



OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE


Marc Elrich  
County Executive

Tiffany Ward, Director  
Office of Racial Equity and Social Justice

**MEMORANDUM**

November 29, 2021

To: Jennifer Bryant, Director  
Office of Management and Budget

From: Tiffany Ward, Director  
Office of Racial Equity and Social Justice 

Re: Supplemental Appropriation: REIA #22-23 African American Health Program

- I. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) finds that Supplemental Appropriation #22-23 for the African American Health Program (AAHP) is likely to advance racial equity and social justice by addressing the disproportionate impact of COVID-19 on Black residents in Montgomery County. While this special appropriation is unlikely to redress the underlying racial inequities leading to this disproportionality, it will provide urgently needed targeted resources for COVID-19 testing, care, mitigation, and vaccination. This is particularly important given that the period of pandemic recovery could be extended by effects of long-haul COVID-19 and early evidence that structural inequities have affected the pace of the economic recovery among communities of color.
- II. **BACKGROUND:** The purpose of Supplemental Appropriation #22-23 is to continue providing targeted emergency response related to the disparate impact of COVID-19 on African American and Black residents in Montgomery County. The AAHP COVID Response will continue implementing strategies that address critical needs for community outreach, communications, and education, mental health supports and services, support of a Black Physician Partnership, and funds to address food insecurity for African American and Black residents.

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As the request indicates, Black residents have been and continue to be disproportionately impacted by the COVID-19 pandemic. Black residents make up 18.68% of the County's total population but represent 21.4% of total Covid-19 cases, 18.2% of total COVID-19 deaths, and a hospitalization rate of 7.1 (the highest of any race or ethnic group). At the same time, Black residents represent 15.4% of the County population who has received a vaccine, disproportionately fewer residents than the Black population overall. These disparities follow similar patterns in the US, where non-white racial groups are less likely to have access to testing, more likely to be infected, more likely to be hospitalized, and more likely to have an adverse clinical outcome such as death<sup>1</sup>. There is also growing concern among practitioners that impacts of long-haul COVID-19<sup>2</sup> may follow similar patterns of disproportionality<sup>3</sup>. Further, while early in the roll out of pediatric vaccination, gaps<sup>4</sup> already exist by race and ethnicity between the percentage of children who are eligible and the percentage who have received their first vaccine dose.

Research points to health and employment disparities as key determinants affecting rates of COVID-19 infection and death across communities of color in the US. Underlying these factors is web of structural inequities, including racial residential segregation and employment and healthcare disparities.

Where people live impact their exposure to health promoting resources and health damaging threats<sup>5</sup>. Racial residential segregation therefore shapes innumerable dimensions of residents' lives and is associated with differences in neighborhood resource distribution, impacting health through poor housing conditions, disparities in educational and employment opportunities, inadequate transportation infrastructure, access to healthcare and economic instability<sup>6</sup>. During the Pandemic, inequities in the type of housing and density of housing available in communities, along with number and age of household members, influenced exposure to COVID-19. Individuals living in densely populated areas, in multi-unit dwellings like apartments or condos, or in multigenerational households were less likely to be able to socially distance from older at-risk household members, isolate in the event of infection, or take other measures to

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<sup>1</sup> Zachary Berger, Vivian Altier De Jesus, Sabrina A. Assoumo, and Trisha Greenhalgh. "Long COVID and Health Inequities: The Role of Primary Care". The Milbank Quarterly. June 2021; 99 (2): 519-541. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8241274/>

<sup>2</sup> Long-haul Covid-19 refers to the long-term effects of Covid-19. For more information, see "Post-COVID Conditions". The Center for Disease Control and Prevention. September 16, 2021. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html>

<sup>3</sup> Zachary Berger, et al. June 2021.

<sup>4</sup> See data analysis section.

<sup>5</sup> Jason Richardson, Bruce C. Mitchell PhD., Helen C.S. Meier, PhD, MPH, Emily Lynch, MPH, and Jad Edlebi in collaboration with Robert K. Nelson and Justin M. Madron. *The Lasting Impact of Historic Redlining on Neighborhood Health: Higher Prevalence of Covid-19 Risk Factors*. National Community Reinvestment Coalition. September 2020. <https://ncrc.org/holc-health/>

<sup>6</sup> Jason Richardson, et al. September 2020.

mitigate virus transmission. In addition, racial residential segregation has also been linked to racial health inequities and adverse health conditions like cardiovascular disease, hypertension, diabetes, obesity, and asthma<sup>7</sup>. According to the CDC, diabetes (type 1 and 2), obesity, and moderate-to-severe asthma are linked to increased likelihood of getting severely ill from COVID-19<sup>8</sup>.

Before the pandemic, there were notable disparities by race and ethnicity in median household income in the County<sup>9</sup>. A factor influencing this disparity is occupational segregation<sup>10</sup>, which has contributed to labor market inequities. The result is crowding of workers of color and women into industry sectors and occupations with lower wages, fewer benefits, higher risk of exposure to COVID-19, higher job losses and slower recoveries. These industry sectors and occupations were not only decimated by the pandemic, resulting in job losses and deeper levels of economic insecurity, individuals who continued to work often did so without sick leave, paid family leave, and increased risk of exposure to COVID-19. Of Particular note is analysis at the national level showing communities of color experiencing larger negative effects on unemployment compared to white workers, between November 2019 and November 2020<sup>11</sup>. The same research notes that the recovery of job losses experience by Black workers has been slower than any other racial group, demonstrating the urgency of continued targeted supports throughout the pandemic recovery. As the threat of long-haul COVID looms, researchers explain the importance of acknowledging and addressing the ways protracted or recurrent Covid-19 symptoms may affect an individual's ability to work and ultimately prolong experiences of financial insecurity.

These inequities and their resultant economic and health consequences have deeply impacted rates of COVID-19 cases, death among Black residents in the County. In addition, the medical system's historic abuse and mistreatment of people of color,

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<sup>7</sup> Jason Richardson, et al. September 2020.

<sup>8</sup> The Center for Disease Control and Prevention. Covid-19. People with Certain Medical Conditions. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

<sup>9</sup> In 2017, the median household income of White residents in the County was \$119,426 compared to \$72,587 among Black residents. Jupiter Independent Research Group. Racial Equity Profile Montgomery County. Report Number 2019-7. Office of Legislative Oversight. Published June 20, 2019. Accessed: [https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OLO2019-7-6\\_20\\_19.pdf](https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OLO2019-7-6_20_19.pdf)

<sup>10</sup> Kate Bahn and Carmen Sanchez Cummings. *Factsheet: U.S. occupational segregation by race, ethnicity, and gender*. Washington Center for Equitable Growth. July 2020. <https://equitablegrowth.org/factsheet-u-s-occupational-segregation-by-race-ethnicity-and-gender/>

<sup>11</sup> Sang Yoon (Tim) Lee, Minsung Park, Yongseok Shin. Hit Harder, Recover Slower? Unequal Employment Effects of the Covid-19 Shock. Working Paper: 28354. DOI 10.3386/w28354. January 2021. National Bureau of Economic Research. Available at: [https://www.nber.org/system/files/working\\_papers/w28354/w28354.pdf](https://www.nber.org/system/files/working_papers/w28354/w28354.pdf).

particularly Black Americans, as well as ongoing experiences with racism and discrimination in health care today have heavily influenced the pace of vaccination<sup>12</sup>.

Perceptions about costs and risks associated with vaccination are complicated by rates of health insurance coverage. Research from the Kaiser Family Foundation explains that systemic barriers to insurance coverage and healthcare more generally have made low-income communities of color and non-citizens more likely to be uninsured<sup>13</sup>. These residents, as a result, are less likely to have established relationships with health care providers and may therefore delay or forego healthcare because of cost. This, in turn, means that while there are resources available to make vaccines free, residents may have concerns about cost.

In addition to concerns about cost, Black residents, and communities of color may have concerns about vaccine side effects and any associated unanticipated healthcare costs related to seeking care. Relatedly, because people of color are more likely to be employed in low-wage jobs, with greater COVID-19 exposure risks, and fewer if any sick leave benefits, residents of color may be especially concerned about side effects interfering with their employment and potentially lost wages<sup>14</sup>. Overcoming vaccine hesitancy and eliminating inequities in access requires building trust, and demonstrating a long-term commitment to community well-being by “making the vaccine available in places and that can be easily accessed through multiple modes (e.g., car or walk-up) during hours that accommodate different work schedules.”<sup>15</sup> The effects of expanding access to the vaccine and rebuilding trust through culturally competent communication and care can be enhanced with high-quality data and learning health systems<sup>16</sup> that help to monitor social determinants of health along with health outcomes by race and ethnicity.

- III. **DATA ANALYSIS:** Below is a selection of data points pertinent to the pandemic recovery in the County. There are additional racial and ethnic disparities in the County that have influenced how the pandemic has affected communities of color. For additional data points related to employment, income, housing, and transportation disparities see Racial Equity Profile Montgomery County. Report Number 2019-7. [https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OLO2019-7-6\\_20\\_19.pdf](https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OLO2019-7-6_20_19.pdf).

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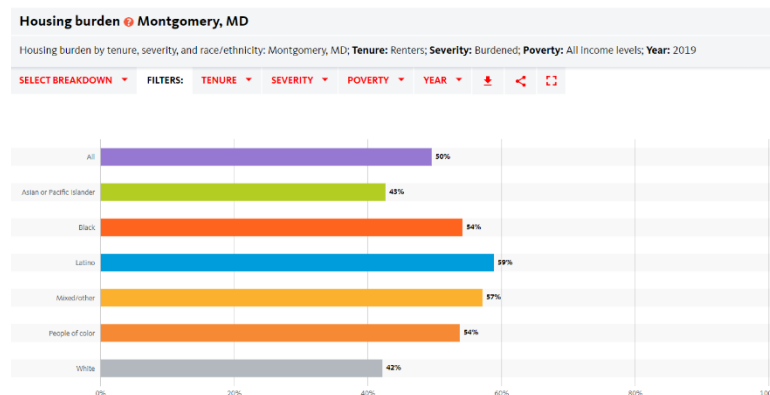
<sup>12</sup> Samantha Artiga and Jennifer Kates. “Addressing Racial Equity in Vaccine Distribution”. Kaiser Family Foundation. December 3, 2020. Available at: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/addressing-racial-equity-vaccine-distribution/>.

<sup>13</sup> Artiga and Kates, 2020.

<sup>14</sup> Artiga and Kates, 2020.

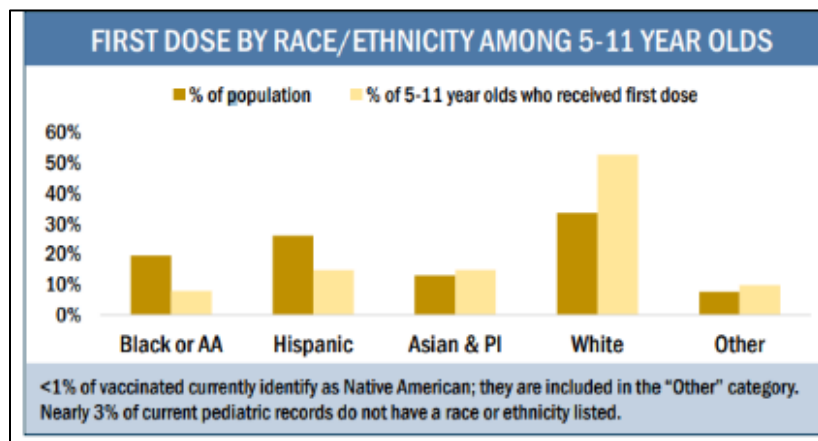
<sup>15</sup> Artiga and Kates, 2020.

<sup>16</sup> Zachary Berger, et al. June 2021.



Office of Legislative Oversight.  
Published June 20, 2019. Accessed:  
The National Equity Atlas also  
provides valuable data  
visualization for similar metrics.  
This graph illustrates housing-cost  
burden levels in 2019 for renters in  
the County. Overall, 50% of  
renters at all income-levels are  
housing-cost burdened, while 54%  
of renters who are Black and 59%

of renters who are Latino (at all income levels) are housing cost-burdened. **Source:**  
Housing burden. Montgomery County, MD. 2019. National Equity Atlas. Available at:  
[https://nationalequityatlas.org/indicators/Housing\\_burden#/?geo=04000000000024031](https://nationalequityatlas.org/indicators/Housing_burden#/?geo=04000000000024031)



As of November 17, 2021,  
there was evidence of a  
vaccination gap by race and  
ethnicity among 5-11-year-old  
children.

**Source:** DHHS Pulse Report. Covid-19 Impact and Recovery. November 17, 2021.  
<https://montgomerycountymd.gov/covid19/Resources/Files/pulse/DHHS-Pulse-211117.pdf>

Disparities in insurance coverage is a relevant inequity in vaccination distribution, as cost may be a factor residents are concerned about, if they believe there will be a cost associated with receiving the vaccine. In 2017, Black residents in Montgomery County were nearly twice as likely as white residents to not have health insurance:

Insurance Coverage in Montgomery County, MD, 2017.

Racial/ethnic group	% who are uninsured
White	3.8%
Asian	5.8%
Black	7.3 %
Latino	19.4%
Other	26.6%

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**Source:** Jupiter Independent Research Group. Racial Equity Profile Montgomery County. Report Number 2019-7. Office of Legislative Oversight. Published June 20, 2019. Accessed:

[https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OLO2019-7-6 20 19.pdf](https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OLO2019-7-6%2019.pdf)

cc: Raymond L. Crowel, Psy.D., Director, Department of Health and Human Services  
Ken Hartman, Director, Strategic Partnerships, Office of the County Executive