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CPEHN
California Pan-Ethnic Health Network

May 26, 2020

Julie Nagasako, Deputy Director
Office of Strategic Development and External Relations
California Department of Public Health
Sacramento, CA 95814
Via email: julie.nagasako@cdph.ca.gov

**Re: Ensuring an equitable response to the COVID-19 pandemic**

Dear Ms. Nagasako:

On behalf of California Pan-Ethnic Health Network (CPEHN) and the undersigned organizations, we appreciate the opportunity we had to meet with your staff to discuss strategies and recommendations for ensuring an equitable response to the novel Coronavirus (COVID-19) pandemic. This is especially critical in response to widespread and well-documented disparities for communities of color[1] which show:

- Black Californians across the lifespan make up to 11% of deaths, nearly double their share of the state's population.
- Latinos age 18-34 comprise over two thirds of all deaths in that age bracket, an age range otherwise considered to be "low-risk".
- Disaggregated data in LA County show that Pacific Islanders are 12 times more likely to die from COVID-19 than their White counterparts.

Even as California has taken decisive actions to mitigate the COVID-19 pandemic, lack of comprehensive demographic data on testing and treatment, access to accurate, up-to-date culturally and linguistically competent public health information on COVID-19 and engagement of trusted messengers to disseminate this information will only make it more likely that infected individuals will delay seeking care, which delays case identification and quarantine and will result in additional transmission of the virus.

As requested, below we provide more detailed recommendations to ensure a more equitable response to the COVID-19 and future pandemics. Our recommendations focus on two key areas: improving public health demographic data collection and reporting, improving access to culturally and linguistically appropriate public health information, testing and treatment.

[1] COVID-19 Race and Ethnicity Data, CDPH website: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx, last accessed May 11, 2020

**Recommendations:**

**Improve Public Health Demographic Data Collection & Reporting:**

***Standardize and expand collection and reporting of demographic data on testing, hospitalizations and death:*** Disparities in COVID-19 deaths are well-documented particularly for African-American, Latinx and Pacific Islanders. However wide variation in COVID-19 demographic data collection and reporting exists with some counties still failing to report even basic race/ethnicity data.[2] Standard guidance and requirements would be helpful, particularly for collecting and reporting data for smaller Asian and Pacific Islander populations and American Indian/Alaska Native populations for which disparities are well-documented. Certain best practices such as tabulating the rate of cases per 100,000 for each subpopulation as San Diego and Los Angeles currently do, should be encouraged as that can provide a more helpful yardstick with which to measure disparities between subpopulations. In addition, testing laboratories should be required to collect data on tests by race and ethnicity, not just providers. The lack of a clear state requirement in this area has resulted in extra work for counties like Los Angeles, that have had to solicit information on race and ethnicity in their COVID-19 case follow-up investigations as well as to conduct weekly matches with the State death record system to fill in missing race/ethnicity data for COVID-19 deaths.[3] Finally, collection and reporting of demographic data should be expanded to additional subpopulations. There is currently no collection and reporting of data by primary language, LGBTQ+ or other demographic categories, making it difficult to ascertain whether those communities are accessing testing and treatment at the same rates as other populations. In order to better address community needs and target interventions, we urge CDPH and local Health Officers to:

- Issue standard guidance and requirements for the collection and reporting of data for smaller subpopulations like Native American and Pacific Islanders who are at increased risk of COVID-19 related disparities.[4] [5]
- Encourage best practices in data collection and reporting, such as tabulation of the rate of cases per 100,000 for each subpopulation to gain a better understanding of disparities even in communities with smaller overall numbers.
- Amend California Code, Title 17, §2505 to require all testing laboratories to collect and report testing data by race and ethnicity as providers are currently required to do.
- Collect and report comprehensive demographic data on COVID-19 testing, hospitalizations and deaths by age, sex, race, ethnicity, language, income, disability status, geographic region, sexual orientation and gender identity so as to gain a clearer picture of COVID-19

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[2] Merced County COVID-19 Dashboard: https://mercedcounty.maps.arcgis.com/apps/opsdashboard/index.html#/8f033b008fc24a77aea37b5c89f40802

[3] COVID-19 Racial, Ethnic & Socioeconomic Data & Strategies Report, http://www.publichealth.lacounty.gov/docs/RacialEthnicSocioeconomicDataCOVID19.pdf

[4] "Track us Better: Overlooked Pacific Islanders hit hard by Coronavirus," Cal Matters, May 5, 2020. https://calmatters.org/california-divide/ca-divide-health/2020/05/california-pacific-islanders-hit-hard-coronavirus-overlooked/

[5] "Native American Communities disproportionately at risk amid COVID-19," El Tecolote, April 23, 2020. http://eltecolote.org/content/en/news/native-american-communities-disproportionately-at-risk-amid-covid-19/

impacts on those populations. Report the data in such a way as to allow for multivariate analyses.[6]

**Improve Access to Culturally and Linguistically Appropriate Public Health Information, Testing and Treatment:**

***Improve availability of written translations of public health information:*** CDPH's website is difficult to navigate for consumers looking for public health information on the novel Coronavirus; it is only accessible in English with Spanish translation through Google translate.[7] Key public health documents are only translated into some of the state's threshold languages.[8] We urge the Department to require public health information be translated at a minimum into California's Medi-Cal threshold languages with additional translated materials available in Samoan and Tongan given documented disparities in those communities.[9] Moving forward, CDPH must at a minimum, develop a Spanish language web portal and provide taglines at the bottom of each page in the top 16 non-English languages spoken by individuals with Limited English Proficiency (LEP) in California which is standard practice per Department of Health Care Services.[10]

***Develop and disseminate culturally appropriate public health materials:*** Community members have expressed frustration over the lack of culturally tailored information on the novel Coronavirus. What material is available is often only available in written format and at higher literacy levels than the general population. In California, 1 in 5 adults have low levels of literacy and not all can read in their native language.

- CDPH in partnership with local public health departments must develop materials that are culturally tailored to communities including those that have experienced trauma and historical and institutional racism which can exacerbate issues of mistrust. Materials such as Fresno County's guide on cultural humility during COVID-19 are a critical resource that should be amplified by CDPH for example by linking to the document on its website, but also shared broadly with other local public health departments to encourage more tailored and culturally sensitive communication and messaging on COVID-19.[11]
- Public health information must be provided in other formats besides just written materials. Non-written materials such as short videos or radio broadcasts are important modes of

[6] "COVID-19: Racial, Ethnic & Socioeconomic Data and Strategies Report," April 28, 2020. LA Department of Public Health. http://publichealth.lacounty.gov/docs/RacialEthnicSocioeconomicDataCOVID19.pdf
[7] CDPH COVID-19 website: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Resources.aspx
[8] Community Outreach Resources & Communications: Coronavirus Disease 2019 (COVID-19), CDPH website: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Resources.aspx
[9] DHCS All Plan Letter 17-011, STANDARDS FOR DETERMINING THRESHOLD LANGUAGES AND REQUIREMENTS FOR SECTION 1557 OF THE AFFORDABLE CARE ACT https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-011.pdf
[10] "APL 17-011 Standards for Determining Threshold Languages and Requirements for Section 1557 of the Affordable Care Act," DHCS, June 30, 2017. https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-011.pdf
[11] "Cultural Humility Can't Stop with COVID-19: A Quick Reference Guide Amid the Pandemic," April 2020. Fresno County Department of Behavioral Health https://drive.google.com/file/d/1kJignT0f3uau2dTsnWpR1lm5v1sZjoT7/view?usp=sharing

communication and might be easier to develop for languages that have a smaller pool of trained translators.

***Develop and make publicly available a clearinghouse of all translated culturally and linguistically appropriate public health information; partner with CBOs to assist with this effort:*** Counties like Los Angeles have prominently posted public health materials in Medi-Cal threshold languages on their website. Local public health departments like Los Angeles, Santa Barbara and Ventura counties are already engaging trusted messengers such as community-based organizations to assist them in the development and dissemination of culturally and linguistically appropriate materials and the formulation of regional COVID-19 Disparities Reduction Strategies and Plans. Additionally, community groups are creating their own culturally tailored communications on the pandemic in a range of modalities from print to video on the pandemic (see best practices document attached).

- CDPH should develop and manage a clearinghouse of all translated culturally and linguistically appropriate public health materials including languages of lesser diffusion in consultation with local DPHs in order to facilitate better sharing of such information with the state and between local public health departments.
- CDPH should additionally, encourage regional local public health departments to fund and utilize CBOs for help with written translations including in languages of lesser diffusion as Santa Barbara is doing with regards to indigenous languages like Mixteco.

***Invite community-based organizations to become testing sites:*** CDPH should consider placing additional testing sites at community-based organizations where communities live, work and play. One partner Roots Community Health Center has also become a COVID-19 testing site, directly providing services for the underserved and unserved including formerly incarcerated individuals. Deputizing CBOs as testing sites will ensure community members can access the most accurate and up to date public health information on testing, treatment, recovery and mitigation that is also culturally and linguistically appropriate.

Thank you for your time. If you have any questions about these recommendations, please contact Linda Tenerowicz at: ltenerowicz@cpehn.org. We look forward to hearing back from you.

Sincerely,

Linda Tenerowicz, Senior Policy Advocate/CPEHN

Asian Pacific Islander Forward Movement
Mixteco Indigena Community Organizing Project
Roots Community Health Center