

How California's Community-Based Organizations Filled the Gaps for Underserved Communities

Meeting the Needs of Racially & Ethnically Diverse Communities During the Pandemic



Contents

3	Introduction
5	Key Terms
6	Racial & Demographic Terms
7	How We Define an Equitable Response & Recovery
9	Methods
9	Community Interviews
10	Counties' Targeted Equity Investment Plans
11	The Connection Between Structural Racism & COVID-19 Health Inequities
14	Part 1: Challenges Encountered
14	Challenges Encountered by Communities & CBOs During COVID-19
16	Challenges Encountered Due to Institutions' COVID-19 Response
20	Part 2: How CBOs Showed up to Address Challenges
20	How CBOs Made a Difference in Meeting Communities' Needs
24	How CBOs Filled Gaps in the Response to COVID-19
28	Part 3: Recommendations
29	Recommendations for Investing in Communities
33	Recommendations for Investing in Government
36	Recommendations for More Equitable & Accessible Services & Supports
44	Conclusion
45	Appendix: Community-Based Organizations Contacted for Community Interviews
48	Acknowledgments
50	References



Introduction

Everyone in the United States has been affected by the COVID-19 pandemic, but communities that were already experiencing high rates of disparities have been affected much more severely.¹ For example, workers with low income were the first to lose their jobs or have their wages reduced and were more likely to be exposed to the coronavirus if they continued to work. Black, Indigenous, and other people of color (BIPOC) have been disproportionately targeted for enforcement of shelter-in-place orders. The pandemic exposed existing racial, gender, and economic inequities as well as serious gaps and flaws in our public health infrastructure and social safety net.^{2,3}

California has an opportunity to recognize COVID-19 as a wake-up call to improve the circumstances of all of its communities rather than regress to the inequitable pre-pandemic status quo. As California charts its path to recovery, policymakers, philanthropy, business leaders, and communities need to both address the acute issues families face now *and* advance a set of equitable and racially just policies and processes that build community power, foster strong communities, and put us on a path to a healthy future for all Californians. Local and state policymakers will need policies, legal recommendations, and community support to develop and implement efforts to better prepare us for future public health emergencies and an equitable recovery.⁴

To inform California's equitable recovery efforts, a collaborative of California-based organizations – including the California Pan-Ethnic Health Network (CPEHN), ChangeLab Solutions, and Prevention Institute – with funding from the Blue Shield of California Foundation and The California Wellness Foundation, developed policy and practice recommendations for local and state policymakers and other changemakers who wish to advance an equitable recovery. We interviewed community-based organizations (CBOs) that serve Californians of

color and people with low income, to understand how they rose to meet the challenges and fill gaps in services. The insights and experiences of CBOs have informed recommendations that will help identify policies and strategies to better serve BIPOC communities and families with low income in California. While this report focuses predominantly on racially and ethnically diverse communities, we hope that our insights and recommendations will also be applied to benefit other disadvantaged groups that experience inequities in health, wealth, and opportunity. Lastly, we reviewed California counties' responses to the state's request for Targeted Equity Investment Plans, to help us identify gaps in governments' response to the pandemic as well as opportunities for improvement.

From our conversations with CBOs that are working with BIPOC communities during the global pandemic, we gained critical insights that can inform a more equitable recovery and future. The information from the interviews highlights the strengths of community-based organizations, which often go overlooked but shone through in challenging and chaotic times. Our recommendations detail how to better leverage CBOs' strengths and address structural inequities as we continue to respond and recover from COVID-19.



Key Terms

Community: a group of people who are located in a particular geographic area, or a group of people who share a common identity or characteristic but might not be located in a single geographic area.

Community-based organization: a public or private nonprofit organization of demonstrated effectiveness that represents a community or significant segments of a community and provides supports and services to individuals in the community.⁵

Community-defined practices: practices that “a community considers healing[,] as well as their cultural, linguistic or traditional practices.” Though not always measured empirically, such practices have been used and determined by community consensus over time.⁶

Community engagement: a set of activities that government institutions – such as local government agencies – use to engage communities in public discussions and to inform public policy or planning decisions.

Community resilience: a community’s ability to use available resources, assets, and strengths to respond to, withstand, and recover from adverse situations, traumas, and chronic and acute stressors.

Decisionmakers (aka policymakers): individuals and governmental bodies comprising government staff, officials, elected representatives, or appointed members who can exercise governmental powers and decision-making authority within a city or community.

Equity: the concept that different people and groups of people will need different opportunities and resources than others to receive fair and impartial treatment by systems, institutions, and organizations.⁷

Fundamental drivers of health inequity: five factors that shape places, social environments, and living conditions – structural discrimination, income inequality and poverty, disparities in opportunity, disparities in political power, and governance that limits meaningful participation.⁸

Inclusion: the act of creating an environment in which any individual or group can be and feel welcomed, respected, supported, and valued in full participation. Inclusion also involves authentically bringing traditionally excluded individuals or groups into processes, activities, and decisions or policymaking in a way that shares power.

Inequities: *Structural inequities* are often perpetuated through inequitable processes and institutional practices. For example, when processes, practices, policies, and protocols do not operationalize equity, governments or institutions often allocate power unfairly and act unjustly. *Procedural inequities* are the result of ineffective engagement strategies that lack transparency, accessibility, fairness, and inclusion, leading to unfair decision making. *Distributional inequities* are the result of goals, policies, and actions that produce an unfair distribution of resources, community burdens, or benefits.⁹

Key Terms (*continued*)

Structural racism: “a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.”¹⁰

Underserved communities / marginalized communities / priority populations: These terms are used interchangeably throughout this document to collectively refer to groups and communities that historically have experienced disinvestment and have been underserved – including Black, Indigenous, and other people of color (BIPOC); women; women of color; people with disabilities; people with low income; immigrants; people with limited English proficiency; and members of LGBTQIA+ communities.

Trauma-informed approach: Individual, generational, and communal trauma can result from historical and institutionalized racism, discrimination, and exclusion and therefore affect relationships between disenfranchised communities and institutions. A trauma-informed approach requires systemic recognition of the impact of trauma as well as an appropriate institutional response: “fully integrating knowledge about trauma into policies, procedures, and practices” and actively preventing re-traumatization. The six key principles of a trauma-informed approach are safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues.¹¹

Racial & Demographic Terms

Throughout this report, we use the following terms to describe racial and ethnic population groups. In some instances, we may use a different demographic term when citing research that used different terminology.

African American or **Black**

American Indian or Alaska Native (AIAN) or **Native American**

Asian American, Native Hawaiian, and Pacific Islander (AANHPI)

Black, Indigenous, and people of color (BIPOC)

Immigrants and **immigrant communities**

Indigenous and **indigenous migrant communities** (In this report, these terms mainly refer to Indigenous people from Mexico.)

Latino, Latina, and Latinx

LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual, or otherwise on a sexuality or nonbinary gender spectrum in a way that isn’t described by the preceding terms)

Limited English Proficient (LEP) (This term is used by the US government as a basis for providing services for people who are not fluent in English.)

White or **non-Hispanic white**



How We Define an Equitable Response & Recovery

COVID-19 was the impetus for this work. Coinciding with the pandemic's disproportionate toll on Black, Latinx, Asian American, Native Hawaiian, Pacific Islander, and Native American communities, the Movement for Black Lives has gained momentum as part of the national uprising for racial equity. These developments highlight the imperative for California to develop racially just solutions that seek to redress our legacies of structural racism and discrimination. Policy solutions must address the violence and trauma experienced by underserved communities broadly and by Black communities in particular. Our organizations posit that an equitable recovery from the pandemic must incorporate the following principles:

- **Prioritize racially just solutions that ensure that all Californians recover** from the social, economic, and health impacts of the pandemic while also addressing structural racism, discrimination, and violence and trauma experienced by Black, Indigenous, Latinx, Asian American, Native Hawaiian, and Pacific Islander communities; immigrants; LGBTQIA+ communities; people with disabilities; and other historically disenfranchised communities.
- **Ensure that all California residents have access to the basic components of a safe and healthy life** free of discrimination – including stable and affordable housing; health care (including mental health and preventive care); dignified work opportunities; social supports; affordable education and child care; and green space and nature.

- **Incorporate community-based organizations' and community members' assets and strengths** to help achieve an equitable recovery. Provide opportunities for all communities to shape state and local recovery efforts and make decisions for themselves.
- **Prioritize investments in the communities and populations that have been hit hardest by the pandemic** as well as those that have been subjected to historical disinvestment, understanding and acknowledging that these communities and populations have likely lost the most in the course of the pandemic and that they started with fewer resources and opportunities than those who have not experienced systemic racism, segregation, discrimination, and disinvestment.





Methods

Community Interviews

Our collaborative developed an interview guide to help engage community-based organizations (CBOs) on the impacts of the COVID-19 pandemic on their communities. The open-ended questions sought to identify how organizations are staying connected with their constituents and communities; successful or innovative solutions they are using to address community needs; key community conditions that must be addressed for an equitable recovery; and strategies for resident engagement with policymakers. We also incorporated specific questions on the topics of mental health, housing, and food security, to assess needs and on-the-ground practices. CBOs and community clinics spanning California's diverse regions and focusing on the topics identified earlier in this paragraph, as well as organizations interested in eliminating health inequities were identified and prioritized for the interviews.

The interviews were conducted by CPEHN and Prevention Institute via Zoom between December 2020 and February 2021. The Appendix provides details on each of the organizations that were interviewed at length, including its mission, the county (or counties) where it operates, the population it serves, and its primary activities in response to the COVID-19 pandemic.

We interviewed a total of 21 racially and ethnically diverse CBOs. A total of 16 organizations were interviewed according to the protocol described earlier, and 5 organizations (marked with an asterisk in the following list) were interviewed together, using a shorter protocol:

- Alliance for Community Transit*
- Asian Pacific Islander Forward Movement (APIFM)
- Asian Resources, Inc. (ARI)

- Canal Alliance
- Central California Environmental Justice Network (CCEJN)
- The Central Valley Urban Institute
- Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO)
- Community Coalition*
- Community Health Councils (CHC)
- Cultiva La Salud
- Healthy African American Families (HAAF)
- Instituto de Educación Popular del Sur de California (IDEPSCA)
- Kennedy Commission
- McKinleyville Family Resource Center
- Mixteco/Indígena Community Organizing Project (MICOP)
- Multi-Ethnic Collaborative of Community Agencies (MECCA)
- Physicians for Social Responsibility*
- Promesa Boyle Heights*
- Roots Community Health Center
- United Parents and Students*
- Vista Community Clinic (VCC)

After completing the interviews, project staff conducted an analysis of the interview recordings and notes to identify key themes across communities, common challenges, innovative solutions that could be sustained or expanded, and priorities for an equitable recovery.

Counties' Targeted Equity Investment Plans

To meet the state's Health [Equity Metric](#), every California county submitted a Targeted Equity Investment Plan to the California Department of Public Health to demonstrate efforts to address or eliminate disparities in levels of COVID-19 transmission. ChangeLab Solutions reviewed the first round of the 58 counties' Targeted Equity Investment Plans, submitted in the fall of 2020, to identify immediate COVID-19 response activities and any longer-term strategies that were meant to address health inequities. In developing our report recommendations, we considered the counties' reported response activities, technical assistance needs, and proposed strategies to address longer-term health and equity needs.



The Connection Between Structural Racism & COVID-19 Health Inequities

Widespread racial inequities in health status and health outcomes were prevalent in California long before the COVID-19 pandemic (see Figure 1 on page 13). For example, life expectancy tends to be lowest for Black Californians (75.1 years), whereas for white Californians it is 80.8 years.¹² Latinos in California are more likely to report being in fair or poor health compared with other racial/ethnic groups, and about 1 in 5 Latinos don't have a regular source of health care.¹³ While data at the state level are often unavailable for American Indian communities, national data report that American Indians and Alaska Natives have the highest rates of heart disease (1.1 times) and diabetes (3.2 times) compared with the general population, with a life expectancy that is 5.5 years less than the general population of the United States.¹⁴

Lack of data or inadequate data collection methods often obscure consequential health outcomes and disparities for many communities, including Native American and many AANHPI communities. Disparities within these communities often go unreported or are subsumed under general categories that could be better understood if they were disaggregated. As a result, we don't have a full picture of the way disparities and inequities are truly playing out.

We do know that race itself does not lead to these differences; rather, systemic racism in health care and throughout society is the driver of disparate health outcomes for communities of color. And these disparities are often intersectional due to the overlapping effects of systemic discrimination, poverty, and sexism.^{15,16}

Given the deep structural inequities across counties and around the state, it is not surprising that the disparities we see in health outcomes were generally mirrored in COVID-19 infection rates and related morbidity and mortality. COVID-19 data collected by the California Department of Public Health make it very clear that Black, Latinx, and Pacific Islander communities were hardest hit by the pandemic. Cumulative data report that the *death rate* is 20% higher for Latino people and 12% higher for Black people than the statewide rate; the *case rate* for Pacific Islanders is 29% higher than statewide; and the *case rate* for communities with a median income less than \$40,000 is 39% higher than statewide.¹⁷ A recent study found that while Asian Americans make up a small proportion of COVID-19 deaths, they experience significantly higher rates of case fatality and percentage of deaths attributed to COVID-19 compared with non-Hispanic whites.¹⁸ In California, the case rates for American Indian and Alaska Native people are 2.8 times higher than the lowest rates of infection.¹⁹

The Deep Structural Causes of Health Inequities

To understand the racial and economic health inequities that have played out during the pandemic, we have to look at the bigger picture and assess how policies and the unjust distribution of resources created the conditions for inequitable impact. For example, much of the coverage of COVID-related disparities in the media focuses on how racial differences in the makeup of California's essential workforce – 55% of California's Latinx people, 48% of its Black people, and 35% of its white people are essential workers – created differential exposure to the virus.²⁰ However, many other determinants of health created the conditions that made COVID-19 more deadly in BIPOC communities. For example, Black and Latinx residents are more than twice as likely as non-Hispanic whites to experience rent-related hardships.²¹ This inequity is linked to historical and present-day racist policies and procedures that have shaped who has access to home ownership, home equity, and the generational wealth that home ownership confers (which was leveraged by many homeowners during the pandemic). Decades of racist housing policies that have harmed people of color – including redlining, disinvestment, and even the subprime loan and foreclosure crisis a decade ago – continue to reinforce housing instability and segregation from opportunity in BIPOC communities. During the pandemic, housing insecurity put further pressure on Black and Latinx residents to go to work, even if conditions put them at greater risk – or face eviction. Either option limited people's ability to shelter in place and practice social distancing.

Figure 1

INEQUITABLE HEALTH OUTCOMES

**MORE
LIKELY**

In California, Latinx are more likely to report being in poor or fair health.^(a)

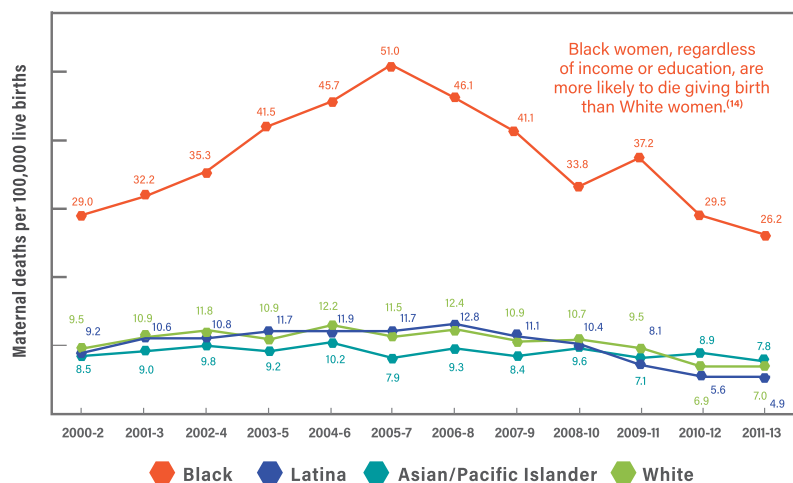
**2X
HIGHER**

Blacks and Latinx have twice the prevalence of type 2 diabetes and are twice as likely to die from the disease than Whites.^(b)

**40%
HIGHER**

Asthma prevalence among American Indians and Alaska Natives is more than 40% higher than among Whites.^(c)

MATERNAL MORTALITY, BY RACE/ETHNICITY CALIFORNIA, 2000 TO 2013^(d)



**30%
HIGHER**

Blacks have exceptionally higher rates of asthma prevalence (30%).

**4X
HIGHER**

Blacks have four times higher asthma emergency department visit and hospitalization rates.

**2X
HIGHER**

Blacks have two times higher asthma death rates.^(e)

Source: *Centering Equity in Health Care Delivery and Payment Reform: A Guide for California Policymakers*. Oakland, CA: California Pan-Ethnic Health Network; 2020:13. cpehn.org/assets/uploads/2020/12/cpehn.2020hreport.12371.digitalversion_1.pdf.

^{a,d} Gaines R. *Health Disparities by Race and Ethnicity: The California Landscape*. Oakland, CA: California Health Care Foundation; 2019. chcf.org/wp-content/uploads/2019/10/DisparitiesAlmanacRaceEthnicity2019.pdf.

^b Conroy SM, Lee AK, Pendleton L, Bates JH. *Burden of Diabetes in California*. Sacramento, CA: Chronic Disease Control Branch, California Department of Public Health; 2014. [cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/FINAL%20Rpt%20\(1877\)%20DM%20burden%202014_9-04-14MNR3.pdf](https://cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/FINAL%20Rpt%20(1877)%20DM%20burden%202014_9-04-14MNR3.pdf).

^{c,e} Milet M. *Asthma Prevalence in California: A Surveillance Report*. Richmond, CA: Environmental Health Investigations Branch, California Department of Public Health; 2017. cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/CDPH%20Document%20Library/Asthma_Surveillance_in_CA_Report_2017.pdf.

As we create policies for an equitable recovery, we need to redress race-based inequities that have been embedded in policies and practices for generations if we are to succeed in eliminating patterned differences in health outcomes between racial groups.



Part 1: Challenges Encountered

Challenges Encountered by Communities & CBOs During COVID-19

Our interviews with racially and ethnically diverse community-based organizations (CBOs) across the state provided important insights and a close look at the day-to-day challenges that low-income and BIPOC communities have faced during the pandemic. Most of these challenges are a direct result of structural inequities that disproportionately affected BIPOC and other underserved communities before COVID-19; these challenges in particular must be the focus of the ongoing pandemic response and efforts to promote an equitable recovery.

Workers with low income and their families faced tough decisions. Many workers with low income were also the first to experience layoffs or reductions in wages due to the pandemic. According to Instituto de Educación Popular del Sur de California, job opportunities dropped 50% for day laborers and 75% for domestic workers. The [COVID-19 Farmworkers Study](#) found that 52% of farmworkers in California reported decreased work hours and income loss because of the crisis and that farmworkers with children experienced increased financial hardships. Essential workers, a disproportionate number of whom are people from immigrant and BIPOC communities, were unable to work from home during the pandemic. Thus, families were forced to choose between the danger of possible COVID-19

exposure at work and severe economic stress if they chose to leave their job. Our interviews with CBOs uncovered that some employers discouraged workers from taking sick leave when they had symptoms or even a positive COVID-19 test result. Families often did not have the means to quarantine outside of their home even if they risked exposing younger or older generations in their household. Working mothers, including community health workers at nonprofit CBOs, often had to balance meeting the needs of their family and children against the rigors of doing their job during a time of crisis. Our interviews also made clear that mothers in particular struggled to balance the demands of work during the pandemic because they lacked affordable child care, in-person school, or other types of supervision for their children.

Many individuals and families could not obtain or afford basic resources. Even before the pandemic, many families and communities were struggling to make ends meet. COVID-19 pushed many of them deeper into poverty, exacerbating racial, gender, and social disparities. Our interviews revealed that many families and individuals were evicted, couldn't pay utilities, or couldn't afford food, diapers, and other essentials. Organizations we spoke to noted that food distribution centers experienced a fourfold increase in demand at the height of the pandemic, which strained availability and significantly increased wait times for those seeking assistance. Both rural and urban communities were left without access to food, medication, or the ability to connect with others socially when it became dangerous to travel via public transportation. And immigrants – especially those who are undocumented – were systemically excluded from basic federal and state-provided services and protections like affordable health care, food assistance, and cash aid.

The pandemic exacerbated the digital divide. At a time when social distancing and quarantine orders significantly increased all Californians' reliance on online resources and internet access, many individuals and families strained to pay their internet and smartphone bills. Those who had previously used libraries, schools, and other public institutions for internet access were no longer able to visit those locations. Many families struggled to afford electronic devices for their children's remote learning needs. The McKinleyville Family Resource Center in Humboldt County noted that community members had a difficult time accessing reliable internet service because they live in a rural community. Lack of access to digital resources disproportionately affected families with low income, Californians living in rural areas, older adults, people with disabilities, and Californians who do not speak or read English fluently or who lack familiarity with computers or other electronic devices, further limiting their social, economic, and educational opportunities. Californians living in urban areas also experienced difficulties in accessing and using online resources and services. An April 2021 [study from the Public Policy Institute of California](#) found that only 80% of California students have reliable access to a computer for distance learning.²²

Our interviews highlighted how the added stress, trauma, and suffering during the pandemic was compounded by the existing lack of services, providers, and affordable options for mental health care.

Social isolation and pandemic trauma added to economic and health challenges.

Besides dealing with economic insecurity and the ever-present threat of COVID-19 exposure and transmission, many racially and ethnically diverse families also faced trauma and grief from losing loved ones to the pandemic. Our interviews revealed heartbreaking stories across the state. An advocate in Fresno reflected on “the pain and frustration of those that have lost lives and were not able to say goodbye.” Additionally, we heard about how young people in school experienced significant stress and social isolation while participating in distance learning. Social isolation also took a significant toll on elderly people, persons with disabilities, and those with an elevated risk of contracting COVID-19 due to a pre-existing health condition. Even before the pandemic, BIPOC communities faced a dearth of culturally and linguistically competent mental health providers.^{23,24} Our interviews highlighted how the added stress, trauma, and suffering during the pandemic was compounded by the existing lack of services, providers, and affordable options for mental health care.

Challenges Encountered Due to Institutions’ COVID-19 Response

In addition to telling us about the daily challenges that community residents faced during the pandemic, many of our interviewees shared how community members also felt frustrated and discouraged by government entities’ and other institutions’ responses to COVID-19. Our interviews and research highlight how those responses didn’t center racial equity and, as a result, further exacerbated many health and racial inequities.

Programs attempted to alleviate the worst effects of the pandemic but often were not accessible to communities most in need. The programs and services created during the pandemic, including rental assistance and stimulus checks, helped many people meet their basic needs on a short-term basis. However, community members identified several challenges that limited the effectiveness of the programs.

First, many programs are temporary; when the pandemic ends, so do the resources and government protections. Community leaders pointed out that structural challenges continue to limit access and participation. One challenge is exclusionary eligibility rules that limit participation of certain documented and undocumented immigrants. Another challenge is lack of compliance with language access standards; for example, cultural and linguistic barriers affected recipients’ ability to access rental assistance and California’s Disaster Relief Assistance for Immigrants. Even when programs were available to undocumented immigrants, they were often extremely difficult to access, and when they were accessible, the resources were exhausted before families could be helped.

Administration of programs also tended to be a challenge. Many community organizations found that pandemic assistance funding was slow to roll out, which placed some organizations in financial limbo. For example, Los Angeles County’s

Community Health Worker (CHW) Outreach Initiative, which was intended to provide cultural and linguistic outreach and education, was not implemented until late in the pandemic (October 2020) and lasted only three months. Although some community-based grantees were renewed, it was not before many CHWs were let go, resulting in disrupted services. Some CBOs that supported communities with food and financial assistance in June and July of 2020 weren't reimbursed until the end of the year. Others noted that there was little transparency about how local governments spent the funds and whether enough money reached communities most in need.²⁵ Other organizations noted that local politics impeded quick release of needed funds and resources. Finally, some CBOs turned down federal or state funds due to burdensome administrative and reporting requirements.

Underinvestment in public health and CBOs further undermined COVID-19 response efforts for BIPOC and other underserved communities. As a direct result of drastic funding cuts to public health preparedness and emergency response programs over the past decade, state and local health departments were woefully underprepared to deal with a crisis of the magnitude of the COVID-19 pandemic. Advocates have long noted that public health departments at state and county levels do not prioritize language access assistance or data collection, which creates barriers to services and results in communities' disparities going undetected, especially in the AANHPI and American Indian communities. In counties' Targeted Equity Investment Plans required by the California Department of Public Health, requests for technical assistance centered on issues of language access and data collection. Requests for assistance with language access issues focused on the need for translation services, requests for pre-developed and pre-tested materials in Spanish and other non-English languages, and support in connecting with priority populations such as agricultural workers. There were a few requests for support with data collection efforts specifically for BIPOC and undocumented communities, as well as for best practices for collecting data at busy testing sites. These needs reflect a lack of bilingual and bicultural staff in government programs, a lack of practices to support such staff, and a lack of capacity to conduct outreach and engagement of priority populations.

CBOs faced their own economic challenges that were exacerbated by the pandemic. Many CBOs have been directly assisting community members affected by COVID-19 without receiving any extra funding to do so. One advocate noted, "COVID has taken a toll on the finances of nonprofits. It remains a struggle . . . to keep many nonprofits, including ours, viable in 2021." In our interviews, many organizations shared that they did not have funding for but felt compelled nonetheless to provide personal protective equipment (PPE) for their workers who were conducting outreach or wraparound services. Some CBOs had funders that offered flexibility. "It wasn't just one funder, but many funders . . . [that] allowed us to listen to what we were . . . seeing in the community and be responsive to it," reported one interviewee. Yet organizations found that sustaining funding for temporary programs and services was challenging. While some funders were

flexible, others still held CBOs accountable for meeting programmatic goals and reporting requirements that were less relevant and feasible rather than supporting the direct and immediate needs of community members. Moreover, some CBOs provided food assistance as well as testing and vaccination sites on their own until they could get funding for those services.

Many public health departments didn't have strong relationships with diverse communities before the pandemic. Many staff members at CBOs reported that relationships between communities and government – including local and state government and health departments specifically – were not strong before the pandemic, resulting in difficulties throughout the pandemic response. Community advocates mentioned that distrust often stemmed from past disinvestment in BIPOC communities and a lack of accountability to those communities in funding and decision-making processes. One Los Angeles-based advocate observed, “The lack of representation at all levels for African American/Black communities, especially during planning and decision making, creates a lack of trust.” The lack of diverse staff in government and governments’ inability to provide culturally and linguistically appropriate materials and information made it hard for BIPOC communities to feel welcomed or that their needs were an important priority. CBOs noted that when governments do not make it a priority to recruit diverse staff, train current staff to work with diverse communities, or put resources into translation and interpretation services, communities feel invisible and frustrated. One advocate stated, “Local systems that are supposed to help these communities are under-resourced and do not have the proper competency or skills to work with communities.” As a result, CBOs are left to fill the gaps, often without support or resources from governments, especially when for many months the county offices were closed, offering only limited access through the internet or by telephone.

The lack of diverse staff in government and governments’ inability to provide culturally and linguistically appropriate materials and information made it hard for BIPOC communities to feel welcomed or that their needs were an important priority.

According to the Targeted Equity Investment Plans, local public health departments did increase recruitment and hiring of new staff to reflect the diversity of their communities. CBOs also noted that during the pandemic, counties reached out to them more often for partnership in reaching underserved communities. Multi-funder collaboratives, such as [Together Toward Health](#), and increased government funding for community organizations helped to provide resources and strengthen partnerships.

Communities encountered barriers to civic engagement. Interviewees spoke about how the pandemic increased awareness of and desire to participate in advocacy; however, many community members faced technological barriers when attempting to participate virtually or found it difficult to navigate complicated protocols for conference calls or videoconferences. Many local governments and state agencies relied on virtual meeting platforms to engage residents, which excluded those without strong broadband access. Some local governments ended up excluding residents due to complicated public comment procedures. Civic participation was also hampered by lack of language accessibility. As we heard from one interviewee from Instituto de Educación Popular del Sur de California,

"This is an opportunity to think about language justice. . . . [The lack of language access is] not fair for those who want to participate fully. It can lead to a lot of tokenism and not real equity." Finally, gaps in knowledge about meeting protocols might be more prevalent in some underserved communities, which often comprise the residents who have the most at stake in government decisions.

Lack of Language Access During the Pandemic

As we've noted throughout this section, the lack of translated materials, diverse staff, and culturally and linguistically relevant outreach and education resources was a huge hurdle for many racially and ethnically diverse communities. Whether community members were trying to access new programs or services, obtain urgent and critical public health information, or participate in public meetings and hearings, language accessibility was a recurrent issue throughout the pandemic.

Language access is not a new issue; many of the organizations that addressed this critical challenge in response to COVID-19 have been advocacy leaders on this issue for many years. Given CBOs' advocacy, the fact that the communities hardest hit by the pandemic continue to face structural challenges is discouraging, though not surprising. Local governments need to partner with CBOs to address language access if we are to avoid inequitable impacts in future pandemics and work toward equitable recovery from the current one.





Part 2: How CBOs Showed up to Address Challenges

How CBOs Made a Difference in Meeting Communities' Needs

Long before the first statewide shelter-in-place order was issued, racially and ethnically diverse CBOs had been successfully working with BIPOC communities not only to address their most immediate needs and challenges but also to advocate for structural changes to policies, programs, and services. In particular, many of the CBOs we interviewed have been important advocates for racial equity at state and local levels. Throughout the COVID-19 pandemic, despite the varied challenges that the CBOs faced in adjusting to the pandemic, they stepped in and elevated their advocacy and service delivery for racially and ethnically diverse communities to new heights, given the life-or-death stakes.

CBOs used person-centered strategies to address residents' immediate needs.

Community-based organizations put people in the forefront, using community-defined practices and person-centered strategies (such as those outlined in the following list) and providing culturally and linguistically competent services. Prior to the pandemic, CBOs were already adept at reaching people who are labeled *unserved* or *underserved*. Throughout the pandemic, CBOs were able to effectively meet residents' needs through some of these long-standing practices:

- **Employing staff from the communities they serve.** CBOs have high rates of success in working with community residents, building trust, and helping people navigate services. Many community organizations use *promotoras* or community health workers to meet the needs of their communities, especially in underserved communities that include many people who do not speak English well; who lack immigration documents; or who have experienced negative interactions with government, health and medical providers, or law enforcement. During the pandemic, community organizations have been effective in reaching and working closely with communities such as agricultural workers, people who speak limited English, and immigrants, partly due to intentional efforts to recruit and retain staff – including community health workers and health navigators – who reflect the communities they serve, are culturally and linguistically competent, and have intimate knowledge of the people they are serving. Organizations were able to deliver public health messages and services, including COVID-19 testing and vaccination, to linguistically underserved agricultural workers. Several organizations also managed to increase their language capacity by hiring additional bilingual staff to reach Pacific Islander subpopulations that had small numbers of people and were geographically dispersed.
- **Using a trauma-informed approach.** At a time when Californians with low income were experiencing multiple levels of hardship, many mentioned trauma and fatigue from navigating complex, unresponsive government programs and systems. CBOs helped to ease these burdens by using a trauma-informed approach to delivering services. This approach acknowledged community members' humanity and ensured that they were not burdened with multiple applications or unnecessary travel. For example, CBOs partnered with service providers to deliver food and hygiene care packages while disseminating public health and other educational materials. CBOs offered team-based care, referrals, and warm handoffs for a broad range of health, mental health, and social services, including COVID-19 testing and vaccination. Some organizations leveraged prescheduled visits and calls to collect data or document experiences through story collection.
- **Meeting people where they are.** During the pandemic, many people were unable to access public transportation or chose to forgo it due to safety concerns. As a result, some were immediately cut off from basic resources, appointments, and social connections. To help meet their needs, organizations conducted socially distanced and masked home visits to provide mental health screenings, perform wellness checks, or distribute food. CBOs also organized and hosted mobile COVID-19 testing and vaccination sites in local communities to ensure access to testing and vaccines.

CBOs' Use of Person-Centered Strategies

Employing staff who reflect the community. Roots Community Health Center in Oakland has predominantly Black staff and leadership who center their services on Black communities in East Oakland and other parts of the Bay Area. Roots hosted weekly health briefings in which their CEO, Dr. Noha Aboelata shared important information about COVID-19 and raised awareness of its impacts on Black communities and low-income residents. Residents have fondly referred to Dr. Aboelata as “the Dr. Fauci of Oakland.”

Employing culturally competent community health workers. In Los Angeles County, a collaborative of 14 organizations serving Asian American, Native Hawaiian, and Pacific Islander (AANHPI) residents used their community health workers to conduct outreach and education and to connect residents with services such as rental and food assistance, economic supports, health care enrollment, and COVID-19 testing and vaccination sites.

Meeting people where they are. At Community Health Councils in Los Angeles, health navigators and enrollers traveled to food distribution locations to register those eligible for Medi-Cal on-site rather than ask for additional time or meetings to help them enroll. To ensure that farmworkers could access free COVID-19 testing and public health information, Vista Community Clinic in San Diego used community health workers (*promotoras*) to conduct mobile testing in agricultural fields and provide translated information. In the Central Valley, staff members at Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO), who speak multiple Indigenous languages, traveled to agricultural workers to distribute PPE, offer assistance with COVID-19 testing and vaccines, and help them navigate assistance programs.

CBOs kept communities socially connected and engaged. In a time of crisis and uncertainty, it was crucial for residents to have a trusted source that could provide timely information and counteract misinformation, as well as to feel connected to a larger community. One advocate at Vista Community Clinic noted, “The one best practice that I have been sharing is remaining connected to the community, . . . and one success has been remaining constant and active in the community through our mobile testing.” CBOs offered simple, culturally relevant information by gathering, distilling, and often translating information from public health departments about COVID-19 – including social distancing guidelines, testing locations, and transmission rates. They developed user-friendly, linguistically accessible messages and materials – a strategy that was particularly important for communities that speak Indigenous languages and for Latinx and Asian Pacific Islander communities. Organizations also created messages and materials for people who are tech-savvy as well as for those with lower levels of digital literacy.

Outreach to Tech-Savvy Communities

- Asian Pacific Islander Forward Movement (APIFM) created eye-catching public health messages and graphics for Instagram.
- Other organizations hosted regular Facebook live events in Spanish and English to provide updates.
- Canal Alliance created a text message campaign and online app that served as a centralized portal for client communications and service orientation.

Outreach to People Without Digital Access

- For communities without access to digital technology, CBOs expanded traditional outreach. For example, Mixteco/Indígena Community Organizing Project (MICOP) used its [radio station](#), which reaches tens of thousands of Indigenous language speakers, to disseminate information about COVID-19.
- APIFM shared information directly with communities that were struggling with online access or were not technologically savvy by including translated public health information and PPE in emergency produce bags that were delivered to individuals and families through CBOs and other partners.

How CBOs Kept Communities Socially Connected

- Roots Community Health Center has been hosting [weekly health briefings](#) that are delivered by predominantly Black staff. These briefings focus on Black and other low-income communities of color in East Oakland and parts of the Bay Area. The clinic's CEO, Dr. Noha Aboelata, regularly joins these briefings to share COVID-19 data and information and keep community members informed in a culturally congruent manner. These sessions fill the gap left by health departments' lack of effort to proactively combat historic mistrust of institutions on the part of Black communities and other communities of color amid COVID-19.
- During the pandemic, to combat social isolation and increased hardship experienced by Asian and Pacific Islander (API) seniors living in Los Angeles' Chinatown community, Asian Pacific Islander Forward Movement (APIFM) collaborated with a neighborhood park, the Los Angeles State Historic Park, to provide outdoor, socially distanced education sessions for seniors, including tai chi classes. APIFM also [partnered with Asian and Asian American food producers](#) to deliver culturally appropriate fresh vegetables and foods to seniors, low-income families, and nonprofit staff across LA County. These efforts helped maintain the health of API seniors who were experiencing language and cultural disconnection from institutional services by keeping up their levels of physical activity and mental engagement.

How CBOs Filled Gaps in the Response to COVID-19

CBOs witnessed the anguish, stress, and frustration that their communities were experiencing during the pandemic. Many adapted their programming, used their networks, and voiced their concerns through advocacy when they saw gaps in COVID-19 response or the lack of a racially equitable response. The following are critical ways that racially and ethnically diverse CBOs stepped in to address gaps in government response to COVID-19:

CBOs leveraged partnerships, to extend their reach and impact. Faced with challenges such as limited resources and virtual interactions, CBOs across the state leveraged partnerships with each other and with local governments to ensure that the response to COVID-19 was equitable. In Fresno, several community groups worked with city and county government staff to distribute resources to agricultural workers, undocumented communities, and Indigenous communities. They provided COVID-19 testing, contact tracing, and wraparound services, including assistance with food, housing, and cash. One advocate stated, “City and county [officials] recognize we need to work together, cannot work in silos.” Staff at the Center for Health Equity at the Los Angeles County Department of Public Health, some of whom have previously worked at community organizations, worked closely with their previous organizations to elevate community issues and needs, troubleshoot responses, and improve communication between community groups and the county.

In addition, CBOs formed new national, state, regional, and local coalitions to coordinate pandemic responses. For example, the Multi-Ethnic Collaborative of Community Agencies (MECCA) in Orange County formed a regional partnership with organizations in Riverside, San Bernardino, Inland Empire, and San Diego to foster a co-learning environment for CBOs and county staff to share lessons learned, best practices, and equity-focused response strategies. In Los Angeles County, several collaboratives were created to serve diverse AANHPI communities, including two collaboratives led by the Asian Pacific Policy and Planning Council (A3PCON); National Asian Pacific American Families Against Substance Abuse (NAPAFASA); and Asian Resources, Inc. (ARI) that provide outreach and education about COVID-19 testing and vaccination, as well as navigation assistance for people who have tested positive for COVID-19 and must stay at home and for people who have come in contact with people with COVID-19 and must be quarantined. Working collaboratively with trusted CBO partners is the most effective way to meet the cultural, language, and informational needs of small AANHPI populations that are dispersed throughout the county.



We consistently have to be creative, have to think of new ideas. We’re producing telenovelas. A lot of our PSAs are very innovative in that they become kind of like a commercial – but a community-oriented commercial where people are having a conversation.”

Mixteco/Indígena Community Organizing Project

How CBOs Created Partnerships for COVID-19 Response

- In Marin County, Canal Alliance convened a multi-sector collaborative that included nonprofit organizations, businesses, and city and county staff. This collaborative engaged with elected officials and county staff to raise issues and craft responses that would best meet local community needs.
- Other counties, including Santa Barbara and Orange, created specific COVID-19 task forces to ensure that equity is centered in pandemic response and economic recovery efforts.
- Three organizations – Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO), Central California Environmental Justice Network, and Vista Community Clinic – partnered with the California Institute for Rural Studies to conduct a cross-state study on COVID-19 and farmworkers in which hundreds of agricultural workers across Central and Southern California were interviewed.
- Asian Pacific Islander Forward Movement (APIFM) expanded their collaborative partners and began working with faith-based organizations, pastors, and youth leaders to reach the Pacific Islander community in order to share information and resources related to COVID-19.
- Staff at Vista Community Clinic co-led the FarmWorker CARE Coalition, an existing collaborative that fostered partnerships between service organizations and education partners to develop public health messages, as part of their work on a broad range of issues affecting farmworkers and their families.

CBOs served as an important link between government and community. In addition to providing information in culturally and linguistically appropriate ways, CBOs acted as a voice for their communities and assisted government and academic institutions in collecting authentic community data. Due to their strong relationships with communities, CBOs were well suited to reach out to underserved communities to collect critical data for planning and resource development related to COVID-19. For example, several organizations partnered with the California Institute for Rural Studies to collect data on agricultural worker communities for a report that identified and analyzed the inequities experienced by farmworkers during the pandemic. Organizations that gathered data also used the data for their own internal training and information in order to improve their programs and services during the pandemic.

CBOs were able to advocate for their communities when they saw unmet needs. For example, Mixteco/Indígena Community Organizing Project (MICOP) led efforts to raise awareness of the need to vaccinate farmworkers as a priority essential worker category. Their efforts were supported by policymakers at the state level.

In addition, CBOs in Los Angeles and the Central Valley provided a voice for small business owners and worked with city government to secure financial support for them. For example, the Central Valley Urban Institute worked with the City of Fresno and a nonprofit organization to provide low-income aestheticians, barbers, and cosmetologists with mini-grants to help them make ends meet.

CBOs used their flexibility to pivot and address shortcomings in the pandemic response. Almost all the interviewed organizations had to pivot to respond to the daily challenges their communities were facing during the pandemic. One interviewee from Fresno shared, “In the middle of census outreach, we started calling people and going to places [that were] distributing food. People were like ‘who cares about the census or the next 10 years?’ That’s how we started collecting resources and referring people to food. People needed to pay rent and utilities. We changed because we needed to help people.”

Organizations quickly pivoted from their usual services to distribute and deliver food and personal protective equipment (PPE); provide funding for rental assistance; and offer support for COVID-19 testing, contact tracing, or vaccination. In Sacramento, Asian Resources, Inc. (ARI) began providing weekly food boxes in 2020 and has continued to do so because of high need in the community. ARI also provided financial and cash assistance to immigrants who were not eligible for federal or state assistance and set up a testing and vaccination site at its main office because community members felt safe there. ARI provides workforce development services and was able to provide assistance related to unemployment insurance and taxes, which included helping families – especially those with children – obtain the earned income tax credit.

Some organizations were able to leverage experiences and lessons learned from past emergency responses, such as the wildfires. For example, MICOP noted, “Our work with the wildfires helped prepare us a little bit better than maybe some other organizations. We had that rapid-response infrastructure.” Many CBOs that provide mental health services continued to host mental health and wellness events, given the challenges that the pandemic generated.

CBOs helped communities navigate government programs and services, a change that sometimes required CBOs to step out of their own comfort zone, often without additional funds. For example, staff helped community members with routine but important tasks such as creating an email address in order to sign up for COVID-19 testing and vaccination.

Some organizations began providing workforce development and training for community members in light of widespread job loss. Others provided navigation and assistance for small businesses and micro-businesses or helped residents sign up for unemployment insurance and other social and health programs.

CBOs helped communities navigate government programs and services, a change that sometimes required CBOs to step out of their own comfort zone, often without additional funds.

CBOs helped connect residents with engagement opportunities. Many CBOs observed that the impact of COVID-19 on their communities led some residents to want to speak up, participate in policymaking, and hold decisionmakers accountable. One advocate at Vista Community Clinic noted, “COVID has been a prompt for people to have to engage with governmental systems. As service providers, we want to make sure they are participating with their comfort level.” For example, when almost 300 farmworkers in the Central Valley became infected with COVID-19, community members spoke up by creating a petition. While technology was a challenge for some community members who wanted to participate, some organizations saw an increase in participation. Community Health Councils in Los Angeles and the McKinleyville Family Resource Center in Humboldt County both noted this increase. The advocate from McKinleyville stated, “Through Zoom hearings and meetings, we’ve seen an increase in community participation in government meetings, and even if it is not active participation, people are listening in, which makes elected officials more careful and considerate in their actions.” Organizations provided toolkits and training on advocacy and engagement strategies for residents attending city council or other public meetings. CBOs also collected stories to share with policymakers.





Part 3: Recommendations

Addressing underlying inequities requires structural changes in how communities participate in decision making, in the data that policymakers have to help them make equity-informed decisions, and in accountability mechanisms related to the distribution of resources.

The information gleaned from our key informant interviews with racially and ethnically diverse CBOs underscores the ongoing challenges that BIPOC and underserved communities face in accessing the resources they need to survive and the opportunities they need to thrive. The information and findings also emphasize how unequal power dynamics negatively affect their engagement in policy development and implementation. Addressing underlying inequities requires structural changes in how communities participate in decision making, in the data that policymakers have to help them make equity-informed decisions, and in accountability mechanisms related to the distribution of resources. Our data are sourced from the insights and experiences of racially and ethnically diverse CBOs, which means that our recommendations focus on racial equity with the goal and hope that they can and will be adapted and applied to other underserved and disadvantaged communities. In addition, the recommendations are interconnected and meant to build on each other. For example, community engagement should be prioritized across all of the recommendations even though it is not mentioned repeatedly.

Recommendations for Investing in Communities

Invest funding and resources in CBOs, to strengthen their role as vital partners to government in meeting community needs. Community-based organizations demonstrated their critical role throughout the pandemic. They assessed gaps in local and state responses to COVID-19 and used their flexibility to meet communities' needs. CBOs distributed funds, materials, and resources to families, to help them avoid evictions, afford basic necessities, and minimize negative health outcomes. CBOs' close relationships with communities have made them a trusted source of information, allowing them to help communities better understand the pandemic and public health regulations, which aids compliance. CBOs are important employers and business partners that provide jobs, promote economic stability for diverse employees, and often fuel local communities.²⁶ Yet even before the pandemic – and especially during it – CBOs struggled with limited resources and bureaucratic funding restrictions. As we continue to assess the extent of priority communities' needs now and in the future, we need to invest resources to strengthen CBOs as vital partners and part of local infrastructure.

CBOs' close relationships with communities have made them a trusted source of information, allowing them to help communities better understand the pandemic and public health regulations, which aids compliance.

»»» Recommendations to strengthen CBO partnerships include the following:

- Improve access to funding and allow more flexibility in the use of funds, to assist organizations in reaching and serving priority populations. Streamline application and reporting processes for funding. Provide funds for administrative and core support for CBOs in addition to funding service delivery more effectively.
- Create funding for smaller organizations that often are ineligible for local or state funding or face administrative burdens in obtaining contracts or grants. These organizations tend to serve the most underserved communities and have the potential to extend the reach and efficacy of public health policies and strategies.
- Engage community partners and organizations in discussions and processes related to future funding and budgeting, particularly upcoming federal, state, and local funding opportunities.
- Create longer-term relationship-building opportunities for CBOs and local government partners, to help them increase their connections, build each other's capacities, and evaluate and learn from projects and programs.
- Make stronger connections to workforce development initiatives – for example, expand community health worker and *promotora* programs – to support CBOs that serve BIPOC, seniors, LGBTQIA+ communities, immigrants, people with disabilities, veterans, people who have been incarcerated, and people without reliable housing.



It's called 'transformational togetherness': we need to build a stronger civic infrastructure for nonprofits, . . . so that they can build their power and impact the institutions."

Multi-Ethnic Collaborative of Community Agencies

Invest in and improve meaningful community engagement processes across all sectors and government programs. When a community engagement process is not equitable, policy development and implementation will have mixed or varied results, and often the most underserved communities will experience negative consequences. Conversely, investing in community participation results in more effective programs and a stronger sense of social connection.²⁷ Interviewees shared several examples in which a lack of transparency and meaningful community engagement, particularly on the distribution of emergency assistance funds, led to inequitable results. As communities recover from the pandemic, participation and engagement of community members and community leaders must be prioritized. Creating stronger community participation will help governments build trust with priority populations while centering their needs.

»»» **Here are some concrete steps that can be taken to invest in community engagement:**

- Ensure that community engagement is part of the process from the very start of policy or project development so that there are meaningful opportunities for community input, program evaluation, and course correction.
- Build capacity and partnerships across government institutions and community stakeholders on communication strategies such as active listening, cultural humility, cultural and linguistic competency, acknowledging past wrongs and failures, and other techniques to build relationships and communicate effectively.
- Invite community leaders and local CBOs to engage in the policy development process, including evaluation of pandemic response. Recognize public health and community engagement expertise that is born from lived experience, work in CBOs, and community organizing.
- Where appropriate, use existing collaboratives and task forces to inform policy priorities and engagement processes. Many Californian philanthropies and the state itself have invested in developing local and regional collaboratives that are cross-sectoral and cross-cultural and include CBO partners, anchor institutions, and business leaders. These collaboratives have data and relationships that could be expanded or leveraged to improve community engagement efforts and reach affected communities.
- Increase accountability of government agencies for public participation in the following ways: allow adequate time for input and feedback, increase accountability for responding to feedback received, track public participation rates, and set annual community participation goals.

- Hold hearings, listening sessions, and community town halls that are accessible in a variety of ways, including virtually, outside of traditional business hours, in community settings, with language and physical accessibility, and with supports such as child care, transportation, food, and stipends.
- Clarify goals, processes, and expectations for engagement so that priority populations have clear expectations about the process, their role, and the anticipated impact of their participation. Adjust agendas and timelines to accommodate capacity-building needs, community concerns, and other issues that might be identified through the process and that might inhibit participation and agreement.

Improve government response and service delivery by using person-centered, trauma-informed approaches. As we described earlier, BIPOC communities have faced multiple levels of isolation, stress, and trauma due to persistent social and health inequities. To begin addressing the fundamental drivers of inequity, including structural racism and discrimination, our systems must incorporate healing approaches. Healing approaches start with trauma-informed care at the individual level and also include community-level strategies such as restorative justice practices and community dialogues. These approaches often draw on cultural knowledge and customs from racially and ethnically diverse communities, including values, practices, and traditions that help communities reconnect with, reaffirm, and celebrate cultural identity while creating a path toward the community changes needed for health, safety, and well-being.

During the pandemic, racially and ethnically diverse CBOs were successful in reaching BIPOC communities because, in addition to having staff from the communities they serve, they made sure that community members felt welcome and were not burdened in receiving services. These principles are some of the tenets of a trauma-informed approach. Additionally, CBOs went out of their way to integrate services, minimize applications or eligibility procedures, and go to places where community members were in order to decrease the need for community members to travel to receive services. These types of person-centered approaches help increase community members' confidence in institutions, build social cohesion, and reduce stress.

>>> Here are some additional recommendations:

- Where possible, align public health funding to address social and community determinants of health (rather than disease outcomes). Create metrics to track whether and how funding is reaching the communities and neighborhoods most in need and creating desired outcomes.
- Partner with local CBOs, faith-based organizations, or schools to distribute food and services to residents where they live. Maximize the capacity of schools, family resource centers, and other community spaces to serve as primary prevention centers for youth, families, and communities.

- Streamline and simplify enrollment processes by reducing administrative burdens, expanding virtual enrollment options, and simplifying eligibility criteria.
- Improve language assistance services to support multilingual communities in a culturally and linguistically responsive way. Contract with community-based organizations to provide advice, training, or leadership during development and implementation of language assistance programs, possibly including training on culturally and linguistically appropriate service delivery.
- Aggregate multilingual resources to share across counties and government programs. Provide interpreters for community members who don't speak much English whenever they are needed, including at government agencies and in health-related settings.
- Provide training for all government staff in equity, diversity, inclusion, and cultural humility, to help eliminate discrimination and biases in social service and assistance programs.
- Support, fund, and adopt healing approaches, including *structured community dialogues* that facilitate discussion, exchange, and expression among diverse stakeholders, organizations, and members of a community; *acknowledgment and reconciliation efforts* that seek to discover, reveal, understand, and take responsibility for past wrongdoings in order to resolve conflicts and ameliorate harm done in the past; and *vigils*, which are a collective practice of spiritually holding a space and place to identify, acknowledge, and elevate a person, event, or condition that needs to be grieved and/or highlighted as part of a process of healing and collective action. Vigils are especially important in light of the immense losses that BIPOC communities have endured over the course of the pandemic.
- Identify and implement restorative justice practices. These are practices of justice that emphasize acknowledgment of harm done, acceptance of responsibility, and achievement of reconciliation as a community method for repairing the harm caused by criminal behavior or institutional policies or practices.



Recommendations for Investing in Government



We need to take this moment and get as much out of it as possible – not just meeting the basic needs but getting systems to change.”

Multi-Ethnic Collaborative of Community Agencies

Prioritize racial equity in policymaking and decision making. COVID-19 elevated the urgent need to address health inequities, showing the need for different policy and process approaches that explicitly address and eliminate structural racism and discrimination. Many government leaders and agencies, including the [Centers for Disease Control and Prevention](#) and [agencies throughout California](#), have taken an important first step by naming racism as a public health crisis. In fact, since 2019, [32 California organizations and government entities](#) have declared that racism is a public health crisis.²⁸ In April 2012, California’s Strategic Growth Council (SGC), a multi-agency collaborative housed in the Governor’s Office of Planning and Research, adopted their Vision for Racial Equity: “All people in California live in healthy, thriving, and resilient communities regardless of race.”²⁹ The SGC went further by adopting a Racial Equity Action Plan (2019-2022), which includes “concrete actions that the Council and staff will take to achieve racial equity in our organization, operations, programs, and policies.”³⁰ As we develop policies to assist in pandemic recovery, we must prioritize the elimination of structural racism and discrimination in our institutions, policies, programs, and services. And we must elevate the role of CBOs in helping to create opportunities and implement efforts to do so.

»» Here are some recommendations on how to prioritize equity in policymaking and decision making:

- Make a commitment to equity by creating or refining an agency vision to include equity, eliminate structural racism and discrimination, or declare that racism is a public health crisis. Create state *and* local commitments, goals, and action steps.
- Use community engagement and more robust data collection and reporting – including more standardized collection and reporting of disaggregated data for smaller racially, ethnically, or otherwise diverse populations such as Asian Americans, Native Hawaiians and Pacific Islanders, LGBTQIA+ persons, and persons with disabilities – to develop recommendations on how to improve future policy development and implementation processes.
- Create an action plan to realize the commitment by developing internal and external goals, strategies, and actions for equity. Work with other state and local institutions to identify best practices and action steps to ensure that addressing structural racism and discrimination is centered in these efforts.
- Expand racial equity action plans to include equity for other communities that have experienced discrimination, including immigrants, LGBTQIA+ communities, women, and people with disabilities.

- Create an advisory board or committee that includes CBO and community partners, to help identify goals and activities. Working agreements should be established that include respect for different types of expertise; how to solicit input from a diverse array of stakeholders; how to assess both internal and external equity needs; ways to ensure staffing represents the community; and how governments can be inclusive and supportive of priority populations.

Include accountability strategies and measures to actualize equity commitments.

Commitment to equity must extend beyond mere rhetoric to include all actions taken by public officials and agencies. Codifying this commitment through state or local laws can help to ensure accountability in decision making, resource allocation, and policy development. Additionally, state and local governments can codify different aspects of community engagement, to ensure that community input is included in all steps of the planning and policy development process.

>>> Here are some specific suggestions on how to improve accountability for equity goals:

- Create government accountability to equity commitments by using demographic and socioeconomic data and community input to inform goals, strategies, actions, and decisions.
- Set equity goals and share them with the public and communities. Hold hearings to seek input from affected communities on the government's progress and to evaluate actions, revisit strategies, and reassess goals.
- Create policies that delineate how resources are distributed; what criteria are considered in forming budgets or creating programs; how innovative approaches to public decision making are implemented; or how agencies, departments, and CBOs collaborate and coordinate their efforts to achieve collective goals.
- Establish, monitor, enforce, and assess performance measures and accountability guidelines to assess effectiveness of programs and policies, how programs or policies are affecting specific populations such as BIPOC communities or other underserved communities, and corrective measures for when measures are not met.

Invest funding in state and local government and public health staff to build understanding of the need to work with diverse communities and capacity to do so.

According to our key informant interviews and the Targeted Equity Investment Plans submitted by counties, there is interest in building the capacity of government staff at state and local levels to better engage and serve diverse communities. Further, when government staff have strong relationships with CBOs, advocates, and community partners, they are better able to leverage community strengths, information, and resources to equitably address the needs of BIPOC and underserved communities.

»»» **The following recommendations suggest ways to strengthen staff capacity to build community relationships:**

- Conduct an audit of the public health workforce, which should include CBO staff, *promotoras*, and other community health workers. Ask workers about gaps in their understanding of equitable engagement, programming, and policymaking. Develop responsive trainings and invite honest feedback.
- Prioritize supporting and hiring diverse community leaders, to build and strengthen relationships of trust between local government agencies and communities.
- Create recruiting and hiring practices that value lived experience and support the candidacy and hiring of BIPOC, bilingual, and bicultural people. Eliminate unnecessary hiring requirements that traditionally benefit certain groups over others.
- Revisit existing internal and external policies to assess them for equity.
- Conduct ongoing staff trainings on equity and cultural humility. Establish accountability measures for implementing these learnings by creating benchmarks, targets, and evaluation measures.
- Create communities of practice for local health departments, to promote exchange of ideas, resources, and learnings from their health equity initiatives.

Prioritize and standardize disaggregated data collection, reporting, and analysis.

Comprehensive, self-reported, and disaggregated data are essential to help assess community needs, identify challenges in addressing those needs, and recognize opportunities to address disparities. State and local governments have struggled with this issue for a long time; however, COVID-19 emphasized the devastating results of continuing to delay in addressing this priority. State and local governments must prioritize data collection as a critical step toward informing change. As experts on their own communities, community stakeholders have been advocating for the collection and reporting of disaggregated racial, ethnic, and language data for many years and may be able to advise on the best methods for collecting needed information. As such, they need to be included as advisers and partners in this effort. By taking a shared approach to data collection and analysis, governments and community-based organizations will be better equipped to identify health disparities and prioritize allocation of resources to the most negatively affected and underserved communities.

»»» **The following are critical steps toward better data collection and analysis:**

- Identify and strengthen the laws and regulations necessary to establish procedures for disaggregated demographic data collection. Provide guidance and technical assistance to state and local governments on key compliance issues.

- Identify timelines and target dates in order to hold state and local governments accountable for collecting, using, and reporting disaggregated demographic data (including preferred language spoken) and for how they use a racial equity lens in analyzing those data.
- Establish advisory groups at state and/or local levels to inform a data collection and analysis plan that centers community priorities in its goals, assessment questions, and data collection and analysis techniques.
- Standardize and modernize electronic data systems at state and local levels so that data systems are uniform and consistent and data can be shared among agencies.
- Develop and actively integrate policies that facilitate exchange of data between various health, public health, and social service agencies. Data should be shared between public health agencies and health delivery systems while protecting individual privacy as necessary.
- Partner with community-based organizations in gathering data. Community groups and residents may provide effective advice on how data should be collected by agencies and may be able to help collect needed community data that would be difficult for institutional planners or consultants to obtain.
- Offer training to community groups or individuals on how to lead focus groups or interviews, help collect survey data, or gather observational data in their neighborhoods.

Recommendations for More Equitable & Accessible Services & Supports

Through our interviews with racially and ethnically diverse CBOs and our review of counties' Targeted Equity Investment Plans, we surfaced several recommendations to improve communities' access to various state and local health and social service programs, including mental health services and food and housing assistance. We also assembled recommendations on enforcement of public health laws. This section offers policy recommendations to help improve social services and ensure equitable enforcement.

Address mental health needs and disparities through healing and restorative approaches. Well before the pandemic, access to culturally and linguistically appropriate mental health services and providers was extremely challenging for many BIPOC and disadvantaged communities. Communities have been working to improve access to diverse mental health providers and to community-driven services and solutions.³¹ The pandemic exacerbated mental health challenges, including stress, anxiety, social isolation, and individual and community trauma. According to many of the CBOs we interviewed, mental health is a central issue in addressing the pandemic. California's approach should focus on addressing the inequitable conditions that increase the risk of mental health challenges and trauma in communities; supporting broader strategies for healing; and increasing

investments and resources for more culturally and linguistically diverse mental health providers and services.

»»» **Here are some recommendations to support healing approaches:**

- Ensure and expand access to culturally and linguistically appropriate mental health and substance use disorder services. Eliminate artificial caps on the number of behavioral health visits covered by Medi-Cal, Covered California, and other health insurance.
- Build capacity and increase investments in behavioral health programs based on community-defined evidence through the [California Reducing Disparities Project](#). Integrate similar programs into local behavioral health programs.
- Fund and support the arts and engagement in the arts, including forms of cultural, social, and political expression that articulate and express experiences or educate about experiences and conditions – all of which can contribute to movements for social, political, economic, and cultural change.
- Promote practices that are rooted in culture and community and that acknowledge harm and build resilience. Community-wide processes, activities, rituals, and events help build community connections, social relationships, social networks, trust, and collective efficacy, which are the basis for effective collaboration and collective community action.

Promote equitable enforcement of public health laws. While compliance with physical distancing and mask measures helped to slow the spread of COVID-19, community partners shared that these public health laws and policies were not evenly enforced across all demographic groups. Some organizations noted that when Latinx communities gathered at parks without wearing masks, they were reported and policed more than white communities. During curfews, essential workers from communities of color were pulled over or questioned more often, and their employers often neglected to provide them with documentation to show that they needed to be out. CBOs serving immigrant communities point out that the term *enforcement* often has negative and threatening connotations to immigrant communities. Issues related to enforcement of public health laws have often been sources of stress for BIPOC and underserved communities.

Enforcement protocols for traditional public health laws can range from warnings or education to fines or even jail time – but enforcement is more effective and more equitable when it addresses root causes of health problems, focuses on those with more power to make systemic change, and reduces or eliminates barriers to health or well-being for those with less power. In some localities, such as San Francisco, the police department used multilingual education and voluntary compliance as the primary approach to enforcement of public health policies, using criminal penalties only as a last resort. In Oakland and Chicago, mayors created a task force on racial equity to address the disparate effects of COVID-19 on Black and brown communities and begin to address long-standing inequities.³²

»»» **The following actions can help ensure that enforcement works more equitably to promote health:**

- Partner with community-based organizations to identify nonpunitive consequences for violations of public health measures as well as incentives to encourage compliance, both tailored to meet the needs of specific communities.
- Adopt sliding-scale fines and fees that take the violator's financial circumstances into account, so that monetary penalties do not pose an unfair barrier to accessing necessities like food, housing, and medical care.
- Ensure diversity in bodies tasked with enforcement, to ensure that priorities and implementation strategies take into account varied experiences and are tailored to fit specific community conditions.
- Increase funding for equitable enforcement, to ensure that laws meant to protect marginalized people are properly enforced and to fund evaluation of novel enforcement approaches.
- Require and fund evaluation of enforcement mechanisms, to assess whether laws and policies are achieving their intended goals, exacerbating existing disparities, or creating new disparities.
- Across governmental agencies, identify and eliminate fines and fees that disproportionately burden low-income families, such as court fines and vehicle tickets.

Help homeowners and renters stay housed. COVID-19 has compounded housing instability, shedding light on glaring racial inequities in access to safe and stable housing. While the state has already made housing and reducing homelessness a priority, COVID-19 provides an opportunity to not only address short-term housing needs but also radically re-envision how we approach housing production, housing preservation, and housing protections in our state.

»»» **Here are some ways that state and local policymakers, funders, and others can help families and individuals stay housed:**

- Distribute current rental assistance funds as soon as possible, to assist struggling tenants and landlords. Allow funds to be used for right to counsel in eviction proceedings, and continue to set up and sustain efforts to broaden eviction diversion programs.
- Use funding from the American Rescue Plan to further extend rent forgiveness and establish robust eviction diversion programs that renters can access directly, without landlords serving in a gatekeeping role. Focus outreach and support in communities that are most vulnerable to an inequitable recovery, and strengthen tenant protections against no-fault evictions.



When we say *recovery*, definitely we need to stop people from being evicted from their homes but also not continue to put Band-Aids because they will still have to bargain for it for another three months or six months or whatever long. We need to create a system where there's an opportunity for the debt altogether to be forgiven or waived."

Central California Environmental Justice Network

- Use federal housing and/or flexible relief funds to support CBOs and tenants rights organizations that have direct connections in communities and can support renters in navigating the eviction process and applying for relief. Work with CBOs to ensure that rental assistance gets to those most in need by providing culturally and linguistically appropriate access to financial programs.
- Create new or continue existing financing mechanisms that assist struggling renters, homeowners, and landlords with financial assistance during the pandemic and through economic recovery, to help keep individuals and families housed. For example, set up revolving loan funds to help landlords, tenants, and homeowners access financial assistance faster than they could through the reimbursement process for federal emergency rental assistance.
- Educate local court systems on how they can support the creation of eviction diversion programs and improve landlords' enrollment in rental assistance programs, to prevent unnecessary eviction proceedings and help tenants avoid the damage of having an eviction filing on their record. Establish processes for expunging eviction records.
- Establish a state-level accountability unit to monitor and enforce existing housing production laws and provide technical assistance to groups that are working to increase affordable housing.

Promote economic security and protect workers. The pandemic and resulting economic crisis have created conditions that are ripe for wage theft and other abuses. While laws to protect workers exist, enforcement is inconsistent and often difficult to navigate. Enforcement of labor violations is generally complaint-based, requiring workers to report abuses, often through complex formal systems, and placing them at risk for retaliation. While policies to protect workers against retaliation also exist, they often go unenforced. For example, CBOs noted that during the pandemic, some employers refused to comply with public health and safety recommendations and mandates. Further, many government agencies tasked with oversight failed to respond to worker complaints. The pandemic exposed uneven enforcement of existing laws and policies by employers and government agencies, as well as gaps in laws protecting workers. Many workers – such as independent contractors, nannies, housekeepers, and home health aides – are excluded from many existing protections. Making workplaces safer and more equitable helps to stabilize employment, promote economic security, and improve long-term outcomes, particularly for families at the margins.

➤➤➤ **To protect workers' health and well-being in the short term, local and state governments can take the following actions:**

- Increase funding for equitable enforcement and ensure that existing protections are consistently and evenly implemented in order to address worker exploitation, wage theft, and unfair scheduling practices, which generate economic instability and make it difficult for families to cover caregiving responsibilities.
- Strengthen labor protections for workers by adopting universal paid leave, hazard pay, and living wage policies.
- Educate employers and workers about their rights in regard to labor policies, immigration policies, and activities at the workplace.
- Extend labor protections to domestic workers, including nannies, gardeners, house cleaners, and home health care providers, who are excluded from most federal worker protection laws. Several local and state governments have enacted a Domestic Workers Bill of Rights that extends protections to workers in these sectors, but coverage and enforcement remain inconsistent.^{33,34}
- Work with CBOs to conduct outreach and educate vulnerable workers about workers' rights and protections and to provide culturally and linguistically appropriate access to employment-related programs.

➤➤➤ **Other ways to promote economic security include the following:**

- Support efforts to make the American Rescue Plan Act's child tax credit permanent, and evaluate mechanisms to ensure its equitable distribution to communities – including immigrant communities.
- Incentivize and support equity-oriented economic development, including investment in businesses owned by entrepreneurs of color, especially women of color.
- Remove barriers to employment and housing for formerly incarcerated individuals, and increase investments in adult education and training to help break the cycle of intergenerational poverty and reduce the number of people who are incarcerated.
- Create a coordinated system of early childhood care that includes access to affordable, high-quality child care and education programs as well as culturally and linguistically appropriate programs that support family members' ability to forge strong connections with each other.

Promote food security and adequate nutrition. Addressing food insecurity is critical to improving community health, reducing rates of chronic disease, and advancing health equity. Food insecurity is especially harmful to children, who need to consume adequate amounts of nutritious food in order to grow and participate fully in school. Individuals and children who are food insecure

experience starkly higher rates of chronic illness and poor mental health in addition to hunger, malnutrition, and undernutrition. In 2020, according to [research from Feeding America](#), more than 5.3 million Californians lived in food insecure households – an increase of more than 1.3 million people from the year before. Although the COVID-19 crisis significantly exacerbated food insecurity for many Californians, inequitable access to affordable, nutritious food was already a crisis before the pandemic.

»»» To ensure a more equitable economic recovery and future as well as decrease food insecurity, state and local leaders can take the following actions:

- Identify and implement policies that allow immigrant families and families with multiple immigration statuses to access social services that protect health, safety, and well-being – including Medi-Cal, the Supplemental Nutrition Assistance Program (SNAP), and housing assistance. End policies and practices that exclude undocumented residents from receiving state-funded nutrition benefits. (SB 464, if enacted, would include all immigrants in the California Food Assistance Program.)
- Extend increases to CalFresh benefits beyond the end of the COVID-19 emergency declaration period.
- Expand the list of retailers offering online purchase and click-and-collect options to CalFresh beneficiaries to include more retailers and more independent locally owned food retailers.
- Work with the US Department of Agriculture to permanently allow online purchase and click-and-collect options for CalFresh beneficiaries.
- Work with CBOs to conduct outreach and provide education to underserved communities, especially assistance with culturally and linguistically appropriate access to food programs.
- Support small farmers, especially farmers of color who grow culturally relevant fruits and vegetables and have been economically affected by the pandemic. Work with the US Department of Agriculture to pass the Emergency Relief for Farmers of Color Act.

Health in All Policies: A Whole-of-Government Approach to Health Equity

The COVID-19 pandemic has demonstrated that all parts of government need to work together. Advancing health equity in our continuing pandemic response and economic recovery efforts requires coordination and regular communication among the many government stakeholders whose policies affect community health.

Health in All Policies (HiAP) is a collaborative approach that incorporates considerations of health, equity, and resilience in decision making across government agencies.³⁵ A HiAP approach requires that different agencies step out of their silos and share health-related ideas and data with one another. Health in All Policies means practicing a whole-of-government approach to solving big challenges.³⁶

A HiAP approach works well to coordinate strategies and effectively address health issues across overlapping systems and environments in the government ecosystem of executives, departments, agencies, and legislative bodies. A HiAP approach can help agencies create and implement policies and programs that better serve communities and increase positive health outcomes. For example, school districts that use HiAP might consider health impacts and outcome data when determining school discipline practices, or a police department that enacts a HiAP approach might consider dangers to health and safety when considering changes to arrest and detention practices.

In our review of the counties' Targeted Equity Investment Plans, we found that a few counties leveraged existing Health in All Policies efforts and relationships to coordinate quickly across sectors in formulating and implementing their response to COVID-19. For example, several counties coordinated or identified funding to provide wraparound supportive services and housing navigation for people experiencing homelessness. Other counties focused on collaborating with local agencies and organizations to offer food and housing assistance – efforts that were often made possible by leveraging local, state, and federal funding streams.

During the pandemic, many local governments recognized the need for coordinated and informed responses and took executive action to create multi-sector task forces, which often included representation from nonprofits, including some of the community partners interviewed for this report. As we hone our pandemic response and identify efforts to implement a more equitable recovery, a Health in All Policies approach should be considered.

Here are some additional recommendations for a Health in All Policies approach:

- Schedule regular meetings between different agencies to discuss health outcomes, or create a collaborative forum for aligning policies and practices to address health in all policies.
- Coordinate sharing of frameworks, strategies, and best practices, to assist agencies in adapting existing frameworks or resources or making better use of existing tools rather than having to invent an approach from scratch.
- Create a clearinghouse for sharing data as well as information-related resources that will help prioritize equity concerns. Allow CBOs and researchers to freely access non-personally identifiable information to inform policy and program development.
- Share ways to leverage or braid multiple sources of funding to have a broader impact in the community.





Conclusion

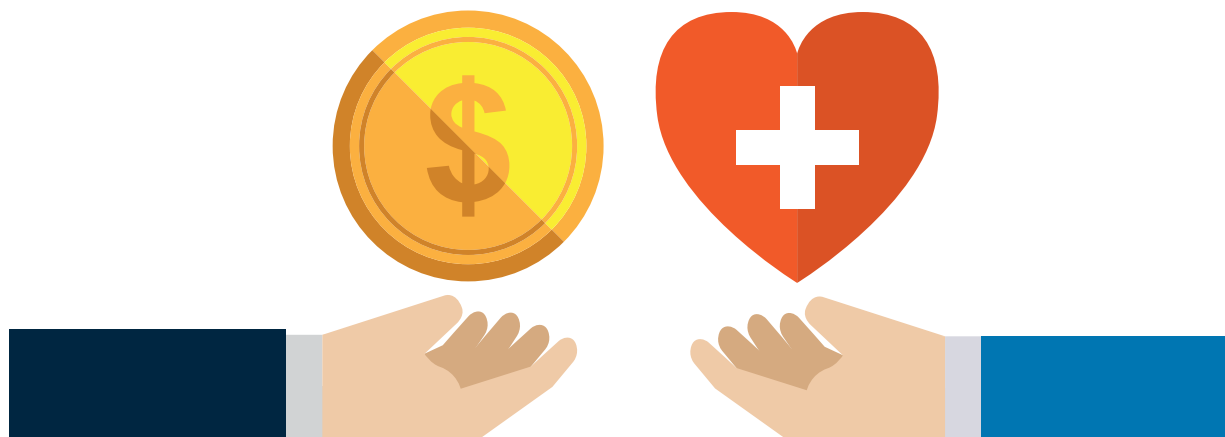
It took a global pandemic – a time of chaos and struggle – to shine a light on racially and ethnically diverse CBOs’ unique contributions as insightful, resourceful, and necessary extensions of local and state infrastructure. The relationships of trust with community members that dedicated CBO staff have cultivated over decades are essential to many communities that have long been invisible and forgotten by our laws, policies, and programs. During the pandemic, the inequities that BIPOC and other disadvantaged communities as well as CBOs have long faced became a matter of life and death. CBOs embraced the challenge, often putting their staff members’ lives and the stability of their organizations on the line to make sure that their communities were cared for. As we build back and continue to adjust to the ebbs and flows of the COVID-19 pandemic, we have to do better, learn from this experience, and put real investments and authority behind new policies and practices to address the inequities and injustices that permeate our society. Governments and communities partnered in many ways to respond to the acute needs caused (or exacerbated) by the pandemic. These partnerships must continue, and communities and the CBOs serving them should continue to be viewed as experts in their own right on their own health and needs. Maintaining this viewpoint means both that CBOs should be considered part of the public health infrastructure and that investments in that infrastructure must include stronger partnerships and programming with CBOs.

Appendix: Community-Based Organizations Contacted for Community Interviews

Organization	Mission	County	Population Served	Key Activities in COVID-19 Response
Asian Pacific Islander Forward Movement (APIFM)	APIFM cultivates healthy, long-lasting, and vibrant Asian and Pacific Islander communities through grassroots organizing.	Los Angeles	Asian American, Pacific Islander	<ul style="list-style-type: none"> • COVID-19 education • Healthy food distribution • PPE distribution • Social services and benefits enrollment • Vaccine outreach and registration
Asian Resources, Inc. (ARI)	Asian Resources is dedicated to providing multiple social services needed in our community, empowering everyone we serve to become a vital part of our changing, diverse society.	Sacramento, Los Angeles	Asian American, Pacific Islander	<ul style="list-style-type: none"> • Contact tracing • COVID-19 education • COVID-19 testing • Financial assistance • Food distribution • Housing assistance • Quarantine and isolation support • Vaccination services • Vaccine outreach and registration
Canal Alliance	Canal Alliance offers legal services, education and career programs, and social services to help Latino immigrants and their families overcome barriers to success.	Marin	Latinx	<ul style="list-style-type: none"> • Contact tracing • COVID-19 education • COVID-19 testing • Financial assistance • Housing assistance • Quarantine and isolation support • Social events (virtual) • Social services and benefits enrollment • Vaccine outreach and registration
Central California Environmental Justice Network (CCEJN)	CCEJN empowers communities by eliminating negative environmental impacts in low-income and communities of color.	Kern, Tulare, Kings, Fresno, Madera	Latinx	<ul style="list-style-type: none"> • COVID-19 education (virtual) for farmworkers • COVID-19 testing • Vaccine outreach and registration
The Central Valley Urban Institute	The Central Valley Urban Institute serves as the conscience of California's San Joaquin Valley, speaking up and out to protect our most vulnerable residents.	Fresno	African American/ Black	<ul style="list-style-type: none"> • COVID-19 education • Participation in COVID-19 task forces and committees • Vaccination services • Vaccine outreach and registration
Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO)	CBDIO seeks to foster and strengthen the civic participation and the economic, social, and cultural development of Indigenous communities from the state of Oaxaca, Mexico, that reside in California.	Fresno, Madera, Monterey	Latinx, Indigenous	<ul style="list-style-type: none"> • COVID-19 education for Indigenous farmworkers • COVID-19 testing • Financial assistance (over \$3 million distributed) • Participation in COVID-19 task forces and committees • Vaccination services • Vaccine outreach and registration

Organization	Mission	County	Population Served	Key Activities in COVID-19 Response
Community Health Councils (CHC)	CHC aims to foster and replicate models and strategies that promote health and positive well-being across all under-resourced communities and collectively build equitable systems.	Los Angeles	Residents with low income, communities of color	<ul style="list-style-type: none"> • Advocacy on equitable COVID-19 vaccine distribution • Health care and social services navigation and enrollment • Vaccine outreach, education, and registration, using a community health worker and health navigator model
Cultiva La Salud	Cultiva La Salud is dedicated to creating health equity in the San Joaquin Valley by fostering changes in communities that support healthy eating and active living.	Fresno	Latinx	<ul style="list-style-type: none"> • COVID-19 testing support • Financial assistance • Housing assistance • Vaccine outreach and registration
Healthy African American Families (HAAF)	HAAF improves health outcomes for African American, Latino, and Korean communities in LA County by enhancing the quality of care and advancing social progress.	Los Angeles	African American/Black, Latinx, Korean	<ul style="list-style-type: none"> • COVID-19 education and outreach • Mask and sanitizer distribution to seniors and children with autism • Vaccine outreach (door-to-door canvassing)
Instituto de Educación Popular del Sur de California (IDEPSCA)	To create a more humane and democratic society by responding to the needs and problems of disenfranchised people through leadership development and educational programs based on Popular Education methodology	Los Angeles	Latinx	<ul style="list-style-type: none"> • COVID-19 education through Zoom • Financial assistance • Housing assistance • Job search assistance
Kennedy Commission	The Kennedy Commission is a community-based non-profit that works with residents and community organizations to increase the production of homes affordable to lower income households in Orange County.	Orange	Residents with low income, communities of color	<ul style="list-style-type: none"> • Financial assistance
McKinleyville Family Resource Center	We envision a community in which citizens, businesses, and government combine to facilitate solutions to the changing needs of the community to the end that all members live healthy, fulfilled lives in a fully integrated and welcoming environment.	Humboldt	Indigenous	<ul style="list-style-type: none"> • Financial assistance • Social events (for example, a book club)

Organization	Mission	County	Population Served	Key Activities in COVID-19 Response
Mixteco/Indígena Community Organizing Project (MICOP)	MICOP supports, organizes, and empowers the indigenous migrant communities in California's Central Coast.	Ventura, Santa Barbara	Latinx, Indigenous	<ul style="list-style-type: none"> • COVID-19 education for Indigenous, migrant, farmworker, and undocumented communities • Financial assistance • Housing assistance • Participation in COVID-19 task forces and committees • Social events (virtual) • Vaccination services • Vaccine outreach and registration • Video and audio PSAs through social media and Radio Indígena
Multi-Ethnic Collaborative of Community Agencies (MECCA)	MECCA is a coalition of community-based service providers with a vision of eliminating racial and ethnic disparities to improve the quality of life for underserved multicultural communities by ensuring the delivery of culturally and linguistically responsive services.	Orange	Multi-ethnic	<ul style="list-style-type: none"> • Advocacy and policy change • Mental health supports and services • Vaccine outreach and registration
Roots Community Health Center	The mission of Roots Community Health Center is to uplift those impacted by systemic inequities and poverty.	Alameda, Santa Clara	African American/ Black	<ul style="list-style-type: none"> • COVID-19 testing • Food distribution • PPE distribution • Vaccination services • Vaccine outreach and registration
Vista Community Clinic (VCC)	VCC advances community health and hope by providing access to premier health services and education for those who need it most.	San Diego	Latinx	<ul style="list-style-type: none"> • COVID-19 education • COVID-19 testing • Served as backbone organization for farmworker coalition and volunteer group • Vaccine outreach and registration



Acknowledgments

Published by



August 2021

This report was researched and written by the following people:

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We'd like to thank our community partners, who participated in key informant interviews and reviewed our findings and recommendations. Your insights and contributions were critical to the success of the report.

- Asian Pacific Islander Forward Movement: Heng Lam Foong, Corina Penaia
- Asian Resources, Inc.: Eddie Hu, Leslie Toy (former staff), Doreena Wong
- Canal Alliance: Omar Carrera, Ricardo Huerta Niño, Stephanie McNally

- Central California Environmental Justice Network: Erica Fernandez, Nayamin Martinez
- The Central Valley Urban Institute: Eric Payne
- Centro Binacional para el Desarrollo Indígena Oaxaqueño: Sarait Martinez
- Community Health Councils: Grace Song (former staff), Sonya Vasquez
- Cultiva La Salud: Genoveva Islas
- Healthy African American Families: Felica Jones
- Instituto de Educación Popular del Sur de California: Maegan Ortiz
- Kennedy Commission: Cesar Covarrubias
- McKinleyville Family Resource Center: Hillarie Beyer, Aristeo Saulsbury
- Mixteco/Indígena Community Organizing Project: Genevieve Flores-Haro, Vanessa Terán, Dulce Vargas
- Multi-Ethnic Collaborative of Community Agencies: Iliana Soto Welty
- Roots Community Health Center: Shalon Jones, Jamaica Sowell
- Vista Community Clinic: Herminia Ramirez
- Alliance for Community Transit
- Community Coalition
- Physicians for Social Responsibility – Los Angeles
- Promesa Boyle Heights
- United Parents and Students

This report was made possible by generous support from the Blue Shield of California Foundation and The California Wellness Foundation.

Graphic design: Birgit Wick, Wick Design Studio

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