



Pandemic Resurgence Advisory Committee

Equity workstream baseline

JUNE 23, 2020

1. Opening remarks: 5 min, Eugene
2. Introductions - 10 min - Eugene facilitates- calls on people round robin
3. Equity analysis (Shavonne), 10 min
4. Comments and discussion. (45 min, Eugene facilitates, round robin)
5. Public comments - 5-10 min
6. Closing 5 min

Agenda

- 1 Committee purpose and introductions
- 2 Committee member introductions
- 3 Discuss emerging findings on Delaware equity analysis to date
- 4 Comments from communities members
 - Lessons Learned from COVID 19 response to date
 - Communities of focus
- 5 Public Comments
- 6 Closing and schedule of next meetings

Goal: Build interim report



Describe lessons learned from COVID-19 pandemic response to date

- Use an equity lens across Business, Health and Equity Committees
- Identify best practices both within and beyond Delaware



Articulate of goals for the State in the case of resurgence



Make recommendations for resurgence strategy

Timetable for meetings and key deliverables

Date	Event	Agenda
✓ 6/12	PRAC Kickoff Meeting	<ul style="list-style-type: none"> Roles, responsibilities, process
✓ 6/23	Equity Subcommittee Meeting #1	<ul style="list-style-type: none"> COVID-19 Baseline: Review DE response to date, with analysis by community Review DE response to date
6/26 ¹	Full PRAC Meeting #1	<ul style="list-style-type: none"> Baseline: Health and economy impact, variation by community, benchmarks COVID-19 Response To-Date
6/30	Equity Subcommittee Meeting #2	<ul style="list-style-type: none"> Lessons learned: Assess actions to-date, outcomes and application to potential resurgence
7/10 ¹	Full PRAC Meeting #2	<ul style="list-style-type: none"> Lessons Learned: Response to-date actions and impact
7/7	Equity Subcommittee Meeting #3	<ul style="list-style-type: none"> Preliminary list of recommendations based upon Socialize draft report, as available
7/30	PRAC - Initial recommendations submitted	<ul style="list-style-type: none"> Recommendations for addressing potential resurgence, based on input from subcommittees across health, business and equity
9/30	PRAC Final Report	<ul style="list-style-type: none"> Final recommendations, incorporating public comment

1. To be confirmed

Goal: Build interim report



Describe lessons learned from COVID-19 pandemic response to date

- Use an equity lens across Business, Health and Equity Committees
- Identify best practices both within and beyond Delaware



Articulate of goals for the State in the case of resurgence



Make recommendations for resurgence strategy

For discussion: How we are **defining** an **equity lens**



Focusing on communities that have had their **hardships exacerbated** by the COVID-19 epidemic, especially **medically and economically vulnerable** groups and/or groups with **structural and historical barriers** to financial health and health access



Committed to growth and recovery that will support **all members of society**

The process we will follow to achieve an equity lens across subcommittees

- ❑ Ensure impacted/targeted communities have **leadership and voice** in our process through focus groups/ interviews
- ❑ Consider which individuals and/or communities will be **disproportionately affected** (positively or negatively) by recommended solutions
 - Plan for how identified disparities will be **mitigated or eliminated**
- ❑ Weigh whether recommended solutions **perpetuate or help to dismantle** historical, legal, or other barriers
- ❑ Evaluate **impact** of solutions by race/ ethnicity/ SES/ documentation status

For discussion:
How we are
defining an
equity lens?

How can we ensure
that the PRAC
process can follow
to achieve across
subcommittees?

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Pandemic Resurgence Advisory Council: Equity subcommittee members



Eugene Young
President, Metropolitan Urban League
of Wilmington

Chair of the Equity Subcommittee



Anas Ben Addi
Director, DE State
Housing Authority



James Collins
CIO, Department of
Technology and Information



Claire DeMatteis
Commissioner, DE
Department of Corrections



Sherry Dorsey-Walker
State Representative



Van Hampton
CEO, True Access Capital



Dr. Leroi Hicks
CMO, Wilmington
Hospital



Gerald Hocker
Senator



Jane Hovington
NAACP State Conference
Executive Member



Elizabeth Lockman
State Senator



Lolita Lopez
CEO, Westside Family
Healthcare



Maria Matos
CEO, Latin America
Community Center



Rev. Rita Paige
Pastor, New Beginnings
Community AME Church



Rosa Rivera
COO, La Red Health
Center



Dr. Josh Thomas
CEO/Executive Director,
NAMI Delaware



Freeman Williams
NAACP State Conference
Executive Member



Lyndon Yearick
State Representative

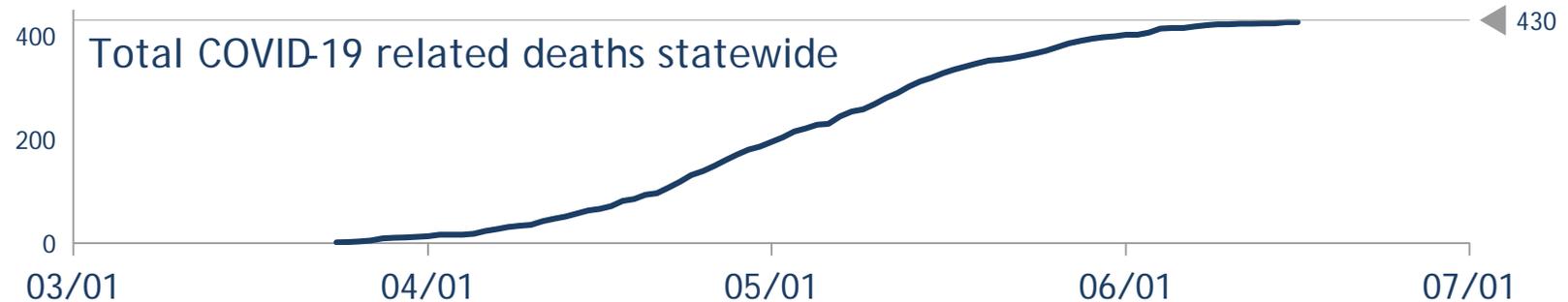
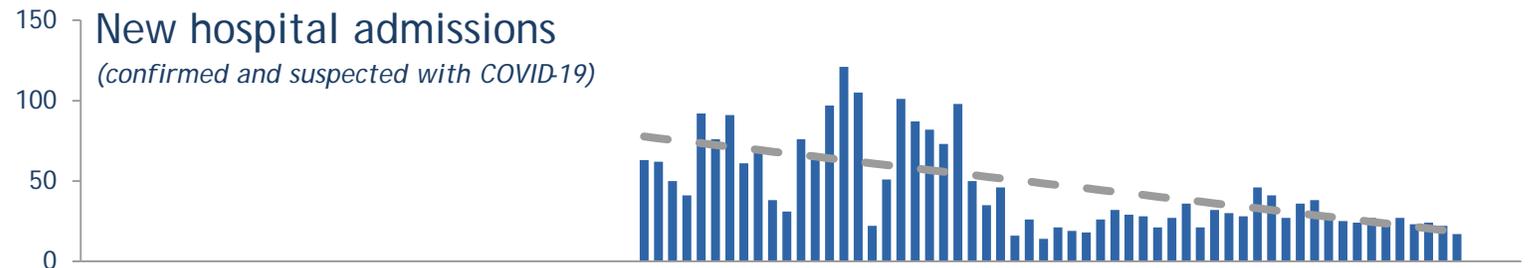
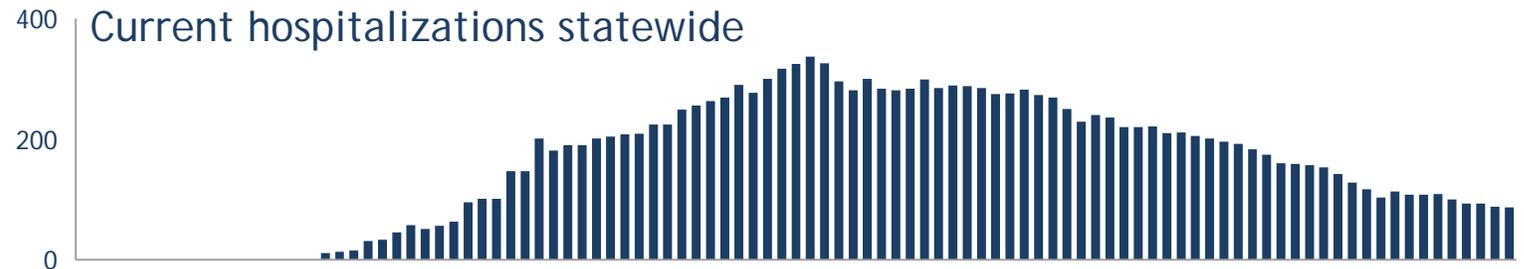
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Delaware has successfully reduced COVID-19 related hospitalizations/admissions, while deaths have begun to plateau...

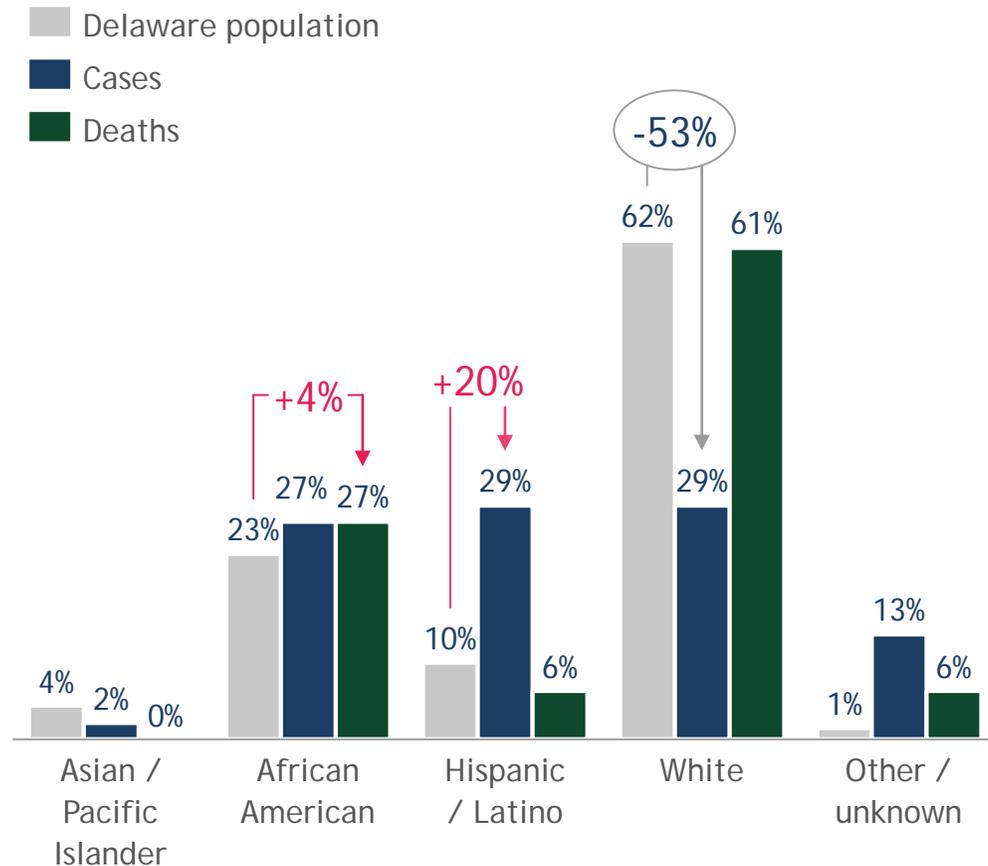
As of June 16, 2020



Note: Data as of 6/17/2020; hospital admissions data limited prior to April 16, 2020
Source: Delaware DHSS "My Healthy Community"; BCG analysis

Updated 6/19

...but the disease has had disproportionate impacts, with Black and Latinx communities experiencing higher infection rates



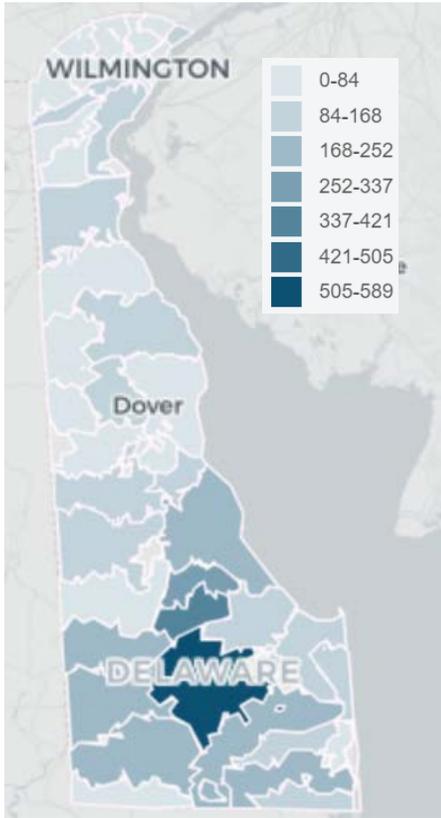
- **Hispanic population is almost 3X more likely to become infected**, but has lower mortality rates than other groups
- **African-American population** with increased instances of infection and mortality
- **White population** significantly less likely to be infected, but have very high mortality rates, largely linked to long-term care facilities

“African Americans, Hispanics already have pre-existing health issues around high blood pressure, sugar, diabetes, and so COVID exacerbates that ... these communities, they're not self-isolated by living at home alone. They are oftentimes multi-generational.”
 - **Darius Brown**, Delaware State Senator

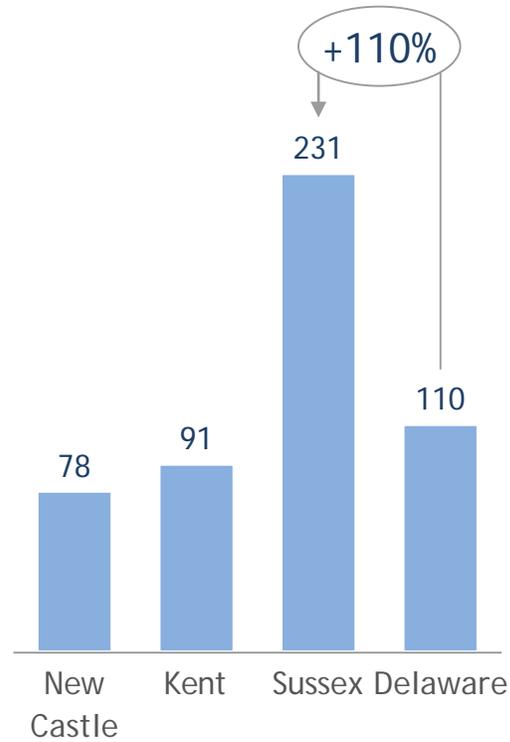
Updated 6/19

Impact has not been evenly distributed geographically - Sussex County residents are significantly more likely to become infected and die from COVID-19

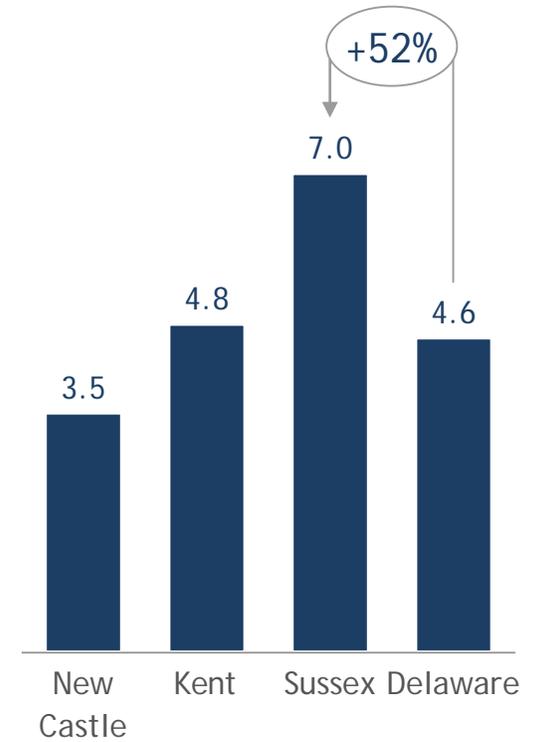
Rate of COVID-19 cases per 10,000 people



Cases per 10,000 people



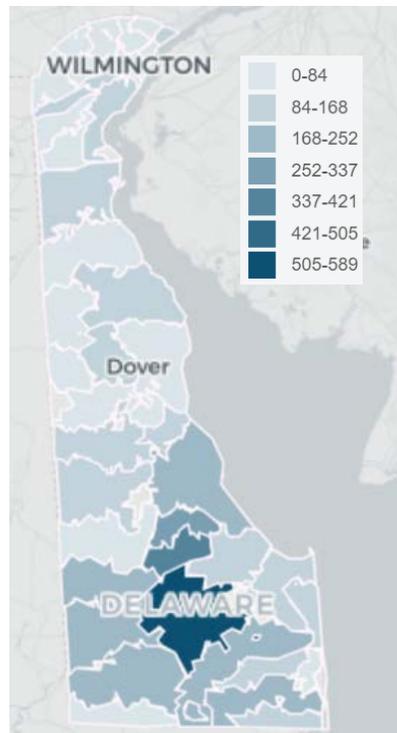
Deaths per 10,000 people



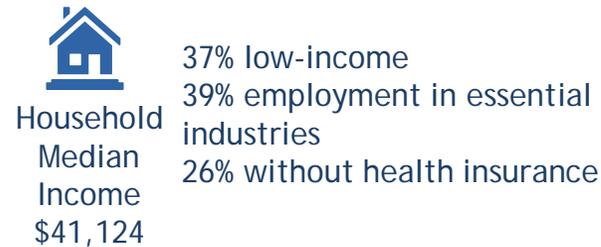
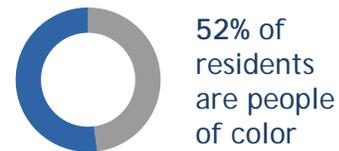
For DE, Covid-19 emerges as a place-based crisis, where intersecting health and economic challenges impact outcomes for some neighborhoods

Covid-19 presents appears in unique challenges to communities with different demographic and economic profiles ...

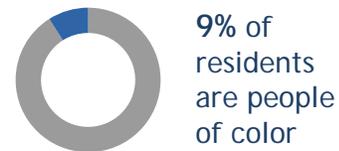
... leading to disparities in infection rates and health outcomes



Georgetown (Sussex)



Lewes (Sussex)



Covid Cases / 10K people (vs Delaware wide avg of 108/10K people)



1. Immigrant population from 2017 census data. Note: % low-income, % people of color, % employment in threatened industries based on Census tract number, # COVID-19 confirmed cases based on ZIP code. Source: Delaware COVID-19 tracker, ICIC coronavirus economic vulnerability map, BCG analysis

COVID-19 crisis is taking place in a context of existing disparities in Delaware

Deep-rooted institutional disparities and structural barriers...



- Nationally, Black families 3x are less likely than White families to transfer accumulated intergenerational wealth
- In DE, social determinants of health such as residential segregation and disparate access to quality care have led to differences of up to 16 years in life expectancy across the state and infant mortality rates over 2x higher for Black families than White families
- In DE, ~20% of businesses are minority-owned compared to almost 40% of total population, and national data suggests that many minority-business owners are denied access to capital at higher rates

... have led to COVID-specific disparities in economic and health outcomes



- Heightened economic distress due to job loss and/or lack of access to capital in service industry
- Higher rates of essential workers and population density lead to greater exposure risk
- Pre-existing conditions and healthcare access issues increase risk of serious cases

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In your opinion, what is the most significant lesson learned from Delaware's COVID 19 Response to date?



For discussion: Are there heavily impacted communities where we should place our focus?

Process for identifying communities of focus

● All Delaware residents



~1M residents in Delaware

● Economically vulnerable

Who are the lowest-income earners?

OR

● Medically vulnerable

Who is at highest risk of COVID-19 infection and death?



Individuals who, before Coronavirus, were earning low incomes
OR
Individuals who are in high-exposure businesses or have underlying health conditions/ are uninsured

● Exacerbated Hardships

Who has had their circumstances and hardships exacerbated by COVID-19?



Individuals who have lost a source of income due to COVID-19, or have been unable to access a social safety net

Potential communities for focus

Within the groups that have been disproportionately affected, we propose to focus on key communities

Black, LatinX Communities

Immigrant populations

Homeless / unstably housed

Prison populations

Low-income

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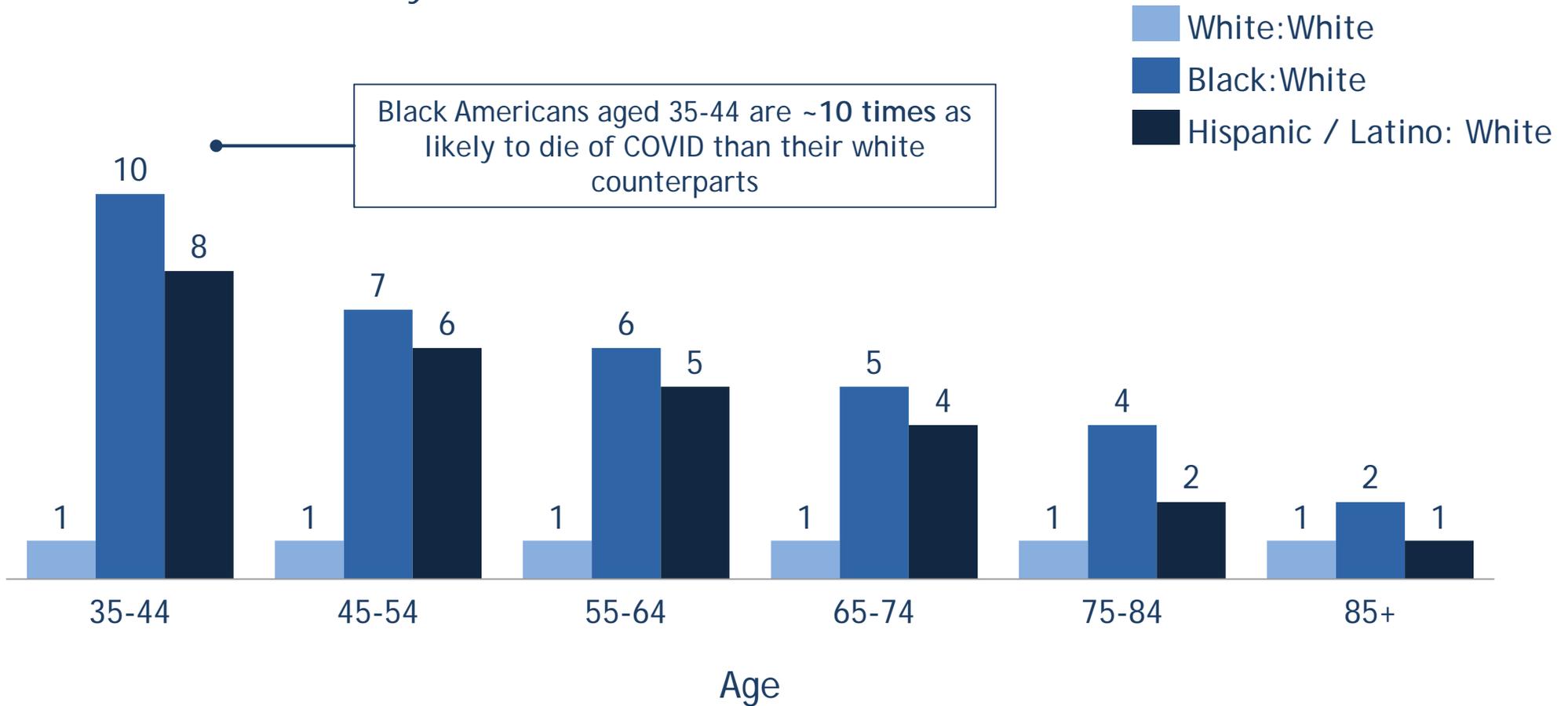
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Next Steps

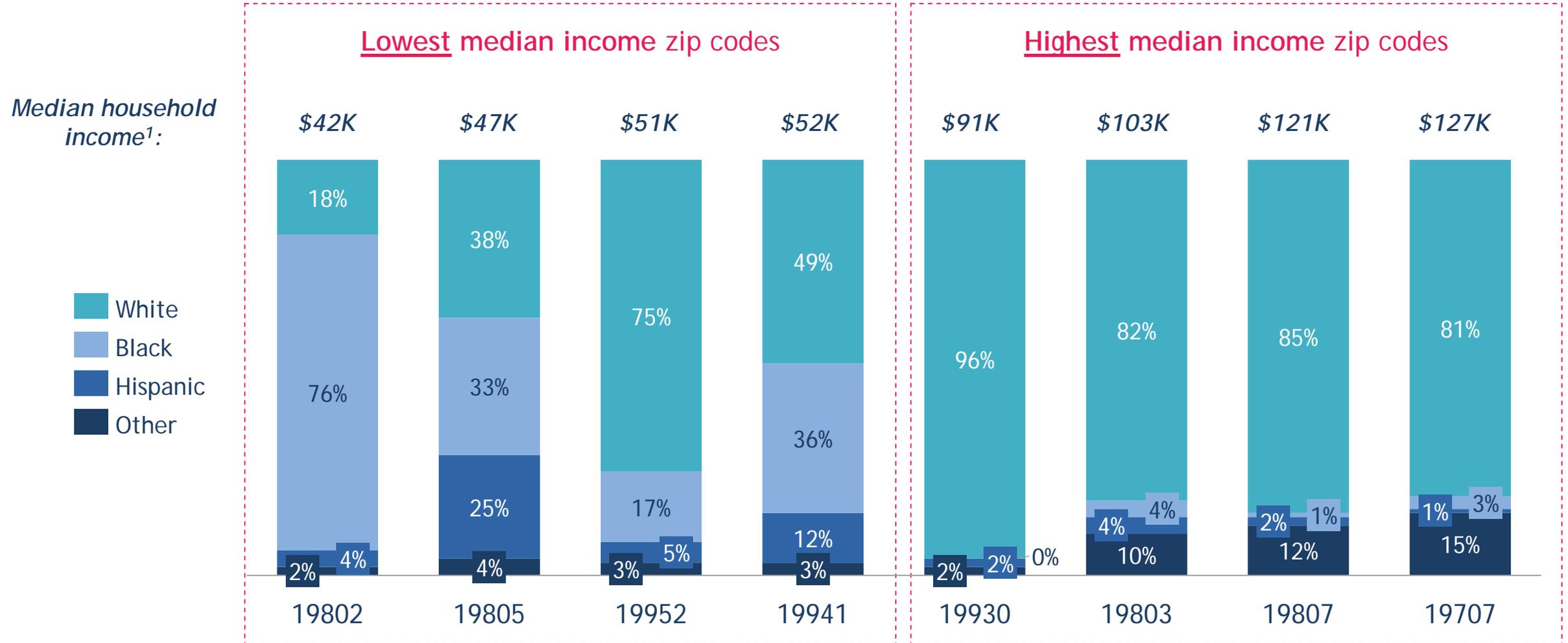
Appendix

Nationally, significant race gaps in COVID death rates for younger populations

Ratio of US COVID death rates by race



Significant institutional inequities exist for communities of color in Delaware



1. ZIP code ranking from 2017 aggregated IRS income data - income figures and demographic data from ACS 2018 5-year survey data
 Source: IRS 2017 tax filing report, Census Reporter, BCG analysis

Intergenerational wealth gap has created institutional disparities for black populations across the US

3x

White families transfer wealth between generations 3 times more often than Black families do

While 26% of white families reported receiving inheritance, just 8% of Black families did, according to the Federal Reserve

This puts many Black families at a disadvantage out of the starting gate

~2x

Black households are nearly twice as likely to lack access to credit

About 28% of Black households were deemed "credit invisible" or unscorable, compared to about 16% of White households, the Consumer Finance Protection Bureau reported

This prevents the socioeconomic mobility achieved through mortgages and business loans

2x

Black-owned businesses get turned down for bank financing twice as often as White businesses do

They also seek it out at rates twice as high, according to a Federal Reserve report

This starves Black-owned businesses of capital needed to grow or achieve the financial resiliency to recover from major setbacks

Racial disparities in Delaware mirror racial disparities in the rest of U.S.



Delaware has a higher proportion of Black residents compared to US...



... but significant income disparities remain ...

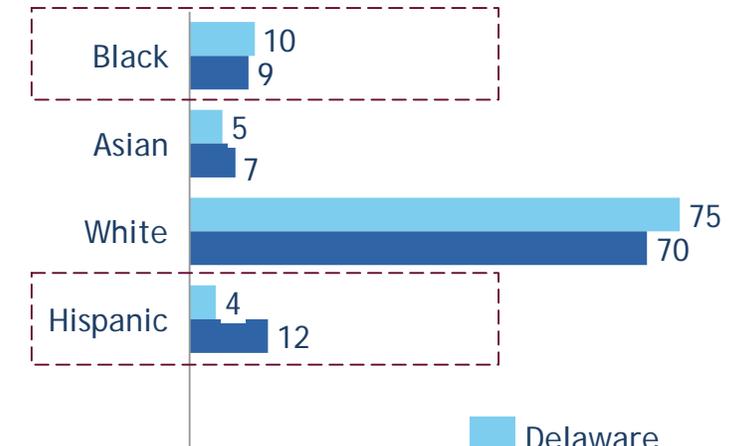
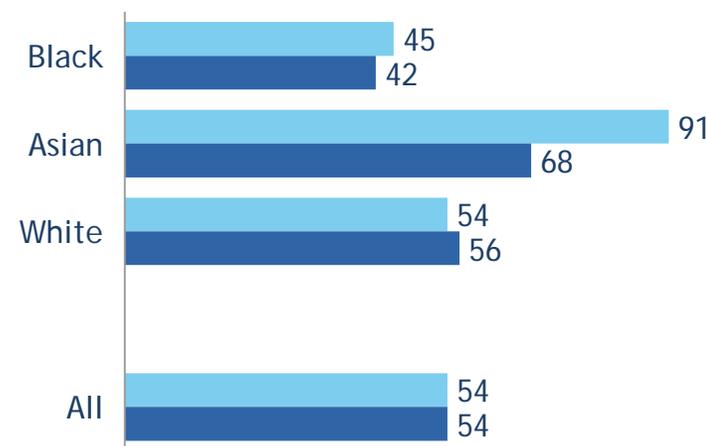
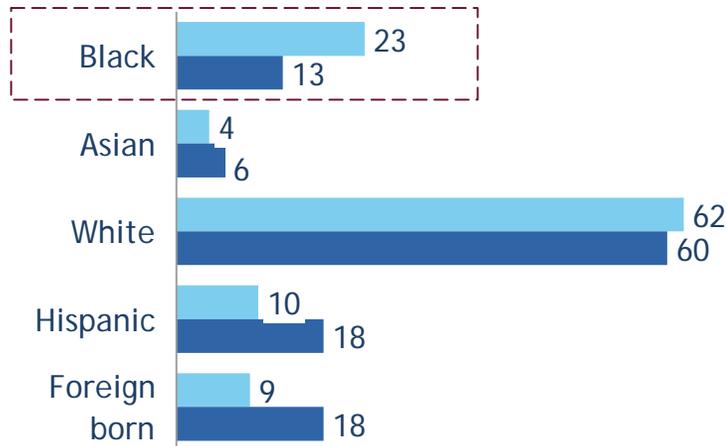


... and communities of color are underrepresented as DE business owners

Ethnic makeup of Delaware (% of total)

Mean annual income across groups (\$'000)

Business ownership (% of total)



Source: census.gov quick facts. American Community Survey (2018). Survey of Business Owners (2012)

Topics to be covered in the interim report

Lessons learned from COVID-19 pandemic response to date

- Communities, businesses and demographic groups that were disproportionately impacted
 - Both from health and economic perspective
- Lessons learned from COVID-19 pandemic response to-date
- Best practices from within and beyond Delaware

Resurgence target outcomes

- Articulation of goals for the State in the case of resurgence
- Specific target outcomes and metrics
 - Health and economic
 - With clear focus on workers / communities that are most vulnerable

Recommendations for resurgence strategy

- Specific recommendations the State should consider to achieve the desired outcomes in the event of a resurgence, including:
 - Preparedness for resurgence (e.g. health capacity and PPE preparedness)
 - Retrenching scenarios for businesses and community activities
 - Protections and support for vulnerable communities

A place-based crisis, where high infection rates and high unemployment rates come together to devastate a neighborhood

Example: A closer look at Wilmington 19805, Sussex County 19933, and Sussex County 19958

In an already **highly economically vulnerable** area...

... with high proportion of **communities of color**

... with high proportion of residents in industries with **high job loss...**

... and are disproportionately **more medically impacted by COVID-19**

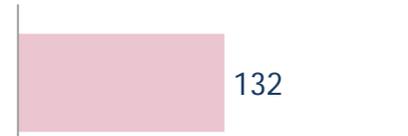
% low-income (cost-burdened) households

% people of color

% employment in threatened industries

of COVID-19 confirmed cases per 10,000

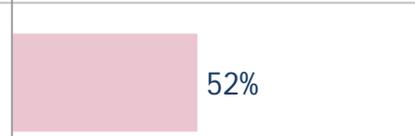
Wilmington:
ZIP 19805



8% immigrant population¹

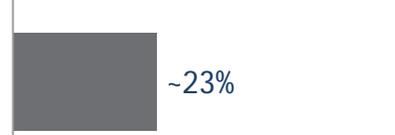
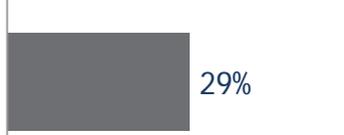
~46% of cases are age 50+

Sussex County:
ZIP 19933



14% immigrant population¹

Sussex County:
ZIP 19958



2.6% immigrant population¹

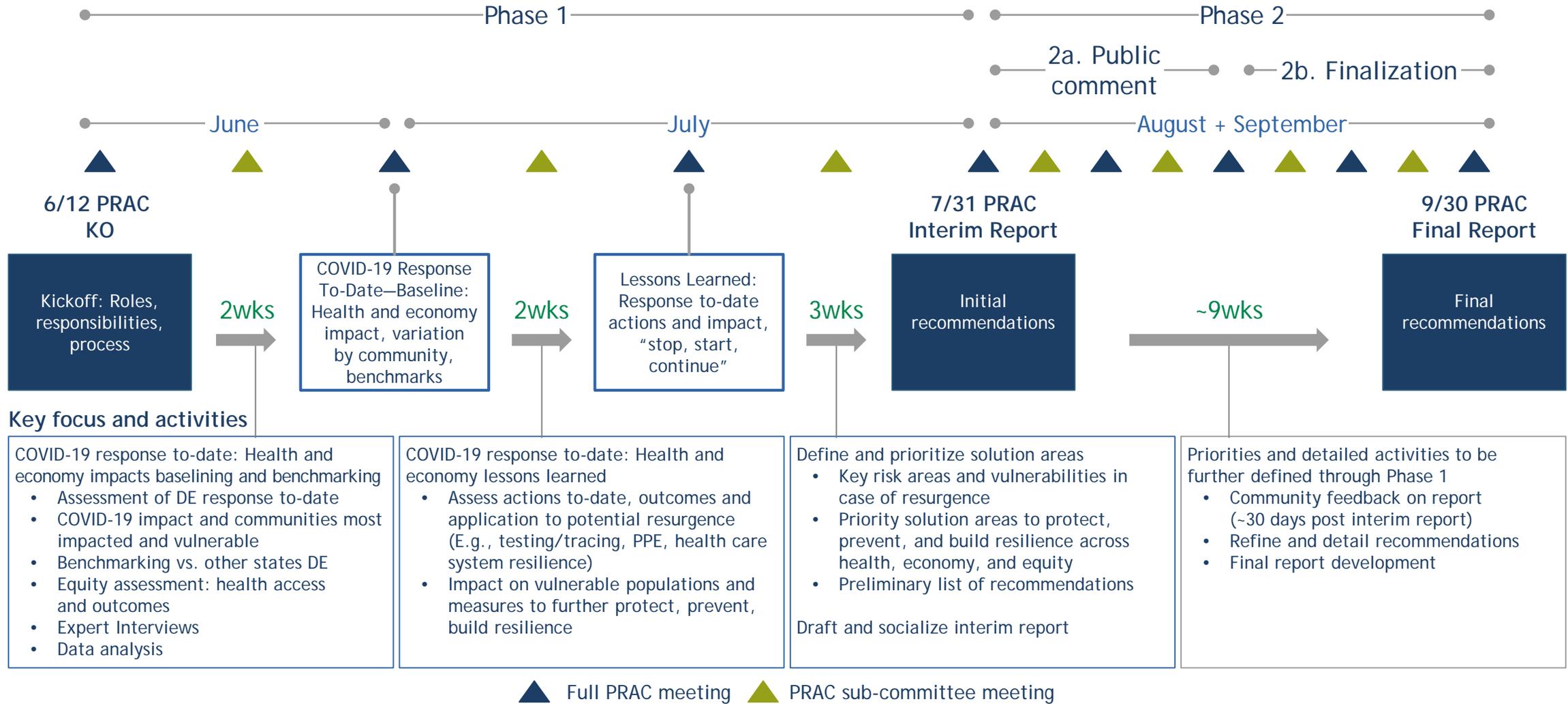
~65% of cases are age 50+

1. Immigrant population from 2017 census data

Note: % low-income, % people of color, % employment in threatened industries based on Census tract number, # COVID-19 confirmed cases based on ZIP code

Source: Delaware COVID-19 tracker, ICIC coronavirus economic vulnerability map, BCG analysis

High level PRAC roadmap





Thank you

Table of contents

1. Overview

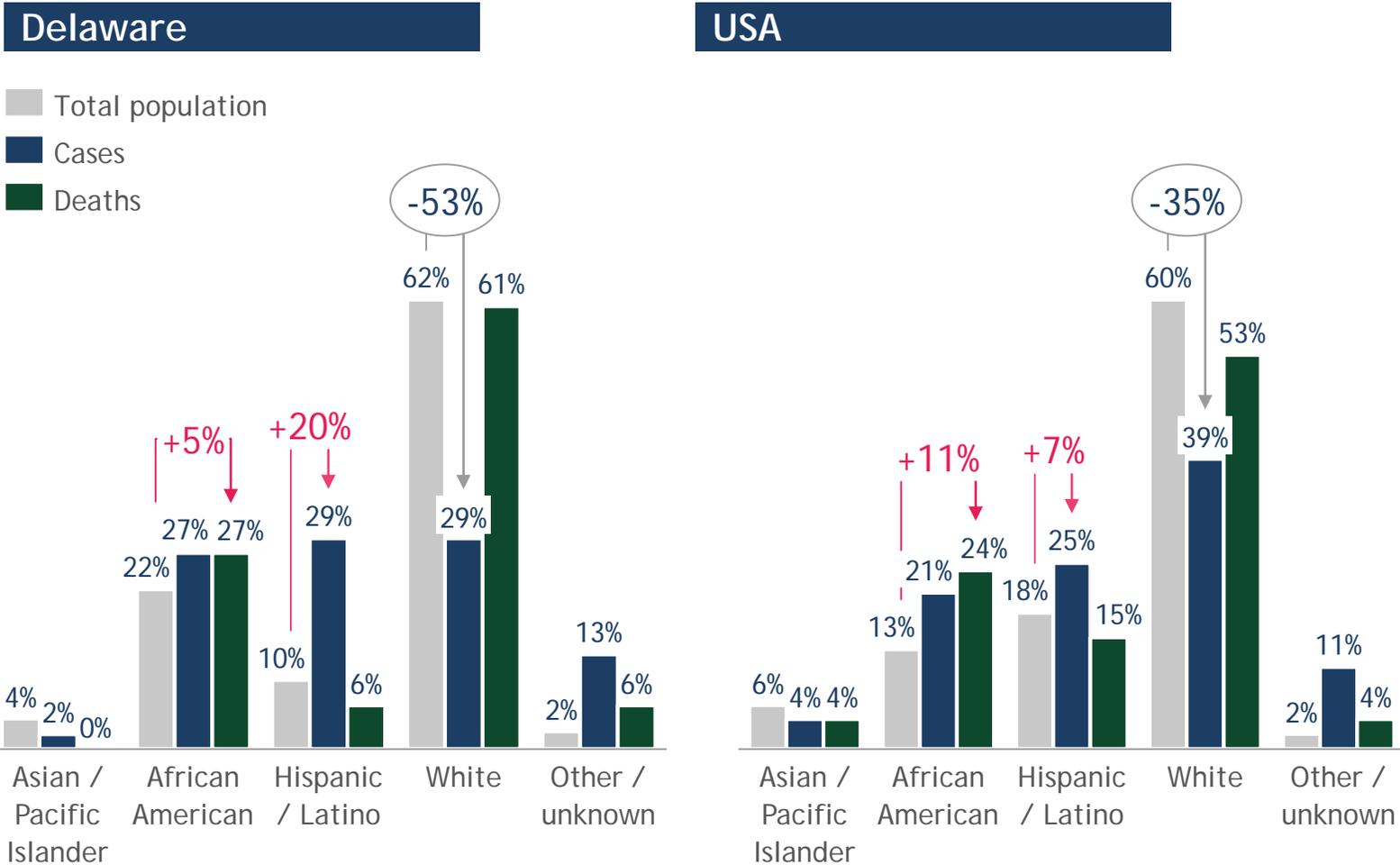
2. Fact packs:

- Communities of color
- Immigrant communities
- Homeless / unstably housed
- Prison populations
- Low income (ELI & VLI)

3. Lessons Learned - initial hypotheses

Updated 6/19

Compared to the US, Delaware has significantly higher COVID case rate for Hispanic / Latino populations and lower mortality rate for African-Americans



In terms of cases:

- Hispanic / Latino population is almost 3x as likely to get COVID than national average
- African-Americans are slightly less likely to get COVID than national avg
- White population is 20% less likely to get COVID than national avg

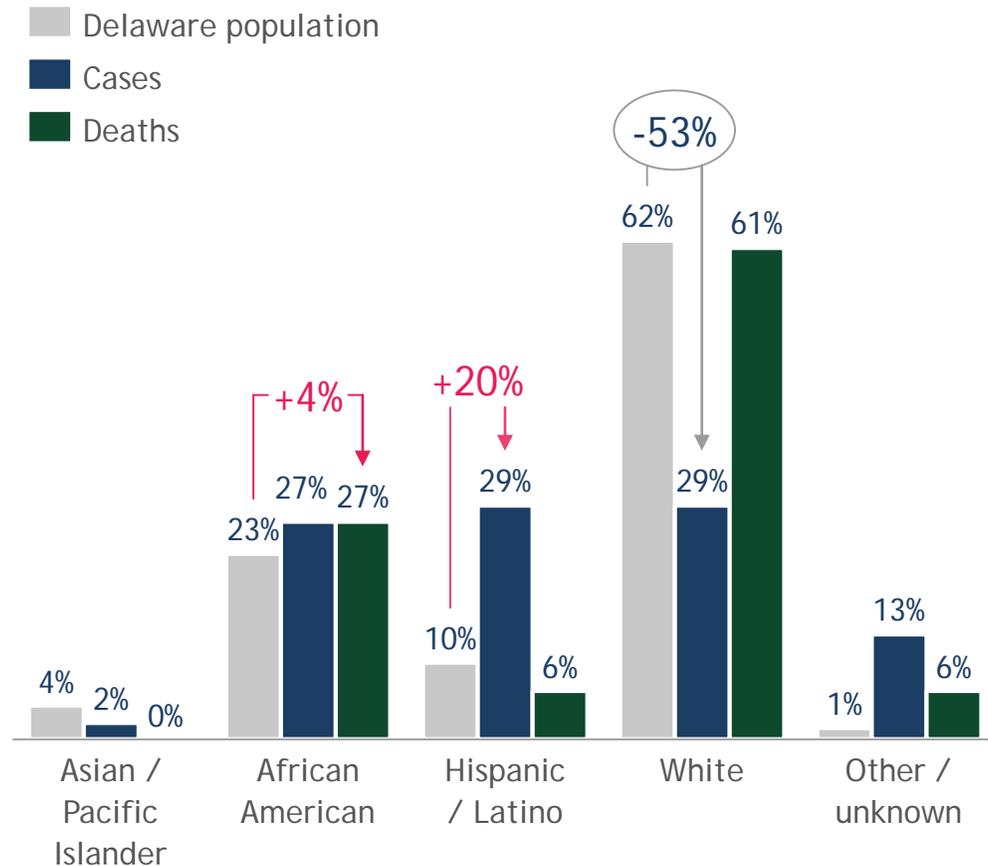
In terms of deaths:

- African-Americans have lower mortality rate in Delaware than national avg
- White populations have higher mortality rate in Delaware - in part due to Delaware's aging population¹, with many deaths linked to long-term care facilities

1. Delaware's median age is ~10% higher than US national average & Delaware's age 60+ population is 26% of total while national average is 22%
 Source: census.gov, COVID Tracking Project racial data tracker, US census reporter, BCG analysis

Updated 6/13

...and minority groups are both more likely to become infected and die **XX** years earlier than white population



- African-American population has slightly higher instances of infection and mortality - 46 cases per 10K residents
- **Hispanic population is almost 3X more likely to become infected**, but has lower mortality rates than other groups - 60 cases per 10K residents
- **White population** significantly less likely to be infected, but have very high mortality rates in comparison to other groups - 14 cases per 10K residents
 - Most white deaths in Delaware linked to long-term care facilities
- Average age of death for African-Americans is **XX**, for Hispanic population is **XX**, while average age of death for white population is **XX**

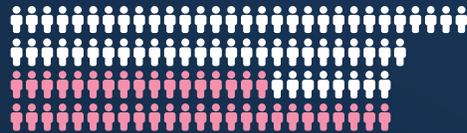


“African Americans, Hispanics already have pre-existing health issues around high blood pressure, sugar, diabetes, and so COVID exacerbates that ... these communities, they’re not self-isolated by living at home alone. They are oftentimes multi-generational.”
 - **Darius Brown**, Delaware State Senator

Estimated xx jobs lost by xx(date) following ~x months of Stay at Home order; needs gap varies widely across stakeholder populations

W2 workers

~1.4M working population



Independent contractors

~132K working population



Undocumented immigrants

~169K working population



~812K
Total jobs at risk

605K
jobs at risk

~72%
low income

A pie chart where approximately 72% of the circle is colored red, representing the percentage of jobs at risk that are low income.

71K
jobs at risk

73%
low income

A pie chart where approximately 73% of the circle is colored red, representing the percentage of jobs at risk that are low income.

136K
jobs at risk

~85%
low income

A pie chart where approximately 85% of the circle is colored red, representing the percentage of jobs at risk that are low income.

~28k
Total jobs lost

A white briefcase icon with a red diagonal slash through it, representing total jobs lost.

~222k
jobs lost

Actual April 2020
BLS data at 168K

A white briefcase icon with a red diagonal slash through it, representing total jobs lost.

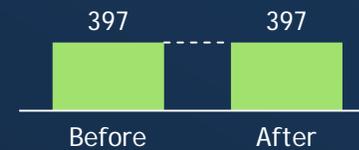
~23k
jobs lost

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~43k
jobs lost

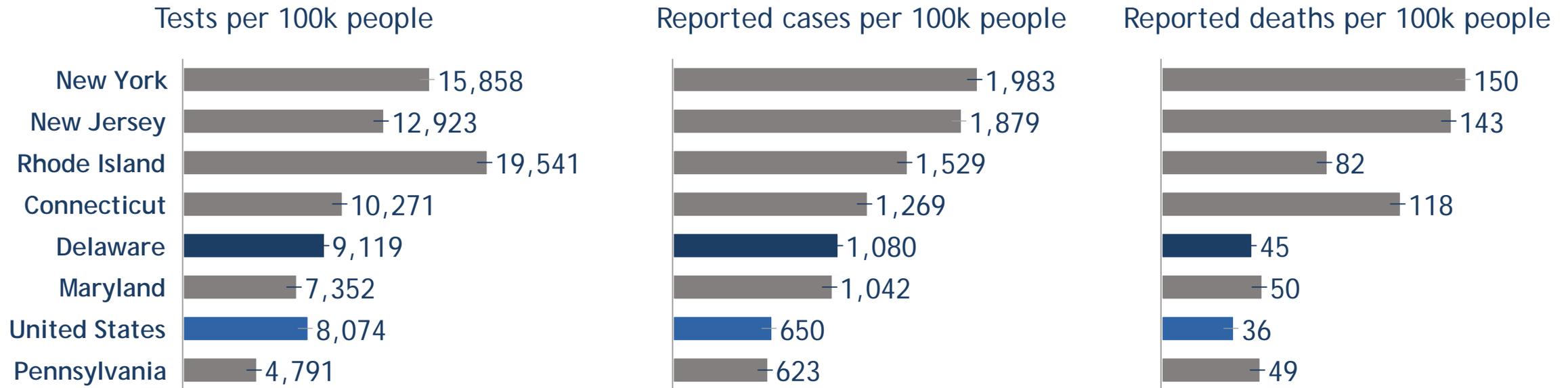
A white briefcase icon with a red diagonal slash through it, representing total jobs lost.

Total Basic needs¹
gap for low income
population before &
after CARES
cumulative over 3
mo. period (\$M)



Vulnerable populations in Delaware in comparison to other states

Delaware's rate of COVID-19 testing, cases, and deaths are among highest in the country but below harder hit states in the Northeast



“
To come
-XX

“
To come
-XX

Fact packs: Vulnerable communities in Delaware

The current realities for our Communities of Color in Delaware

Overview of the community

Communities of Color in Delaware make up ~40% of the population and are comprised of the following individuals:

- Black/African-American: 224K (23%)
- LatinX: 93K (10%)
- Asian: 40K (4.1%)
- Native Hawaiian or other Pacific Islander: 1K (0.1%)
- American Indian: 7K (0.7%)
- Two or more races: 26K (2.7%)

Note: not all communities of color meet either Economic of Medical vulnerability

Key needs and Challenges

Before COVID-19 ...

- Financial stability: Communities of Color in Delaware are far more vulnerable to poverty, **having less than \$40K in savings (77% of Black residents, 43% of LatinX residents, compared to 18% of White residents)**²
- Systematic injustices: Communities of color historically and currently experience covert and overt racism

Impact of COVID-19

- Underlying health conditions/ access to healthcare: Underlying health conditions are more common among ethnic minority groups, leading to **higher death rates** of COVID-19
- Job loss: Communities of color likely to have higher job loss rates and lack of rainy day funds, leading to issues like unstable housing, etc.
- Education challenges: Due to lack of personal/ school district funding & digital access issues, communities of color are disproportionately disadvantaged in learning from home

Focus group insights on COVID impact

Preliminary: Based on xx focus groups / interviews; more to follow

1. Source: census.gov projection data

This fact pack is guidance only. It does not constitute medical or safety advice, nor is it a formal endorsement or recommendation of a particular response.

The current realities for our Immigrant Communities in Delaware

Overview of the community

Immigrant communities in Delaware are primarily comprised of the following individuals:

- Haitian: xxK (x%)
- Hispanic: xxK (x%)
- Asian: xxK (x%)

Note: not all communities of color meet either Economic or Medical vulnerability

Key needs and Challenges

Before COVID-19 ...

- Financial stability: Communities of Color in Silicon Valley are far more vulnerable to poverty, having less than \$40K in savings (77% of Black residents, 43% of LatinX residents, compared to 18% of White residents)²
- Systematic injustices: Communities of color historically and currently experience covert or overt racism

Impact of COVID-19

- Underlying health conditions/ access to healthcare: Underlying health conditions are more common among ethnic minority groups, leading to higher death rates of COVID-19
- Housing instability: Communities of color likely to be in unstably housed circumstances due to high job loss rates and lack of rainy day funds
- Education challenges: Due to lack of personal/ school district funding, communities of color are disproportionately disadvantaged in learning from home

Focus group insights on COVID impact

Preliminary: Based on xx focus groups / interviews; more to follow

Her patients are afraid to get tested, she said. They fear they could be separated from their families due to their immigration status or not be able to return to work. Many of her patients, she said, are the breadwinners for their family.

“All they are thinking,” Dorival said, “is ‘Am I going to lose this paycheck?’”

The family has been hospitalized. Oftentimes, about how difficult it is to the flu. Let me help.

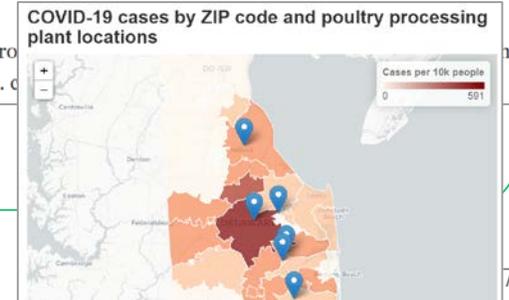
The Haitian community makes up about 8% of Seaford’s population. Census data shows more than one-third of Georgetown residents are Hispanic, pointing to southern Delaware’s need for resources and health information to be provided in languages like Haitian Creole and Spanish.

According to the Delaware Community Foundation, 80% of Latinos in Sussex County live in poverty.



Across the country, more than 150 of the largest meat processing plants are in counties where the rate of coronavirus infection is already among the nation’s highest, based on an analysis by USA TODAY and the Midwest Center for Investigative Reporting of slaughterhouse locations and county-level COVID-19 infection rates.

Rates of infection are about 75% of other U.S. counties



1. Source: xx

The current realities for our homeless / unstably housed in Delaware

Overview of the community

Communities of Color in the Silicon Valley (Santa Clara + San Mateo County) is defined of, and comprised of the following individuals:¹

- Black/African-American: 61K (2%)
- LatinX: 660K (26%)
- Asian: 740K (30%)
- Native Hawaiian or other Pacific Islander: 16K (1%)³
- American Indian: 5K (<1%)

Note: not all communities of color meet either Economic or Medical vulnerability

Key needs and Challenges

Before COVID-19 ...

- Financial stability: Communities of Color in Silicon Valley are far more vulnerable to poverty, having less than \$40K in savings (77% of Black residents, 43% of LatinX residents, compared to 18% of White residents)²
- Systematic injustices: Communities of color historically and currently experience covert or overt racism

Impact of COVID-19

- Underlying health conditions/ access to healthcare: Underlying health conditions are more common among ethnic minority groups, leading to higher death rates of COVID-19
- Housing instability: Communities of color likely to be in unstably housed circumstances due to high job loss rates and lack of rainy day funds
- Education challenges: Due to lack of personal/ school district funding, communities of color are disproportionately disadvantaged in learning from home

Focus group insights on COVID impact

Preliminary: Based on xx focus groups / interviews; more to follow

1. Source: xx

The current realities for our prison population in Delaware

Overview of the community

Communities of Color in the Silicon Valley (Santa Clara + San Mateo County) is defined of, and comprised of the following individuals:¹

- Black/African-American: 61K (2%)
- LatinX: 660K (26%)
- Asian: 740K (30%)
- Native Hawaiian or other Pacific Islander: 16K (1%)³
- American Indian: 5K (<1%)

Note: not all communities of color meet either Economic or Medical vulnerability

Key needs and Challenges

Before COVID-19 ...

- Financial stability: Communities of Color in Silicon Valley are far more vulnerable to poverty, having less than \$40K in savings (77% of Black residents, 43% of LatinX residents, compared to 18% of White residents)²
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Focus group insights on COVID impact

Preliminary: Based on xx focus groups / interviews; more to follow

1. Source: xx

The current realities for low-income populations in Delaware

Overview of the community

Communities of Color in the Silicon Valley (Santa Clara + San Mateo County) is defined of, and comprised of the following individuals:¹

- Black/African-American: 61K (2%)
- LatinX: 660K (26%)
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Focus group insights on COVID impact

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1. Source: xx

Key Takeaways

Lessons learned: preliminary hypotheses (I / II)

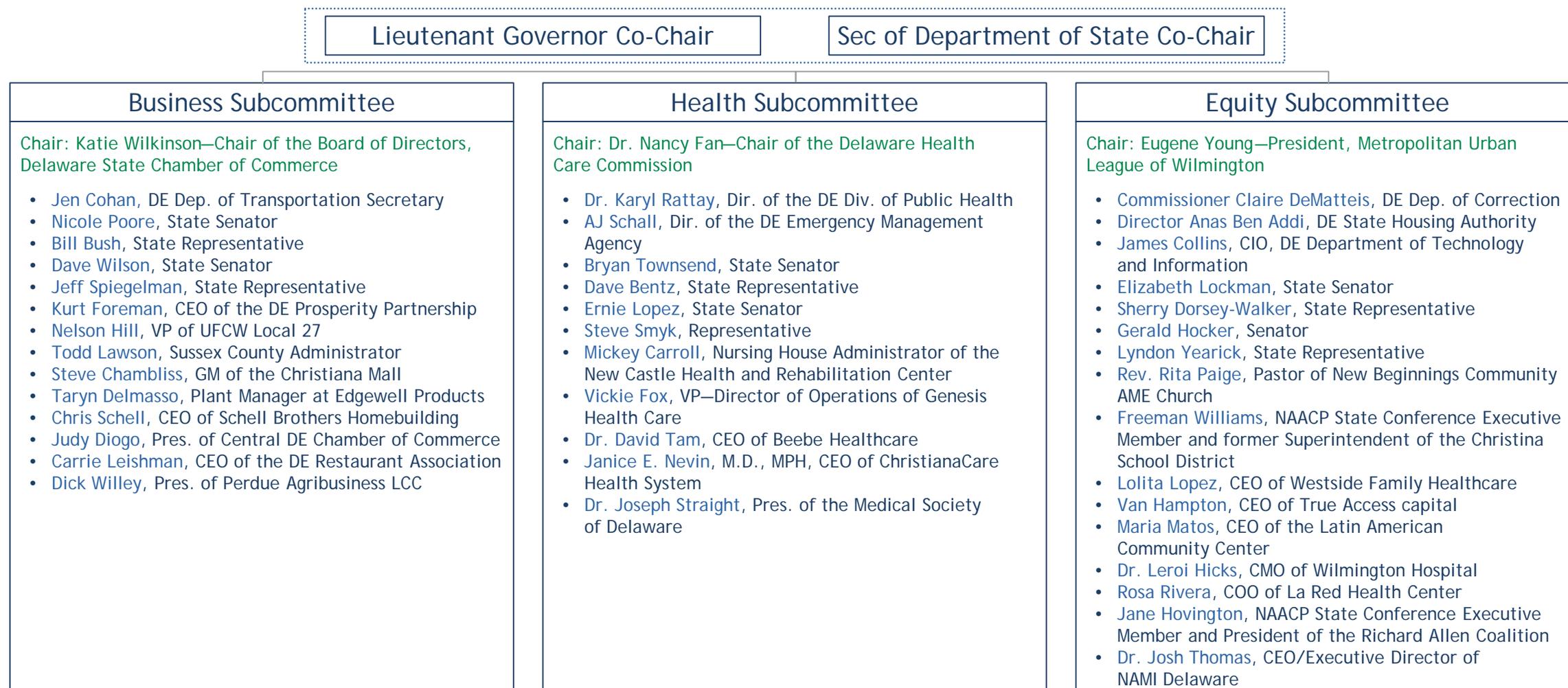
- Vulnerable communities (i.e. low SES populations, communities of color, immigrant populations, the homeless/unstably housed, and prison population) have faced **disproportionate negative impacts of COVID-19** in Delaware, both in terms of:
 - Health and medical access: Vulnerable communities have a higher risk of exposure, due to higher likelihood of being essential workers and higher population densities
 - Economic impact: Vulnerable communities have a higher likelihood of being unemployed / furloughed due to the COVID crisis, both due to prevalence of hourly jobs and existing institutional disadvantages for these populations
- These disadvantaged populations were **already suffering prior to COVID** – existing structural inequities put these populations in an especially vulnerable position when the crisis hit and the crisis has served to exacerbate these long-standing inequities
- While Delaware has "done well" overall at the state-level (successful at flattening the curve and reducing new hospitalizations), **the crisis within Delaware is place-based** – certain geographies / regions have faced disproportionate impact (typically those with communities of color)

Lessons learned: preliminary hypotheses (II / II)

- We have learned lessons from the COVID response and impact on the following groups in particular:
 - **Communities of color:** Institutional inequities in healthcare (access to healthcare, medical insurance, pre-existing conditions, etc.) and economics (lower-wage hourly jobs, etc.) have led communities of color to be hardest hit economically (e.g. job loss, access to capital for minority-owned businesses) and medically (e.g. exposure risk, infections, access to PPE / testing)
 - **Immigrant communities:** Language barriers and immigration-specific issues (e.g. employer-binding work visas, lower-wage hourly work) have led immigrant populations to be economically vulnerable. In addition, many immigrant populations in DE work as essential workers (e.g. Haitian & Hispanic population working at poultry plant in Sussex County – spot of outbreak) which increases exposure risk. Significant language barriers when trying to access emergency resources and learning about safety precautions, as much of the early communications and resources were not in Spanish & Creole.
 - **Prison population:** DE's large prison population & high imprisonment rate has led prisoners to be especially vulnerable in densely packed state prisons – when COVID hit DE, prisons were not prepared and prisoners were not adequately supplied with PPE, nor was the prison population reduced to decrease density
 - **Homeless / unstably housed:** Inadequate / lack of timely safely-distanced facility space for DE's homeless / unstably housed population during the COVID pandemic
 - **Low income (a category that cuts across the previous four):**
 - From a healthcare perspective, while testing for low-income individuals was expanded as the crisis went on, there were not enough tests and medical resources, especially early on – it will be essential for Delaware to proactively consider this population in resurgence planning, as they are most at risk for exposure, infection, and death
 - From an economic perspective, many low income hourly workers lost jobs and did not have the proper assistance in place when that happened – the system was overwhelmed. In a resurgence, Delaware must be prepared for the same sort of needs and must prepare adequately for the volume of need
- Moving forward, Delaware will need to both use the fact base and lessons learned as a launching point for resurgence planning AND address the systemic, institutional root of these issues that existed long before COVID

Appendix

Organization of the PRAC



Delaware | Industry phasing

 Current phase

	Phase 1	Phase 2	Phase 3
Timing	June 1	June 15	TBD
Gathering limits	<ul style="list-style-type: none"> Social gatherings indoor (10) Social gatherings outdoor (250) Religious gatherings (30%) 	<ul style="list-style-type: none"> Social gatherings indoor (TBD) Social gatherings outdoor (TBD) 	<ul style="list-style-type: none"> Social gatherings indoor (TBD) Social gatherings outdoor (TBD)
Industries and activities	<p>Start of phase (June 1)</p> <ul style="list-style-type: none"> Restaurants Breweries Performing arts Museums Art galleries Libraries Historical attractions Arts education Retail (in-person) Malls Personal care (hair and tanning only) Exercise facilities Realty Casinos Race tracks Parks and recreation (zoos, golf courses, batting cages, courts, playgrounds, etc.) Childcare (essential employee families only) Youth sports (limited) Commercial lodging Beaches (May 22) Community pools (May 22) Higher education (non-residential workforce/lab programs only) 	<p>Start of phase (June 15)</p> <ul style="list-style-type: none"> Expanded capacity for Phase 1 businesses Childcare (extended to all families) Golf Summer camps Personal care (expanded to contact care; nail/tattoo, etc.) Convention centers and meetings Pools Summer school Youth sports Higher education (other non-residential programs, July/Aug) 	<p>Start of phase (TBD)</p> <ul style="list-style-type: none"> Large venues and restaurants Bars Higher education (undergraduate residential programs, Sept 1) Boarding schools (Sept 1)

*Assumed re-opening begins at start of phase unless otherwise indicated

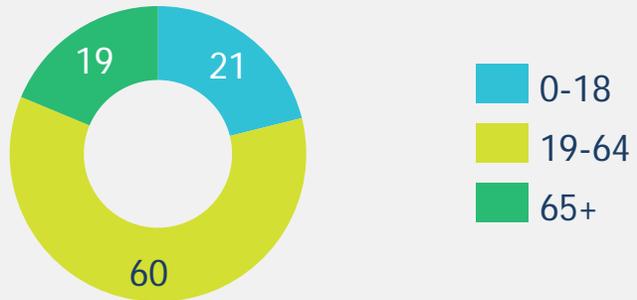
Delaware state information



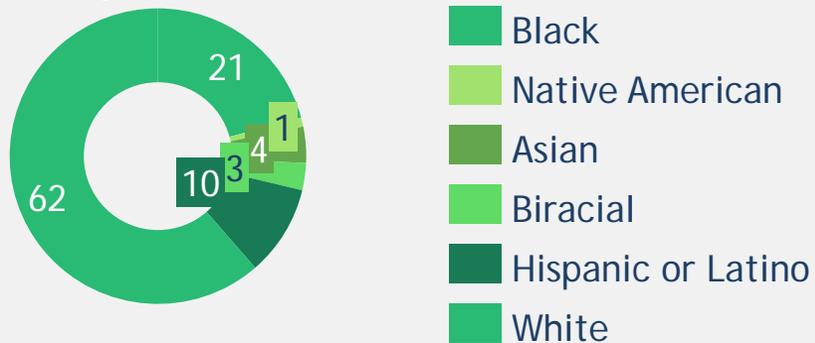
Population Demographics¹

- Total Population: 950,000
- Population growth rate: 1.2%

Age (%)



Ethnicity (%)





A place-based crisis, where high death rates and high unemployment rates come together to devastate a neighborhood

Example: A closer look at 95122, East San Jose



In an already **highly economically vulnerable** area...

... with high proportion of residents in industries with **high job loss**...

... and are disproportionately **more medically impacted by COVID-19**

% low-income (cost-burdened) households



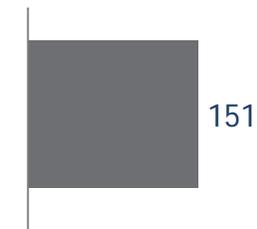
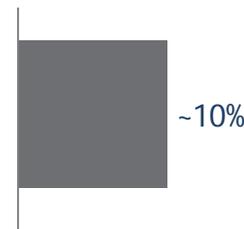
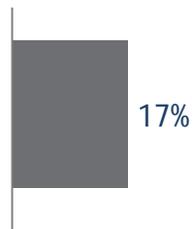
% employment in threatened industries



of COVID-19 confirmed cases per 100,000



Santa Clara County Avg.

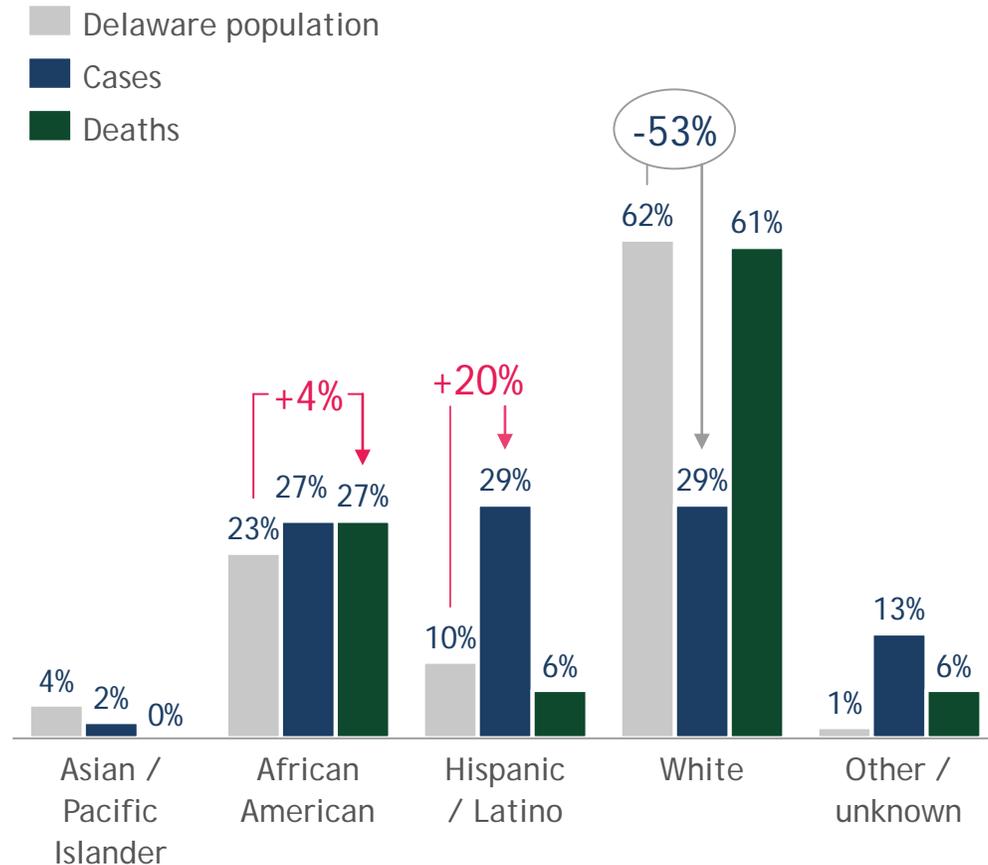


4X
 Death rate in low income vs. non-low income zip codes in Santa Clara County¹

1. 8 deaths per 100K residents in zip codes with >10% individuals living below poverty line, compared to 2 deaths per 100K residents in zip codes with <10% individuals living below poverty line. Source: Mercury News. Sources: SF Chronicle, City of Santa Clara; ICIC: <https://www.arcgis.com/home/webmap/viewer.html?webmap=f8bff4a0ac34460aa28240ba4332b047&extent=-88.0369,41.732,-87.228,42.0367>

Updated 6/13

...and minority groups are both more likely to become infected and die **XX** years earlier than white population



- African-American population has slightly higher instances of infection and mortality - 46 cases per 10K residents
- **Hispanic population is almost 3X more likely to become infected**, but has lower mortality rates than other groups - 60 cases per 10K residents
- **White population** significantly less likely to be infected, but have very high mortality rates in comparison to other groups - 14 cases per 10K residents
 - Most white deaths in Delaware linked to long-term care facilities
- Average age of death for African-Americans is **XX**, for Hispanic population is **XX**, while average age of death for white population is **XX**



“African Americans, Hispanics already have pre-existing health issues around high blood pressure, sugar, diabetes, and so COVID exacerbates that ... these communities, they’re not self-isolated by living at home alone. They are oftentimes multi-generational.”
 - **Darius Brown**, Delaware State Senator