



Committee: Directly to Council
Committee Review: N/A
Staff: Linda McMillan, Senior Legislative Analyst
Purpose: To receive testimony/final action - vote expected
Keywords: #AAHPSTOPCOVID

AGENDA ITEM #13
December 7, 2021
Public Hearing/Action

SUBJECT

Special Appropriation to the Fiscal Year 2022 Operating Budget; Montgomery County Government; COVID-19 Human Services and Community Assistance Non-Departmental Account (NDA); \$3,163,910 (Source of Funds: Federal Funds (American Rescue Plan Act)); African American Health Program COVID Response; Lead Sponsor: Council President at the Request of the County Council

EXPECTED ATTENDEES

None

COUNCIL DECISION POINTS & COMMITTEE RECOMMENDATION

- This special appropriation was introduced on November 30, 2021.
- There is no committee recommendation. A motion is required.

DESCRIPTION/ISSUE

COVID-19, the disease caused by the Coronavirus, has disproportionately impacted communities of color nationally and locally. The African American and Black population has experienced higher death rates than other demographic groups. The African American Health Program has undertaken a culturally appropriate, comprehensive strategy to address these disparities. This funding will continue providing this targeted response. Major components of the program are communication and education, COVID testing and vaccination, coordination of a Black Physician Health Network, clinical follow-up, financial help with co-pays and medications, and support to address food insecurity. The County will pursue FEMA reimbursement for all costs to the extent that those costs are eligible for reimbursement.

SUMMARY OF KEY DISCUSSION POINTS

- Activities of the AAHP Targeted COVID-19 Response Program included pop-up testing and vaccination events, development of an in-home vaccination program, distribution of food bags and boxes at testing and community events and in high-risk neighborhoods, provision of food to households that have tested positive, and distribution of COVID safety and prevention kits.
- The Program's Joint Partnership Team has launched new mental health services and supports that will be delivered by Black, licensed mental health professionals, and has developed culturally specific marketing/information materials.
- The Program refers Blacks and African Americans without a primary healthcare provider to the Black Physician Health Network to establish a medical home. Health providers in the Network will work to address chronic disease conditions that can cause premature death and morbidity at an early age.

- The Joint Partnership Team is undertaking strategies to increase vaccination rates among unvaccinated Black residents in Montgomery County. Community Partners include, Ethiopian Community Center in Maryland, Iota Upsilon Lambda Chapter of Alpha Phi Alpha Fraternity, Inc., American Minority Veterans Research Project, the Montgomery County Branch Armed Forces and Veterans Affairs Committee, and ElevateHer, and the NAACP. Additional partnerships are being developed.
- The Black Physician’s Health Network is developing a network of Black health professionals to provide culturally specific health care and ensure residents are connected to these professionals. Funds are available to assist residents who need help with the cost of services.
- The October 27, 2021 Pulse report showed that the gap in the vaccination rate between Black/African American residents and White non-Hispanic residents had closed to 1%. This gap increased in the November 17, 2021 Pulse report due to the additional of children aged 5 and older.
- The Office of Racial Equity and Social Justice says that this Supplemental Appropriation for the African American Health Program (AAHP) is likely to advance racial equity and social justice by addressing the disproportionate impact of COVID-19 on Black residents in Montgomery County. While this special appropriation is unlikely to redress the underlying racial inequities leading to this disproportionality, it will provide urgently needed targeted resources for COVID-19 testing, care, mitigation, and vaccination. This is particularly important given that the period of pandemic recovery could be extended by effects of long-haul COVID-19 and early evidence that structural inequities have affected the pace of the economic recovery among communities of color
- Information on the AAHP COVID Response can be found at:

<https://www.aahpcovid.com/>

Attached:

Memo from County Executive	1-2
Appropriation Resolution	3-4
Office of Racial Equity and Social Justice Impact Assessment	5-10

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OFFICE OF THE COUNTY EXECUTIVE

Marc Elrich
County Executive

MEMORANDUM

November 17, 2021

TO: Tom Hucker, President
County Council

FROM: Marc Elrich, County Executive 

SUBJECT: Special Appropriation #22-33 to the FY22 Operating Budget
Montgomery County Government
COVID-19 Human Services and Community Assistance Non-Departmental
Account (NDA); \$3,163,910 (Source of Funds: Federal Funds)
African American Health Program COVID Response

I am recommending a special appropriation to the FY22 Operating Budget of the COVID-19 Human Services and Community Assistance Non-Departmental Account (NDA) in the amount of \$3,163,910 for the African American Health Program COVID Response for the months of January through June 2022. The American Rescue Plan Act is the recommended source of funding for this appropriation.

This increase is needed to continue providing a targeted emergency response related to the disparate impact of COVID-19 on African American and Black residents because of the underlying conditions that are driving the cases and disparities in death rates. The African American Health Program COVID Response will continue implementing strategies that address critical needs for community outreach, communications, education, mental health supports and services, support of a Black Physician Partnership, and funds to address food insecurity for African American and Black residents. The County will pursue FEMA reimbursement for all costs where available.

I recommend that the County Council approve this special appropriation in the amount of \$3,163,910 and specify the source of funds as Federal Funds.

I appreciate your prompt consideration of this action.

Special Appropriation #22-33, African American Health Program COVID Response

November 17, 2021

Page 2 of 2

ME:dl

Enclosure: Special Appropriation #22-33, African American Health Program COVID Response

cc: Raymond L. Crowel, Psy.D., Director, Department of Health and Human Services
Jennifer Bryant, Director, Office of Management and Budget

Resolution No: _____
Introduced: _____
Adopted: _____

COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND

Lead Sponsor: Council President at the Request of the County Executive

SUBJECT: Special Appropriation #22-33 to the FY22 Operating Budget
Montgomery County Government
COVID-19 Human Services and Community Assistance Non-Departmental
Account (NDA); \$3,163,910 (Source of Funds: Federal Funds)
African American Health Program COVID Response

Background

1. Section 308 of the Montgomery County Charter provides that a special appropriation: (a) may be made at any time after public notice by news release; (b) must state that the special appropriation is necessary to meet an unforeseen disaster or other emergency or to act without delay in the public interest; (c) must specify the revenues necessary to finance it; and (d) must be approved by no fewer than six members of the Council.
2. The County Executive has requested the following FY22 Operating Budget appropriation increases for the COVID-19 Human Services and Community Assistance Non-Departmental Account (NDA):

<u>Personnel Services</u>	<u>Operating Expenses</u>	<u>Capital Outlay</u>	<u>Total</u>	<u>Source of Funds</u>
\$0	\$3,163,910	\$0	\$3,163,910	Federal Funds

3. This increase is needed to continue providing a targeted emergency response related to the disparate impact of COVID-19 on African American and Black residents because of the underlying conditions that are driving the cases and disparities in death rates. The African American Health Program COVID Response will continue implementing strategies that address critical needs for community outreach, communications, education, mental health supports and services, support of a Black Physician Partnership, and funds to address food insecurity for African American and Black residents. The County will pursue FEMA reimbursement for all costs where available.
4. The County Executive has requested a special appropriation to the FY22 Operating Budget in the amount of \$3,163,910 for the African American Health Program COVID Response and specifies that the source of funds will be Federal Funds from the American Rescue Plan Act.

5. The public was notified and a public hearing was held.

Action

The County Council for Montgomery County, Maryland, approves the following actions:

1. A special appropriation to the FY22 Operating Budget of the COVID-19 Human Services and Community Assistance Non-Departmental Account (NDA) is approved as follows:

<u>Personnel Services</u>	<u>Operating Expenses</u>	<u>Capital Outlay</u>	<u>Total</u>	<u>Source of Funds</u>
\$0	\$3,163,910	\$0	\$3,163,910	Federal Funds

2. The Department of Health and Human Services will continue and amend its current non-competitive contract with The National Center for Children and Families, Inc. as provided in Resolution 19-872, Approval of and Appropriation for the FY 2022 Operating Budget of the Montgomery County Government, Budget Provision #8 that provides this authority for contracts providing COVID-19 response.
3. The County Council declares that this action is necessary to act in response to a public health or safety emergency and to act without delay in the public interest.

This is a correct copy of Council action.

Selena Mendy Singleton, Esq.
Clerk of the Council



OFFICE OF THE COUNTY EXECUTIVE


Marc Elrich
County Executive

Tiffany Ward, Director
Office of Racial Equity and Social Justice

MEMORANDUM

November 29, 2021

To: Jennifer Bryant, Director
Office of Racial Equity and Social Justice

From: Tiffany Ward, Director
Office of Racial Equity and Social Justice 

Re: Supplemental Appropriation: REIA #22-23 African American Health Program

- I. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) finds that Supplemental Appropriation #22-23 for the African American Health Program (AAHP) is likely to advance racial equity and social justice by addressing the disproportionate impact of COVID-19 on Black residents in Montgomery County. While this special appropriation is unlikely to redress the underlying racial inequities leading to this disproportionality, it will provide urgently needed targeted resources for COVID-19 testing, care, mitigation, and vaccination. This is particularly important given that the period of pandemic recovery could be extended by effects of long-haul COVID-19 and early evidence that structural inequities have affected the pace of the economic recovery among communities of color.
- II. **BACKGROUND:** The purpose of Supplemental Appropriation #22-23 is to continue providing targeted emergency response related to the disparate impact of COVID-19 on African American and Black residents in Montgomery County. The AAHP COVID Response will continue implementing strategies that address critical needs for community outreach, communications, and education, mental health supports and services, support of a Black Physician Partnership, and funds to address food insecurity for African American and Black residents.

As the request indicates, Black residents have been and continue to be disproportionately impacted by the COVID-19 pandemic. Black residents make up

Supplemental Appropriation Memorandum: REIA #22-23 African American Health Program

November 29, 2021

Page 2 of 6

18.68% of the County's total population but represent 21.4% of total Covid-19 cases, 18.2% of total COVID-19 deaths, and a hospitalization rate of 7.1 (the highest of any race or ethnic group). At the same time, Black residents represent 15.4% of the County population who has received a vaccine, disproportionately fewer residents than the Black population overall. These disparities follow similar patterns in the US, where non-white racial groups are less likely to have access to testing, more likely to be infected, more likely to be hospitalized, and more likely to have an adverse clinical outcome such as death¹. There is also growing concern among practitioners that impacts of long-haul COVID-19² may follow similar patterns of disproportionality³. Further, while early in the roll out of pediatric vaccination, gaps⁴ already exist by race and ethnicity between the percentage of children who are eligible and the percentage who have received their first vaccine dose.

Research points to health and employment disparities as key determinants affecting rates of COVID-19 infection and death across communities of color in the US. Underlying these factors is web of structural inequities, including racial residential segregation and employment and healthcare disparities.

Where people live impact their exposure to health promoting resources and health damaging threats⁵. Racial residential segregation therefore shapes innumerable dimensions of residents' lives and is associated with differences in neighborhood resource distribution, impacting health through poor housing conditions, disparities in educational and employment opportunities, inadequate transportation infrastructure, access to healthcare and economic instability⁶. During the Pandemic, inequities in the type of housing and density of housing available in communities, along with number and age of household members, influenced exposure to COVID-19. Individuals living in densely populated areas, in multi-unit dwellings like apartments or condos, or in multigenerational households were less likely to be able to socially distance from older at-risk household members, isolate in the event of infection, or take other measures to

¹ Zachary Berger, Vivian Altiery De Jesus, Sabrina A. Assoumo, and Trisha Greenhalgh. "Long COVID and Health Inequities: The Role of Primary Care". *The Milbank Quarterly*. June 2021; 99 (2): 519-541. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8241274/>

² Long-haul Covid-19 refers to the long-term effects of Covid-19. For more information, see "Post-COVID Conditions". The Center for Disease Control and Prevention. September 16, 2021. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html>

³ Zachary Berger, et al. June 2021.

⁴ See data analysis section.

⁵ Jason Richardson, Bruce C. Mitchell PhD., Helen C.S. Meier, PhD, MPH, Emily Lynch, MPH, and Jad Edlebi in collaboration with Robert K. Nelson and Justin M. Madron. *The Lasting Impact of Historic Redlining on Neighborhood Health: Higher Prevalence of Covid-19 Risk Factors*. National Community Reinvestment Coalition. September 2020. <https://ncrc.org/holc-health/>

⁶ Jason Richardson, et al. September 2020.

mitigate virus transmission. In addition, racial residential segregation has also been linked to racial health inequities and adverse health conditions like cardiovascular disease, hypertension, diabetes, obesity, and asthma⁷. According to the CDC, diabetes (type 1 and 2), obesity, and moderate-to-severe asthma are linked to increased likelihood of getting severely ill from COVID-19⁸.

Before the pandemic, there were notable disparities by race and ethnicity in median household income in the County⁹. A factor influencing this disparity is occupational segregation¹⁰, which has contributed to labor market inequities. The result is crowding of workers of color and women into industry sectors and occupations with lower wages, fewer benefits, higher risk of exposure to COVID-19, higher job losses and slower recoveries. These industry sectors and occupations were not only decimated by the pandemic, resulting in job losses and deeper levels of economic insecurity, individuals who continued to work often did so without sick leave, paid family leave, and increased risk of exposure to COVID-19. Of Particular note is analysis at the national level showing communities of color experiencing larger negative effects on unemployment compared to white workers, between November 2019 and November 2020¹¹. The same research notes that the recovery of job losses experience by Black workers has been slower than any other racial group, demonstrating the urgency of continued targeted supports throughout the pandemic recovery. As the threat of long-haul COVID looms, researchers explain the importance of acknowledging and addressing the ways protracted or recurrent Covid-19 symptoms may affect an individual's ability to work and ultimately prolong experiences of financial insecurity.

These inequities and their resultant economic and health consequences have deeply impacted rates of COVID-19 cases, death among Black residents in the County. In addition, the medical system's historic abuse and mistreatment of people of color,

⁷ Jason Richardson, et al. September 2020.

⁸ The Center for Disease Control and Prevention. Covid-19. People with Certain Medical Conditions.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

⁹ In 2017, the median household income of White residents in the County was \$119,426 compared to \$72,587 among Black residents. Jupiter Independent Research Group. Racial Equity Profile Montgomery County. Report Number 2019-7. Office of Legislative Oversight. Published June 20, 2019. Accessed:

https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OLO2019-7-6_20_19.pdf

¹⁰ Kate Bahn and Carmen Sanchez Cummings. *Factsheet: U.S. occupational segregation by race, ethnicity, and gender*. Washington Center for Equitable Growth. July 2020. <https://equitablegrowth.org/factsheet-u-s-occupational-segregation-by-race-ethnicity-and-gender/>

¹¹ Sang Yoon (Tim) Lee, Minsung Park, Yongseok Shin. Hit Harder, Recover Slower? Unequal Employment Effects of the Covid-19 Shock. Working Paper: 28354. DOI 10.3386/w28354. January 2021. National Bureau of Economic Research. Available at: https://www.nber.org/system/files/working_papers/w28354/w28354.pdf.

particularly Black Americans, as well as ongoing experiences with racism and discrimination in health care today have heavily influenced the pace of vaccination¹².

Perceptions about costs and risks associated with vaccination are complicated by rates of health insurance coverage. Research from the Kaiser Family Foundation explains that systemic barriers to insurance coverage and healthcare more generally have made low-income communities of color and non-citizens more likely to be uninsured¹³. These residents, as a result, are less likely to have established relationships with health care providers and may therefore delay or forego healthcare because of cost. This, in turn, means that while there are resources available to make vaccines free, residents may have concerns about cost.

In addition to concerns about cost, Black residents, and communities of color may have concerns about vaccine side effects and any associated unanticipated healthcare costs related to seeking care. Relatedly, because people of color are more likely to be employed in low-wage jobs, with greater COVID-19 exposure risks, and fewer if any sick leave benefits, residents of color may be especially concerned about side effects interfering with their employment and potentially lost wages¹⁴. Overcoming vaccine hesitancy and eliminating inequities in access requires building trust, and demonstrating a long-term commitment to community well-being by “making the vaccine available in places and that can be easily accessed through multiple modes (e.g., car or walk-up) during hours that accommodate different work schedules.”¹⁵ The effects of expanding access to the vaccine and rebuilding trust through culturally competent communication and care can be enhanced with high-quality data and learning health systems¹⁶ that help to monitor social determinants of health along with health outcomes by race and ethnicity.

- III. **DATA ANALYSIS:** Below is a selection of data points pertinent to the pandemic recovery in the County. There are additional racial and ethnic disparities in the County that have influenced how the pandemic has affected communities of color. For additional data points related to employment, income, housing, and transportation disparities see Racial Equity Profile Montgomery County. Report Number 2019-7. https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OLO2019-7-6_20_19.pdf.

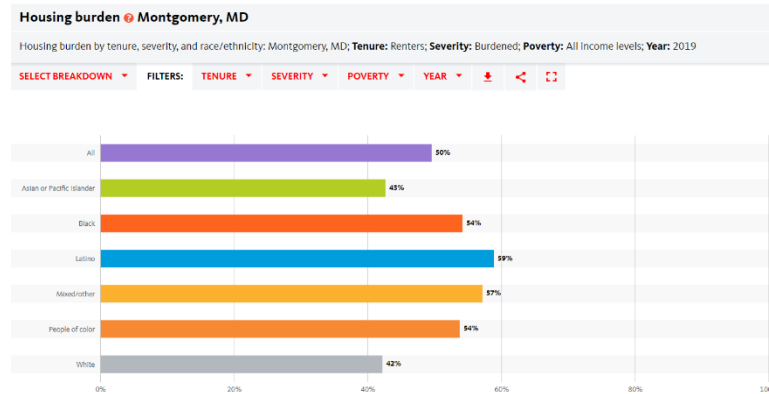
¹² Samantha Artiga and Jennifer Kates. “Addressing Racial Equity in Vaccine Distribution”. Kaiser Family Foundation. December 3, 2020. Available at: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/addressing-racial-equity-vaccine-distribution/>.

¹³ Artiga and Kates, 2020.

¹⁴ Artiga and Kates, 2020.

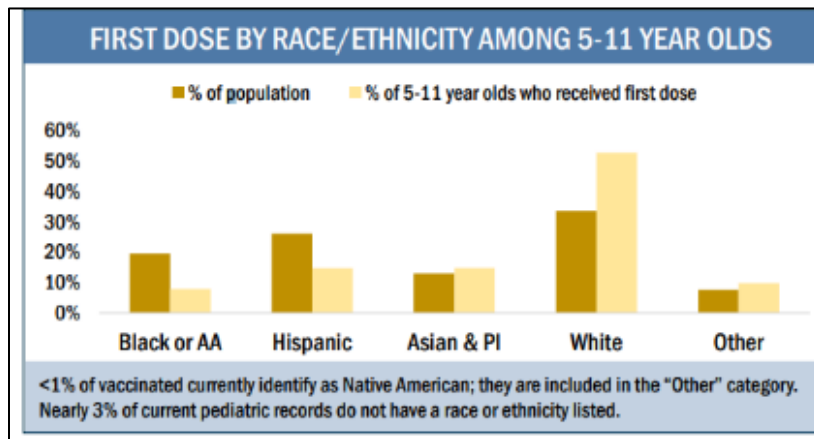
¹⁵ Artiga and Kates, 2020.

¹⁶ Zachary Berger, et al. June 2021.



Office of Legislative Oversight. Published June 20, 2019. Accessed: The National Equity Atlas also provides valuable data visualization for similar metrics. This graph illustrates housing-cost burden levels in 2019 for renters in the County. Overall, 50% of renters at all income-levels are housing-cost burdened, while 54% of renters who are Black and 59%

of renters who are Latino (at all income levels) are housing cost-burdened. **Source:** Housing burden. Montgomery County, MD. 2019. National Equity Atlas. Available at: https://nationalequityatlas.org/indicators/Housing_burden#/?geo=04000000000024031



As of November 17, 2021, there was evidence of a vaccination gap by race and ethnicity among 5-11-year-old children.

Source: DHHS Pulse Report. Covid-19 Impact and Recovery. November 17, 2021. <https://montgomerycountymd.gov/covid19/Resources/Files/pulse/DHHS-Pulse-211117.pdf>

Disparities in insurance coverage is a relevant inequity in vaccination distribution, as cost may be a factor residents are concerned about, if they believe there will be a cost associated with receiving the vaccine. In 2017, Black residents in Montgomery County were nearly twice as likely as white residents to not have health insurance:

Insurance Coverage in Montgomery County, MD, 2017.

Racial/ethnic group	% who are uninsured
White	3.8%
Asian	5.8%
Black	7.3 %
Latino	19.4%
Other	26.6%

Supplemental Appropriation Memorandum: REIA #22-23 African American Health
Program

November 29, 2021

Page 6 of 6

Source: Jupiter Independent Research Group. Racial Equity Profile Montgomery County. Report Number 2019-7. Office of Legislative Oversight. Published June 20, 2019. Accessed:

[https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OLO2019-7-6 20 19.pdf](https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OLO2019-7-6%2019.pdf)

cc: Raymond L. Crowel, Psy.D., Director, Department of Health and Human Services
Ken Hartman, Director, Strategic Partnerships, Office of the County Executive