MEMORANDUM

November 5, 2021

To: Jennifer Bryant, Director
   Office of Management and Budget

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

Re: Supplemental Appropriation: #22-32 Por Nuestra Salud y Bienestar (PNSB)
    (Update to SA #21-533)

On July 15, 2021 the Office of Racial Equity and Social Justice (ORESJ) submitted to the
Office of Management and Budget (OMB) a Racial Equity Impact Assessment (REIA) for
supplemental appropriation #21-533 Por Nuestra Salud y Bienestar (PNSB). Available
information about Supplemental #22-32 indicates that the funding will be used to continue
the efforts that began under supplemental appropriation #21-533 and will do so using funds
from the American Rescue Plan Act. The continuation is needed to address vaccination gaps
in areas of the County where large number of Latinos reside and where there is persistent
vaccine hesitancy, despite increases in the Covid-19 vaccination rate among Latino residents.
Because there are no significant differences in the plans and approaches outlined in
Supplemental #22-32 and Supplemental Appropriation #21-533, ORESJ’s finding
statement, background, and data analysis remains unchanged. ORESJ, therefore,
recommends that those considering supplemental #22-32 do so by reviewing the REIA that
ORESJ submitted for Supplemental Appropriation #21-533 (copied below).
To supplement information provided in the REIA for Supplemental Appropriation #21-533,
ORESJ would like to recommend continued application of a racial equity lens to the
utilization of ARPA funds. Below are principles shared by the Groundwork Collaborative\(^1\)
and PolicyLink\(^2\).

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\(^1\) Presentation delivered by Azza Altiraifi of the Groundwork Collaborative during the Government Alliance on Race
and Equity’s (GARE) virtual launch of a webinar series focused on American Rescue Plan. September 24, 2021.

\(^2\) PolicyLink. 10 Priorities for Advancing Racial Equity Through the American Rescue Plan. A Guide for City and County
Policymakers. May 2021. Available at: https://www.policylink.org/sites/default/files/RecoveryGuide-LJ-
2021_050621c.pdf.
Center marginalized and disproportionately affected communities in this crisis.
1. Prioritize public engagement, and practice transparency and accountability in determining funding priorities.
2. Recognize that threats, risks, and traumas are daily conditions experienced in low-income and communities of color; deploy resources in ways that begin to address root causes.
3. Invest with the goal of stronger, more equitable economies than we had before Covid-19 and the recession it triggered.
4. Track disaggregated data to ensure accountability to equity goals.

I. FINDING: The Office of Racial Equity and Social Justice finds that Special Appropriation #21-533 advances racial equity and social justice by addressing the disproportionate impact of COVID-19 on Latinx 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 culturally and linguistically targeted resources for COVID-19 testing, care, mitigation, and vaccination.

II. BACKGROUND: Special Appropriation #21-533 provides $4,420,164 to the COVID-19 Human Services and Community Assistance Non-Departmental Account (NDA) for the continuation of COVID-19 emergency assistance provided by Por Nuestra Salud y Bienestar (PNSB) from July to December 2021. This increase is being requested so that PNSB can continue providing targeted emergency assistance related to Latinx communities who have been disproportionately impacted by COVID-19.

PNSB mobilizes seven Latino-serving community-based partner organizations, in partnership with the Latino Health Initiative and various Montgomery County Government entities, to respond to the still urgent needs of the Latinx community of the County with culturally competent and community-based and focused effort that will support recovery and building resiliency in the community. The specific objectives of the initiative are:

- Increase the number of COVID-19 tests for Latinos in Montgomery County.
- Provide COVID-19 vaccinations and related services for high-risk, high-need Montgomery County Latino communities.
- Provide effective clinical and social support for people affected by COVID-19 and assist with placement in follow on care as needed.

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3 The term Latinx and Latino are used interchangeably throughout this memo. According to the US Census, Hispanic or Latino refers to people of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. According to Merriam-Webster.com Dictionary the term Latinx refers to a person of Latin American origin or descent (used as a gender-neutral or nonbinary alternative to Latino or Latina).
• Assist Latino community members in receiving a COVID-19 vaccination by supporting them throughout the registration, appointment, vaccination, and post-vaccination processes.

• Conduct case management and navigation to address social services and general health needs of the Latino community.

• Provide culturally and linguistically appropriate community-based and focused nonclinical mental health services and emotional support to Latino residents being impacted by COVID-19.

• Increase the dissemination of culturally competent, linguistically appropriate, and timely information on COVID-19 testing, care, mitigation, and vaccination to mobilize the Latino community around prevention, testing, treatment, coordinating, and vaccination services.

• Provide additional priority clinical and social services to address gaps and restore care.

As described in the request, Latinx residents have been disproportionately impacted by the COVID-19 pandemic. Latinx residents make up 19% of the County’s total population but represent 30% of total COVID-19 cases in the County—the largest percentage of cases for any racial group—and 20.9% of total COVID-19 deaths in the County. At the same time, Latinx residents represent 18% of the County population who has received a vaccine, disproportionately fewer residents than the Latinx population overall. Similar patterns of disproportionality are also experienced by Black residents in Montgomery County. Using COVID-19 surveillance data, it is evident that while some zip codes with more than 50% residents of color are experiencing decreases in average daily case rates per 100k, it is the zip codes with the highest concentrations of residents of color that are experiencing increases in the average daily case rate per 100k residents. These zip codes—in Hillandale and Gaithersburg, especially—have the highest percentages of Latinx residents of the zip codes being tracked. So, while some communities of color are likely accessing preventative measures, testing, and vaccination, those most impacted continue to face barriers. It is important to note that given the diversity of the Latinx population in the County—56% are foreign-born4—experiences related to COVID-19 may vary. Available dashboards do not disaggregate data by foreign-born or immigration status.

Research points to health and employment disparities as determinants of higher rates of infection and lower vaccination rates among Latinx residents across the US. Underlying these factors is web of structural inequities, including racial residential segregation and occupational segregation.

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Where people live impacts their exposure to health promoting resources and health damaging threats. 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. 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 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. 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.

Occupational segregation and resulting labor market inequities have crowded Latinx, immigrant, and workers of color into industry sectors and occupations with lower wages, fewer benefits, higher risk of exposure to COVID-19, higher job losses and slower recoveries. Nationally, larger proportions of Latinas work in industry sectors that experienced the greatest job losses compared to white workers (both men and women). Latinx workers also tend to be overrepresented in food preparation, building and grounds cleaning and maintenance occupations; they are also less likely to hold managerial positions in those sectors. 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 the COVID-19.

These inequities and their resulting economic and health consequences have deeply impacted rates of COVID-19 infection and death in Latinx and communities of color. Slow vaccination uptake is rooted in a similar set of inequities. For immigrant and non-citizen residents, fears are related to concerns that obtaining the vaccine could have negative consequences on their immigration status and that data collected during the vaccination process may be improperly managed or used in ways that cause harm. These concerns, based on systemic mistreatment—limitations on use of public assistance and enhanced immigration enforcement at the Federal level—particularly in the past few years, have created a mistrust of government that dissuades many immigrants and noncitizens from getting the vaccine even when available.

Perceptions about costs and risks associated with vaccination are complicated by rates of health insurance coverage. Research from the Keiser 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. 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, even for undocumented residents, residents may have concerns about cost.

In addition to concerns about cost, immigrant residents 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. 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.

https://www.americanprogress.org/issues/economy/reports/2021/03/05/496733/latinos-face-disproportionate-health-economic-impacts-covid-19/


through multiple modes (e.g., car or walk-up) during hours that accommodate different work schedules.”

III. ANALYSIS OF DATA: As of July 2, 2021, the zip codes with the highest concentrations of Latinx residents experienced increases in average daily case rates per 100k residents. See chart below from the Montgomery County COVID-19 Surveillance dashboard.

Prior to the pandemic, Latinos in Montgomery County experienced many of the underlying factors related to higher incidence of COVID-19 infection and death as well as lower rates of vaccination. Looking more closely at housing types available in Hillandale and Gaithersburg, the zip codes with the largest percentages of Latinx residents, we notice relatively more areas dedicated to apartment housing compared to zip codes like Kensington and Bethesda with relatively lower percentages of Latinx residents and residents of color more generally and no noticeable differences in average daily cases (at the time of this analysis). While the visual comparison below is not scientific and the COVID-19 surveillance areas are likely not the exact same as the neighborhood geography defined in the County Stat Community explorer, the comparison does surface an observation pointing to structural inequities related to the connection between housing and COVID-19 cases in the County which may warrant further inquiry. As noted in the background section, research points to a link between housing type and exposure to COVID-19.

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Areas with comparatively more apartment housing and observed increases in average daily COVID-19 cases
Latinx residents in Montgomery County worked in occupations deeply impacted by the economic disruption of the pandemic. Economic Policy Institute’s analysis of occupations most affected by COVID-19 shows that nationally, between February and May 2020, while there were steep reductions across the board, the top three largest reductions were in service occupations, production occupations, and sales and related occupations. EPI’s analysis also shows that Latina workers are heavily represented in these occupations, except for construction and extraction occupations which Latino men made up the largest share. The chart below shows that in 2019 in Montgomery County, Latinx workers compared to white workers made up larger shares of the occupations that were most negatively affected by the pandemic. The highlighted rows are the occupations that based on EPI analysis experienced the greatest reduction in employment nationally—EPI’s calculated reduction in employment is italicized.

<table>
<thead>
<tr>
<th>Occupation category</th>
<th>Hispanic or Latino residents</th>
<th>White (alone) residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service (-27.2% nationally)</td>
<td>31%</td>
<td>11%</td>
</tr>
<tr>
<td>Sales and office occupations (-17.5% nationally)</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Production, transportation, and material moving (-17.9% nationally)</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Natural resources, construction, and maintenance (-15.7% nationally)</td>
<td>21%</td>
<td>4%</td>
</tr>
<tr>
<td>Management, business, science, and arts (-4.6% nationally)</td>
<td>25%</td>
<td>67%</td>
</tr>
</tbody>
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Source: Authors calculations of U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates and analysis from Figure F: Latinx workers—particularly women—face devastating
As discussed in the background section, 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, Latinos in Montgomery County were more than five times as likely as whites to not have health insurance:

<table>
<thead>
<tr>
<th>Racial/ethnic group</th>
<th>% who are uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>3.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>5.8%</td>
</tr>
<tr>
<td>Black</td>
<td>7.3%</td>
</tr>
<tr>
<td>Latino</td>
<td>19.4%</td>
</tr>
<tr>
<td>Other</td>
<td>26.6%</td>
</tr>
</tbody>
</table>


cc: Dr. Raymond Crowel, Director, Department of Health and Human Services
    Ken Hartman, Director, Strategic Partnership, Office of the County Executive