COVID-19 in Texas: Uncovering Racial Inequities and Advancing Health Equity in Response and Recovery

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INTRODUCTION

The COVID-19 pandemic has unveiled deep and persistent racial inequities in opportunity and health across Texas and the United States. Hispanic and Black residents, in particular, are facing a disproportionate burden of COVID-19 cases, hospitalizations, and deaths, as well as the brunt of the pandemic's economic fallout including higher rates of income loss, food insecurity, and housing instability. These inequities are not new, but a reflection of a history of chronic and systemic neglect and disinvestment in communities of color across the state and the nation that have placed them at greater risk going into, during, and following a public health crisis. Mitigating the spread of this virus and ensuring all Texans emerge in health, safety, and economic well-being will require state and local policies and actions centered in health equity. This issue brief serves as an important call to action, highlighting the deeply entrenched inequities emerging amid the pandemic, and providing a roadmap of actions required to close racial gaps in immediate response and long-term recovery in Texas.

What is Health Equity?

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.

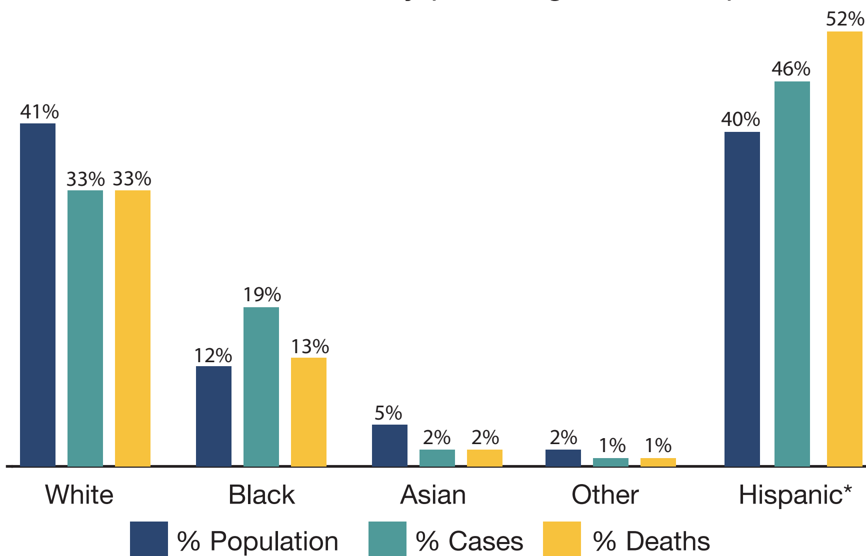
Braveman P et al. What is Health Equity? And What Difference Does a Definition Make? RWJF, May 2017.

STATE OF COVID-19 RACIAL INEQUITIES IN TEXAS

State-Level Health Inequities

Texas has nearly 700,000 confirmed COVID-19 cases, and over 13,000 deaths as of this writing. [1] While cases are finally declining, Black and Hispanic Texans continue to face the brunt of disease and death (Figure 1). Hispanic residents comprise 40% of Texas' population, but almost half of all cases (46%) and deaths (52%) in the state. Black residents comprise 12% of the state population, yet 19% of COVID-19 cases and 13% of deaths. These inequities are especially stark at regional and local levels, as discussed later in this brief.

Figure 1. Percent of Population, COVID-19 Cases, and Deaths by Race and Ethnicity (as of August 24, 2020)

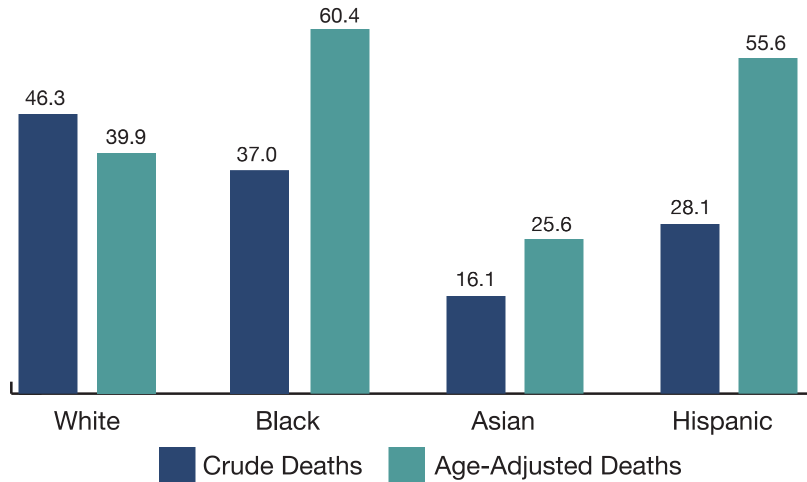


*Data as of August 24, 2020 from DSHS COVID-19 Dashboard. Cases and deaths calculated as a percent of total with known race and ethnic data only. Texas population estimates from U.S. Census Bureau 2018 population estimates. *Hispanic or Latino ethnicity, any race. All other race categories in this table are defined as Not Hispanic or Latino.*

The true burden of racial inequities in COVID-19 is likely much greater in Texas for several reasons. First, despite being the second most diverse state in the nation, Texas lags behind most other states in reporting cases by race and ethnicity. As of this writing, demographic data are available for just 7% of Texas' cases, and not all localities are reporting data publicly by race and ethnicity. [2] Second, though Texas reports 100% of fatality data by race and ethnicity, emerging reports show that the current toll does not capture the actual spike in deaths that have occurred from all causes since the pandemic started. Since mid-August, the U.S. Centers for Disease Control and Prevention (CDC) estimates there have been 6,400 "excess deaths" in the state that while not classified as COVID-19 deaths were likely due to pandemic-related health problems. A large proportion of excess deaths have occurred among Hispanics. Causes of underreporting of COVID-19 deaths include testing shortages, misclassification of deaths due to patient co-morbidities, Texas' decentralized death certificate system, and in-home fatalities.[3]

The steep age gradient associated with COVID-19 deaths is also central to understanding the true burden of mortality. A higher share of White Texans are in the older age group at greater risk for COVID-19 and its adverse outcomes, whereas people of color are relatively younger in the state. However, when adjusting for age, mortality rates sharply rise for people of color. In particular, COVID-19 mortality rates are 1.5 times higher for Black and Hispanic Texans (60.4 and 55.6 per 100,000 population) than White Texans (39.9 per 100,000 population) (Figure 2). Nationally, data show that as of mid-August, Hispanic and Black communities have seen the sharpest rise in mortality rates,[4] a scenario also playing out in Texas.[5]

Figure 2. Age-Adjusted COVID-19 Deaths per 100,000 Population in Texas



*Source: APM Research Lab as of August 24, 2020 https://www.apmresearchlab.org/covid/deaths-by-race * Latino ethnicity is reported separately from non-Hispanic race groups in Texas. This data was obtained from the CDC, as it is more complete than Texas' public reporting via its website.*

Regional and Local Health Inequities

Racial inequities in COVID-19 outcomes are widespread across Texas' urban, suburban, and rural areas, with Hispanic and Black residents bearing the brunt of disease (Figure 3).

Across Texas' major metro communities, Hispanic residents are suffering higher rates of disease, hospitalization, and deaths. Dr. Peter Hotez[6] has referred to these unfolding inequities as "a historic decimation of Hispanic communities"[7]. In Travis County, for example, Hispanic residents comprise one-third (34%) of the population, however, they make up almost half of cases and fatalities due to COVID-19 (52% and 49% respectively). Similarly, in Bexar County, Hispanic residents account for 76% of COVID-19 cases and 70% of hospitalizations, yet 61% of the population.

In Harris County/Houston, 44% of the population is Hispanic, yet they comprise 48% of cases. Newer data show that increasingly younger, and in particular, Hispanic individuals are being affected. One study led by researchers at Houston Methodist—an 8-hospital health care system—found that between the first (March 13 to May 15, 2020) and second (May 16 to July 17, 2020) surge of COVID-19, the mean age of hospitalizations dropped by 2.6 years (from 59.9 to 57.3 years) and the proportion of Hispanic patients increased 68% from 25.7% to 43.3%.[8] Emerging reports as of late August show that Hispanic teens are also being "hit hard."[9] Data for the nine-county Houston area show that COVID-19 cases among people under 20 years old increased 34% between late April and early August, with most cases occurring in people 15 to 20 years old and Hispanic teens.[10]

Beyond the metro areas, in more rural regions like East Texas, both Hispanic and Black residents are facing severe consequences from the pandemic. Rates of infection among Hispanic and Black residents in East Texas are more than double their share of population (see Figure 3).

In the Panhandle, majority of cases in the initial wave of the pandemic stemmed from meatpacking plants, where a large share of Hispanic, immigrant, and refugee residents comprised the employment force.[11] More recently, Hispanic communities in the Rio Grande Valley have experienced surges in deaths and hospitalizations.[12] For example, Hidalgo and Cameron counties are home to 90% of Hispanic residents.[13] Together, these two counties account for 15% of the state's deaths, a share that is three times higher than their share of the state population (5%).[14]

Figure 3. Disproportionate Impact of COVID-19 by Race and Ethnicity Across Major Areas in Texas (as of August 24, 2020)
Map Displays Total COVID-19 Cases per 100,000 per County

Legend: % Population | % of Cases

El Paso

	White	Black	Hispanic	Asian
% Population	9%	4%	83%	1%
% of Cases	8%	2%	88%	0%

Data is for City and County of El Paso

Austin

	Hispanic (By Ethnicity)	White	Black	Asian
% Population	34%	49%	9%	7%
% of Cases	52%	54%	7%	3%

White, Black and Asian: By Race

Data is for City of Austin and Travis County. 21% of race data and 18% of ethnicity data is unknown.

San Antonio

	White	Black	Hispanic	Asian
% Population	27%	9%	61%	3%
% of Cases	16%	5%	76%	1%

Data is for City of San Antonio

Dallas

	White	Black	Hispanic	Asian
% Population	28%	24%	41%	7%
% of Cases	10%	8%	43%	2%

Data is for all of Dallas County

East Texas

	White	Black	Hispanic	Asian
% Population	72%	11%	14%	1%
% of Cases	48%	22%	29%	1%

Counties include Smith, Rain, Woods, Henderson Anderson, Gregg, and Van Zandt.

Houston

	White	Black	Hispanic	Asian
% Population	29%	20%	44%	7%
% of Cases	25%	21%	48%	4%

Combined data for City of Houston and Harris County for known race and ethnicity only.

With the exception of Austin, data for all areas is reported for Non-Hispanic White, Non-Hispanic Black, Non-Hispanic Asian and Hispanic groups. All data as of August 24, 2020 from:

1. New York Times Texas Coronavirus Map and Case Count https://www.nytimes.com/interactive/2020/us/texas-coronavirus-cases.html
2. PCCI COVID-19 HUB Dallas County Analytics https://covid-analytics-pccinnovation.hub.arcgis.com/
3. City/County of El Paso COVID-19 Data http://www.epstrong.org/results.php
4. Travis County's COVID-19 Surveillance Dashboard https://austin.maps.arcgis.com/apps/opsdashboard/index.html#/39e4f8d4acb0433baae6d15a931fa984
5. City of San Antonio COVID-19 Case Numbers Data https://covid19.sanantonio.gov/About-COVID-19/Case-Numbers-Table-Data
6. Harris County/Houston COVID-19 Dashboard https://harriscounty.maps.arcgis.com/apps/opsdashboard/index.html#/c0de71f8ea484b85bb5efcb7c07c6914
7. NETHealth COVID Dashboard https://www.nethealthcovid19.org/blog/post/confirmed-covid-19-cases
8. Population Estimates from U.S. Census Bureau 2018

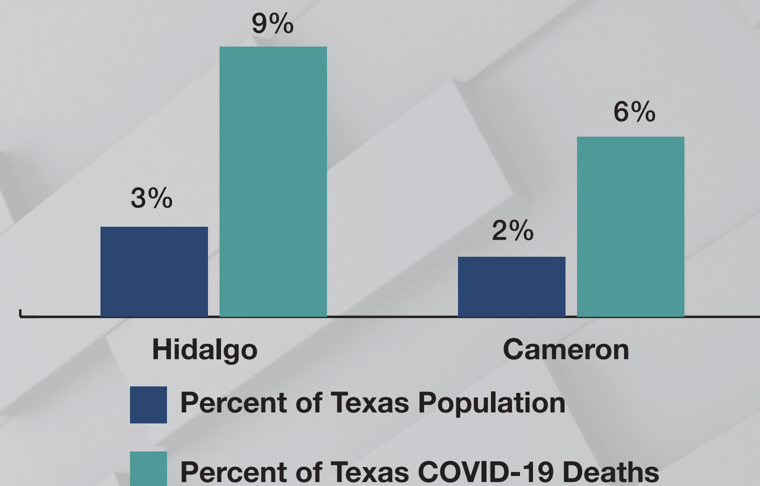
"We're seeing a historic decimation of Hispanic communities."

– Dr. Peter Hotez
Baylor College of Medicine and Texas Children's Hospital
Center for Vaccine Development

The Hispanic community in Texas is bearing the brunt of COVID-19 as many Hispanic-majority counties are seeing an explosion of severe illness, hospitalization and death. The Rio Grande Valley area (consisting of Hidalgo, Willacy, Cameron, and Starr Counties) is one region experiencing disproportionate numbers. With hospitals reaching full capacity, severely ill patients travel far distances to receive the care they need.

The severity can be seen in two Rio Grande Valley counties. Hidalgo and Cameron counties together constitute about 5% of the state's population, but almost 15% of the state's deaths. About 90% of both counties consist of Hispanic residents.

Share of Texas' Population and COVID-19 Deaths in Hidalgo and Cameron Counties (as of August 24, 2020)



Source: DSHS COVID-19 Dashboard and U.S. Census Bureau 2018 Population Estimates

COVID-19 Testing & Treatment Inequities

A recent review examining testing sites across the nation found that in many major cities across Texas, majority Black and Hispanic neighborhoods face higher demand for COVID-19 testing than majority White neighborhoods.[15] In San Antonio, for example, majority-Hispanic neighborhoods had twice the community need as White neighborhoods for testing. In Dallas, majority-Black neighborhoods had 46% higher community need and majority-Hispanic neighborhoods had 24% higher needs than majority-White neighborhoods. Other Texas hot spots, such as Hidalgo County, are also facing steep demands in testing, in some cases taking 10 hours of wait-time.[16]

On the other hand, the Houston/Harris County region has made explicit attempts to distribute testing sites according to need across neighborhoods, informed by Harris County Public Health's COVID-19 Equity Testing Strategy. This has afforded the opportunity to narrow disparities in potential demand for testing sites when compared to other urban areas in Texas.[17]

As of July, many Texas hospitals with outsized outbreaks are struggling with the ability to treat both COVID-19 and other patients. Many rural and border town counties, predominantly Hispanic, with very limited number of hospitals face greater challenges with influx of hospitalizations. For example, with only one hospital each, both Starr and Val Verde counties reached maximum capacity with overwhelmingly COVID-19 patients.[18]

Relatedly, many of these hospitals have become understaffed, with health workers risking their lives and falling sick. Majority Black and Latino health workers are employed in many underserved hospitals with limited numbers of PPE. One recent study published in the *Lancet Public Health Journal* found that more than one-third of minority health care workers (36.7%) reused PPE while only one-fourth (27.7%) of non-Hispanic Whites did so. Healthcare workers reusing PPE were 1.5 times more likely to test positive for COVID-19 than those who did not.[19]

Unequal Economic Impact

In addition to the human toll, data from the Urban Institute and the U.S. Census Bureau's Household Pulse Survey show that Black and Hispanic Texans are also facing severe and disproportionate effects from the pandemic's economic fallout (Figure 4), further exacerbating the risk for infection, hospitalization and deaths in these communities.

As of late July, Black and Hispanic Texans experienced higher rates of employment income loss, and double the rate of food insecurity, unpaid or deferred mortgage payments, and uninsured rates as White Texans. During this same period, the rate of inability to pay rent was almost three times higher for Hispanic Texans and two times higher for Black Texans, compared to White Texans.

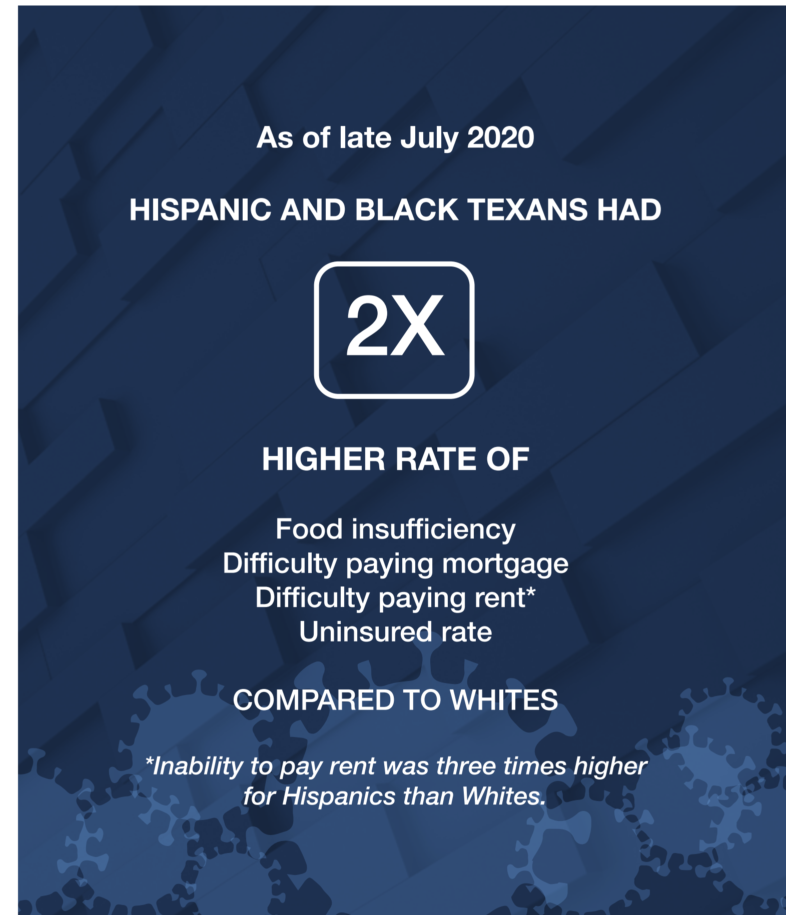
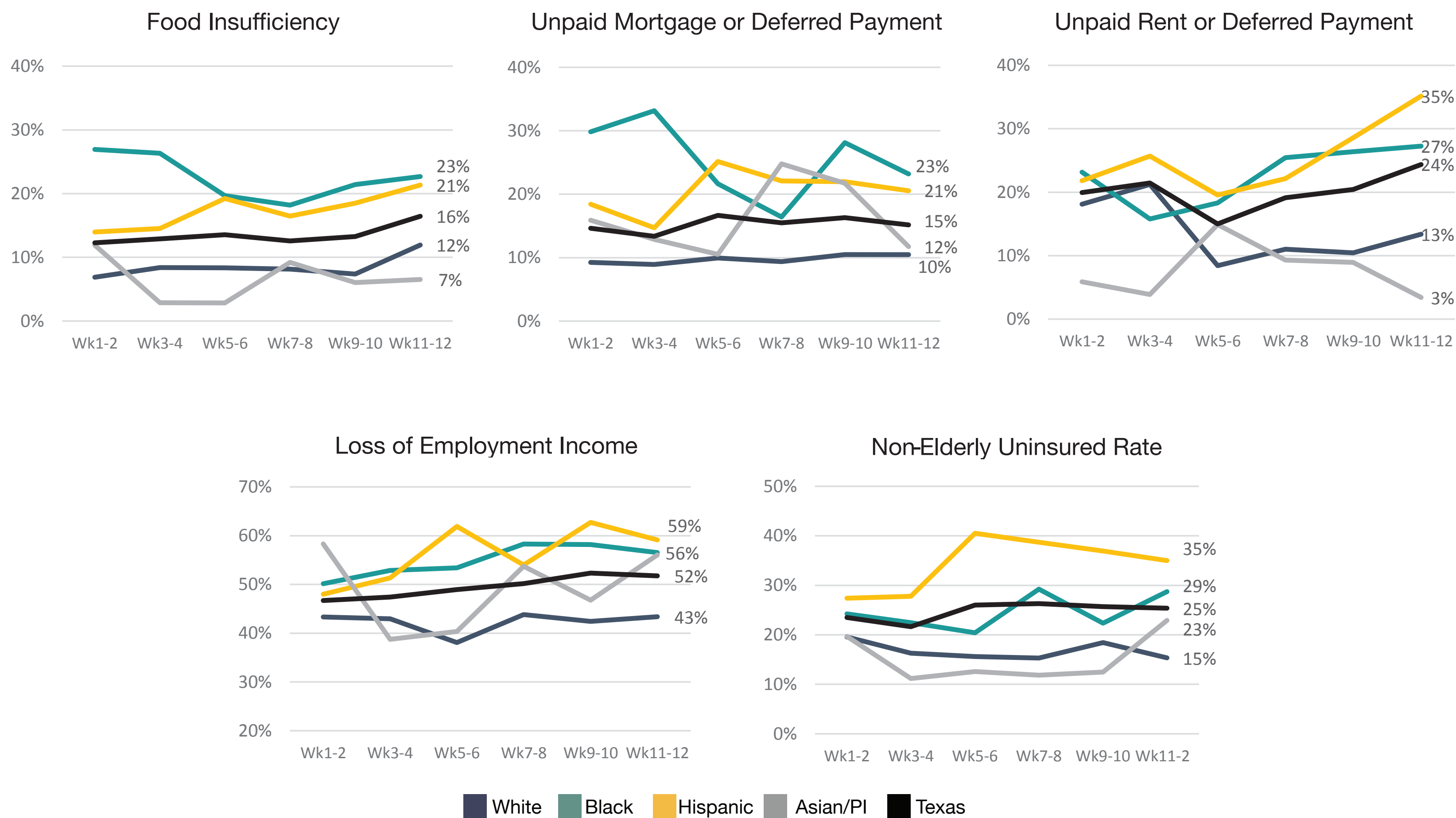


Figure 4. Percentage of Households in Texas Facing Economic Challenges by Race and Ethnicity
Two Week Time Periods between April 23- July 21, 2020



Source: U.S. Census Bureau's Household Pulse Survey via Urban Institute's Tracking COVID-19's Effects by Race and Ethnicity

With plans in place for school reopening this Fall, Black and Hispanic students and educators face greater threats to their health due to COVID-19 than other ethnic groups.[20] A recent report by the CDC found that nationally Hispanic children were eight times as likely as White children to be hospitalized, and Black children were five times as likely.[21] Currently, Hispanic and Black students respectively account for 53% and 13% of all students in Texas public schools."[22] In a recent poll by University of Texas and Texas Politics project, Black and Hispanic respondents were more likely than White respondents to say in-person schools were unsafe.[23]

Beyond the health risks associated with in-person school, many Black and Hispanic children face widening educational disparities with the advent of online learning amid the pandemic. Texas leads the country with the widest digital divide among students. Overall, 34% of K-12 public school students do not have access to the internet at home and 25% do not have a laptop or computer. [24] Black (63%) and Hispanic (59%) students have less access to both broadband internet and computers compared to White students (78%). This disparity in digital access between Hispanic and White students in Texas is larger than the nationwide gap. [25] According to a recent TEA report reviewing the time period between early May and mid-July 2020, 16.9% of Black students and 13.3% of Hispanics students were not fully engaged with schoolwork or the teacher compared to only 6.4% of White students.[26]

UNDERSTANDING THE ROOT CAUSES

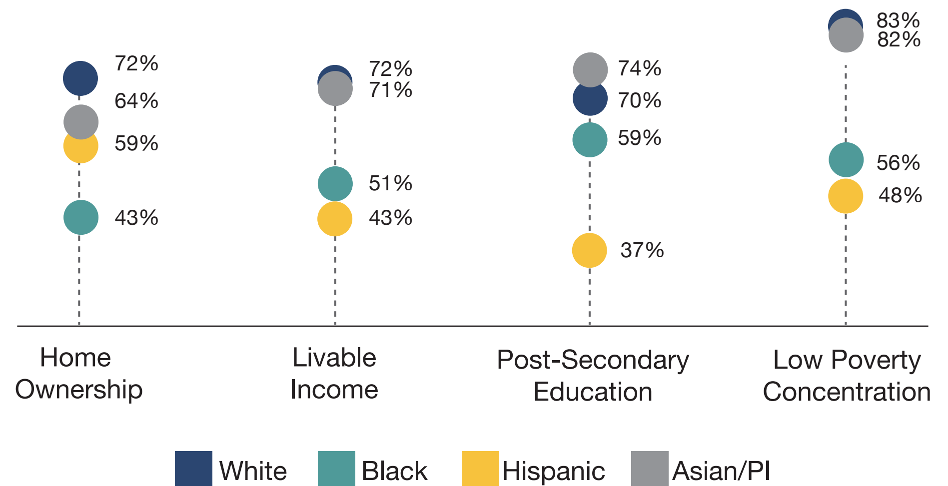
Racial and ethnic inequities in COVID-19 outcomes are a reflection of the fundamental inequities faced by communities of color in the places where they live, learn, work, and play. Decades of institutionalized racism and systemic neglect have left a lasting legacy where communities of color have endured the effects of concentrated poverty, environmental hazards, and limited access to good schools, jobs, and health care. These circumstances have placed communities of color, in particular, Black and Hispanic residents in Texas, at greater risk for contracting the virus, experiencing severe illness or death once infected, and facing adverse economic impacts.

Systemic Barriers to Opportunity

Before the pandemic, Hispanic and Black residents in Texas faced a host of systemic barriers to opportunity and health that have become impossible to ignore as this disease has taken hold. According to the Health Opportunity and Equity (HOPE) Initiative, 83% of White Texans live in neighborhoods with low concentrations of poverty, whereas just 48% of Hispanic and 56% of Black Texans live in such neighborhoods (Figure 5). Furthermore, only 43% of Black households and 59% of Hispanic households own homes compared to 72% of White households. Hispanic and Black households (43% and 51%) are also less likely to earn a livable income (i.e., at least 250% of the federal poverty level), compared to White households (72%).

This wide racial divide in economic opportunity is the result of a long history of systemic racism—including a history of discriminatory neighborhood and housing policies dating back to before the civil rights era. These policies have resulted in not only deeply segregated communities, but hindered the ability for Black and Hispanic families

Figure 5. Socioeconomic Opportunity by Race and Ethnicity in Texas

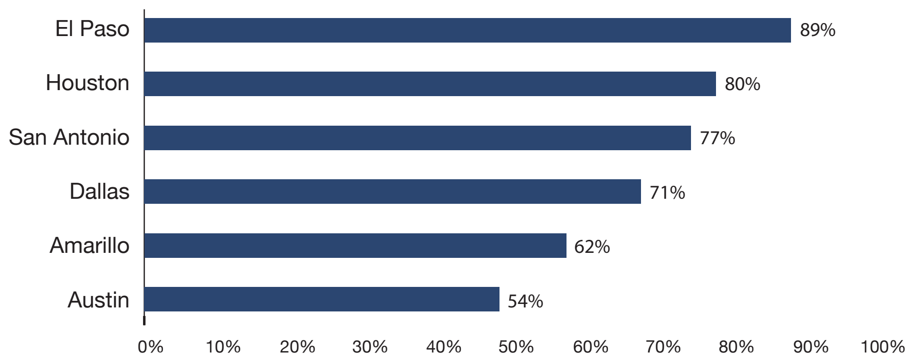


Source: Health Opportunity and Equity (HOPE) Initiative, 2020

to accumulate generational wealth and experience upward mobility, confining them to poor neighborhoods with substandard housing, under-resourced schools, low-wage employment, access to fewer health care resources, and many other challenges.[27]

Today, systemic racism is largely responsible for the elevated risk and rates of COVID-19 among Hispanic and Black communities across Texas for several reasons. First, Hispanic and Black residents are more likely to be employed in low-wage, frontline occupations, such as health care workers, home health aides, grocery and meatpacking workers, custodial staff, public transit and delivery drivers, and other essential workers. In fact, in most major Texas cities, people of color and especially women of color are employed in jobs deemed as essential.[28] To that point, more than half of frontline workers in most major metro cities are people of color in Texas (Figure 6).[29]

Figure 6. Percentage of Frontline Workers who are of Color for Select Texas Cities



Source: The Associated Press as of August 18, 2020 https://apnews.com/029ea874d-c964697358016d3628429fa

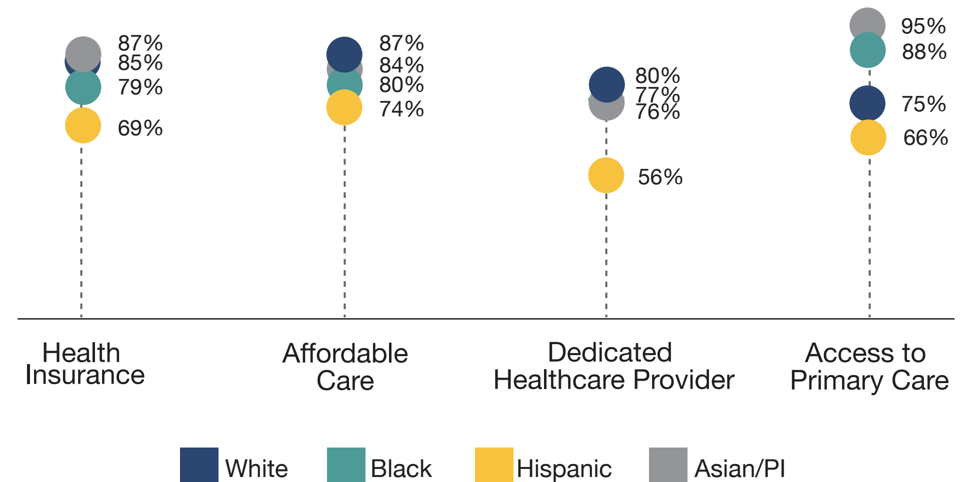
The contribution of these essential workers is critical to the functioning of Texas' economy and livelihood, yet these are the very people most likely to suffer COVID-19 consequences. In a recent poll by the Texas Hispanic Policy Foundation, 42% of Hispanics and 40% of Blacks stated they would have preferred to stay home, but had to return to work given their financial situation.[30] Essential workers are more likely to live below federal poverty line, have children at home, live with other essential workers, and often less likely to have paid sick time off.

In addition to frontline occupations, people of color—in particular Hispanic and immigrant residents—are more likely to live in crowded households (i.e., housing units with more than one person living per room), often as an economic decision. Studies show that crowded housing is a significant source of COVID-19 spread given the relative difficulty of social distancing and other mitigation practices.[31]

Health Care Access

Historic and current policies have also systemically disenfranchised people of color in Texas from health care access. Texas consistently ranks last on health insurance coverage—and ranks among bottom states on other health care access measures—with Hispanic residents lagging even further behind most people across the state and nationally. HOPE data indicate that Hispanic adults face the greatest barriers to health care access in the state—including having the lowest rates of insurance coverage, a dedicated healthcare provider, access to primary care, and access to affordable care than other racial and ethnic groups (Figure 7). Studies show that those with existing health care access barriers are more likely to delay or forgo seeing a doctor, receiving testing, and treatment when it is needed, thus resulting in serious illness, hospitalization and death from COVID-19. [32]

Figure 7. Rates of Health Care Access by Race and Ethnicity in Texas



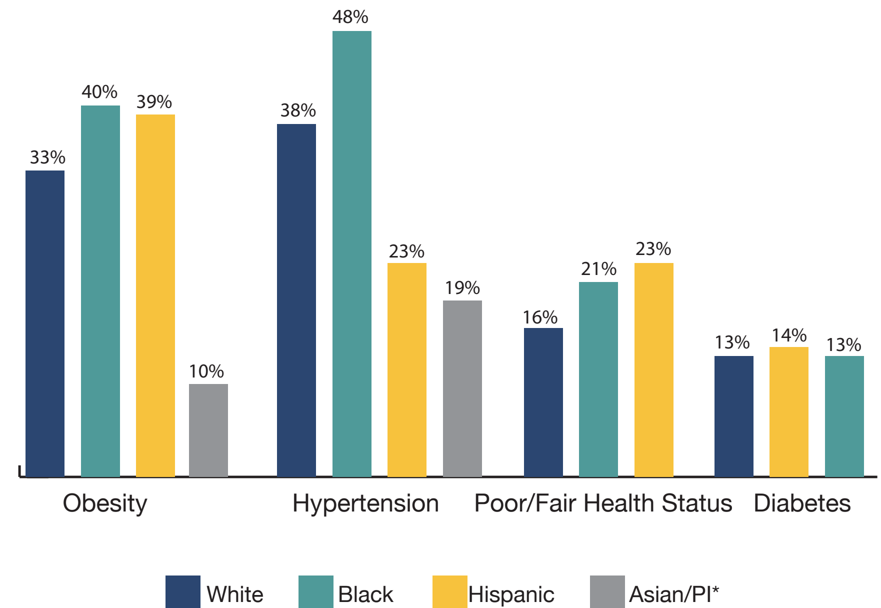
Source: Health Opportunity and Equity (HOPE) Initiative, 2020

While socioeconomic circumstances contribute to health care access barriers (e.g., low-wage jobs without coverage or high out-of-pocket payments), other critical policy decisions have systemically left some of the most vulnerable behind in the state. First, the lack of safety-net coverage, such as Medicaid, for low-income individuals and families, many of whom are on the frontlines, making too much to meet current thresholds, but too little to purchase individual coverage. Second, public charge has created considerable stigma and fear among immigrant families. Third, past historical injustices, such as the unethical Tuskegee Syphilis Experiment, have left communities mistrusting the system and reluctant to seek and receive treatment. Moreover, in major cities such as Dallas, deeply rooted history of redlining and gentrification have contributed to lack of quality health care in minority neighborhoods such as South Dallas. [33] Similarly, as one of the most economically segregated cities in the country, San Antonio has an unequal distribution of healthcare facilities.[34] Finally, implicit biases—often unintentional—of healthcare workers can contribute to poor quality care and outcomes, deterring minority, immigrant, and other patients from seeking care.[35]

Chronic Disease

Longstanding systemic inequities in socioeconomic, environmental and health care factors are the root causes for higher chronic disease burden faced by communities of color [36] that have also placed them at greater risk for COVID-19 illness and serious adverse outcomes. In Texas, across most major health measures, Black residents have the poorest health outcomes, followed in many cases by Hispanic residents (Figure 8). For instance, Black and Hispanic adults in Texas have the highest obesity rates (40% and 39%, respectively) as well as the highest rates of self-reporting their health as fair or poor (21% and 23%, respectively). In addition, nearly half (48%) of all Black Texans have hypertension, a rate higher than White Texans (38%) and nearly double that of Hispanics (23%) and Asians/Pacific Islanders (19%).

Figure 8. Chronic Disease Rates in Texas by Race and Ethnicity



Source: 2019 America's Health Rankings data for Texas; 2018 CDC BRFSS data for Texas
*Data on poor/fair health status and diabetes not available for Asian/PI.

RECOMMENDATIONS

The staggering racial inequities in COVID-19 are not new, nor an accident. They are a reflection and result of a long history of systemic racism, neglect and disinvestment in some communities over others across the state and nation. As COVID-19 has exposed, the consequences of such neglect extend far beyond historically disenfranchised populations to the physical and economic health and well-being of all communities.

Upending these inequities and ensuring everyone emerges alive and in good health amid this pandemic and beyond will require a systems-approach to response and recovery centered in health equity and fueled by core elements of leadership, community engagement, data and transparency, and sustainable financing (Figure 9). Building on this frame, we provide five key recommendations to help guide state and local leaders, policymakers, practitioners and advocates on advancing COVID-19 response and recovery from a systems- and equity-lens. These recommendations build on evidence-informed practices from previous public health events, guidance and best practices emerging around the nation amid COVID-19, and promising work underway across Texas' local communities. [37] [38] [39] Select local health equity initiatives are spotlighted throughout this section.

Figure 9. A Systems-Approach to Advancing Health Equity Amid the Pandemic and Beyond

SYSTEMS-APPROACH TO HEALTH EQUITY

Recommendation 1: Invest in systemic solutions to address inequities amid the pandemic, while also setting the state on a path to achieving health equity in the long-run.

Many solutions to mitigate the spread of COVID-19 as well as minimize its deleterious social, economic and health impacts on individuals and families are the same policies that can ensure that every Texan has a fair and just opportunity to lead a healthy and prosperous life. Perhaps a silver lining in the pandemic is the opportunity it presents to reexamine, improve, and replace "bad policies" and fill the gaping gaps they have left for vulnerable communities. In other words, implementing a value-added approach whereby policy and program solutions can bridge both systemic inequities in immediate COVID-19 response, as well as set the state on a path to achieving health equity in the long-run. Doing so will require reimagining some basic policies, such as ensuring every Texan has:

- **A Minimum Sustainable Income.** Safety-net supports provided through the Coronavirus Aid, Relief, and Economic Security (CARES) Act, such as cash assistance and unemployment benefits, have been critical to helping low-income families weather the COVID-19 crisis in the short-term. However, these efforts represent a stop gap approach that cannot sustainably meet the needs of low-income families over time. As other states are doing, we recommend reimagining what economic opportunity, health and well-being would be like if every Texan had a fair minimum income (e.g., at least 250% of the federal poverty level), access to paid sick leave policies, and other protections for essential workers to prevent difficult trade-offs between meeting basic survival needs with community mitigation priorities.

- **Health insurance.** Texas' safety-net clinics and hospitals have for decades stepped up to meet the needs of the largest uninsured population in the nation. The growing ranks of uninsured amid the pandemic pose serious threats not only to the sustainability of our health care system and rising health care costs, but also our ability to effectively contain the virus and ensure the long-term health and well-being of all people. To date, 39 states (including DC)

Why Texas Needs to Establish a Minimum Sustainable Income

Texas' minimum wage reflects the federal rate of $7.25 per hour. For an individual working a 40-hour week, this equates to an annual income of $15,080—**half the income required for an individual to cover basic needs such as housing, utilities, food, childcare, and transportation;** and one-fourth the income required for a family of four with a single earner.* By design, such a system is **setting up individuals and families to fail,** perpetuating not only socioeconomic inequities, but having a strong ripple effect on health, especially in times of a public health crisis. This is why Texas must reexamine and reimagine to provide a minimum sustainable income.

**Sustainable income is defined according to the HOPE Initiative's definition of at least 250% of the Federal Poverty Level.*

have adopted Medicaid expansion[40] accompanied by additional protections in light of COVID-19. Texas is one of only 12 states that has not done so. We strongly recommend state leaders to expand Medicaid—or in its absence—an alternative safety-net coverage program to cover those falling into Texas' fast growing "coverage gap." Medicaid expansion is supported by the majority of Texans (64%) and allows for the state to draw down billions in federal dollars to close the coverage gap, improving the health of individuals and the economic viability of providers, state and local government. [41] [42] [43]

- **Safe, Affordable and Quality Housing.** Although most eviction moratoriums enacted during the pandemic's early stages expired, as of September 1, 2020, CDC announced a nationwide eviction moratorium in efforts to continue to "facilitate safe and effective quarantining."[44] While critical, moratoriums are not a panacea to the housing instability crisis our nation and state faces. Every Texan should have a fair and just opportunity to live in safe, affordable, and quality housing. While a sustainable minimum income will partly contribute to this vision, Texas must also address its history with racial and economic segregation as well as gentrification that continues to concentrate low-income people of color to high-poverty, under-resourced communities.

- **Food Security.** The U.S. Department of Agriculture rolled out a series of critical programs to ensure access to food for people across the nation, allowing states the ability to temporarily relax thresholds and modify procedures to make it easier for people to participate in or apply for Supplemental Nutrition Assistance Program (SNAP). Between April and August, Texas provided $1 billion in food support and benefits.[45] Households of color—particularly Black and Hispanic—comprise the largest share receiving SNAP benefits in the state. Some states are exploring ways to sustain the relaxed SNAP eligibility thresholds to continue to provide food assistance beyond the pandemic. Other states are taking bold steps to invest in identified gaps, such as Massachusetts which identified urgent needs and food supply chain issues, and committed $56 million to address them.[46] We recommend exploring ways in which the state can leverage and build on SNAP's adaptations, while also investing to systemically address food insecurity.

LEADERSHIP & ACCOUNTABILITY

Recommendation 2: Establish a State Taskforce and Strategy for Advancing Health Equity in COVID-19 Response and Recovery

We recommend the creation of a statewide multidisciplinary taskforce to monitor racial inequities in COVID-19 and guide the development of a health equity response and recovery strategy for activation in this crisis—and future events. In April 2020, House Representative Shawn Thierry and a bi-partisan coalition of House Members called on Governor Abbott to establish an Emergency COVID-19 Racial Disparities Taskforce of medical experts, epidemiologists, elected leaders, public health officials, faith leaders, and community influencers charged with providing oversight and guidance on effective response to address disparities.[47] Despite continued pleas, the state still has not established a disparities or equity-focused COVID-19 taskforce, though it has committed to launching a study of COVID-19's impact on communities of color.[48] While a promising first step, the absence of a statewide taskforce and strategy has resulted in a patchwork of local efforts and progress, improving conditions for some, yet continuing to leave many vulnerable communities with no such efforts behind.

At least eighteen states have activated taskforces to address the elevated rates of COVID-19 cases and deaths in communities of color.[49] Within Texas, organizations and individuals in cities such as Houston, Austin, and San Antonio are leading the way.[50] Leveraging this local leadership and momentum, along with the state's promising commitment to examining disparities, we strongly recommend the formation of a Statewide Health Equity Taskforce for COVID-19 Response and Recovery to ensure all communities across the state are prioritizing and addressing staggering inequities.

This Taskforce would build on the promising work of similar national and local taskforces, as well as Representative Thierry's call, and be charged with providing guidance on issues such as: [51] [52]

- Addressing the root causes of racial inequities in COVID-19, including plans to address systemic racism and address gaps in underlying social determinants of health—such as food security, housing, income stability, and paid sick leave.
- Elevating the engagement, role and voices of diverse communities in state and local decision-making.
- Standardizing collection and timely reporting of disaggregated COVID-19 data by race and ethnicity.[53]
- Assessing needs of communities most impacted by COVID-19 on an ongoing basis, and making evidence-informed decisions on placement and allocation of resources, such as personal protective equipment (PPE), testing, contact tracing, and treatment resources according to need.
- Implementing culturally and linguistically tailored education and awareness campaigns, delivering clear and simple messages on mitigation through trusted voices and accessible settings.
- Addressing implicit bias in health care.
- Developing a vaccine distribution plan that overcomes widespread community distrust.

Houston's Health Equity Response (H.E.R.) Initiative and Taskforce

In April 2020, Mayor Sylvester Turner launched the H.E.R. Initiative and Taskforce, a multi-sector, multidisciplinary group addressing health inequities and access by accelerating data-driven, targeted and rapid response for residents in 22 priority Super Neighborhoods across Houston.

The H.E.R. Initiative and Task Force have led initiatives such as:

- Advancing a community-based, culturally-focused MASK UP! Campaign
- Partnering with local organizations to distribute free food, masks, hand sanitizer, and educational materials at accessible community sites
- Leveraging existing data and evidence to address the intersection of underlying health disparities with increased vulnerability of specific populations and neighborhoods
- Surveying community members in multiple languages on the pandemic's impact on residents' lives

For more information, visit: https://houstoncovid19 recovery.org/health-equity-response-task-force/

DATA & TRANSPARENCY

Recommendation 3: Standardize the collection and reporting of disaggregated COVID-19 data by race and ethnicity to track and address disparities, and allocate resources according to need.

Disaggregated data on cases, testing, hospitalizations, and fatalities is crucial to identifying need and allocating resources for mitigation and response accordingly. According to The COVID Tracking Project's Racial Data Tracker, Texas is the only state lacking more than 90% of race and ethnic data for cases.[54] Moreover, local jurisdictions are defining and reporting data differently by race and ethnicity, and some localities are not reporting them publicly altogether. Seven months into the pandemic, limited quality and transparency of these data undermine our ability to understand the true magnitude and scope of COVID-19 inequities, and in turn, effectively respond. These data are critical to identifying needs and allocating resources for: testing and contact tracing; hospitals and clinics as new waves of cases surge; and for targeted education and outreach in specific racial, ethnic and immigrant communities.

Some steps in the right direction include federal guidance on reporting demographic data for testing, which went into effect August 1, 2020.[55] In addition, in early June, Governor Abbott expressed his commitment to better data collection. However, the state must do more to guide the collection and reporting of quality demographic data—including race and ethnicity—in the stark absence of federal leadership.

A coalition of national public health leaders and organizations, including Resolve to Save Lives and the American Public Health Association, came together in late July to recommend 15 essential indicators, drawing on best practices from their review of state-level COVID-19 data dashboards across all 50 states, DC and Puerto Rico. Race and ethnic data are recommended for 10 of the 15 indicators (Figure 10).[56]

In addition, the U.S. Department of Health and Human Services developed comprehensive implementation guidance on data collection standards for race and ethnic data, updating the 1997 OMB standards as part of the Affordable Care Act's implementation. [57] This federal guidance should be leveraged to provide for the consistent collection and reporting of data across jurisdictions.

Figure 10: Recommended COVID-19 Indicators by Race and Ethnicity

- Confirmed and probable cases
- Percentage cases linked to known cases
- New diagnostic (e.g., PCR) tests per capita
- Percentage of positive tests
- Per capita COVID-19 hospitalization rates
- Confirmed and probable deaths
- Diagnostic (e.g., PCR) test turnaround time
- Time from specimen collection to isolation
- Percentage cases interviewed for contact elicitation within 48 hours
- New infections among health care workers

For more information, visit: https://bit.ly/32WT39A

COMMUNITY-ENGAGEMENT

Recommendation 4: Engage diverse community members and their trusted leaders, partners, and organizations to ensure a culturally and linguistically tailored and equitable approach to response and recovery.

Engaging community members, and importantly listening to and elevating their voices is critical to informing and guiding community-centered, culturally and linguistically appropriate, and in turn sustainable response and recovery efforts over time. We recommend government and public health leaders, health care providers, employers, and social service organizations actively engage local community members and their trusted leaders to inform and guide critical efforts such as:

- **An understanding of community context, needs, and histories.** This requires actively and genuinely listening and learning about the major racial and ethnic groups within a community, their language needs, their histories and beliefs as they relate to public health and prevention, as well as issues of trust and fear.

- **Communication, education, and outreach.** Working with diverse community members to develop and vet public health education and communication to ensure messages are: clear and simple to follow; culturally-tailored and provided in multiple languages; communicated by trusted messengers; shared through multiple media according to community preferences; and distributed through safe, trusted, and accessible settings such as places of worship, community-based organizations, and community clinics. These actions are critical to ensuring that important public health messages and guidance are not only communicated, but received, understood and adhered to by community members.

- **Tailored programs and resources according to community need**. Sites and processes for testing, contact tracing, quarantining, and isolating must be informed by community input on an ongoing basis to understand what is working, what is not to mitigate and contain the spread of COVID-19 in communities of color. Additionally, all these actions should be carried out in culturally and linguistically appropriate ways across safe and trusted community sites.

San Antonio & Bexar County's Office of Health Equity

The Metropolitan City of San Antonio and Bexar County's established Office of Health Equity provides ongoing guidance for COVID-19 response from an equity lens. This includes programs to:

- Visit and provide education to marginalized communities in trusted, community locations such as apartment complexes, faith-based organizations, etc.

- Provide community-based walk-up free testing in locations with the highest density of low-income communities of color.

- Develop and tailor marketing and education materials on testing for communities of color.

Austin-Travis County's COVID-19 and Health Equity Strategies

With an already existing Health Equity Unit, the Austin/Travis County Public Health department established a social services branch with multiple strike teams and task forces to focus efforts on food access, homelessness, testing, and other needs related to COVID-19 response. Initiatives include:

- Placing testing centers in neighborhoods depending on positivity rate and social vulnerability. Vaccine distribution will also be based on these two criteria.
- Lodging, food access, and personal hygiene for homeless individuals for short term and long term
- Community collaboration for food access and rental assistance for sheltered and unsheltered individuals
- Screening for social determinants when testing for COVID-19 at sites
- Partnering with faith-based organizations in the Austin area to provide testing and other social needs
- Combating stigma, mistrust, and fear in Hispanic and Black communities through careful, strategic communication and messaging

Harris County Public Health's (HCPH) COVID-19 & Equity Strategies

- HCPH operationalized a Resilience and Equity Unit as part of its Covid-19 Incident Command Structure. It ensures all aspects of HCPH's response is informed by an equity lens.
- HCPH convened a Racial and Ethnic Approaches to Covid-19 and Health (REACH) Taskforce to advise HCPH on the needs of communities and populations disproportionately impacted by the pandemic. It adapted a Covid-19 Equity Framework to guide its recommendations.
- HCPH has developed and implemented a comprehensive Equitable COVID-19 Testing Strategy, along with a series of other equity-centered programs as recommended by the REACH Taskforce.

FINANCIAL COMMITMENT & SUSTAINABILITY

Recommendation 5. Make a financial commitment to sustain efforts and impact to achieve health equity amid the pandemic and beyond.

Where we devote our financial resources indicates our societal values. If we are truly committed as a state to achieving health equity, we must financially value and invest in doing so. A seminal study commissioned by the Episcopal Health Foundation in 2017 found that racial health disparities cost Texas' economy—individuals, families, employers, insurers, health care providers, and government—$4.6 billion in excess medical spending and lost productivity. The same study projected that by 2050, if these inequities persist in the face of Texas' growing diversity, the economic burden of health disparities will increase by 80% to $8.5 billion. The pandemic will further magnify these preventable costs of disparities for years to come, especially if left unaddressed. As such, the opportunity is now to upend the deeply entrenched structures and financing mechanisms that have perpetuated inequities. In doing so, we recommend state leaders to:

- **Prioritize sustainable financing for public health.** Local health departments are on the frontlines of containing, mitigating, and responding to public health threats at a community-level. Yet public health preparedness funding has been cut by more than one-third annually since programs were established in the wake of 9/11, limiting COVID-19 response nationally and in Texas.[58] According to Trust for America's Health, in 2017, Texas scored 3 out of 10 on preparedness for diseases, disasters, and bioterrorism, including no indication of state public health funding commitment or increased support.[59] Ongoing and sustainable public health funding is critical to ensure the state is ready to hit the ground running when crises strike to prevent avoidable illness, hospitalizations, and deaths, especially among the most vulnerable—all of which carry a heavier societal and economic cost than public health investments.

- **Identify new sustainable financing models around the country** that have demonstrated success in incentivizing and achieving population health and health equity. One promising approach is the Accountable Communities of Health (ACH) model. ACHs are cross-sector partnerships that collectively build infrastructure, financing mechanisms, and accountability to improve health outcomes and achieve health equity by addressing the social determinants of health. Many active ACHs and look-alikes (such as Collective Impact) have reinvigorated their shared mission and work in response to COVID-19 and provide a unique opportunity to learn more about their financial innovations and mixed-payment models, including what is working, what is not, and why.

- **Invest in evidence-informed scalable pilots and demonstrations** that test new payment models at community and health system levels, increasingly rewarding value and health over volume. With deepening COVID-19 related social needs, particularly among Black and Hispanic communities, and growing systems-alignment efforts coordinating health and social services, providers have a unique opportunity to adapt, pivot and test new ways of incentivizing health and health equity.

CONCLUSION

The COVID-19 pandemic has laid bare the profound racial inequities that exist across Texas. Hispanic and Black residents, in particular, have faced the brunt of COVID-19 cases, hospitalizations, and deaths, as well as its economic fallout. These staggering inequities are not new, but the result of decades of systemic racism, neglect, and disinvestment in communities of color. Upending this trend, and ensuring all Texans emerge in health, safety, and economic well-being will require a systems-approach that addresses the root causes of inequities. Only when the most vulnerable Texans achieve health and well-being amid this pandemic and in the long-run, will we find ourselves a stronger, healthier and more prosperous state.

ABOUT TEXAS HEALTH INSTITUTE

Texas Health Institute (THI) is a non-profit, non-partisan public health institute with a mission to advance the health of all. Since 1964, THI has served as a trusted, leading voice on public health and healthcare issues in Texas and the nation. THI's expertise, strategies, and nimble approach makes them an integral and essential partner in driving systems change efforts. THI works across and within sectors to lead collaborative efforts and facilitate connections to foster systems that provide the opportunity for everyone to lead a healthy life.

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