

# **COVID-19 Health Equity Task Force**

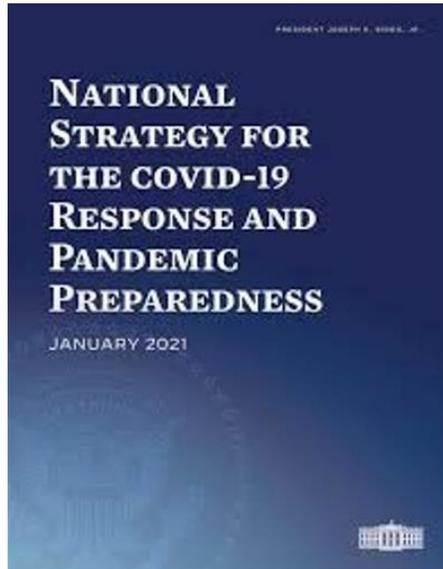
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**Deliberation and Vote on Final Recommendations**

September 30, 2021

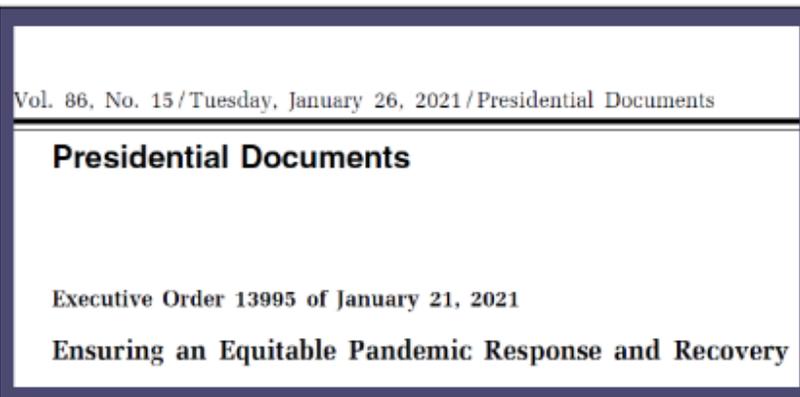
# Task Force Charge

*The Task Force is comprised of a Chair and 12 individuals that serve as non-federal members of the Biden-Harris COVID-19 Health Equity Task Force in addition to 8 ex-officio members representing Federal agencies.*



## The Task Force Supports Goal 6 of the National Strategy for COVID-19 Response and Pandemic Preparedness

- **Support communities** most at-risk for COVID-19
- Increase **data collection and reporting** for high-risk groups
- Expand **access to high quality health care**
- Ensure **equitable access** to critical COVID-19 PPE, test, therapies, and vaccines
- Expand the clinical, public health and community-based organization **workforce**
- Strengthen the **social service safety net** to address unmet basic needs



## Executive Order 13995 – Task Force Mission:

- Provide recommendations to **mitigate the health inequities** caused or exacerbated by the **COVID-19 pandemic** and to **prevent such inequities in the future**

### Propose Recommendations, related to

- Allocation and disbursement of COVID-19 funding to advance equity
- Effective and culturally aligned communication, messaging, and outreach
- Addressing data shortfalls

# Process & Methods



# Task Force Journey

Our vision is to empower **transformational change** across federal, state, local, Tribal, and territorial lines, towards achieving health equity through **actionable recommendations** and an **inclusive implementation plan**.

## February '21: Task Force Stood Up

- Identified members and planned structure aligned to Task Force Charge

## Feb – July '21: Generated Interim Proposed Recommendations

- Generated 300+ interim proposed recommendations in a monthly cadence format across six sprint topics
- Engaged Subject Matter Experts (SMEs) and applied federal data

## October' 21: Deliver Final Report

- Plan to deliberate and vote in public meeting on report contents
- Plan to deliver Final Report with proposed implementation & accountability plans

## Aug - Sep '21: Refine Recommendations

- Prioritize and refine a set of actionable recommendations informed by landscape data
- Deliberate on final set of recommendations

# Final Recommendations

**The Task Force will deliberate and vote on the following materials that this Task Force developed:**

- **Proposed Priorities:** The top priorities are high-level recommendations with crosscutting impacts.
- **Suggested Outcomes:** The outcomes set the vision for what the country should achieve.
- **Recommendations:** The recommendations are the detailed actions needed to achieve the outcomes; they lead, contribute, and can result in expected outcomes.

# Proposed Priorities & Suggested Outcomes



# Proposed Priorities

Priority 1 **Empower and Invest in Community-Led Solutions to Address Health Equity**

Priority 2 **Enforce a Data Ecosystem that Promotes Equity-Driven Decision-Making**

Priority 3 **Increase Accountability for Health Equity Outcomes**

Priority 4 **Invest in a Representative Health Care Workforce and Increase Equitable Access to Quality Health for All**

Priority 5 **Lead and Coordinate Implementation of the COVID-19 Health Equity Task Force Recommendations from a permanent health equity infrastructure in the White House**

# Suggested Outcome Statements

- **Everyone will have equitable access to high quality health care.**
- **Data accurately represent all populations and their lived experiences to drive equitable decisions.**
- **Health equity will be centered in all processes, practices, and policies.**
- **Community expertise and effective communication will be valued in health care and public health.**

# Discussion

# Healthcare Access and Quality

Presenter: Tim Putnam



# Everyone will have equitable access to high quality health care.

## Suggested Outcome

**The United States will have the people, skills, and resources it takes to maintain strong health care and public health systems.** Communities that have experienced disproportionate illness, disability, and death in the past will access the high-quality physical and behavioral health care they need for their well-being. Providers will reflect the diversity of the communities they serve and understand the needs of different populations that have experienced inequities. The federal government will fund health and the prevention of health inequities as a top priority, reflecting the value we place on the lives of current and future generations.

# Recognize Health Care as a Human Right

**The U.S. should recognize and establish health care as a human right, regardless of immigration status,** by enacting legislation and regulations with sufficient and sustainable funding that provide health care access and coverage for all.

# Increase Support for Equity-Centered Public Provision of Health Insurance

The federal government should increase access to equity-centered, high-quality care by:

- **Expanding eligibility criteria for federally sponsored or subsidized insurance programs** (Medicaid, CHIP, etc.) and ensuring these criteria are equity-centered;
- **Expanding access to COBRA coverage**, ensuring that it is affordable, and mandating that coverage cannot be terminated for those who have lost their jobs due to the economic impacts of the pandemic;
- **Reducing the age of Medicare eligibility to 55** to address health inequities driven by lack of insurance and underinsurance; and
- **Expanding all government health insurance programs** to ensure that people currently uninsured or underinsured have equitable access to care.

# Prioritize vaccine, testing, treatment, and PPE access to underserved communities

Federal, state, local, Tribal, and territorial governments should **prioritize vaccine distribution, testing, treatment, and PPE access to communities of color and other underserved populations**, including those who face mobility, geographic, or other barriers to access. These **barriers should be eliminated through accessible distribution locations, transportation, and communication campaigns tailored to specific groups** (e.g., young adults, Veterans, people with disabilities, rural communities) in multiple languages.

# Reduce barriers to testing, vaccinations, and treatment

The federal government should reduce barriers for communities of color and other underserved populations, including uninsured individuals, to accessing testing, vaccinations, and treatment/therapeutics as standard practice during a pandemic by:

- **Not requiring insurance coverage for testing, vaccination, and treatment** during a pandemic
- **Removing billing information barriers** to those administering tests, vaccines, and treatment
- **Reimbursing testing, vaccination, and treatment** for uninsured individuals

# Stockpile and Distribute Sufficient PPE

The federal government must **maintain an adequate stockpile of PPE and other essential supplies for equitable distribution to disproportionately impacted communities in sufficient quantities.** The Government should also **create a rapid emergency production plan** across public and private sector manufacturers and distributors that enforces standards used to produce and disseminate PPE for health care providers, frontline and essential workers.

# Collect Best Practices on Culturally and Linguistically Responsive Contact Tracing

The federal government should work with state, local, Tribal, and territorial health departments to collect best practices on culturally and linguistically sensitive approaches to contact tracing to improve policies and implementation and ensure testing is accompanied by effective contact tracing.

# Incentivize COVID-19 Treatment by Homeless Service Providers

The federal government should encourage and incentivize state homeless service providers and state, local, Tribal, and territorial service providers to **address COVID-19 and Long COVID in people experiencing homelessness** (e.g., special populations such as homeless youth or Veterans) or anyone unable to quarantine safely (e.g., those living in multigenerational housing). Strategies include funding Medical Respite programs, extending shelter hours, minimizing barriers to care, improving quarantine capabilities, increasing shelter capacity, and providing health care access to people in congregate settings.

# Fund the Public Health Workforce and Emergency Response

The federal government should **increase and sustain funding for equity-centered pandemic and public health emergency activities and infrastructure** at the federal, state, local, Tribal, and territorial levels. This should include **building workforce dedicated to public health emergency preparedness, response, recovery, and disaster-related behavioral health services** to support communities with the greatest health care inequities. Funding must be sustainable and implementers held accountable to maintain the public health infrastructure and workforce.

# Increase Capacity and representation of the Health Workforce

The federal government should fund the equity-centered **development of a racially, ethnically, culturally, and linguistically diverse and representative health workforce across all fields** (e.g., acute care, behavioral health) and at all levels who live in or are from communities of color and other underserved populations, as well as first-generation populations and people who **speak languages other than English**.

# Fund Equity-Centered Training in Health Education Programs

The federal government should increase funding to provide **equity-centered education and training at all levels of the health care and public health workforce that incorporates social determinants of health**, and ways of addressing systemic, structural, institutional, and interpersonal social and economic biases adversely affecting public health and health care practices. This training and education should encompass **equity-centered pandemic response and routine care delivery**.

# Expand Telehealth & Telemedicine Access and Reimbursement

**Expand access and reimbursement for telehealth & telemedicine,** including telephone visits when effective video-based telehealth & telemedicine is unavailable, to reduce barriers to access for appropriate health services due to loss of wages, stigma, trauma, and safety during a pandemic.

# Fund the Indian Health Service

The federal government should **fully fund the Indian Health Service (IHS) and Self-Determined Tribes** as recommended by the IHS budget formulation committee for health care and health services for Indigenous persons who receive care through the IHS and other facilities. Additionally, the federal government should consider **commitment of future funding through the IHS** to establish capabilities for public health emergency and pandemic preparedness, response, and recovery for all Indigenous persons, whether on or off federally-recognized reservations or other Tribal lands. This funding should be directed to:

- fund the **reduction of administrative burden**;
- **address cultural and linguistic barriers** to health care;
- **combat the high incidence of disability**;

# Fund the Indian Health Service (Cont.)

The federal government should **fully fund the Indian Health Service (IHS) and Self-Determined Tribes** as recommended by the IHS budget formulation committee for health care and health services for Indigenous persons who receive care through the IHS and other facilities. Additionally, the federal government should consider **commitment of future funding through the IHS** to establish capabilities for public health emergency and pandemic preparedness, response, and recovery for all Indigenous persons, whether on or off federally-recognized reservations or other Tribal lands. This funding should be directed to:

- **expand and enhance the culturally responsive workforce** to address the health professional shortage; and
- **provide sustained and increased funding to Tribes for environmental health**, sanitary, utility, and transportation infrastructure to address community needs and prioritize delivery of necessary supplies related to COVID-19 or future pandemics.

# Mitigate the Risk of COVID-19 Infection in Carceral Settings

To mitigate the increased risk of COVID-19 and other airborne contagions in carceral settings, the federal government should **ensure access to equity-centered preventative adult and pediatric vaccination, testing, treatment, and recovery in carceral settings** as well as continuity of Medicaid coverage after release for those previously enrolled.

# Implement Solutions for Those at Increased Risk of Death from COVID-19

The federal government should **identify comorbidities linked with increased risk of death from COVID-19**, which exist at a higher rate among communities of color and other underserved populations, and **develop and fund innovative, equity-centered interventions to reduce those comorbidities**, such as healthy food, better air quality, and places for safe physical activity where people live and work.

# Accept all patients and offer community resources at Long COVID care centers

The federal government should require multidisciplinary Long COVID care centers it funds to:

- **accept patients**—from pediatric to geriatric—regardless of insurance coverage, **when or how they have been diagnosed, and whether or not they have been hospitalized**
- **offer equity-centered resources, information, and training to providers that treat patients with Long COVID, especially safety net health systems** (e.g., Federally Qualified Health Centers, Indian Health Service, Rural Health Clinics), **and disseminate best practices and treatment approaches** that enhance access to high quality care to everyone where they live.

# Support Long COVID Insurance Coverage and Treatment

Given our limited understanding of Long COVID, the federal government should take steps to mitigate future inequities by:

- **Communicating unified ICD-10 Codes for Long COVID** so that medical providers can accurately classify the diagnosis, treatment, and billing for Long COVID. This is intended to **prevent patients from being denied coverage** for the diagnosis and treatment of Long COVID, and support the growing body of real world evidence on its care
- **Creating more inclusive health insurance and temporary disability policies** and benefits that recognize Long COVID as a health condition with a diagnostic schema that identifies people who have Long COVID without a positive COVID test

# Support Long COVID Insurance Coverage and Treatment (Cont.)

Given our limited understanding of Long COVID, the federal government should take steps to mitigate future inequities by:

- **Banning coverage limits for Long COVID** and ensure treatment regardless of insurance status to extend existing protections during the pandemic
- Continuing to **update and disseminate standards and protocols for diagnosis and management** of Long COVID

# Expand Care Access to Students and Families

The federal government should develop a comprehensive plan to expand access to affordable, high quality, equity-centered health care including **medical, vision, dental, and behavioral health services for students and their families** in marginalized and medically underserved communities, especially in K-12 schools serving a significant number of students of color. The plan should include early childhood, K-12, and postsecondary educational institutions (as appropriate).

# Develop Standards for Behavioral Health Equity

The federal government should collaborate with trusted national partners and state, local, Tribal, and territorial experts to **develop both steady state and disaster behavioral health standards to ensure access to equity-centered behavioral health care** for communities of color and other underserved populations, as well as health care providers, youth, Veterans, childcare workers, and community leaders. These standards should increase access to comprehensive treatment options, intellectual and developmental disabilities services, prevention, recovery support services, and substance use disorder interventions and services.

# Increase Access to Behavioral Health Care

Federal, state, local, Tribal, and territorial governments should **increase investment in and access to comprehensive, care continuum and equity-centered behavioral health interventions, treatments and recovery support** for communities during the COVID-19 pandemic, expanding community-based behavioral health services that include prevention, effective community based models, integrative care - collaborative case management models, mobile crises management, effective jail diversion, harm reduction, and **innovative treatment for substance use disorder in lieu of incarceration.**

# Improve Medicare and Medicaid Payment Parity for Behavioral Health

The federal government should identify and address barriers to the Medicare and Medicaid payment system from a perspective of equity to ensure that there are equitable rates, and there is **parity between behavioral health and physical health payment across Medicare and Medicaid** and other government health insurance programs.

# Improve Health Equity Through Measurement and Incentives

The federal government should improve health equity in care delivery through measurement, incentives, and accountability by:

- **Developing a health equity framework**, inclusive of formal metrics, equity impact statements, and process to monitor factors such as social determinants of health, quality of care, and trust in the health care system, at a range of geographic levels from national to local.
- Supporting the **development of reimbursement models that encourage data- and community-driven approaches** focused on improving equity-centered health care delivery for communities of color and other underserved populations where they live and work.
- Providing **payment incentives to providers that improve metrics of health care quality and patient experience** in communities of color and other underserved populations.

# Curtail Hospital and Health Facility Closures

The federal government should curtail hospital and health care facility closures that negatively impact communities of color and other underserved populations (e.g., Critical Access Hospitals, sole community hospitals, hospitals with a high population of Medicare & Medicaid beneficiaries) in the short-term, while **developing long-term solutions that make these facilities economically sustainable and capable of delivering equity-centered quality care.**

# Expand Essential Health Benefits and Coverage

The federal government should work to **expand the definition of essential health benefits to include coverage and reimbursement for health and well-being services** to address patient comorbidities, home- and community-based long-term services and supports, pre-existing conditions, and the full scope of patient care (e.g., medical, dental, auditory, and vision services) to address health care needs during a pandemic. These should be **reimbursed at the same rate for all people, including requiring all Medicaid plans** to reimburse Critical Access Hospitals, sole community hospitals, and hospitals with a high population of Medicare & Medicaid beneficiaries and/or vulnerable patients at a minimum of the Medicare cost-based reimbursement rate.

# Strengthen the Care Continuum for Older Adults and People with Disabilities

To support the health of elders and those living with disabilities, the federal government should strengthen the care continuum across the many settings of care (e.g., post-acute, long-term care, assisted living, senior centers, and home). This investment should strengthen the infrastructure that supports care in home and community-based settings. The federal investment should include greater financial support for home and community-based long-term services and supports, disaster and pandemic response that helps people in congregate settings transition successfully to safer settings, plans for stepdown between settings, and improved wages and benefits for the direct care workforce. As part of pandemic preparedness and planning, consistent with the integration mandate in the Americans with Disabilities Act, the federal government should reduce overreliance on congregate settings as the primary choice of housing for people with disabilities across the age spectrum and help expand access to home and community-based long-term services and supports.

# Discussion

# Data, Analytics, and Research

Presenter: Joneigh Khaldun



# Data accurately represent all populations and their lived experiences to drive equitable decisions.

## Suggested Outcome

**Our data represent the diversity of our communities and the many ways people self-identify along multiple dimensions.** We make decisions on how to best support communities and their health based on comprehensive, high-quality data that enable coordination across sectors. Supported by a well-funded, robust infrastructure, these data will be standardized, timely, accurate, and interoperable to enable disaggregated and intersectional data analysis. We use evidence to drive research, enable efficient pandemic responses, and inform federal programs that truly see, engage, and support communities where they live and work. Equity is at the center of decision-making, community action, and coordination across all sectors, and everyone is visible in the data.

# Standardize Demographic and Socioeconomic Categories in Data

Federal entities with authorities to set data standards should **establish standardized socioeconomic and demographic categories** (individual-level and area-based) **to improve the timeliness, accuracy, and disaggregation of data elements. Federal agencies and programs should be granted approval to collect this disaggregated data** on their programs. The federal government should enhance public access to the most timely, accurate, and disaggregated data for federal programs and funding while developing policies to prevent the misuse of these data. The federal government should develop a COVID-19 equity dashboard using these data.

# Support Equity-Centered Data Collection

The federal government should **fund an equity-centered approach to data collection**, including ensuring sufficient funding to collect data for hard-to-reach groups (e.g., people with disabilities, those in congregate settings). The federal government should **remove administrative barriers, approve and support all agencies to comply with collection and reporting of expanded health equity data elements** based on standard disaggregated socio-demographic data and health equity metrics to achieve outcomes.

# Fund Data Modernization for Health Settings

The federal government should provide funding/incentives to advance data modernization initiatives for hospitals (including VA hospitals), community health centers, and state, local, Tribal and territorial departments to **update data systems centered on equity and to ensure interoperability and automatic electronic lab reporting** of a robust set of disaggregated, standardized socioeconomic and demographic data elements to ensure real-time information can be shared quickly. The federal government should **create health surveillance surveys with intersection of race and ethnicity, education, economic and linguistic diversity** to inform health equity decision-making and actions

# Use Data to Inform Equity-Centered Pandemic Response Decisions

The federal government and state, local, Tribal, and territorial health departments should **identify and leverage existing sources of quantitative and qualitative data**, including location information, to make data-informed, timely, and accurate equity-centered decisions regarding outreach and planning activities and resource allocation (e.g., testing, vaccination allocation and distribution, monoclonal antibody treatment and other therapies). **Incomplete health surveillance data should not prevent health authorities from prioritizing groups who have increased risks** associated with their underlying health conditions or other risk factors.

# Track and Report on Health Outcomes for People in Congregate and High-Risk Settings

The federal government should work with state, local, Tribal, and territorial health departments to **establish efforts to track and report the health and health status and outcomes of people in congregate settings** (e.g., carceral settings, nursing and long-term care, foster care facilities and group homes, homeless shelters) and other settings with increased risk of exposure in real time and **develop and research evidence-based interventions, such as early release/de-carceration or voluntary stepdown care** from an assisted living center, to protect and prevent death. Efforts should result in the safe relocation of people who are most at risk of dying in the congregate setting due to a pandemic-related illness.

# Set a National Research Agenda on Health Equity and COVID-19

The federal government should **expand on existing efforts to set a national research agenda centered on health equity and COVID-19 that strengthens population health monitoring and analysis of population health data.** The government should lead and promote public-private partnerships and investments with a special emphasis on **community-based participatory research and population-based inclusive health surveillance** (with overrepresentation of underrepresented at-risk groups). The government should **require that participants are representative of communities of color and other underserved populations from pediatric to geriatric populations** to gather disaggregated data for these high-risk populations.

# Improve Clinical Trials Best Practices

The federal government should **develop standards and recommendations to improve representation from communities of color and other underserved populations in clinical trials** related to special pathogens, including setting diversity enrollment targets in clinical trials

# Research and Collect Data on Behavioral Health

Federal, state, local, Tribal, and territorial governments should **invest in data infrastructures to collect, integrate, and share data related to behavioral health, including continuum of prevention, testing, treatment**, including hospitalizations, prescriptions, utilization of community-based therapy, ICU admissions, recovery support services, and fatalities. **Data should be disaggregated by a core set of standardized socioeconomic and demographic characteristics** to help understand the impact of COVID-19 on local communities and guide improvement and expansion of resources for behavioral health supports and services especially for communities of color and other underserved populations.

# Further promote Research to Understand and Eliminate Structural Racism in Health Care Systems

The federal government should fund, incentivize, promote, and apply practice-based research aimed to **develop and evaluate solution-oriented interventions to minimize and/or eliminate structural racism, socio-cultural, economic structural, institutional, and interpersonal discrimination in health care systems**, including but not limited to structural racism that result in negative health impacts and disparities in outcomes for minority populations. This should include assessment of clinical practice guidelines, health-related algorithms and artificial intelligence, and health information technology to **correct for racial and other types of social and economic discrimination in these technologies**, and biased foundational principles and practices.

# Research COVID-19 Interventions in Educational Settings

As schools re-open, the federal government should **support equity-centered implementation research around the effectiveness of social distancing, masking, respirators, and other interventions on mitigating transmission risk** within educational settings and the impact on educational outcomes for children. The federal government should work with state, local, Tribal, and territorial school districts as well as postsecondary education institutions in developing and enforcing plans and policies using these evidence-informed measures. Based on this research, the federal government should **develop clear and implementable standard guidelines for action and tie their adherence to incentive funding to further support educational agencies.**

# Discussion

# Structural Drivers and Xenophobia

Presenter: Haeyoung Yoon



# Health equity will be centered in all processes, practices, and policies.

## Outcome

**Communities that have experienced long-standing oppression, discrimination, health inequities, economic insecurity, and occupational and environmental hazards in the past and present will achieve greater justice and thrive in the future.** All people will receive the best possible health care, education, and economic opportunities. Communities of color and other underserved populations will no longer experience a disproportionate burden of adverse short and long-term health outcomes related to COVID-19. As a nation, we will disrupt the predictability of who is harmed first and who is harmed worse. All communities will have the resources that enable them to prepare for and recover from pandemics. We will not leave anyone behind.

# Strengthen Affordable Broadband Access

In the short term, the federal government should strengthen access to affordable broadband internet in medically underserved communities, including rural and Tribal communities, to **minimize barriers to accessing medical, mental health, and substance use disorder services via telehealth & telemedicine**. This includes creating funding and incentives to research, identify, and implement interventions to address internet deserts.

# Increase Affordable, Accessible Housing

The federal government should take action to **increase the supply of high quality, affordable, accessible, and supportive housing** and expand the effectiveness of **programs that enable people to remain housed during a public health emergency**, including renewing the eviction moratorium, funding assistance for missed rent and legal services to those facing eviction, expanding housing-first programs, strengthening housing and lending anti-discrimination laws, and prohibiting disqualification for HUD vouchers based on criminal drug history.

# Invest in Workers and Working Families

Invest in workers and working families. The Administration should work with Congress to **rebuild and invest in our nation by creating jobs with family sustaining wages and benefits, developing mechanisms to protect and empower workers in the workplace, and investing in childcare, early learning, home and community-based care** and other family support needs to support returning to the workforce, and especially for communities of color and other underserved populations overburdened by COVID-19.

# **Advance Cultural Responsiveness and Language Access towards AAPI and Other Populations Facing Pandemic-Fueled Discrimination and Xenophobia**

The federal government should **advance cultural responsiveness to language access and increase awareness of different experiences of AAPI, Native Hawaiians, and other populations facing pandemic-fueled xenophobia and discrimination** by:

- Requiring federal agencies to make communication transparent, culturally and linguistically inclusive.
- Allocating sufficient funding to federal agencies to review enforcement of anti-discrimination protections and implementing solutions to address gaps in investigating and prosecuting allegations of discrimination.
- Enforcing anti-discrimination protections for AAPI and Native Hawaiians health care workers.

# **Advance Cultural Responsiveness and Language Access towards AAPI and Other Populations Facing Pandemic-Fueled Discrimination and Xenophobia Cont.**

The federal government should **advance cultural responsiveness to language access and increase awareness of different experiences of AAPI, Native Hawaiians, and other populations facing pandemic-fueled xenophobia and discrimination** by:

- Supporting education about AAPI, Native Hawaiian, and other communities facing xenophobia and discrimination related to the pandemic history in schools and postsecondary education.
- Mobilizing action plans to quickly respond to discrimination and hate crimes.
- Using an equity-centered approach to create future pandemic plans to combat discrimination.

# Support Schools in Meeting Family Needs

The federal government should expand schools' ability to meet children and families' holistic needs, including those related to COVID-19. Strategies include **investing in Full-Service Community Schools that provide one-stop shop access to social services** (e.g., educational, social-emotional development, physical health and mental health) and expanding programs that provide students **access to free meals** and other support services, even during school closures.

# Invest in a Virtual Education Infrastructure

The federal government should provide sufficient funding for appropriate technology, training, and support to students, educators, and faculty to **enable the continuation of quality education and related services in instances where schools must dynamically shift between in-classroom and remote learning** contexts, as may be required by future pandemics.

# Make Postsecondary and Workplace Training More Affordable

The federal government should **increase funding for financial aid programs and implement loan repayment pause programs during future pandemics** to address attrition and affordability of postsecondary and workplace training programs for students from communities hardest hit by COVID-19.

# Create Protections for Workers

The federal government should **use OSHA and other authorities to protect all workers from occupational exposure during pandemics** by developing temporary and permanent health and safety standards for long-standing infectious diseases as well as new and emerging infectious disease threats (including COVID-19) and updating relevant agency guidance. The federal government should **develop an emergency response plan to assess and quickly meet the needs of healthcare and essential workers** in future pandemics to protect from aerosol or other modes of transmission. The federal government should **incentivize employers to provide paid time off and wage replacement programs to account for future pandemic related testing, vaccine administration, and recovery.**

# Ensure Safe Ventilation Practices in Congregate Settings

The federal government should work with regulators, policy makers, and suppliers to **ensure safe ventilation practices and regularly evaluate such practices in congregate settings.**

# Improve Environmental Justice

The federal government must extend its commitment to environmental justice during pandemics and future health-related emergencies by **ensuring access to clean water and sanitation, establishing a low-income utility assistance program, using disaggregated data to assess exposure to hazards and allocate utilities, developing and modifying water, sewage, and air quality standards, and instituting a moratorium on water and utility shut-offs** during pandemics.

# Provide Safety Nets During Public Health Emergencies

During public health emergencies, the federal government should use its full executive authority and work with Congress to **provide safety nets and monitor the need for and provision of them to ensure people experience food, housing/shelter, and economic and workplace security** and receive support with health care-related travel, lodging, and caregiving needs

# Fund Access to Healthy Food Options

Create **funding and incentives to research, identify, and implement interventions to support communities that have limited access to healthy food options**, including by expanding federal nutrition safety net programs and using technology to make those programs more accessible.

# Discussion

# Communications and Collaborations

Presenter: Mayra E. Alvarez



# Community expertise and effective communication will be valued in health care and public health.

## Suggested Outcome

**Communities will have the resources to identify and implement solutions to address their health needs.** Public health, science, research, and government institutions will take actions informed by the wisdom that communities of color and other underserved populations bring about their experiences. Communities will lead the design and implementation of the programs, solutions, and resources meant to address situations they face where they live and work. **By communicating evidence-based information in ways that are culturally and linguistically responsive and accessible to all people, organizations will build strong collaborations that support health and well-being.**

# Partner with Worker Organizations for Equitable Health Care Access

The federal government should **launch a formal partnership with trade unions and additional worker organizations representing farmworkers, frontline and essential workers, underserved immigrant and migrant workers**, and those disproportionately affected due to their immigrant or refugee backgrounds for equitable access to health care services and inclusion in pandemic and public health emergency preparedness, response, and recovery activities. These partnerships should also **work with the federal government authorities to inform development and enforcement of necessary occupational health standards and regulations** relevant to pandemic control.

# Fund Organizations that Work with communities of color and other underserved populations

The federal government should further strengthen collaboration with diverse array of community-based organizations and public health providers by providing robust and sustainable funding for them to **build capabilities, access technical assistance, and establish partnerships with communities of color and other underserved populations**. This should be done through **engagement with trusted entities to build coalitions for inclusion in public health emergency and pandemic preparedness, response, and recovery activities** so that care is brought closer to the communities served and in settings that people trust.

# Partner with Communities to Expand Vaccination to Underserved Groups

The federal government should strengthen efforts to partner with local community-based organizations to collect, disseminate, and implement best practices to expand testing and vaccination efforts to reach communities of color and other underserved populations, where they live and work. Best practices, for example for large immigrant/migrant populations, should include, but not be limited to, **partnering with trusted faith and community organizations, avoiding a military or law enforcement presence, providing accurately translated information, employing trained interpreters, and advertising that services for people with limited English proficiency or who are more comfortable with another language are available.** Innovative methods, such as **mobile health care services to reach isolated or homebound populations,** should be culturally, linguistically, and economically appropriate.

# Collaborate with Communities on Research

The federal government should **develop guidelines for engaging communities in research, including requiring reporting as part of the evaluation for ongoing funding.** The federal government should **incentivize community engagement in research** and require grantees performing research to seek, incorporate, and report on community input. This feedback should be sought through **culturally and linguistically responsive outreach** to encourage communities to provide substantive input to research questions, research design, results, and publications.

# Conduct Communications Campaigns During Public Health Emergencies

During any public health emergency, the federal government should **lead a multi-pronged education, outreach, and communications campaign** with additional specific campaigns tailored to targeted communities. These campaigns should use science-based, non-political sources by partnering with state, local, Tribal, and territorial health care institutions, community organizations, and other trusted sources to **promote public health prevention behaviors, such as vaccine awareness and uptake, testing, contact tracing, masking and social distancing, within local communities**, paying particular attention to institutions and organizations that serve **communities who have been hardest hit by COVID-19 exposure, illness, and death**. The communications should be adapted to the cultural and **linguistic context of marginalized populations, and must also be accessible** to people with diverse types of disabilities

# Execute a Long COVID Communications Campaign

The federal government should execute a robust communication campaign and **establish an information resource center to educate the public on Long COVID** in ways that are culturally and linguistically appropriate and accessible to people with disabilities. This campaign should include efforts to reach communities of color and other underserved populations, where they work and live, as well as health care workers that serve them.

# Update the Crisis Standards of Care

The federal government should convene a multidisciplinary panel, including clinicians, civil rights attorneys, ethicists, health equity experts, and community members to **assess and update the Crisis Standards of Care work** produced by the National Academy of Science and Medicine for equity. Widely **disseminate these standards, explaining their benefit, and incentivize adherence** through accreditation and reimbursement requirements.

# Create a Definitive Pandemic Response Authority

Leverage federal authorities for public health emergency, pandemic, and disaster response to establish a definitive federal authority for **coordinating and leading COVID-19 and future pandemic responses, inclusive of apolitical representatives with scientific and technical expertise that represent all vital stakeholders** (including science, research, healthcare, communications, public health emergency, and disaster response) and expertise for centering equity for inclusion of communities of color and other underserved populations. This authority will coordinate, fund, research, and communicate response, diagnosis, and treatment.

# Conduct a COVID-19 After Action Review

The federal government should appoint an independent, **Blue Ribbon panel to conduct a COVID-19 pandemic after action analysis for the whole of government.** This analysis should include a **review of performance of public authorities** at the federal, state, and local levels, their respective roles in pandemic response, and make recommendations to increase preparedness. The panel should seek **input from diverse, non-governmental stakeholders** and build on this report.

# Discussion