

THE COVID-19 PANDEMIC IN NORTHERN VIRGINIA: A PLAN FOR MARGINALIZED COMMUNITIES

The Washington, D.C. metropolitan area has joined other cities as an epicenter of the COVID-19 pandemic, affecting the people and economy of Northern Virginia, the District of Columbia itself and surrounding Maryland suburbs.

"Every major crisis or catastrophe hits the most vulnerable communities the hardest."

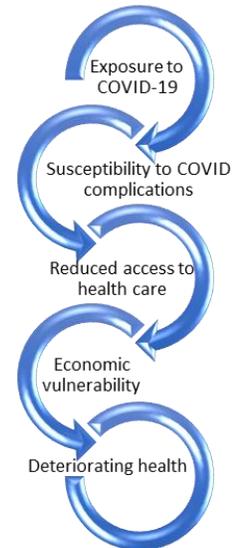
*Marc Morial, president and CEO,
National Urban League, National
Public Radio, April 18, 2020*

Populations at greatest risk

As has occurred throughout the United States, vulnerable populations in Northern Virginia face the greatest risks from COVID-19. Although everyone is potentially susceptible to the virus, people of color and low-income families are especially vulnerable and have higher death rates from COVID-19, for reasons that include greater exposure to the virus, susceptibility to complications, barriers to health care, economic vulnerability, and deteriorating health caused by deepening economic adversity (see Appendix).

For example, African Americans are overly represented among COVID-19 patients requiring hospitalization, intubation, and intensive care and account for a disproportionate number of people who die from the disease. Although African Americans account for 13% of the US population, they represent 33%¹ of patients requiring hospitalization for COVID-19 and 34% of COVID deaths.² In many areas of the country, ranging from Louisiana to Chicago, blacks have accounted for up to 70% of deaths.³

Hispanic Americans and other minority groups also face higher risks, as do immigrants, many of whom have additional reasons to avoid or delay seeking care. A survey by the Pew Research Center found that 31% and 43% of African Americans and Hispanic Americans, respectively, were "very concerned" that they would become infected by COVID-19 and require hospitalization, whereas only 18% of whites shared this level of concern.⁴



It is neither skin color nor ethnicity that puts people at risk but rather their socioeconomic status and living conditions. Economic marginalization and discrimination, which have endured across generations,

¹ Garg S, Kim L, Whitaker M, et al. Hospitalization rates and characteristics of patients hospitalized with laboratory-confirmed coronavirus disease 2019. *MMWR Morb Mortal Wkly Rep* 2020;69:458–464.

² Racial Data Transparency. Johns Hopkins University Coronavirus Resource Center. <https://coronavirus.jhu.edu/data/us-state-data-availability>

³ CBS News. "African Americans comprise more than 70% of COVID-19 deaths in Chicago, officials say." April 6, 2020.

⁴ Pew Research Center, "Health Concerns from COVID-19 Much Higher Among Hispanics and Blacks than Whites." April 2020.

have left many of today's black, Hispanic, and immigrant families with fewer savings, lower net worth, inadequate health care, segregated neighborhoods, and scarce resources for good health.

Impact in Northern Virginia

The impact of COVID-19 in Northern Virginia varies by population groups and neighborhoods—as it does for many other health measures. The existence of geographic health disparities has been documented in a series of studies commissioned by the Northern Virginia Health Foundation and performed by researchers at Virginia Commonwealth University's Center on Society and Health. In one such study, researchers found that life expectancy varied by 17 years across Alexandria, Arlington County, Fairfax County, Loudoun County, and Prince William County.⁵ The researchers also showed that place matters to health, that data on the living conditions in census tracts could predict life expectancy. In fact, in a study for the Metropolitan Washington Council of Governments, the same researchers found that 60% of the variation in life expectancy across the region could be predicted by the educational level and economic wellbeing of census tracts, and 26% could be predicted by housing and transportation.⁶ It's no surprise that vulnerability to COVID 19 also varies by census tract.

The census tracts in Northern Virginia that are most vulnerable to COVID-19 are no mystery. The VCU researchers have mapped out “islands of disadvantage” in Northern Virginia, neighborhoods with low levels of education, economic distress, inadequate housing and transportation, and large numbers of residents without health insurance. These conditions were found within clusters of census tracts in Alexandria West and Old Town in Alexandria; Columbia Pike, Douglas Park, Buckingham, Fort Myer, and Arlandria in Arlington County; Herndon, Reston, Centreville, Chantilly, Fair Oaks, Springfield, Annandale, Landmark, Seven Corners, Bailey's Crossroads, Huntington, the Route 1 corridor, and Fort Belvoir in Fairfax County; Leesburg and Sterling Park in Loudoun County; and Bull Run, Manassas, Dale City, Woodbridge, and Dumfries in Prince William County. In all, the VCU researchers identified 15 islands of disadvantage across the region (Figure 1).

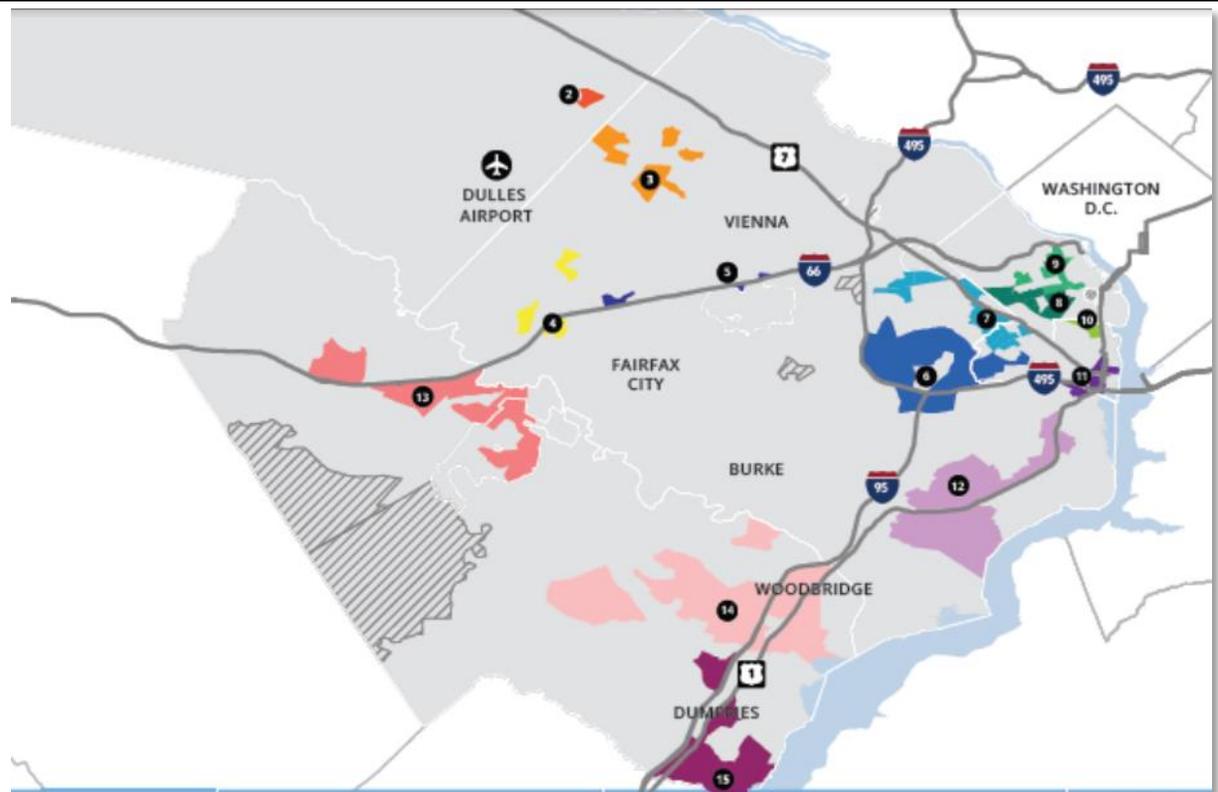
Policy implications

Officials in Northern Virginia, along with private-sector and nonprofit stakeholders, should expect COVID-19 to have a disproportionate impact in marginalized communities, where people of color and immigrants are often overrepresented. Residents of these communities are likely to have greater exposure to the virus, have more comorbidities that exacerbate complications from COVID-19 infection, and face greater barriers in accessing health care. They are less likely to be reached by population testing and contact tracing programs. A large number of patients who require admission to Northern Virginia hospitals, occupy ICU beds, and die from this disease are likely to be people of color and to come from these “islands of disadvantage.” Economically marginalized communities will face devastating wage losses, unemployment, and food scarcity during the economic shutdown. Low-income families will undoubtedly struggle for months with housing and utility bills and many may lose their homes, especially after the state and Federal bans on evictions lift.

⁵ Woolf SH, Chapman DA, Hill L, Snellings LK. *Getting Ahead: The Uneven Opportunity Landscape in Northern Virginia*. Richmond: Center on Society and Health, Virginia Commonwealth University, 2017.

⁶ Woolf S, Chapman D, Hill L, Schoomaker H, Wheeler D, Snellings L, Lee JH. *Uneven Opportunities: How Conditions for Wellness Vary Across the Metropolitan Washington Region*. Richmond: Center on Society and Health, Virginia Commonwealth University, 2018.

Figure 1. Clusters of disadvantaged census tracts in Northern Virginia



Source: Woolf SH, Chapman DA, Hill L, Snellings LK. *Getting Ahead: The Uneven Opportunity Landscape in Northern Virginia*. Richmond: Center on Society and Health, Virginia Commonwealth University, 2017.

The living conditions faced by minority groups and the adverse conditions that exist in marginalized neighborhoods are products of history, including policies of exclusion that were enacted decades ago and many that persist today. Those policymakers familiar with this history recognize the need to apply an “equity lens” to current decisions, and the COVID-19 crisis is no exception. Even before the region faced this pandemic, the Northern Virginia Health Foundation recognized the need for a more equity-focused policy agenda to reduce health inequities and promote opportunity. Our 2017 report, *Getting Ahead: The Uneven Opportunity Landscape in Northern Virginia*, outlined three policy priorities:

- **Expanding access to basic needs**, including healthy and affordable foods; quality, affordable housing; and health insurance.
- **Breaking the cycle of poverty** in disadvantaged communities by broadening access to preschool education, improving school quality, increasing the affordability of a two- and four-year college education, attracting new businesses that pay decent wages, offering job training, and providing unemployment assistance for workers without jobs who are struggling to support families.
- **Investing in community infrastructure**, including a built environment that promotes outdoor physical activity, clean air and water supplies, affordable public transportation that serves disadvantaged areas, and greater efforts to reduce violence.

The impact of the COVID-19 pandemic on marginalized families and neighborhoods in Northern Virginia makes it vital to redouble efforts to address these priorities and to be intentional in placing marginalized populations at the forefront of the region’s pandemic response and recovery plans. A genuine policy

commitment to an equity agenda requires policymakers, in particular, to be proactive in taking these steps *early in the process* rather than rushing out a plan that overlooks marginalized communities or deals with them as an afterthought—or when an outbreak occurs. Policies that neglect underserved communities always exacerbate inequities, but in a pandemic they expose the entire population to greater risk. Allowing the virus to go unchecked in any population sets the stage for a resurgence of infections across the region.

| Table 2. Local strategies to help marginalized populations amid the COVID-19 pandemic |
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| <p>Combat the virus</p> <ul style="list-style-type: none"> • Prioritize COVID-19 antigen testing in low-income communities by establishing testing sites or using mobile vans to bring testing to the community. • Work with the local public health department to establish contact tracing programs to isolate viral transmission. • Expand access to emergency services and health care at local hospitals and clinics and offer financial support for indigent care programs. • Promote telemedicine and virtual consultations with primary care practice and emergency departments. • Given the large number of immigrants and other residents with limited proficiency in English, design customized communications that explain how to identify symptoms, maintain social distancing, and follow hygiene and sanitation directives that are sensitive to language, culture, and customs. • Build outreach through trusted local-community initiatives and faith leaders. <p>Curb the social and economic impact</p> <ul style="list-style-type: none"> • Expand paid leave and other employment protections for workers.^a • Provide direct financial support for those with special needs.^a • Freeze evictions, eviction filings, and utility shut-offs and provide rental assistance.^b • Ensure safe and healthy housing, given the added need for people to shelter in place.^c • Protect and provide temporary shelters for people who are experiencing homelessness. • Increase nutritional supports in low-income communities, including expanded WIC and SNAP benefits. • Given the added risk of domestic violence resulting from close quarters and economic distress, waive ordinances that prohibit repeat calls to 911. • Plan ahead to alleviate the impact of a prolonged economic shutdown on low-income and marginalized communities. • Add public health protections for workers providing essential services. |
| <p>^aIncludes prohibitions against retaliation for taking leave and the provision of reasonable accommodations for those who must self-isolate, care for a sick relative or friend, or lack access to childcare during school closures</p> <p>^bIncludes financial resources and rental debt forgiveness, as well as efforts by utility companies to forgive consumer debt incurred during the COVID-19 pandemic.</p> <p>^cIncludes an intentional effort during the COVID-19 pandemic to deploy inspectors to low-income communities to identify and remediate hazards (e.g., leaks, mold, infestations).</p> |

At-risk populations and neighborhoods of Northern Virginia should therefore be the first to receive population testing for COVID-19 infection and contact tracing. By law, such testing should be provided at no cost. Steps should be taken to address apprehensions that accompany contact tracing, such as concerns about security, privacy, and fears of repercussions that deter immigrants from getting tested. Low-income individuals who have limited transportation or mobility (e.g., the elderly or the infirm) may

have difficulty reaching testing labs or physicians' offices. Testing centers should be situated near low-income communities and mobile testing vans should be used to bring testing to populations at risk.

The economic shutdown created by stay-at-home orders is necessary for public health reasons but is wreaking havoc on low-income communities in Northern Virginia, making it vital to address social and economic needs, both to cushion the blow on local families and small businesses and to curb the health complications that arise from financial insecurity itself. Income is the most important predictor of health. The sweeping health effects of economic deprivation—both physical and mental—will almost certainly reach well beyond COVID-19. Addressing socioeconomic needs is therefore vital to prevent an even greater public health catastrophe in Northern Virginia. In March 2020, health justice experts Emily Benfer and Lindsay Wiley outlined three priorities for helping low-income and marginalized communities weather the stresses of COVID-19:

1. Legal and policy responses should address the social determinants that can exacerbate the health, financial, and social impacts of a public health emergency on low-income communities, communities of color, and other socially subordinated groups.
2. Policies that mandate healthy behaviors—such as social distancing—must be accompanied by immediate legal, social, and financial protections and supports to facilitate those behaviors.
3. Because emergencies typically exacerbate long-standing and interconnected crises in socioeconomically disadvantaged communities, legal and policy responses must address deep-seated, longstanding problems in addition to immediate needs.⁷

A variety of strategies could help achieve these goals (Table 2). Resources for carrying forward many of these efforts are authorized and funded under the recently enacted CARES Act and local emergency declarations and authorities.

The Northern Virginia Health Foundation urges policymakers in Northern Virginia—including the private and non-profit sectors, regional planners, and city and county officials—to build their pandemic response plans around the needs of minority and low-income communities. The “islands of disadvantage” in our region have struggled with poor health for many years and, as occurs too commonly for those with few resources, will pay the highest price for COVID-19.

⁷ <https://www.healthaffairs.org/doi/10.1377/hblog20200319.757883/full/>

Appendix

Why people of color and low-income families are more vulnerable to COVID-19 infection and death

- Greater exposure to virus:
 - More likely to live in neighborhoods where social distancing is difficult.
 - More dependent on jobs (e.g., in service industries) that do not allow them to stay home.
 - More likely to lack a vehicle and depend on public transit, heightening exposure to commuters.
 - More likely to be incarcerated or in detention facilities.
 - Overrepresented in the armed services, where they are more likely to be housed in close proximity on military bases and naval vessels.
- Greater susceptibility to complications from infection:
 - More likely to have chronic diseases that make COVID-19 lethal, such as diabetes, chronic lung disease, and heart disease.
- Reduced access to care:
 - Less likely to have adequate health insurance coverage and to be able to afford out-of-pocket expenses.
 - Diminished access to COVID-19 testing.
 - More compelled to delay care, for reasons ranging from concerns about costs and work responsibilities to fears among immigrants of potential repercussions.
 - Less access to behavioral health services to cope with stresses on mental health.
- Greater economic vulnerability:
 - More likely to have faced economic challenges before the pandemic and to have limited savings or disposable income to sustain expenses during the shutdown.
 - Greater risk of food insecurity and unstable housing.
 - Less likely to have been given furloughs and more likely to have lost their jobs and work benefits, and are therefore more likely to be seeking employment and require unemployment assistance after economic activity resumes.
 - More likely to experience delayed recovery from the economic shutdown and prolonged financial insecurity.
- Health complications from economic deprivation

