COVID-19: Emerging Community Needs & Policy Solutions

A Call to Action
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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 8th 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 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 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 the 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 community-specific needs but also in designing the kinds of solutions and policy change these communities need. Therefore, prioritizing funding of local CBOs is a strategic imperative. This call to action features recommendations for policy solutions that are grounded in the experience of the community leaders who participated in the Forum.

For the full report and audio recording of this Forum, please visit: https://www.healthequityinitiative.org/community-leaders-forums.html
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.
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.
Acknowledgments

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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!*