



Introduction to this Tool

COVID-19 has exacerbated existing inequities for people of color and compounded the impact of historical and structural racism on their health and wellbeing. In California, the pandemic has had an elevated and disproportionate impact on communities of color, particularly Black, Indigenous, Latinx, Asian, Pacific Islander and historically underinvested communities. Racism is a public health crisis and is deeply rooted in structures and systems that perpetuate poor health outcomes and shorter life spans for people of color.

These same barriers, caused by structural and systemic racism, put people of color at greater risk of illness and death from COVID-19 and are deeply connected to poverty, the lack of affordable and accessible healthcare, housing insecurity and the health and sustainability of organizations led by people of color. ARPA funding provides a unique opportunity. We now have the funding to take a step forward in eradicating two pandemics: COVID-19 and systemic racism, both of which have had dramatic impacts on the health and well-being of our most historically under-resourced communities.

We hope that community members and CBOs will use this tool to talk about ARPA and COVID's impact on communities of color. These talking points can help guide your discussions in community meetings, presentations with City Councils or County Boards of Supervisors, with local and ethnic media and on social media platforms.

Here's what you need to know:

Racism is a Public Health Crisis

- The COVID-19 pandemic exposed racial inequities within California's communities of color.
- Poor health outcomes for people of color are, in large part, due to decades of inequities in housing, employment and health care.
- Throughout California, communities of color have the highest COVID rates (Latinx, Black, Native American, Pacific Islanders, immigrant and low-income

populations). Over half of California's COVID-19 deaths were among Latinos and Blacks.

Racism Influences the Disparities we see in Housing & Homelessness

- California has an estimated 161,000 individuals experiencing homelessness.
- Treating the homelessness crisis cannot be a one size fits all approach. This is a deep-rooted issue that must consider all challenges in a way that is considerate of identity, race, gender, criminalization, etc.
- People facing homelessness are more likely to endure trauma, health challenges, and chronic homelessness.
- Systemic racism drives homelessness. African Americans are overrepresented. Though they comprise 6% of the state's population, they account for 40% of the homeless population in California.
- African Americans are 10 times more likely to become unhoused than their white counterparts.
- Even before the pandemic, California's cost of living has been a burden on most Californians. People of color are more likely to earn minimum wage, making it much harder to weather a crisis and putting them at greater risk of becoming homeless.
- Racial health imbalances are in large part due to historic redlining, barring primarily Black and immigrant communities from accumulating generational wealth. ARPA funding has the potential to repair this long-term damage and create equitable housing opportunities caused by inequitable housing policies. Reparative work is needed to reform housing policies.
- ARPA funds can be used to fund permanent supportive housing, safe spaces with wraparound services, non-law enforcement crisis response programs, affordable housing, rent and mortgage cancelation, and grants for home ownership.

Racism is the Root of Economic Inequities

- The COVID-19 pandemic has caused more economic harm to Black, Brown, Indigenous and immigrant communities who already had, on average, lower incomes and higher unemployment rates.
- Because of their higher death rates, more Black, Brown, Indigenous and immigrant families have lost loved ones who were their sole income earners.
- Because Black, Brown and Indigenous people have suffered more COVID infections, they are also more likely to suffer long-term symptoms from COVID that could impact their future earnings and/or increase their medical bills.
- Businesses owned by Black, Brown and Indigenous people and immigrants were disproportionately impacted by losses in revenue from the decrease in customers during the pandemic. While government grants and relief funds were available to help business owners pay their bills, Black, Brown, Indigenous and immigrant business owners were less likely to receive them.

- Universal stay-at-home orders assume that everyone can shelter in place, without considering that people of color are more likely to be low-wage essential workers and have less access to worker benefits such as paid sick leave.
- While there have been short-term policies to alleviate impacts of the pandemic, these are temporary and do not fully address the unequal impact experienced by historically underinvested communities.

It's Critical to Invest in Public Health, Health Equity and Racial Justice at the Local Level.

- Local public health jobs never recovered from the 2008 recession, leaving health departments under-resourced and less prepared for pandemics and other emergencies.
- In partnership with county public health departments, community-based organizations (CBOs) work tirelessly on the frontlines, getting timely information about COVID safety measures, testing, and vaccines out to communities.
- Local ARPA funds can be transferred to CBOs, which are best positioned to reach underserved communities in accessible, culturally appropriate ways and connect them with needed resources and services, including vaccines, health education, and assistance with accessing health care and government services.
- Historically underinvested communities are still behind on vaccination rates and at greater risk of infection, so it is critical to invest in vaccine access and education.
- ARPA funds can be used to strengthen task forces and create community-based communications campaigns for some of the most impacted communities, such as undocumented individuals and persons with disabilities.
- Community health programs, Promotoras and street medicine clinics can be great assets in strengthening the COVID recovery and improving community health overall.
- With racism as a crisis and huge disparities in health outcomes among people of color, it's imperative that cities invest ARPA funding in the following key areas 1) public health, 2) health equity and 3) racial justice. All three priorities must be addressed together in order for us to truly rise and root out inequities causing harm in communities of color and historically underinvested communities.

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California COVID Justice is a coordinated public health response addressing the deep-rooted inequities that the pandemic has laid bare such as systemic racism, disparities in illness and death among historically underinvested in and communities of color, inadequate housing, lack of access to healthy food, clean water, and inadequate mental health resources.