

Policy Brief: Health Equity During the Coronavirus Disease Pandemic of 2019-2020

A look at how Health Center Partners and its member Community Health Centers addressed disparities and social non-medical needs.

Key Points:

- COVID-19 infections among HCP's health center patients, with positivity rates three times higher than county rates overall, were caused in part by significant health disparities among this patient population.
- Geographic proximity to the U.S. - Mexico border was a key indicator of higher positivity rates among HCP member health center patients.
- HCP member health centers increased food distribution and other services to address patient and community needs during the pandemic.

Intersection of Health Disparities and Racial Injustice

From its beginning in the 1960s, the Community Health Center (CHC) movement arose out of community activism in response to long-standing health disparities, social injustices, structural racism and inequities in the provision of and access to high quality, culturally and linguistically appropriate, preventive and primary health care.

These social injustices that the health center movement was predicated upon some 60 years ago still exist in black and brown communities across the country. More recently, these injustices have been spotlighted as these communities continued to experience the excessive use of force by law enforcement that caused the deaths of George Floyd, Breonna Taylor and others. As outrage mounted and social tensions increased, we saw a rise once again in community activism as COVID-19 outbreaks continued through the summer of 2020, particularly within these same populations.

Today in San Diego, Latinxs make up 34% of the total population, yet they account for 62% of all confirmed COVID-19 cases in the county. Socioeconomic issues including poverty, housing instability, and unemployment, along with increased rates of underlying chronic health conditions, contributed to these disparities in outcomes. CHCs, as trusted community partners, have played an important role in addressing patient and community needs during the pandemic.

Health Center Partners of Southern California (HCP), a family of companies, includes a 16-member organization of Federally Qualified Health Centers (FQHCs), Indian Health Services organizations, both urban and sovereign, and Planned Parenthood of the Pacific Southwest, which collectively serve 858,757 patients each year for 3.6 million patient visits annually, at 160 sites of care.

This report offers a brief review of how the COVID-19 pandemic impacted this network of CHCs in San Diego, Riverside and Imperial Counties, explores these disparities in COVID-19 infections, and strategies to address critical community needs in the face of this crisis.

Disparities in COVID-19 Infections

Health Center Patients Infected at More Than Triple the County Rate

HCP has been collecting data on COVID-19 testing within its membership since the end of March 2020. As of October 9, HCP's member CHCs had conducted 56,414 COVID-19 tests. Of those, 10% tested positive, higher than the rate for San Diego County and California overall.

56,414

Total Tests Administered



The cumulative positivity rate among HCP member health centers through October 9 is 10%, compared to 3% for San Diego County and 2.6% for the state of California.

Disparities in COVID-19 Infections Underscore Existing Health Disparities

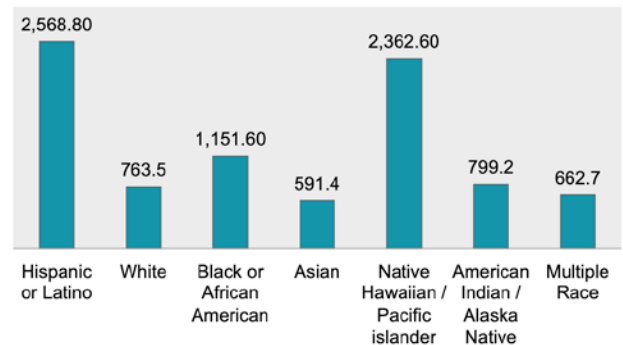
HCP's member CHCs serve a diverse patient population, with many representing vulnerable populations greatly affected by COVID-19. More than 73% of patients identify as an ethnic or racial minority, more than 4% experience homelessness, and 96% classify as low-income. The COVID-19 pandemic has highlighted significant health disparities for these vulnerable populations.

In San Diego County, Latinxs account for 34% of the total population¹ but represent 62% of confirmed COVID-positive cases².

The rate of positive cases in Riverside County also highlights disparities along racial and ethnic population sub-groups. While Latinx residents account for 47% of the county population, they represent 71% of positive COVID-19 cases³.

¹ U.S. Census Bureau, American Community Survey 2014-2018.
² San Diego County Coronavirus COVID-19 Dashboard, 10/25/20.
³ Riverside County COVID-19 Data by Race/Ethnicity, 10/22/20.
⁴ <https://www.voiceofsandiego.org/topics/news/coronavirus-hit-latinos-harder-thanks-to-a-perfect-storm-of-disparities/>

San Diego County COVID Positive Rate
(per 100,000)



“Why we’re more impacted by COVID-19 really goes back to the whole issue of existing health disparities in our community,” said Dr. Maria Carriedo-Ceniceros, Vice President and Chief Medical Officer, San Ysidro Health. “We serve a population that has high rates of diabetes, heart disease, hypertension. All of those have a high correlation with worse outcomes if a person contracts COVID.”⁴

Moreover, HCP's member CHCs serve a large population of agricultural workers in Imperial and Riverside Counties who have been affected by COVID-19 infections. These essential workers have been faced with the difficult decision during the peak of the harvest season to work and earn income or shelter-in-place at home. This high concentration of essential agricultural workers in these two counties contributed to the outbreaks⁵.

Furthermore, Imperial County, with a Latinx population at 85% of the total, offers another example of disparities among racial and ethnic sub-populations. With a case rate of 7,306 per 100k population, Imperial County's infection rate is 250% higher than Riverside County and 450% higher than San Diego County. Imperial County residents are more likely to die from COVID-19. As of October 15, Imperial County reported 335 COVID-related deaths - 185 deaths per 100k residents – nearly triple the national rate of 66 per 100k. Neighboring San Diego County, with half the percentage of Hispanic residents, reports a COVID-19 mortality rate of 26 per 100k.

⁵ <https://www.desertsun.com/story/news/politics/immigration/2020/06/20/california-farmworkers-weigh-new-protocols-health-grape-harvest-peaks/3198450001/>

Addressing Social Determinants of Health During COVID-19

HCP's Health Centers Responded to Food Insecurity with Food Distribution Programs

During the COVID-19 pandemic, the social risk factors that placed patients at greater risk of infection also have been amplified by the public health orders put in place to control outbreaks. Many vulnerable individuals and families served by HCP member CHCs have experienced increased food insecurity due to unemployment and the closing of local community services. HCP member CHCs quickly recognized the growing need and in response expanded or launched new food distribution programs.

HCP member TrueCare mobilized community support for food donations and was amazed by the outpouring of support. Acknowledging that food was a huge need for its vulnerable patients, food distribution became a new focus for this health center. Through donations from the community, TrueCare started a food distribution program and often had a line of cars a mile long to pick up food supplies.

La Maestra Community Health Centers was selected as a nonprofit partner of the San Diego Food Bank to expand food distribution services. Prior to the pandemic, this health center provided approximately 300 families per week with access to healthy food. This figure more than doubled during the pandemic to feed over 600 families per week ([read more here](#)).

Regional Differences in COVID-19 Infections Reflect Proximity to the Border

In mid-October, a regional analysis of testing results showed that the San Ysidro and Calexico regions in south San Diego and Imperial Counties respectively had higher positivity rates as compared to other members' regions. The one that lies immediately north of the U.S. - Mexico border represented approximately 17% of testing conducted among HCP's member CHCs but accounted for 30% of all cases.

HCP COVID-19 Testing Regional Analysis, data as of October 16, 2020

HCP Region	Cum.COVID-19 Test (% of Total)	Cum.COVID-19 Cases (% of Total)	Cum. % Positive
Central San Diego	11,842 (20%)	703 (12%)	6%
North County San Diego	10,189 (17%)	1,386 (24%)	14%
Riverside County	25,758 (43%)	1,878 (32%)	7%
San Ysidro & Calexico	10,022 (17%)	1,748 (30%)	17%
Tribal Regions	1,677 (3%)	110 (2%)	7%

This significant outbreak experienced in the border regions threatened hospital capacity during the peak of the virus in mid-June. Most notably, Imperial County hospitals were severely impacted. A federal medical station was deployed in response to the crisis and a Centers for Disease Control team was deployed to assist with contact tracing and bi-national case investigation.

HCP also has collected data on the number of members' staff who have tested positive since the start of the pandemic. The San Ysidro and Calexico regions have accounted for 41% of all positive health center staff as of mid-October.

HCP's Member Health Centers Address Cancer Disparities During the COVID-19 Crisis

Health Quality Partners (HQP), part of the HCP family of companies, serves as an innovation hub for clinical performance improvement and research. Early in the shutdown, HQP examined the impacts of health center closures and shelter-in-place orders on access to critical preventive services, like cancer screenings.

The halting of colorectal cancer screening was of concern given the substantial health disparities in

prevalence and mortality rates among racial and ethnic minorities and other vulnerable populations. Through interviews with Chief Medical Officers of select member CHCs, HCP determined that adaptations to colorectal cancer screening practices could be made and therefore screenings could resume during the shutdown.

Prior to the pandemic, most of the CHCs interviewed required that home screening kits (called FIT tests) be picked up during in-person patient visits and returned to on-site labs for testing. Clinical protocols were modified during the pandemic so that FIT tests could be mailed directly to patients at home, returned by mail for testing, and the delivery of results and any follow-up instructions done through telehealth or telephonic modalities.

This effort also revealed growing challenges in connecting this patient population to follow-up care, as was found when trying to connect patients to colonoscopy procedures following positive test results. Moreover, this research showed the vulnerability of the safety net, and put a fine point on the issue of how lack of access to care for the underserved exacerbates health disparities.

These findings and more from this research effort were published in August in a manuscript in the [Journal of the National Cancer Institute](#)⁶.

A Rebirth and a Re-imagining

As the nation wrestles with COVID-19 and social injustice, HCP has seen a rebirth in purpose as it emerges from this crisis a leader in innovative public and community health strategies while helping its members re-imagine practice design, care modalities, technologies, testing and health screenings in this post-COVID-19 environment.

This re-imagining represents a vital role for today's modern community health centers, born out of President Johnson's War on Poverty some 60 years ago, to reform systemic racism and build a more equitable future, a mission just as if not more relevant today. In this post-COVID-19 environment, HCP's member CHCs are being thrust into a brand

new world, and new normal, of telehealth and telephonic care, while still having to raise the dialogue and take action on social injustices, racial and ethnic disparities and inequities, so long as they continue to exist.

"The work begins anew. The hope rises again. And the dream lives on." SEN. E.M. Kennedy

⁶ <https://hcpsocal.org/wp-content/uploads/2020/08/JNCI-COVID-19-Aug-2020.pdf>