Strategies For Making Cincinnati A Safer Place for Black Communities During the COVID-19 Crisis
Making Cincinnati A Safer Place for Black Communities During COVID-19

The coronavirus does not discriminate based on race, ethnicity, or geography. But our society does. As a result we are seeing people of color die at disproportionately higher rates than the white population. In Cincinnati the disparities apply in much higher numbers to the black community, causing us to draw our focus there.

We believe that it is imperative that when we look back 6, 12, and 18 months from now, we can say that we did everything in our power to make our city safer for our minority populations. That compared to other cities with similar racial and socio-economic disparities, we have lower infection and mortality rates among the black community. That we are a model for the rest of the country, and can look back and ask ourselves: “What did Cincinnati get right?”

Coronavirus has brought existing, long-term health inequalities into sharp focus, like the fact that black people are overrepresented in fields considered “essential,” that they are much more likely to live in dense environments where social distancing is a near-impossibility, or that underlying social determinants of health have made those populations at higher-risk of infection and dying from COVID-19.

While many of these facts require long-term, sustained effort to change, we believe there are shorter-term issues we can address to mitigate racial health disparities. In an effort to understand more, we convened groups of black essential workers and healthcare professionals in Cincinnati to brainstorm strategies for how best to achieve that goal.

Moving forward, we are eager for our city’s elected, business, and civic leaders to commit the time and attention that issues affecting the black community deserve.
Recommendations Overview

Our conversations included black employees at some of the largest retail, grocery, and distribution employers in the country, as well as black doctors, nurses, epidemiologists and public health officials from some of the leading hospitals and health institutions in the region.

01: MITIGATING RACIAL DISPARITIES IN COVID-19

- **Make COVID-19 “real” through a targeted communications campaign**: develop relevant and relatable stories and information that can be shared across multiple platforms. Highlight and lift up black healthcare professionals, utilize the voices of black leaders and black community influencers, and provide applicable, real-world advice.
- **Prioritize testing and mask distribution in black communities**: Healthcare providers and leaders must work in collaboration with trusted and reliable institutions like schools, churches, and community organizations to host testing sites and disseminate masks. These efforts should be paired with education about the role of masks in protecting others.
- **Collect data that tells a more honest picture of current realities and gives us the tools to address them in the future**: Health disparities are not new and the black community is in a vulnerable position because of them. It’s up to us to support the black community by collecting useful data about how housing, access to care, and other factors impact and intersect with COVID-19 infections and mortality.

02: BETTER PROTECTING ESSENTIAL WORKERS

- **Prioritize getting protective equipment and materials to essential workers outside of hospitals**: Many essential employers are still not providing enough masks, hand sanitizer, and other protective equipment to their employees.
- **Develop opportunities for essential workers to get access to quality healthcare and childcare**: Linking essential workers to healthcare and childcare is critical, and presents “win-win” opportunities for innovative partnerships.
- **Local government should create and enforce more protections for essential workplaces**, including more designated shopping hours and in-store personnel and customer limits.
“If we do not take advantage of this time to come up with strategies that will help us, shame on us. The notion of health disparities isn’t new. This is an opportunity to figure out how we can work together.”
Mitigating Racial Disparities in COVID-19 Infections and Mortality

Racial health disparities in our city and country are not new, and are the result of a number of factors, including but not limited to: housing discrimination and segregation, mistrust of the healthcare system, racism within the provision of healthcare, and a lack of meaningful access to care, health insurance, and healthy foods. Many of those are deeper challenges than we can hope to tackle in the short-term, but we have identified a set of strategies that local African-American healthcare professionals believe can help mitigate racial disparities for COVID-19.

“Normal is not coming for a while. We need to be proactive about what the next six months look like...what a gradual return to normalcy would look like. And we have to put things in place to support our communities.”

TOP TAKEAWAYS:

1. **Make COVID-19 “real” through a targeted communications campaign**: develop relevant and relatable stories and information that can be shared across multiple platforms. Highlight and lift up black healthcare professionals, utilize the voices of black leaders and black community influencers, and provide applicable, real-world advice.

2. **Prioritize testing and mask distribution in black communities.** Healthcare providers and leaders must work in collaboration with trusted and reliable institutions like schools, churches, and community organizations to host testing sites and disseminate masks. These efforts should be paired with education about the role of masks in protecting others.

3. **Collect data that tells a more honest picture of current realities and gives us the tools to address them in the future.** Health disparities are not new and the black community is in a vulnerable position because of them. It’s up to all of us to support the black community by collecting useful data about how housing, access to care, and other factors impact and intersect with COVID-19 infections and mortality.

OTHER KEY IDEAS & PRIORITIES:

Social distancing is not feasible in many dense living environments, so leaders and healthcare providers must develop tangible strategies and guidance that people can apply to their everyday lives.

“Some people are facing serious proximity challenges. If I live in a 1 or 2 bedroom and there are 6 people in the apartment, how do I protect myself?”

“A lot of people are still traveling to visit family. They think 'I'm not with my friends, I'm just with my family.' I really don't think that people understand - we need to get information out there that relates.”

“Not everyone has a separate bathroom or can avoid buses and rideshares - the information and advice we give has to fit into the context of people’s lives.”
Many African-Americans are skeptical of the healthcare system and are looking to family, friends, and trusted sources for information. Create opportunities for black healthcare professionals to share information to the broader public. We need a layered communications strategy, where black healthcare professionals are communicating to influencers and family leaders, who can then convey those messages to their networks of trust.

“We need to be telling stories that are relevant to our community. All the information out there is good information, but who is it coming from and is it a trusted source? It's the delivery, it's the approach and it's who is saying it.”

“We need to generate stories and index them. Creating some that resonate to women, families, black men, and immigrant groups...The reality is that sometimes it takes seeing someone you know get sick.”

Prioritize testing and healthcare in low-income communities. Just as we triage patients based on need in the ER, we need to triage testing and other resources based on need in our communities. We know that low-income communities are at higher risk, and therefore we should respond accordingly. Innovative ideas include having “walk-thru” testing sites for people who don't drive, nuanced and multilingual communications efforts, and priority access to primary care.

“We need to do targeted community outreach, partner with organizations and places where we know people are going...Kroger, the schools during food pickup...and hand out masks and information.”

“We need the schools and childcare providers to become potential testing sites and information providers.”

Tell meaningful stories and share useful information across multiple communications platforms, utilizing black community influencers, leaders, and healthcare professionals. Hospitals and governments should be asking black healthcare professionals to be front and center during this crisis, and letting them lead response efforts.

“Encourage and empower decision makers to utilize data to create a level of action in the communities that need it the most.”

Leaders should advocate for the collection of disaggregated data so that 6 months from now we have the tools to fight for meaningful change e.g. how is housing connected to racial numbers of COVID patients.

“We need short-term transparency with data. A lot of the data around race and ethnicity is unknown and wasn’t initially collected.”
“Not everyone has a separate bathroom or can avoid buses and rideshares - the information and advice we give has to fit into the context of people’s lives.”

“How many COVID-19 patients have primary care doctors? How many live in dense housing? These are things we’ll want to know.”

Housing will continue to be a major factor in health and wellness and the community will need to come up with a plan for how to support people that live with multiple people in highly populated units. We need a plan for what we do when people who live in close proximity to others test positive. We should find a place for them to spend quarantine safely, and then identify a way for those families to still get the basic necessities for two weeks if that quarantined person is a caretaker. This will require close coordination between testing, housing, and service delivery organizations.

“The big ticket item when it comes to disparities has a lot to do with location and housing segregation.”
Better Protecting Essential Workers

We have learned a lot these past few weeks about who our society deems "essential" to keep the rest of us safe, fed, mobile, and well-stocked with needed resources. The truth is, these services have always been essential, but it has taken a pandemic to highlight that truth. Now that it has, we need to work towards making pay, benefits, and protections for these workers commensurate with their essential status. Communities of color disproportionately do this essential work, so it is even more critical that we are stay focused on these issues as the pandemic subsides.

“On one end I want to take care of the community and make sure that we can provide, but I want to make sure that I'm safe and my coworkers are safe.” - Grocery store manager and essential worker

TOP TAKEAWAYS:

1. Many essential employers are still not providing enough masks, hand sanitizer, and other protective equipment to their employees.

2. Linking essential workers to healthcare and childcare is critical, and presents “win-win” opportunities for innovative partnerships.

3. Local government should create and enforce more protections for essential workplaces, including more designated shopping hours and in-store personnel and customer limits.

OTHER KEY IDEAS & PRIORITIES:

The City of Cincinnati should create a microsite that highlights the most up-to-date information on COVID-19 resource distribution, provides recommendations around safety for essential workers, and directs people to companies that are currently hiring. Right now, people feel that the publicly available information isn't keeping up with day-to-day realities. This site should be regularly updated throughout the day, and be coordinated with Cincinnati Public Schools, Jobs and Family Services, Hamilton County, United Way, the Regional Chamber, and other major resource providers. The City and County of San Francisco has a great model for this site.

“People want to know how they can be helped. Update the website with information on jobs, resources, transportation, where to access essential items and more.”

Our reopening plans need to be explicit about the spectrum of essential and less essential work - especially when it comes to who needs to be physically present in an office space. Too many people are still being asked to work from an office or workplace when they could be easily accomplishing their tasks from home.

“We have some headquarter employees who can work from home but for whatever reason we're not able to work from home. I wanted to know more about that but I didn't want to ruffle any feathers.”
Essential workers are struggling to access the physical and mental healthcare they need, as well as the childcare that could allow them to continue working. We need to seek out innovative partnerships and funding plans to connect these workers to physical and mental health support and childcare. Essential workers, especially those in the retail and manufacturing space are working longer hours while still needing to manage home life, often including their child’s at-home learning and protecting multi-generational households. It can take a toll both mentally and physically. There are “win-win” opportunities to keep childcare centers in business and sustain essential work by pairing essential employers to pandemic childcare providers. Local funders could help subsidize these partnerships.

“Childcare is so hard for essential workers, because schools and childcare centers aren’t open. I have so many associates who aren’t working right now because there is no one to take care of their children.”

“We were working from 6 in the morning to 10 [pm]...people were walking off the job, and I wasn’t able to keep my job while still following the rules at the halfway house.”

Establish and enforce in-store person limits to allow for social distancing, and incentivize better shopping habits among individuals - especially around how often they shop and what they consider “essential.”

“I appreciate the limited hours, but we should limit the amount of people in the store...limiting how many people actually come into the facility every day.”

“The max they told me we can have in our store is 697 people - you can’t social distance with that amount of people, it’s way too many.”

Local leaders should be advocating for an increase in hazard pay for essential workers and better leave policies.

For the hourly associates, there is a strong sentiment that they have to be at work or they will lose their job. They think ‘if I take off when I need to, will I get paid? Will I get fired?’

“Since people are putting their lives on the lines, they should be compensated for that. What if they get COVID-19 they die and they don’t have life insurance?”

“They haven’t added any sick leave since this started - we were told to use our existing sick leave and our vacation leave. We can’t use unpaid time off for this.”

Essential workers outside of healthcare are also struggling with the shortage of masks, hand sanitizer, and cleaning supplies. Incentivize employers to provide these items, and consider securing large donations or purchases so that essential workers can have priority access.

“They tell us to wear masks and gloves, but they aren’t providing them for us. They aren’t doing much to keep us safe, everything is pretty much the same as before.”

“Right now I need access to masks and cleaning products. I haven’t been able to find them. You go to WalMart, Family Dollar, wherever...no one seems to have any of those products.”

Local leaders, employers, and influencers should be encouraging others to wear masks outside, especially when they are grocery shopping or running errands that increase their exposure to others. Because it is not yet normalized, some people are shying away from doing it.

“You don’t want to make people feel a certain type of way with gloves and masks, but I still need to protect myself and my family.”
Getting to: "What did Cincinnati Get Right?"

We can emerge from this crisis a stronger, more vibrant and inclusive city. Given our history, efforts to come back better than before should prioritize decreasing racial health, wealth, and education gaps. This crisis has starkly highlighted our existing inequalities, and therefore presents an opportunity to radically change our priorities and practices moving forward. It will begin by listening to, learning from, and following the lead of black leaders, black residents and those committed to meaningful progress.

Now is the time for action. We must guard against the comfortable feeling that bromides about inequality are enough to actually dismantle it. This crisis is going to affect black communities worse than most other communities, in large part because of a history of state-sanctioned discrimination, segregation, and exploitation. If we are serious about emerging stronger and better than before, it means taking these truths to heart and implementing tangible, social and economic remedies that are equal to the task ahead.

We believe this strategy is a small beginning in the direction of what we hope will be a larger effort to transform Cincinnati into a positive example for the rest of the country when it comes to racial equity and progress.