## **COVID-19 Health Disparities Grant**



#### Lessons learned from COVID-19 create a playbook for an equitable future.

COVID-19 exposed critical gaps in our public health system. Health departments, weakened by decades of underfunding, struggled to protect those most at risk, including racial and ethnic minority groups and people living in rural communities. The COVID-19 Health Disparities Grant provided a time-limited funding boost to 108 health departments to mobilize a coordinated response.\* Lessons learned from this grant will help better serve communities today and during future emergencies.

### **Unique features**



**Responsive.** Built-in flexibility for allocating funds allowed recipients to direct emergency response services where communities needed them most.

- **Collaborative.** Relationships created with trusted community and service partners have served as a model for coordinated, holistic, and tailored public health responses.
- **Data-driven.** An emphasis on timely, complete, and tailored representative data collection has highlighted the importance of using racial, ethnic, and rural health data to best serve these communities.
- **Sustainable.** Funding helped recipients establish the core capabilities needed to address ongoing health disparities and build a foundation for future emergency response.

## Goals: Response, preparedness, equity

Health department recipients used the funds to strengthen emergency response capabilities across four areas:



**Services.** Expanded testing, contact tracing, and other strategies to prevent and control COVID-19 infection.



**Data.** Improved data collection, systems, and reporting to understand who is at greatest risk and how to prioritize services.



**Infrastructure.** Built, leveraged, and expanded infrastructure support to enable equitable delivery of services.



**Partnerships.** Mobilized the community through cross-sector collaborations and culturally tailored, multilingual outreach.

Without this kind of continued support, we leave people vulnerable to unnecessary illness, injury, and death. Let's give our frontline public health agencies the means to protect every community.



\*Funding continues to support health equity work under a no cost extension until May 31, 2026.



## Impact on communities

Supporting health departments to better respond to threats like COVID-19 has created a more equitable foundation for addressing ongoing health disparities. Here are key benefits of this investment.



**Safety and security.** The funding boost from this grant enabled recipients to protect medically underserved groups from COVID-19—which can translate to better outcomes for the broader community during public health emergencies and in people's day-to-day lives.

**Resources to bridge rural health gaps.** Funding carve-outs for rural communities during COVID-19 allowed recipients to improve access to care, connect people to services, and work towards better health outcomes.



A stronger focus on underlying health disparities. Addressing the factors that contribute to COVID-19 disparities—such as chronic disease, mental health

issues, and food insecurity—can improve health and well-being overall.



**Community-powered public health.** Funding health departments to maintain partnerships with housing, transportation, social services, and other sectors allowed them to mobilize a coordinated response to future health threats.

**Trusted lines of communication.** Recipients used funding to engage trusted messengers and create materials that reflect local culture, language, and practices.

#### More on the grant here

www.cdc.gov/public-health-gateway/ php/funding/covid-19-health-disparitiesot21-2103.html



#### More about our division here

www.cdc.gov/infrastructure/divisionsoffices/about-division-of-jurisdictionalsupport.html



# A closer look: How some recipients used their funding

#### The Commonwealth of Northern Mariana

**Islands** stations mobile health units throughout the main island of Saipan. Services include health screenings, specialist referrals, vaccinations, education, and food and housing assistance. Many residents served have not seen a provider in more than 20 years.

**San Diego County** distributed 51 minigrants—totaling \$1.5 million—to local community-based organizations to reach residents disproportionately affected by the COVID-19 pandemic.

**Arkansas** used new technology to provide enhanced telehealth services to uninsured patients, many of whom lack transportation to get to appointments. This allowed clinic staff to remotely monitor chronic health conditions, reducing costly ER visits.

