Mills Administration Announces Further Investment to Address Racial and Ethnic Disparities in COVID-19

July 30, 2020

AUGUSTA- The Mills Administration announced today an investment of $1 million from the Coronavirus Relief Fund to significantly and quickly expand services to help reduce the disproportionately large racial and ethnic disparities in COVID-19 in Maine.

This funding through the Maine Department of Health and Human Services (DHHS) will expand education, prevention, and eligibility for services currently supported by the Coronavirus Relief Fund. Generally, it will include individuals referred to DHHS by communities at elevated risk of COVID-19. It will support temporary wrap-around services such as food as well as referrals to existing child care, health care, and income support programs. This funding will be provided directly to community-based organizations that are run and led by the communities they serve. The Department will issue an application for the "2020 COVID Health Equity Improvement Initiative" next week, after additional consultation with community-based organizations on its design.

This investment represents our continued commitment to making progress on the unacceptable disparities in COVID-19 in Maine, **said DHHS Commissioner Jeanne Lambrew**. In addition to preventing the spread and limiting the impact of the virus, our response must include working in partnership with organizations trusted by the communities they serve and addressing the underlying problems that contribute to this disparity.

The Governor's commitment more than doubles the nearly $1 million already dedicated from the Coronavirus Relief Fund for social services and supports for people with COVID-19. This includes contracts with ten Community Action Program (CAP) agencies ($595,000), Wabanaki Public Health ($40,000), and Catholic Charities ($320,000). Catholic Charities, in partnership with community-based organizations, is supporting interpretation, translation and cultural brokering services, including culturally appropriate support services. To date, 326 people have been referred for currently available services across Maine.

This latest initiative builds on previous actions. It aims to support people identified by community organizations as at risk of and affected by COVID-19, not just those who have been directed to quarantine or isolate by the Maine Center for Disease Control and Prevention (CDC). It could offer support services for those who dont currently qualify or offer extra needed supports for people already getting DHHS services. Organizations would also be supported for their work in connecting eligible people to existing programs like MaineCare or General Assistance. DHHS plans to quickly and directly fund willing and qualified non-profit organizations that meet the eligibility criteria which includes, among others, being run or led by the community the organization intends to serve.

The racial and ethnic disparities related to COVID-19 in Maine are profound, with the rate of cases among minority populations in Maine indicating a higher, crisis-level inequality in those communities. For example, Black and African American Mainers represent about 1.4 percent of the total population in Maine, but over 22 percent of the COVID-19 cases in Maine where race is known. Hispanic or Latinx Mainers represent about 1.7 percent of the population in Maine, but 3.9 percent of cases where the ethnicity is known.

To date, the Department has undertaken a number of actions (https://www.maine.gov/dhhs/blog/supporting-maine-people-affected-covid-19-2020-07-09) to address disparities in COVID-19, including:

Access to testing: The Departments June 23 Standing Order (PDF) (https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/documents/Standing-Order-FAQs-7.16.2020.pdf) for COVID-19 testing includes people at elevated risk of contracting COVID-19, including people of color, given the disparities noted above. The Department is working with health care and community organizations to increase testing at sites accessible to people at risk.

Case Investigation: The Maine CDC is increasing staff with language and cultural proficiency. Maine CDC has successfully connected to 95 percent of COVID cases in Maine residents. The individuals Maine CDC did not connect with were not disproportionately represented by racial or ethnic minorities (24 out of 112 confirmed cases from May 1 to July 21).

Contact Tracing: Maine CDCs technology platform (Sara Alert) sends messages and check-ins to close contacts of people with COVID-19 in English, Spanish, French, and Somali. About 14 percent of people currently in the system have a primary language

other than English. The Department pays for language translation, interpretation and cultural brokers to assist Maine CDC. Interpretation services in other languages are available on an as-needed basis.

Education: The Department is helping to organize educational webinars for health care providers on racial and ethnic health disparities.

More work by the Department is needed to address COVID disparities as well as the underlying causes of inequity that pre-date COVID-19. On July 24, the Department issued a Request for Information (https://www.maine.gov/dhhs/blog/dhhs-issues-rfi-promote-diversity-equity-and-inclusion-2020-07-24) to get input on the Departments organizational structure and contracting process. It is working with private partners to support a rapid community-participatory needs assessment with communities of color. And, the Department will focus on equity as it works to help the state recover from the pandemic.

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