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**May 19, 2020**

**Governor Gavin Newsom**

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**Dr. Sonia Y. Angell**

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Sent via E-mail from ltenerowicz@cpehn.org

**Re: Recommendations to Ensure Equitable and Effective COVID-19 Contact Tracing**

**Dear Governor Newsom and Dr. Angell,**

On behalf of the California Pan-Ethnic Health Network (CPEHN) and the Having Our Say Coalition and Behavioral Health Equity Collaborative, we thank you for your continued leadership guiding and serving diverse Californians during the 2019 Novel Coronavirus (COVID-19) pandemic. We are writing to submit comments in response to the Governor's announcement<sup>1</sup> on May 4, 2020 of a statewide contact tracing program in which the state will partner with the University of California to train 20,000 contact tracers as part of the state's re-opening roadmap.

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) across the state, dedicated to improving the health and well-being of the state's vulnerable populations, some of whom have been hardest hit by the pandemic.<sup>2</sup> On April 20, 2020, in light of the alarming racial disparities in COVID-19 infection and mortality

<sup>1</sup> Office of Governor Newsom, "Governor Newsom Provides Update on California's Progress Toward Stage 2 Reopening," May 4, 2020, <https://www.gov.ca.gov/2020/05/04/governor-newsom-provides-update-on-californias-progress-toward-stage-2-reopening/>

<sup>2</sup> "Members", <https://havingoursaycoalition.org/about-us/members/>

rates in California, CPEHN and partners sent the Governor a letter<sup>3</sup> highlighting key recommendations to advance racial and health equity in the state's short-term, medium and long-term COVID-19 relief and recovery work. In the following letter, we respectfully ask you to consider the following four sets of recommendations on how the state can ensure effective contact tracing efforts in the coming months in fighting the COVID-19 pandemic while not exacerbating existing COVID-19 health disparities.

### **Four Recommendations to Ensure Equitable and Effective Contact Tracing in Fighting the COVID-19 Pandemic in California**

#### **1. Ensure the contact tracing workforce is culturally and linguistically appropriate and trauma-informed at state, regional and local levels.**

We appreciate the Governor's leadership in listing testing and contact tracing as critical indicators for safe re-opening as well as dedicating resources to build a traditional, personable workforce, given the reality, diversity and complex demographics in California. We are pleased that the Governor is scaling up the state's contact tracing capacity and redirecting public sector employees to participate as contact tracers.<sup>4 5</sup> While recruiting public sector employees and medical students in building this workforce is an important first step, these efforts can be strengthened through the inclusion of workers with direct ties to at-risk communities.

***Successful and effective contact tracing efforts in and outside of the US have prioritized people skills and ties to a local community over medical expertise.***<sup>6 7</sup> Understanding the anthropology of a community where the virus travels is just as important as

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<sup>3</sup> California Pan-Ethnic Health Network, *Re: COVID-19 Recommendations to Advance Racial and Health Equity*, April 20, 2020,

[https://cpehn.org/sites/default/files/equity\\_letter\\_04\\_20\\_20\\_current\\_version.pdf](https://cpehn.org/sites/default/files/equity_letter_04_20_20_current_version.pdf)

<sup>4</sup> Rachel Becker, "California readies army of coronavirus detectives," CalMatters, May 4, 2020, <https://calmatters.org/health/2020/05/california-coronavirus-contact-tracing-training/>

<sup>5</sup> Erin Allday, "Santa Clara County alone needs army of coronavirus contact tracers," San Francisco Chronicle, May 6, 2020, <https://www.sfchronicle.com/bayarea/article/Santa-Clara-County-alone-needs-a-massive-army-of-15252208.php>

<sup>6</sup> Jason Beaudien, "VIDEO: What Is Contact Tracing And How Does It Stop The Pandemic?," NPR, May 10, 2020, <https://www.npr.org/sections/goatsandsoda/2020/05/10/852928949/video-what-is-contact-tracing-and-how-does-it-stop-the-pandemic>

<sup>7</sup> Crystal Watson et al, *A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US*, Johns Hopkins Bloomberg School of Public Health, April 10, 2020, [https://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2020/200410-national-plan-to-contact-tracing.pdf](https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200410-national-plan-to-contact-tracing.pdf)

understanding the biological transmission of the virus.<sup>8</sup> The Centers for Disease Control and Prevention (CDC) lists “cultural sensitivity,” along with “interpersonal skills” and “resourcefulness in locating patients and contacts” as a core competency for contact tracers.<sup>9</sup> Recent contact tracer job postings in New York City explicitly called out knowledge of “institutional and structural racism and bias” and “systemic oppression” as desired qualifications, and looked for directly impacted individuals for the position.<sup>10</sup> A main part of a contact tracer's task is to conduct over-the-phone interviews, investigate, jog people's memories, and draw up one's close physical contact(s) from an infected community member. To effectively gather such information requires the contact tracer's intimate understanding of a community's health behaviors and beliefs and cultural nuance, in addition to “having the language skills.”<sup>11</sup> It also requires their overcoming potential barriers in interviews, such as the “chilling effect” under anti-immigrant policies and rhetoric for immigrants,<sup>12</sup> “Tuskegee effect” amongst African American/Black communities,<sup>13</sup> and systemic discrimination and biases experienced by LGBTQ+ individuals.<sup>14</sup>

Additionally, California's contact tracing efforts must not further exacerbate racial and social disparities for vulnerable populations, including Black, Indigenous and Persons of Color (BIPOC), immigrants, limited English proficient individuals and LGBTQ+ communities, who are disproportionately impacted in all aspects of COVID-19. In order

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<sup>8</sup> Reid Wilson, “Health experts call for Roosevelt-style programs to kill virus, revive economy,” *The Hill*, April 6, 2020 <https://thehill.com/homenews/state-watch/491269-health-experts-call-for-roosevelt-style-programs-to-kill-virus-revive>

<sup>9</sup> Center for Disease Control and Prevention, *Contact Tracing : Part of a Multipronged Approach to Fight the COVID-19 Pandemic*, April 29, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/principles-contact-tracing-booklet.pdf>

<sup>10</sup> Fund for Public Health in New York City, *Contact Tracer I – DOHMH Call Center*, last accessed May 15, 2020 <https://1w20ju1nsz1k2xqrjx3ccsd1-wpengine.netdna-ssl.com/wp-content/uploads/sites/76/2020/04/CT-I.pdf>

<sup>11</sup> Quoting our partner Mixteco Indigena Community Organizing Project (MICOP) who serves indigenous communities in the Central Coast, cultural humility is beyond bi-/multi-lingual skills.

<sup>12</sup> Usha Lee McFarling, “Fearing deportation, many immigrants at higher risk of Covid-19 are afraid to seek testing or care,” *STAT Health*, April 15, 2020, <https://www.statnews.com/2020/04/15/fearing-deportation-many-immigrants-at-higher-risk-of-covid-19-are-afraid-to-seek-testing-or-care/>

<sup>13</sup> Angel Jennings, “‘We want to study you.’ For black Angelenos, coronavirus triggers fear of another Tuskegee,” *Los Angeles Times*, May 10, 2020, <https://www.latimes.com/california/story/2020-05-10/coronavirus-tuskegee-experiment-black-patients-trust-health-care>

<sup>14</sup> Petruce Jean-Charles, “LGBTQ Americans are getting coronavirus, losing jobs. Anti-gay bias is making it worse for them,” *USA Today*, May 9, 2020, <https://www.usatoday.com/story/news/nation/2020/05/09/discrimination-racism-fuel-covid-19-woes-lgbtq-americans/3070036001/>

not to further perpetuate disparities and systemic injustices, contact tracing, like testing, treatment and related care, must proactively reach communities most at risk in trauma-informed, culturally and linguistically sensitive manners. In California's next phase(s) of recruiting and training contact tracers, we urge that the Governor, California Department of Public Health and local public health offices recruit, train and prioritize a trauma-informed, culturally and linguistically appropriate workforce at state regional and local levels to effectively reach at-risk populations.

**1 (a). Mandate training on cultural humility and trauma-informed care as part of contact tracing training for all existing workforces, including public sector employees.**

CDC's contact tracing training plan<sup>15</sup> includes a module on cultural sensitivity that covers implicit bias and cross-cultural communications among other topics. The Substance Abuse and Mental Health Services Administration (SAMHSA) offers training<sup>16</sup> on trauma and trauma-informed care. Meanwhile, understanding the impact of COVID-19 on vulnerable communities can help ensure a trauma-informed interview process while assisting workers in overcoming potential barriers during the investigation. Fresno County Department of Behavioral Health recently published a two-part trauma-informed guidance titled "Cultural humility and COVID-19," which highlights how LGBTQ+, racial and ethnic groups, veterans, the unhoused, justice-involved individuals and older adults, are each impacted by COVID-19.<sup>17</sup> <sup>18</sup> All of these can serve as examples for state agencies to adopt and adapt as part of contact tracing training.

**1 (b). Recruit individuals from directly impacted communities who have a long-term commitment to serving underserved and unserved communities.**

Similar to hiring efforts in other states such as Massachusetts and New York, local public health departments in California should prioritize hiring and training community members directly impacted by COVID-19 who have lost their employment,

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<sup>15</sup> CDC, "Identify the Primary Components of COVID-19 Contact Tracing," last accessed May 15, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/identify-primary-components-of-contact-tracing.html>

<sup>16</sup> SAMHSA's Trauma and Justice Strategic Initiative, *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, July 2014, [https://ncsacw.samhsa.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf)

<sup>17</sup> Fresno County Dept of Behavioral Health, *Cultural Humility Can't Stop with COVID-19: A Quick Reference Guide Amid the Pandemic*, April 2020, <https://drive.google.com/file/d/1kJignT0f3uau2dTsnWpR1lm5v1sZjoT7/view?usp=sharing>

<sup>18</sup> Fresno County Dept of Behavioral Health, *Cultural Humility and COVID-19: Quick Reference Guide Part II*, April 2020, [https://drive.google.com/open?id=1Bfs1\\_7gYzHCsYbJq5973JDfTezms9YA0](https://drive.google.com/open?id=1Bfs1_7gYzHCsYbJq5973JDfTezms9YA0)

such as BIPOC, LGBTQ+ individuals, immigrants, and justice involved persons. Directly impacted individuals understand the communities they are trying to reach, track and trace. It would also help offset the economic and social impacts these communities have borne in equitable ways.

**1 (c). Contract with community-based organizations to do contact tracing, informing and outreach work.** Since the beginning of the state's sheltering-in-place order, CBO partners have played critical roles in bridging the gaps between community needs and institutional responses. Some of them are often the only organizations in their area with specific cultural and/or language capacity.<sup>19 20</sup> CBO partners have demonstrated creative and innovative ways in outreaching to hard-to-reach populations, such as those who are negatively affected by the "digital divide" and those who are of low health literacy, by conducting audio and/or visual outreach including phone-banking, drive-through events, multilingual radio programming, and producing YouTube videos.<sup>21</sup> 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. Furthermore, successful models such as census outreach through administrative community-based organizations (ACBOs) and health navigator programs can shed light on state and local programs contracting community-based organizations, community health workers and community-based navigators to handle sensitive or personally identifiable information while locating and enrolling hard-to-reach populations.

- 2. Complete missing demographic data through contact tracing.** In the April 20 letter we asked public health departments to collect and report comprehensive demographic data on race, ethnicity, language, sexual orientation and gender identity and geographic location, as well as disaggregating such data, so that the state could further understand COVID-19 health disparities and target interventions. Recently, we learned from our partner Empowering Pacific Islander Communities (EPIC) about the intricacies around collecting and disaggregating data for Native Hawaiians and Pacific

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<sup>19</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-aspandemic-information-lifeline-to-non-english-speakers/>

<sup>20</sup> Alexandra Hall, "Here's Why California's Immigrant Communities Need Coronavirus Information in Their Own Languages", KQED, Apr 22, <https://www.kqed.org/news/11813233/if-you-dont-speak-english-lifesaving-coronavirus-information-can-be-difficult-to-find>

<sup>21</sup> CPEHN, Best Practices In Protecting Vulnerable Populations in COVID-19, <https://bit.ly/3fSBv46>

Islanders (NHPI), who are dying at rates ten times higher than their White counterparts in Los Angeles County (the top county for NHPI population in California)<sup>22</sup>. According to 2018 American Community Survey, more than half of NHPIs in California are mixed race, which means COVID-19 data collected for “NHPI only”, though disaggregated, may not fully reflect their disparities. Through culturally and linguistically appropriate interpersonal interviews, contact tracers can play a critical role in collecting missing demographic data, a process otherwise challenging at stages of medical interventions.

**3. Provide culturally and linguistically appropriate, person-centered wrap-around services through COVID-19 contact tracing program.**

CDC named contact tracing “part of a multipronged approach in fighting the COVID-19 pandemic.” While the state looks to re-open the economy (without a vaccine or therapy, or the ability to confirm everyone's immunity to COVID-19), a set of additional criteria must be met for a disease control strategy relying on rapid testing and contact tracing to be effective and equitable. For instance, to rapidly identify cases, we must continue to ensure that testing is available and accessible to all Californians, including “cases” and “contacts”. To effectively stop the chain of transmission, we must ensure the ability for those exposed to successfully self-isolate or quarantine, which can be more difficult for low-income essential workers,<sup>23</sup> the unhoused, justice-involved individuals, and those who live in multi-generational households. The state and counties must continue to strengthen safety-net programs for those hardest hit and the most vulnerable Californians to protect themselves and others. Such safety-net services include access to health, food, and other public benefits, housing for the unhoused and alternative housing for those who cannot self-isolate or quarantine, child care support, and job-protected sick leave and increased wage replacement rate for State Disability Insurance and Paid Family Leave. Last, we also need to ensure access to adequate behavioral and mental health support. Without these steps, we will not be able to safely re-open without triggering more outbreaks and overwhelming our health care facilities. BIPOC, immigrants, limited English proficient individuals and LGBTQ+ communities have been disproportionately impacted during the pandemic, in large part due to lacking access to public health

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<sup>22</sup> Alex Wigglesworth, “Institutional racism, inequity fuel high minority death toll from coronavirus, L.A. officials say,” Los Angeles Times, May 11, 2020, <https://www.latimes.com/california/story/2020-05-11/institutional-racism-inequity-high-minority-death-toll-coronavirus>

<sup>23</sup> Susanne Rust, “Latinos test positive for coronavirus at overwhelming levels in San Francisco survey,” Los Angeles Times, May 9, 2020, <https://www.latimes.com/california/story/2020-05-06/latinos-tested-positive-for-coronavirus-at-overwhelming-levels-in-san-francisco-survey>

information and testing as well as their overrepresentation in the low-income essential workforce, and in populations experiencing homelessness and in justice systems, who do not have the ability to stay at home.<sup>24</sup> As the state enters the next phase(s) of re-opening, a disease control strategy deploying contact tracing must not exacerbate existing COVID-19 racial, social and economic disparities. We urge the state and local public health departments to -

**3 (a). Provide adequate referrals to health, social and financial assistance for those being contacted.** This includes but is not limited to providing information on accessing COVID-19 testing, treatment, and related care, as well as referrals to navigation and enrollment assistance for health coverage, food benefits, unemployment benefits, and social services such as child care, etc. This will also require the state and local governments to continue to make COVID-19 testing, treatment and related care available and accessible to all while ensuring strong social and financial safety net programs.

**3 (b). Provide behavioral and mental health support and referrals for those being contacted.** The CDC recommends contact tracers have "basic skills of crisis counseling" and referral skills to mental health services. CPEHN recently made recommendations<sup>25</sup> to the Department of Health Care Services on establishing a culturally and linguistically appropriate warm line to meet emerging mental health needs for BIPOC and immigrants in COVID-19 pandemic. We recommend that contact tracers be trained on basic mental health crisis intervention, as well as providing those being contacted with referrals to culturally and linguistically appropriate providers as part of the program when there is a need.

**3 (c). Partner with county departments, safety-net institutions, and community-based organizations who already provide wrap-around services and culturally and linguistically sensitive "whole person care."** Local public health departments should closely coordinate and collaborate with other county departments or units who provide mental health, health services and social services, as well as local safety-net institutions such as food banks, shelters and legal aids to deliver person-centered care for those being contacted. Public health departments should also consider partnering with community-based organizations (CBOs) and community health workers, who

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<sup>24</sup> Webb Hooper M, Nápoles AM, Pérez-Stable EJ. *COVID-19 and Racial/Ethnic Disparities*. JAMA. Published online May 11, 2020. doi:10.1001/jama.2020.8598

<sup>25</sup> California Pan-Ethnic Health Network, *RE: Establishing a Statewide Emotional Support Line*, May 6, 2020,

[https://cpehn.org/sites/default/files/dhcs\\_emotional\\_support\\_line\\_recs\\_cpehn\\_05\\_06\\_2020.pdf](https://cpehn.org/sites/default/files/dhcs_emotional_support_line_recs_cpehn_05_06_2020.pdf)

have been providing wrap-around services such as food distribution, navigation and enrollment assistance for health and public benefits, and behavioral, mental and emotional support while outreaching to their community members on COVID-19.<sup>26 27</sup> We recommend that the state leverage community partnerships and existing “whole person care” models and learn from community-driven best practices to deliver wrap-around services through contact tracing.

- 4. Strengthen education and awareness building for the general public around contact tracing.** Lastly, in order for California’s contact tracing program to be effective, public awareness building around contact tracing must start soon. And for state and local public health officials to effectively share information and educate the public on the relevance and importance of contact tracing, they must have strategies in place to overcome misinformation, distrust, fear, anxiety, and concerns and communicate in culturally and linguistically appropriate manners. We urge the state to produce simple COVID-19 contact tracing information in all threshold written and spoken languages, and disseminate such information through a variety of channels, including governmental websites, printed materials such as pamphlets, radio, television, social media, and road-side advertising especially in rural areas. State and local public health officials could also partner with community-based organizations, community health workers, health navigators and other culturally and linguistically appropriate providers to do general public health education around COVID-19 contact tracing.

### **Conclusion:**

Successful and effective contact tracing efforts in and outside of the US have prioritized people skills and ties to a local community over medical expertise. A set of additional criteria such as access to COVID-19 testing and ability to self-isolate and/or quarantine must also be met for a disease control strategy relying on contact tracing to be effective. BIPOC, immigrants, limited English proficient individuals and LGBTQ+ communities have been disproportionately impacted in all aspects of the COVID-19 pandemic. As the state looks to safely re-open in the months to come, we urge the Governor to adopt equitable measures including building a culturally and linguistically appropriate, trauma-informed contact tracing

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<sup>26</sup> CPEHN, “Equity in Crisis: Fighting to Protect Health Justice for All,” April 10, 2020, <https://mailchi.mp/cpehn/equity-in-crisis-april-10-digest>

<sup>27</sup> CPEHN, “Equity in Crisis: Fighting to Protect Health Justice for All,” April 28, 2020, <https://mailchi.mp/cpehn/equity-in-crisis-april-28-digest>



workforce, collecting missing demographic data through contact tracing, provide person-centered wrap-around services through the contact tracing program, as well as strengthening education around contact tracing for the general public. These measures are key to fighting the COVID-19 pandemic while not exacerbating existing COVID-19 health, racial and social disparities. **CPEHN and partners are available for a meeting with the Administration to discuss these recommendations.**

Sincerely,

A handwritten signature in black ink, appearing to read "K. Savage-Sangwan". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Kiran Savage-Sangwan

Executive Director  
California Pan-Ethnic Health Network