Virginia Association of Counties

ACHIEVEMENT AWARDS

# SUBMISSION FORM

All submission forms must include the following information. Separate submission forms must be turned in for each eligible program. **Deadline: July 1, 2021.** Please include this submission form with the electronic entry. If you do not receive an email confirming receipt of your entry within 3 days of submission, please contact Gage Harter.

## PROGRAM INFORMATION

County: Arlington County

Program Title: COVID-19 Health Equity Pilot

Program Category: Criminal Justice & Public Safety

## CONTACT INFORMATION

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## SIGNATURE OF COUNTY ADMINISTRATOR OR DEPUTY/ASSISTANT COUNTY ADMINISTRATOR

Name: Mark J. Schwartz

Title: County Manager

Signature: [signature]

## OVERVIEW

In May 2020, Governor Ralph Northam announced the formation of the Health Equity Pilot Program. The Health Equity Pilot Program is a state-local partnership, aimed to increase equitable access to personal protective equipment (PPE) and public health information in underserved and historically disadvantaged communities that have been disproportionately impacted by COVID-19. The Governor's Health Equity Leadership Task Force encouraged jurisdictions to use a data-driven approach to identify communities within Arlington County most in need and most at risk of contracting COVID-19. Communities were identified through Census data informed by Health360 using indicators such as chronic diseases, household income, age, disability status and other important health factors.

Over 50 localities were identified for participation in the Health Equity Pilot Program and received up to 20,000 cloth masks, bottles of hand sanitizer, and appropriate translated public health materials. Arlington County eagerly took the assigned mission to distribute PPE and public health resources to those most vulnerable within the community. The Public Health Department (PHD) and Department of Public Safety Communications and Emergency Management (DPSCEM) quickly exceeded the commitment milestones established by the Governor's Task Force by leveraging existing relationships with trusted institutions, such as schools and faith-based organizations, and established response structures to distribute information on emergency services and resources, PPE and increase accessibility to testing. When looking at the operational efforts in response to COVID-19, DPSCEM and PHD staff determined that increased accessibility to PPE, testing and information was critical. Those three priorities informed the implementation strategy for the pilot, which consisted of three foci:

- Leverage existing networks and trusted organizations to distribute PPE and information.
- Increase accessibility to static testing facilities.
- Bring services and PPE to identified at-risk populations.

By leveraging partnerships targeted to impacted communities around the County, it was possible to provide mobile events that were accessible, culturally competent, and low-risk for community members to receive COVID-19 testing and PPE kits. Through the pilot the County was able to provide 1,128 tests in the community, increase accessibility to static testing facilities, and distribute over 85,000 masks and 50,000 bottles of hand sanitizer.

## PROBLEM STATEMENT

Unimpeded access to the conditions needed for optimal health and well-being is critical in creating a healthy community. Creating an equitable environment around health (aka, "health equity") acknowledges and aims to address systemic barriers to achieving this, including differences in health outcomes based on income, race, gender, educational attainment, sexual orientation, immigration status, and more. The entire community benefits when all of its citizens are empowered to manage their health in a proactive independent manner.

Virginia's Health Equity Task Force/Working Group considered three (3) distinct factors when identifying a need for intervention: 1. Those at-risk of hospitalization based on elevated health risk; 2. Those at-risk

unable to sustain home-quarantine based on income; and 3. Concentration of positive COVID tests. With those factors informing population identification approximately 5,839 Arlington residents were defined as belonging to vulnerable populations. With concentrations of those populations identified in 22204, 22203 and 22202 zip codes. In a state-wide survey, Arlington's 22204 zip code presented one of the higher positive case totals in the state at 926 individuals (ranking data as of 6/11/20), representing 40% of Arlington's total positive cases.

Since the start of the COVID-19 pandemic, 59% of COVID-19 cases in Arlington have been identified in patients belonging to racial minorities, despite their comprising only 30% of the County population. The graphic below illustrates the consistent over-representation of minority communities in terms of equitable COVID-19 case distribution. The non-white population of Arlington represents nearly 70% of cases, though that same population consists of less than 40% of the over overall population.

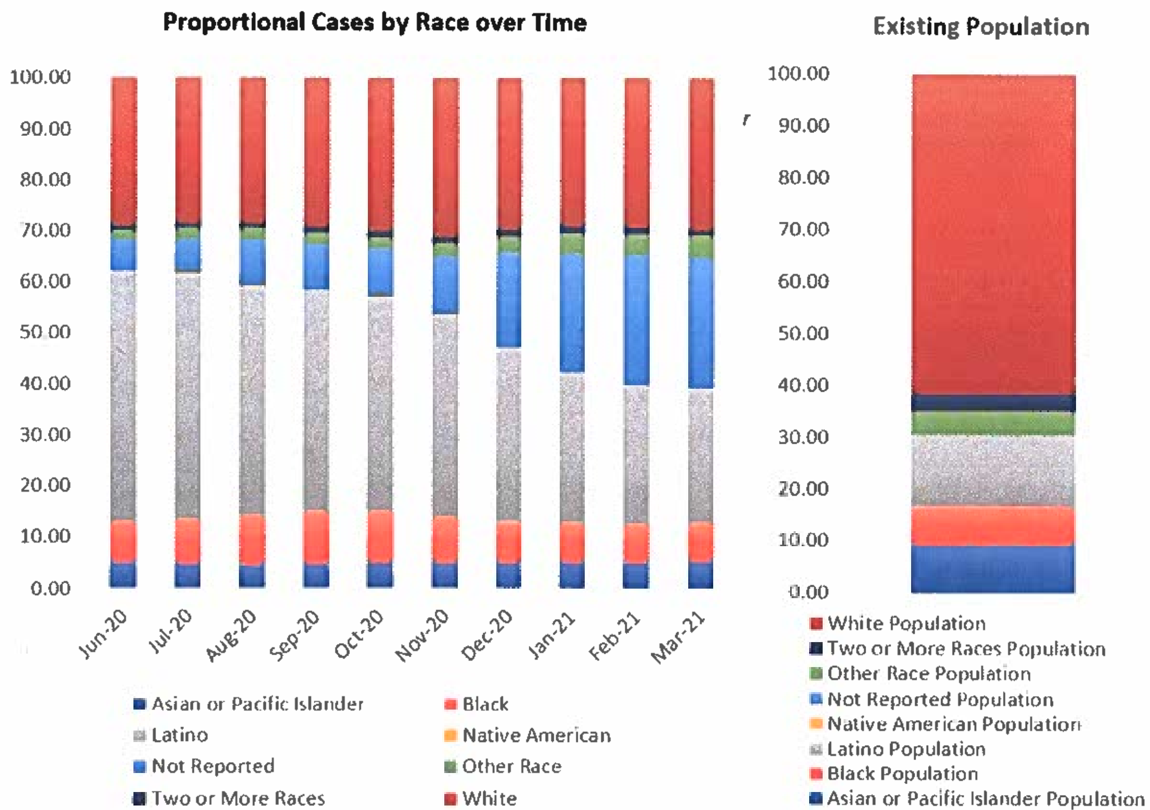


**Figure 1. Demographics of Positive COVID-19 Cases in Arlington County**

Arlington had made strides in establishing a broad-based testing strategy to meet residential needs, but scare and inaccessible resources had limited the County's ability to strategically place testing locations within the areas of concentration highlighted by the Health Equity Task Force/Working Group's data. By June Arlington had opened five (5) separate testing locations, unfortunately only two (2) of the testing clinics were located in the zip codes identified in the data provided by the Health Equity Task Force and

only one (1) clinic was located in a concentration of the at-risk demographics identified by the three (3) established factors for the pilot.

Economic impacts are also a factor. While virtually all communities experience increased unemployment due to COVID-19 impacts, this too is felt disproportionately by racial minorities in Arlington. 71% of occupations with the highest COVID-19-related unemployment claims in Arlington are primarily held by people of color. As healthcare access is tied to employment for many, unemployment represented not only economic uncertainty, but could also result in less willingness to seek needed healthcare, including COVID-19 testing.

Strategy adjustments and additional considerations needed to be made to address the inequities exposed by the pandemic. By providing uninhibited access to PPE, testing and information of available services Arlington County could mitigate the spread of the virus within some of the our most vulnerable communities.

## PROGRAM DESCRIPTION

Arlington County DPSCEM and DPH leveraged census and Health360 data to identify portions of the population within the community that had the highest risk of contracting and/or being disproportionately impacted by the coronavirus. The Health360 data determined high-risk populations as defined by three (3) factors: health risk complications from COVID-19; income less than $30k; and, positive COVID-19 cases. This population data set was then set against accessibility to existing testing locations.

Initially, DPSCEM and PHD analyzed data about geographic clusters of COVID-19 cases, neighborhoods with a disproportionately high concentration of low-income households, communities of color, and individuals with elevated health risk for COVID-19 to identify specific Arlington neighborhoods with the greatest need for increased accessibility in information, supplies, and testing. DPSCEM then worked with response partners providing services within the community to validate the findings and planning assumptions made with the Health360 data provided by the Health Equity Leadership Task Force. This effort not only allowed us to ensure that the data provided was currently accurate and realistically reflected the impacted populations within our community, but it allowed DPSCEM to identify trusted and successful response organizations already providing resources and services to those most vulnerable populations, such as AFAC, select churches, and select Arlington Public Schools (APS), facilitating an opportunity for rapid distribution.

Based on the information provided and that gathered from our community partners, Arlington County developed a three-pronged approach to quickly bring testing, information, and PPE to areas that Census and health data highlighted as at greater risk for and impacts from COVID-19:

- Leverage existing networks and trusted organizations to distribute PPE and information.
- Increase accessibility to static testing facilities.
- Conduct multiple mobile one-day testing events to bring services and PPE to identified at-risk populations.

## Leverage Existing Networks and Trusted Organizations

During the early onset of the pandemic Arlington County departments proactively reached out to community and civic organization leadership to establish reliable engagement conduits to quickly distribute pertinent health information and combat misinformation spreading within specific demographics and communities. The Health Equity Pilot Leadership benefited from the extensive network established to validate the data provided by the state and work with civic and community partners to determine the most impactful mitigation method to stop the spread of the virus within the targeted demographic. For example, many Hispanic or Latino residents were unable to access testing, while many from Arlington's Ethiopian community were misinformed of supporting services available and intent. Each issue required a different solution to ensure comprehensive equity across the Arlington community.

DPSCEM and DPH established a partnership with Arlington Public Schools to distribute approximately 11,000 informational and cloth face covering kits to students and their families at schools serving communities disproportionately impacted by COVID 19. The Health Equity Pilot leads worked with APS to identify schools with the highest participation rate in free and reduced lunch programs to prioritize the distribution of the kits. 14 total schools were selected for the kit distribution; the kits contain hand sanitizer, reusable face coverings, and multilingual information about COVID support like rent and food assistance. To increase participation and receipt from Arlington residents, kits were distributed in tandem with the laptop computer/technology distribution program lead by APS.

DPSCEM and DPH also focused on the faith-based network and prominent civic organizations within Arlington to provide information and combat misinformation about COVID-19. Due to social media and the polarizing political climate misinformation about the virus had spread across the information. This discouraged many demographics within Arlington to trust and take advantage of the County services available to them during the pandemic. Sources and misperceptions varied, but DPSCEM and DPH knew that by partnering with faith-based institutions, sch as Macedonia Baptist and Unitarian Universalist, and trusted civic organizations, such as Arlington Food Assistance Center (AFAC), the County could have a trusted member of each community distributing valid information and amplifying the opportunities for care and support offered by the County. DPCSEM and DPH made a concerted effort in ensuring that all information materials were offered in the top five languages present in the County. The communications strategy expanded to saturate communities in multiple mediums and languages to not only advertise the change in service offerings, but to also combat misinformation and increase visibility of County informational products and mediums by vulnerable residents.

## Increase Accessibility to Static Testing Facilities

While the established testing sites saw a continuous flow of residents taking advantage of the service, DPSCEM and DPH observed a limitation or barrier created by the limited hours and days the testing facilities were operating. In examining the targeted demographics characteristics such as employment and means of transportation it became evident that many residents were unable to attend daytime hours at the testing sites. DPSCEM and the Emergency Operations Center (EOC) leadership worked with DPH testing leadership to adjust the hours, to include weekend hours, at the static COVID-19 sample collection sites to expand access to additional clients.

### Conduct Mobile Testing Events

The final adjustment in the operational strategy to implement more accessible services was to create a mobile testing and PPE distribution strategy to remove any logistical or transportation barriers for vulnerable populations. DPSCEM and DPH once again partnered with the faith-based network and trusted civic organizations to determine and prioritize location, hours and the structure of service offerings. The group determined that mobilizing services and hosting partnered events in the specific locations of concentrated populations in need of critical testing and additional services was the best strategy to remove barriers and accessibility issues within the County.

These events varied in accessibility to include both drive-up and/or walk-up participation, provide limited registration requirements, and were co-hosted by trusted community partners such as faith-based organizations, community advocate groups, and vulnerable community service centers to encourage participation. As the mobile events continued the County saw additional participation from service providers such as NovaSalud, Inc.

Based on early success within the pilot and increased engagement events, Arlington County received 30,000 masks and 20,000 bottles of hand sanitizer from the state. Over the course of four days, 12 hours a day, 133 volunteers compiled 12,000 PPE kits that, in total, distributed over **85,000 masks** and **50,000 bottles of hand sanitizer** to residents through multiple targeted events.

Following the pilot, DPSCEM made a conscious decision to permanently incorporate equity considerations in all response and recovery operational mission sets; testing, vaccinations and communications. While the Health Equity Pilot armed Arlington County with the data and tools necessary to identify operational shortfalls and unintentional barriers, DPSCEM and DPH leadership realized that equity considerations were required operational and planning assumptions that needed to be incorporated into all response and recovery activities. This holistic effort will maintain beyond the response and recovery of the pandemic and will become a standard for influencing operational decision making.

The County is also formalizing the integration of Access and Functional Needs (AFN) and other vulnerable population advocacy groups in planning and operational tactic/strategy development to compliment and advise Emergency Support Functions. By establishing an AFN Advisory Group, the County ensures efforts addressing unmet needs during incident preparedness, response and recovery are coordinated, formally captured and consistently implemented.

## RESULTS

Each pop-up event drew a cross-section of all major racial groups in Arlington County. This broad uptake across the board, particularly within the Latino population (which has been disproportionately impacted in terms of recorded cases, at times to the degree of double or triple rates of the Latino population in the County) demonstrates not only the need for this service, but the appetite for it on the part of residents.

Below is a graphical representation of the racial breakdown of the five mobile testing event clienteles. The graphic reflects that out of 1,128 participants, 22% identified as African American/Black and 19%

identified as Hispanic/Latino, this matched the Other category as well. Many strategies for improving accessibility were validated early in the pilot and are now considered a best practice. For example, many participants that initially attend the event alone, observed how easy it was to access services, and would return later with family, neighbors and friends to participate. As stated previously, there was also a significant increase in specific demographic or group participation based on the location of the event, with participation sometimes tripling within a specific group. The best practices of barrierless registration and bringing services to the community to compliment static facility services is necessary to increase participation, both of which have been applied during the recent COVID-19 vaccination strategy.

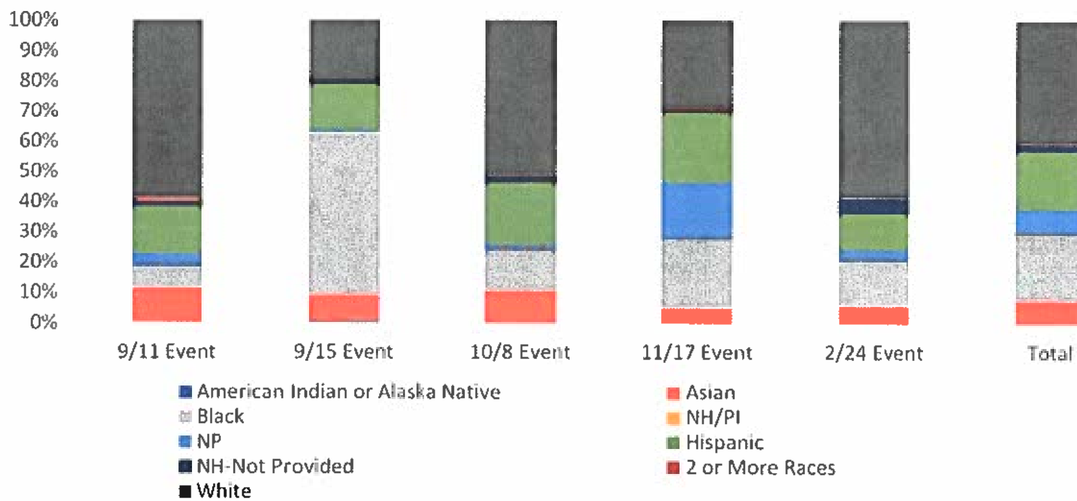


**Figure 2. Racial Breakdown of Mobile Testing Site Clienteles**

By leveraging partnerships targeted to impacted communities around the County and cultivating communal leaders as trusted messengers to those communities, it was possible to provide single-day events that were accessible, culturally competent, and low-risk for community members to receive COVID-19 testing. The testing strategy continue to evolve as the demands and needs of the community changed. As vaccinations began to roll out in early 2021 the demand for testing events decreased. This caused DPSCEM and DPH to move towards a less labor-intensive offering by contracting a vendor to provide testing via a mobile trailer throughout the county, as well as establishing and relocating kiosks at key locations throughout the county for residents to access self-administered testing kits at their convenience.

The Health Equity Pilot solidified the importance of building and maintaining critical relationships with a diverse portfolio of community organizations. Formalizing those relationships into a structure that can be leveraged during activations in response or recovery to an incident is a priority for DPSCEM, as demonstrated during the evolution of the COVID-19 vaccination operation. DPSCEM and DPH continued to modify the distribution strategy to incorporate findings from the Health Equity Pilot and those pop-event results. The County continues to employ relationships with the partners identified during the Health Equity Pilot to validate assumptions on specific demographic responses to the vaccine distribution operation and adjust operational tactics to address hesitancy and misinformation. Arlington County EOC continues to leverage Census data and an equity lens when developing and executing

operational strategy for testing, vaccination and communication. Formalizing an AFN Advisory Group, the county will continue to address unmet needs and remove known and unknown barriers during incident/event preparedness, response and recovery.