

# Race and Place Both Matter for Advancing an Equitable and Just COVID-19 Response and Recovery

DECEMBER 2021

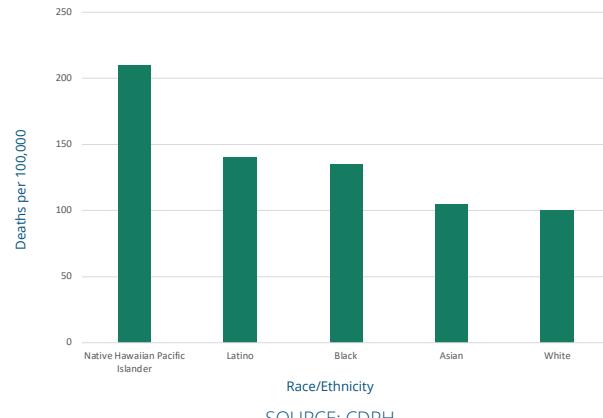
The movement for healthy communities has been informed by decades of research that has demonstrated the power of neighborhood environments and community conditions to shape our health outcomes. Structural racism has been the underlying driver that has segregated our regions and created profound inequities. The generational fallout from government-sanctioned segregationist policies has resulted in high concentrations of low-income, people of color living in largely disinvested neighborhoods. This means Black, Indigenous, and People of Color (BIPOC) communities have been disproportionately burdened by overcrowded housing and economic instability, factors which have exacerbated the devastation of COVID-19 on BIPOC communities.

Using both race and place to address the impact of structural racism on health outcomes, is critically important and is firmly supported by the data. The [Healthy Places Index \(HPI\)](#) tool, which is founded on the very premise that both race and place matter when addressing health inequities, has served as an effective tool to advance an equitable and just COVID-19 response and recovery for all Californians.

## WHY RACE MATTERS

The COVID-19 pandemic has exacerbated racial inequities that have festered in our country for centuries. BIPOC communities have borne the disproportionate burden of the adverse economic, social, and health outcomes throughout the COVID-19 pandemic. Most notably, [Black, Latinx, Indigenous, and Pacific Islander](#) communities throughout the country have consistently topped the charts of populations most disproportionately impacted. This demonstrates that not only does race matter, but it matters how we collect and analyze the data to ensure we are capturing smaller subpopulations such as Native Hawaiian and Pacific Islanders (NHPI), who may be experiencing disproportionately higher rates of COVID-19 cases and deaths. For example, upon further disaggregation and analysis of racial/ethnic data, in California NHPI populations experience a mortality rate from COVID-19 that is twice as high as groups with the lowest mortality rates. (Figure 1)

**Figure 1: California Cumulative COVID-19 Mortality Rates (per 100,000) by Race/Ethnicity**

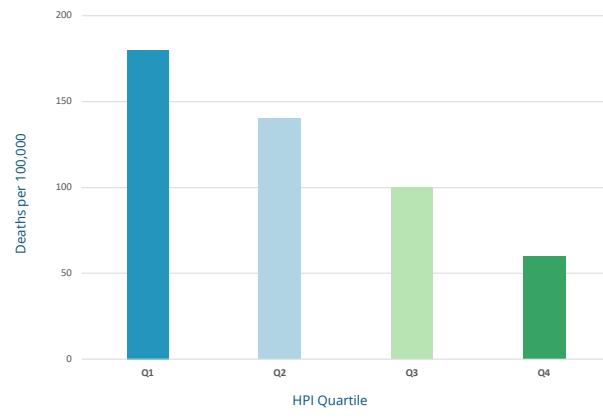


SOURCE: CDPH

## WHY PLACE MATTERS

Inequities in COVID-19 impact and outcomes also significantly differ across place. Communities with HPI scores in the highest quartile (healthiest neighborhood conditions) compared to those in the lowest quartile (least healthy neighborhood conditions) have shown marked differences in community conditions. This can affect an individual's ability to safely quarantine at home, take preventative measures, and access vital testing and treatment. These differences in neighborhood conditions are starkly evident in the mortality rates across communities. Neighborhoods with the least healthy community conditions (Quartile 1) had mortality rates that were three times higher than those with the healthiest community conditions (Quartile 4). (Figure 2)

**Figure 2: California COVID-19 Mortality Rates (per 100,000) by HPI Quartile (Q1 = Least Healthy)**

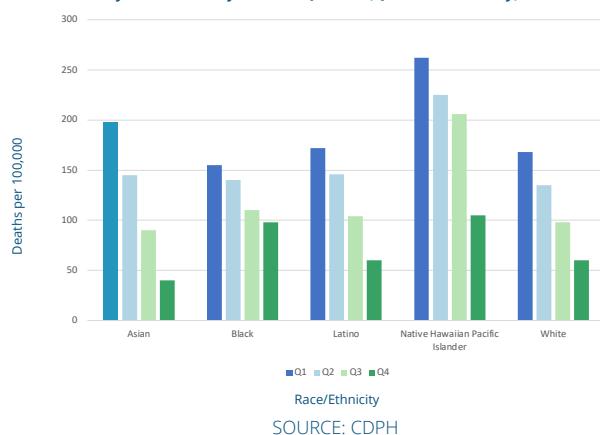


SOURCE: CDPH

## THE HPI IS A CRITICAL TOOL FOR ADDRESSING THE GEOGRAPHIC IMPACTS OF STRUCTURAL RACISM

Deeply ingrained structural and systemic racism has driven inequities in COVID-19 cases and mortality rates for low-income, BIPOC communities across California. The HPI, which allows us to look at data at the census tract level, can help shed light on injustices happening at the community and neighborhood levels. For example, when we address place-based inequities, we can see a substantial decrease in mortality across all racial/ethnic groups (Figure 3). The HPI allows us to see just how strong of a connection there is to race and place. Across the board, populations in every racial/ethnic group experience much lower mortality rates if they live in communities that fall in the 4th HPI quartile (healthiest) than those same groups that live in communities that fall into the 1st HPI quartile (least healthy). By eliminating place-based inequities we could substantially reduce mortality and overall mortality from COVID-19 across all groups, but especially for BIPOC residents who live in communities with the least healthy conditions. (Figure 3)

Figure 3: California COVID-19 Mortality Rates (per 100,000) by Race/Ethnicity and HPI Quartile (Q1 = Least Healthy)



social drivers of health, benefits all communities and can substantially improve health while directing resources to eliminate health inequities. This type of analysis demonstrates why HPI has been such an effective tool in the COVID-19 response and recovery process, as HPI fills an important data gap on neighborhood socioeconomic conditions and the social drivers of health. HPI has helped identify the most disproportionately impacted communities in order for local government to direct resources to those communities and save lives.

### Place-Based Approaches Must Be Paired with a Suite of Strategic and Coordinated Strategies

As a policy best practice, it is important that place-based social indices like HPI are paired with other tools and strategies, including authentic, direct community engagement and specific consideration of other core demographic factors. Other data, such as timely, accurate, and disaggregated data on race/ethnicity, sexual orientation and gender identity, occupation and essential workers, disability status, and homelessness are also urgently needed to inform the pandemic response and recovery, and eliminate all health inequities.

### Additional Analyses are Needed to Understand the Full Range of Equity Impacts of COVID-19

The stark, inequitable COVID-19 outcomes on BIPOC communities demand both critical study and urgent action. There is an acute need for additional analyses and clarifications, which will contribute to a broader body of research that can inform more effective COVID-19 strategies and policy change. We continue to support this crucial and vital line of inquiry that includes both race-based and place-based strategies to ensure a just and equitable COVID-19 response and recovery.

The analyses and case studies described in this fact sheet demonstrate that HPI has proven to be an effective tool in advancing an equitable and just COVID-19 response and recovery by the State of California. To see how HPI has been put into action during the pandemic, check out our fact sheets on [State uses](#) and [other sector uses](#). Our [HPI Into Action Snapshot](#) also outlines highlights from the hundreds of ways that HPI has been put into action, including the allocation of [more than one billion dollars](#) in investments directed to communities most in need.

## ADDITIONAL CONSIDERATIONS FOR USE OF THE HPI AND RACE AND PLACE-BASED STRATEGIES

### Health Analysis Validates HPI's Place-Based Approach as an Effective Tool for Addressing Inequities

A health analysis of race and place bolsters the HPI approach. Health policy that takes into account the

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<http://thepublichealthalliance.org> & <http://healthyplacesindex.org>

Questions? Please contact [info@thepublichealthalliance.org](mailto:info@thepublichealthalliance.org)