Michigan Coronavirus Racial Disparities Task Force

Interim Report

State of Michigan's progress on understanding and addressing racial disparities since the beginning of the COVID-19 pandemic.

MDHHS
Michigan Department of Health & Human Services

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This document is an interim report. It communicates the initial progress that the State of Michigan has made to understand and address racial disparities since the beginning of the COVID-19 pandemic. It also recognizes the many continued challenges that vulnerable communities in the state face and provides a direction for the additional actions that will be necessary to achieve equity for all Michiganders, during the rest of the pandemic and beyond.

As the COVID-19 pandemic is ongoing and conditions can change rapidly, all figures and data shown in this report are preliminary and subject to change.

I. Summary

From the beginning of the COVID-19 pandemic, persons of color have faced devastating and disproportionate harm, both nationally and here in Michigan. From health to financial security, racial- and ethnic-minority populations have experienced more challenges than other populations, and have done so across broad aspects of daily life.

Seeing the early disparities affecting persons of color, and recognizing that these are rooted in deep-seated inequities and systemic racism, Governor Gretchen Whitmer signed an Executive Order creating the Michigan Coronavirus Task Force on Racial Disparities in April. Since then, the task force has partnered with a broad array of organizations to understand and mitigate these disparities.

As a result of these efforts, the task force has made numerous recommendations to address immediate gaps in the state's COVID-19 response; provided vulnerable communities access to other critical health and non-health resources; and started the work to change the structures that have perpetuated racial disparities.

The initial impact of these efforts has been clear. Through October, racial disparities in COVID-19 cases and deaths have diminished greatly, compared to earlier in the pandemic, especially March and April. The efforts by the task force, state agencies, and many other public and private organizations have shown great initial success.

These interventions have helped reduce the number of COVID-19 infections in communities at high risk of spread and with elevated risk of severe outcomes.

An October article in Politico lauded the performance of Michigan's broader pandemic response, highlighting the tremendous progress that the task force has made to reduce disparities[1]. However, racial gaps in the impacts of COVID beyond health still remain, including in COVID-19 metrics, employment figures, and other measures of well-being and security. Closing these gaps will require continued focus and vigilance.

Going forward, the task force will continue to identify and recommend immediate and long-term solutions to disparities caused by the pandemic. Along with several specific initiatives, it will prioritize the following goals:

- Maintain and expand the progress made to flatten racial/ethnic disparities in cases and deaths
- Continue targeted encouragement to remain vigilant in following recommended personal behavior guidelines to limit spread/exposure
- Develop and implement programs for equitable management and distribution of approved vaccine(s) and anti-viral treatment(s) for COVID-19 and the flu
- Propose policy changes that strengthen communities of color's resilience and wherewithal to make it through this pandemic and future public health challenges

With the continued support and commitment of state leadership, the task force will strive for racial equity across Michigan, both during the ongoing pandemic and after.

[1] Politico: Which states had the best pandemic response?

II. Overview of Racial Disparities During COVID-19

Recognizing the need to understand how COVID-19 affects each population differently, state leaders acted at the beginning of the pandemic—more than one month before the first confirmed cases in Michigan—to prioritize the tracking of race and ethnicity in COVID-19 demographic data and statistics.

The state has ensured that labs comply with federal requirements when reporting COVID-19 test results, providing critical data such as the race of individuals who are tested. This has allowed the state to monitor how the virus has spread in different populations over time. In addition, by regularly matching COVID-19 data with vital records data to validate deaths, the state has been able to track COVID-related mortality by race.

The data have shown that, while all communities have been harmed, the COVID-19 pandemic had an immediate, outsized impact on people of color, especially Black and African American persons. It has disrupted not only health but also economic, educational, and social institutions. It has affected both lives and livelihoods.

Even before the pandemic, Black Americans faced disparate challenges, such as overrepresentation in essential and frontline occupations[2]; greater likelihood of living in multigenerational homes than White Americans[3]; and greater likelihood of reporting fair or poor health[4]. These factors increase Black and African American persons' risk of COVID-19 infection, severe outcomes, and economic hardship during the pandemic.

Disparities have been evident in health metrics such as COVID-19 cases and deaths, in employment statistics, and in many other measures of wellbeing and security since the beginning of the pandemic.

COVID-19 CASES AND DEATHS BY RACE

From the identification of the first COVID-19 cases in Michigan on March 10 through October, cumulative case and death rates per million population have been much higher among Black and African American persons than in other race categories.

Across the pandemic, the cumulative COVID-19 case rate in Black and African American populations has been over 40% higher than the rate in White populations (**FIGURE 1A.**). In addition, the cumulative COVID-19 death rate in Black and African American populations has been over three times the rate in White populations (**FIGURE 1B.**).

This observed higher ratio of cases to deaths in Black and African American persons is due to a variety of factors. Among them, differences in exposure led to higher case rates among Black and African American persons early in the pandemic, when testing capacity was lower and more cases were likely not captured. In addition, differences in the prevalence of

[2] Project S.E.N.S.O.R (Michigan State University): Work, Health Disparities and COVID-19
[3] Pew Research Center: A record 64 million Americans live in multigenerational homes
[4] Center for American Progress: Health Disparities by Race and Ethnicity

underlying comorbidities have likely put Black and African American individuals at higher risk of severe outcomes.

COVID-19 CASES AND DEATHS BY HISPANIC OR LATINO ETHNICITY

COVID-19 disparities have also appeared by ethnicity. The cumulative COVID-19 case rate per million population among Hispanic and Latino persons in Michigan has been over 70% higher than the rate in White populations.

The cumulative death rate is lower in Hispanic and Latino populations than in non-Hispanic and non-Latino populations. This is likely due to a higher proportion of younger individuals of Hispanic and Latino ethnicity who are infected than in non-Hispanic and non-Latino persons.

Over 70% of Hispanics and Latinos who are infected are between the ages of 20 and 59 whereas less than 10% of those infected are over 60. Furthermore, the highest case rates exist for Hispanics and Latinos between the ages of 20 and 59.

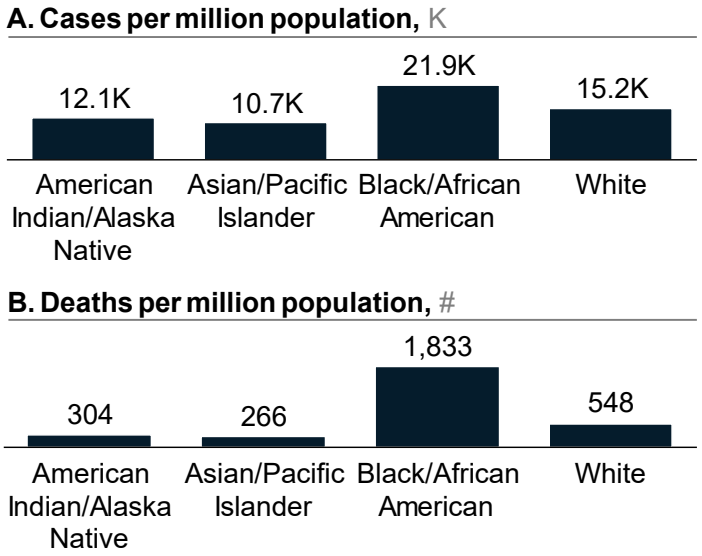
However, as cases continue to rise statewide, it is important to consider trends in the referent group (non-Hispanic and non-Latino persons) when evaluating data for the unequal impact of COVID-19.

In September and October, there were marked increases in cases and deaths for non-Hispanic and non-Latino persons, which will conceal disparities, particularly when looking at data in aggregate.

MICHIGAN UNEMPLOYMENT BY RACE

In addition to COVID-19 health disparities, Black and African American persons have

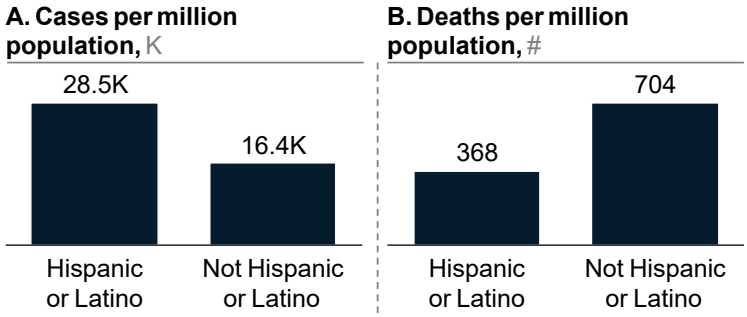
FIGURE 1: Cumulative confirmed and probable COVID-19 cases and deaths in Michigan per million population by race, 3/1-10/31



Notes: Cases reflect date of onset of symptoms and deaths reflect date of report; most recent days of reports subject to change as additional data is received

Source: MDHHS – Michigan Disease Surveillance System, 11/17 report

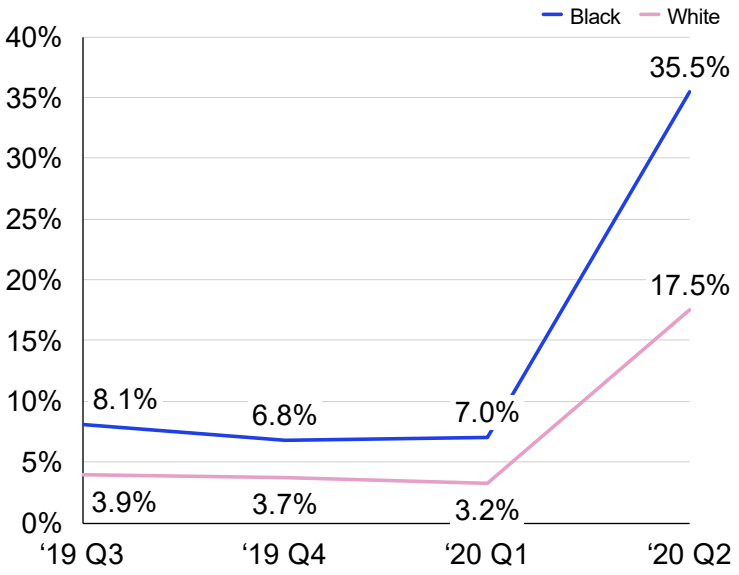
FIGURE 2: Cumulative confirmed and probable COVID-19 cases and deaths in Michigan per million population by Hispanic or Latino ethnicity, 3/1-10/31



Notes: Cases reflect date of onset of symptoms and deaths reflect date of report; most recent days of reports subject to change as additional data is received

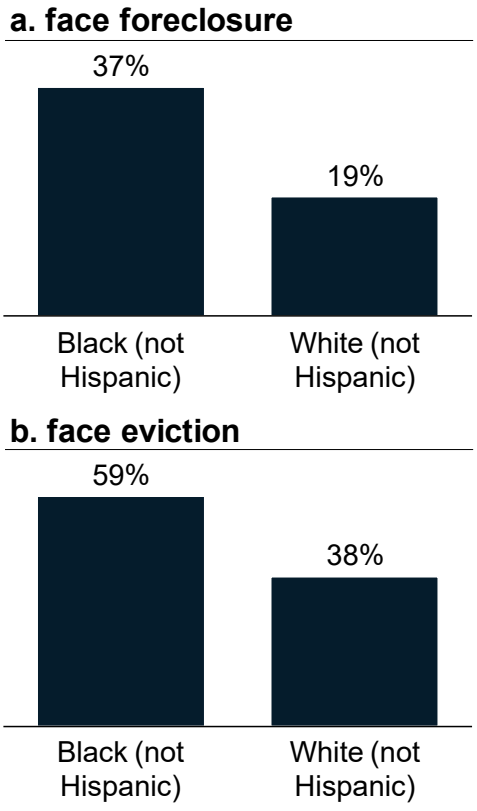
Source: MDHHS – Michigan Disease Surveillance System, 11/17 report

FIGURE 3: Michigan unemployment by race



Note: Quarterly values are 3-month averages
Source: Economic Policy Institute analysis of Bureau of Labor Statistics Local Area Unemployment Statistics and Current Population Survey data, updated August 2020

FIGURE 4: Michigan percent of households reporting that in next two months they are "likely" or "somewhat likely" to...



Source: U.S. Census Bureau Household Pulse Survey, Week 15 (Sep. 16-28)

faced greater unemployment than White persons. Michigan unemployment was already about twice as high in Black persons before the pandemic. However, Black Michiganders were also much more likely to lose their jobs during the pandemic's peak in the spring, and Michigan's Q2 (April-June) Black unemployment rate of 35.5% was the highest in the country.

MICHIGAN HOUSEHOLDS FACING FORECLOSURE OR EVICTION

Many other economic and social hardships are disproportionately affecting communities of color. Early in the pandemic, the U.S. Census Bureau began conducting a recurring Household Pulse Survey to understand impacts of the pandemic on diverse communities over time. One focus area of this survey has been housing security.

Results from mid- to late-September showed that Black households in Michigan were nearly twice as likely as White households to report being at a substantial risk of foreclosure in the next two months. Among renters, Black households were over 50% more likely than White households to report being at risk of eviction in the next two months.

This higher rate of housing instability is the result of underlying inequities that could further risk vulnerable residents' health during the pandemic. In order to ensure housing security for vulnerable persons, the state of Michigan temporarily suspended evictions to provide relief for struggling families in March.

While this program and other efforts across state government and communities have made a difference to support financial and economic well-being in at-risk communities, there is more work to do in these areas, and the task force continues to evaluate approaches to address these challenges along with health disparities.

III. Michigan Coronavirus Task Force on Racial Disparities

OVERVIEW OF THE TASK FORCE

In order to rapidly address existing disparities and work toward greater equity for all Michiganders, Governor Gretchen Whitmer signed Executive Order No. 2020-55 on April 20, 2020, creating the Michigan Coronavirus Task Force on Racial Disparities. Since then, the task force has acted in an advisory capacity to the Governor.

The task force has studied the causes of racial disparities as they relate to the impact of COVID-19, and the group has recommended actions to immediately address disparities in the state's COVID-19 response and impact on racial- and ethnic-minority populations. The task force has also prioritized understanding and addressing the historical and systemic inequities that underlie these disparities.

The task force's structure enables it to draw on a variety of perspectives from government, academia, and the private sector, and the group includes leaders in healthcare, economic development, education, and other disciplines. It is also able to quickly submit recommendations to inform the Governor's Office on decisions related to the pandemic and racial disparities more broadly.

MEMBERSHIP

- **Chair:** Lieutenant Governor Garlin Gilchrist (pictured)
- **Executive Office of the Governor Staff:** Honorable Thomas F. Stallworth III, Senior Advisor to the Governor and Director of task force
- **Michigan Department of Health and Human Services (MDHHS) Staff:** Director Robert Gordon or his designee, and Chief Medical Executive Dr. Joneigh S. Khaldun
- **Governor Appointees:** listed on the **task force's web page** and in the appendix
- **Community Stakeholder Attendees:** Various community leaders have attended Community Action Stakeholder meetings (**FULL LIST IN THE APPENDIX**)

PRIMARY FOCUS AREAS

The task force has established various work groups to address core areas of focus:

- **Strategic Testing Infrastructure:** The objective of this work group is to support development of the infection testing infrastructure needed to effectively meet the needs of African American and other vulnerable communities. In addition to COVID-19 testing, this infrastructure is working to support future delivery of a COVID-19 vaccine while improving flu shot delivery, which in turn decreases vulnerability to COVID-19. In the long term, this infrastructure will also support treatment for underlying health conditions within these communities.
- **Primary Provider Connections:** The historical disproportionate number of uninsured and underinsured people has exacerbated underlying chronic health conditions in the African American community. These conditions increase the risk of severe COVID-19 cases and death. This work group's priorities include short- and long-term efforts to connect those in vulnerable communities to primary care providers and help them navigate the healthcare system.
- **Centering Equity:** COVID-19 continues to impact communities that have been marginalized, and it is essential that we understand how racialized messages create and sustain social injustice. The challenge in race equity and social justice work is to first establish a deep understanding of the concepts and then provide people with the tools to act on that understanding. This work group is focused on studying the causes of COVID-19 racial disparities and recommending immediate policies and practices to respond to current needs. In addition, the group will provide direction for how to respond to and combat racial disparities in possible new pandemics.
- **Telehealth Access:** African Americans and communities of color disproportionately suffer from a shortage of doctors and primary care services. These shortages contribute to poor short- and long-term health outcomes and reduce the ability of community members to manage chronic conditions. Increased access to high-speed internet and telemedicine and other forms of remote medical care may contribute to overcoming obstacles, including transportation and physician shortages, that otherwise prevent or diminish care for vulnerable communities.
- **Environmental Justice:** Environmental issues play a significant role in the health and welfare of communities of color as they are disproportionately exposed to air and water pollution and suffer from associated chronic health conditions. Access to clean water is a necessity, and as such efforts should include improving water affordability and accountability for polluters. RDTF members will be asked to act as representatives in the already assembled Michigan Advisory Council on Environmental Justice to drive integration of coronavirus disparate impact considerations in the environmental justice problem solving process.

COMMUNITY ENGAGEMENT

The task force has strived to establish strong relationships across Michigan's diverse communities. It has partnered with dozens of organizations, businesses, and public figures. This diversity allows the group to incorporate varied perspectives into its recommendations and provide tailored support that each vulnerable

FIGURE 5: Summary of task force's achievements to-date

Highlighted in this report

Immediate disparities in COVID-19 response

Testing

1. Adjusted testing protocol to include asymptomatic household members, when any member tests positive
2. Established 21 neighborhood testing sites in at -risk communities, with 24,606 tests conducted between August 28 and November 16
3. DHHS order directing provision of employer testing for migrant agricultural workers, with state support of both testing and isolation housing

Other Containment

4. Strategic communications to communities of color (from April 1 to Sept 27) across channels including over 400M TV/cable impressions in programming that skews towards the African American audience
5. 6 million free masks to vulnerable population
6. Pushed improvements in data quality to address racial disparities

Critical Resources

7. Resources for quarantined individuals – PPE, food boxes, hygiene products, and home goods (Qcares and Qboxes programs)
8. MRRI funded 30 community organizations and an evaluation project led by a state university for $20M
9. Deployed navigator services to neighborhood testing sites in Detroit to connect community members with public health programs and human services
10. Utility assistance and water shutoff moratorium – the latter stopped being in effect after MI Supreme Court overturned executive orders
11. Reduced housing insecurity by initially issuing a moratorium on foreclosures and evictions and later by providing $50M of funding through the Eviction Diversion Program

Lasting structural change

Policy and regulatory changes for greater equity

12. Executive Directive declaring racism a public health crisis
13. Proposed and successfully moved legislation to allow eligibility for SNAP benefits of residents formerly convicted of drug felonies
14. Piloting Equity Impact Assessment tool in DHHS, with plans to expand use and potentially roll out to other state departments
15. Recommend changes in Michigan law to combat racial disparities in impact & response to pandemics

Avoiding implicit bias and discrimination

16. Executive Directive requiring implicit bias training for over 400K health professionals
17. Guidance letter to law enforcement to avoid discriminatory practice of targeting black citizens wearing mask

community requires. These stakeholders participate in weekly two-way conversations to hear about the task force's activity and to provide input to inform next steps. The task force has also worked to provide transparency to the public. A weekly call, open to the public, discusses updates on the task force's progress and next steps. Meeting dial-in information, agendas and minutes are available online on the **task force's web page**. Details on the weekly meetings:

- **Task Force on Racial Disparities Community Action Stakeholder Team meeting:** attended by community leaders who communicate what they are hearing from their community groups to the task force and take feedback from the task force to their groups. Some leaders have organized town halls and webinars to share and receive information from the community.
- **Michigan Coronavirus Task Force on Racial Disparities meeting:** attended by task force members, work group leaders and subject matter experts who receive the same presentation as the community leaders and update the task force on how they are incorporating the task force's goals into their respective processes and operations.

TASK FORCE'S IMPACT AS OF OCTOBER

The task force has taken action to address disparities across two timeframes.

- Immediate disparities in COVID-19 response
- Lasting structural change

To date, there has been substantial progress across both of these categories. Figure 5 provides a summary of impact, and details on several of the highest-impact initiatives are on the next page.

Details on select achievements:

Achievement #2

More than 24,000 tests have been administered in previously underserved communities across 21 Neighborhood Testing sites, through November 16. These state-operated sites provide COVID-19 testing on a consistent schedule, several days per week. One additional site is scheduled to launch prior to the end of the year. Additional details on the sites:

- **Site selection:** Neighborhood Testing sites were selected using a data-driven approach to identify and support communities at heightened risk of outbreaks. The selection process included use of the CDC's Social Vulnerability Index (SVI). The SVI uses social factors related to "socioeconomic status, household composition, minority status, or housing type and transportation"[5] to identify communities at greater risk in case of events such as natural disasters and infectious disease outbreaks.

  By strategically placing sites in communities of higher vulnerability, the state has been able to greatly improve access to testing for high-risk populations. Most locations are in majority-minority areas (where most residents are non-White); seven sites are in Detroit and three are in Genesee County. Sites operate on a fixed weekly schedule to provide consistent testing support. In addition, state health leaders review a health equity metric on testing on a weekly basis to ensure adequate testing in these communities, relative to testing rates in the rest of the state.

- **Impact to-date:** Between August 28 (launch of first site) and November 16, 24,606 tests were administered at these sites.

- **Accessibility:** All sites provide translation services, including American Sign Language, and meet ADA accessibility requirements so that persons who are differently abled can receive testing as well.

- **Cost and eligibility:** All sites offer free testing, although insurance is accepted, if available. A healthcare provider order or prescription is not required for someone to be tested, nor is any form of ID required (insurance card required for those using insurance). Individuals of all ages can be tested. Scheduling in advance is not required but is strongly preferred.

- **Types of tests:** Sites primarily use saliva tests, which are less invasive. Nasopharyngeal swab tests are also available.

Achievement #4

In order to provide critical COVID-19 prevention information, the Michigan Department of Health and Human Services (MDHHS) has launched educational and promotional media campaigns, using multiple channels to reach diverse audiences. These campaigns have been concentrated in urban communities, where racial- and ethnic-minority persons live in greater numbers, as these areas have been at heightened risk throughout the pandemic. Various messages have been used, allowing for testing to determine which are most effective.

Campaigns have provided information critical for persons to protect themselves and their communities. In a July survey of Michigan residents, African American respondents were significantly more likely than all other respondents to report always wearing a mask in indoor public spaces and in crowded outdoor spaces (**FIGURE 6**). Some of this can likely be attributed to the targeted media campaigns that the state conducted to promote COVID-19 prevention in high-risk communities.

[5] At a Glance: Social Vulnerability Index: https://www.atsdr.cdc.gov/placeandhealth/svi/at-a-glance_svi.html

Common topics of the campaigns:

- Masking
- Testing
- Contact tracing
- "Staying home. Staying safe."

Achievement #6

The task force played a crucial role in requesting improvements in data quality to highlight racial disparities. By prioritizing completeness of COVID-19 case data to include race and ethnicity, the state has improved data completeness over time, aiding its efforts to identify and address health disparities. In June, as many as 30% of cases had unknown race, compared to under 20% from July through October (**FIGURE 7, red line**). Despite increasing case volumes in September and October, data completeness is higher than it was in June.

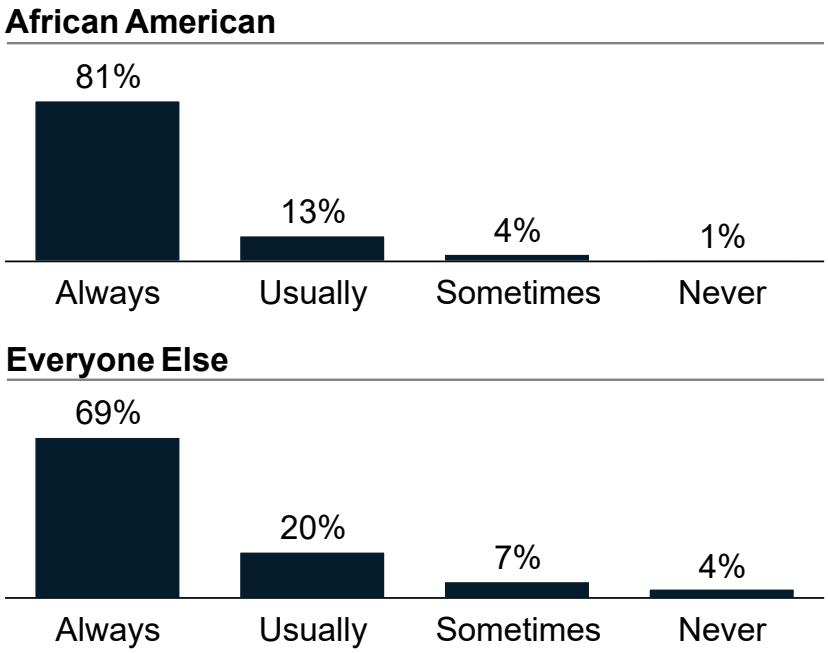
Achievement #8

The task force identified 30 community organizations and an evaluation project led by a state university to receive a total of $20 million in funding under the Michigan Rapid Response Initiative. These organizations are using funds to respond to needs associated with the disparate impacts that the virus has had on communities of color.

Below is a summary of the types of efforts that are being funded as part of the initiative (the **full list is available from the task force web page**):

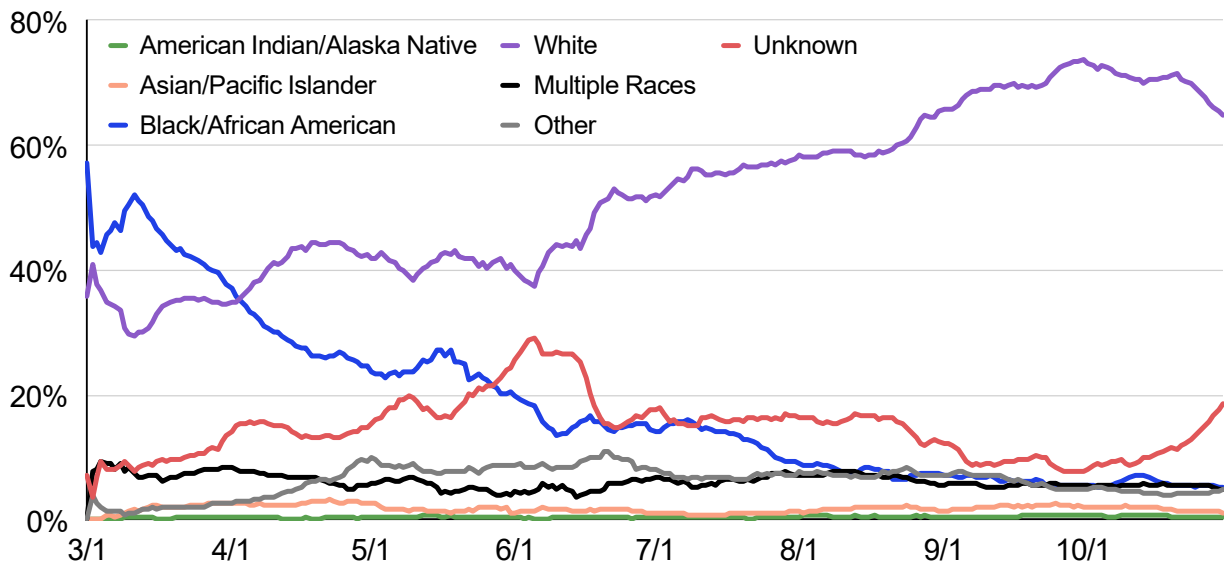
- **Health services:** Many organizations are directly providing or enabling access to health services. Some of these efforts are specific to COVID-19, such as providing testing in marginalized communities. Others are focused on broader healthcare needs, including physical, mental and dental health. Several efforts are focused on expanding access to telehealth services by increasing internet access or by distributing devices in communities with access challenges.
- **Non-medical resources:** Organizations are also focused on providing resources that have become more difficult to access since the pandemic began. These efforts include

FIGURE 6: Responses when asked "How often do you wear a mask/cloth facial covering in indoor public spaces and in crowded outdoor places?" 7/8-7/13



Source: MDHHS COVID-19 Campaign Research, responses from July 8-13, 2020

FIGURE 7: Rolling 7-day avg. percent of cases by reported race, 3/1-10/31



Percent of COVID-19 cases with reported race over time
Source: MDHHS – Michigan Disease Surveillance System, 11/17 report

food distribution, rehousing programs, and expansion of shelters to provide socially distanced housing to more people.

- **Education and livelihoods:** Both schooling and employment have been disrupted during the pandemic, especially in at-risk communities, where parents are less likely to work remotely, be able to afford tutors or childcare, and have access to high speed broadband internet. To address these challenges, some organizations are providing educational support, including the development of virtual curriculums and the provision of devices and internet access. Other programs focus on supporting the livelihoods of people in these communities. Such efforts include providing technological resources, giving guidance to those leaving incarceration during the pandemic, and offering support for small businesses.
- **Data improvement:** Some efforts are focused on developing data systems and processes to better identify communities at heightened risk. These efforts will inform allocation of resources to those who need them most.

Achievement #9

The task force identified the need for navigators to assist residents in signing up for insurance and other support programs, and MDHHS established multiple navigator programs to support the COVID response. First, a phone-based hotline was established for individuals who could not find COVID-19 test sites online. Next, MDHHS established a phone-based specialized group of navigators who can assist residents with insurance enrollment, enrollment in other state-run benefits programs, and referrals to community-based support services. Finally, the Detroit Health Department deployed

navigator services to Neighborhood Testing sites in Detroit to connect community members with a variety of public health programs and human services. These include state benefits; immunizations and lead testing; the Women, Infants, and Children (WIC) food and nutrition program; Detroit municipal IDs; and referrals to primary care providers. Navigation services will also be provided at neighborhood testing sites in Genesee, Calhoun and Macomb counties.

Achievement #11

The task force played a crucial role in developing the Eviction Diversion Program to help Michigan families weather the economic hardships brought on pandemic-related economic dislocation. The program was designed to keep Michigan residents who fell behind on their rent during COVID-19 in their homes. The program utilizes a special court process to get fast rental assistance for renters who have been impacted.

To date, the program has provided payments of $17 million to landlords for back rent, keeping 5,200 families in their homes. About 47% of tenants receiving assistance under the program identify as African American. By the end of the year, the Michigan State Housing Development Authority projects that the program will have allowed 16,000 households to remain in their homes during the COVID-19 pandemic — providing a crucial bulwark against housing insecurity. (link: **Eviction Diversion Program**)

Achievement #14

The Equity Impact Assessment, a decision-making model that MDHHS has begun to introduce, provides a concrete, organized, and more objective way of assessing processes, budget allocations, policies and programs through an equity lens. Inequities in programs and outcomes are sometimes unintentional and embedded into government systems and may be amplified by implicit bias or the blind spots of leaders. The Equity Impact Assessment will guide MDHHS leaders to think through the full implications these programs have on minority populations. This informed perspective helps reduce disparities, inequities, and unintended discrimination in policy development and program deployment. MDHHS has already been piloting this tool and is committed to rolling it out more broadly over the coming months. The agency is also exploring how this approach can be introduced to other departments and agencies.

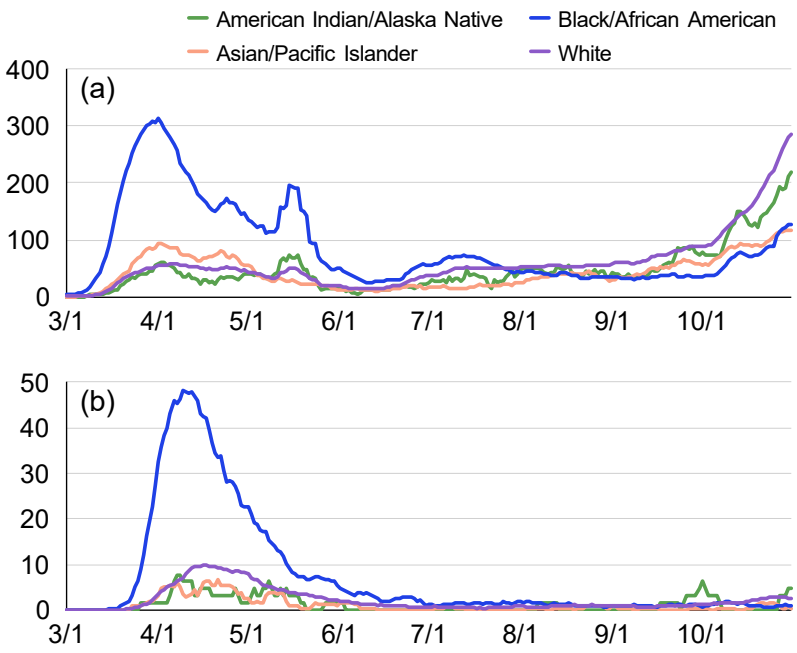
Achievement #16

At the recommendation of the task force, Governor Whitmer signed Executive Directive #2020-7 on July 9, directing the Department of Licensing and Regulatory Affairs (LARA) to begin developing rules that will require implicit bias training as part of the knowledge and skills necessary for licensure, registration and renewal of licenses and registrations of health professionals in Michigan. These trainings will ensure greater access to equitable care by preparing healthcare workers to recognize and mitigate implicit bias. Over 400,000 current providers and clinicians, and 30,000 new licensees, will begin to receive implicit bias training.

IV. Recent impact of efforts to address racial disparities

Comparing the earlier months of the COVID-19 pandemic in Michigan (March through April) to more recent months (September through October), some disparities between racial and ethnic groups have appeared to diminish, reflecting great efforts by state and local agencies, various organizations, and communities themselves. However, some disparities persist, even if to a lesser degree than earlier in the pandemic.

FIGURE 8: Rolling 7-day avg. daily new confirmed and probable COVID-19 (a) cases per million population and (b) deaths per million population, by race, 3/1-10/31



Notes: Cases reflect date of onset of symptoms and deaths reflect date of report; most recent days of reports subject to change as additional data is received

Source: MDHHS – Michigan Disease Surveillance System, 11/17 report

Early in the pandemic, daily new case rates among Black and African American persons (**FIGURE 8A.**) were much higher than in any other race category. In March and April, the average for Black and African American persons was 176 new confirmed and probable cases per million population per day, compared to 39 among White persons. However, since April, they have steadily converged towards the other categories. In September and October, the average in Black and African American persons was 59 cases per million per day, compared to 130 among White persons.

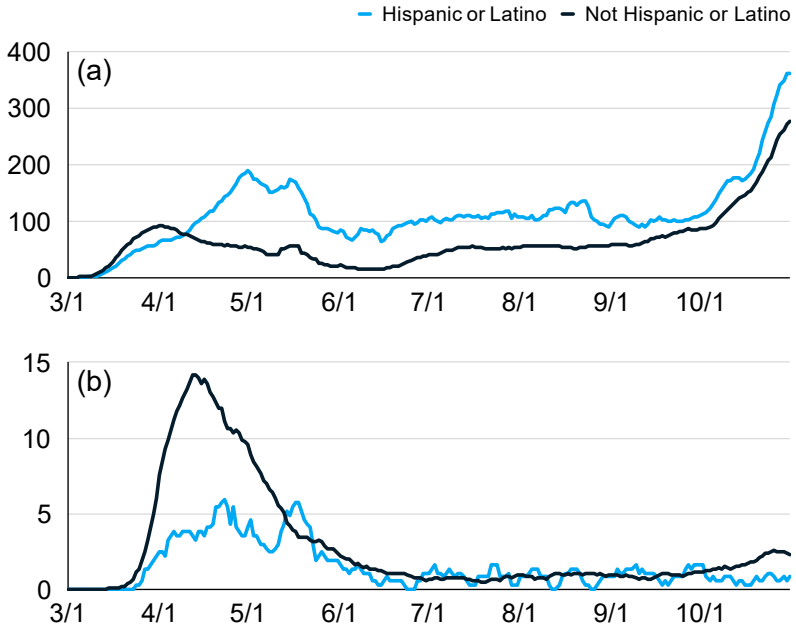
Trends in COVID-19 mortality (**FIGURE 8B.**) have correlated with those in confirmed and probable infection rates. Deaths per million population were much higher in the Black and African American population early in the pandemic. In March and April, the average for Black and African American persons was 21.7 new confirmed and probable deaths per million population per day, compared to 4.5 among White persons. Since then, deaths have also converged, although the gap has not closed completely.

In September and October, the average in Black and African American persons was 1.0 new confirmed and probable deaths

per million population per day, compared to 1.5 in White persons. There were several spikes in mortality in American Indian/Alaska Native population, which averaged 1.4 new confirmed and probable deaths per million population per day in September and October.

As testing increased early in the pandemic, a clear disparity in case rates emerged in Hispanic and Latino populations (**FIGURE 9A.**). In March and April, the average daily new case rate for Hispanic or Latino populations was 76 confirmed and probable cases per million population per day, compared to 56 in non-Hispanic and non-Latino persons. In September and October, the average among Hispanic and Latino persons was 170 cases per million per day, compared to 127 among non-Hispanic and non-Latino persons.

FIGURE 9: Rolling 7-day avg. daily new confirmed and probable COVID-19 (a) cases and (b) deaths per million population by ethnicity, 3/1-10/31



Notes: Cases reflect date of onset of symptoms and deaths reflect date of report; most recent days of reports subject to change as additional data is received

Source: MDHHS – Michigan Disease Surveillance System, 11/17 report

During September and October, the disparity between Hispanic/Latino and non-Hispanics/non-Latino populations began to diminish, but that is primarily attributed to a more rapid increase of cases among those who were not Hispanic or Latino. It is important to note that case rates are increasing for both groups, particularly since early September.

Although case rates have been higher among Hispanic and Latino Michiganders, death rates have trended near or lower than in populations not Hispanic or Latino for most of the pandemic (**FIGURE 9B.**). In March and April, the average for Hispanic and Latino persons was 2.3 new confirmed and probable deaths per million population per day, compared to 6.6 among non-Hispanic and non-Latino persons. In September and October, the average in Hispanic and Latino populations was 0.9 new confirmed and probable deaths per million population per day, compared to 1.4 among those not Hispanic or Latino. This is likely due to a higher proportion of younger individuals of Hispanic and Latino ethnicity who are infected than in non-Hispanic and non-Latino persons. Over 70% of Hispanics and Latinos who are infected are between the ages of 20 and 59 whereas less than 10% of those infected are over 60. Furthermore, the highest case rates exist for Hispanics and Latinos between the ages of 20 and 59.

However, as cases continue to rise statewide, it is important to consider trends in the referent group (non-Hispanic and non-Latino persons) when evaluating data showing the unequal impact of COVID-19. In September

and October, there were marked increases in cases and deaths for non-Hispanic and non-Latino persons, which will conceal disparities, particularly when looking at data in aggregate.

In September and October, COVID-19 began to spread more rapidly than at any time since early in the pandemic (**FIGURE 10A.**). Most populations experienced spikes in cases, and numbers of deaths and hospitalizations also increased compared to during the summer.

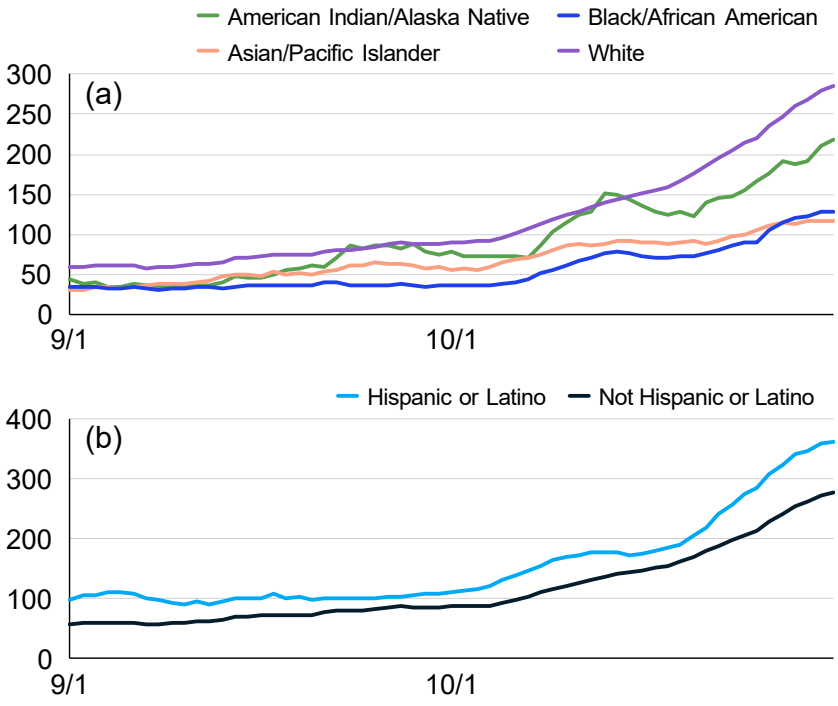
Racial disparities in case rates appeared to differ across groups compared to early in the pandemic. From mid-September through mid-October, cases per million population in Black and African American persons remained slightly lower than in other race categories. However, American Indian and Alaska Native communities faced a noticeable spike relative to other race categories beginning in mid-September, with daily case rates approaching those in White persons.

Disparities in case rates by Hispanic and Latino ethnicity narrowed in September and October compared to earlier in the pandemic (especially April through August), although a gap remains (**FIGURE 10B.**). The efforts of the task force, various state departments, and numerous other partners have provided crucial support to protect those at higher risk.

The reasons for these changes in disparity are complex as the ages and sex of people infected with COVID-19 were not the same for all these populations. Additionally, the testing availability and treatment for COVID-19 has improved.

However, those in vulnerable communities, including racial- and ethnic-minority groups, continue to face factors that make them more susceptible to infection and to severe outcomes. The continued progress of the task force and its partners will be critical to slow the overall spread of COVID-19 and to prevent disparities from increasing.

FIGURE10: Rolling 7-day avg. daily new confirmed and probable COVID-19 cases per million population by (a) race and (b) ethnicity, 9/1-10/31



Notes: Cases reflect date of onset of symptoms; most recent days of reports subject to change as additional data is received

Source: MDHHS – Michigan Disease Surveillance System, 11/17 report

V. Next steps for the Task Force

In order to sustain the progress made and to better address ongoing disparities, the task force continues to expand its impact. It is actively working to implement multiple high-priority initiatives, and has also identified broad themes to improve equity during the pandemic and after.

Based on its research into the causes of disparities and assessment of successful interventions, the task force will continue to advise the state on approaches and actions to address the disparities that the COVID-19 pandemic has highlighted. Because the task force was created by Executive Order 2020-55, pursuant to the executive and supervisory powers of the Michigan Constitution, the task force's work has not been disrupted by the recent Michigan Supreme Court decision regarding the governor's emergency powers.

Nevertheless, that decision does constrain the governor's ability to address racial disparities head-on through emergency executive orders. Going forward, Michigan's efforts to fight COVID-19 and eliminate the disparate impact of the pandemic on communities of color will be channeled primarily through the powers of the Department of Health and Human Services under the Public Health Code, and other state agencies as permitted by law.

In addition to many of the ongoing interventions described above in Section III, several new initiatives will provide additional support to vulnerable Michiganders in the months ahead. Along with these, the state will continue to identify new ways to expand its impact, focusing on several goals that the task force has identified as critical to address racial and ethnic disparities.

INITIATIVES THAT ARE IN PROGRESS

Details on select initiatives:

Initiative #1: Close the digital divide

With the guidance of the task force, the Governor's office is leading the charge in bringing together a dozen different parts of

FIGURE 11: Summary of task force's in-progress initiatives

Highlighted in this report

Immediate disparities in COVID response	Lasting structural change
1 Closing the digital divide in telehealth and remote learning	4 Guidance letter to health providers on avoiding implicit bias.
2 "Get Covered" campaign to make coordinated push for every Michigander to sign up for health insurance	5 Proposed change to lifetime cash assistance benefits from 48mths to 60mths
3 Mobile testing infrastructure that can also be extended for other health services such as vaccine administration	6 Launch implicit bias training for all state employees

state government to chart a joint path forward. Together they will work to expand internet access and close the digital divide and racial disparities in internet access. These efforts will be facilitated by Connected Michigan.

This multi-year internet access plan will address barriers to full digital participation, including lack of devices, lack of access to affordable, speedy internet service, and a lack of digital literacy. These efforts will address short- and long-term disparities in telehealth, remote learning, job training, access to information about public assistance programs, and more.

Initiative #2: Increase enrollment in health insurance plans

Multiple state departments have come together at the direction of the Executive Office of the Governor (EOG) to make a coordinated push for every Michigander to get signed up for insurance. MDHHS and the Department of Insurance and Financial Services (DIFS) are working together to make it easy for Michiganders to find out about their options for affordable care, such as Medicaid and federal marketplace plans. These efforts are putting this information together and adopting a "no wrong door" approach. They are also coordinating on a joint $1M media campaign to ensure all Michiganders get signed up this fall.

Additionally, MDHHS is working with the Department of Treasury and the Department of Labor and Economic Opportunity (LEO) to identify and facilitate enrollment of eligible Michiganders into Medicaid by identifying residents who may have lost insurance coverage due to a job loss or have otherwise raised their hands to request more information about benefits programs. This effort will provide them with easy information about how to get covered. Finally the state is looking to expand residents' access to navigators who can help answer their insurance questions and get them signed up.

Initiative #3 — Mobile testing centers

MDHHS has partnered with Wayne State University (WSU) and Wayne Health (WH) to provide a mobile COVID-19 testing infrastructure. This new, data-driven capability will allow testing centers to move between target sites and serve communities at the highest risk. The initial mobile pilot program conducted with WSU, WH, the Ford Motor Company and ACCESS provided COVID testing to nearly 9,500 people between April 13 and May 31.

The partnership between MDHHS and WSU/WH expands upon this model, including COVID-19 testing, flu vaccinations, cardiometabolic risk factor screenings, and social determinant assessments with linkage to social services and medical care. Additional services could include future COVID-19 vaccine distribution. For maximum accessibility, services will be available to persons driving or walking to the site, and will not require appointments or prescriptions. MDHHS will expand mobile testing in Flint, Lansing, Grand Rapids and Muskegon.

Initiative #4: Raise awareness of racial- and ethnic disparities in medical care

MDHHS will send a letter to providers across the state, encouraging them to recognize the disparities that affect their racial- and ethnic-minority patients. The letter will emphasize the need to consider social context when making clinical decisions, such as considering that patients may not be able to safely isolate when making the decision to admit the patient to the hospital.

GOALS FOR IMPACT

Going forward, the task force will build on success to-date by maintaining existing efforts and launching new initiatives. In order to achieve greater equity in the months ahead, the task force will advocate for and act on several core goals:

- Maintain and expand the progress made to flatten racial/ethnic disparities in cases and deaths
- Continue targeted encouragement to remain vigilant in following recommended personal behavior guidelines to limit spread/exposure
- Develop and implement programs for equitable management and distribution of approved vaccine(s) and anti-viral treatment(s) for COVID and the flu
- Propose policy changes that strengthen communities of color's resilience and wherewithal to make it through this pandemic and future public health challenges

Alongside its partners across state departments and in local communities, the task force will continue to address the immediate needs of vulnerable populations such as racial- and ethnic-minority groups affected disparately by the pandemic. It will also continue to work for sustained equity across government and across the state.

VI. Appendix

FULL TASK FORCE MEMBERSHIP

Chair
Lieutenant Governor Garlin Gilchrist

Executive Office of the Governor Staff
Honorable Thomas F. Stallworth III, Senior Advisor to the Governor and Director of task force

Michigan Department of Health and Human Services (MDHHS) Staff
Director Robert Gordon or his designee, and Chief Medical Executive Dr. Joneigh S. Khaldun

Governor Appointees (listed on the task force's web page and below)

- Brandi Nicole Basket, D.O., Clinton Township; chief medical officer for Meridian Health Plan Michigan Market
- Matthew L. Boulton, M.D., Ann Arbor; senior associate dean for Global Public Health and director of the Minority Health and Health Disparities International Research Training Program at the University of Michigan
- Renée Branch Canady, Ph.D., Lansing; chief executive officer of the Michigan Public Health Institute
- Denise Brooks-Williams, Detroit; senior vice president and chief executive officer of the Henry Ford Health System North Market
- Sen. Marshall Bullock
- Dessa Nicole Cosma, Detroit; executive director of Detroit Disability Power
- Connie Dang, Jenison; director of the Office of Multicultural Affairs and special assistant for Inclusive Community Outreach at Grand Valley State University
- Marijata Daniel-Echols, Ph.D., Farmington Hills; program officer at W.K. Kellogg Foundation
- Debra Furr-Holden, Ph.D., Flint; epidemiologist and associate dean for Public Health Integration at Michigan State University, and director of the Flint Center for Health Equity Solutions
- Audrey E. Gregory, Ph.D., Franklin; chief executive officer of the Detroit Medical Center
- Whitney Griffin, Detroit, director of marketing and communications for the Downtown Detroit Partnership
- Bridget G. Hurd, Southfield; senior director of diversity and inclusion at Blue Cross Blue Shield of Michigan
- Curtis L. Ivery, Ph.D., Detroit; chancellor of Wayne County Community College District
- Solomon Kinloch, Jr., Oakland Township; senior pastor at Triumph Church in Detroit
- Jametta Y. Lilly, Detroit; chief executive officer of the Detroit Parent Network
- Curtis Lipscomb, Detroit; executive director of LGBT Detroit
- Mona Makki, Dearborn; director of the ACCESS Community Health and Research Center

- Alycia R. Meriweather, Detroit; deputy superintendent of the Detroit Public Schools Community District
- Randolph Rasch, Ph.D., East Lansing; professor and dean of the Michigan State University College of Nursing
- Celeste Sanchez Lloyd, Grand Rapids; community program manager for Strong Beginnings at Spectrum Health and a fellow in the W.K. Kellogg Foundation
- Jamie Paul Stuck, Scotts; Tribal Council chairman and member of the Nottawaseppi Huron Band of the Potawatomi Tribal Council
- Maureen Taylor, Detroit; state chair of the Michigan Welfare Rights Organization
- LaChandra White, Allen Park; director of the UAW Civil and Human Rights Department.
- M. Roy Wilson, M.D., Detroit; president of Wayne State University
- Representative Sherry Gay-Dagnogo
- Attorney General Dana Nessel
- Congresswoman Brenda Lawrence

State departments represented on the task force

- Michigan Executive Office of the Governor
- Michigan Department of Health and Human Services
- Michigan Department of Civil Rights
- Office of the Attorney General
- Michigan Department of Labor and Economic Opportunity
- Michigan Department of Licensing and Regulatory Affairs
- Michigan Environment, Great Lakes and Energy
- Michigan State Housing Development authority
- Michigan Department of Military and Veterans Affairs

LEADERS WHO HAVE JOINED COMMUNITY ACTION STAKEHOLDER MEETINGS

- Alfonso Salais, Jr; Lansing School District teacher
- Alisha Bell; Wayne County commissioner
- Alize Payne; Washtenaw County equity officer
- Andrea Acevedo; SEIU Healthcare president
- Benny Napoleon; Wayne County sheriff
- Crystal Campbell; Washtenaw County
- Dave Coulter; Oakland County executive
- Denise Fair; City of Detroit health director
- Delores Harrison Brown; AARP Chapter 4803
- Dr. Cheryl Moore
- Dr. David Brown; Michigan Medicine – head of Dept of Health Equity
- Dr. Kent Key; College of Human Medicine, Michigan State University
- Dr. Tonya Bailey; Chief Diversity Officer, LCC
- Dr. Toshia Patman; Our Wellness Hub
- Dr. Deidre Holloway Waterman; Mayor of Pontiac
- Gilda Jacobs; MLPP
- Genelle Allen; Wayne County
- Heaster Wheeler; SOS

- Ken Siver; Mayor of Southfield
- Lauren Bealore; America Votes
- Lisa Canada; Carpenters
- Loretta V. Bush, MSHA; Detroit-Wayne County Health Authority
- Lynn Todman, Lakeland Health in Benton Harbor – St Joseph
- Marcus Muhammad; Mayor of Benton Harbor
- Marilyn Lane; Macomb County
- Mark Hackel; Macomb County executive
- Michael Rafferty; New Detroit Inc
- Paula Cunningham; State Director, AARP
- Palencia Mobley
- Phylis Meadows; Kresge Foundation
- Rev. Wendall Anthony; NAACP
- Rodd Mott; ACLU
- Rudy Hobbs; Oakland County
- Sheldon Neeley; Mayor of Flint
- Teresa Branson; Kent County
- Tawana Nettles-Robinson; Trinity Health
- David McGhee; Skillman
- Walter Watt; Mayor of Muskegon Heights
- Warren Evans; Wayne County executive
- Rep. Abdullah Hammoud; Dearborn

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- Curtis Ivery
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- Alfredo Hernandez
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- Teresa Branson
- Larry Lewis
- Kimberly Trent
- Tiffany King
- Rev. Solomon Kinloch
- Congresswoman Brenda Lawrence
- Chris Kolb
- Linda Little
- Tonya Thompson
- Rep. Sherry Gay-Dagnogo
- Marijata Daniel-Echols
- Maureen Taylor
- Karen Phillippi
- David Sanchez
- Roy Wilson
- Andrea Taverna
- Yesenia Murillo

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- Jametta Lilly
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