OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE

Marc Elrich
County Executive

Tiffany Ward
Director and Chief Equity Officer

MEMORANDUM

March 12, 2024

To: Jennifer Bryant, Director
Office of Management and Budget

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

Re: Racial Equity Impact Assessment (REIA) for Supplemental Appropriations #24-62
ELC Enhancing Detection Expansion Grant

I. <u>FINDING:</u> The Office of Racial Equity and Social Justice (ORESJ) finds that *Supplemental Appropriation #24-62 FY24 ELC Enhancing Detection Expansion Grant* will likely advance racial equity and social justice in the County. The scale and depth of this impact are contingent on several factors that ORESJ highlights in the body of this racial equity impact assessment (REIA).

II. **<u>BACKGROUND:</u>** The purpose of Supplemental Appropriation #24-62 FY24 ELC Enhancing Detection Expansion Grant is to allocate $2,126,815 in grant funds administered by the Maryland Department of Health from the federal Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) program to the Montgomery County Department of Health and Human Services (DHHS) to support COVID-19 prevention and outbreak control in Montgomery County. These grant funds were not included in DHHS' FY24 budget, though many of the programs and activities involved with the supplemental appropriation were also resourced in FY22, including Supplemental Appropriation #22-19. Supplemental Appropriations #22-19 and #24-62 include funding for data collection using contact tracers and outreach and targeted support in underserved communities.

III. **ANALYSIS:** ORESJ conducted a racial equity impact assessment (REIA) of Supplemental Appropriation #22-19 Epidemiology and Laboratory Capacity Enhancing Detection (ELCED) Expansion Grant[1], in which the intersection of racial equity and disproportionate Covid-19 risks and burdens for Black Indigenous and People of Color (BIPOC) and low-income communities were highlighted. In that REIA, ORESJ concluded that Supplemental Appropriation #22-19:

is likely to advance racial equity and social justice in the County as it will support the county in monitoring and addressing the ever-changing COVID-19 landscape. While collecting data and providing educational outreach—as described in this supplemental appropriation—will benefit all residents, centering communities of color and those disproportionately impacted by COVID-19 will enable the County to identify disparities as they emerge and reemerge throughout the pandemic recovery.

Given the clear evidence of racially disparate COVID-19 cases, deaths, and vaccination rates, along with relatively unchanged health and economic systems that create racially disparate vulnerabilities for BIPOC and low-income communities, it is reasonable to presume that funding and activities that continue under Supplemental Appropriation #24-62 are essential to eliminating gaps observed throughout the pandemic (and in any future surges of COVID-19 cases).

That said, there are two observations about the activities and current context involved with Supplemental Appropriation #24-62 that ORESJ would like to highlight:

Wastewater Surveillance

Supplemental Appropriation #24-62 includes funding to support the County's wastewater surveillance efforts. According to the Centers for Disease Control and Prevention (CDC), SARS-CoV-2 wastewater surveillance data can help health departments detect, understand, and respond to the COVID-19 pandemic. Wastewater surveillance provides decision-makers with early and consistent indicators about the presence of, or trends in, COVID-19 cases in a community[2]. These COVID-19 indicators are critical as the expiration of the federal COVID-19 public health emergency has meant that individual testing has become more costly. This is true for those whose health insurance plans don't cover at-home testing kits and is even more costly for those without health insurance who will face the total cost of a COVID-19 test if performed in a clinical setting and may have limited access to free or subsidized at-home testing[3]. The CDC explains that wastewater surveillance complements other monitoring and mitigation techniques that are more effective in providing insights into the social and behavioral factors underlying changes in transmission[4].

[1] https://www.montgomerycountymd.gov/ore/Resources/Files/22-19.pdf
[2] https://www.cdc.gov/nwss/interpretation.html
[3] https://www.healthsystemtracker.org/brief/prices-for-covid-19-testing/
[4] https://www.cdc.gov/nwss/interpretation.html

The County's wastewater surveillance website[5] echoes CDC guidance. It contains valuable information about how wastewater surveillance is used to track the spread of COVID-19, the methods, analysis, and collection sites used in the County, and how the County's wastewater surveillance system aligns with the State's Sewer Sentinel Initiative. Of particular relevance to this REIA is IEI's Sampling Site Selection Final Report[6] which outlines the methods used in selecting sampling locations. Our research found that one potential challenge with wastewater monitoring is whether selected sampling locations represent the jurisdiction and the populations most vulnerable to COVID-19 risks[7]. Though this challenge tends to affect jurisdictions with larger percentages of unsewered areas[8], the concern related to representativeness is a central factor in ensuring that the use of data supports the equitable distribution of resources and services. IEI's report listed the preliminary wastewater sampling site selection criteria: demographic factors - SDI (Social Deprivation Index[9]); Covid-19 case history; population density; PCSA Regions – Primary Care Service Areas; and zip code boundaries. Site selection was narrowed to include only viable locations for regular sampling events. Ultimately, the selected sites are as follows[10]:

- Reddy Branch - 2611 Brighton Dam Rd, Brookville, MD 20833 (SDI: High; Case rate: High)
- Wexford -21225 Seneca Crossing Dr. Germantown, MD 20876 (SDI: High; Case rate: High)
- King Farm - 315 Pure Spring Crescent Rockville, MD 20850 (SDI: Medium; Case rate: Medium)
- Hoyles Mill - 15001 Hoyles Mill Rd, Boyds, MD 20841 (SDI: Medium; Case rate: Medium)
- Arcola WWTP - 2001 Henderson Avenue, Wheaton, MD 20902 (SDI: Medium; Case rate: Medium)

ORESJ does not have experience evaluating SDI as a selection criterion in equity initiatives; however, based on available information, race, ethnicity, and disability data were not components reflected in the methodology of this particular index. While the seven variables considered in the index are critical to understanding social determinants of health within the context of COVID-19, it remains difficult to interpret the racial, ethnic, and disability

[5] https://www.montgomerycountymd.gov/covid19/data/wastewater-surveillance.html
[6] https://www.montgomerycountymd.gov/covid19/Resources/Files/data/wastewater/Attachment-A-Site-Visit-and-Final-Selection-Report.pdf
[7] https://www.mathematica.org/blogs/ensuring-equity-as-wastewater-testing-matures-in-the-united-states and Xindi C. Hu, Stacie K. Reckling, Aparna Keshaviah. "Assessing health equity in wastewater monitoring programs: Differences in the demographics and social vulnerability of sewered and unsewered populations across North Carolina". medRxiv 2023.10.06.23296680; doi: https://doi.org/10.1101/2023.10.06.23296680.
[8] https://www.mathematica.org/blogs/ensuring-equity-as-wastewater-testing-matures-in-the-united-states

[9] https://www.graham-center.org/maps-data-tools/social-deprivation-index.html and https://healthcare.rti.org/insights/choosing-sdoh-indices
[10] https://www.montgomerycountymd.gov/covid19/Resources/Files/data/wastewater/Attachment-B-Sampling-Protocol-IEI.pdf

composition of selected zip codes –and how they reflect disproportionate risk among BIPOC communities—without additional analysis beyond the scope of this REIA. Presuming the SDI and other selection criteria resulted in sampling locations where larger concentrations of residents who face disproportionate COVID-19 risks live, it is likely that wastewater surveillance activities will contribute to reducing COVID-19 health inequities.

Something else we found in our research about the intersection of wastewater surveillance and racial equity is the importance of community buy-in and engagement to help foster trust about the uses of wastewater data. While reporting suggests, there's interest and curiosity among residents; some may be concerned (especially given that the same tools can be used for other purposes, for example, to identify opioid and illicit drug use, which could stigmatize neighborhoods)[11]. As this work progresses, it will be important to continue sharing, via the program website, the practices and uses of the wastewater surveillance data. Community engagement in data storage and future disease surveillance activities will be important for maintaining transparent community relationships.

On-site Assistance

Supplemental Appropriation #24-62 also includes funding for targeted support at long-term care, assisted living, and senior living facilities. While there is undoubtedly robust public health and COVID-19 response infrastructure in the County, specific information about ongoing partnerships with facilities, how facilities would be targeted, or what data would be collected or monitored to ensure equitable distribution of resources was not available during this analysis. These details are relevant given how racial disparities impacted long-term care facilities throughout the pandemic. According to the Center for Medicare Advocacy, racial disparities in long-term care facilities existed before the pandemic[12], with the chief medical officer for the American Health Care Association commenting that "typically, what occurs in the general population is mirrored in long-term care facilities".[13] In our research, we found evidence from several sources, including a KFF analysis and joint reporting from four regional newspapers that explains how facilities serving relatively larger shares of Black and Hispanic residents were disproportionately impacted by the coronavirus[14]; regardless of location, size, or government rating nursing homes where Black and Latino residents make up a significant share of the residents were twice as likely to get hit by the coronavirus as those where the populations were overwhelmingly White[15]. In addition, there is robust evidence that Black and Latino older adults (regardless of whether they reside in a nursing

[11] https://www.mathematica.org/blogs/ensuring-equity-as-wastewater-testing-matures-in-the-united-states
[12] https://medicareadvocacy.org/covid-racial-disparities-in-nursing-homes/ and https://laist.com/news/health/the-striking-racial-divide-in-how-covid-19-has-hit-nursing-homes
[13] https://laist.com/news/health/the-striking-racial-divide-in-how-covid-19-has-hit-nursing-homes
[14] https://www.kff.org/coronavirus-covid-19/issue-brief/racial-and-ethnic-disparities-in-covid-19-cases-and-deaths-in-nursing-homes/ and
https://www.kff.org/coronavirus-covid-19/issue-brief/racial-and

home or similar facility) face differential social contexts, vulnerabilities, exposure, and outcomes related to COVID-19[16]. These factors are well-described in the following excerpt:

"The higher rates of vulnerability for older Blacks have been attributed to several different social determinants of health. Racism is a fundamental cause, contributing to increased stress as well as lower incomes, poorer access to health care, and residential segregation in areas with inadequate infrastructure related to healthy nutrition, physical activity, and health care. Each of those, in turn, is associated with each of the conditions and behaviors that are noted…as increasing the impact of severe illness with COVID-19"[17].

Considering these health inequities within the planning and delivery of on-site assistance in the County will help ensure the equitable distribution of resources and shrink gaps in COVID-19 risks and outcomes. The pandemic shed light on long-standing health inequities across the US. Reinforcing and augmenting the County's public health infrastructure to plan for and respond to these inequities will be critical for preventing wide racial disparities evident in the early days (and throughout much of) the pandemic.

cc: Ken Hartman, Director, Office of Strategic Partnerships, Office of the County Executive
Dr. James Bridgers, Director, Department of Health and Human Services

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ps://www.ncbi.nlm.nih.gov/pmc/articles/PMC8165264/

[17] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8165264/