea that they are just isolated on top of isolated.

RENATA SCHIAVO: Thank you, everyone. I think

this is very insightful and I feel that whether it is food, or safety, or security, or loneliness or other issues, you all highlighted that the well-being and safety of our community has been further threatened because of existing inequities during COVID-19. Back to Tonya now.

TONYA LEWIS LEE: I think you touched on this in your answer, but I'm going to expand on this a little bit. How does the coronavirus pandemic underscore many of the challenges we already knew existed with health equity? Please make relevant examples from the community you serve, that you guys serve.

ANNETTE ROQUE-LEWIS: COVID-19 exposed just how detrimental and fatalistic a failure to address long-term ongoing health inequities can be in our Black and Brown communities. Many of our African-American and Latinx clients live with one or more chronic conditions due to the health inequities they've experienced over their lifetime. Our clients can't afford or don't have cell phone or internet access necessary for telehealth sessions with their medical providers. Therefore, some of our clients are left at the mercy of scheduled appointments that are being canceled and rescheduled months from now.

Additionally, income disparities and food insecurities have been magnified and exacerbated. The economic instability and vulnerability that our clients are experiencing is dreadful. Many of our clients live paycheck to paycheck, and most are economically distressed. COVID is putting many families at financial risk, to the point where they are unable to afford to maintain their home, purchase nutritious food or cover healthcare-related costs.

AMY VU: In regard to the immigrant community that we serve, I mentioned that in South Los Angeles, about 20% are undocumented individuals, but most of the folks who are undocumented have been living in the community for about 10 years and more. They're very integrated into the community and have adapted to the culture here, and we even see it with their

rates of obesity. Studies show that after 15 years of living in our country, obesity among immigrant individuals surpassed the US adult average, mostly due to the introduction of highly processed foods.

When people are first moving here and not having the right higher-paying jobs that are able to access these benefits, it creates this feeling of isolation. This feeling that this country isn't for them; there's no belonging. On top of that, last year we were struggling with the changes in the public charge policies. There's a lot of confusion about what programs people would be qualified for and even if there was someone in the household who was legally present here, they were afraid to apply because they were concerned using such services would open an investigation for their household.

Even right before the pandemic started, SNAP and Medicaid and Section 8 programs were changed to be included as part of a public charge. This really perpetuated the fear of these vulnerable communities to access the resources that they really needed. What we saw was a significant need to educate folks about their rights to be here and the different resources available in the community.

PAULETTE SPENCER: There are two areas that I would underscore. One is air quality. We know that since the Bronx has many expressways that are built throughout the borough, they sort of split areas from each other. The pollution that comes from these expressways affects the health of the residents here. Poor air quality in areas such as the South Bronx has contributed to the level of asthma, cardiovascular disease, cancer, and also affects perinatal health.

Another thing I would bring up is food access. One thing I noticed is that here in the Northeast Bronx, which was one of the hardest hit areas for the COVID-19 virus, there is a high percentage of retired medical staff who were shift workers. Because they worked such jobs, they would get their meals from neighborhood restaurants rather than cook for themselves, and that resulted in very poor health status. The South

Bronx and the Northeast Bronx were the areas that suffered the most from COVID-19 deaths.

TENEASHA WASHINGTON: I think everybody's done such a great job kind of summing everything up, but I'll just add the idea of mistrust in the community. Especially related to anything that comes from research, anything that comes out of universities. I've heard a lot of such information, and as a public health researcher, I hear it and say, "No, that's not correct, that's not right." However, this idea of mistrust has been ingrained in so many people.

It creates this idea that if something happens to someone, it's just going to happen because they're not going to go and take a vaccine, because something bad is probably in that vaccine. I think in some areas, don't get me wrong, these concerns make a lot of sense—specifically, when we're talking about people of color that have been disenfranchised in research studies in so many different ways. I understand that, but I think that has been a big deal for us who work in our communities.

Also, I think that Annette mentioned internet access. People are required to continue working, but many don't have any access to the internet, and those resources haven't been provided to them, including people who have children. Their children have to navigate to a system of learning online, but they did not have access to that. Not only do they not have access to the internet, but in many cases they also didn't have access to a laptop.

Lastly, I think chronic diseases are significant. We all know, and Tonya you also alluded to this earlier, the idea that people of color are at the most risk of chronic diseases. What we're seeing with COVID-19 is that people who are affected the most are the people who already have chronic conditions. I live in Birmingham, Alabama, and we already knew in the south, that this was going to be exasperated due to obesity, due to heart disease, due to the infant mortality rates, and things like that.

TONYA LEWIS LEE: Yes, and thank you for that. I know you're seeing things that are

happening. What's going on? It sounds like people are devastated. People are isolated. People don't have food. Then what? Are we just in a post-apocalyptic world? What's happening? Anyone, please weigh in?

ANNETTE ROQUE-LEWIS: In my opinion, what I see a lot in our community is just alcohol and other drugs being the way of medicating this situation and the distress. It's just more pronounced now than it's ever been before. I am also seeing stigma return because of COVID, but more pronounced to the substance use population or to the homeless population, which are those that we need to work with. Alcohol has been one of the ways that people have medicated themselves. Everybody I encounter smells like alcohol. I haven't encountered anyone that I haven't been able to smell that from. It's just frightening that we've been able to advance our community, and we're just regressing back to the '80s. That's what's frightening, that community-based organizations who are the frontline people, they're not being seen for the work that they do.

We haven't paused. We've been non-stop, because this is what we signed up to do. This is what we're here for. We don't get that recognition from elected officials or from funders. We're not recognized. We're the frontline. We're the ones that are dealing with all of these issues that come out of a community. The pain. We smile when we want to cry, but we have to be the strong ones.

TONYA LEWIS LEE: It sounds like it's a lot of trauma out there.

AMY VU: Mostly to add on to what Annette said, it's not just the mental stress and overload that families are dealing with right now, but also not having a way to cope with the added stress of having to school five children at home and go out to get groceries. A part of our program is to provide support groups to families and have that space where people can have an outlet. What's interesting is that there was a significant difference in the depth of sharing when we had our programs in-person versus at home. One of our hypotheses is that people may not feel safe at home, and not be able to have that same space

to open up as they would in person. We're really thinking about how we can provide more of the mental and emotional support to families during this time although our organization is focused on food access, but all of our feelings and emotional eating, that all ties to the way that we eat.

TONYA LEWIS LEE: Paulette, you want to weigh in about how COVID's impacting inequities?

PAULETTE SPENCER: Well, I think that there's a positive part of this as well. I've seen a lot more food distribution. I've seen park stewardship groups partner with other community-based organizations to give out food pantry packages to people on the street who are homeless or just need the food. I go to, say, Harlem once a week, and I see restaurants who've opened as pantries. I see a growing sensitivity on the part of the business community to take care of the community. Another thing that I've seen here in New York is a Governor-sponsored program for farmers in New York State who would normally be supplying restaurants. Rather than having that food spoil, they've been bringing that down to New York State for some of the food banks. You've seen people taking care of each other, but I agree. I also notice more open drug use.

RENATA SCHIAVO: I think that a lot of you have already alluded to the most promising practices or policy that you have seen emerging in your community. I wanted to hear a bit more about that, as well as your thoughts on your role as CBOs and community leaders in the development and implementation of policy change in the aftermath of COVID-19. Anyone who wants to go first?

TENEASHA WASHINGTON: I can start. I think we must recognize the importance of giving the funds to those who actually need them and that's the community. We also need to focus on changing our mindset around who deserves to have resources and who deserves to receive grants. What we're seeing is that communities, if given the resources, can mitigate their own problems. Maybe we need to take a different

approach to how we look at who are the most viable candidates for funding and provide those communities with the resources that they need. I'll just give an example of how that's actively happening now. Right now we have funding from the Centers for Disease Control, and we're working on many grants for communities in the local Birmingham area.

What are some things that you all feel like you need? Use those funds within that scope to kind of handle those concerns in your community. We want you to drive that effort. Who do we need to be giving these funds to build these communities as a whole?

PAULETTE SPENCER: I completely agree with Teneasha, and I would also say that at the policy level there've been ways to cross the bridge. For instance, at Bronx Community Health network, although we're health-based, we've done a lot of work with parks, and beyond the obvious in terms of physical exercise and so forth. I have given presentations on the importance of the quality of air that the trees in the parks contribute to as that affects the level of asthma in the community. Actually forging alliances with the parks department could be a way to really get them to advocate on your behalf simply by creating relationships with them so that they see how we're all linked based on evidence related to improved health at the community level.

AMY VU: In Los Angeles, we have an LA Food Policy Council that has developed a food advocates program. They're training individuals about how policy works locally so that people become aware of different ways they can become involved. All it takes is a little bit of training in skills development.

ANNETTE ROQUE-LEWIS: I agree with everything they said, and I also think that there's a number of practices and policies emerging. There are increased opportunities through forums such as this to identify the health inequities experienced by people of color in New York City and efforts to address increased access to social services. Most importantly, talk at the city and state levels will increase funding directed at social service

organizations to enhance existing programs services and also implement new ones. Discussions and meetings like this forum help CBOs articulate needs and barriers that we hope are being considered in the drafting of policies and funding allocation.

RENATA SCHIAVO: Thank you. Finally, we'd like to hear your ideas for specific policy solutions that may address these emerging needs that we have discussed in light of COVID-19.

PAULETTE SPENCER: I would say the policies that we have now that target immigrants are very significant. Actually, making public services available to everyone, especially in the case of a highly contagious disease, would be a critical starting point. Of course, we know that when you stigmatize someone as being undocumented, you actually drive people further underground. You get people who will stay home rather than going to the hospital.

I think that policies that are very open and welcoming to everyone would be very important, because it's in everyone's interest that everyone is treated. Healthcare is a human right.

ANNETTE ROQUE-LEWIS: I think we need funding for CBOs involved with responding to the needs of the community so that policy translates to CBOs being recognized and funded for all the work that they do to meet health inequities in our community. We want to be able to solve any problems for our community without the burden of being limited by who is funded to help. We need policies that allow for the implementation of real-time funding to meet emerging needs during any emergency that interrupts service delivery and being able to meet the needs of our clients and community.

For example, many agencies have video conferencing, phone group conferencing and emails during social distancing. However, at La Nueva Esperanza, we're not supported as we should be, and we need your help. We need help to be able to help write these policies and keep us involved in them so that we can make a

difference.

TENEASHA WASHINGTON: I think that this just shows us that everybody doesn't simply need access to healthcare, they need access to quality healthcare. I think it also allows people, to Paulette's point earlier, to be more sensitive, because once individuals make it out of the hospital if they have a COVID diagnosis they're realizing that everybody's bills are high. It doesn't matter what your background is, hospital bills are very expensive. If everybody had access to these services and everybody had additional services to help pay for healthcare so that everybody can try their best to live a healthy life, a lot of these issues could be negated to a certain degree.

AMY VU: I would just add that in response to the increased food needs, states have been able to relax their application requirements for SNAP. They've been able to increase the allotment, but it's not enough just to have that right now during coronavirus. We need the SNAP application requirements to be less restrictive for our communities even after the pandemic, and we really need to view SNAP [Supplemental Nutrition Assistance Program] as an investment into the community. We know that every dollar spent in SNAP brings back \$1.50 to the local economy. SNAP is the lifeline of support to be sure that people are not going hungry and have the right nutrition to be able to take care of their health.

TONYA LEWIS LEE: I just want to do a quick speed round with everyone, giving you each a minute to give your closing thoughts.

AMY VU: Just listening to all the speakers today it's very clear that all of the inequities that we knew in our system have been exacerbated. I think the best way to start is just thinking locally in our own communities of how we can provide immediate support and advocate for the policies that we need.

ANNETTE ROQUE-LEWIS: While we're funded to serve an HIV or substance abuse population, as a CBO we're faced with the challenges and needs of our entire immediate community. To understand those needs of the community and its people you

have to be there on the front lines. You need real-time feedback coupled with inclusive policy. This can promote expanding health insurance coverage, improving the capacity and number of providers in underserved communities, and increasing the knowledge based on causes and interventions to reduce disparities. Together we can do that. We're a powerful force.

PAULETTE SPENCER: I think my own work with the All of Us Research Program, includes bringing community members and medical personnel together to talk about trust and mistrust of medical establishments and participation in medical studies. I think it's important that, as we move forward, that those kinds of conversations really increase so that we can ultimately find the solutions to medical problems, whether vaccines or treatments, but, above all, it's important that we keep the dialogue going. I think having those discussions, particularly with physicians who are very familiar with the community, physicians of color, or community-based organizations that focus on clinical studies in communities of color, are very important. When you have discussions taking place outside of the medical setting, we can use the outcomes of those discussions to try and influence policy. Once we—that is, community residents and medical personnel—understand what areas of interest we have in common, we can eventually advocate for each other at the policy level, thereby supporting and strengthening each other's requests for support from local and federal government.

TENEASHA WASHINGTON: I just think it's important that we realize that we're all in this together. I think as a nation we know that there are so many divisions happening right now, and I think this has allowed us to realize that we're really all in this together. If one person is affected by COVID-19, ultimately, as a community, you're going to be affected by it as well. Things will get better. People will notice in the future how important we are as organizations and the work that we do. I just want to say thank you all, and thanks so much Renata and Tonya for allowing us to have these conversations.

TONYA LEWIS LEE: I want to thank all of you for the work you are doing. What I've heard here today, which makes me very emotional, is that COVID has had a devastating impact on our communities. This is going to last a long time. At the same time, what I'm hearing from you all is hope and optimism and I'm grateful for that, that there is a coming together of people, that we are thinking about community, that our eyes are open to the inequities. We can't deny it anymore.

What I'm hearing out there is also this conversation about an anti-racist model of care. That terminology is really important: an anti-racist model of care, which is a holistic model of care. This model is not just about when you need to get to the hospital or when you're sick and then you're finally being cared for. The question is: how do we really serve the people? Making sure they're not hungry, that there's food available, that mentally and spiritually they are supported and cared for, that they recognize that they do matter and that they have something to offer to our communities and our nation. We are all in this together. As a human species, we cannot survive if the most vulnerable of us are so devastated. With that, again, I just thank you all so much for the work that you do. I support you, I'm here for you, and I'm trying to do my part out there too. Thank you so much, everybody.

RENATA SCHIAVO: Thank you everyone, for an emotional and insightful conversation. On behalf of Health Equity Initiative, I want to thank you all for your time today. As some of you mentioned, the pandemic has demonstrated that we're all interconnected. That taking care of our brothers and sisters is not just the right thing to do, a human right issue, but it's something that contributes to the health and well-being of everyone in our communities. I also want to say that this is just the beginning of a dialogue, that we are here for you, that we are trying to support community engagement, we advocate for it, we respect and value your work, and we know that it's fundamental to our communities. Thank you!

Participants

(In alphabetical order by first name)



Amy Vu, RD, MPH

Amy is the Head of Programs at FEAST (Food Education Access Support Together) in Los Angeles. She is a Registered Dietitian and received her Master's in Public Health at CUNY School of Public Health. Her upbringing as a first generation Chinese American influences her understanding on the role food plays in connecting health, community, and individual identity. She was a Neighborhood 360 Fellow with the NYC Small Business Services, where she worked on a project to support small businesses and community food access at Essex Market.



Annette Roque-Lewis

Annette is the Founder and Executive Director of La Nueva Esperanza, a community-based organization that provides support, nutrition and other services to the Latino community in Brooklyn with a special focus on high risk individuals such as those who are HIV positive or affected by substance use/abuse. Annette's clinical background with Substance Use Treatment as well as a Credentialed Alcohol and Substance Abuse Counselor (CASAC) allows her to provide counseling sessions to families in need. Her community-based activities also include past board membership with Southside Women's Services Coalition, membership in the North Brooklyn Coalition Against Domestic Violence, and her many contributions to the creation of El Regreso's Women's Treatment Program.



Paulette Spencer, MPH, MA

Paulette Spencer is Community Engagement-Policy Analyst at the Bronx Community Health Network for the All of Us Research Program, which is part of the national Advancing Precision Medicine Initiative. Her specialties are global public health policy and political economy. Paulette is a Bronx native and has worked in domestic and international public service for 25 years.



Renata Schiavo, PhD, MA, CCL

Renata Schiavo is the Founder and Board President of Health Equity Initiative. She is a passionate advocate for health equity and a committed voice on the importance of addressing and removing barriers that prevent people from leading healthy and productive lives. She has 20+ of experience working across sectors and disciplines to improve the health and wellbeing of vulnerable, marginalized and underserved populations, including communities of color, Indigenous and immigrant communities in the United States, and low-income groups, refugees, and patients from underserved areas in global settings. Renata is a Senior Lecturer at Columbia University Mailman School of Public Health, the Editor-in-Chief of the peer-reviewed Journal of Communication in Healthcare: Strategies, Media and Engagement in Global Health, and a Principal at Strategic Communication Resources, a global consultancy. She has significant experience on health policy and community, patient, and citizen engagement and has written extensively on raising the influence of community voices on health equity.



Teneasha Washington, PhD

Teneasha Washington is currently the lead for community engagement at the National Centers on Health Physical Activity and Disability (NCHPAD). She oversees community engagement efforts for the Mindfulness, Exercise, Nutrition, to Optimize Resilience (MENTOR) program that provides people with disabilities the opportunity to have access to an online, self-management program for exercise, nutrition, mindfulness. In addition, she is an assistant professor at the University of Alabama at Birmingham (UAB) in the School of Public Health – Health Behavior Department.



Tonya Lewis Lee, JD

Women’s Health Advocate Tonya Lewis Lee is outspoken on the issues of race and health equity at the intersection of women’s rights. Delivering content across several platforms, Tonya has produced scripted and unscripted work, including MIRACLE’S BOYS, THE WATSONS GO TO BIRMINGHAM and the documentary CRISIS IN THE CRIB exploring infant mortality in the US, which ultimately led to the founding of MOVITA. MOVITA is an organic wellness brand offering Multivitamin, Beauty and Prenatal supplements. Tonya is also the best selling Author of children’s books: PLEASE BABY PLEASE, PLEASE PUPPY PLEASE and GIANT STEPS TO CHANGE THE WORLD.

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Health Equity Initiative (HEI) is a member-driven nonprofit membership organization dedicated to build a global community that engages across sectors and disciplines to advance health equity. By bringing together and enlisting the efforts of the public and private sectors, professions and communities that have both a stake and an influence on social determinants of health, HEI advocates for improving conditions and achieving equity in health for all. We focus on championing transformative change to advance health equity, supporting knowledge, engaging communities and leaders, and building capacity to address barriers that prevent people from leading a healthy and productive life.

Bridging Silos, Building ONE Community for Health Equity!
