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OFFICE OF THE LIEUTENANT GOVERNOR

Pennsylvania COVID-19 Response Task Force: Health Disparity

Policy Recommendation Report

Submitted by:

Lieutenant Governor John Fetterman

July 22, 2020

Task Force Members:

Purpose:

- A central team for the administration that serves as the contact (for stakeholders, constituents, & legislators) regarding issues and concerns surrounding health disparity in Pennsylvania's marginalized communities during the COVID-19 pandemic and beyond. This working group will also proactively reach out to the leaders in these communities and collect feedback, ideas, and general comments on this issue.

Members:

- Lt. Gov. Office
 - Lt. Gov. Fetterman (Chair)
 - Bobby Maggio (Coordinating Manager)
 - Secretary Brandon Flood (Board of Pardons)
 - Julie Strickland-Gilliard
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 - Rafael Alvarez Febo (LGBTQ Affairs)
 - Nedia Ralston (Governor's Southeast Regional Director)
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Opening Remarks:

Governor Tom Wolf was among the first governors in the nation to identify the issue of health disparities as they relate to marginalized populations that have been hit hardest by the novel coronavirus pandemic. In April, the governor formed this task force and assigned it with identifying obstacles that cause those disparities and bringing those issues to his attention.

The task force held its first virtual meeting on April 17, and the members or their subcommittees have since met at least once per week. Throughout the course of its work, the task force has engaged leaders, teachers, medical professionals, and other stakeholders from communities across our Commonwealth.

This report will include the task force’s findings and recommendations gathered from each focus area (Latino Affairs, Asian Pacific American Affairs, the Women’s Commission, African American Affairs, and LGBTQ Affairs) and from numerous community stakeholders.

We will examine six key issues in the pages that follow: housing, criminal justice, food insecurity, health disparities, education, and economic opportunities. The report will close with data that demonstrates the need for action on these items. All recommendations are ranked in order of priority, based on feedback from stakeholders and task force members.

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Key Findings:

Below are the top takeaways from each of the six issues explored in this report.

- 1. Housing:** Sealing evictions for Pennsylvanians who applied for unemployment during COVID-19 will prevent tenants from being penalized and jeopardizing their future housing stability through no fault of their own.
- 2. Criminal Justice:** Implementing a Driver's License Amnesty Program will correct an oversight that left many Black and Brown Pennsylvanians with decreased mobility. While the legislature acted to end license suspensions for non-driving-related offenses, the move was not retroactive. This limits the ability to travel to healthcare and forces more people onto mass transit that could spread the virus.
- 3. Food Insecurity:** Increasing the income threshold for food assistance will ensure that more people are eligible.
- 4. Health Disparity:** It is crucial to continue the Alternative Payment Arrangement that helped to finance the gap when individuals were unable to access services until service-access fluctuations subside.
- 5. Education:** Standardizing remote learning and access to technology will help to ensure all students start with equal learning opportunities.
- 6. Economic Opportunities:** Helping Black-and-Brown-owned businesses with direct, expedited assistance through special programs will reduce the number of these businesses that are forced to close permanently because of the virus.

Policy Topic: Housing

COVID19 has affected the financial stability of millions of Pennsylvanians, with many families holding their breath each month as mortgages and rents are due. The governor's current moratorium is alleviating the present concern for these families, but this precarious situation is expected to worsen when the moratorium is lifted, and courts are open to receive eviction filings. Marginalized populations are particularly vulnerable because data shows these communities earn less money and are more likely to come from low-income households.

Recommendations:

1. Seal evictions for individuals who applied for unemployment during COVID-19.

Under the current system, tenants have an eviction record from the moment a case is filed against them, regardless of the outcome of the proceedings. This record exists even if they never end up with an eviction, if a case is withdrawn, or if a tenant wins and is found to be not at fault. The filing stays on their public record and haunts them for years, making it nearly impossible to secure stable new housing. [This disproportionately affects Black women and other women of color. The Philadelphia Mayor's Task Force on Eviction Prevention and Response also made this recommendation.](#)

2. Expand rental assistance programs to ensure that renters are taking advantage of the money provided for housing relief from the Commonwealth in the CARES Act.

National data shows that fewer people are paying their rent, but the number does not represent an alarming increase when compared with pre-pandemic levels of non-payment. Concerns remain, however, because of factors such as:

- Stimulus and unemployment money ending,
- Resource timing and disbursement possibly running too close to the expiration date on the eviction moratorium expiration,
- Ensuring the \$8 million allocated for legal services gets out the door on time, and
- How to get information to those who need it, given that resources are coming from 49 local agencies and the DCED.

The Commonwealth should also make improvements to the program design of rental assistance programs to account for all forms of rental housing. The rent relief requires the landlord to cooperate, which makes it difficult for tenants to apply because some tenants do not have leases, especially undocumented immigrants who may be in worse financial situations.

3. Ensure that outreach for rental assistance opportunities can effectively reach all communities.

Those who need assistance need to know about the available programs. Most resources will be administered by individual counties, which could be confusing. We can strengthen outreach

efforts to grassroots communities, community-trusted messengers, ethnic media and the ethnic online platforms and ethnic/non-English-language social media.

The Commonwealth can also provide COVID-19 grant funding to community-based organizations to provide direct services to low-income families, who will be dealing with housing, unemployment, and back-to-school challenges. With the funding, community-based organizations can provide comprehensive services, including mental wellness, to help families sustain themselves during COVID-19.

4. Improve language access for housing rights regulations, housing policies and rental assistance programs, which would be properly translated by professional translators, instead of machine translation, into at least three Asian and Pacific Islander languages.

Those translations would be released alongside and contemporary to the English release, rather than days or weeks later. This delay has real effects on the Asian and Pacific Islander community's ability to quickly access necessary services.

5. Safeguard families against aggressive landlords taking part in illegal evictions.

6. Address immigrants' worries about ICE and expand rental assistance programs to including everyone, regardless of immigration status.

Establish a standard indicating that if anyone has been treated unfairly regarding housing, they can and should report regardless of their immigration status, and housing enforcement authorities will work with everyone and support everyone regardless of their immigration status. Also, ensure that PA housing laws limit/ ban data-sharing with any immigration-enforcement authorities.

7. Improve landlord/tenant law at the Commonwealth level.

The Commonwealth should provide the right to counsel in eviction cases. As an example, in 2019, Philadelphia passed legislation introduced by Councilwoman Helen Gym, which was eventually passed by City Council and signed into law by Mayor Kenney. [This legislation guarantees](#) legal representation to tenants whose annual gross income does not exceed \$24,980 for a single person and \$51,500 for a family of four. Any tenants falling into that income category, including people living in Philadelphia Housing Authority properties, are eligible for representation, which will come from nonprofit legal providers. Unfortunately, budget shortfalls are pushing that implementation back right now in Philadelphia.

We also recommend increasing funding for the state Housing Trust to offset the losses, because [Philadelphia's city-level fund and eviction-prevention project are facing huge budget cuts](#).

8. Increase access to affordable housing for Pennsylvanians.

The Commonwealth could provide affordable housing funding to nonprofit developers, especially in Keystone Opportunity Zones (KOZ), which are run through the Department of Community and Economic Development (DCED).

- Priority for housing resources (housing vouchers, low-income housing tax credits, development grants, rent subsidies, or other programs) would help community development corporations develop thousands more affordable housing units. These zones should be designated in low-income neighborhoods, especially those of color, including Chinatown:
 - There was an affordable housing crisis prior to COVID-19. Housing affordability will worsen in the immediate and long-term future. The fact is that many Pennsylvanians remain unemployed and will not have the income to pay for rental housing and mortgages.
 - Example: The Philadelphia Convention and Visitors Bureau is projecting only 25% occupancy for hotels for the remaining six months in 2020 and 50% occupancy in the first half of 2021. The Federal Reserve Bank projects an economic contraction of 6.5%. It is expected that a significant number of restaurants will close. There were more than 220 businesses in Philadelphia Chinatown prior to COVID-19. Many of them remain closed. Last month, in June of 2020, there were 20 businesses listed for sale, which is 9% of the businesses in Chinatown.
 - Immigrant workers who have limited English proficiency rely on the service industry for jobs. Chinatown plays an important role in Pennsylvania's economy. It has 220 small businesses which employ mostly immigrant Chinese. It is a part of the hospitality and service industry, which has been the leading job creators for low-income residents. If hospitality and restaurant jobs come back slowly or never come back, many immigrant residents will remain unemployed or under-employed. With less income, immigrants are at risk of eviction and foreclosure.
- The Commonwealth should increase housing resources for LEP and immigrant populations, especially affordable housing resources, allocating resources to ethnic communities commensurate with the population size and poverty rate.

Policy Topic: Criminal Justice

The collateral consequences of criminal conviction are among the factors contributing to disproportionately poor healthcare outcomes among Black and Brown Pennsylvanians.

Recommendations:

1. Implement a Driver's License Amnesty Program.

Mobility has a tremendous impact on health outcomes of Pennsylvanians. Many Pennsylvanians have driver's licenses that are suspended only because they were caught driving while under suspension. Many Black and Brown Pennsylvanians were adversely impacted by pre-Act-95-of-2018 laws, namely the Controlled Substance, Drugs, Device, and Cosmetic Act, which automatically triggered the suspension of their licenses for offenses that did involve the use of a motor vehicle. While this changed, it was not retroactive. House Bill 80 seeks to provide amnesty to suspended Pennsylvanian drivers who have satisfied their initial suspensions and who have either satisfied fines/costs or have commenced a payment plan.

Many Black and Brown Pennsylvanians have become lost in the vicious cycle of trying to restore their driver's licenses. Not having a valid driver's license can become a driver for poor healthcare outcomes because it restricts one's ability to travel to and from doctor's visits, the pharmacy, the grocery store, etc. It also increases one's probability of contracting an infectious disease through mass transportation. It also adversely impacts the healthcare outcomes in communities of color by limiting their employment and/or career opportunities during instances when the employer requires it or geographically there is no consistent bus route.

2. Support automatic expungement.

Under current law, even if you are fully acquitted of a charge or charges, the onus rests with the former defendant to initiate the expungement proceeding and to bear the costs associated with filing a petition for expungement, which can be quite expensive depending upon the county.

Many employers use the United Judicial Portal to conduct criminal background investigations. The portal publicly displays non-conviction charges that did not result in a conviction, but employers screen out applicants with non-conviction data that has not yet been expunged.

Some Black and Brown Pennsylvanians are not able to secure family-sustaining careers due to being erroneously disqualified for employment due to the existence of both criminal convictions and non-conviction data.

3. Rewrite the Criminal History Record Information Act.

Under current law, 18 Pa.C.S., §9125 (Criminal History Record Information Act (CHRIA)) dictates that employers may only use felony and/or misdemeanor convictions to the extent that they relate to the duties or responsibilities of the position being sought by the applicant.

If there is a correlation of facts that renders the applicant unsuitable, the employer is then permitted to disqualify the candidate for employment.

While CHRIA is helpful in ensuring that applicants are not unfairly disqualified due to the existence of a criminal record, no one government entity is specifically tasked with enforcing this law. As a result, many Black and Brown Pennsylvanians are unfairly disqualified from employment without recourse, which adversely impacts their earning potential and chokes off their access to both basic and quality healthcare.

Few safeguards are in place to ensure that applicants are not unfairly disqualified. One recommendation would be for Pennsylvania to codify the Equal Employment Opportunity Commission's Enforcement Guidance on the Consideration of Arrest and Conviction Records in Employment Decisions Under Title VII of the Civil Rights Act of 1964. This would require employers to consider a wide array of factors when screening applicants with criminal histories.

Another recommendation is to champion former House Bill 1616 (Christiana), which proposes to uniformly address the collateral consequences of a criminal conviction.

4. Ensure that state-based grant/loan programs do not impose broad disqualifications for prospective applicants who are justice-involved.

During the COVID-19 pandemic, Congress instituted the Paycheck Protection Program, which ostensibly was a business loan program established by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to help small businesses, self-employed workers, sole proprietors, certain nonprofit organizations, and tribal businesses keep paying their workers. One of the deficiencies of this program was unfair disqualification of any applicant/business owner with 20% percent or more ownership of the company if they were incarcerated, on probation or parole, under indictment, facing arraignment, or plead guilty or no-contest or were convicted of a felony in the past five years.

While we cannot directly control what the federal government does, we can ensure that any grant or loan programs underwritten by the Commonwealth of Pennsylvania are administered in a way that does not institute such a blanket disqualification of justice-involved applicants.

The inability to access critical grant funding or low-interest loans as a Black or Brown business owner not only adversely impacts the healthcare outcomes of business owners and their families directly, but it also adversely impacts the healthcare outcomes of their employees and their families (as they will be out of work and will have to pay more out of pocket for healthcare costs for them and their families).

Black or Brown Pennsylvanians with criminal records are more likely to pursue entrepreneurship, as they tend to face greater difficulty obtaining traditional employment in the workforce. Ensuring that Black or Brown Pennsylvanians have greater access to much-needed funding during times of crisis will be integral to achieving health parity and improving healthcare outcomes.

5. Grant greater discretion to PBPP during Governor-Declared emergency disasters

On April 10, 2020, Governor Wolf issued an executive order directing Department of Corrections officials to establish a Temporary Program to Reprieve Sentences of Incarceration to help the department transfer qualifying individuals to community corrections facilities or home confinement amid the COVID-19 pandemic. Though well-intentioned, many within the social justice and medical communities have noted that eligibility requirements for the program were too stringent and did not provide PBPP/DOC officials with much discretion to grant relief to inmates exhibiting a true medical necessity.

Given that critique, and in preparation for future emergency disasters, it would be prudent to codify this program (with broader discretion given to PBPP) into statute. The Bureau of Justice Statistics reports that 35% of state prisoners are white, 38% are Black, and 21% are Hispanic. In 12 states, more than half of the prison population is Black.

In Pennsylvania, 81.8% of the population is white, 12% is Black, and 7.6% is Hispanic or Latino. However, according to a report commissioned by the PA DOC in 2018, the majority of DOC offenders were African American (46%), followed by Caucasians (43%), Hispanic (10%), and other races (1%).

We need to ensure that decisionmakers with the DOC/PBPP possess the flexibility to parole or furlough certain prisoners during an emergency disaster.

6. Digitize Pennsylvania's Executive Clemency Process.

Pennsylvania's executive clemency process has historically been an exclusively paper-based process that required the physical appearance of the applicant. From the inception of the Board of Pardons (BOP) in 1872 and up until December 31, 2018, BOP had never eclipsed more than 600 applications received annually. However, for the calendar year 2019, BOP received more than 1,100 applications. As of March 1, 2020, the BOP is projected to eclipse more than 2,000 applications in calendar year 2020. Given the increased interest in executive clemency, coupled with BOP's diminutive staff complement (six staffers in total, including the Secretary of the Board of Pardons) and the existing backlog of clemency applications (500+), the time is long overdue for BOP to modernize its administrative operations and its application process.

Black and Brown Pennsylvanians are grossly overrepresented within Pennsylvania's penal system. In addition, a report entitled "Pardons as an Economic Investment Strategy" was recently commissioned by the Economy League of Greater Philadelphia, which highlighted these disparities but also outlined how executive clemency enables successful recipients to increase their earning potential and significantly reduce recidivation rates. That report showed that whites filed pardon applications at a disproportionately higher rate than minorities, despite being charged with crimes at disproportionately lower rates. It also showed that the rate of granted pardons in high-arrest counties fall below the statewide average. Fewer pardons are granted in lower-income communities. And demonstrating the economic impact, pardons filed between

2008 and 2018 and ultimately granted enabled the recipients to earn an estimated \$16 million in additional wages as of December 2019.

- 7. Include language in anti-discrimination laws to include country of origin, immigration status, gender identity, and sexual orientation.**
- 8. Increase and ensure language access for hate crime laws, reporting procedures and related programs and services.**
- 9. Design programs and increase funding to community education and services for anti-hate crimes and anti-discrimination efforts.**

Fund community-based organizations, especially the organizations trusted by the immigrant communities and with language abilities to serve immigrants in non-English languages, to:

- Conduct community education on reporting procedures, anti-discrimination laws, hate crimes laws, and criminal justice,
- Assist with discrimination and hate crime cases for community members who do not want to or do not know how to report to law enforcement authorities, and track records,
- Collaborate with and refer cases to law enforcement and related authorities, and
- Provide case data, with the permission of the victims, and advice on community engagement to law enforcement and related authorities.

Policy Topic: Food Insecurity

Food Insecurity was a concern for vulnerable communities pre-COVID-19, and the virus has exacerbated it.

The pandemic has called for resourcefulness. Food banks have been praised for supplying food to those in need, and farmers have worked to connect their surplus with those in need of food or milk.

412 Food Rescue, co-founded by our Second Lady, worked to capture surplus from the restaurant industry and re-distribute to our communities.

However, some barriers did exist.

Recommendations:

1. Review qualification standards.

In addition to Food Banks, the PA Farmer's Market Nutrition Programs have been praised as being helpful to those experiencing food insecurity. Both WIC recipients and seniors can access food by providing farmers FMNP and SFMNP checks and can access a list of online purchase locations. The program is accessible from June to November annually. As stakeholders unanimously reported, qualification for this program needs to be reviewed so we can increase access.

The maximum income to qualify for this program is \$48,470 for a family of four and increasing that threshold would include more families in need.

2. Improve mobility of food.

Seniors experienced challenges accessing food due to transportation and mobility issues that spanned every vulnerable community. Many food distribution locations required a vehicle to pick up boxes of food when a local grower was not available. This is more common in our urban communities. While seniors struggled to get a ride to store or food bank distribution sites, other vulnerable populations did as well. Representatives from AARP reported that seniors also commented that the foods they were provided, though nutritional, required preparation and were not "hot" meals.

This can be challenging to seniors, as well as those who are not stably housed.

- 3. Eliminate citizenship, residency, and/or document requirements from all Commonwealth and city food security programs. Use alternative forms of ID to track if needed.**
- 4. Ensure SNAP Online Grocery Purchasing Pilot Program administered by DHS is accessible to Asian and Pacific Islander community members, by increasing the Asian and Pacific Islander language access and strengthening outreach efforts to grassroots communities, community trusted messengers, ethnic media and the ethnic online platforms and ethnic/ Asian and Pacific Islander language social media used by Asian and Pacific Islander communities, etc.**

5. Improve community education around Public Charge.

Given the Trump administration's temporary suspension of the Public Charge rule because of COVID-19, we could add the related information in multiple languages across the platforms to inform people that they can access Commonwealth services and local services without any worries about being affected by the Public Charge rule. This could include messaging on the service provider's platforms.

6. Increase funding to food-and-meal-delivery services to serve senior citizens, people with disabilities, and people who cannot afford the cost of transportation, and require those services to provide access in more languages.

In addition, there should be an increase in the culturally appropriate foods in food support programs for immigrant communities, which are shelf-stable items such as long-grain and basmati rice and a variety of beans (either in bags or in cans).

7. Improve the food security program's design and establish a process and standard to ensure that service recipients have real needs and difficulties to access food.

Currently, many food distribution programs are running based on first-come, first-served basis, without any requirements for low-income documentation or proof of difficulty to access food. Therefore, much free food is taken by the people without any financial or physical difficulty to access food, but who can conveniently arrive or register for the service early. However, the people needing help the most usually cannot access the service because of their financial, physical or language difficulties, which prevent them from arriving or registering for the service early.

8. Improve language access for the food security programs, to at least 3 Asian and Pacific Islander languages. Currently, most Asian and Pacific Islander community members are only aware of, and access very limited food security services, provided by the organizations serving in their languages.

9. Partner with the hospitality industry to provide hot meals.

The hard-hit hospitality industry can be redirected to collaborate with our Department of Agriculture to prepare hot meals in their industrial kitchens. This would keep businesses afloat throughout the crisis, keep workers on the payroll, and keep our most vulnerable communities fed.

Policy Topic: Health Disparities

While vulnerable communities have historically experienced gaps in healthcare coverage and access, these barriers were exacerbated during the pandemic.

The biggest concern as it relates to the pandemic is the lack of testing despite efforts to increase testing as a Commonwealth. We are also experiencing test result delays which may lead to people not seeking a test. When an individual gets tested, they are directed to stay home and await results. When the turnaround time is a week or more, people are unable to go to work until they get their result back, and the result must be negative. Many people in marginalized communities do not have jobs with paid time off. It is also reported that people in minority communities are not seeking care when they initially experience symptoms (which we see with other health conditions) and this leads to increased mortality rates in these communities. The barriers and challenges we see in these communities related to COVID-19 are the same barriers we have seen in the past with other health conditions and poor health outcomes.

When we discuss health disparities for vulnerable populations, we also must include mental health. The Commonwealth made efforts to alert the public to mental health services available during the pandemic, but stakeholder feedback shows that we have always had longstanding gaps in access to services, coverage, and funding for programming.

One stakeholder from Philadelphia highlighted inadequate funding of mental health programs set up with the business model requiring frequent attendance. The programs were hit financially when participants could no longer attend during the pandemic. This resulted in programs ending, people without services, and job losses for providers.

African American mental health providers have historically been underfunded. With the crisis at hand, they will need extra resources to stay in place. While the Commonwealth did provide financial assistance for licensed providers that accept Commonwealth subsidies, it was reported that there were no provisions for private-pay providers.

Recommendations:

- 1. Continue the Alternative Payment Arrangement that helped to finance the gap when individuals were unable to access services until service-access fluctuations subside.**
- 2. Expand critical-care infrastructure and capacity.**
- 3. Provide training for seniors to access tele-health technology, as this is a valuable tool for them during the pandemic and for the future.**

Tele-health should be supported as providers suspect patients will be hesitant to arrive for in-person visits for the foreseeable future. Stakeholders do caution that this will change the model of patient services and could negatively impact funding, particularly with Community Behavioral Health providers servicing our most vulnerable citizens. There is also a need for broader and subsidized network connectivity to support tele-health access for our vulnerable communities.

4. Re-examine reimbursement to providers for possible increases for mental health providers (specifically outpatient clinics and in-school services) and general healthcare providers.

Cross-county access to services is also a recommendation and would be of great help to patients in the LGBTQ+ community who may not have providers within their home counties. The prioritization of funding for community health providers was echoed throughout stakeholder interviews.

5. Continue accurately tracking (and mandating tracking) all races, ethnicities, and identities as this provides the healthcare industry with valuable insights.

The push to include SOGI data during the pandemic, through the work of the Task Force, was highlighted as a needed data set and stakeholders were happy to see that development. Transgender-affirming care at individual institutions was reported as another positive development during the pandemic.

6. Distribute free PPE and testing equipment to community-based health providers.

To minimize risk of harm to health workers and patients/clients/residents, and given supply shortages of PPE, the allocation of PPE should strive to maximize its intended benefits, i.e., prevention of infection and the spread of disease, and therefore minimize harm, particularly among those most at risk from infection and severe illness due to infection. A reciprocal obligation exists to minimize harm among those put at risk of exposure to infection (of COVID-19 or otherwise) during their participation in direct patient care.

Priority should be given to those providing direct care and services to residents within underserved communities who are at highest to moderate risk for exposure to (or risk of harm from) COVID-19.

7. Increase funding to community-based organizations with connections in the immigrant communities and language abilities to connect immigrants to health care service providers.

The Commonwealth should provide funding for the administrative needs of organizations that have been operating on the front line. Testing sites require staffing on the front line, but they also need administrative support.

8. Provide a “buffer,” or grace period, as some compliance forms have expired due to the shut-down.

DHS should provide clear directions on when inspections will resume for providers who closed operations. It was also noted that providers have confusion over which guidelines take precedence, the CDC or Commonwealth. There is growing concern over loss of licenses if the correct guidelines are not followed.

Providers also have growing concern about how minority and LGBTQ+ individuals will fare as those communities are heavily represented in essential services. Stakeholders are looking to

make sure everyone has adequate PPE and access to testing as the pandemic continues and would like a plan in place for the future should we face another public health crisis.

9. Institute a statewide standard around racial/ethnic data collection that mirrors the standards in the Affordable Care Act, moving the commonwealth towards disaggregating Asian health data.

10. Increase Language accesses for health care programs/ services and at the testing sites, to at least 3 Asian and Pacific Islander languages.

This includes providing and increasing testing sites that have language access for Limited English Proficiency (LEP) community members. These sites must be free and should not require ID checks, other than contact information for test results. Increase funding to organizations with language capacity to increase the testing capacity and frequency.

The Commonwealth should also increase funding to organizations that are offering bilingual and culturally appropriate services to vulnerable communities experiencing a need for COVID-19 Testing. Very few testing sites offer languages other than Spanish. Organizations with language capacity, such as diverse Asian languages, need funding to pay for salaries of bilingual/multilingual staff on the front line.

11. Improve community education about accessing health care.

12. Require health practitioners to complete anti-racism, diversity, language, and cultural awareness/humility training, modeled after PA's requirement that health practitioners complete child-protection training for license renewal.

Training can be online, but it should be an ongoing, evolving training and reflective process. These trainings need to address different practice contexts, such as those who work in hospitals, those who work in schools and those in the communities.

Policy Topic: Education

There is much uncertainty surrounding school operation in the fall. We expect a continued need for students to learn remotely. As described in this [New York Times article](#), students from low-income families are expected [to lose 10 months](#) worth of instruction. This deepens the inequities that already exist.

Recommendations:

1. Standardize remote learning and access to technology.

Not all children have access to materials being uploaded by instructors, and some have not been properly trained in how to use it. Teachers were not fully prepared for the curriculum shift. The Department of Education should be making sure that all communities of students have equitable access to their education.

This includes ensuring information and resources are accessible to people with disabilities (parents and students), providing language access, and educational tools/resources (adult ESL courses), for parents and adults. Doing so would facilitate not only community members and families' engagement with schools and the Commonwealth but would also facilitate the needs of community members who are battling language barriers as they prepare for the citizenship exam.

The Commonwealth can also assist immigrant and refugee families, who may not be computer literate or have computer access, in getting reliable interactive access for their children to continue distance learning.

2. Build CDC guidance, safe-reopening guidance, and local updates on COVID-19 into the school curriculum.

3. Expand broadband to ensure all students have access.

Some districts partnered with community businesses to create temporary hotspots. This temporary solution could be expanded to fill in gaps until broadband can be expanded.

The Commonwealth should also help with providing digital tools/resources (internet access, computer/tablets) to families who are without. Digital tools should include technology needed for accessible communication by students and parents with disabilities (e.g., captioning for people with hearing-impairments).

4. Partner with community resources to provide an alternative for students with tiered schedules.

The Department of Education could convene listening sessions with immigrant/refugee stakeholders to ensure equity in education, as remote instruction continues in full-time or

hybrid models.

5. Strengthen the curriculum on good health habits.

6. Expand the programs engaging with parents and improve language access.

The Department of Education can utilize schools as hubs to inform, engage, and educate families through parents, while placing emphasis on immigrant families, using their languages.

They should also create policies for how families can request translation and interpretation for remote instruction, and then communicate those policies at the beginning of the school year.

Schools should also have community liaisons who assist with disseminating information and bringing concerns from families.

7. Coordinate additional supportive services for students who are in foster care, incarcerated, experience homelessness/housing instability, and other out of home placements

8. Create a statewide mentor hotline for LGBTQ+ youth.

Stakeholders reported some students being stuck at home in environments that were not supportive of their identities. This network could include counselors, or even older students who can provide a safe talking space.

9. Ensure that schools and students are not penalized in the aftermath of the pandemic as they deal with the implications of the loss of learning.

Policy Topic: Economic Opportunities

The virus has negatively affected small businesses, particularly the Black and Brown businesses that have had unique and additional struggles even before the pandemic.

Many Black and Brown business owners were not aware of the supports available for small businesses, and we need to ensure there is no gap that leaves these businesses vulnerable.

Recommendations:

- 1. Help Black and Brown businesses in a faster and more direct way through special programs and/or expand departments dedicated to assisting them.**

The African American Chamber of Commerce in both Philadelphia and Pittsburgh are greatly concerned Black-owned businesses will close permanently due to COVID-19. They are dedicating time and attention to creating strategies for these businesses to continue to operate during the pandemic, highlighting education on financial health and flexibility.

- 2. Establish a statewide standard for labor law and worker/employee guidance to be provided to employees in their most-used language, rather than just in English and the language(s) spoken by the employer or other employees.**

As businesses reopen and employees return to work, the Commonwealth needs to create protections for employees. These include, but are not limited to:

- Enforcing employers to provide PPE and maintain social distancing where possible within their establishments, in addition to creating some type of consequence if these precautions are not followed.
- Ensure the health and safety of essential staff by implementing immediate and consistent testing for the virus for all essential workplaces and their wards, immediate distribution of proper PPE's, and requiring the creation of written plans for each worksite to execute when the virus is discovered at the worksite.
- Allow workers to take COVID-related paid family medical leave for those who are ordered by a physician to self-quarantine, those who test positive, and those who take care of people in the first two categories. The state can use federal funding to seed the paid family leave fund.

- 3. Create a business assistance package that would include low-interest loans for businesses of any size.**

Another recommendation proposes a loan and grant package for businesses under \$5 million. Grants would be partnered with loans, coupled with a "no-layoff" clause for upwards of six months. In Philadelphia alone, 100,000 people work in the crippled hospitality industry, which is mostly shut down. Losing all those employees would be a shock to the local economy.

- 4. Increase funding and service programs for business technical assistance to immigrant owned businesses.**

Particular focus should be given to Asian and Pacific Islander businesses, in their languages, starting with training on bookkeeping records and bank records, which are the barriers currently

preventing many immigrant-owned small businesses, especially Asian and Pacific Islander businesses, from applying and receiving support and grants.

5. Creation of an Emergency Fund to assist families with household costs that are essential to the well-being of the family

The Commonwealth should establish an emergency fund to assist residents with payments critical to health, housing, and work connectivity, including car payments, cellphone, and internet. The Commonwealth must also be prepared for a deep financial commitment; even after residents are able to return to work, it will take low-income residents, particularly tipped and subminimum wage working residents, months or even years to recoup their lost earnings.

6. Set up a specific fund to support and rebuild businesses that are damaged by hate crimes.

7. Strengthen outreach to grassroots communities, community-trusted messengers, ethnic media and the ethnic online platforms and ethnic/ Asian and Pacific Islander language social media used by Asian and Pacific Islander communities, etc.

8. Increase and ensure language access for business support programs and business regulations and policies, which would be properly translated by professional translators, instead of machine translation, into at least 3 Asian and Pacific Islander languages.

Those translations shall be proactively done and released alongside the English release, rather than days or weeks after, because that delay has real effects on the Asian and Pacific Islander communities' ability to quickly access necessary services.

The Commonwealth should also establish a centralized pool of translated documents at the Commonwealth level - all critical emergency response and business assistance documents that are jointly produced shall be translated and made available. Counties should hyperlink to these documents from their websites in a clear and consistent manner.

9. Establish a process to move all commonwealth agencies, and institutions/providers funded by the commonwealth, towards the racial/ethnic data collection standard for Asians and Pacific Islanders in the Affordable Care Act.

10. Increase the Asian and Pacific Islander language access of small business support programs and strengthen outreach efforts to Asian and Pacific Islander communities.

Asian businesses have been and will be disproportionately affected by COVID-19 as compared to other businesses, and there have been barriers to accessing support.

Conclusion:

The recommendations presented in this report range from those that require legislative action and could require funding investments to those that require simple policy changes with little or no cost to taxpayers. They include both actions that can be completed immediately and those that could require more long-term planning.

As Pennsylvania continues to see increasing numbers in its first wave of the pandemic and with the threat of an even larger cold-weather surge approaching, some of the solutions outlined in this report will be crucial to stemming the unfair and disproportionate effect of this virus.

While there is much uncertainty about the future, what we do know is that this inequity and health disparity is a centuries-old problem that predates this administration, which has persisted through generation after generation of Pennsylvanians and Americans.

With these recommendations in the setting of this global pandemic, we have an opportunity to affect change that will begin to correct the course of policy that has historically been biased to those who are at the greatest disadvantage in our society.

We have not only a moral imperative to correct this course, but an economic necessity both now and in the future.

Our demographics are changing, and we must invest in correcting this disparity or we risk alienating many talented workers who will be the future leaders of industry in Pennsylvania.

Appendix I: Data Summarization

1. Race of reported COVID-19 cases and deaths

Cases:

- Not Reported: 50,000
- White: 29,200
- Black: 12,500
- Asian: 1,400
- Other: 822

Deaths:

- White: 4,700
- Black: 1,400
- Asian: 110
- Other: 310

Source: [Pennsylvania Department of Health](#), July 13, 2020

2. Demographics of our state

Sex:

- 51% Female
- 49% Male

Race:

- 81.6% White
- 12% Black
- 7.8% Hispanic/Latino
- 3.8% Asian
- 2.1% are Two or more races

Source: [U.S. Census Bureau](#) population estimates for July 1, 2019

3. Access to insurance

Nationwide, we have seen significant improvement in the availability of health insurance since the passage of the Affordable Care Act (ACA). **In 2010, the uninsured rate for white Americans was 13.1 percent. By 2018, their uninsured rate was 7.5 percent. For Black Americans in 2010, the uninsured rate was 19.9 percent, but by**

2018 their uninsured rate was 11.5 percent. While the gap has closed, the disparity in coverage persists.

America's Hispanic population saw the most dramatic change in uninsured rate by race and ethnicity. **In 2010, Hispanics stood at 32.6 percent uninsured. By 2018, that rate had dropped to 19 percent.** While this is a vast improvement, this is still about the rate of Black Americans pre-ACA.

Asian Americans also made a notable jump in the coverage rate. **Prior to the ACA, 16.7 percent of Asian Americans were uninsured. By 2018, only 6.8 percent of Asian Americans were uninsured, moving them ahead of White Americans in this category.**

It is worth noting that since 2017, this trend in declining uninsured rates began to reverse for some races. Whites rose from 7.1 percent to 7.5 percent, and Blacks rose from 10.7 to 11.5 percent.

Source: [Changes in Health Coverage by Race and Ethnicity since the ACA, 2010-2018](#), Samantha Artiga, Kendal Orgera, and Anthony Damico, Kaiser Family Foundation, March 05, 2020

4. Marginalized populations are less trusting of the medical establishment and less likely to seek care.

Source: [Bad Medicine: The Harm that Comes from Racism](#), Austin Frakt, The New York Times, Jan. 13, 2020

5. Death in childbirth remains higher among Black women.

Black Women: 41 pregnancy-related deaths per 100,000 live births

White Women: 13 pregnancy-related deaths per 100,000 live births

Source: [CDC: Racial/Ethnic Disparities in Pregnancy-Related Deaths](#), Emily Petersen, CDC, September 6, 2019

6. Our LGBTQ population

Pennsylvania has 416,000 total LGBTQ adults

- 4.1% of Adults (18+) are LGBTQ
- 27% of LGBTQ Adults (25+) are raising children

Source: [Pennsylvania's Equality Profile](#)

7. Income

Poverty Rates by Race/Ethnicity and Age in Pennsylvania, 2014

- Total Population- 13%
- White- 9%
- Black- 25%
- Hispanic- 29%
- Asian-16.1%

Source: [Kaiser Family Foundation](#), The Pennsylvania Health Care Landscape, Kaiser Family Foundation, April 25, 2016, [Governor's Commission](#)

8. Our prison population

Around 96,000 Pennsylvanians are locked up:

- 48,000 in State Prison
- 37,000 in Local Jails
- 7,500 in Federal Prison
- 2,800 in Youth Setting

Racial Breakdown:

- 46 percent Black
- 39 percent White
- 15 percent Latino

Incarceration rates per 100,000 by racial/ethnic group:

- 3,269 Black
- 2,001 Hispanic
- 375 White

Source: [Prison Policy, DOC- July 2020](#)

9. Preventable disease

a. Share of Adults Ages 18-64 at Higher Risk of Serious Illness if Infected with Coronavirus by Race/Ethnicity:

- 27% Black
- 21% White
- 20% Hispanic
- 12% Asian

Source: [Kaiser Family Foundation](#), Wyatt Koma, Low-Income and Communities of Color at Higher Risk of Serious Illness if Infected with Coronavirus

b. Those who have fair or poor general health:

- White-16%
- Black-27%
- Hispanic-23%
- Asian-10.9%

- c. Smokers:
 - White-19%
 - Black-24%
 - Hispanic-23%
 - Asian Men 12.5%
 - Asian Women 4%
- d. Those who have no usual source of care:
 - White-12%
 - Black-18%
 - Hispanic-36%
- e. Those who have not had a checkup in the past 2 years:
 - White-15%
 - Black-11%
 - Hispanic-24%
- f. Overweight or obese:
 - White-64%
 - Black-73%
 - Hispanic-67%
 - Asian-35%
- g. Frequent mental distress:
 - White-35%
 - Black-38%
 - Hispanic-40%
- h. Diagnosed with diabetes:
 - White-11%
 - Black-15%
 - Hispanic-11%
 - Asian-11.4%

Source: [Kaiser Family Foundation](#), The Pennsylvania Health Care Landscape, April 25, 2016

10. Suicide

LGBTQ+ suicide rates compared to heterosexual youth:

- Gay and lesbian- 3.71 times more likely
- Bisexual- 3.69 times more likely
- Transgender- 5.87 times more likely

Source: [Reuters](#), Linda Carroll, LGBT youth at higher risk for suicide attempts, [JAMA Pediatrics](#), October 8, 2018

11. Life expectancy

Average Life Expectancy in U.S.

- Black Male – 71.9 years
- Black Female – 78.5 years
- Hispanic Female – 84.3 years
- Hispanic Male – 79.1 years
- White Female – 81.2 years
- White Male – 76.4 years

Source: [Life Expectancy Data](#), Elizabeth Arias and Jiaquan Xu, United States Life Tables, 2017, CDC, June 24, 2019

Appendix II: Stakeholders

In the creation of this policy recommendation report, we were thrilled to have the expertise and contributions of many different stakeholders from across the Commonwealth. They are listed below, and we thank them for their part in this report.

Anne K.	Ard	Executive Director, Centre Safe
Shawn L.	Blue	Thomas Jefferson University
Atif	Bostic	Uplift Solutions
Keir	Bradford	Defenders Association of Philadelphia
Rob	Buscher	University of Pennsylvania
Dominique	Cashmere	Thomas Jefferson University
Phyllis	Chamberlain	Housing Alliance of PA
Bishwanath	Chhetri	Coldwell Banker Residential Brokerage
John	Chin	Philadelphia Chinatown Development Corporation
Michael	Choe	Korean American Chamber of Commerce for Greater Philadelphia
Kate	Colligan	Basic Health International
Thais	Carrero	Pennsylvania Director, CASA
Dr. Miriam	Cremer	Basic Health International
Debby	Freedman	Community Legal Services
Rep. Ed	Gainey	PA House of Reps
Rachel	Garland	Community Legal Services
Jamila	Harris-Morrison	Achievability
Michelle	Hong	Northern Trust
Kenneth	Houston	ED. NAACP- PA
Roger I.	Ideishi	The George Washington University
Dixieanne	James	Einstein Healthcare
Elaine	Jenkins	AARP
Erica	Jones	Acceleration
Tsering	Jurme	TJ Handyman business
Nalini	Krishnankutty	Penn State's University
Dr. Stacy	Lane	Central Outreach Wellness Center
Anne	Martin-Montgomery	Non-profit Building & Media Consultant, Freelance
George	Matysik	Share Food Program
Sheela Jane	Menon	Dickinson College
Wasi	Mohammed	Islamic Center of Pittsburgh
Thoai	Nguyen	SEAMAAC

Molly	O'Malley-Argueta	Principal Allegheny K-5 (Pgh)
Dan	Peou	Horace H. Furness High School, Philadelphia School District
Anna	Perng	Philadelphia Mayor's Commission on People with Disabilities
Elizabeth	Robey	Science Teacher- Philly
George	Robinson	UPMC Director Supplier Diversity and Inclusion
Sarah	Rosso	E.D Hugh Lane Foundation Pgh
Jessica	Ruffin	Allegheny County DHS
Kellie Ware	Seabron, Esq.	Formerly NAACP PGH
Jerome	Shabazz	Overbrook Environmental Education Center
Adrian	Shanker	ED Bradbury Sullivan LGBTQ Center
Dr. Ala	Stanford	Black Doctors Consortium
Dena	Stanley	TransYouniting
Councilperson Isaiah	Thomas	Philly City Councilperson
Ciora	Thomas	E.D SisTers Pgh
Richard Tsai	Ting	Asian Pacific American Bar Association of Pennsylvania
Kristy	Trautmann	FISA Foundation
Rep. Jake	Wheatley	PA House of Reps
Leigh	Whitaker	University of Pennsylvania
Imere	Williams	Student Rep. Philly Board of Ed