

Commission for Health Advocacy and Equity

“Making strides to address health equity and the elimination of health disparities in Rhode Island”

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May 8, 2020

Dear Governor Raimondo, Senate President Ruggerio, and Speaker Mattiello:

On behalf of the members of the Rhode Island Commission for Health Advocacy and Equity (CHAE), we write to you to share urgent concerns from the community and recommendations pertaining to racial equity and health justice during the current COVID-19 crisis response and recovery planning.

The purpose, powers and duties of the CHAE, set forth in [2011 - - H5663 Sub A](#), are to: advocate for the integration of health equity; provide direct advice to the director of health and other state leaders; develop and facilitate coordination to facilitate a comprehensive state health equity plan; set goals for health equity; and educate state agencies.

We wish to acknowledge and thank Governor Raimondo and Dr. Alexander-Scott for the exemplary leadership their offices have demonstrated during this public health crisis. We recognize that Rhode Island is being lifted up as a model for our strong leadership in protecting the public health of our residents, including having the highest per-capita testing rate in the nation. We also appreciate the strength and compassion with which you both are leading in this time of crisis.

We also appreciate in your daily press briefings, the acknowledgement that numerous critical health inequities exist in our state, which the COVID-19 crisis has exacerbated and made more visible. The root causes of these inequities are systemic racial injustices. While these inequities and unjust systems were in place long before any of us came to occupy our current positions, the lives of all Rhode Islanders, especially in communities of color which are most heavily impacted by COVID-19, are at stake with every decision that is made during this crisis. More urgently than ever, we have the obligation, responsibility, and unprecedented opportunity to address inequities and dismantle unjust systems.

As a thought partner and advisory body to the state, and liaison to the community, the CHAE offers the following suggestions for decisions being made now and in the future, grounded in principles of racial equity:

1. Use **access to testing** in communities of color as a measure of readiness of the state to reopen. Suggested communities and locations are in the addendum to this letter.
2. Make critical **health and economic information** and strategies more language- accessible. In addition to Spanish and Portuguese, key languages that are in need of immediate attention include Arabic, Cambodian, Cape Verdean Creole, Chinese, Haitian Creole, Khmer, Laotian, and Swahili.
3. Continue to **collect, disaggregate, and use race and ethnicity data** to guide interventions. Engage the communities that are being most heavily impacted. Include Asian sub-populations and Indigenous people in the

disaggregation. The CHAE's [legislative report](#) also contains useful measures for social determinants of health and identifying vulnerable communities.

4. **Protect essential workers**, many of whom come from communities experiencing high rates of COVID-19 cases. Consider implementing policies which continue providing hazard pay, PPE, and expand testing for essential workers.

During the reopening, recovery, and rebuilding phase, please consider the following:

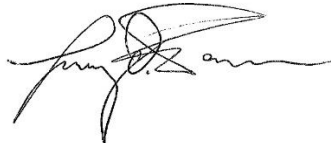
1. **Embed CHAE members within workstreams** to help establish and use guiding principles that employ a racial equity lens.
2. **Engage and support grassroots organizations** that are doing essential work on the ground in communities that are most hard-hit by COVID-19. These organizations are working with community members who are in many cases isolated and most vulnerable.
3. Provide sustainable funding and support for community-designed and -led, culturally-specific **grassroots and Community Health Worker infrastructure** to ensure vulnerable communities have timely access to critical information and services.
4. **Expand housing protections** for people who are housing insecure, low-income renters, and people experiencing homelessness.

We are grateful for the recent collaboration between the CHAE and Director Hawkins' office to address equity considerations in Reopening RI. Our partnership is critical for the health and wellbeing of communities of color. The CHAE and its members look forward to continuing the conversation as a thought partner in developing strategies and tactics to reopen and rebuild Rhode Island with a more racially just framework. Please let us know if you have any questions about these recommendations. We look forward to supporting the work of the response and recovery workstreams.

In health,



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Empowerment Evaluator
RI Coalition Against Domestic Violence



Larry Warner, MPH
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Cc:

House Majority Leader Joseph Shekarchi
Senate Majority Leader Michael McCaffrey
Senate Minority Leader Dennis Algieri
House Minority Leader Blake Philippi
Nicole Alexander-Scott, MD, MPH, Director, RIDOH
Courtney Hawkins, MSW, Director, DHS

Addendum

1. Please adopt the following [principles](#) during the recovery and rebuilding phase (summarized below):
 - **Center Racial Equity** - people of color are bearing the brunt of the effects of COVID-19. Centering racial equity must be at the core of this recovery.
 - **Put People First** - During the last recession, corporations were prioritized with massive bailouts. We can only fully recover by prioritizing people over profits.
 - **Invest in Community Infrastructure** - For an equitable and lasting recovery from this crisis, we must rebuild our physical infrastructure (i.e. food systems, housing, transit) as well as social infrastructure (the trusted network of nonprofit, cultural, philanthropic, and local institutions that help our communities function).
 - **Build an Equitable Economy** - the pandemic has also revealed our interconnectedness: we are only as safe as the least protected among us. Equity is our path to a strong next economy.
 - **Protect and Expand Community Voice and Power** - A top-down recovery will not capture the long-term knowledge, wisdom, and experience of residents and community leaders. Community engagement is important now more than ever as residents are uniquely positioned to be agents and owners of community change.

2. Please consider the following specific recommendations to address the short and long term needs of and conditions affecting our most vulnerable populations.

Vulnerable populations include: Latinx, Black, Indigenous, and Asian communities; people with disabilities; incarcerated individuals' people with limited English proficiency; refugees; people who are housing insecure or experiencing homelessness; and undocumented Rhode Islanders.

- **Work directly with CHAE members** to employ the above principles and a racial equity lens across all continued work within work streams.
- Continue to **collect, disaggregate and use race and ethnicity data** to develop a clear plan to address disparities in cases, hospitalizations, and deaths. Include Asian sub-populations and Indigenous people in the disaggregation.
- **Protect essential workers** with policies that provide hazard pay, PPE, and testing.
- Make **free PPE available** to residents, and ensure health and safety **information is available in the languages spoken** by our diverse communities.
- Continue to **rapidly expand testing** accessible in communities of color with high case rates and with limited access to transportation. This includes zip codes 02828, 02860, 02904, 02907, 20908, and 02909. COVID-19 response centers should be set up in locations within communities of color that are known and trusted by residents. Examples include Thundermist in Woonsocket, Anchor in Pawtucket, the YWCA and Progreso Latino in Central Falls, Amos House, John Hope, Center for Southeast Asians, and Algonquin House in Providence. The existence of response centers should be widely advertised on Latino radio and through other community-relevant outlets.
- Ensure that vulnerable Rhode Islanders have **uninterrupted access to utilities**. We recommend that you institute no shut-offs, no payment for restoration, and no penalty for missed payments. Consider using federal and state recovery funds to

help people affected by COVID-19 to pay their utility bills. Philanthropic dollars are not enough.

- Apply measures within the criminal justice system to **prevent widespread outbreaks of COVID-19 within the incarcerated population** and across the state. Incarcerated Rhode Islanders are particularly at risk. The state of Rhode Island should use its influence to assure that all people who are incarcerated are protected to the greatest extent possible. Work with federal ICE administrators at Wyatt and state-level administrators to consider: granting parole to eligible non-violent offenders, ensuring appropriate domestic violence screening; allow medical furlough for all medically vulnerable incarcerated people; and ensure the ACI will provide adequate information and supplies to those held in detention. State and local police should work with criminal justice advocates to adjust approaches to policing that prevent widespread outbreaks of COVID-19 within the incarcerated population as well as across the Rhode Island population.