



California Pan-Ethnic Health Network

April 20, 2020

Governor Gavin Newsom  
 1303 10th Street, Suite 1173  
 Sacramento, CA 95814

Sent via E-mail from [ltenerowicz@cpehn.org](mailto:ltenerowicz@cpehn.org)

**Re: COVID-19 Recommendations to Advance Racial and Health Equity**

**Dear Governor Newsom:**

On behalf of the California Pan-Ethnic Health Network and the undersigned members of the Having Our Say Coalition<sup>1</sup> and Behavioral Health Equity Collaborative, we thank you for your timely response to the COVID-19 pandemic and urge you to advance important, additional state policies that ensure all children and families have a fair and

<sup>1</sup> "Members", <https://havingoursaycoalition.org/about-us/members/>

just opportunity to be as healthy as possible during the novel coronavirus (COVID-19) pandemic.

The California Pan-Ethnic Health Network (CPEHN) is a multicultural statewide health advocacy organization that aims at uniting communities of color and advancing racial and health equity in California. Our network of partners, the Having Our Say Coalition and the Behavioral Health Equity Collaborative, are comprised of over forty racially and ethnically diverse community-based organizations (CBOs) and policy advocates from various regions across the state, dedicated to improving the health and well-being of the state's diverse populations. Many of our partners work directly with constituents across California and play a crucial role in bridging the gaps between community needs and institutional responses. These groups are trusted messengers and gatekeepers and often the only organizations in their area with service and/or specific cultural or language <sup>2</sup> capacity.

### **COVID-19 is Disproportionately Impacting Our Communities**

California is facing one of the worst public health crises we have seen in our lifetimes. Our organizations have been saddened, but not surprised to hear recent stories both nationally and locally in Los Angeles revealing the unequal distribution of Coronavirus disease and death burden of COVID-19 on Black, Indigenous and Persons of Color (BIPOC), immigrants, Limited-English Proficient (LEP) individuals, LGBTQ+, and persons with disabilities.<sup>3 4</sup> These communities have long been disenfranchised from our health and social systems. The lack of access to quality, culturally and linguistically appropriate health care and access to fair distribution of resources has already led to higher prevalence of non-communicable conditions including diabetes, hypertension, asthma and depression in these communities, which are now compounded by the ongoing outbreak. Worse still, low-income BIPOC and immigrants overrepresented in low-wage and non-medical essential workforce, jails, homeless shelters and immigration centers are at heightened risk of directly contracting COVID-19.

We appreciate the timely actions the state has taken thus far to mitigate the spread of COVID-19 and its social and economic disruptions including signing emergency COVID-19 legislation, protecting persons with disabilities from rationed care <sup>5</sup>, extending and

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<sup>2</sup> Claudia Boyd-Barrett, "Community Groups Serve as Pandemic Information Lifeline to Non-English Speakers," *California Health Report*, Mar 31, 2020, <http://www.calhealthreport.org/2020/03/31/community-groups-serve-as-pandemic-information-lifeline-to-non-english-speakers/>

<sup>3</sup> Jaclyn Cosgrove and Ben Poston, "Black People Are Disproportionately Hit Hard By Coronavirus, LA County Is Taking Action," *Los Angeles Times*, April 8, 2020, <https://www.latimes.com/california/story/2020-04-08/blacks-coronavirus-los-angeles-county-help>

<sup>4</sup> Reis Thebault et al., "The Coronavirus Is Infecting and Killing Black Americans at an Alarming High Rate," *Washington Post*, April 7, 2020, [https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/?arc404=true&fbclid=IwAR3jDEyMHFuzSedAFbehUOIwXU-1\\_I5CgSR1XyXhXNkfdBHQ8NGD2wjGSe0](https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/?arc404=true&fbclid=IwAR3jDEyMHFuzSedAFbehUOIwXU-1_I5CgSR1XyXhXNkfdBHQ8NGD2wjGSe0)

<sup>5</sup> Dept. of Health Care Services, *Guidance Relating to Non-Discrimination in Medical Treatment for Novel Coronavirus 2019 (COVID-19)*, March 30, 2020, <https://www.dhcs.ca.gov/Documents/COVID-19/Joint-Bulletin-Medical-Treatment-for-COVID-19-033020.pdf>

streamlining health care enrollments, as well as expanding coverage for COVID-19 testing and treatment <sup>6</sup>. Despite the actions that California leadership has taken, much more is needed in order to ensure that equity is at the forefront of our fight against COVID-19. If we don't deploy proactive disparity reduction measures, we will run the risk of exacerbating infection rates and creating a cascading set of additional health and socio-economic problems to solve in future.

We call on the Governor and California leaders to:

1. **Ensure information regarding COVID-19 prevention and mitigation is simple, timely, accurate, culturally and linguistically appropriate for all Californians.**
2. **Ensure COVID-19 testing, treatment, and related care are universally accessible, no-cost, timely, and culturally and linguistically appropriate for all Californians.**
3. **Empower culturally and linguistically appropriate providers.**
4. **Expand access to behavioral health prevention, treatment, and recovery services.**
5. **Protect the safety and wellbeing of our most disadvantaged communities and invest in long-term, systemic solutions that will enhance the health of our communities beyond the COVID-19 crisis.**

#### **Detailed Recommendations:**

1. **Ensure information regarding COVID-19 prevention and mitigation is simple, timely, accurate, culturally and linguistically appropriate for all Californians.** CBO partners including health navigators and Community Health Workers (CHWs) have reported not being able to access adequate or accurate information from the state or local public health departments. When they do access information, it is overly technical for community outreach and education purposes. Additionally, there is a lack of readable translated materials and culturally tailored messaging aimed at counteracting fear and mistrust as a result of institutionalized racism. We recommend the Governor and state agencies:

- Prioritize training and funding for local and regional health navigators, CBOs, CHWs and faith-based groups to be trusted messengers of COVID-19 public health information.
- Consult with CBOs on population specific needs, messages and modalities for relaying culturally and linguistically appropriate public health information on COVID-19.

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<sup>6</sup> Dept. Of Health Care Services, *Coverage of Emergency COVID-19 Inpatient or Outpatient Services*, April 8, 2020, <https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19-Emergency-Services.pdf>

- For example, the state should proactively bridge the digital divide and use a variety of tools and channels to reach low-income and/or rural communities who lack access to technological devices (e.g. smart phones and computers) and/or to the Internet.
- Additionally, the state should work with CBOs to tailor COVID-19 messaging to address systemic injustices and institutionalized racism and build trust and rapport particularly with Black and Indigenous communities who have been historically mistreated, dismissed and traumatized by governments and health authorities.

**2. Ensure COVID-19 testing, treatment, and related care are universally accessible, no-cost, timely, and culturally and linguistically appropriate for all Californians.** While there is a lack of widespread testing across the state, low-income and BIPOC communities are disproportionately impacted as a result of living in test-deficient regions, not having health insurance and/or a primary care physician, as well as mistrust in health systems and institutions. Low-income communities are also concerned about the cost of treatment and of a future vaccine, and the associated costs if they are quarantined or hospitalized and unable to work and/or care for their children and family. Additionally, investments in universal health coverage and comprehensive health services are critical to ensure that health disparities are not worsened for the low-income, LGBTQ+, and women during the COVID-19 crisis. We recommend the Governor and state agencies:

- Require timely, accurate collection and reporting of data on race, ethnicity, language and other sociodemographic factors at all stages of COVID-19 including testing and treatment, hospitalizations (general versus ICU) and deaths to fully understand the profile of disparities. The state should provide guidance to ensure all providers at the local, state and county levels are properly completing the required CDC form and collecting and publishing such data frequently on the Governor's and county-wide COVID-19 websites.
- Open additional testing sites, mobile clinics, and medical facilities immediately in low-income and ethnically diverse neighborhoods, rural communities, at worksites such as food banks, shelters and transit hubs, and "medical deserts" such as those in the Central Valley.
- Ensure zero cost sharing for testing, treatment and related care for all insurance types and for the uninsured by:
  - Expediting county contracts and funding for navigators who can help counties process the surge in new Medi-Cal enrollments and easing restrictions on access to online enrollment portals so navigators can troubleshoot application problems quickly and efficiently.

- Ensuring counties are providing accurate and consistent information on the ability of uninsured individuals to access testing and treatment without a primary care doctor or insurance coverage at urgent care centers and other sites.
- Expedite implementation of the Health4All Elders proposal which would provide full-scope Medi-Cal to an estimated 27,000 low-income undocumented seniors ages 65 and above.
- Defend and expand the availability and accessibility of other essential health services, including comprehensive oral health care, reproductive health care including abortion services, transgender medical care, care for individuals with disabilities and chronic conditions and ensure any state directives to delay non-essential surgeries and medical treatment do not reduce such access.

**3. Empower culturally and linguistically appropriate providers**, including interpreters, CHWs, doulas, hygienists and dental therapists, peer support specialists, physicians with intersectional experience such as LGBTQ+/BIPOC providers to provide care in underserved communities. These providers have proven to be able to target unserved and underserved populations and reduce health disparities. We recommend the Governor and state agencies:

- Establish a centralized state hotline for California's interpreter workforce to receive the latest public health information, training and technical assistance so they can better assist providers and patients in accessing COVID-19 testing, treatment, and related care. This hotline could also help to support linkages between existing interpreter networks and new COVID-19 testing and field sites.
- Support a wide array of culturally and linguistically appropriate providers as listed above to practice in telehealth settings.
- Provide emergency funding, support and technical assistance for LGBTQ+/BIPOC service providers such as HIV/AIDS clinics and community health centers, especially those in rural areas to be able to respond to COVID-19 needs and continue their services virtually and in telehealth settings.

**4. Expand access to behavioral health prevention and treatment services.** It is crucial that existing mental health clients, and the providers who treat them, can successfully transition to digital modalities. It is equally important that new clients in need of mental health services are not left behind. As discussions regarding the allocation of federal and state mental health spending unfolds, we urge California to protect and expand funds for robust culturally and linguistically sensitive mental health outreach. The development of a single point of contact for Limited English Proficient (LEP) individuals is critical, as many LEP individuals are often forced to navigate a complicated phone tree with the hope of eventually connecting to a

representative who speaks their language. The federal SAMHSA Disaster Distress Helpline and the state California Peer-Run Warm Line fail to provide adequate language assistance to members who speak a language other than English or Spanish.

- **Ensure any future statewide emotional support phone line on the mental health impact of COVID-19 provides meaningful access to services for Limited English Proficient (LEP) individuals, in accordance with state law.** The development of any future statewide emotional support phone line should provide the following experience to consumers:
  - Clear and immediate messages to diverse communities on guidelines and secure platforms for various telehealth modalities, videoconferencing, audio only services, and text-based service delivery, like SMS or private instant messaging, which is especially important for LGBTQ communities, domestic violence survivors, and those with disabilities.
  - Meaningful navigation to County Mental Health Plans (MHPS), Medi-Cal Managed Care Plan (MCP) Mental Health Services, and the Department of Public Health (DPH) Community-Defined Evidence Programs.
  - A comprehensive referral to social and legal assistance with local and regional CBOs and CHWs who are trusted service providers in the community.
- **Protect and expand funding for community-based organizations who conduct robust mental health outreach to the most vulnerable populations, including monolingual older adults, African-Americans, Asian Pacific Islanders, Latinx, LGBTQ+ communities by:**
  - Leveraging the Department of Public Health's longstanding interagency agreement with the Department of Health Care Services to proliferate mental health education and awareness, including access to services, at the local level.
  - Making it easier for consumers to access Medi-Cal Managed Care Plan (MCP) mental health services by increasing outreach and awareness, disseminating the contact information and referral forms for every health plan's behavioral health department in one central location, and expanding partnerships with community-based organizations.

5. **Protect the safety and wellbeing of our most disadvantaged communities and invest in long-term, systemic solutions that will enhance the health of our communities beyond the COVID-19 crisis.** We recommend the Governor and state agencies:

- **Work with the Employment Development Department (EDD) to**
  - Update the EDD website and translate application forms into all threshold languages and offer comprehensive language assistance by hiring bilingual staff and/or interpreters through EDD customer service line.
  - Provide grants to CBOs including legal assistance organizations who offer navigation and assistance for Unemployment Insurance (UI), Disability Insurance (SDI) and Paid Family Leave (PFL) claims.
- Provide job-protected paid family leave and raise the wage replacement rate for SDI and PFL so that **all low-income Californians** can afford to utilize these benefits.
- Protect **non-medical essential workforce**, particularly, food workers including farmworkers, public transit workers, delivery and other low-wage workers with COVID-19 workforce protocols, policies and personal protective equipment (PPE).
- Safely house **those who are homeless**, equip shelters with COVID-19 information and protocols, and offering testing for all individuals for COVID-19 upon entry.
- Downsize the **jail population** through early releases, especially for those with chronic health conditions at risk for COVID-19, ensure the integration and safety of these individuals by providing alternative housing support and adequate health and community information regarding COVID-19 (as jails are often information vacuums) and provide community-based programs as alternatives to arrest and incarceration for nonviolent offenses.
- Ensure support and helplines for **survivors of intimate partner violence**, those at risk of intimate partner violence and/or those quarantined with their abuser. Increase funding and support for culturally and linguistically appropriate CBOs who are maintaining 24/7 helplines and shelters to respond to increasing service needs.
- Openly address and condemn xenophobia, racism and hate crimes targeting **Asian immigrants and Asian Americans** and create a state hotline that allows for immediate reporting.

**Conclusion:**

California must center equity in every stage of its COVID-19 relief, including the immediate/short-term, medium and long-term relief and recovery, as well as future risk

reduction or it will run the risk of exacerbating infection rates and creating a cascading set of additional problems to solve. Policymakers must work collectively to address the needs of vulnerable populations while stamping out stigma and blame. Without these steps, COVID-19 will not be different and due to its magnitude, it will worsen disparities and the fragmentation of our already fractured health care system. **Representatives from the undersigned organizations would like to have a meeting with the Governor's office to discuss our recommendations.**

Thank you for your time. If you have questions about this letter please contact Linda Tenerowicz via E-mail at [ltenerowicz@cpehn.org](mailto:ltenerowicz@cpehn.org) or via phone at (916) 447-1299 ex.102.

Sincerely,



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Having Our Say Coalition  
Behavioral Health Equity Collaborative  
ACT for Women and Girls  
Asian Americans Advancing Justice – Asian Law Caucus  
Asian Americans Advancing Justice – California  
Asian Americans Advancing Justice – Los Angeles  
Asian Pacific Islander Forward Movement  
Asians and Pacific Islanders for LGBTQ Equality (API Equality-LA)  
Asian Resources, Inc  
Black Women for Wellness  
California Black Women's Health Project  
California Immigrant Policy Center (CIPC)  
California Latinas for Reproductive Justice (CLRJ)  
Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO)  
Central Valley Immigrant Integration Collaborative (CVIIC)  
Community Health Councils (CHC)  
Central Rural Legal Assistance Foundation (CRLAF)  
The Cambodian Family  
Empowering Pacific Islander Communities (EPIC)  
The Fresno Center  
Korean Community Center of the East Bay (KCCEB)  
Latino Coalition for a Healthy California (LCHC)  
Little Tokyo Service Center



Mi Familia Vota Education Fund

Mid-City Community Advocacy Network (Mid-City CAN)

Mixteco Indígena Community Organizing Project (MICOP)

Multi-Ethnic Collaborative of Community Agencies (MECCA)

National Asian Pacific American Families Against Substance Abuse (NAPAFASA)

Pacific Asian Counseling Services (PACS)

PALS for Health

Roots Community Health Center

South Asian Network (SAN)

Street Level Health Project

Village-Connect