



Belle Haven Action COVID-19 Report and Proposal

Introduction

The conducted research highlights the health inequities Belle Haven, Census Tract 6117, faces due to the long-standing foundation of structural racism, which predates the COVID-19 pandemic. The proposed plan for a successful and equitable COVID-19 vaccine rollout, a One Stop-Shop, brings the necessary resources directly to this community of concern, using [Belle Haven Action](#), a trusted community messenger, in order to manage the high COVID-19 infection rates and address the disproportionately low vaccination rates.

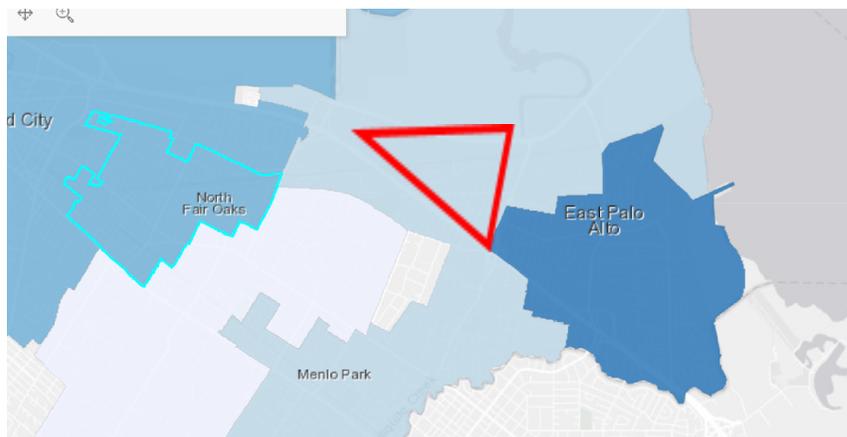
Please note that Census Tract 6117 has the same boundaries as District 1 of the City of Menlo Park and will be referred to as Belle Haven throughout this narrative and proposal. The San Mateo County Health Government Alliance on Race and Equity Initiative supports the achievement of racial equity and advancing opportunity for all communities. Unfortunately, Belle Haven, a majority non-white community is underserved and often excluded from benefiting from resources given to cities and unincorporated areas with similar demographics. Furthermore, the Belle Haven neighborhood should qualify for assistance from the California Department of Health for their [Targeted Equity Investment Plans](#) for San Mateo County.

Research

This research analysis is of four Southern San Mateo County cities: Atherton, East Palo Alto, Menlo Park, and North Fair Oaks. The population sizes and more information for [San Mateo County](#) (766,573), [Atherton](#) (7,137), [East Palo Alto](#) (29,314), and [Menlo Park](#) (34,698) is reported by the [United States Census Bureau](#). The population size and information for [North Fair Oaks](#) (14,547), a Census-Designated Place (CDP) is reported by [Data USA](#).

The Belle Haven neighborhood has a population of 5,405, according to [Census 2020 Hard To Count \(HTC\)](#) and is approximately 15.6% of the City of Menlo Park. San Mateo

County Health reports and identifies East Palo Alto and North Fair Oaks as the communities with the highest rates of COVID-19 infection within San Mateo County. This data can be further explored using the Cases By City [dashboard](#). Data specifically for Belle Haven was not available until February 19, 2021. Belle Haven, East Palo Alto, and North Fair Oaks, have similar demographic makeup and often follow similar historical socioeconomic and health trends. Therefore, Belle Haven neighborhood has experienced a higher rate of infection than Menlo Park, more consistent with East Palo Alto and North Fair Oaks infection rates. Due to the lack of real-time COVID-19 data for Belle Haven, additional resources and support from Menlo Park and the County of San Mateo were denied. This has been a historic challenge for the “lonely triangle”, a term often used to describe the Belle Haven neighborhood.



Map 1. The red triangle outlines the Belle Haven neighborhood, Census Tract 6117. More information can be found on the [Cases By City dashboard](#) by San Mateo County Health.

Community Demographics

Belle Haven’s demographics vastly differ from Menlo Park and is comprised of over 90% non-white groups. Based on the 2020 California Census, Belle Haven is 57.6% Hispanic or Latino, 9.8% White alone, 19.1% Black or African-American, 7.2% Native Hawaiian or other Pacific Islander alone, 2.2% Asian, and 4.1% other race.

2020 Racial Demographic of Belle Haven

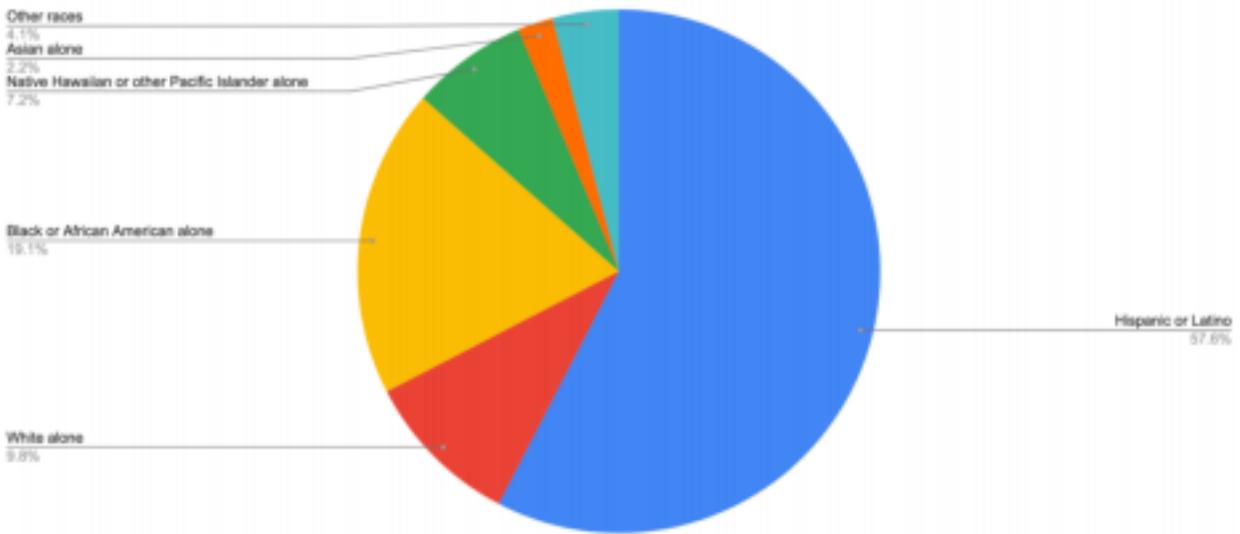


Figure 1. Racial Demographics of the Belle Haven neighborhood based on the 2020 Census Hard to-Count Fact Sheet

Based on the [2019 United States Census QuickFacts](#), Menlo Park is composed of 15.4% Hispanic or Latino, 57.7% White alone, 4.5% Black or African-American, 2% Native Hawaiian or other Pacific Islander alone, 14.9% Asian, and 5.6% other race.

2019 Racial Demographics of Menlo Park

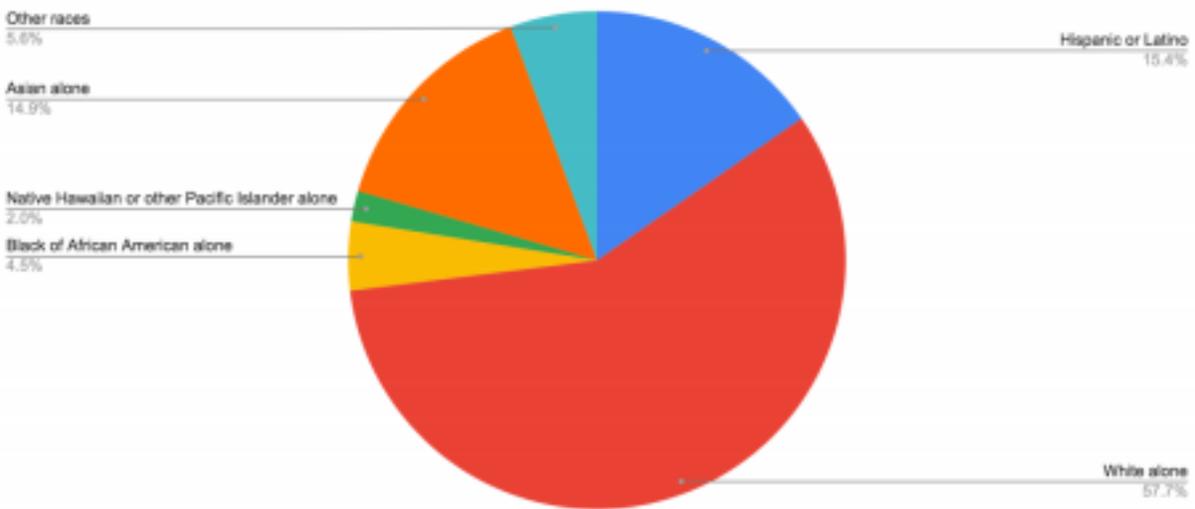


Figure 2. Racial Demographics of the city of Menlo Park based on the 2019 United States Census QuickFacts

Based on the Census 2020 HTC and [City-Data](#), 23.4% of Belle Haven is limited English speaking whereas only 3.3% of Menlo Park's population are not proficient in English.

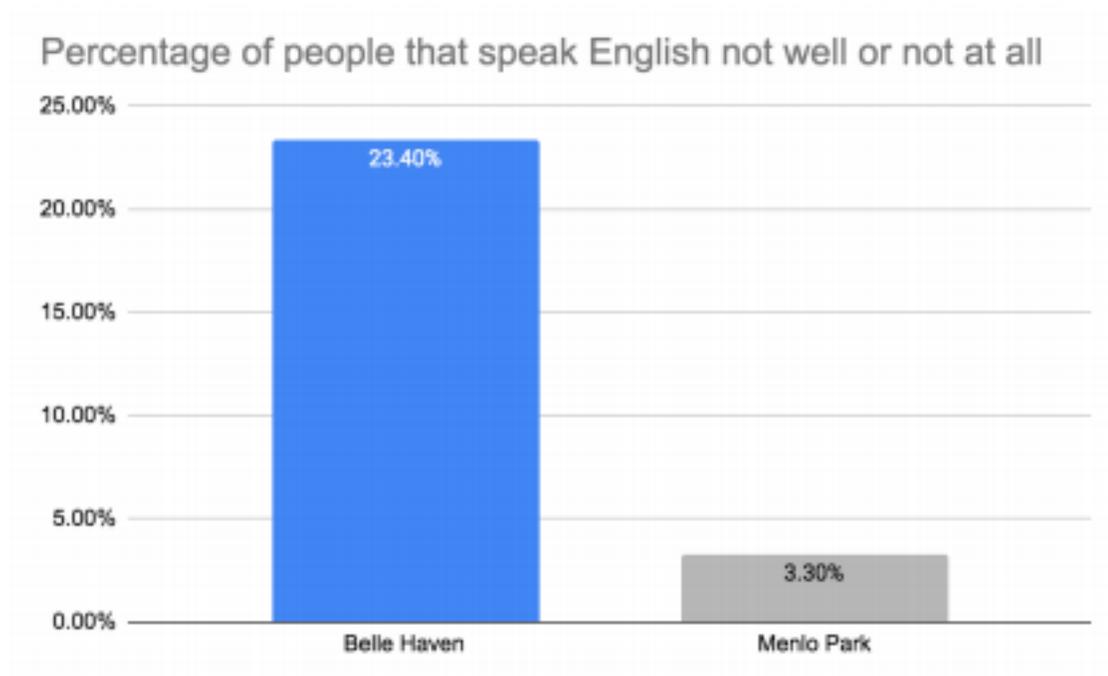


Figure 3. Based on 2020 HTC and City-Data, Belle Haven has a higher population of people that are not proficient in English.

COVID-19 in Menlo Park

The Belle Haven neighborhood, Census Tract 6117, is approximately 15.6% of the city of Menlo Park. More specifically, the current estimated population of Menlo Park is 34,698 and the current estimated population of Belle Haven is 5,405.

Population Contribution of Belle Haven to Menlo Park

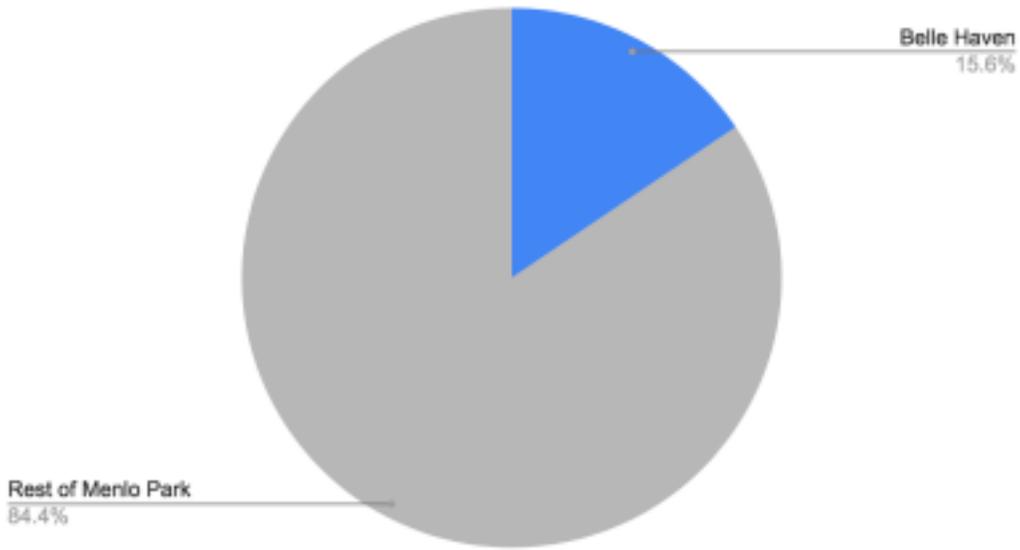


Figure 4. Population Contribution of Belle Haven to Menlo Park. Belle Haven has a population of 5,405 residents, 15.6% of Menlo Park.

As of February 26, 2021, San Mateo County Health Data reports that Belle Haven has a historic total of 748 COVID-19 cases, 50.3% of the historical total of 1488 for the City of Menlo Park.

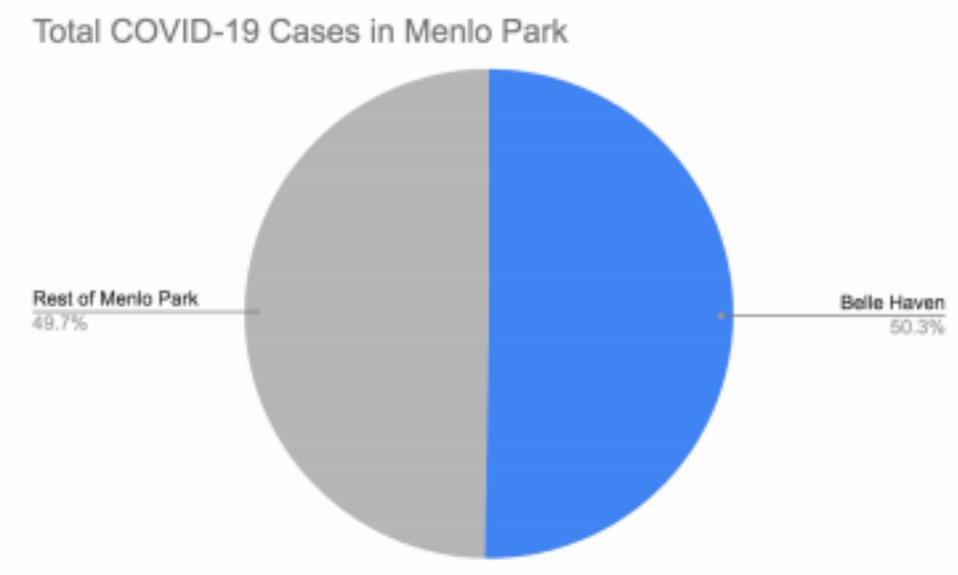


Figure 5. Total COVID-19 Cases in Menlo Park. The Belle Haven neighborhood contributes to 50.3% of Menlo Park's total number of COVID-19 cases.

Furthermore, Belle Haven accounted for 52.1% of COVID-19 infections during the week of February 22, 2021. This is a disproportionate and a significant percentage since Belle Haven accounts for only 15.6% of Menlo Park.

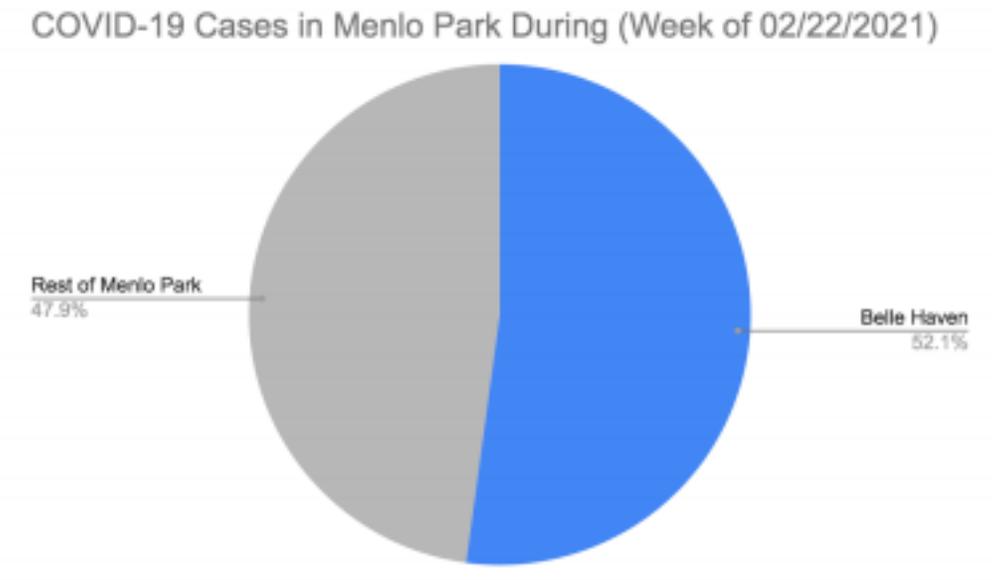


Figure 6. During the week of February 22, 2021, Belle Haven had 73 COVID-19 cases, 52.14% of the City of Menlo Park’s COVID-19 cases for the week.

Infection Rates vs Vaccination Rates

Vaccination rates per city does not reflect the percentage of infections per population of the city or area. For example, Atherton represents 0.93% of the County of San Mateo, 0.46% of the County’s infections, 2.49% of the population of Atherton historically has had COVID-19, but 46.79% of the population has been vaccinated.

Comparatively, East Palo Alto represents 3.90% of San Mateo County’s population, 10.90% of the County’s infections, 14.38% of East Palo Alto has been infected, but only 11.68% of East Palo residents have been vaccinated.

North Fair Oaks represents 4.2% of the County’s cases, 11.41% of the population has been infected, and 15.31% of the population has been vaccinated.

Menlo Park represents 3.9% of the County’s cases, 4.35% of the city has been infected, and 26.75% of Menlo Park’s population has been vaccinated. 14.04% of Belle Haven has been infected with COVID-19 but unfortunately, data on the percentage of the population that has been vaccinated is unavailable by Census Tract.

	Total Population	Total Cases	% of Population Infected	% of Population Vaccinated
San Mateo County	766,573	38,674	5.04%	20.08%
Atherton	7,137	178	2.49%	46.79%
Menlo Park	34,698	1,508	4.35%	26.75%
East Palo Alto	29,314	4,215	14.38%	11.68%
North Fair Oaks	14,547	1,660	11.41%	15.31%
Belle Haven Census Tract 6117	5,405	759	14.04%	Not Available

Table 1. COVID-19 Infection Rates and Vaccination Rates as a Percentage of Populations in San Mateo County. Please note: San Mateo County Health updates COVID-19 infection and vaccination rates every Friday morning. The rates reflected in this section were accessed on March 1, 2021 and includes data from February 25, 2021.

Contributing % of San Mateo County's Infections and % Vaccinated

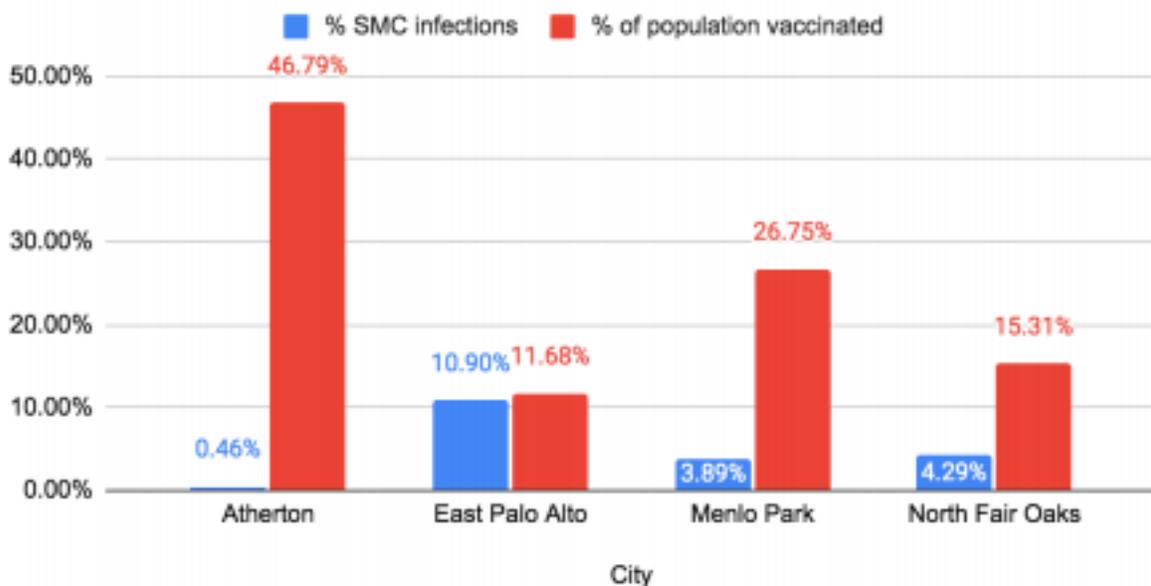


Figure 7. Comparing infection rates and vaccination rates within Atherton, East Palo Alto, Menlo Park, and North Fair Oaks to highlight the resource disparities in minority communities. Based on data accessed March 1, 2021 from San Mateo County's [COVID-19 Vaccination](#) dashboard.

Discussion

The COVID-19 pandemic has disproportionately affected racial and ethnic minority groups with high rates of death in African American, Native American, and LatinX communities¹. Belle Haven neighborhood, home to 15.6% of Menlo Park's population and with a racial demographic of 90% minority groups, has higher than average infection rates and disproportionately low vaccination rates. Studies show that communities with higher racial and ethnic minority populations have higher housing density, more housing insecurity, scarcity of potable water, and more multigenerational households that makes social distancing harder². These communities have lower access to healthcare, which contributes to worse COVID-19 outcomes¹.

During public health crises such as a global pandemic, it is crucial that real-time accurate health information is disseminated to the public. For example, information such as details on COVID-19 testing sites, preventive health recommendations, and COVID-19 vaccination information are important for the general public to be able to access and understand to make informed health decisions. Studies show that minority groups are more likely to have communication gaps due to issues of health literacy, socioeconomic disadvantage, and limited English language proficiency³. Comparatively,

based on the 2020 HTC Fact Sheet, 23.4% of Belle Haven residents do not speak English well or do not speak English at all. This is significantly higher than the 3.3% of people who do not speak English well or at all in the city of Menlo Park, reported by City-Data.

These gaps and health outcomes are exacerbated by justifiable mistrust of health institutions in some minority communities⁴. The result is a relative lack of credible COVID-19 information reaching marginalized communities, thereby elevating risk of disease contraction and transmission. The COVID-19 pandemic has highlighted these long-standing disparities and trends which require structural change by the County in regards to outreach efforts, prevention programs, and the overall COVID-19 vaccine rollout.

Solution

The vaccination rate disparities when comparing minority and underserved communities such as East Palo Alto, North Fair Oaks, and Belle Haven to majority white cities is the result of biomedical factors, social determinants of health, and justifiable mistrust in health institutions. To adequately and successfully address this during the COVID-19 pandemic, the County of San Mateo must use trusted messengers to bring the resources directly to the communities with the highest infection rates. Community health organizations, such as Belle Haven Action, are trusted messengers within the community. Due to their growing presence and trust within the neighborhood, Belle Haven Action has the ability to significantly improve vaccination rates, if provided the necessary resources and supported by the County of San Mateo. As a trusted community messenger, Belle Haven Action will be able to conduct outreach and bring in those residents that meet California state guidelines to be vaccinated. Outreach efforts include door to door messaging in all languages within the target communities.

Based on the conducted research, a successful COVID-19 vaccine rollout is one which works directly with community groups, such as Belle Haven Action, who have established trusted relationships with their community. Appropriate funding from the County, city of Menlo Park, or directly to healthcare providers should be used to assist Belle Haven community organizations and their efforts towards managing the COVID-19 pandemic. Belle Haven Action recommends a One-Stop-Shop approach as outlined below.

One-Stop-Shop COVID-19 Testing and Vaccination

Serving Belle Haven, Census Tract 6117

This project is a part of Belle Haven Action's (BHA) COVID-19 services for Belle Haven residents. The service is being brought into the community.

PURPOSE:

Residents of Census Tract 6117 will go to one local location to receive COVID-19 testing and vaccinations. Proof of insurance will be asked but not be required. If requested, more information and sign-ups for health insurance will be provided. Pertinent health information will be given to the public both verbally and written. Written information will be provided in the top languages spoken at home.

LOGISTICS:

Menlo Park Fire District Chief will work with Belle Haven Action (BHA) the most appropriate location within the community and physical layout to provide services. The Menlo Park Fire District will be the lead staff and coordinate volunteers. It is preferred that San Mateo County provide or facilitate acquisition of test kits and vaccines. Any cost for test kits and/or vaccines will be paid for through Federal and State funding to the County. If the County is unable to provide test kits and/or vaccines at no cost, BHA will seek private donations. Volunteers will be solicited from BHA, MPC Ready, MPFD, and SMC. If there is an insufficient number of volunteers, assistance will be requested from the National Guard.

ELIGIBILITY:

This program is primarily for the previously underserved residents of Census Tract 6117. Contact information (name, address and phone number) will be required for follow-up of tests and second dose of vaccine.

TESTING:

It is important that the residents in Census Tract 6117 are served first. Every attempt will be made not to turn anyone away for testing or vaccines.

TIERS:

Phase 1A (healthcare workers and residents of long-term care facilities) Phase 1B residents aged 65 and older and Sector populations (agriculture and food, education and childcare, and emergency services)

Starting February 22, 2021, eligible essential workers such as educators, child care providers, law and enforcement, and food and agricultural workers, which includes certain grocery store employees will be able to receive the COVID-19 vaccine. Please note: Faith Leaders, Pastors, Reverends are not currently included in the Phase 1B eligibility. However, their demographic should be added and included to the Essential Service list.

References

1. Don Bambino Geno Tai, Aditya Shah, Chyke A Doubeni, Irene G Sia, Mark L Wieland, The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States, *Clinical Infectious Diseases*, Volume 72, Issue 4, 15 February 2021, Pages 703– 706, <https://doi.org/10.1093/cid/ciaa815>
2. Khunti K, Singh AK, Pareek M, Hanif W. Is ethnicity linked to incidence or outcomes of COVID-19? *BMJ* 2020; 369:m1548.
3. Blumenshine P, Reingold A, Egerter S, Mockenhaupt R, Braveman P, Marks J. Pandemic influenza planning in the United States from a health disparities perspective. *Emerg Infect Dis* 2008; 14:709–15.
4. Bergstresser SM. Health communication, public mistrust, and the politics of “rationality.” *Am J Bioeth* 2015; 15:57–9.

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