City of Cincinnati

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Jan-Michele Lemon Kearney
Councilmember

202101628

April 30, 2021

MOTION

WE MOVE for City Council to allocate $500,000 from the American Rescue Plan Act to The Center for Closing the Health Gap for the purchase of their own facility. This investment will greatly expand their community impact and allow them to further address the elimination of health disparities in the City of Cincinnati.

Jan-Michele Lemon Kearney

Councilmember Jan-Michele Lemon Kearney

STATEMENT

This request for funding will be used to acquire and renovate a building to create a healthy lifestyle facility which will offer healthy lifestyle training, mental health, social, emotional wellness, men's and women's health, seminars, classrooms with nutrition training, fitness instructions, parent university, and a community engagement academy. This space will serve as a much-needed community meeting place for our City's residents as they work together to build a culture of health.

See attached analysis of health disparities.

Local Health Department Report
City of Cincinnati

December 09, 2020

Ohio | Department of Health

Ohio Commission On Minority Health

THE OHIO STATE UNIVERSITY
KIRWAN INSTITUTE FOR THE STUDY OF RACE AND ETHNICITY

THE OHIO STATE UNIVERSITY
COLLEGE OF PUBLIC HEALTH

Deloitte.
HealthPrism™

Ohio Health Equity Workgroup

The Ohio Department of Health put together a workgroup to focus on COVID response and recovery from a health equity lens. The table below includes the various partners involved in this workgroup:

Ohio Department of Health	**Ohio Department of Health Office of Health Equity**	Chairs the working group to identify data analysis priorities and provides oversight for all analysis. Developed strategy for engaging local partners in COVID-19 response.
Ohio Commission On Minority Health	**Commission on Minority Health**	Provides strategic guidance on health policy, public health, and epidemiology and serves as a liaison for the Minority Health Strike Force.
THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH	**Ohio State University College of Public Health**	Conducted Ohio's COVID-19 Individuals *Needs Assessment* to identify the unique needs of communities at-risk of an increased burden of COVID-19 disease and death due to the social determinants of health.
THE OHIO STATE UNIVERSITY KIRWAN INSTITUTE FOR THE STUDY OF RACE AND ETHNICITY	**Kirwan Institute for the Study of Race and Ethnicity**	Using a data-driven approach, identified 515 most vulnerable Census Tracts across Ohio that should be prioritized for COVID-19 response.
Deloitte. HealthPrism™	**Deloitte Consulting**	Using Deloitte's proprietary tool HealthPrism™, formerly Health360, identified the most vulnerable individuals at a household level in key Census Tracts, and potential pop-up testing locations that should be prioritized in COVID-19 response

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A Foreword about the content

Content is meant to supplement knowledge and resources already available to you.

Content may be used to complement local efforts already taking place in your city and to assist with providing a level of granularity and frequency of updates that are not available in public datasets.

Information presented is illustrative of a sample of analyses and capabilities that may be available to you to support COVID-19 response and other Health Equity efforts in Ohio.

Insight(s) represent content generated as of a specific date – content and insights are subject to change given updated data.

Content is populated by Deloitte proprietary and publicly available sources, both of which are non-static and continuously updating.

For privacy purposes, Personally Identifiable Information (PII) such as names, addresses, precise location of households etc. are not shared in this report.

Key Elements of the Analysis

This document provides information regarding the population in your city that may be at higher risk of complications from COVID-19 to facilitate testing prioritization and future vaccination distribution with your external partners. **Click on the section name to jump to each section in this document**.

① **Introduction & Summary**

- Define vulnerability based on likelihood of complications associated with COVID-19 from a healthcare and economic lens
- Overview of zip codes where a higher concentration of COVID-19 vulnerable Individuals reside
- Overview of access to testing and medical centers, and urgent care facilities to prioritize testing strategies
- View vulnerable population maps and aggregated data at the Census Tract level area. A summary of zip code level information is also available in this report.

② **Deep-Dive into City of Cincinnati**

- Identify top 10 Census Tracts in the city (and their corresponding zip codes) that have the highest risk of complications from COVID-19 and other key insights
- In-depth analysis of the top 5 Census Tracts that may be prioritized for COVID-19 response and communications including potential temporary testing/PPE distribution sites

③ **Needs Assessment Recommendations**

- Key recommendations for COVID-19 response based on the demographics in your city
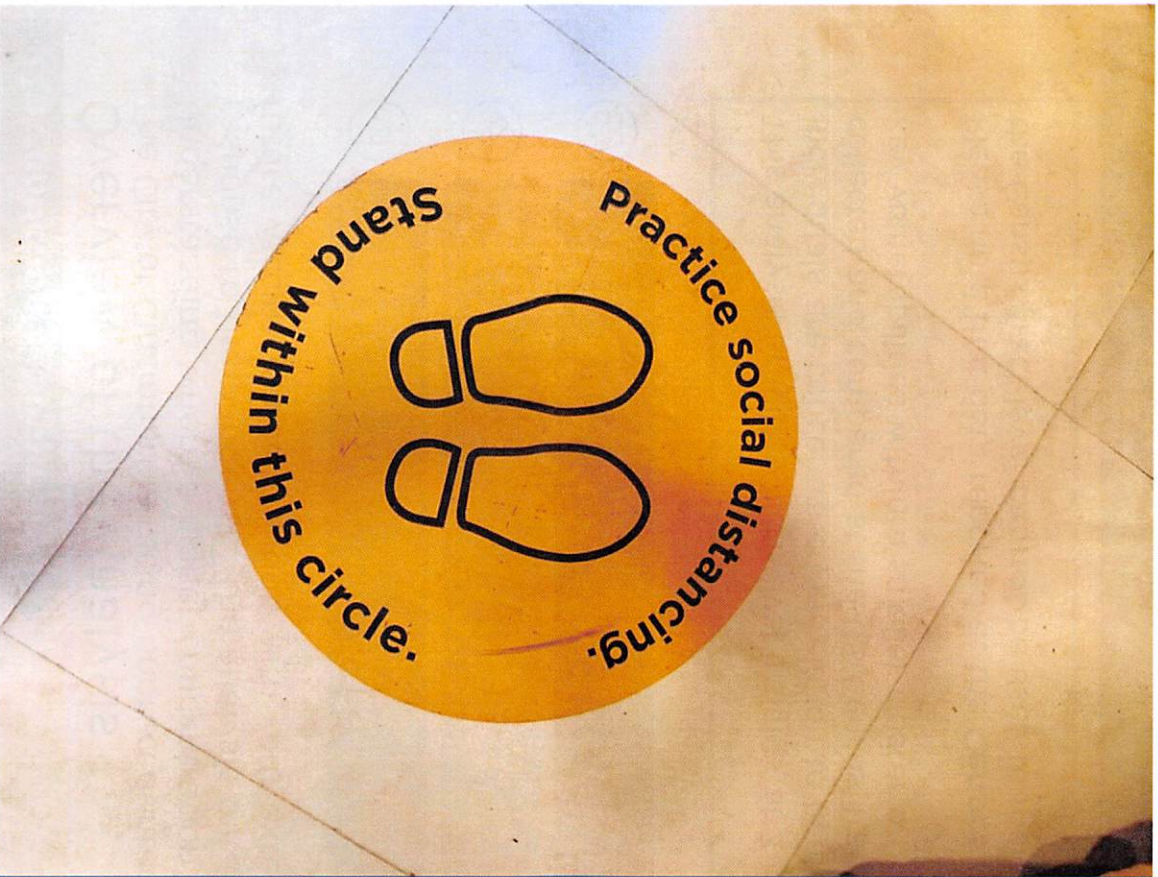
Introduction & Summary

Overview of the Analysis

The City of Cincinnati is facing unprecedented uncertainty in the wake of COVID-19 and other recent events. Understanding where a higher concentration of vulnerable population resides underpins an equitable response to the pandemic. The analysis details information that may help prioritize testing strategies and future vaccination distribution with your external partners. Key questions we help answer include:

- Where are COVID-19 vulnerable Individuals concentrated that may be prioritized for PPE distribution and other essential resources due to health or economic reasons?

- Which zip codes and/or Census Tracts with highly vulnerable Individuals have limited or no healthcare facilities nearby?

- What zip codes and/or Census Tracts may be prioritized to support residents that are under the Federal Poverty Level (FPL)?

This analysis provides high-level insights at Zip Code level that may help in understanding where the vulnerable individuals are concentrated in relation to healthcare facilities. We also analyzed the population based on data collected and compared at the US Census Tract level. Census Tract level data provides a deeper understanding of key vulnerabilities within a smaller cluster of Individuals for a more targeted response in your region.

Please note that data reported at the **Census Tract** level vs. **Zip Code** level are **unrelated**. Data provided at the Census Tract level **cannot** be used to make direct inference on zip code level geographies.

We Look at Vulnerability through 3 Lenses

Vulnerability can be defined in many ways; for the purpose of this analysis, we explore three definitions of vulnerability and observe population unable to withstand complications associated with COVID-19 through the lenses of healthcare and economic wellbeing.

Quintile Case Rates per 100K: Census Tract data on COVID-19 cases per 100k population (as of 11/10/2020) are ordered and assigned to a quintile category (Q1 to Q5). These categories represent case rates of each Census Tract per 100k population. The quintiles are ordered from lowest cases per 100k (Q1) to highest COVID-19 cases per 100k (Q5).

Ohio's 515 Vulnerable Census Tracts: Ohio Census Tracts which encompass job loss due to COVID-19, susceptibility to COVID-19 due to exposure with the general public, and comorbidities.

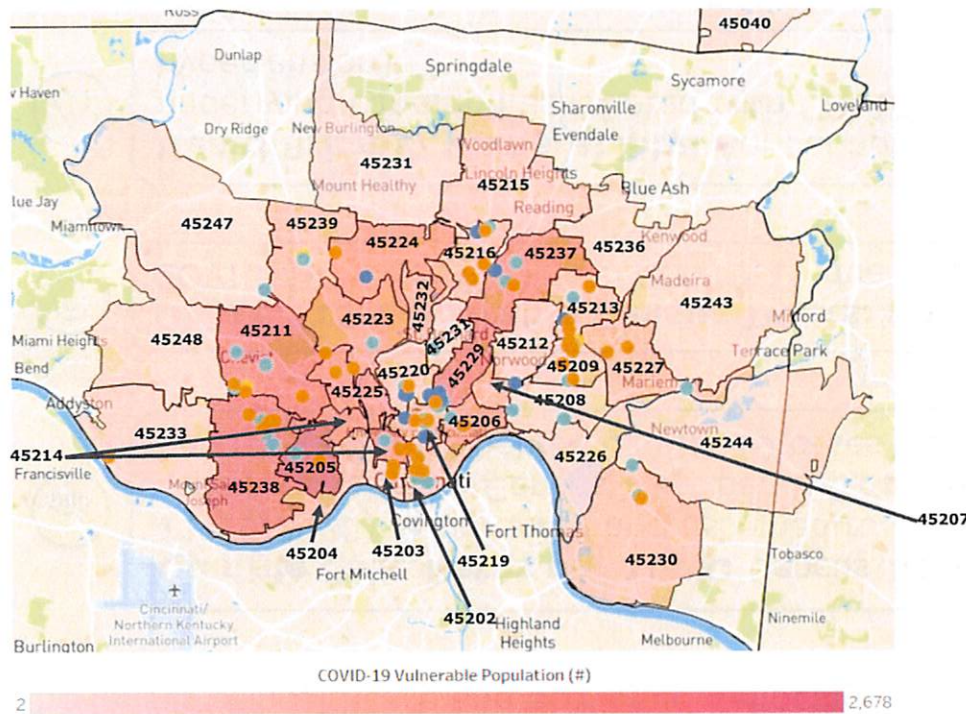**HealthPrism™ Vulnerability:** Annual household income less than $20k and at least one underlying condition associated with COVID-19 (defined as diabetes, cardiovascular disease, hypertension).

Note: Vulnerable population defined using the above lenses can be a tool used to effectively allocate resources and prioritize Census Tracts for various interventions such as PPE distribution, future vaccine administration etc.

Overview of Vulnerability in City of Cincinnati (Zip Code Level)

Using HealthPrism™ data and the map below, we provide an overview of vulnerable population vs. the location of hospitals, urgent care facilities, pharmacies, COVID-19 testing centers, and grocery stores.

COVID-19 Vulnerable Population (#)

2   2,678

Legend | COVID-19 Testing Center | Urgent Care Facility | Hospital | Pharmacy | Grocery Stores

Note: Some Points of Interest may not be visible if they are overlapping on the map

Of the Vulnerable Individuals Across City of Cincinnati

10%	**8%**	**7%**	**7%**
Reside in Zip Code 45205	Reside in Zip Code 45238	Reside in Zip Code 45229	Reside in Zip Code 45211

Zip Code	Testing Centers (#)	Urgent Care Facilities (#)	Hospitals (#)	Pharmacies (#)	Grocery Stores (#)
45205	1	0	0	3	1
45238	6	0	0	12	5
45229	8	0	4	1	0
45211	6	1	2	8	5

Concentration of healthcare and testing facilities limits access for vulnerable populations in surrounding areas and neighboring zip codes which may increase risk of exposure and transmission during transit to above facilities.

To further analyze what makes the zip codes of interest in City of Cincinnati vulnerable, we analyzed the top 10 Census Tracts within the City that may be prioritized for COVID-19 response

Deep-Dive into City of Cincinnati

Ohio | Department of Health

Top 10 Most Vulnerable Census Tracts in City of Cincinnati

Census Tract	Corresponding ZIP Code (s)	In OH 515 (Y/N)	Quintile CR (Q1-Q5)	HealthPrism™ Vulnerable (#)	HealthPrism™ Vulnerable (%)	Minority (%)	Households with Extreme Cost Burden* (%)	Households with Children (%)	Multi-generational Households (%)	Crowded Households (%)	Households without a Vehicle (%)	Single Parent Households (%)	Individuals Living with Disabilities* (%)
Ohio	N/A	N/A	N/A	761,230	6.4%	19.5%	21.3%	30.0%	11.9%	6.4%	48.4%	12.4%	14.0%
City	N/A	N/A	N/A	27,007	7.8%	52.4%	23.8%	22.0%	7.5%	4.2%	62.7%	12.8%	13.5%
CT 36	45206	N	Q3	355	29.0%	94.9%	32.4%	19.6%	6.5%	5.6%	77.7%	13.9%	22.7%
CT 37	45206	Y	Q4	462	23.5%	90.3%	14.0%	13.8%	4.0%	3.7%	82.1%	10.5%	35.3%
CT 2	45203,45214	N	Q5	223	22.1%	98.0%	25.5%	18.0%	4.9%	7.5%	70.5%	14.1%	11.8%
CT 272	45211,45214	Y	Q4	419	21.9%	81.2%	17.7%	24.3%	8.2%	5.7%	69.5%	14.6%	26.4%
CT 86.01	45211,45214,45225	N	Q3	503	21.4%	94.0%	35.7%	26.4%	7.6%	7.3%	69.7%	17.6%	17.5%
CT 270	45206,45219,45229	N	Q5	587	20.7%	95.7%	29.6%	19.8%	6.2%	3.1%	74.4%	12.8%	21.4%
CT 269	45214	Y	Q2	467	20.6%	93.8%	28.1%	17.4%	4.6%	5.8%	78.0%	13.3%	24.4%
CT 94	45205	N	Q5	245	18.5%	79.2%	24.1%	27.5%	7.6%	4.0%	70.8%	18.0%	17.6%
CT 28	45214,45223,45225	N	Q5	189	17.8%	44.6%	23.9%	19.9%	6.3%	3.6%	69.2%	14.8%	20.7%
CT 77	45223,45225	N	Q3	505	17.6%	95.6%	39.7%	26.5%	6.5%	7.8%	73.2%	19.5%	13.2%

* Households with extreme cost burden and individuals living with disabilities data are from ACS.
Note: Census Tracts sorted in descending order of % individuals that are vulnerable in HealthPrism™
Note: The quintiles are ordered from lowest cases per 100k (Q1) to highest COVID-19 cases per 100k (Q5).

Source: HealthPrism™, ACS

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Percent of Individuals Under Federal Poverty Line in Top 10 Vulnerable CTs

Census Tract	Corresponding ZIP Code (s)	% Below 100% FPL	% Below 138% FPL	% Between 138%-400% FPL	% Above 400% FPL
Ohio	N/A	14.6%	21.0%	42.9%	36.1%
City	N/A	25.7%	34.5%	36.6%	28.9%
Census Tract 36	45206	62.2%	74.0%	23.7%	2.3%
Census Tract 37	45206	50.2%	62.5%	23.4%	14.1%
Census Tract 2	45203,45214	49.6%	59.0%	37.8%	3.2%
Census Tract 272	45211,45214	53.3%	58.7%	36.9%	4.4%
Census Tract 86.01	45211,45214,45225	52.4%	64.0%	25.5%	10.5%
Census Tract 270	45206,45219,45229	64.4%	69.5%	26.0%	4.5%
Census Tract 269	45214	57.6%	63.1%	29.6%	7.3%
Census Tract 94	45205	51.9%	60.4%	35.5%	4.1%
Census Tract 28	45214,45223,45225	29.8%	36.4%	46.3%	17.3%
Census Tract 77	45223,45225	60.3%	72.8%	25.9%	1.3%

Note: Census Tracts sorted in descending order of % individuals that are vulnerable in HealthPrism™

Source: ACS

In-Depth Analysis of the Demographic Make up of Census Tracts

We provide a drill down view of the age and racial demographics of top 5 most vulnerable Census Tracts to assist with tailored COVID-19 response, and communications and messaging based on needs. The drill-down view also provides a snapshot of key insights for that Census Tract.

What they are

Drill-downs at Census Tract level provide in depth insight into the demographics (both age and racial) of a particular geographic area

Why they matter and how we use them

By identifying individuals at risk for disparities and vulnerability at a Census Tract level, we are able to look at smaller clusters of individuals, understand their priorities and challenges, and provide you with the most up-to-date information about COVID-19, to help you communicate effectively with tailored messaging.

Age and Racial Demographics

Provide demographic make-up of the Census Tract to better understand specific vulnerabilities.

City View

Provides a high-level view of all Census Tracts and the concentration of vulnerable households relative to other Census Tracts.

Street View

Provides the street view of the potential testing or PPE distribution location that can also be used to provide educational resources or answer questions about COVID-19.

Deep-Dive

In-Depth Analysis of the Demographic Make up of Census Tract

Household Level Demographics:
Vulnerable Population (#)
Black/African American (#)
Asian/Asian American (#)
Hispanic/Latinx (#)
White/Caucasian (#)
Households with Children (#)
Single Parent Households (#)
Population Aged 45 – 64 (%)
Population Aged 65+ (%)
Households with an elderly person living alone (65+) (#)

County (Census Tract Level View) — **Street Level View**

Key Insights for Census Tract

1.0x Higher	2.0x Higher
Multi-generational Households XX.X% vs XX.X% (OH)	Crowded Households XX.X% vs XX.X% (OH)

Potential Testing or PPE Distribution Sites

These sites are located close to large clusters of vulnerable individuals and generally accessible by public transit.

Key Insights

Provide a summary of key metrics that stand out for that Census Tract, which may support response efforts.

In-Depth Analysis of the Demographic Make up of Census Tract 36

| Demographics	
Vulnerable Individuals (%)	29.0%
Vulnerable Individuals (#)	355
Black/African American Individuals (#)	334
Asian/Asian American Individuals (#)	1
Hispanic/Latinx Individuals (#)	4
White/Caucasian Individuals (#)	16
Minority Individuals (%)	95.5%
Individuals Aged 18 – 44 (%)	13.8%
Individuals Aged 45 – 64 (%)	40.0%
Individuals Aged 65+ (%)	46.2%
Individuals with English as a 2nd Language (#)	7
Households with an elderly person living alone (65+) (#)	130

Census Tract View

COVID Vulnerable Population (%)

0.03 — 28.96
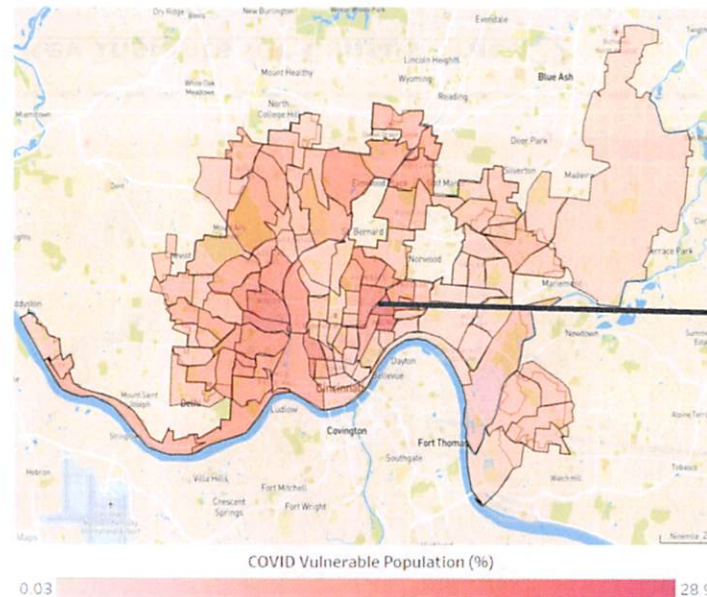
Street Level View

★ **Proposed Temporary Testing Location: Walnut Hills High School**

Key Insights for Census Tract 36

4.5x Higher
Vulnerable Individuals
29.0% vs 6.4% (OH)

4.9x Higher
Minority Population
94.9% vs 19.5% (OH)

1.5x Higher
Households with Extreme Cost Burden
32.4% vs 21.3% (OH)

4.3x Higher
% Below 100% FPL
62.2% vs 14.6% (OH)

3.5x Higher
% Below 138% FPL
74.0% vs 21.0% (OH)

In-Depth Analysis of the Demographic Make up of Census Tract 37

Ohio | Department of Health

Demographics	
Vulnerable Individuals (%)	23.5%
Vulnerable Individuals (#)	462
Black/African American Individuals (#)	426
Asian/Asian American Individuals (#)	1
Hispanic/Latinx Individuals (#)	5
White/Caucasian Individuals (#)	28
Minority Individuals (%)	93.9%
Individuals Aged 18 – 44 (%)	16.3%
Individuals Aged 45 – 64 (%)	50.6%
Individuals Aged 65+ (%)	33.1%
Individuals with English as a 2nd Language (#)	8
Households with an elderly person living alone (65+) (#)	122

Census Tract View

COVID Vulnerable Population (%)
0.03 — 28.96
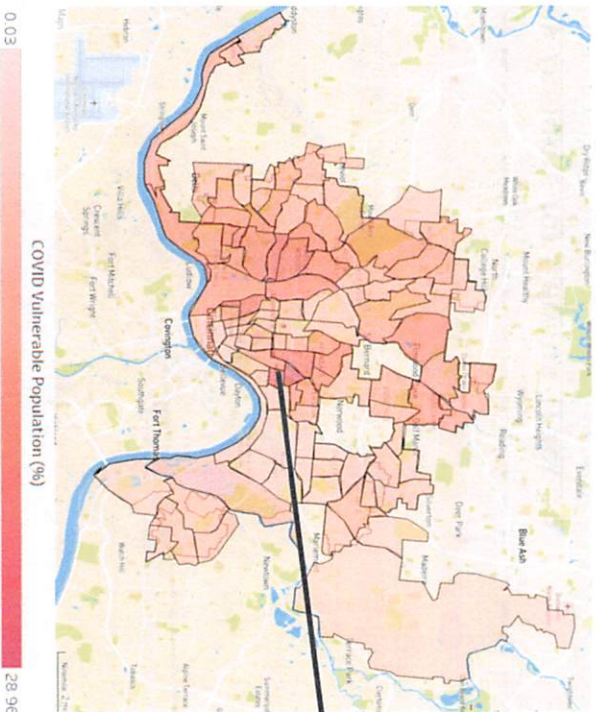
Street Level View
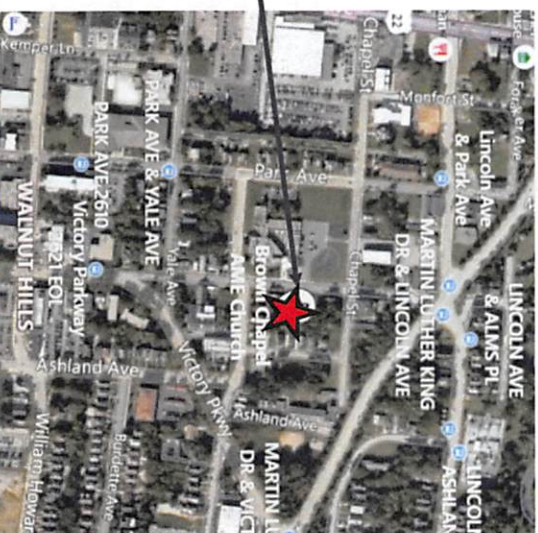
Proposed Temporary PPE Distribution Location: Brown Chapel AME Church

Note: Since this Census Tract has a Testing Center, we recommend setting up a temporary distribution center for PPE, education, and resources, which may reduce risk of exposure or transmission of COVID-19.

Key Insights for Census Tract 37

3.7x Higher
Vulnerable Individuals
23.5% vs 6.4% (OH)

2.5x Higher
Individuals Living with Disabilities
35.3% vs 14.0% (OH)

3.4x Higher
% Below 100% FPL
50.2% vs 14.6% (OH)

Present in Ohio's 515 Most Vulnerable Census Tracts due to exposure with the general public, and comorbidities

In-Depth Analysis of the Demographic Make up of Census Tract 2

Demographics	
Vulnerable Individuals (%)	22.1%
Vulnerable Individuals (#)	223
Black/African American Individuals (#)	213
Asian/Asian American Individuals (#)	0
Hispanic/Latinx Individuals (#)	4
White/Caucasian Individuals (#)	6
Minority Individuals (%)	97.3%
Individuals Aged 18 – 44 (%)	17.5%
Individuals Aged 45 – 64 (%)	48.4%
Individuals Aged 65+ (%)	34.1%
Individuals with English as a 2nd Language (#)	11
Households with an elderly person living alone (65+) (#)	55

Census Tract View

COVID Vulnerable Population (%)

0.03 — 28.96

Street Level View

★ **Proposed Temporary PPE Distribution Location: Lincoln Community Center**

Key Insights for Census Tract 2

Present in Quintile 5 with highest case rates per 100K in Ohio as of 11/2020

3.5x Higher
Vulnerable Individuals
22.1% vs 6.4% (OH)

5.0x Higher
Minority Population
98.0% vs 19.5% (OH)

3.4x Higher
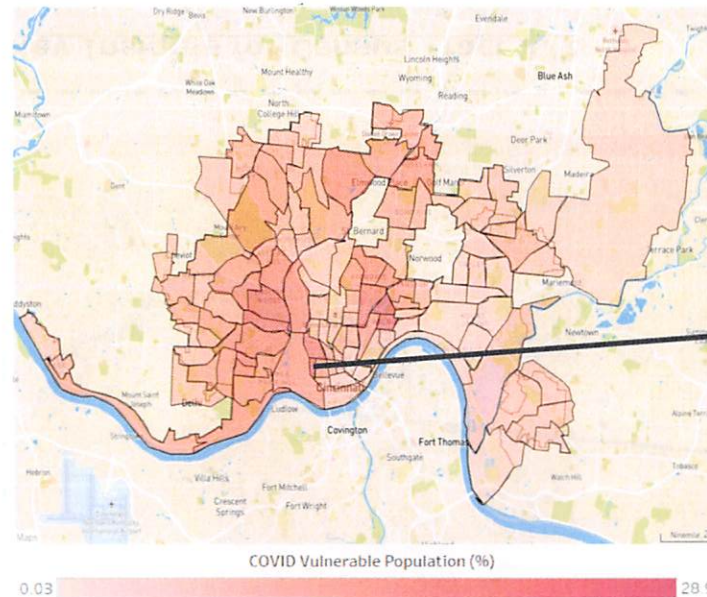% Below 100% FPL
49.6% vs 14.6% (OH)

Note: Since this Census Tract has a Testing Center, we recommend setting up a temporary distribution center for PPE, education, and resources, which may reduce risk of exposure or transmission of COVID-19.
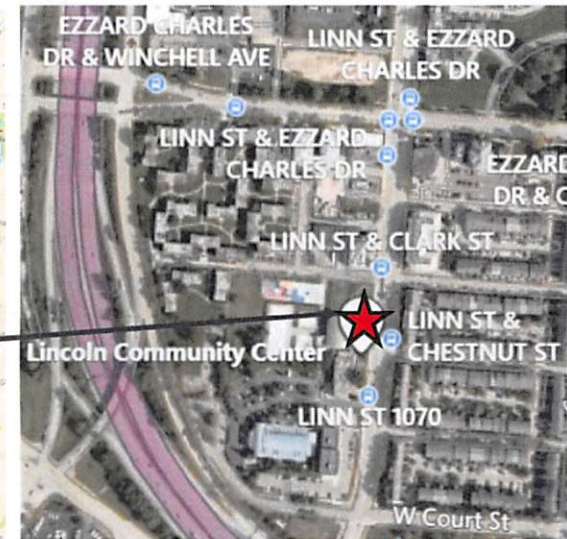
Ohio | Department of Health

In-Depth Analysis of the Demographic Make up of Census Tract 272

Demographics

Demographics	
Vulnerable Individuals (%)	21.9%
Vulnerable Individuals (#)	419
Black/African American Individuals (#)	284
Asian/Asian American Individuals (#)	5
Hispanic/Latinx Individuals (#)	8
White/Caucasian Individuals (#)	119
Minority Individuals (%)	70.9%
Individuals Aged 18 – 44 (%)	21.5%
Individuals Aged 45 – 64 (%)	49.9%
Individuals Aged 65+ (%)	28.6%
Individuals with English as a 2nd Language (#)	9
Households with an elderly person living alone (65+) (#)	60

Census Tract View

COVID Vulnerable Population (%)

0.03 — 28.96

Street Level View

★ Proposed Temporary Testing
Location: Orion Academy

HARRISON AVE & MCBRAYER ST

HARRISON AVE & IMMA ST

Orion Academy

Saint Francis Hospital

WESTWOOD AVE & VAN HART ST

WESTWOOD AVE & KEBLER ALY

WESTWOOD AVE & WICKHAM PL

QUEEN CITY AVE

Key Insights for Census Tract 272

3.4x Higher
Vulnerable Individuals
21.9% vs 6.4% (OH)

4.2x Higher
Minority Population
81.2% vs 19.5% (OH)

1.9x Higher
Individuals Living with Disabilities
26.4% vs 14.0% (OH)

3.7x Higher
% Below 100% FPL
53.3% vs 14.6% (OH)

Present in Ohio's 515 Most Vulnerable Census Tracts due to exposure with the general public, and comorbidities

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In-Depth Analysis of the Demographic Make up of Census Tract 86.01

Demographics	
Vulnerable Individuals (%)	21.4%
Vulnerable Individuals (#)	503
Black/African American Individuals (#)	464
Asian/Asian American Individuals (#)	6
Hispanic/Latinx Individuals (#)	2
White/Caucasian Individuals (#)	31
Minority Individuals (%)	93.8%
Individuals Aged 18 – 44 (%)	29.1%
Individuals Aged 45 – 64 (%)	44.3%
Individuals Aged 65+ (%)	26.6%
Individuals with English as a 2nd Language (#)	7
Households with an elderly person living alone (65+) (#)	59

Census Tract View

COVID Vulnerable Population (%)

0.03 — 28.96
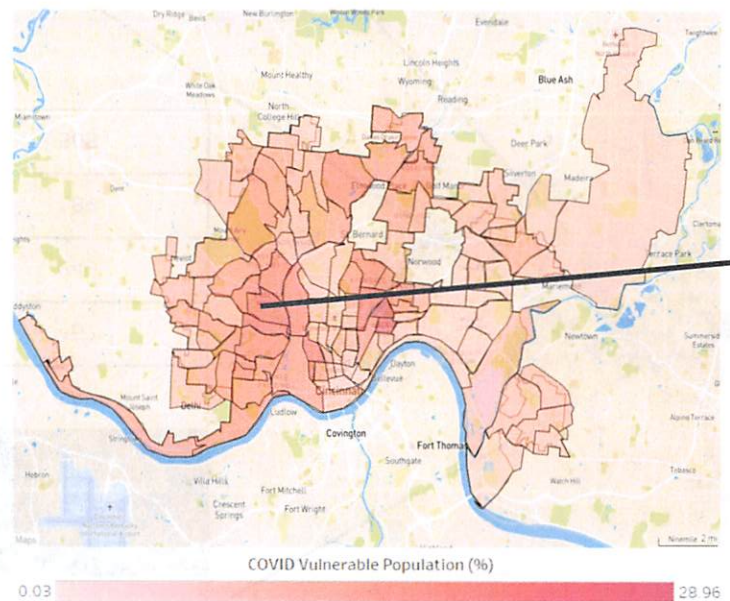
Street Level View

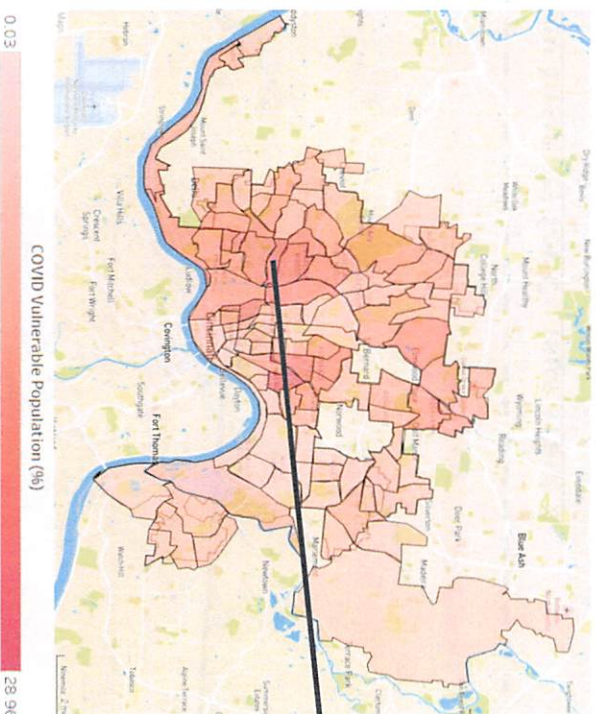★ **Proposed Temporary PPE Distribution Location: Galilee Baptist Church**

Note: Since this Census Tract has a Testing Center, we recommend setting up a temporary distribution center for PPE, education, and resources, which may reduce risk of exposure or transmission of COVID-19.

Key Insights for Census Tract 86.01

3.3x Higher
Vulnerable Individuals
21.4% vs 6.4% (OH)

4.8x Higher
Minority Population
94.0% vs 19.5% (OH)

1.7x Higher
Households with
Extreme Cost Burden
35.7% vs 21.3% (OH)

3.6x Higher
% Below 100% FPL
52.4% vs 14.6% (OH)

Additional Potential Testing Locations Across City of Cincinnati

On average, 62.7% of households across the city do not have access to a vehicle (HealthPrism™). Mobile testing sites or testing drives may help reach a greater number of individuals across the city. It may also reduce use of public transportation and thereby further reduce the likelihood of transmission of COVID-19 to vulnerable individuals.
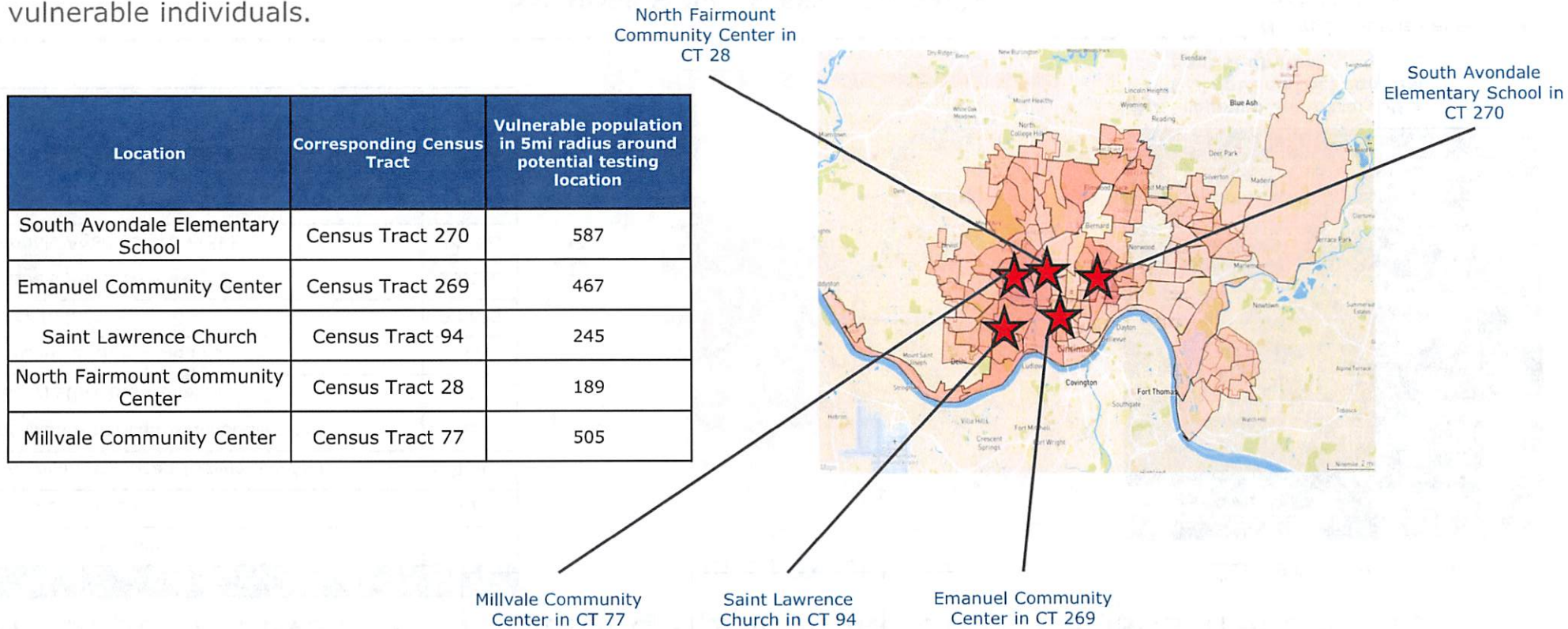
Location	Corresponding Census Tract	Vulnerable population in 5mi radius around potential testing location
South Avondale Elementary School	Census Tract 270	587
Emanuel Community Center	Census Tract 269	467
Saint Lawrence Church	Census Tract 94	245
North Fairmount Community Center	Census Tract 28	189
Millvale Community Center	Census Tract 77	505

North Fairmount Community Center in CT 28

South Avondale Elementary School in CT 270

Millvale Community Center in CT 77

Saint Lawrence Church in CT 94

Emanuel Community Center in CT 269

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COLLEGE OF PUBLIC HEALTH

Ohio's COVID-19 Populations *Needs Assessment*

For full access to the complete findings and recommendations of the OSU *Needs Assessment* by Drs. Julianna Nemeth and Tasleem Padamsee, the following link is available:

https://go.osu.edu/inequitable-burdens-covid-19

Ohio Department of Health

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Ohio's COVID-19 Populations Needs Assessment

Ohio's COVID-19 Populations Needs Assessment

Minimizing the Disparate Impact of the Pandemic and Building Foundations for Health Equity

THE OHIO STATE UNIVERSITY
COLLEGE OF PUBLIC HEALTH

October 2020

https://go.osu.edu/inequitable-burdens-covid-19
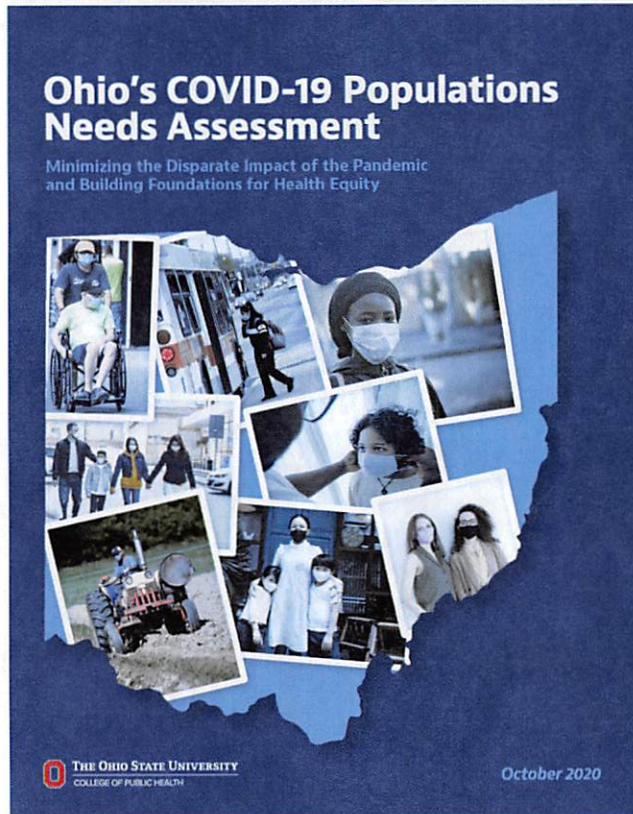
The *Needs Assessment* identifies the unique needs of Ohio's diverse populations at-risk for disparities in accessing COVID-19 protective strategies & the foundations for long-term wellness.

Based on data collected from community members and leaders across the state, the *Needs Assessment* makes specific recommendations about:

- ***How*** to equitably design, resource, and implement CDC protections to prevent disease spread & lay the foundations for long-term wellness.

- ***What*** public health interventions need to take place in order to reduce the disparate impact of COVID-19 across Ohio's communities and support long-term population wellness.

Primary Prevention Strategies Must Be Targeted to Communities

Not all populations have the same access to – or equally benefit from – evidence-based interventions (Here, protections recommended by the CDC to prevent the spread of COVID-19).

Interventions applied equally across all populations can increase health disparities.

Targeted interventions applied to appropriate populations can reduce health disparities and improve population health.

Equality

Equity
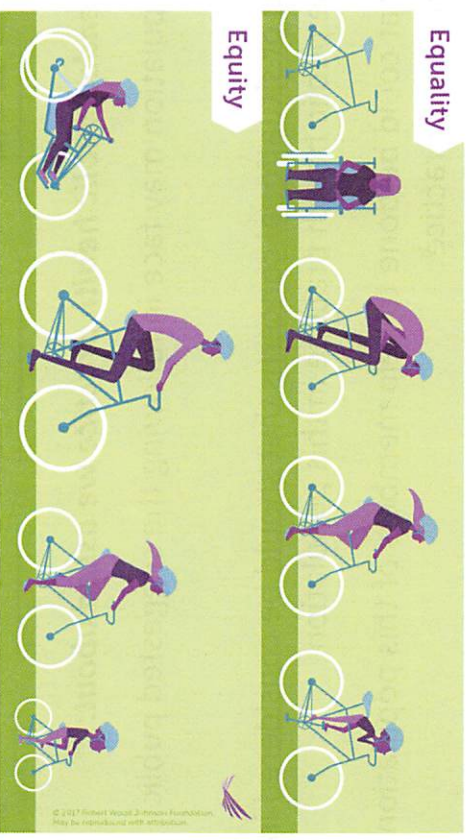
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Needs Assessment Methods and Data

Ohio | Department of Health

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CDC Protections to Prevent Disease Spread

- Hygiene
- Social Distancing
- Personal Protective Equipment (PPE)
- Testing
- Contact Tracing
- Isolation
- Self-Quarantining
- Healthcare Access

For each recommended public health practice we asked about:

Barriers this population may face in following the suggested public health practice

Specific **cultural or situational concerns** that should be considered in encouraging the public health practice in this population

Ideas about what could be done to help members of this population access the encouraged practice

Stories that demonstrates how the encouraged public health practice has impacted members of this community

In addition, we asked respondents:

To describe **community strengths**

To share names and contact information for **trusted**
- Sources of health information
- Clinical providers (CHCs and pharmacists)
- Community resources

Respondents

- Blacks and African Americans
- Asian and Asian Americans
- Latinos and Hispanics
- Immigrants and Refugees
- Rural Ohioans
- Ohioans with Disabilities

363 Stakeholders

6 Populations

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How can local communities best ensure an equitable public health response?
By building multi-sectoral collaborations that support trusted, existing centers-of-community to function as centers of COVID-19 response.

Take a multi-sectoral, community-based approach
Local public health entities may need to cooperate with social service agencies, community-based organizations and leaders, healthcare providers and institutions, public and private funders, and subject matter experts. Teams usually benefit from being led (or co-led) by members or leaders of the community they aim to serve.

Integrate interventions across COVID-19 protective strategies
Most of the barriers detailed by *Needs Assessment* respondents affect the ability of community members to access multiple CDC-recommended protective strategies. Effectively improving access to one prevention method can require alleviating multiple barriers.

Launch interventions at multiple levels
It may be necessary to address upstream social conditions, mid-level physical and social contexts, and downstream biologic pathways leading to disparate COVID-19 outcomes.

Expand existing Centers-of-Community into Centers of COVID-19 response
See Figure at right.

Create and expand community health worker capacity
Community health workers hired from within local communities can serve a range of critical functions, including linking community members to organizations and information, assisting with contact tracing, and helping people access COVID-19 protections and adapt them to their own life circumstances.

Collaborate to align goals & strategies, maximizing progress toward health equity
To advance equity and justice, impact-oriented collaborators must agree on a common agenda, coordinate their activities and communicate regularly, build community ownership and leadership, and focus on policies, systems, and structural change.

Existing Center-of-Community

Government funders or private donors bring financial resources

Leader(s) want to help community respond to pandemic

Collaborators bring expertise and resources

Expanded Center-of-Community Functioning as a Center of COVID-19 Response

Creating venues for online socializing

Hosting a local WiFi hotspot

Tailoring educational materials

Role modeling protective behavior

Connecting a university team to community members to develop a pilot housing program

Hosting community health workers

Distributing supplies

Collaborating with a state agency to fund a supply distribution program

Advising a local public health agency about community strengths and needs

Helping community members obtain jobs as translators and contact tracers

Hosting a testing site

Nemeth, J. M., Padamsee, T. J., & the Needs Assessment Writers' Team. (2020). Ohio's COVID-19 Populations Needs Assessment: Minimizing the Disparate Impact of the Pandemic and Building Foundations for Health Equity. The Ohio State University College of Public Health, p. 381 https://go.osu.edu/inequitable-burdens-covid-19

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Top-Level *Needs Assessment* Recommendations to Assure Equitable Access to COVID-19 Protections

Center the COVID-19 response in the organizations & cultures of local communities

Explicitly address economic injustice and its widespread health and social impacts by providing resources directly

Address racism and reduce immigration-related fears

Strengthen employment policy and other relevant public policies

Increase access to affordable, low-density housing

Improve public and shared transportation services

Improve the quality of COVID-related education and increase its dissemination

Address language and communication barriers

COMMUNITY

Center the COVID-19 response in the organizations & cultures of local communities

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"Utilize church platforms to communicate safety practices. Have other community influencers do short videos or share on social media."

"Distribute free disposable white or multi-colored masks at neighborhood churches, stores, playgrounds and barbershops. Do not distribute or encourage black masks."

"Provide the needed assistance to the community by utilizing persons that look and speak like the people in that community."

Selected Recommendations for Local Public Health Leaders

- Seek out community members and leaders to help inform your COVID-related policies, programs, and interventions.

- Articulate the COVID-related needs of the communities you serve to state-level leaders.

- Apply to COVID-specific and general funding programs to resource COVID-19 education and services in local communities.

- Approach centers-of-community to propose partnerships that will bring your services and other COVID-related support into local sites.

Engage with religious leaders and faith-based organizations to build support for public health strategies and disseminate information and resources

Cultivate new trusting relationships between community organizations/ leaders and local agencies

Partner with non-profits, churches, neighborhood stores, healthcare centers

Utilize community health workers and navigators as key linkages

Train & hire community members for jobs in testing, contact tracing, healthcare

Tailor messages & services, use role models and feature community members

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Explicitly address economic injustice and its widespread health and social impacts by providing resources directly

"Many [people] do not have the money or funds to buy face masks; many do not have washers or dryers to wash face masks on a daily basis."

"[Individuals are unable] to pay if there is a cost associated with testing.

Selected Recommendations for Local Public Health Leaders

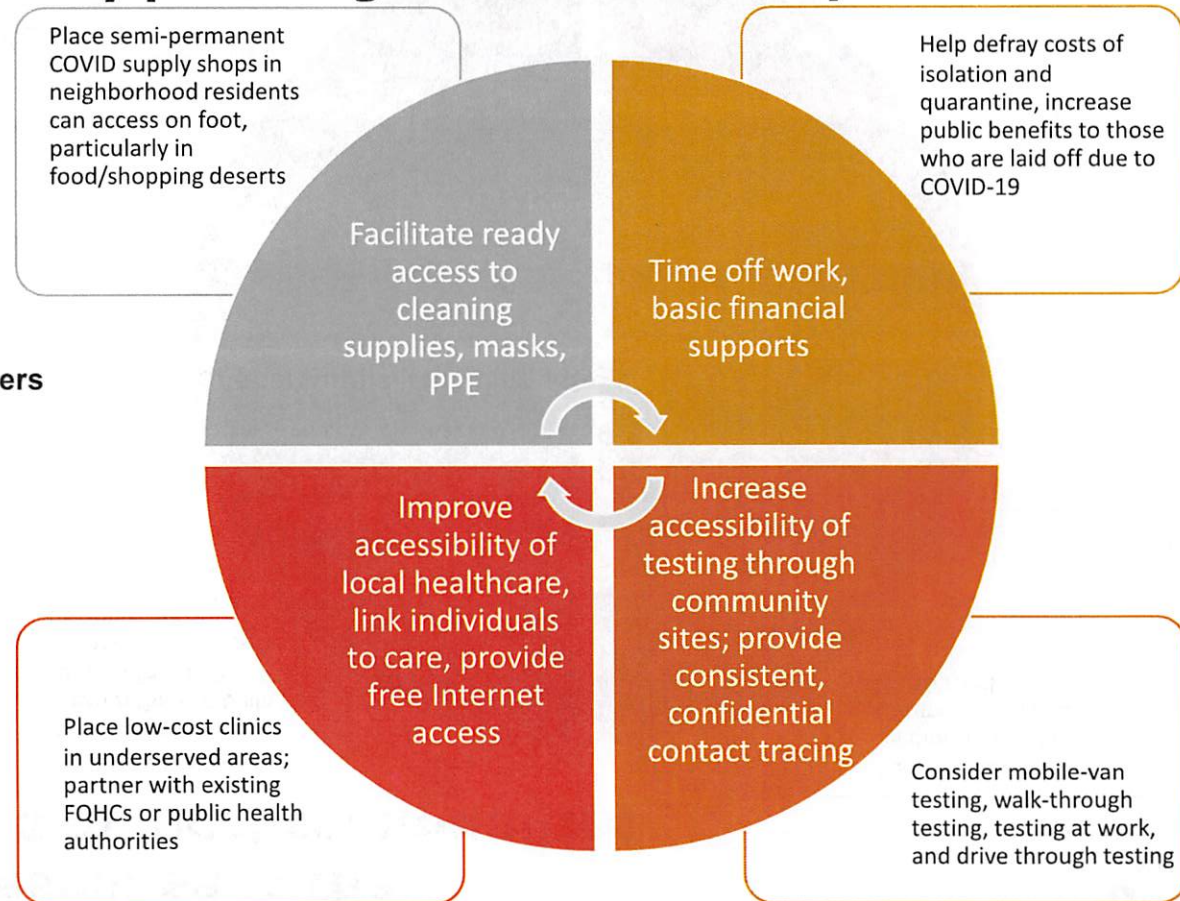- Directly distribute supplies and financial resources necessary to enable community members to practice appropriate hygiene, social distancing, mask and other PPE use, testing, and healthcare use.

- Coordinate linkages between funders, state-level programs, and centers-of community to ensure that communities have sufficient access to necessary resources, including local testing sites, healthcare, essential supplies, and broadband Internet.

- Partner with low-wage essential workplaces to ensure workers have access to basic healthcare, and to cleaning supplies, masks, and PPE that can be used at work and taken into home and community settings.

- Address supply chain and affordability challenges to ensure availability of cleaning supplies, masks, and PPE throughout marginalized and low-income communities.

Place semi-permanent COVID supply shops in neighborhood residents can access on foot, particularly in food/shopping deserts

Help defray costs of isolation and quarantine, increase public benefits to those who are laid off due to COVID-19

Facilitate ready access to cleaning supplies, masks, PPE

Time off work, basic financial supports

Improve accessibility of local healthcare, link individuals to care, provide free Internet access

Increase accessibility of testing through community sites; provide consistent, confidential contact tracing

Place low-cost clinics in underserved areas; partner with existing FQHCs or public health authorities

Consider mobile-van testing, walk-through testing, testing at work, and drive through testing

Directly address racism and reduce immigration-related fears

"This community has been through slavery, government institutions of racism, and medical apartheid. They are very resistant to government orders while experiencing differential treatment."
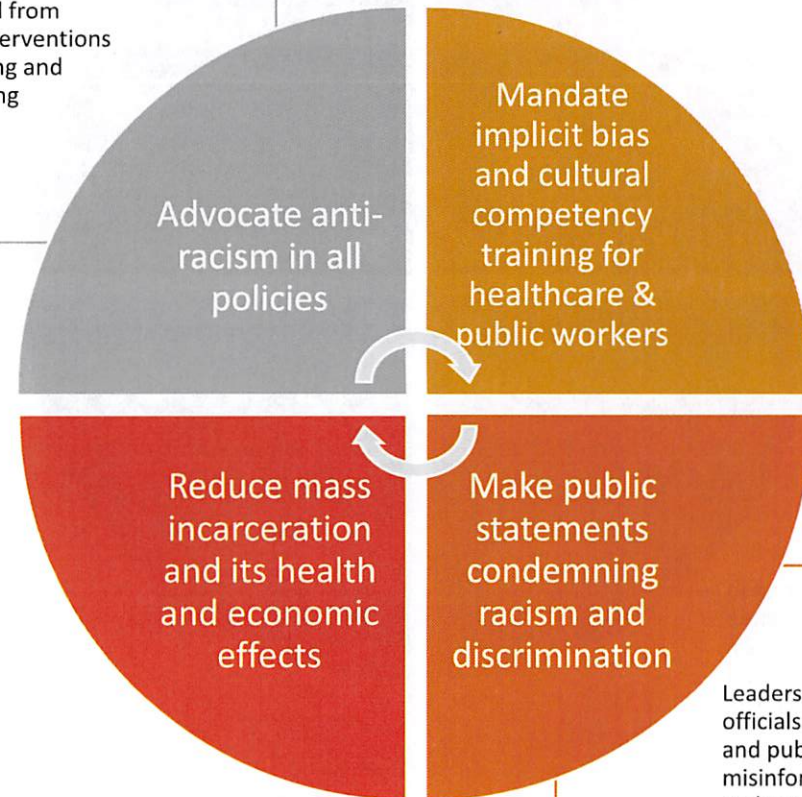
"Wearing masks is dangerous for many in the Black community who already experience racial profiling while shopping and completing other daily activities. Many fear being mistaken for criminals/robbers while wearing masks in grocery stores and gas stations."

"If not documented, [people] will never go to a testing site unless their identity is protected."

Selected Recommendations for Local Public Health Leaders

- Assess and acknowledge the nature of implicit bias, gaps in cultural competence, and lack of employee diversity that may affect the quality of services you provide to local communities.

- Institute required, comprehensive, ongoing programs that train your staff to identify and reverse discriminatory practices and habits, and to understand and honor the norms and cultural values of the communities you serve.

- Publicly promote mask wearing and other COVID protections as expressions of conscientiousness and community support instead of indicators of illness.

Ensure that ICE is disconnected from COVID-19 interventions such as testing and contact tracing

Advocate anti-racism in all policies

Mandate implicit bias and cultural competency training for healthcare & public workers

Reduce mass incarceration and its health and economic effects

Make public statements condemning racism and discrimination

Leaders and elected officials should explicitly and publicly refute misinformation, racism, and xenophobia

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Strengthen employment policy and other relevant public policies

"[Many people are] working in environments where management either does not advocate or provide protective barriers, and where 6 feet of social distancing is not possible (i.e. cashiers)."

"Some people have very low income and may fear losing needed economic security benefits (SNAP) if they don't keep going to work."

"[Institute] uniform policies about employer acceptance of practitioners' recommendations."

Selected Recommendations for Local Public Health Leaders

- Help local businesses develop and institute appropriate hygiene, mask-wearing, PPE, and social distancing measures to protect employees and customers.

- Help local businesses establish leave policies and financial supports for employees coping with income reductions due to isolation, quarantine, reduced hours, or job loss.

- Ensure that staff members at all levels of your organization have consistent access to appropriate PPE and are able to work remotely and/or practice social distancing when possible.

- Ensure that all employees of your organization have access to leave time and financial supports to cope with income reductions due to isolation, quarantine, or reduced hours.

Mandate employer provision of PPE to essential employees

Allow work from home whenever possible, require sick leave provisions

Expand emergency paid sick leave provisions in legislation, to cover employees in businesses of all sizes

Support small & minority-owned businesses to institute safety measures

Improve COVID-related protections in work and retail sites

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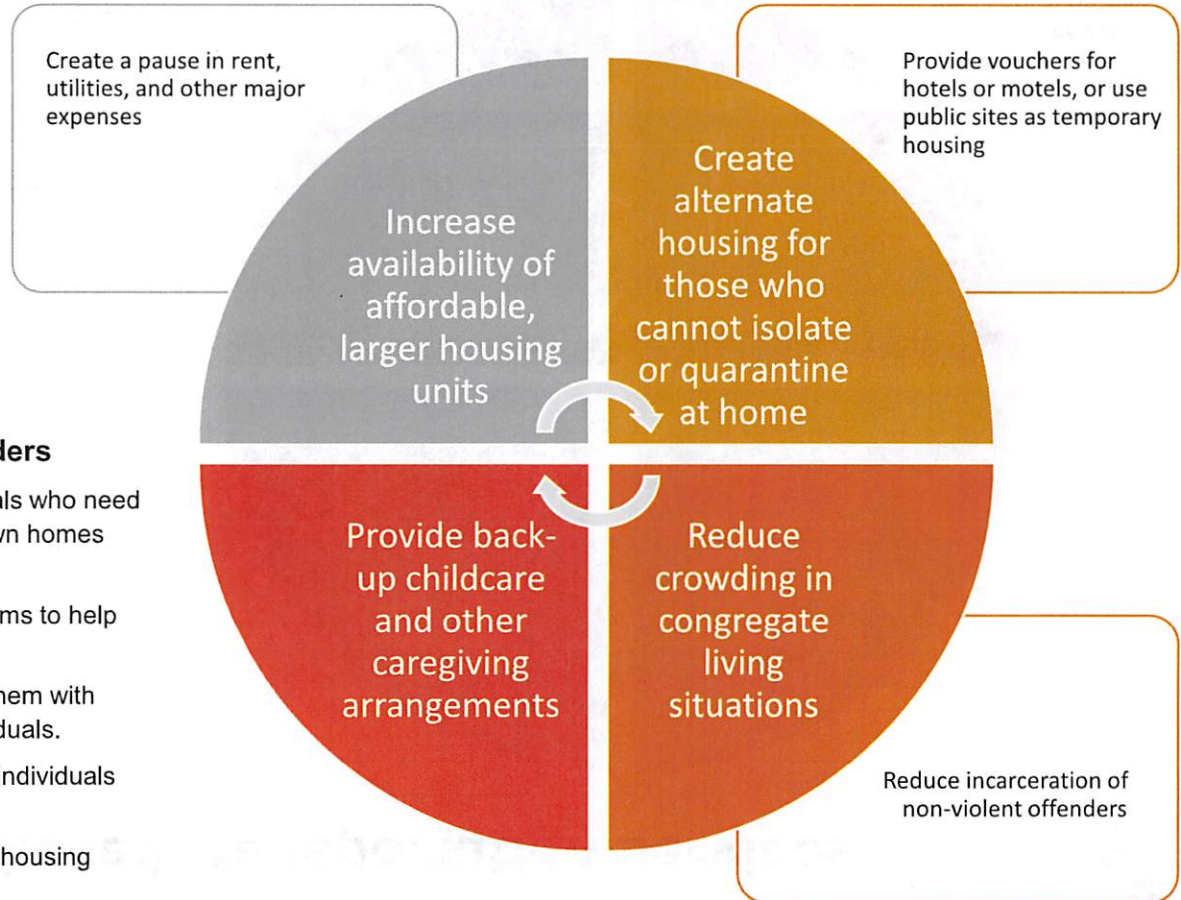
Increase access to affordable, low-density housing

"Multiple generations [are often] in one household, with different perceptions of being safe (i.e. coughing into elbow instead of hands)."

"[Have] a community worker help [sick individuals] figure out...the best way to isolate in their home; give them a concrete plan to help them understand."

"[Provide] temporary housing for confirmed or suspected cases of COVID-19."

Selected Recommendations for Local Public Health Leaders

- Develop local programs to provide free interim housing to individuals who need to quarantine or isolate but cannot realistically do so within their own homes (e.g. in motels or currently unused public spaces).

- Connect individuals to rental assistance and utility payment programs to help keep people in their current residences.

- Establish additional COVID-safe capacity in shelters and provide them with necessary supplies to accommodate more housing insecure individuals.

- Expand community-based alternatives to reduce the proportion of individuals with disabilities living in congregate care settings.

- Provide guidance and resources to help individuals living in dense housing situations increase COVID-safety measures at home.

Create a pause in rent, utilities, and other major expenses

Provide vouchers for hotels or motels, or use public sites as temporary housing

Increase availability of affordable, larger housing units

Create alternate housing for those who cannot isolate or quarantine at home

Provide back-up childcare and other caregiving arrangements

Reduce crowding in congregate living situations

Reduce incarceration of non-violent offenders

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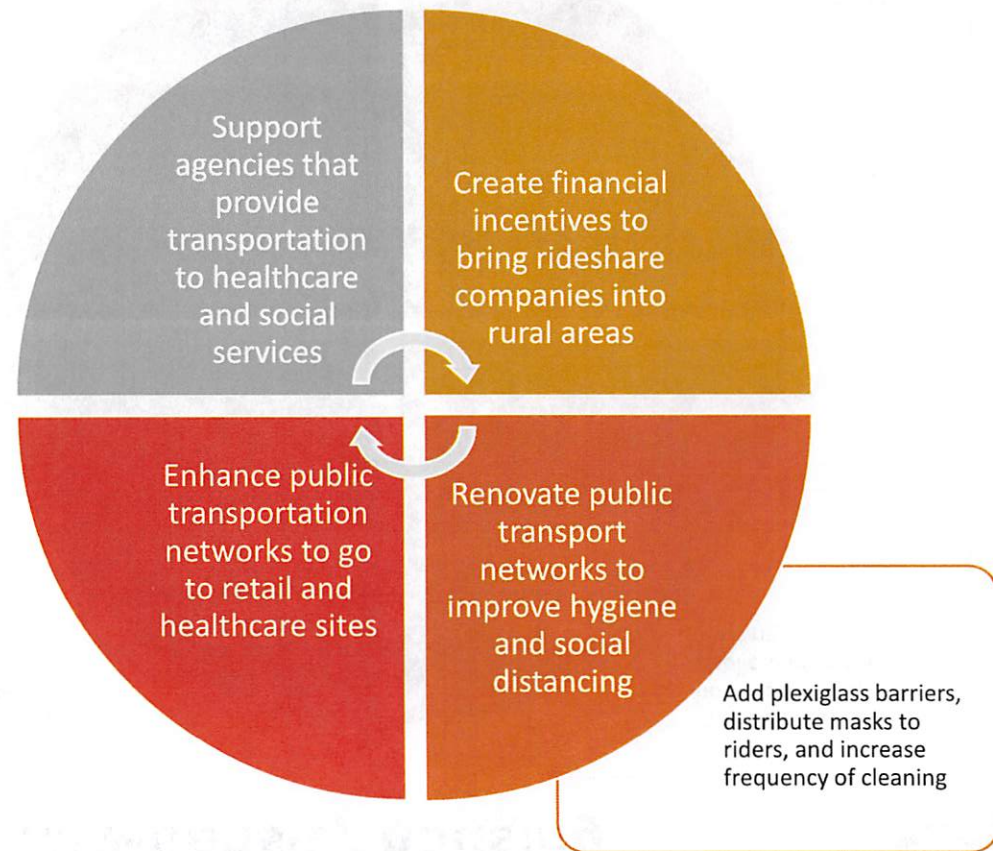
Improve public and shared transportation services

"I know a single mother of four young children that has had an extremely difficult time accessing cleaning products and masks for her children. Clearly, she has not wanted to take public transportation, nor ride in a car with anyone because of the lack of ability to social distance in a car with her children."

"Increase markers and reminders for social distancing at bus stops and other public services/facilities."

"[Provide] free individual transportation to stores."

Selected Recommendations for Local Public Health Leaders

- Provide transportation support to help local residents shop for necessities, access healthcare and social services, and move safely around the community.
- Help ride-share drivers and local transit services increase COVID-19 safety in their vehicles by adding plexiglass barriers and enhancing cleaning routines.

Support agencies that provide transportation to healthcare and social services

Create financial incentives to bring rideshare companies into rural areas

Enhance public transportation networks to go to retail and healthcare sites

Renovate public transport networks to improve hygiene and social distancing

Add plexiglass barriers, distribute masks to riders, and increase frequency of cleaning

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Improve the quality of COVID-related education and increase its dissemination
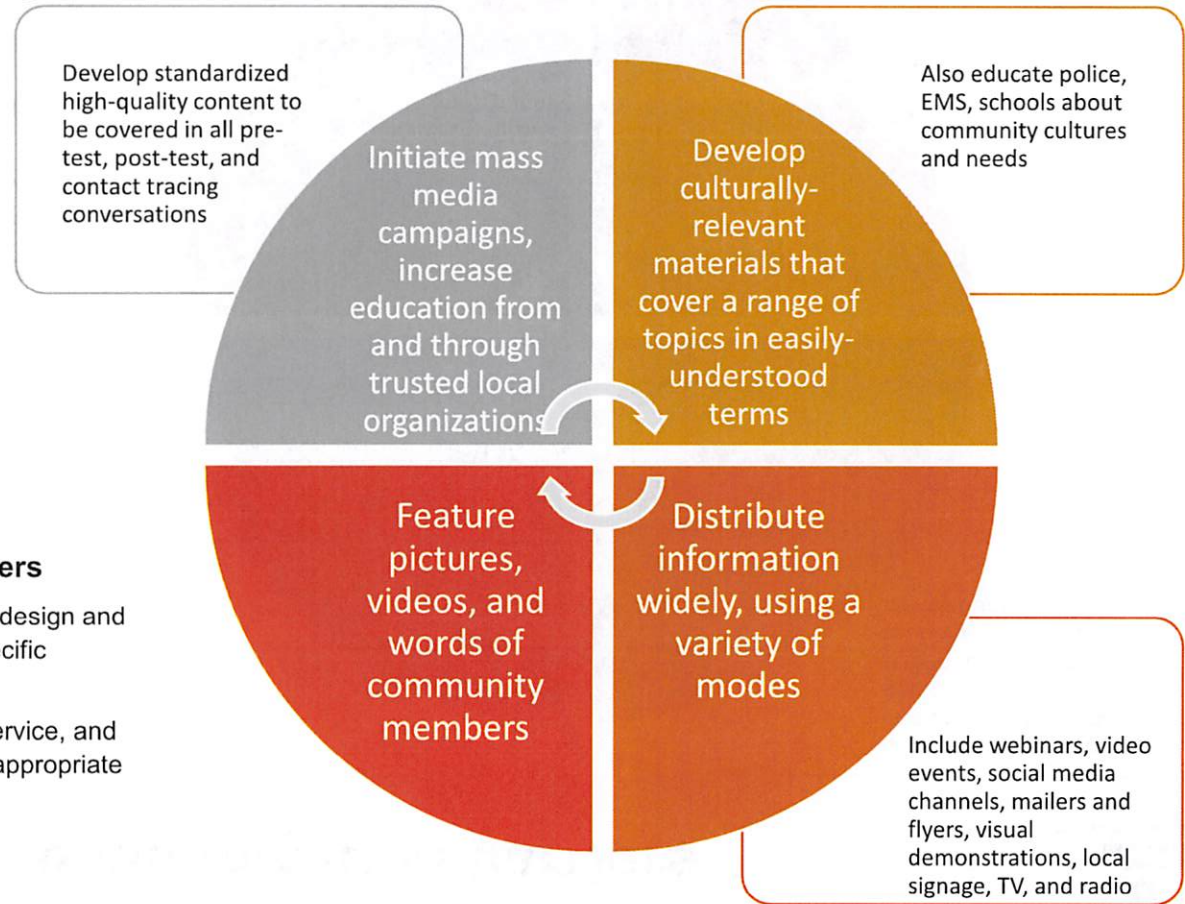
HEALTH STARTS HERE

"[There is a] lack of understanding of how face coverings help prevent spread of disease."

"[Many] lack...clarity on what testing will result in. Is it just verification or do you get treatment?"

"[There is a] need for education and training of caregivers & guardians of this population that includes creative ways to teach [preventive] practices [to individuals with disabilities], adjusting for each unique individual. And best practices for those [who are] caregiving."

Selected Recommendations for Local Public Health Leaders

- Collaborate with community leaders and subject-matter experts to design and disseminate educational materials tailored to be appropriate to specific communities and cultural groups.

- Assist in developing training programs to help healthcare, social service, and public sector workers serve all of Ohio's communities in culturally appropriate ways.

Develop standardized high-quality content to be covered in all pre-test, post-test, and contact tracing conversations

Initiate mass media campaigns, increase education from and through trusted local organizations

Develop culturally-relevant materials that cover a range of topics in easily-understood terms

Also educate police, EMS, schools about community cultures and needs

Feature pictures, videos, and words of community members

Distribute information widely, using a variety of modes

Include webinars, video events, social media channels, mailers and flyers, visual demonstrations, local signage, TV, and radio

Address language and communication barriers

"[Improve availability of] on-call interpretation services, with Zoom option or Facebook video [including] interpretation for deaf folks [who have] limited experience with technology."

"[Communities need] more details that [deliver] health messages at [a] lower grade level."

"Ensure that all service providers are providing multilingual access to information in various mediums (e.g.: written; audio-visual)."

Selected Recommendations for Local Public Health Leaders

- Hire (or employ through shared staffing arrangements) local community members to work as multilingual staff or translators providing services in the languages spoken by local populations.

- Make COVID-related materials you develop and disseminate available in all the languages spoken by local populations.

- Utilize plain language and visual aids in all COVID-related materials you develop.

- Ensure that any remote or phone-based translation services you employ provide high quality, accurate, and culturally competent translation.

Use frequent visual aids to communicate information to low literacy groups

Provide information & messaging in the language of the community

Ensure access to interpretation and translation services across the range of health-related sites

Make messaging accessible by using plain language and communication technologies

Consider interpreters, interpretive technology, ASL interpretations, screen readers, closed captioning, and audio descriptions

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Access *Needs Assessment* Findings to Drive Decision Making

Ohio's COVID-19 Populations Needs Assessment

Minimizing the Disparate Impact of the Pandemic and Building Foundations for Health Equity

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October 2020

The *Needs Assessment* Final Report Provides

- In-depth short- and long-term recommendations for each of the 6 target population groups, and for low-income Ohioans

- Specific recommendations to facilitate use of each public health strategy for COVID-19 response among Ohio's populations

- Action recommendations for key audiences (policy makers, local public health leaders, community organizations)

- Lists of resources, organizations, and trusted community linkages for each population group

Further Uses of *Needs Assessment* Data

- Generate fine-tuned answers to specific questions

- Generate policy briefs & specific information tables

- Collect rapid input from community stakeholders

- Connect agencies and organizations with trusted partners in targeted communities

Find the complete report at https://go.osu.edu/inequitable-burdens-covid-19

Find the Executive Summary in Spanish, Arabic, Somali, and Simplified Chinese at https://go.osu.edu/inequitable-burdens-covid-19-translations

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