

CASE STUDY

Directing Scarce COVID Resources to Neighborhoods with Most Need

During the COVID-19 pandemic, the Healthy Places Index (HPI) played a key role in helping California's state and local governments and healthcare organizations distribute limited resources as equitably as possible across the state

The Challenge: Advancing an Equitable COVID-19 Response and Recovery

COVID-19 illuminated the existing inequities in the health and economic outcomes of low-income Californians and communities of color across the state. These disparities are driven and upheld by systemic racism and inequitable policies and practices which result in less healthy environments that hinder residents from thriving. As a result, Black, Latinx, Native Hawaiians, segments of the API community, and other people of color have experienced worse health outcomes overall and higher COVID-19 infection and mortality rates during the pandemic.

To save lives and reduce these life-threatening inequities, public health leaders at the state and local levels needed help directing resources to communities experiencing the disproportionate impacts of COVID-19. Access to robust, reliable, and detailed data was essential to track exactly which neighborhoods would benefit the most from targeted investments.



Healthy Places Index: A Critical Data Tool to Support Diverse Communities

State, county, and healthcare system decisionmakers utilized the Healthy Places Index (HPI) to inform and guide planning for an equitable COVID response.

At the state level, the California Department of Public Health (CDPH) needed to develop an approach for directing resources to communities that were disproportionately impacted by COVID-19. Using data provided through the HPI, CDPH created its "Health Equity Metric (HEM)." The HEM was used as part of the Blueprint for a Safer Economy plan to determine when it was safe for communities to reopen businesses, services and other facilities. The HEM was also used to prioritize local and state COVID-19 resources such as testing, contact tracing, education and outreach for communities with the most acute needs. CDPH required local health departments to develop appropriate resource allocation plans to neighborhoods with the lowest HPI scores. These precisely targeted interventions saved lives.

CDPH's success with the HEM prompted it to adapt the HPI to create the "Vaccine Equity Metric (VEM)." In March 2021, with vaccine supplies still limited, CDPH allocated 40% of vaccine doses to the lowest VEM quartile. According to Dr. Rohan Radhakrishna, Deputy Director of CDPH's Office of Health Equity, **this meant 800 daily shots in arms to people who would not otherwise have been prioritized.**

Independently of the CDPH's adaptation of the HPI, county health departments and other agencies across sectors also used the HPI as a valuable tool in their efforts to distribute COVID resources more equitably, deploying it to prioritize testing, vaccinations, and outreach to communities most impacted by race- and place-based inequities.

The HPI's Impact Statewide

The HPI helped CDPH track and monitor trends to focus policy and investment on the communities most impacted by COVID. In presentations and briefings across the nation, CDPH highlights the HPI as the "common language for addressing inequities."

Thanks to the HPI's ability to pinpoint communities experiencing greater health inequities, and the CDPH's use of the tool to create the HEM, approximately \$272 million in federal COVID funding has been directed to disproportionately impacted neighborhoods, CBOs working within Black, Latinx, Native Hawaiians, API and other communities, as well as to less-prevalent ethnic and racial groups.

State government also used the HPI to monitor public schools open for in-person instruction. The data showed that fewer schools reopened in the lowest HPI quartile than in healthier communities. **This helped target reopening support where it was most needed.**



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The HPI's Impact Locally

The HPI's granular neighborhood data made it possible for agencies to monitor COVID impact, vaccine coverage and demand. This helped prioritize vulnerable residents to get vaccinated throughout critical points of the pandemic, ultimately saving many lives.

The HPI helped counties prioritize hundreds of millions of dollars in targeted investments to communities with the least healthy conditions. Examples of how this was done — and the resulting impact — are listed in the county and healthcare provider bullets in the section below. **These efforts substantially lowered loss of life across all racial and ethnic groups.**

Examples:

- **Los Angeles County** used the HPI to help vaccinate communities hardest hit by COVID, identify where to reach out to community groups, and tailor education strategies.
- **Riverside County** used HPI to prioritize vaccine allocation to disproportionately impacted communities such as migrant farmworkers.
- **Orange County** used the tool for Targeted Equity Investments (TEI) supporting residents experiencing the least-healthy living conditions and helping CBOs expand multilingual, culturally appropriate COVID testing, tracing, and health education.
- **Santa Barbara County** used it to place pop-up COVID testing sites in impacted neighborhoods.
- **Alameda County and Contra Costa County** used it to identify site vaccination locations.
- **Marin County** used it to prioritize vaccine appointments for neighborhoods with the least-healthy conditions and communities of color.
- **San Bernardino County** used the HPI to focus their COVID Emergency Rental Assistance Program (ERAP) on hardest-hit households.
- **San Diego County's ERAP** used HPI for its prioritization criteria, allocating \$100M for this program in March 2021. Their Department of Parks & Recreation also allocated \$1.2 million for youth sports and camps focusing on the lowest HPI quartile, and its Office of Education used the HPI to embed equity into its COVID-19 School Reopening Guidance.
- **San Francisco County's Feeding Unit** used HPI to help map and protect disproportionately impacted residents from hunger.
- **Monterey County** used it to connect food-insecure farmworkers to food assistance resources, focusing on the lowest HPI quartile.

In addition to the State and counties' respective uses of the HPI, healthcare providers also used the HPI to direct care, resources, and support to vulnerable populations.

- **Sutter Health's COVID Vaccine Equity Index (CVEI)** took race/ethnicity, age and socioeconomic status into account. The CVEI helped Sutter determine the vaccination rate needed to overcome COVID's differential impact, setting goals for subgroups, e.g., Black and Latinx, accounting for disproportionate illness and then prioritizing vaccinations to strengthen equity.
- **John Muir Health** used HPI's hyper-local granular data to prioritize locations for its Mobile Health Clinic for vaccine distribution. For example, in [Richmond's Laotian community](#), residents faced language and other barriers to vaccine access. Kaiser Permanente included HPI percentiles in the panel management system for its Southern California region, so physicians could see estimated HPI percentiles alongside clinical data when reviewing patient records. Kaiser's [COVID-19 Vaccine Confidence Toolkit](#), a guide for healthcare providers, government agencies, local groups and others, includes the HPI as a data source.
- **The Loma Linda University School of Pharmacy** prioritized \$20,000 to improve vaccination rates in the lowest HPI-quartile communities.



About the Healthy Places Index

Created in 2018 by the Public Health Alliance of Southern California, the Healthy Places Index is a powerful data and policy platform that breaks down data on social conditions that affect health by neighborhood. The main goal of the Healthy Places Index is to advance health equity through open data. We provide community leaders, policymakers, academics, and other stakeholders with the tools they need to identify inequity, prioritize equitable investment, and strengthen community voices with sound validated data.

The HPI has become a go-to data tool for hundreds of state and local government agencies, foundations, advocacy groups, hospitals, and other organizations that want to apply a health equity lens to better direct over a billion dollars in community investments, and to develop critical programs and policies across the state.

Can we partner on a project to address inequities in your community? Get in touch at info@thepublichealthalliance.org