

July 2020

CORONAVIRUS INTERIM RACIAL EQUITY PLAN

This document summarizes what the Philadelphia Department of Public Health (PDPH) knows about racial and ethnic inequities and COVID-19, and what we are doing and planning to reduce those disparities. It also summarizes our approach to addressing disparate impact of COVID-19 on other communities that have also suffered from historic disinvestment and structural inequity including immigrants, people with disabilities, people experiencing homelessness and housing insecurity, and people with criminal justice system involvement.

Prepared by:

Philadelphia Department of Public Health
phila.gov/covid

CORONAVIRUS INTERIM RACIAL EQUITY PLAN

EXECUTIVE SUMMARY

Disparities in outcomes from COVID-19 between racial and ethnic groups result from the accumulated impact of centuries of systemic racism. To mitigate the impact of the pandemic on the city's communities of color and to ensure that our response to this pandemic focuses resources on those at highest risk, the Department of Public Health will work with community stakeholders to:



Improve access to COVID-19 testing with a focus on access for communities of color, low-income neighborhoods, and populations that are high-risk:

- Provide testing opportunities that do not require a car; partner with sites that already have trusted relationships within communities of color. Current: 56 testing sites; Goal: 75 sites.
- Through an RFP process, PDPH is collaborating with Federally Qualified Health Centers, the Black Doctors' Consortium, and other community partners to expand testing.



Conduct community outreach

- PDPH has created plain language materials and simple infographics in multiple languages and is working with community partners to share information broadly with communities who otherwise may not receive the information.



Prevent chronic health conditions that increase the risk of severe COVID-19 infection and disparately impact communities of color

- PDPH will monitor progress via data from partners at area FQHCs and hospital-based practices and from a quarterly online survey of a random sample of Philadelphians.



Collect and publicize data on the impact of the pandemic on racial and ethnic groups

- PDPH will post COVID-19 data daily by race, ethnicity and age on Phila.gov/COVID.



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Protect essential workers who are disproportionately people of color

- We have created simple infographics on required protections for workers and disseminated them via food distribution boxes, community partners, and to businesses.
- Environmental Health Services and Licenses and Inspections will respond to complaints, educate employers, and ticket persistent violators.



Minimize spread in congregate settings, which have seen disproportionate numbers of infections and deaths

- PDPH is working with congregate settings to ensure that infection control recommendations are being followed and to provide technical assistance.
- PDPH is working with the Office of Emergency Management to provide personal protective equipment (PPE) to staff and residents in congregate care settings.
- The City has created multiple sites to house homeless city residents with COVID-19 or possible COVID-19, as well as a site to house homeless individuals at high risk.



Conduct contact tracing

- PDPH will complete the recruitment of a diverse contact tracing team that represents the people who they will be serving. A public-facing dashboard is available [here](#).
- As of 7/3/20, of 114 people hired to staff the new division, 52% are Black, 28% are White, 6% are Latino, and 9% are Asian. Of 14 managers in this new division, 43% are Black and 7% are Latino.



Reduce community spread, with a focus on communities of color who are at highest risk

- PDPH will disseminate messages around masking, distancing, and essential worker protections via mass media, community partnerships, and community meetings.
- PDPH has put out an RFP to offer support including temporary housing to non-homeless individuals who have COVID-19 infection and cannot safely isolate at home.



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INTRODUCTION

Current data from Philadelphia and other large cities reveal inequities in the impact of the novel Coronavirus (COVID-19) pandemic by race and ethnicity. Overall death rates for African Americans in Philadelphia are 50% higher than those for Whites, and Hispanics/Latinos/Latinx people over age 75 have the highest death rates per 10,000 population in the city. The inequities are the results of differential exposure and susceptibility to the virus that result from centuries of systemic racism. COVID-19 will likely remain a threat to Philadelphians for months, if not years, but there are actions we can take to protect those at highest risk from this virus and to mitigate the disparate impact of the pandemic on groups that have experienced historical and present day racism.

This document summarizes what the Philadelphia Department of Public Health (PDPH) knows about racial and ethnic inequities and COVID-19, and what we are doing and planning to reduce those disparities. It also summarizes our approach to addressing disparate impact of COVID-19 on other communities that have also suffered from historic disinvestment and structural inequity including immigrants, people with disabilities, people experiencing homelessness and housing insecurity, and people with criminal justice system involvement.

This document focuses on the public's health and health inequities. The plan is intended as a complement to the plans from the Office of the Mayor and the Office of Diversity, Equity and Inclusion.

This plan is divided into our areas of greatest concern:



**ACCESS TO
COVID-19
TESTING**



**SURVEILLANCE
DATA**



**COMMUNITY
OUTREACH**



**CHRONIC
HEALTH
CONDITIONS**



**PROTECTING
ESSENTIAL
WORKERS**



**COMMUNITY
SPREAD**



**SPREAD IN
CONGREGATE
SETTINGS**



**CASE INVESTIGATION
AND CONTACT
TRACING**

Racial inequities are not new with COVID-19. Prior to the COVID-19 pandemic, Philadelphia had been making progress at decreasing disparities in life expectancy, chronic conditions and smoking by race, although there is much more work to do. Now, we need to ensure that the pandemic does not worsen existing inequities. We know that Black and Hispanic/Latino/Latinx city residents are more likely to live at or below the poverty level, likely causing them to live in more crowded conditions and to be less likely to be able to work remotely. They are also disproportionately likely to live for periods of time in congregate settings such as jails, residential treatment programs, and emergency shelters due to the persistent legacy of racism. Finally, we know that these groups have high rates of chronic conditions including diabetes, heart and lung disease that put them at greater risk of complications and death from COVID-19 and that they are less likely to have health insurance. And discrimination and language barriers within the health care sector create additional barriers to timely testing and quality treatment. These factors, intergenerational poverty, high rates of chronic conditions, and unequal access to health care, are the result of structural inequality, structural racism, and xenophobia that date back for generations. Information from a survey of city residents indicates there are differences by race in adoption of social distancing practices. However, these differences disappear when we control for poverty, so may result from difficulty adopting these behaviors due to lack of remote work options and/or crowded housing.

Because of this, while we believe it is critical that we reach every Philadelphian with up to date information about how to prevent infection, information alone is unlikely to be enough to decrease disparities. The Philadelphia Department of Public Health has developed this Racial Equity Plan to implement more targeted and intentional strategies to prevent further disparities in outcomes from the COVID-19 pandemic.

Further, we understand that there are ways in which the response to the first phase of the pandemic likely exacerbated disparities, for example through lack of access to testing for those who lack cars or primary care providers for the first several months of the pandemic response. We believe that recognizing and naming these areas is important, and that we need to ensure that we take a racial equity lens to the response going forward to avoid further exacerbating disparities and to help build trust with communities most impacted by COVID-19.

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ACCESS TO COVID-19 TESTING

COVID-19 spreads when people who are infected interact with others in homes, workplaces, houses of worship, or social spaces. Many people with COVID-19 have mild symptoms or no symptoms at all, and people may be infectious for several days before they realize they are ill.

Widespread testing is one important way to track the spread of COVID-19 and prevent more infections. Public health experts recommend widescale testing to control COVID-19 and to allow for the eventual reopening of businesses, communities, and services. COVID-19 testing should be implemented in a way that assures equitable access for people who are at risk of COVID-19 infection, particularly those at highest risk, and should be available to people of all income levels and in every neighborhood across Philadelphia.

Disparities in our communities

We have observed differences in infection rates by race and neighborhood, with [data](#) [1] showing that Black and Hispanic/Latino/Latinx residents are experiencing higher levels of disease, greater rates of hospitalization and ICU admission, and higher death rates than White residents. Testing can help address these disparities by identifying people who may not know they are positive, who need to isolate and whose contacts need to quarantine at home. Early on, in part due to test shortages and their availability through a federal program with protocols that limited access to those in vehicles, testing access was limited for those without cars or primary care providers, likely leading to disparities in testing. Test access has improved, but the initial disparities in test access led to loss of trust in the PDPH response in the early phases of the pandemic and that trust urgently needs to be regained. We acknowledge that those disparities in access took place against the historical background of a healthcare system that has systematically discriminated against

African Americans and Latinos and will have been experienced by those communities in that light. Through well-designed, intentional efforts to protect communities of color and targeting of resources to these communities, we can begin the process of building trust. **We need to increase testing availability in communities of color, including providing testing opportunities that do not require a car and using sites that already have trusted relationships within communities of color.**

What we are doing

PDPH operates a network of eight City health centers throughout Philadelphia. The network provides medical and dental services to over 70,000 low-income and uninsured Philadelphians each year. In a city that is 65 percent people of color, the City's health centers serve a population that is 94 percent people of color. Philadelphia's City health centers serve a patient population that is 76 percent Black or African American, almost double Philadelphia's overall Black or African American population. They provide

[1] Self-reported survey data from 510 adult residents of Philadelphia were collected using a commercial online survey sampling service from April 1st – April 6th, 2020. Respondents were demographically similar to Philadelphians based on age, sex, and race.

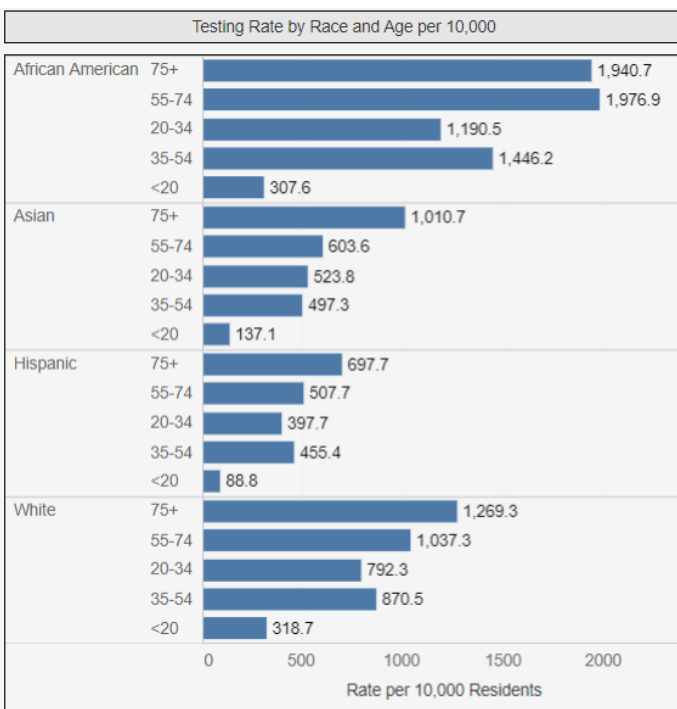
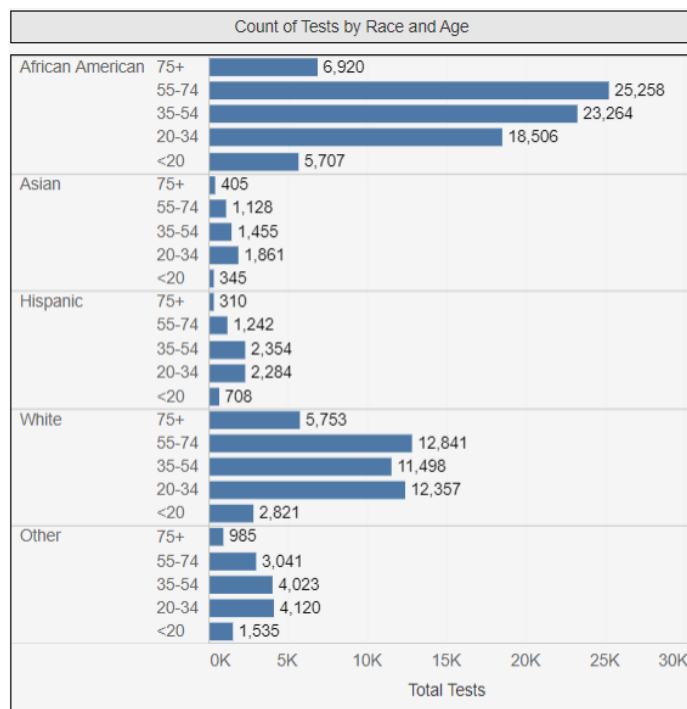
care, including COVID-19 testing, regardless of insurance or immigration status and offer in-person and telephone interpretation services to patients of limited English proficiency.

To further expand testing, PDPH has added additional testing capacity at city health centers and formed collaborations with Philadelphia's strong network of Federally Qualified Health Centers (FQHCs), which also have trusted relationships with Black and Latinx communities in the city and are located in easily accessible locations in neighborhoods across the city. PDPH is providing test kits and personal protective equipment (PPE) to enable the FQHCs to expand testing and make it publicly available in the low-income communities and communities of color that they serve.

City Health Centers and FQHCs are accessible by public transportation and by those with mobility impairments, and do not require drive-through testing. These sites

offer COVID-19 testing for low-income and uninsured Philadelphians, regardless of ability to pay. A total of 56 sites across Philadelphia are now offering COVID-19 testing and a map of these locations is now available at www.phila.gov/testing.

Data on race and ethnicity is critical to track disparities in COVID-19 testing and infection rates. However, this information is usually not noted on laboratory slips, creating difficulties in tracking testing by race and ethnicity that our epidemiologists are working to solve. PDPH is working to match existing test results with other data sources to increase the proportion of those tested for whom we have data on race and ethnicity. Of the 74 percent of people tested so far for whom we currently have information on race and ethnicity, 54 percent of people tested were African American, 27 percent were white, and 9 percent were Hispanic, suggesting that African-Americans have actually been tested more than whites so far in the epidemic.



Data from <https://www.phila.gov/programs/coronavirus-disease-2019-covid-19/testing-and-data/> July 23, 2020

PDPH has also put out a [Request for Proposals](#), with applications accepted on a rolling basis, for funding for community groups able to further expand access to testing to populations that might not use other testing sites. Groups funded so far through this effort include the Black Doctors' COVID-19 Consortium, Esperanza, and Puentes de Salud, among others.

National shortages of testing supplies and delays in results from large national commercial laboratories persist, making the much-needed expansion of testing challenging. PDPH is talking with smaller regional laboratories to explore strategies to resolve these problems.

What we plan to do

PDPH is focusing on assuring broad access to COVID-19 testing with a focus on access for communities of color, low-income neighborhoods, and populations that are [high-risk](#) because of underlying medical conditions. We will expand COVID-19 testing capacity citywide through agreements with additional partners (including FQHCs as well as other organizations) that agree to provide testing open to all residents in their communities, with a particular focus on communities of color and those who are high risk and those who would otherwise have difficulty getting tested. We are working to identify additional testing supplies and laboratories that can perform tests within 24 hours, allowing for the rapid identification of cases that will be necessary for contact tracing. 56 testing sites now provide COVID-19 across the city (see phila.gov/testing). Our goal is to expand this to 75 sites, with access on foot

and by public transportation in every city neighborhood and to make mobile testing available, particularly in those neighborhoods where car access is lowest (e.g. North Philadelphia). We are also updating the information on our [testing site](#) to include information about whether appointments or physician referrals are required or not and any restrictions on who can be tested at the site (e.g. children, people without symptoms).

This network of testing sites could serve as potential partners for vaccine distribution, once a vaccine is ready. To ensure that vaccine reaches the city residents most at risk from COVID-19, we will need a diverse set of partners, trusted by the community, who are able to reach Philadelphians regardless of where they live, what language they speak, whether or not they have cars or health insurance, and regardless of immigration status.



TRACKING RACIAL AND ETHNIC DISPARITIES VIA PUBLICLY AVAILABLE DATA

Disparities in our communities

Philadelphia's data reveal disparities in known cases, hospitalizations, and deaths by race. As of June 27th, Black city residents make up 46 percent of cases, while White city residents make up only 16 percent, an almost three-fold difference (race is unknown for 20 percent of cases). The mortality rate among Black residents in the city is 12.0 per 10,000 residents, compared to 7.9 per 10,000 for White city residents and 5.6 per 10,000 for Latinx residents. However, when we look at mortality by age group, we see that Latinx city residents over age 75 have the highest death rates in the city (125 deaths per 10,000 residents) followed closely by African Americans over age 75 (110 deaths per 10,000 residents). Young age groups have much lower death rates, but disparities among African American and Latinx city residents remain marked. [2] Of note, although more than half of deaths due to COVID-19 in Philadelphia have occurred among residents of long-term care facilities (LTCF), these deaths are much more evenly divided between Black residents (24 percent of deaths in LTCF) and White residents (25 percent of deaths in LTCF).

What we are doing

PDPH collects data on COVID-19 cases in Philadelphia to track disease activity, identify disease clusters and identify potential factors associated with disease risk to help guide prevention efforts. These data are central to our ability to identify and better understand disparities in COVID-19 risk and severity. In

addition to daily counts for new positive tests, hospitalizations, and deaths, PDPH also tracks data on race and ethnicity for people diagnosed with COVID-19 and deaths from the infection. PDPH data analyses also include information on cases mapped by zip code for the city. A stratified analysis by age group demonstrates that risk of infection among Hispanic/Latino/Latinx Philadelphians is approximately as high as that for Black Philadelphians. PDPH uses this data to drive resources including testing and community outreach to those populations at highest risk.

What we plan to do

Initially large numbers of cases had missing data on race and ethnicity. However, PDPH is working to match data with existing databases and working with partners across the city to improve collection of this critical information. We will work to improve the quality and completeness of the data we collect and make public, and to include age-stratified analyses to ensure that data for Hispanic/Latino/Latinx city residents, who are on average younger than other groups in the city, does not obscure the disparities this group is experiencing.

We will also deepen our analyses of the social determinants that contribute to disparities in outcomes in partnership with local researchers. Such analyses could serve as the springboard to future policy solutions that could help to mitigate risk for those most impacted by the virus.

[2] See <https://www.phila.gov/programs/coronavirus-disease-2019-covid-19/testing-and-data/>.



COMMUNITY OUTREACH

Community engagement is a critical component of our COVID-19 response. We need to ensure that information about virus transmission and prevention reaches all city residents regardless of educational level or language spoken. We also need to learn from community partners what strategies are likely to be most effective in protecting city residents at highest risk, including communications strategies, policy and systems changes that can help to decrease transmission.

Disparities in our communities

We have heard from community partners that there is a need for plain language materials and graphics and materials in multiple languages to help promote social distancing, safe mask use, and other critical prevention concepts. Xenophobia and fears of deportation may limit the willingness of immigrant groups to get tested and to report symptoms.

What we are doing

Our current community engagement work includes initiating strategy meetings with community groups and other stakeholders in hard-hit communities; supporting such groups in their own COVID-related outreach and education efforts (e.g., making PDPH health experts available for online town hall meetings); and partnering with other City agencies (e.g., Office of Immigrant and Multi-Cultural Affairs, Philly Counts, Mayor's Office of Labor, etc.) to share health messages through established networks and trusted messengers.

We are working to make messages visible in homes and communities, regardless of whether people have internet access. We sent a multilingual mass mailing to 670,000 residences encouraging all city residents to sign up for the Office of Emergency Management's informational text messaging service by texting COVIDPHL to 888-777. We are funding Mural Arts to place art (floor/ground decals and posters) that promotes physical distancing in approximately 80 food stores and other community locations, determined in part through community demand. This work is supported through grant funds from the Partnership for Healthy Cities. We are also

promoting the messages developed through the project and others developed with partners across the city on social media.

We have developed an extensive library of guidance documents including translations into multiple languages available [here](#). We are collaborating with colleagues at the University of Pennsylvania, Drexel University, and elsewhere to turn some of our written guidance into [graphic guidance](#) and are working with in-house talent to develop materials requested by community leaders for use in community outreach efforts.

And we are collecting data on mask use in a variety of settings across the city to assess the effectiveness of our outreach efforts and to ensure that those efforts are reaching those at highest risk of infection.

What we plan to do

We have created a Racial Equity Response Team comprised of PDPH, other City government representatives, healthcare providers, and community stakeholders including faith leaders and other community leaders. This team has reviewed our draft Racial Equity Response Plan and made significant suggestions for its strengthening and improvement. We plan to convene the group monthly throughout the remainder of the pandemic response period to assess progress toward our goals and give input on any changes needed. This group will also be invited to join community conversations about COVID-19 to discuss the PDPH COVID-19 Racial Equity Plan, listen to community concerns and help us better communicate and build trust with community leaders with a particular focus on those most affected by the pandemic.



CHRONIC HEALTH CONDITIONS

People with chronic health conditions including diabetes, heart and lung conditions, and weak immune systems are at higher risk of COVID-19 complications and death. Smoking and vaping put people at higher risk of health complications and death from COVID-19.

Disparities in our communities

Philadelphia has some of the highest rates of chronic health conditions and smoking in the nation. Although the city has made significant progress in recent years, Philadelphia's rates of residents with chronic health conditions remain high, and they are much higher among Black and Latinx residents than White residents.

African Americans are disproportionately impacted, with 17 percent living with diabetes as compared with 12 percent of Latinos and 10 percent of Whites. [3] Disparate chronic health conditions are the result of historic disinvestment and structural inequity. For example, communities of color experience more challenges in accessing healthy food and greater promotion of unhealthy foods and tobacco products, as well as more limited access to safe spaces for physical activity. Underlying chronic health conditions and disparate access to environments that promote health worsen COVID-19 health inequities.

What we are doing

PDPH utilizes a policy, systems and environmental approach to reducing chronic health conditions. Efforts over the past decade have helped to decrease smoking rates and have helped to increase the availability of healthy food, reduce the

marketing of unhealthy food, and increase opportunities for physical activity in the city. City nutrition guidelines and the Good Food, Healthy Hospitals project, among others, have helped to improve nutrition. Much work remains to be done.

What we plan to do

As the COVID-19 pandemic continues, we will explore new strategies in collaboration with community partners for addressing prevention and control of chronic health conditions, improving nutrition, decreasing smoking rates, and increasing physical activity while maintaining social distancing, with a particular focus on communities of color. We also will work with primary care providers across the city to ensure that people with chronic conditions are able to safely obtain care for these conditions, ideally via telemedicine. We will monitor progress via data on control of hypertension and diabetes from partners at area FQHCs and hospital-based primary care practices and through data on smoking from a quarterly online survey of a random sample of Philadelphians. And we will use this information to target future efforts to prevent and control chronic conditions with a focus on the communities at color most at risk of these conditions.

[3] Health of the City 2019 Available at https://www.phila.gov/media/20191219114641/Health_of_City_2019-FINAL.pdf.



PROTECTING ESSENTIAL WORKERS

Essential workers are those whose jobs are required to continue even during Pennsylvania's and Philadelphia's "stay at home" orders. Essential workers include Philadelphians working in grocery stores and public transit, at hospitals and health systems, and providing security and janitorial services in buildings across Philadelphia.

Many essential workers are unable to maintain social distancing, to work from home, or to find reliable access to personal protective equipment. Essential workers including healthcare workers have seen higher COVID-19 infection rates. Measures are needed to ensure that these workers are protected to avoid further exacerbating those disparities.

Disparities in our communities

We know from national data that African Americans and Hispanics/Latinos/Latinx people are less likely than Whites to be able to work remotely and more likely to work in essential industries. These work conditions can increase their risk of getting COVID-19. Moreover, some workers may not have paid sick leave and may continue working despite having symptoms. This means that the increased burden of risk and spread of COVID-19 for those who continue to go to work is disproportionately shouldered by communities of color.

What we are doing

We have updated our guidance for essential businesses to include the additional worker protections from Secretary of Health Rachel Levine's order of 4/15/2020. Together with the Mayor's Office of Labor, we have also developed a [simple infographic](#) about these new required protections for workers including requirements to provide masks and barriers, ensure employees can maintain distance, cleaning requirements that follow CDC guidance, and closure and additional cleaning requirements if there is a case of COVID-19. We have [translated](#) this information into multiple languages and are disseminating it broadly in the city so that essential workers understand

their rights. Workers are instructed to call 311 to report violations and these complaints are referred to Environmental Health Services, which investigates these reports, educates employers, and tickets when appropriate. We are also broadly disseminating the ["Safety Checklist"](#) of COVID-19 precautions for businesses, which includes information about these required protections for workers.

What we plan to do

We will disseminate information about these new required protections in easily understandable formats to essential workers and hold conversations to address ongoing safety concerns as businesses reopen. With feedback from stakeholders across the city, we have developed [guidance for a safe reopening process](#) so that essential workers will be better protected as the city restarts business activities. The Environmental Health Services Division of the health department will respond to complaints, educate employers, and ticket persistent violators. Through the new Division of COVID Containment, PDPH will conduct case investigation and contact tracing, including collecting information about the occupation and work site of those who become infected with COVID-19. This data will enable us to assess our progress in protecting essential workers and to take additional actions if we see case clusters resulting from work exposures.



COMMUNITY SPREAD

COVID-19 spreads within households, between co-workers, and among people who come into close contact in the course of their daily lives. We know from national and international experience that frontline workers are at particular risk and that members of low-income communities living in crowded housing conditions are less likely to be able to safely isolate a COVID-19 infected person at home without spread to other household members. Low-income workers may not have paid sick leave and may avoid telling their employers that they are sick for fear of losing needed income. And PDPH case investigation and contact tracing efforts may exacerbate fears of immigrant communities about potential deportation, resulting in potential failure to identify cases and contacts. Strategies to decrease the spread of COVID-19 infection in these settings are urgently needed.

Disparities in our communities

Preliminary data on people who continue to get infected since the Stay at Home order has been in place suggest that many of these people are healthcare workers and other frontline essential workers. Others were exposed at home, through contact with a household member with infection. As discussed above, people of color are disproportionately likely to live in crowded housing, to be essential or frontline workers, and to lack sick leave, all factors that elevate their risk of infection with COVID-19.

What we are doing

In addition to the efforts to protect essential workers described above, we are working on a mass media campaign on the importance of masking as a way that Philadelphians can protect each other from infection. We are also partnering with Philly Counts Community Response Captains to train thousands of Philadelphians to share information with their communities about how to prevent infection.

What we plan to do

PDPH will broaden the dissemination of messages around masking, social distancing,

and essential worker rights and protections via a mass media campaign on masking, to be released beginning in early July, distribution of guidance materials including essential worker protections to businesses including simple language and a Safety Checklist, and community discussions to answer questions and promote safety measures.

PDPH has put out a [Request for Proposals](#) for community organizations able to offer needed support (for example, food, medications, masks, other supplies, and temporary housing if needed) to individuals who are isolating or quarantining at home. We recognize that for low-income individuals and families to follow public health recommendations about isolation and quarantine, such support is necessary.



SPREAD IN CONGREGATE SETTINGS

COVID-19 spreads among people living in congregate settings like homeless shelters, prisons, and nursing homes. Strategies to decrease the spread of COVID-19 infection in these settings are urgently needed. In June 2020, 73 percent of people in Philadelphia jails were Black and 18 percent were Hispanic/Latino/Latinx, while only 12 percent were White. Nationally, Black people are three times as likely as White people to experience homelessness. The spread of COVID-19 in congregate settings, particularly in jails and shelters, adds to the disproportionate burden on people of color.

Disparities in our communities

We are seeing cases of COVID-19 in long-term care facilities, prisons and shelters. More than half of deaths thus far have been among residents of long-term care facilities.

People of color are more likely to live in congregate settings like emergency shelters, jails, and residential treatment centers where social distancing is difficult when not impossible.

What we are doing

PDPH is working with congregate settings including prisons, nursing homes, personal care homes and homeless shelters to ensure that infection control recommendations are being followed and to provide technical assistance where needed.

PDPH is working with the Office of Emergency Management to provide personal protective equipment (PPE) to staff and residents in congregate care settings.

The City has created multiple sites to house homeless city residents with COVID-19 or possible COVID-19, as well as a site to house homeless individuals at high risk (older adults and those with chronic conditions).

What we plan to do

Home health workers and nursing home staff are among the essential workers who have become infected with COVID-19. This puts them at risk themselves, particularly because many fall into high-risk groups, and it also puts them at risk of passing the virus to vulnerable patients and to their co-workers. Many of these workers lack paid sick time, which is likely a factor in continued spread of the virus among this group. We are exploring strategies to ensure that all healthcare workers in the city have paid sick time, particularly those in these often low-paid, high risk positions.

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“The most important reason I joined the COVID-19 Containment team was to do my part in ensuring that comprehensive messaging and support services are allocated to all Philadelphians, especially communities of color. I remember one of my very first calls where I took extra time answering a Contact’s questions. She was so appreciative that someone took time to connect with her, explain how she can protect herself and ways to prevent the spread of COVID-19 in her household. Moments like these keep me motivated each and every day! As an immigrant and first-generation college graduate, I understand how hard it is to navigate complex systems to get the are we ALL deserve.”

- Tolulope Oyetunde, Contact Tracing Coordinator



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“Once I discovered the contact tracing opportunity, I knew I had to be part of the team that will put an end to the pandemic. As an immigrant myself, I feel it is my duty to take care of Philadelphians from all walks of life and make sure they are provided with the right information so to take care of themselves and their loved ones.”

- Nikos Dimopoulos, Contact Tracing Coordinator

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“I personally experienced the loss of my mother due to Covid-19. It is my hope that I can make an impact within our community and I want to ensure that those affected by the virus do not have to go through what my family and I had to experience during this pandemic. This virus does not discriminate and there are many families disproportionately affected by Covid-19, so doing my part in honor of my mother is my biggest motivation. I am proud to work among a group of passionate and diverse individuals who are making a difference in the safety of our community.”

- COVID-19 Case Investigation Team Member (Name withheld to protect privacy)



CASE INVESTIGATION AND CONTACT TRACING

Case investigation and contact tracing are key to an effective response to COVID-19. To succeed, we will need a diverse team who can communicate effectively with Philadelphians across the city and build the trust needed for people to be willing to share information about their contacts, their work, and how they may have contracted and potentially spread the virus.

Disparities in our communities

PDPH has a diverse staff, but like many city departments, that diversity tends to be better represented among frontline staff than among program managers and supervisors. To design a program that effectively reaches all communities, we will need a diverse team whose skills include knowledge obtained through lived experience.

What we are doing

PDPH is using a health justice approach to hiring, sharing job descriptions through grassroots community partners and using a recruitment approach that values lived experience and knowledge of Philadelphia's diverse communities along with other qualifications. As of July 3, 2020, of 114 people hired to staff the new division, 52 percent are Black, 28 percent are White, 6 percent are Latino, and 9 percent are Asian. Of 14 managers in this new division, 43 percent are Black and 7 percent are Latino.

What we plan to do

PDPH will complete the hiring of a diverse contact tracing team that represents the people who they will be serving. A public-facing dashboard on the demographics of the case investigation and contact tracing team is posted [here](#).

Case investigators and contact tracers will connect people with COVID-19 and those with potential exposures with needed services including community supports (food, medication) and connection with their primary care providers. For those without primary care providers, they will provide information about a variety of options including FQHCs in the city.

WHAT'S NEXT?

Racial inequities in health do not spring from the novel coronavirus. They are the result of longstanding, structural inequities that are present all around us: in housing, in work, in education, in health care, in our criminal justice system and in our environments. Right now, we need to do everything in our power to ensure that COVID-19 does not further exacerbate existing inequities. Going forward, PDPH – together with other City agencies, nonprofit and business partners, community and faith leaders, and people of conscience across Philadelphia – need to work to eliminate these inequities for future generations.

Next Steps:

- 1** Once finalized, this document will be posted publicly and shared with PDPH staff.
- 2** We will hold a training on the plan co-led by members of the response team for PDPH staff working on the COVID-19 response.
- 3** We will incorporate the metrics on progress toward the objectives in each section of this plan into the COVID-19 public dashboard.