



# COVID-19 PANDEMIC DISPARATE IMPACT REPORT

STRATEGIES FOR ADDRESSING THE DISPARATE IMPACT OF THE  
COVID-19 PANDEMIC ON COMMUNITIES OF COLOR IN MONTEREY COUNTY

AUGUST 18, 2020

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## Strategies for Addressing the Disparate Impact of the COVID-19 Pandemic on Communities of Color in Monterey County.

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## BACKGROUND

The COVID-19 pandemic has a disparate impact on populations that do not have access to adequate nutrition, housing, medical care, education, and equal treatment under the law. Data suggests disparities in health risks and outcomes and in COVID-19 impacts based on race/ethnicity – “*Health disparities*” are differences in health outcomes and their causes among groups of people. Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities.<sup>1</sup>L

Advancing racial equity across systems within institutions by implementing strategies that create institutional change through policies, practices and programs begins to eradicate disparities when the strategies address underlying conditions. A core principle of Governing for Racial Equity is that racial equity benefits everyone – nobody is left behind. People of all races and socioeconomic backgrounds stand to benefit more from achieving racial equity in local government. Discrimination on the basis of race (commonly referred to as racism) has been linked to disparities in health outcomes for racial/ethnic minorities. The prevalence of underlying conditions that contribute to the vulnerability of a population’s exposure and infection are the result of historic barriers, inaccessibility to systems of care created by private and public institutions, this is defined as systemic and institutional racism.<sup>2</sup>

Racism has been linked to low birth weight, high blood pressure, and poor health status.<sup>3 4</sup>

The 2015 National Healthcare Disparities Report indicated that white patients receive better quality of care than 36.7% of Hispanic patients, 41.1% of black patients, 32.4% of American Indian/Alaska Native patients, and 20.3% of Asian and Pacific Islander patients.<sup>5</sup>

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<sup>1</sup> *Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. Smedley BD, Stith AY, Nelson AR, editors. Unequal treatment: confronting racial and ethnic disparities in health care. Washington (DC): National Academies Press (US); 2002.*

<sup>2</sup> *Shavers VL, Fagan P, Jones D, Klein WM, Boyington J, Moten C, et al. The state of research on racial/ethnic discrimination in the receipt of health care. Am J of Public Health. 2012;102(5):953–66.*

<sup>3</sup> *Cuffee YL, Hargraves JL, Rosal, M, Briesacher BA, Schoenthaler A, Person S, et al. Reported racial discrimination, trust in physicians, and medication adherence among inner-city African Americans with hypertension. Am J Public Health. 2013;103(11):e55–e62.*

<sup>4</sup> *Mustillo S, Krieger N, Gunderson EP, Sidney S, McCreath H, Kiefe CI. Self-reported experiences of racial discrimination and Black-White differences in preterm and low-birthweight deliveries: the CARDIA Study. Am J Public Health. 2004;94(12):2125–31.*

<sup>5</sup> *National Healthcare Quality and Disparities Report and 5th Anniversary Update on the National Quality Strategy. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); April 2016. AHRQ Pub. No.: 16-0015.*

This differential quality of care may be based on racial discrimination.<sup>6 7</sup>

Long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age. Among some racial and ethnic minority groups, including non-Hispanic black persons, Hispanics and Latinos, and American Indians/Alaska Natives, evidence points to higher rates of hospitalization or death from COVID-19 than among non-Hispanic white persons. As of June 12, 2020, age-adjusted hospitalization rates are highest among non-Hispanic American Indian or Alaska Native and non-Hispanic black persons, followed by Hispanic or Latino persons.

- Non-Hispanic American Indian or Alaska Native persons have a rate approximately 5 times that of non-Hispanic white persons,
- Non-Hispanic black persons have a rate approximately 5 times that of non-Hispanic white persons,
- Hispanic or Latino persons have a rate approximately 4 times that of non-Hispanic white persons.<sup>8</sup>

In California, Latinos/Latinx make up over half of the COVID-19 cases, where they are about 40% of the state's population. African Americans/Blacks and Asians each make up a smaller percentage of COVID-19 cases in the state than their percentage of the state population. Still, African Americans/Blacks make up 9.4% of deaths in California, where they are about 6% of the state's population. National data is consistent: while African Americans/Blacks represent only about 13% of the population in the states reporting racial/ethnic information, they account for about 34% of total COVID-19 deaths in those states.<sup>9 10</sup>

Strategies should start during the COVID-19 response and continue during the recovery, with an intentional goal of prioritizing public health, racial equity, and revitalizing our economy to guide us towards a more safe, healthy, and thriving Monterey County.

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<sup>6</sup> Shavers VL, Fagan P, Jones D, Klein WM, Boyington J, Moten C, et al. *The state of research on racial/ethnic discrimination in the receipt of health care.* *Am J of Public Health.* 2012;102(5):953–66.

<sup>7</sup> *National Healthcare Quality and Disparities Report and 5th Anniversary Update on the National Quality Strategy.* Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); April 2016. AHRQ Pub. No.: 16-0015.

<sup>8</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. *Coronavirus Disease 2019 (COVID-19) Racial & Ethnic Minority Groups.* Available at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html> (July 1, 2020.)

<sup>9</sup> California Department of Public Health. *COVID-19 Race and Ethnicity Data, June 30, 2020.* Available at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx> (July 1, 2020).

<sup>10</sup> Johns Hopkins University of Medicine, Coronavirus Resource Center. *Maps & Trends. Racial Data Transparency: States that have released breakdowns of Covid-19 data by race.* Available at <https://coronavirus.jhu.edu/data/us-state-data-availability> (July 1, 2020).

COVID-19 response and recovery strategies for Monterey County must include economic supports including considerations for housing, child care, and income and employment replacement or training. In Monterey County, important economic challenges for residents includes lack of affordable housing across income levels. Roughly half of county residents rent their homes and 56% of the renting population spends more than 30% of their income on rent and utilities.<sup>11</sup> The liquid asset poverty rate, which refers to a household's inability to rely on available assets to survive for at least three months without income, was 42% prior to Covid-19. When broken down by race/ethnicity, that rate shows stark racial disparities, the rate for households of color was 59%, more than double the rate of white households (24%).<sup>1112</sup>

Economic challenges for residents and COVID-19 impacts are closely tied, as many essential jobs are in sectors with an abundance of lower paying jobs such as agriculture. Most of the confirmed COVID-19 cases were in the agricultural sector. Leisure and hospitality is another important employment sector in the County that has been affected by the economic downturn and sector closures as part of COVID-19 containment efforts. This sector lost almost half its workforce from January to May of 2019, with a drop from 26,300 to 14,100 employed.<sup>1213</sup>

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<sup>11</sup> U.S. Census Bureau, American Community Survey, 2018 5-yr estimates.

<sup>11</sup> <https://scorecard.prosperitynow.org/data-by-issue#finance/localoutcome/liquid-asset-poverty-rate>

<sup>12</sup> <https://scorecard.prosperitynow.org/data-by-issue#finance/localoutcome/liquid-asset-poverty-rate>

<sup>12</sup> [\*California Employment Development Department, Monterey County Industry Employment and Labor Force \(6/19/2020\)\*](#)

<sup>13</sup> [\*California Employment Development Department, Monterey County Industry Employment and Labor Force \(6/19/2020\)\*](#)

## COVID-19 MORBIDITY AND MORTALITY

### Morbidity

Through July 31, 2020, there were a total of 4,697 confirmed cases of COVID-19 reported among Monterey County residents. Race and ethnicity information were available for 3,670 of those cases, or 78%. Among those cases, 93% self-identified as Latinx of any race; 5% as White, Non-Latinx; 1% as Asian or Pacific Islander, Non-Latinx; 1% as Black or African American, Non-Latinx; and less than 1% self-identified as another racial group or as multi-racial. Latinx residents experienced significantly higher rates of COVID-19 morbidity (1,255.4 per 100,000 population) than other racial and ethnic groups in Monterey County. Rates of COVID-19 morbidity were also significantly higher among Black and African American residents (253.7 per 100,000 population) compared to White, Non-Latinx residents. While rates among Asian and Pacific Islanders were higher compared to White, Non-Latinx residents, the difference was not statistically significant. Table 1 below displays these data.

**TABLE 1**  
**Confirmed Cases of COVID-19 Among Monterey County Residents**  
**by Race and Ethnicity, as of July 31, 2020**

Race and Ethnicity	Number of Cases (N)	Proportion of Cases* (%)	Proportion of Monterey County Population	Rate per 100,000 Population	95% Confidence Interval
Asian and Pacific Islander, Non-Latinx	51	1%	6%	207.4	(154.4 – 272.7)
Black and African American, Non-Latinx	27	1%	2%	253.7	(167.2 – 369.1)
Other Races and Multi-Racial, Non-Latinx	18	<1%	3%	141.9	(84.1 – 224.3)
White, Non-Latinx	177	5%	28%	140.1	(119.5 – 160.8)
Hispanic, Any Race	3,415	93%	61%	1,255.4	(1,213.3 – 1,297.5)
Unknown/Missing	1,027				
<b>Total</b>	<b>4,697</b>	<b>100%</b>	<b>100%</b>	<b>1,052.5</b>	<b>(1,022.4 – 1,082.6)</b>

\*Among those for which race and ethnicity information was available.

## Severe Illness and Mortality

Through July 31, 2020, there were 289 Monterey County residents hospitalized due to severe COVID-19. Thirty (30) individuals were confirmed to have died from complications of COVID-19 or died within 30 days of testing positive for COVID-19. Race and ethnicity information were available for 95% of hospitalized cases and 100% of fatal cases. Among hospitalized cases, 85% self-identified as Latinx of any race; 10% as White, Non-Latinx; 3% as Asian or Pacific Islander, Non-Latinx; and 2% as Black or African American, non-Latinx. Latinx individuals were disproportionately represented among severe COVID-19 cases. Approximately 61% of Monterey County residents are Latinx; however, 85% of individuals hospitalized with COVID-19 were Latinx.

The number of fatal cases was too small from which to draw statically meaningful conclusions, though Latinx individuals were disproportionately represented among fatal cases when compared to the population distribution of Monterey County.

<b>TABLE 2</b> <b>Severe COVID-19 Among Monterey County Residents</b> <b>by Race and Ethnicity, as of July 31, 2020</b>							
Race and Ethnicity	Number of Hospitalized Cases (N)	Percent of Hospitalized Cases (%)	Number of Fatalities (N)	Proportion of Fatalities (%)	Percent of Monterey County Population		
Asian and Pacific Islander, Non-Latinx	7	3%	7	23%	6%		
Black and African American, Non-Latinx	6	2%			7	23%	2%
Other Races and Multi-Racial, Non-Latinx							3%
White, Non-Latinx							28
Hispanic, Any Race	233	85%	23	77%	61%		
Unknown/Missing	15						
<b>Total</b>	<b>289</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>100%</b>		

## COVID-19 TESTING

As of July 31, 2020, a total of 48,311 COVID-19 tests were completed on Monterey County residents and reported to the Monterey County Health Department. Race and ethnicity information were available for 12,870 tests, or 27%. Among those with reported race and ethnicity information, 70% of tested individuals self-identified as Latinx of any race; 21% as White, Non-Latinx; 3% as Asian or Pacific Islander; 2% as Black or African American; and 3% identified as another race or multiracial. Testing rates were significantly higher among Latinx individual than most other racial and ethnic groups in Monterey County (33.4 per 1,000 population), with individuals who identified as Other or Multi-Racial being the exception (33.0 per 1,000 population). Testing rates were significantly lower among Asians and Pacific Islanders compared to all other racial and ethnic groups (17.9 per 1,000 population) except among individuals who identified as Black or African American (18.4 per 1,000 population). Testing data are shown in Table 3 below.

<b>TABLE 3</b>					
<b>COVID-19 Tests Among Monterey County Residents</b>					
<b>by Race and Ethnicity, as of July 31, 2020</b>					
<b>Race and Ethnicity</b>	<b>Number of Tests Completed (N)</b>	<b>Proportion of Tests* (%)</b>	<b>Proportion of Monterey County Population</b>	<b>Rate per 1,000 Population</b>	<b>95% Confidence Interval</b>
Asian and Pacific Islander, Non-Latinx	439	3%	6%	17.9	(16.2 – 19.5)
Black and African American, Non-Latinx	196	2%	2%	18.4	(15.8 – 21.0)
Other Races and Multi-Racial, Non-Latinx	418	3%	3%	33.0	(29.8 – 36.1)
White, Non-Latinx	2,744	21%	28%	21.7	(20.9 – 22.5)
Hispanic, Any Race	9,073	70%	61%	,33.4	(32.7 – 34.0)
Unknown/Missing	34,441				
<b>Total</b>	<b>48,311</b>	<b>100%</b>	<b>100%</b>	<b>108.3</b>	<b>(107.3 – 109.2)</b>

\* Among those for which race and ethnicity information was available.



## STRATEGIES FOR ADDRESSING DISPARITIES

COVID-19 requires a comprehensive approach to slow transmission and address health disparities. Core public health strategies including providing education on preventative measures like social distancing and wearing face coverings, conducting case and contact investigations, improving access to health care and testing, increasing availability of appropriate housing for self-isolation and self-quarantine, and implementing public health policies must be implemented as part of a broad strategic approach. Addressing the underlying social determinants of health are imperative for reducing disparities. The proposed strategies will be implemented in partnership by Monterey County Departments and community stakeholders:

### ***HEALTH***

#### **Testing**

Challenges contributing to insufficient testing capacity are:

- a. Limited supply of kits for hospital-based testing services: Increase advocacy with State and Federal leadership regarding increasing production of supplies.
- b. Limited availability of service in outpatient clinic settings: Increase capacity of primary health care providers to offer specimen collection services for testing as they do for other diseases such as influenza virus and Respiratory Syncytial Virus RSV.
- c. Limited community access points for testing: Implement data driven approach to make community and pop-up testing sites available.
- d. Lack of funding: CARES Act funding can support access to testing for individuals that are not connected to a primary health care provider, minimize access barriers for underserved communities, and increase capacity to support COVID-19 outbreaks in congregate living settings.
- e. Lack of comprehensive compliance with [California Department of Public Health Updated COVID-19 Testing Guidance](#) (released July 14, 2020):
  - i. Develop strategies to prioritize testing for those at greatest risk of morbidity and mortality or those associated with sensitive occupations.
    1. Raise concern with California's Testing Taskforce leadership regarding revising registration process for State sponsored testing sites.
    2. Increase awareness of Guidance with local primary care providers to increase compliance.

Strategies for increasing access to testing:

Short term:

- a. Short term: Engage local and state agencies in developing appropriate testing strategies and allocating testing resources to impacted communities.

- b. Short term: Open testing sites in communities with low testing rates. The ability to do so will require the Health Department to continue to work with California Department of Public Health (CDPH) to expand community testing sites in underserved communities.
- c. Short term: Collaborate with primary care providers to make testing available to patients and members of the public. Such collaborations include Clinica de Salud del Valle de Salinas, Soledad Medical Group, and County Health Department Outpatient clinics.
- d. Short term: Collaborate with Natividad Medical Center to conduct pop-up test sites in the communities with low testing rates.
- e. Short term: Collaborate with Visiting Nurses Association (VNA) to provide pop-up test sites in communities with low access such as; Castroville, Pajaro, Marina, Seaside, Chualar, San Ardo/Bradley/San Lucas areas (beginning July 15)

### **Case Investigation and Contact Tracing**

Case investigations and contact tracing are part of a standard public health approach for containment of infectious diseases. When used in combination with other public health strategies, they can be effective tools for reducing transmission in impacted communities. Current challenges with case investigations and contact tracing include a lack of trained and qualified individuals to serve as case investigators, particularly among individuals who speak non-English languages. As the teams expand to meet the needs of the community, physical workspace for staff, phones, and computers becomes more difficult to quickly secure. The availability of supervisors and managers, as well as clerical staff, who can be reassigned or hired to oversee and support the expanding teams is also challenging. Strategies currently being implemented to help reduce disparities among individuals affected by COVID-19 include:

- a. Continue to expand case investigation and contact tracing teams as morbidity levels increase.
- b. Include cultural sensitivity and humility in training modules for new case and contact investigators.
- c. Ensure staff reassigned or hired to conduct case and contact investigations are representative of disparately impacted racial and ethnic groups.
- d. Offer written and verbal communication in non-English languages for communities where English is not the primary language.
- e. Work collaboratively with hospitals, clinics, and community-based organizations that provide medical and supportive services for impacted communities to improve effectiveness of case investigations and contact tracing.

## **Alternative Housing Access**

Adequate isolation is key for preventing virus spread. Housing insecurity makes it nearly impossible to quarantine properly when needed. Expanding eligibility will increase access to alternative housing.

Strategies to increase alternative housing access:

- a. Short term: Expand temporary housing arrangements for unhoused vulnerable individuals and COVID positive residents who cannot safely self-isolate, including using hotels for sheltering residents, placing hand washing stations in homeless encampments, and providing emergency rental assistance.

Domestic violence cases are likely on the rise as seen in other counties during COVID-19 shelter in place orders. Domestic violence has disparate impacts on communities of color.

- a. Short term: Work to expand eligibility for isolation spaces (e.g. hotels) for people experiencing domestic violence.
- b. Long term: Law Enforcement as a response entity is not broad enough. Collaborate with the Domestic Violence Coordinating Council to develop a strategy for improving coordinated response with a plan to centralize coordinated resources, response, and messaging for community education and awareness.
- c.

## **Health Literacy**

Enhance outreach and messaging: More specific outreach and messaging should be developed working with community partners as liaisons, ambassadors, and media consultants.

Strategies to increase health literacy:

- a. Short term: Work with community partners to expand the library of resource documents to enhance health literacy (e.g.; FAQs, myth documents) These documents will be downloadable, written at lower-reading levels, and simply formatted for ease of use and distribution.

## **Access to healthcare**

Strategies to improve access to healthcare

- a. Short term: Support local model for UndocuFunds for disaster relief to undocumented families impacted by COVID-19. Jurisdictions such as Sonoma County and City/County of San Francisco have developed UndocuFund programs to provide support to COVID-

19 impacted individuals and families who may not otherwise have access to government issued financial assistance.

Short term: Increase partnerships with Federally Qualified and Rural Health Centers, employer clinics, hospitals, Covered CA, Esperanza Care to increase access to healthcare and address equity gaps for COVID-19 positive patients.

- b. Long term: Increase accessibility to primary care providers.
- c. Improve receipt of appropriate level of care by farmworkers, and transportation to services.
- d. Long term: Provide access to clinical trials/treatment for communities of color where they seek and receive care.
- e. Long term: Develop a method to prioritize certain groups to gain access to medications and vaccines, once approved, based on documented higher risk for serious illness and death
- f. Long term: Develop policies and protocols that assure that access to acute hospital care is equitable.
- g. Long term: Expand the concept of access to health care so that it includes supports for social determinants of health
  - a. Expand Medical-Legal Partnership to support connecting clients to non-governmental relief funds for patients, especially undocumented workers
- h. Long term: Shift messaging around mental health workers to be as essential as other healthcare workers. The precedent for this messaging is due to the simple fact that the impacts of this pandemic will last longer than the medical needs that we are seeing, based on studies of post-traumatic stress syndrome after major disasters. Resurface and amplify the positive stories that bring a sense of humanity and communal compassion from mental health workers and their clients and ensure culturally relevant and supportive service delivery.

## **Worker Support and Protections**

### **Strategies to improve worker support and protections: Enforcement of physical health protections for front-line workers**

- a. Long term: Create regulatory environment that provides incentive to employers to protect frontline workers and creates effective enforcement mechanisms for those that do not.
  - a. Tiered enforcement process to include a series of training opportunities for compliance with existing process (Fine structure with standards for imposing those fines)
  - b. Develop a tiered recognition program such as the Golden Seal, providing visibility and public awareness of employer actions to protect frontline workers

- c. Engage state strike teams to educate and enforce state orders to improve worker protections in the work environment and for COVID response
- b. Long term: Secure most effective protections for post-COVID period
  - a. Work from home practices
  - b. Supplies of PPE
- c. Long term: Continue to support priority sectors' needs during recovery, including having worker input
  - a. Manufacturing, Agriculture, Hospitality

### **Sick leave and family care protections**

- a. Long term: Adopt strong emergency and permanent paid sick leave policies

### **Robust public health infrastructure for pandemic and disaster response**

- a. Short term: Develop Equity Officer position in the County Emergency Operations Center that is involved in all phases of response.
- a. Long term: Activate local-level epidemiologists, health care facilities, and others to collect race and ethnicity data; and standardize data practices across the county to better track disparities.

### **Coordinated Response**

- a. Long term: Create more efficient government response and recovery using a “Health in All Policies” approach through formation of a multi-sector task force.

### **Increased Internet and Virtual Access**

The arrival of the novel coronavirus (COVID-19) has fundamentally changed the way we work, live, and seek health care. Shelter in place orders required all of us to stay in our homes to assist the efforts toward containment and prevent the spread of the virus. Access to the internet has become a vital lifeline for families and individuals to keep in touch with their loved ones, participate in online school activities, and to work from home. Access to the internet is closely tied with broadband access and economic security, resulting in a digital divide in Monterey County.

- a. Long term: Increase access to virtual connection, learning, and public participation opportunities.
- b. Long term: Continue holding all government meetings online to ensure access.
- c. Short term: Create a virtual recreation center through the Parks and Recreation Department (e.g., <https://www.ci.richmond.ca.us/3922/Virtual-Recreation-Center>)
- d. Long term: Close the digital divide by fast-tracking local policies and resources, such as expanded routers, Wi-Fi to parking lots modeled after efforts by the City of Gonzales and Monterey County Office of Education and requiring development contractors to provide basic wifi access when building new infrastructure.
- e. Long term: Expand on our partnership with MCOE/schools to bridge digital divide.

## ***PUBLIC ASSISTANCE FOR BASIC NEEDS***

Public services target many of the causes and conditions of poverty and are intended to act as a social safety net. Contributing factors leading to poor socioeconomic conditions are food and housing insecurity, unemployment or underemployment, lack of education to secure sufficient income, and fear of the public charge rule. Individuals deemed to be a public charge can be denied a visa or green card, which could lead to their falling out of legal immigration status and becoming deportable. Socioeconomic conditions factor into a community's vulnerability to the effects of the pandemic.

Client populations that receive, or are most in need of, public services are often those who are most likely to be disproportionately affected by the COVID-19 pandemic. The link is evident in the breakdown of county residents impacted by COVID-19, which mirrors social services client demographics. Although 60% of Monterey County is Hispanic and 1.4% is Multiracial, Hispanic and Multiracial residents represent 81% and 13% of reported COVID-19 incidents respectively. In contrast, the County's White residents account for 5% of reported COVID-19 cases despite accounting for 29% of the population.<sup>14</sup> A similar demographic breakdown of the Monterey County Department of Social Services client population reveals that its client base is 79% Hispanic, 8% Multiracial, and 3% White. The Department of Social Services serves just over 30% of the county's Hispanic population. In comparison to the general population, Hispanics are 2.5 times more likely to receive social services. By program, Hispanic clients represent 83% of CalWORKs, 75% of CalFresh and 78% of Medi-Cal service recipients.

Public services provide a vital point of contact with the county's most vulnerable population. However, as the COVID-19 pandemic demonstrates, operating conditions can create new challenges for service delivery and exacerbate existing barriers to accessing services. Opportunities for addressing disparities in the area of public services involve ongoing evaluation to assess the effectiveness of current strategies, identifying and removing barriers to receiving services, and focused efforts to amplify and refine current outreach and service-delivery strategies to further improve and expand program access for eligible residents.

### **Programs to Support Basic Needs & Strategies to Increase Access**

1. Cash Assistance Programs:
  - a. CalWORKs/Temporary Assistance for Needy Families (TANF)
  - b. General Assistance

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<sup>14</sup> *Monterey County COVID-10 Data. Monterey County Public Health Department:* (<https://www.co.monterey.ca.us/government/departments-a-h/health/diseases/2019-novel-coronavirus-covid-19/2019-novel-coronavirus-2019-ncov-local-data-10219>)

- c. Supplemental Security Income (SSI) Advocacy and assistance in applying for benefits

Potential Barriers to Access:

- Geographic location of resources
- Eligibility requirements
- Restricted in-person access to services
- Fear of the public charge rule
- Limited internet for online access
- Limited school and program access due to shelter-in-place

2. Health Insurance Access

- a. Medi-Cal (full scope)
- b. Emergency Medi-Cal (restricted scope)
- c. In Home Supportive Services (IHSS, non-medical home support program)
- d. Covered California

Potential Barriers to Access:

- Eligibility requirements including residency and citizenship status
- Income and property limits
- Location and capacity of in-network providers

Strategies to Improve Access

- a. Short-Term: Moratorium on taking “negative action” on Medi-Cal cases through January 2021 to limit disruptions in benefits.
- b. Long-Term: Adopt a remote and in-person model for long-term service delivery methods for programs, restarting MC-CHOICE Outreach throughout the county when COVID safe methods are available, redesign outreach strategies based on developing safety guidelines, expand partnerships with community-based organizations, better utilize social media to provide information, maximize features of C-IV eligibility system for customers.

3. Programs currently addressing food insecurity:

- a. CalFresh
- b. WIC (Special Supplemental Nutrition Program for Women, Infants and Children)
- c. Community Resources for Food Distribution
  - i. Food Bank

- ii. Meal Delivery Programs
  - (a) Meals on Wheels
  - (b) Great Plates
  - (c) Congregate Meals for Seniors

Potential Barriers to Access:

- Eligibility requirements including household size, residency and citizenship status
- Income and property limits
- Access to location of distribution sites
- Limited capacity and equipment to prepare meals

Strategies to Improve Access

- a. Short-Term: Improve and expand ability to conduct phone interviews for eligibility determination, advocate and support Electronic Benefit Transfer (EBT) card eligibility for online use through web-based marketplaces such as Amazon and Wal-Mart, promote expanded EBT use to public.
- b. Long-Term: Increase EBT card acceptance, advocate for long-term EBT online food purchase access.

4. Employment Supports

- a. Vocational Assessment
- b. Employment Readiness & Job Appraisal
- c. Education & Job Training

Potential Barriers to Access:

- Normal in-person employment workshops discontinued due to COVID-19
- Limited access to technology or Wi-Fi to access virtual services

Strategies to Improve Access

- a. Short-Term: Requirement for in-person assessments waived through August 2020 by California Department of Social Services. Deployment of on-line job readiness, educational, and job search services/modules, such as Metrix. Implement job readiness workshops via Zoom or a remote platform. Implement and sustain virtual appointments for one-on-one job search services. Approve purchasing laptops for educational and activity purposes. Reformat appraisals for virtual appointment platforms and online completion/submission of documents. All appointments held via the phone or alternate virtual platform.



- b. Long-Term: Incorporate online job readiness into service delivery system as an on-going mainstay to better serve all types of customers. Create policy for providing broad scale access to Wi-Fi and the internet.

## 5. Other Social Service Supports

- a. Local Non-Profit Services
- b. Faith-Based Partners

### Potential Barriers to Access:

- Community need overwhelming the capacity of small, local non-profits and churches
- Small organizations reliance on volunteers impacted by social distancing and Shelter-in-Place orders
- Challenges in accessing required Personal Protective Equipment (PPE) to safely provide services.
- Limited or impaired capacity to shift service model to virtual methods

### Strategies for Access

- a. Short-Term: Increase financial support to community partners and offer technical assistance as needed, provide accommodations that streamline service agreement terms such as offering means to submit reports and invoices electronically and amending contracts through DocuSign.
- b. Long-Term: Establish long term methods for online data and financial reporting, assess and advocate for emergency and established sources of funding to implement long term methods to increase coordination with network of partners, capacity and service delivery.

## ***HOUSING***

The overall affordable housing crisis is difficult to solve due to soaring land values, the high cost of development, and an extremely restrictive regulatory environment. Policies could be developed to streamline and reduce the cost for the creation of safe and affordable units. This will require attention to policy areas such as the California Environmental Quality Act (CEQA), local impact fees, local zoning laws, state funding, and other changes that could remove fiscal and procedural barriers to building new affordable housing projects.

Identify underlying conditions that contribute to housing instability due to limited housing supply in Monterey County, and suggest possible short- and long-term solutions.

### ***Specific Issue Areas:***

- a. Health and Building Code violations creating higher risk factors: The lack of available affordable housing creates a negative incentive to put more people than should be safely allowed in dwellings, or to construct dwellings/structures without the proper permits and inspections. Overall, this creates additional risk factors for those seeking shelter.
- b. Housing supply: Currently the supply of affordable housing that exists cannot meet the demand, this includes farmworker housing.
- c. Financing and Construction Costs: Construction in Monterey County, and California in general is expensive due to the cost of building, permits, and other regulatory costs.
- d. City coordination: In many of the areas of the unincorporated county where affordable housing projects should be built to be close to services, there are regulations or agreements that require coordination with cities. This adds a potential additional barrier since the cities and county may have different development standards, which would have to be resolved for a project to move forward. Cities and the County also have different impact fee structures, which need to be considered.
- e. More incentives needed: There are currently incentives available for affordable housing projects such as density bonuses to allow more units than would otherwise be allowed by zoning. However, additional incentives, including financial ones related to taxes could be explored to increase development.

### Strategies to address short-term affordability and health

- a. Pass foreclosure/anti-speculation protections
- b. Develop public statements of support from a health perspective
- c. Create a clear line of housing resources for providers to access and use for patients
- d. Support expansion of city and county emergency housing
- e. Develop methods for sustaining and transitioning short term emergency COVID housing to long term housing use

### Strategies to address the quality of existing and proposed housing projects:

- a. Employee Housing Program for both H2A and non H2A employees
  - Inspection program (compliance with local space requirements of 50ft per person)
- b. Healthy Housing

- Complaint response (ensures anonymity and employee protections from retaliation), enforcement of Substandard Housing Code
- c. Use County GIS data combined with zoning code requirements for housing development to map where target areas could be based on complexity of permits required (farmworker housing, small vs. large projects, multifamily, mixed use, etc.).
- d. Apply for and utilize state grants for planning work to forward affordable housing.  
Current projects already in process from State SB 2 Grant Funding include:
  - Update developer impact fees in Castroville to make construction costs more reasonable for affordable housing
  - Update Castroville Community Plan to identify potential areas for higher density development
  - Begin work on Chualar Community Plan to identify areas for growth
  - Creating Pre-approved plans for ADU's (accessory dwelling units) which can be used by the public at no-cost
- e. Rental Assistance
- f. Fair Housing/Tenant Landlord services
- g. Eviction Moratoriums

Challenges to increasing housing supply:

- Employee Housing Program
  - Basic living standards compared to State Housing Code
  - Limitations as to what County can do to permit farmworker housing projects with family capacity, not just single workers to address the need to house farmworker families.
  - Need for year-round housing in the agricultural industry, not just for seasonal workers.
- “Not in My Back Yard” (NIMBY) sentiments in the community creating difficulty for developers and ultimately residents of affordable housing projects.

## ***HOMELESSNESS AND HOUSING INSTABILITY***

### **Homelessness-Category 1, Literally Homeless**

Individuals and families who lack a fixed, regular, and adequate nighttime residence, which includes one of the following:

- Place not meant for human habitation
- Living in a shelter (Emergency shelter, hotel/motel paid by government or charitable organization)
- Exiting an institution (where they resided for 90 days or less AND were residing in emergency shelter or place not meant for human habitation immediately before entering institution)

### **Homelessness-Category 2, Individuals/families who will imminently (within 14 days) lose their primary nighttime residence, which includes ALL of the following:**

- Have no subsequent residence identified AND
- Lack the resources or support networks needed to obtain other permanent housing

### **Homelessness-Category 3-Unaccompanied youth (under 25 years of age) or families with children/youth who meet the homeless definition under another federal statute and includes ALL the following (McKinney Vento):**

- Have not had lease, ownership interest, or occupancy agreement in permanent housing at any time during last 60 days
- Have experienced two or more moves during last 60 days
- Can be expected to continue in such status for an extended period of time because of: chronic disabilities, OR chronic physical health or mental health conditions, OR substance addiction, OR histories of domestic violence or childhood abuse (including neglect) OR presence of a child or youth with a disability, OR two or more barriers to employment

### **Homelessness-Category 4-Individuals/families fleeing or attempting to flee domestic violence, dating violence, violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member and includes ALL of the following:**

- have no identified residence, resources or support networks
- Lack the resources and support networks needed to obtain other permanent housing

Significant racial disparities exist within the Monterey and San Benito County Continuum of Care (CoC) with regards to which racial and ethnic groups are counted in the Point in Time (PIT)

Census and enrolled in the Homeless Management Information System (HMIS)<sup>15</sup>. The disparities are particularly striking when comparing the African American population to the White population. The per capita population of African Americans in the PIT Census was 12.1 times greater than the per capita of Whites in the PIT Census. However, of those represented in the PIT Census, African Americans were enrolled in HMIS one third as much as Whites. However, when compared to the overall population, African Americans are enrolled in HMIS 3.5 times more than Whites. This discrepancy is likely due to the overrepresentation of African Americans in the PIT Census. On the other hand, Asians are the only racial/ethnic group represented in the data to be counted less in the PIT census than Whites and are also enrolled in HMIS less than Whites. Nearly every racial and ethnic group experiences homelessness more than Whites and seeks assistance less (as determined by the Point in Time Census and HMIS enrollment data). However, if HMIS exit data is taken as a measure of utilization of homeless services, then the racial/ethnic disparity for Monterey and San Benito counties shows that when people receive homeless services the racial/ethnic gap of homeless experiences narrows. This is a positive reflection of the work of homeless services providers in the CoC.

The discrepancy between PIT Census numbers and HMIS data implies that one of the ways to address racial and ethnic disparities in homelessness is through improved outreach to the communities that are counted in high numbers in the PIT census but show relatively lower levels of HMIS enrollment, namely African Americans. More data collection and analysis on racial disparity is needed to ensure programs target the right needs of people experiencing homelessness.

The Category 3 homeless, McKinney Vento, school count was almost 9,900 in 2019. Most of those students are in low-income areas and are disproportionately affected by systemic/institutional racism that affects their ability to seek social services, fair housing choice, educational resources and other community resources.

Unsheltered homeless in Monterey County have difficulty finding shelter and find difficulty to shelter in place due to policies and actions to move their encampments, whether it is a car or a tent. Homeless people on the streets or staying in their vehicles face a critical lack of access to food, water, bathrooms, showers, and laundry as well as places to warm themselves, access to the internet, a place to store their belongings, and charge electronic devices and electric equipment such as wheelchairs. Homeless do not have access to basic supplies including hand sanitizer, wipes, clothing, socks, toiletries, and blankets. They experience highly intensified levels of stress and isolation on the streets that exacerbate symptoms of serious mental illnesses as well as chronic and acute physical health conditions. COVID exacerbates the difficulty and conditions for those experiencing homelessness to shelter in place and find services.

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<sup>15</sup> *Coalition of Homeless Services Providers, Racial Disparities in Homelessness, Monterey/San Benito Counties (CA-506), 2018.*

The Housing Office administers federal programs that include the Community Development Block Grant (CDBG) Program, federal HOME Investment Partnerships Program, advise on County Emergency Solutions Grant (ESG) funds and work with the Continuum of Care and its homeless programs.

The County of Monterey partners as a CDBG consortium with several small cities that have predominantly low-moderate income populations and people earning lower income wages in the agriculture and hospitality industries. Lower income wages affect the community in Monterey due to high costs of living. Additionally, many in the lower income communities are minorities and have been affected by disparate impacts that have affected their housing, education, health care, nutrition and ability to seek better outcomes. Many in communities in Salinas and the southern portion of the county are foreign-born and have been afraid of public charge threats by and they are dropping necessary benefits such as food stamps and medical.

Based on County Census data, the majority of Salinas's residents are Hispanic, a higher proportion than in the overall region. Salinas has larger proportions of Hispanic residents (75 percent) than Seaside (43 percent), Monterey (14 percent), or the Urban County (50 percent). As part of the Urban County, Greenfield (91 percent) and Gonzales (89 percent) also have high proportions of Hispanic residents. According to the 2010 Census, the racial/ethnic composition of the Urban County's population was: 44 percent White (non-Hispanic); 49 percent Hispanic; four percent Asian and Pacific Islander; one percent Black; and two percent indicating other ethnic groups. In comparison, the State-wide ethnic distribution was slightly more diverse, with 40 percent White (non-Hispanic); 38 percent Hispanic; 13 percent Asian and Pacific Islander; six percent Black; and three percent other ethnic groups.

### **Minority Concentrations**

Areas with concentrations of minority residents may have different needs. A "concentration" is defined as a block group whose proportion of minority households is greater than the overall Monterey County average of 67.1 percent. Racial and ethnic composition varies considerably across the region. Minority concentration areas are found in Salinas and Seaside. Specifically, in comparison to the countywide average, almost the entire City of Salinas is considered minority concentrated. Minority workers also tend to work in the hospitality industry on the peninsula but face significant affordability barriers to living on the peninsula. Within the Urban County, minority concentrations are located primarily in the eastern portions of the County, including Gonzales, where vegetable growing is a key industry. Northern portions of the unincorporated County also have minority concentration areas, specifically the areas of Boronda, Moss Landing, and Pajaro.

According to data provided by HUD's Affirmatively Furthering Fair Housing Tool (AFFHT), Monterey, Salinas, and Seaside are generally considered well integrated, although in comparison to other groups,

Hispanics are slightly more segregated than other racial/ethnic groups. Countywide, however, moderate segregations are measured.

According to 2012-2016 American Community Survey (ACS)<sup>[1]</sup> estimates, about 30 percent of Monterey County residents were foreign-born. Compared to the County, Salinas (38 percent) and Seaside (30 percent) had similar proportions of foreign-born residents; however, Monterey (17 percent) had a much lower proportion than in the region. In the Urban County, approximately 14 percent of Del Rey Oaks, 42 percent of Greenfield residents, 34 percent of Gonzales residents, and 13 percent of Sand City residents were foreign born.

### **Linguistic Isolation**

A linguistically isolated household can be described as a household whose members have at least some difficulty speaking English. The American Community Survey provides information on households with persons five years and over who speak English “less than very well.” In Monterey County, 29 percent of the population could be considered linguistically isolated. Spanish was the language most commonly spoken by residents who spoke English “less than very well.” Compared to the County, in Salinas higher proportions (39 percent) of foreign-born residents were linguistically isolated, while in Monterey less than eight percent spoke English “less than very well.” Seaside had similar proportions to the County of linguistically isolated (25 percent). Between 2012 and 2016, in Salinas about 39 percent of all households had members who spoke English “less than very well.” Reflective of the demographics in Salinas, 70 percent of all residents spoke languages other than English at home. Specifically, over half of these households spoke English “less than very well” (55 percent).

Linguistic isolation is slightly more severe among Hispanic than among Asian households. In homes that primarily spoke “Spanish,” 56 percent of households spoke English “less than very well.” In comparison, in homes that primarily spoke Asian languages, 46 percent of households that spoke English “less than very well.” In the Urban County, about five percent of Del Rey Oaks residents spoke English “less than very well.” Approximately 50 percent of Greenfield residents spoke English “less than very well” and can be considered linguistically isolated. In Gonzales, the proportion is lower at an estimated 38 percent of the population. Only 16 percent of the population in Sand City was considered linguistically isolated. Language barriers may prevent residents from accessing services, information, and housing, and may also affect educational attainment and employment.

### **Family Households**

According to the 2010 Census, in Monterey County about 72 percent of households were family households – and similar proportions were reported in Salinas (78 percent) and Seaside (73 percent). However, Monterey had a significantly lower percentage of family households (49 percent). Similar to the County as a whole, a majority of the households in the Urban County (76 percent) were family households. Families with children often face housing discrimination by landlords who fear that children

will cause property damage, or the landlords have cultural biases against children of opposite sex sharing a bedroom. The 2010 Census also documented household size by the race/ethnicity of the householder. In 2010, household size in Monterey County varied from 2.73 for White households to 4.38 persons for Hispanic households. As Greenfield, Gonzales, Salinas, and some unincorporated communities had a high concentration of Hispanic households, it is likely that Hispanic households in these cities are disproportionately impacted by overcrowding, given the larger average households size.

## **Income**

According to the Census Comprehensive Housing Affordability Data (CHAS) data, 23 percent of all Monterey County households were extremely low income (30 percent AMI) and low income (50 percent AMI). Another 17 percent were within the moderate-income category (80 percent AMI), and 60 percent were within the middle/upper income category (greater than 80 percent AMI). In Monterey, Salinas, and Seaside, proportions of households by income category were similar to that in the County, with slightly higher proportions of extremely low- and low-income households in Salinas. In the Urban County 21 percent of households were within the extremely low income and low-income categories, 17 percent were within the moderate-income category, and at 62 percent, the majority was within the middle/upper income category. Proportions of households by income category were similar in the County as a whole. Sand City (40.4 percent), Gonzales (30.4 percent), and Greenfield (37.4 percent) all had a larger proportion of households with extremely low/low incomes in comparison to the Urban County proportion, while in Del Rey Oaks, only nine percent of households had extremely low/low incomes.

HUD defines a “Low and Moderate Income Area” as a Census tract or block group where over 51 percent of the population is lower and moderate income. Most Low and Moderate Income Areas of the County are located generally in the North and in the eastern central portions of the County. Low and Moderate Income Areas in the north include neighborhoods in Monterey, Salinas, and Seaside, and in parts of the Urban County – Gonzales, Greenfield, and the areas of Boronda, Castroville, Moss Landing, Pajaro, and San Lucas. Many of these Low and Moderate Income Areas are also identified as minority concentration areas, an indication that certain parts of the County have a disproportionate number of lower income minority residents. It is imperative that federal programs such as CDBG, HOME and ESG are focused on service low-moderate income communities with homeless shelters, public services, infrastructure and housing to combat the effects of disparate impacts.

## **Housing Cost Burden**

Countywide, 73 percent of low and moderate income households were affected by a housing cost burden, of which 43 percent were paying at least 50 percent of their income towards housing. In Monterey, Salinas, and Seaside, similar proportions of low and moderate income households were experiencing housing cost burdens. About 25 to 35 percent are experiencing a cost burden, while another 40 to 55 percent are experiencing a severe cost burden of at least 50 percent of their income spent on housing cost. In the Urban County, the majority of lower and moderate income households experience a housing



cost burden, with approximately 70 percent of all lower and moderate income households experiencing a severe housing cost burden. The proportions of lower and moderate-income households experiencing cost burden was slightly higher in both Sand City and Gonzales (97 percent and 82 percent, respectively). In Sand City, the majority of lower and moderate income households were likely to experience severe cost burden (66 percent). Renter-occupied households in all three jurisdictions are more likely to experience housing cost burden than owner-occupied households.

According to the 2012-2016 ACS, nine percent of owner-occupied households and 25 percent of renter-occupied households in Salinas were overcrowded, for an overall 18 percent overcrowded households in the City. Some unincorporated communities, Gonzales and Greenfield all had at least 30 percent of overcrowded households. Countywide, six percent of owner-households and 20 percent of renter households were considered overcrowded, for an average of 13 percent households in the County.

**Short-term Strategy:** Homeless Prevention and find housing solutions for homeless in Monterey County

**Long-term Strategy:** Build affordable housing and find other housing opportunities, such as home share programs

## ***ECONOMIC DEVELOPMENT***

Monterey County families are faced with financial threats to their quality of life on a daily basis with significant income inequities by race. Shrinking wages, increased costs, and depletion of savings are the main causes of financial instability for many working families and have contributed to the disparate impacts from the COVID pandemic.

The County is in the process of updating the Comprehensive Economic Development Strategy (CEDS), integrating equity as an overarching theme in all of the economic pillars identified.

Strategies to address income inequities and to return workers to living wage jobs post COVID:

- a. Inclusive workforce development and entrepreneurship programs
- b. Allocate grant funds for wage loss, small business loss or create fund for immediate no-interest loans to keep small businesses afloat; eviction moratorium for small businesses
- c. Increased grants and loans for small businesses, social enterprises, worker collectives, etc.
- d. Classification of front-line workers as “essential” to receive county level and state level free childcare benefits,
- e. Paycheck Protection Program (PPP)

Around 4,000 businesses in Salinas and on the Monterey Peninsula received about \$133 million in relief to help with expenses due to the COVID-19 pandemic. The U.S. Small Business Administration released data from the Paycheck Protection Program (PPP) that detailed businesses and nonprofits that received loans. PPP funds between \$150,000 to \$10 million went to 636 businesses in Salinas, Monterey, Marina, Seaside, Sand City, Del Rey Oaks, Pacific Grove and Carmel to help pay 33,469 employees. Paycheck Protection Program funds of \$150,000 or less went to 3,368 businesses in Salinas and Monterey Peninsula cities, which helped pay 17,005 workers. A total of eight entities in Monterey and Salinas captured loans of between \$5 million and \$10 million.

The cities that had the greatest number of businesses that benefited from the Paycheck Protection Program were Salinas with 1,657, Monterey with 1,092, Carmel with 506, Seaside with 261, Pacific Grove with 248, Marina with 178, Sand City with 45 and Del Rey Oaks with 17. *Source: Monterey County Herald*

PPP loans primarily reached peninsula and Salinas, and not south county cities. Staff asked its partner at Cal Coastal why this occurred and disparate impacts are an issue. South County has a higher low and moderate income population and tends to be underserved, due to its rural nature. There are fewer financial institutions serving these communities there than in larger urban areas. One complaint about PPP is that financial institutions primarily served their best customers and not new client relationships. South County businesses tend to cater to Latino customers and are smaller retail and service type businesses. They are not hotels or really in the tourism industry, nor do they have large numbers of employees. In order to have your PPP loans forgiven, 60% of the proceeds must have been used to retain employees during the covered period. The PPP Program was confusing and difficult to promote to Spanish speaking businesses.

**Strategy:**

The County, in partnership with Cal Coastal, was able to provide its Economic Development Administration (EDA) Revolving Loan Fund (RLF) to the whole county and targeted outreach efforts to south county businesses to ensure south county businesses had access to the loan program. Cal Coastal used local newspapers to advertise the RLF in Spanish and English. The County also partnered with the City of Salinas, Cal Coastal's Small Business Development Center (SBDC) and the Monterey Business Council to conduct webinars in Spanish.

**Strategy:**

The County in collaboration with the City of Salinas, was able to work with El Pajaro Community Development Corporation (CDC) and provide funds to start a new loan program aimed at aiding small businesses in underserved areas of Monterey County. Fondo Adelante, the Community Development Financial Institution (CDFI) arm of the Mission Economic Development Agency (MEDA) in San Francisco partnered with El Pájaro CDC to establish an emergency loan program through the state's Small Business Disaster Relief Loan Guarantee Program. This loan guarantee

program provides up to a 95% loan guarantee to approved lenders, reducing their risk to provide microloans in amounts up to \$50,000 to small businesses that are unable to access federal disaster loan assistance.

### ***JUSTICE SYSTEM***

Justice partners have collaborated to address the impact of COVID-19 in the incarcerated populations. The focus is to address health issues including restorative justice, health protections for incarcerated people, fines and fees elimination, and equitable release of COVID impacted incarcerated population with conditions for supervision in place. In April, the Judicial Council, Chief Justice issued an emergency bail schedule reducing bail to \$0 for people accused of lower level crimes. A measure to reduce the spread of the virus for incarcerated populations and helped California jails reduce population by more than 20,000 people to “flatten the curve” of the pandemic. Once the temporary bail schedule was rescinded in June, to reflect Governor’s decision to grant variances for reopening in 51 counties, based on local health conditions, Monterey County its own temporary bail schedule to continue to address risk of the virus spread.

Short-term strategies include:

- a. Ensure health protections for both incarcerated and workforce populations; promote health-protecting and equitable COVID-related prisoner releases.
- b. Monterey County issued its own temporary bail schedule modeled after that of the Chief Justice’s emergency bail schedule.
- c. Sheriff’s Department: identifies inmates of high vulnerability due to underlying health conditions and presents recommendations to the Court for early release.
- d. Public Defender: works with the District Attorney’s Office to resolve cases earlier to remove defendants from custody.

### ***LEGISLATIVE ADVOCACY***

Even before the pandemic, Monterey County’s Legislative Program focused on numerous legislative priorities in the areas of health, human services, economic development and public safety. The County has adopted a strategy of “Health in All Policies” as part of its efforts to eliminate social, racial, economic, and environmental inequities that impede the attainment and maintenance of good health, including health care access.

Since the pandemic began, Monterey County has engaged in numerous legislative advocacy efforts to ensure that both state and federal administrations, agencies, and legislators are aware of the challenges and needs facing our community. Given the pandemic's disparate toll on communities of color, in particular low-income communities, legislative advocacy efforts for the acute effects of the pandemic have been aimed at: increasing testing; provision of personal protective equipment

(PPE) for essential workers; helping to meet basic needs like providing food, wage supports and temporary housing for people who get sick or exposed to the virus; access to communications and guidance in Spanish; and support for all-mail elections.

Continued legislative advocacy efforts which will benefit those disparately impacted by the pandemic include:

- **2020 Census:** Billions of dollars hang in the balance for essential programs, services, infrastructure, plus government representation from the Congressional level to local county supervisorial districts.
  - Continue to support efforts with the state and federal governments and community groups to achieve a complete count, especially in hard to count communities.
- **Increased State and Federal Support and Investment:** Despite recent investments counties cannot continue to meet the unprecedented demands in public health, emergency response, and other vital services without additional state and federal support. Coupled with declining local revenues, the increasing demands on county-delivered safety net services makes our situation untenable and puts the health and security of the public, especially communities of color, at risk.
  - Support additional direct fiscal relief to counties;
  - Support maximum flexibility in the usage of federal funds allocated to counties to mitigate direct and indirect COVID-19 costs, revenue losses and temporary expansion of benefits;
  - Support an extension of the expenditure deadline to utilize federal funds allocated to counties.
- **Health:** Access to quality healthcare is a basic human right. Communities of color have higher rates of underlying health conditions (e.g., diabetes, heart disease, lung disease) that are linked to more severe cases of COVID-19. They also often have less access to quality health care, and are [disproportionately represented in essential frontline jobs](#) that can't be done from home, increasing their exposure to the virus.
  - **Health Care for All:** Support efforts to create equity and eliminate racial disparities by expanding access to health care through universal coverage and other steps to improve the quality and affordability of health care (e.g., Medi-Cal expansion to undocumented seniors). Support policies and funding that preserve and expand primary prevention, essential public health functions, and that foster social equity in the areas of community health, health care access (including telehealth), education, and disease prevention.

- **Public Health Departments:** Support funding for public health departments to continue to conduct essential activities including testing, case investigation, contact tracing, surveillance, epidemiology, infection control, mitigation, communications, and other preparedness and response measures.
  - **Testing:** Support increased funding to test individuals that are not connected to a primary health care provider to minimize access barriers for underserved communities and increase capacity to support outbreaks in congregate living settings. Support increasing production of testing supplies to increase the supply of testing kits for hospital-based testing services.
  - **Expand Public Health Services:** Support efforts and funding to enhance public health workforce staffing, infrastructure, and capacity.
  - **Public Health Laboratories:** Support increased funding for state and local public health laboratories. Public health labs are reference labs that support local providers of health care to low income communities of color. This includes testing specimens from correctional facilities and employer provided housing which house largely low-income minority populations. Public health labs also provide technical assistance, specimen collection supplies and testing equipment to providers of health care to low income communities of color including federally qualified health centers, Medi-Cal providers, and local hospitals.
  - **Commercial Laboratories:** Support increased oversight and enforcement of commercial lab responsibilities. Commercial labs contribute to the response to a pandemic. However, more oversight and enforcement of state mandates and state and local health officer orders are needed. Greater adherence to reporting requirements would lead to more reporting of race and ethnicity of patients by commercial labs.
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- ***Food Security:*** The pandemic has created extraordinary levels of food insecurity and has severely disrupted our community's system for food acquisition and distribution to the County's most vulnerable residents.
    - Support efforts to increase Supplemental Nutrition Assistance Program (SNAP)/CalFresh benefits, and eliminate eligibility barriers (e.g., residency and citizenship status, household size, income and property limits).
    - Support funding for local food banks.
    - Support funding for meal delivery programs (e.g., Great Plates).
  
  - ***Spanish Translation of Communications/Guidance:*** Since the pandemic began there has been a lack of communications and guidance documents in languages other than English.

It is essential that these written and verbal communications be provided in non-English languages (e.g., Spanish) for communities where English is not the primary language.

- Continue to request that the State provide pandemic related communications associated with public health, safety or business guidance in both English and Spanish.
  
- ***Economic Supports:*** Communities of color are over-represented in essential jobs that increase their exposure to the virus. High rates of poverty and low wages create greater risks of economic disruption.
  - Support the continuation/reinstatement of increased unemployment benefits by the federal government – including extending benefits to undocumented workers.
  - Support additional economic stimulus payments to individuals – including funding to undocumented residents.
  - Support expansion of the Earned Income Tax Credit to provide more relief to low-income Californians, including those that file taxes with Individual Tax Identification Numbers.
  - Support efforts aimed at supporting minority owned businesses.
  - Support policies that expand sick leave and family leave to support workers and their families.
  - Support funding and policies that protect workers through the provision of personal protective equipment (PPE) and educational materials on how to prevent virus contraction and transmission.
  
- ***Broadband Expansion:*** A lack of internet access disproportionately effects some County residents because internet access is not available in their area or is unaffordable. Expansion of broadband services would benefit economic activities, access to healthcare (e.g.: telehealth); and education (e.g.: distance learning).
  - Support efforts to secure funding for the expansion of broadband and cellular services to underserved areas of Monterey County (e.g.: acceleration of existing CPUC revenue streams).
  
- ***Housing:*** Available and affordable housing is integral to the health and well-being of County residents and an important element for social equity, environmental justice and economic development. Lack of housing or dense, multi-generational housing conditions make it easier for the virus to spread in communities of color.
  - Support efforts to expand eligibility for alternate housing to adequately isolate infected or exposed populations to prevent virus transmission.

- Support efforts to prevent evictions and foreclosures.
  - Support efforts that create affordable housing policies and fund the creation of housing – especially affordable housing and affordable rental housing – for low-income county residents and those with special needs (e.g., farm workers and the homeless).
  - Support efforts to streamline processes which create barriers or delays to the development of affordable housing projects (e.g., CEQA exemptions for farmworker housing projects).
  - Support non-profit housing developments through additional tax credits.
- ***Safety Net and Employment Support Resources:*** Safety net services are a critical element of community well-being that help struggling households survive and thrive.
    - Support funding for basic assistance to households who work in lower wage jobs, are underemployed or are unemployed through CalFresh and the Supplemental Nutrition Assistance Program (SNAP), the Women, Infants, and Children (WIC) program, child care programs, Community Action programs and the CalWORKs/Temporary Assistance to Needy Family (TANF) programs.
    - Support funding for programs that help prevent homelessness and rapidly secure housing (HUD Homeless Assistance, CalWORKs Housing Support).
    - Support improvements to the TANF program to modify work participation requirements to better match individual family needs and local economic circumstances and to recognize additional costs to communities as a result of ongoing funding stagnation.
    - Support expansion of wage subsidy programs for households served by both CalFresh/SNAP and CalWORKs/TANF – these programs have proven to be effective local resources for promoting self-sufficiency and establishing a positive work history.
- ***Protecting Youth and Families:*** The pandemic has added major stressors to children and families, especially in communities where there is higher virus incidence. Economic challenges, school closures and social isolation further add to the problem and put stress on family units.
    - Support efforts to expand eligibility for isolation spaces (e.g. hotels) for people experiencing domestic violence.
    - Support efforts to protect youth at heightened risk for abuse and mistreatment.
    - Support efforts to strengthen social programs and family resources to keep families connected to county support systems and services (e.g., mental health, virtual counseling).

- ***Child Care:*** Local economic recovery from the COVID-19 crisis hinges on the ability of many county residents, especially those who work in industries deemed essential, to access childcare so that they can return to work.
  - Support improved access to safe, affordable high-quality childcare.
- ***Education:*** Schools are facing significant challenges which disparately impact students of color. Nearly 7,000 students/families do not have access to the tools they need for distance learning (laptops or tablets), and over 10,000 students do not have internet access in their home because internet access is not available in their community or unaffordable to their families.
  - Support efforts that ensure quality distance learning through expanded broadband access and technology supports, especially in rural and underserved communities;
  - Support efforts for removing barriers for access to higher education opportunities (e.g. need-based tuition reductions).
  - Support the safe transition, when appropriate, to in-person learning through increased state funding for testing, rapid results, and appropriate personal protective equipment (PPE) for students and teachers.

## ***COMMUNITY ENGAGEMENT***

A core principle of Governing for Racial Equity is to integrate community voice in all aspects of government policy and program development. Community involvement and participation will be key as the strategies to address disparities continue to be developed and implemented.

Community-driven and focused interventions to drive policy for impacted Communities of Color are most effective and result in long-term sustainable systemic change.

Continuous community engagement efforts will extend an invitation for ongoing involvement to include but not limited to the following identified community groups:

- NAACP
- LULAC #2055
- LULAC Salinas Valley #2995
- LULAC Monterey #2895
- LULAC North Monterey County #2907
- Whites for Racial Equity
- UFW Foundation
- Mujeres en Accion
- Mamas de Salinas Abogan



- Padres Unidos of Building Healthy Communities
- Agricultural Commissioner's Advisory Committee
- Monterey County Black & Brown Solidarity Coalition
- Equal Opportunity and Civil Rights Advisory Commission

**ADDITIONAL REFERENCES:**

Studies: HUD Consolidated Plan:

<https://www.co.monterey.ca.us/home/showdocument?id=90752>

Analysis of Impediments to Fair Housing:

[https://monterey.org/Portals/0/Reports/Housing/2019\\_0328-Public-Review-Draft-AI-Monterey-County.pdf](https://monterey.org/Portals/0/Reports/Housing/2019_0328-Public-Review-Draft-AI-Monterey-County.pdf)

Farmworker Housing Study: [https://monterey.org/Portals/0/Reports/Housing/2019\\_0328-Public-Review-Draft-AI-Monterey-County.pdf](https://monterey.org/Portals/0/Reports/Housing/2019_0328-Public-Review-Draft-AI-Monterey-County.pdf)

Point in Time Count: <https://www.co.monterey.ca.us/home/showdocument?id=81207>

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