



COVID-19 Health Equity Task Force

Discrimination and Xenophobia Subcommittee Interim Recommendations

May 28, 2021

Thank you to our SMEs for engaging with the Task Force on Discrimination and Xenophobia!

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Subcommittees and Task Force mission

This Task Force under the Executive Order ---- is responsible to make recommendations for mitigating the health inequities caused or exacerbated by the COVID-19 pandemic and for preventing such inequities in the future.

The four sub-subcommittees work intensely and effectively to provide:

- A. Recommendations for how agencies and State, local, Tribal, and territorial officials can **best allocate COVID-19 resources**, in light of disproportionately high rates of COVID-19 infection, hospitalization, and mortality in certain communities and disparities in COVID-19 outcomes by race, ethnicity, and other factors, to the extent permitted by law;
- B. Recommendations for agencies with responsibility for disbursing COVID-19 relief funding regarding **how to disburse funds in a manner that advances equity**; and
- C. Recommendations for agencies regarding **effective, culturally aligned communication, messaging, and outreach to communities of color and other underserved populations** - In addition to addressing equity data shortfalls.

Interim Recommendations by Theme

Mandate Data Collection, Harmonization, and Integrity

- Adopt common definition of a hate crime, develop a standardize database and forms for surveillance
- States, tribes, and territories should continue to support and expand reporting mechanisms
- Improve data related to hate crimes, experiences with discrimination, and racist acts
- Acknowledge that racial and ethnic groups are not homogenous and collect data that allows a more granular understanding of impacts with sub groups of broad populations, such as AAPI
- Establish efforts to track and report in real time, the health and health outcomes of incarcerated people, and other minoritized groups

Expand services in marginalized communities

- Strengthen housing assistance programs and enforce housing and lending discrimination laws, including restoring the Affirmatively Further Fair Housing (AFFH) rule.
- Increase investments in full-service community schools and support state-level cross-agency partnerships to provide free meals
- Increase funding under Title IV of the Elementary and Secondary Education Act
- Invest in American Jobs, American Families and rebuild and fund equitable childcare and early learning system
- Fully fund services to Tribal communities (Indian Health Service, FDPIR)

Interim Recommendations by Theme (cont.)

Engage Communities

- Launch a formal partnership with national medical associations and allied health professional organizations on inclusion and equity
- Increase resources that accurately include the contributions of marginalized and minoritized communities in history

Increase Awareness and Access to Services

- Proactively communicate eligibility for new and existing programs to minority, marginalized and minoritized groups.
- Increase awareness and access through partnerships and providing information in multiple languages, in various accessible formats, and locally
- Combat misinformation on health and public health measures, such as vaccines

Healthcare Access and Quality Subcommittee

- Chair: Tim Putnam
- Members: Mayra Alvarez, James Hildreth, Vincent Toranzo, Mary Turner, Homer Venters, Bobby Watts
- Staff: Josephine Nguyen, Martha Okafor, Catie Pennington, Minh Wendt

Problem Statements

PROBLEM STATEMENT 1

The COVID-19 pandemic has worsened structural racism and has increased conscious and unconscious bias in healthcare access, coverage and treatment. This has particularly affected marginalized populations, who, due to identity, geography, and economic status, are less likely to receive the highest standard of care, or any care at all.

PROBLEM STATEMENT 2

Healthcare interventions, research and clinical guidelines are biased and not tailored to several minoritized or rural populations.

PROBLEM STATEMENT 3

During the COVID-19 pandemic, state and local governments have denied testing and vaccine access to several vulnerable groups and have shifted resources to preferential groups. This exacerbated existing health disparities, contradicted best public health practice, and is prolonging the pandemic.

PROBLEM STATEMENT 4

America's healthcare system with coverage tied to employment has caused hospitals and physicians to leave areas with low employment rates and vulnerable populations which further hindered access during the pandemic.

PROBLEM STATEMENT

1

The COVID-19 pandemic has worsened structural racism and has increased conscious and unconscious bias in healthcare access, coverage and treatment. This has particularly affected marginalized populations, who, due to identity, geography, and economic status, are less likely to receive the highest standard of care, or any care at all.

- 1. Fund research to (a) understand the impacts of structural racism, including the processes of implicit bias, and (b) test interventions that disrupt and change these processes toward sustainable solutions.**
- 2. Create funding and incentives to research, identify, and implement interventions to address internet and food deserts and expand social service support affected communities.**
- 3. The federal government should collaborate with local municipalities to assist with appropriate housing regulations for migrant workers.**

PROBLEM STATEMENT 2

Healthcare interventions, research and clinical guidelines are biased and not tailored to several minoritized or rural populations.

- 1. Encourage the removal of legal and policy barriers that impede discrimination-free health care.**
- 2. Require transparency in reasoning and computer coding as well as equity analyses for racial, ethnic, gender and other biases in clinical practice guidelines as it relates to health-related algorithms and artificial intelligence, and health information technology.**
- 3. Assess clinical practice guidelines, health-related algorithms and artificial intelligence, and health information technology and correct for discrimination, racism, and biased practices.**
 - a. e.g. Require pulse oximeters to read accurately every patient's oxygen saturation regardless of skin thickness and pigmentation.

**PROBLEM
STATEMENT 3**

During the COVID-19 pandemic, state and local governments have denied testing and vaccine access to several vulnerable groups and have shifted resources to preferential groups. This exacerbated existing health disparities, contradicted best public health practice, and is prolonging the pandemic.

- 1. Decisions related to vaccination distribution locations should be made by an independent authority that drives equity and the best interest of public health. This independent authority should establish mechanisms to hear regularly from diverse stakeholders to help inform their decision making.**
- 2. Federal, state and local authorities should ensure that people in carceral settings are afforded access to testing, care and vaccination and that release/decarceration is utilized as a public health intervention.**

**PROBLEM
STATEMENT 4**

America's healthcare system with coverage tied to employment has caused hospitals and physicians to leave areas with low employment rates and vulnerable populations which further hindered access during the pandemic.

- 1. Declare healthcare access and coverage a human right and align federal policies and funding to secure this right.**
- 2. Examine healthcare funding approaches that allocate resources for building and staffing healthcare facilities based on need and eliminate financial barriers to care, including premiums, deductibles, and copayments.**
- 3. Increase funding for public health infrastructure and staff, targeting areas with the greatest healthcare disparities.**

**PROBLEM
STATEMENT**

4

America's healthcare system with coverage tied to employment has caused hospitals and physicians to leave areas with low employment rates and vulnerable populations which further hindered access during the pandemic.

(Continued)

- 4. Support federal funding for community purchase of distressed hospitals and provide financial and technical support to ensure that they can continue operating.**
- 5. Increase federal funding for Indian Health Services (IHS) so that, at minimum, IHS has the resources to match the U.S. National Health Expenditure per person annual spending rate.**
- 6. Require all Medicaid plans to reimburse Critical Access Hospitals at a minimum of the Medicare cost-based reimbursement rate.**

Discussion

Communications and Collaborations Subcommittee

- Chair: Mayra E Alvarez
- Members: Andy Imparato, Octavio Martinez, Vincent Toranzo
- Staff: Josephine Nguyen, Martha Okafor, Catie Pennington, Minh Wendt

Problem Statements

PROBLEM STATEMENT 1

Historical and continuing structural discrimination and racism, including bias amongst medical and allied health professionals, lead to physiological, social, and economic factors that increase risk for COVID-19. The pandemic unmasked and exacerbated underlying inequities in health care, housing, education, criminal justice, and finance systems and impact the wellbeing of all communities, particularly those who are marginalized, minoritized, or medically underserved.

PROBLEM STATEMENT 2

References to the COVID-19 pandemic by the geographic location of its origin have stoked unfounded fears and perpetuated stigma about Asian American and Pacific Islanders and have contributed to increasing rates of violence, harassment, and hate crimes against AAPI persons. Inflammatory and xenophobic rhetoric has put AAPI persons, families, communities, and businesses at risk.

Problem Statements

PROBLEM STATEMENT 3

The national narrative, including terminology and rhetoric used by media and politicians around the portrayal of immigrants, refugees, and asylees as vectors of COVID-19 has led to dehumanization and support for restrictive immigration policies, placing such populations at greater risk of COVID-19.

PROBLEM STATEMENT 4

Many Americans are unaware of our country's history of structural racism and xenophobia, and do not recognize the ongoing massive disparities in wealth, access to healthcare, education, and to clean air and water that continue to threaten the health and wellbeing of millions of Americans.

PROBLEM STATEMENT 1

Historical and continuing structural discrimination and racism, including bias amongst medical and allied health professionals, lead to physiological, social, and economic factors that increase risk for COVID-19. The pandemic unmasked and exacerbated underlying inequities in health care, housing, education, criminal justice, and finance systems and impact the wellbeing of all communities, particularly those who are marginalized, minoritized, or medically underserved.

1. **The federal government led multi-pronged public-private awareness, education, and communications campaign focused on clarifying misinformation associated with vaccines and rebuilding trust in government** will be strengthened and informed by stakeholders from diverse communities through regular engagement in order for the government to have a more comprehensive understanding of incidences of misinformation. It will also include a robust paid media strategy targeting communities who are marginalized, minoritized, or medically underserved.
2. **The federal government should launch a formal partnership with national medical associations and allied health professional organizations to acknowledge racism and ensure we are inclusive and advance equity.**
3. **Federal civil rights enforcement agencies should develop crisis standards of care guidelines that do not violate federal civil rights laws. The federal government should work with States, tribes, territories, and local governments to help them be better prepared for the next pandemic so that we can avoid shortages that lead to crisis standards of care.**

PROBLEM STATEMENT 2

References to the COVID-19 pandemic by the geographic location of its origin have stoked unfounded fears and perpetuated stigma about Asian American and Pacific Islanders (AAPI) and have contributed to increasing rates of violence, harassment, and hate crimes against AAPI persons. Inflammatory and xenophobic rhetoric has put AAPI persons, families, communities, and businesses at risk.

- 1. The federal government should lead a multi-pronged public education campaign to educate and raise public consciousness about anti-Asian hate and ensure transparent, accurate communications to AAPI communities to support access to vaccines and other related supports and services.**
- 2. The federal government should collaborate with state, tribal, territorial, and local law enforcement partners and community groups to educate the public about available resources related to pandemic-related hate- or bias-related incidents (including best practices for reporting such incidents).**
- 3. The federal government should launch a public-private partnership to disseminate information and provide support to AAPI-owned small businesses to access COVID-19 related assistance and support their economic recovery.**

**PROBLEM
STATEMENT 3**

The national narrative, including terminology and rhetoric used by media and politicians around the portrayal of immigrants, refugees, and asylees as vectors of COVID-19 has led to dehumanization and support for restrictive immigration policies, placing such populations at greater risk of COVID-19.

- 1. The federal government, through agencies like the CDC, should develop best practices for testing and vaccination sites in areas with large immigrant populations, including, but not limited to:**
 - a. Avoid having any military, National Guard, law enforcement or other uniformed personnel present onsite.**
 - b. Provide vetted, translated information on arrival and have trained and culturally competent interpreters on site.**
 - c. Provide access to in-person or telephonic language services and advertise that these services are available for patients who are Limited English Proficient (LEP) or more comfortable speaking another language and ensure family members or untrained staff do not provide interpretation unless in an emergency.**
 - d. Partner with trusted faith and community organizations that are already providing aid to sites.**

**PROBLEM
STATEMENT 3**

The national narrative, including terminology and rhetoric used by media and politicians around the portrayal of immigrants, refugees, and asylees as vectors of COVID-19 has led to dehumanization and support for restrictive immigration policies, placing such populations at greater risk of COVID-19.

(Continued)

- 2. The federal government should launch a formal partnership with farmworker unions, whose members are disproportionately from immigrant backgrounds, to distribute testing- and vaccine-related information and related supports and services.**
- 3. The federal government should release specific guidance that further clarifies that the CDC will not seek social security numbers, driver's license numbers, or passport numbers from vaccine providers. The base CDC data agreement should further clarify how the CDC will assure that personal data is not inappropriately used or shared, such as retained and sold by third party contractors.**

PROBLEM STATEMENT 4

Many Americans are unaware of our country's history of structural racism and xenophobia, and do not recognize the ongoing massive disparities in wealth, access to healthcare, education, and to clean air and water that continue to threaten the health and wellbeing of millions of Americans.

1. **The federal government should create a Truth and Reconciliation Commission to recognize “the dignity of individuals, the redress and acknowledgment of violations, and the aim to prevent them from happening again”, as put forward by the International Center for Transitional Justice. The Commission would acknowledge the long history of racism in the United States, its persistence into the present, including its connection to COVID-19 inequities, and the millions of living Americans who could be considered victims. As such, the Commission would address issues ranging from the history of slavery to school segregation to policing to disability to employment and wealth disparity.**
2. **The federal government should launch a robust initiative centered on uplifting the diversity of Americans and highlighting the multiple cultures, ethnicities, backgrounds and experiences that contribute to American society. The initiative will:**
 - a. Highlight how equity is critical to our collective success, and
 - b. Build on the Biden Administration’s Executive Order on Advancing Racial Equity and include the creation of an Interagency Task Force to work across executive departments and agencies to engage in efforts to educate the American public on the value of equity.

**PROBLEM
STATEMENT 4**

Many Americans are unaware of our country's history of structural racism and xenophobia, and do not recognize the ongoing massive disparities in wealth, access to healthcare, education, and to clean air and water that continue to threaten the health and wellbeing of millions of Americans.

(Continued)

- 3. The federal government should partner with national youth-led organizations and influencers to increase direct education and promote authentic messaging around pandemic preparedness, immunizations, and vaccine safety towards the youth population.**
 - a. This includes age-appropriate channels of communication including sharing information via television, online videos, mobile apps, and educational shows, as well as social media campaigns with personalized messages, focused on youth interests and motivations, and informative videos with celebrities.

Discussion

Data, Analytics, and Research

- Chair: Joneigh Khaldoun
- Attendees: James Hildreth, Andy Imparato, Victor Joseph, Homer Venters
- Staff: Josephine Nguyen, Martha Okafor, Catie Pennington, Minh Wendt

Problem Statements

PROBLEM STATEMENT 1

The current data infrastructure does not capture the full extent of hate incidents, has inconsistencies across jurisdictions, and has a significant delay in release of national data. Systemic racism and a lack of trust in the criminal justice system leads to fear, uncertainty, and under-reporting of interpersonal violence, including hate crimes, in marginalized and minoritized communities. This creates a lack of understanding of the extent of hate crimes in these communities and a subsequent lack of targeted resources to address the problem.

PROBLEM STATEMENT 2

Many forms of systemic and interpersonal racism exist within healthcare, yet there remains a gap in applying a data-driven approach to enable health systems, organizations, and public health professionals to combat racism. Existing data sets fail to identify the scope of outcomes and instances of discrimination and racist acts or how the pandemic and COVID-19 misinformation have contributed to discrimination against marginalized and minoritized communities. There is a lack of robust data on how racism and discrimination may have impacted outcomes in COVID-19, including access to testing, hospitalizations, and deaths.

Problem Statements

PROBLEM STATEMENT 3

Racial and ethnic groups have broad subgroups and are not homogeneous. Lack of disaggregated data or categorization of “other” as an ethnicity promotes the model-minority myth in AAPI communities, ignores the impact of discrimination and racism on AAPI subgroups, and inhibits the ability to understand and implement strategies that support AI/AN and other marginalized and minoritized communities.

PROBLEM STATEMENT 4

During the surges in the pandemic, many states struggled to design crisis standards of care that did not discriminate based on age, body weight, disability or a combination of these, creating unknown impacts on access to care or health outcomes for certain communities.

PROBLEM STATEMENT 5

The health outcomes of people in jails, prisons and other carceral settings are not tracked or addressed in real time or by our public health agencies and structures, contributing to preventable death. This failure to measure the health and health outcomes of incarcerated people is a potent and harmful example of racism in health.

**PROBLEM
STATEMENT 1**

The current data infrastructure does not capture the full extent of hate incidents, has inconsistencies across jurisdictions, and has a significant delay in release of national data. Systemic racism and a lack of trust in the criminal justice system leads to fear, uncertainty, and under-reporting of interpersonal violence, including hate crimes, in marginalized and minoritized communities. This creates a lack of understanding of the extent of hate crimes in these communities and a subsequent lack of targeted resources to address the problem.

- 1. Create a coordination mechanism on hate crime data collection; adopting a clear definition of hate crime; developing a standardized database and reporting forms; using data to inform policy; and publicizing data.**
- 2. State, tribes, territories, and local jurisdictions should continue to support and expand reporting mechanisms through helplines, online systems, interagency centers, and partnerships with academic institutions and non-profits.**
- 3. The federal government should promote deployment of more robust victimization surveys to assess the extent and causes of hate crime underreporting.**
- 4. Efforts should be made to partner with trusted community members and organizations to help build trust in the criminal justice system and facilitate reporting.**

PROBLEM STATEMENT 2

Many forms of systemic and interpersonal racism exist within healthcare, yet there remains a gap in applying a data-driven approach to enable health systems, organizations, and public health professionals to combat racism. Existing data sets fail to identify the scope of outcomes and instances of discrimination and racist acts or how the pandemic and COVID-19 misinformation have contributed to discrimination against marginalized and minoritized communities. There is a lack of robust data on how racism and discrimination may have impacted outcomes in COVID-19, including access to testing, hospitalizations, and deaths.

- 1. A national survey should be conducted to understand people's experiences of discrimination and racist acts, whether their experiences have changed during COVID-19, and how it may have impacted their experiences seeking and receiving healthcare services during the pandemic.**
- 2. Existing national surveys such as the BRFSS and the NHIS should be expanded to include questions about discrimination and people's experiences with it across the lifespan. Oversampling of certain demographic groups should be done to assure data can be disaggregated.**
- 3. Existing administrative data sets should be linked to allow for data disaggregation.**

PROBLEM STATEMENT 2

Many forms of systemic and interpersonal racism exist within healthcare, yet there remains a gap in applying a data-driven approach to enable health systems, organizations, and public health professionals to combat racism. Existing data sets fail to identify the scope of outcomes and instances of discrimination and racist acts or how the pandemic and COVID-19 misinformation have contributed to discrimination against marginalized and minoritized communities. There is a lack of robust data on how racism and discrimination may have impacted outcomes in COVID-19, including access to testing, hospitalizations, and deaths.

4. As the CDC, several states, tribes and local jurisdictions have acknowledged, since racism is a public health issue, it should be incorporated into the work of federal, state, local, tribal and territorial governments through tracking, evaluation, reporting, and implementing prevention and mitigation measures. Funding to understand and prevent hate crimes and other racist acts should be made available to local health departments for these efforts.
5. The federal government should incentivize and promote research to understand healthcare discrimination, such as by measuring effects of interpersonal racism in health care, evaluating organizations' adherence to anti-racism efforts, and developing better methods of quantifying discrimination, including settings that may be missed by current health surveys, such as carceral and inpatient psychiatric settings.
6. Federal, state, tribes, territories, and local governments should incentivize and promote initiatives that educate people about their civil rights so that discrimination and racist acts can be properly reported and addressed.

**PROBLEM
STATEMENT 3**

Racial and ethnic groups have broad subgroups and are not homogeneous. Lack of disaggregated data or categorization of “other” as an ethnicity promotes the model-minority myth in AAPI communities, ignores the impact of discrimination and racism on AAPI subgroups, and inhibits the ability to understand and implement strategies that support AI/AN and other marginalized and minoritized communities.

- 1. The federal government should support large-scale, rigorous research on the prevalence, patterns, causes, and long-term implications of COVID-related anti-Asian discrimination.**
- 2. The federal government should assure oversampling in existing national surveys and disaggregate reporting and surveillance data to enable full documentation of the Asian American AI/AN subgroups most affected by the pandemic.**
- 3. The federal government should improve AAPI representation in research through inclusion and disaggregation of Asian American data, funds to increase diversity in research populations, and addressing linguistic barriers.**
- 4. The federal government should make large investments in tribal research and promote over-sampling in Tribal public health and Tribally-led research.**
- 5. The federal government should collaborate with marginalized and minoritized people in the governance, analysis and sharing of research involving their communities.**

**PROBLEM
STATEMENT 4**

During the surges in the pandemic, many states struggled to design crisis standards of care that did not discriminate based on age, body weight, disability or a combination of these, creating unknown impacts on access to care or health outcomes for certain communities.

- 1. The federal government should support research to better understand the ways in which states' crisis standards of care (CSC) intersect with ableism and ageism, as well as disproportionately impacted disadvantaged populations should be supported.**

**PROBLEM
STATEMENT 5**

The health outcomes of people in jails, prisons and other carceral settings are not tracked or addressed in real time or by our public health agencies and structures, contributing to preventable death. This failure to measure the health and health outcomes of incarcerated people is a potent and harmful example of racism in health.

- 1. The CDC and State Departments of Health should establish efforts to track and report in real time, the health and health outcomes of incarcerated people, and develop evidence-based programs to protect and improve their health.**
- 2. The federal government should promote research on the effectiveness of interventions to prevent death in carceral settings during COVID-19, such as early release.**

Discussion

Structural Drivers and Xenophobia Subcommittee

- Chair: Haeyoung Yoon
- Attendees: Mayra Alvarez, Sara Bleich, Jessica Cardinchon, Angela Hanks, Victor Joseph, Octavio Martinez, Eric Nguyen, Mary Turner, Bobby Watts
- Staff: Josephine Nguyen, Martha Okafor, Catie Pennington, Minh Wendt

Problem Statements

PROBLEM STATEMENT 1

AAPI, NH, and BIPOC communities and businesses are facing high rates of economic instability due to unemployment and COVID-19 effects on the economy. Existing structural inequities in the channels that spur economic recovery, such as PPP loans and debt relief programs, will leave these communities and businesses in a more protracted economic recovery.

PROBLEM STATEMENT 2

AAPI communities have seen an increase in hate incidents and discrimination against individuals and businesses. This is under-reported and can go unrecognized by first responders and law enforcement.

PROBLEM STATEMENT 3

Implicitly racially targeted housing policies and practices have contributed to BIPOC communities suffering from greater housing insecurity and homelessness. The long-term effects of these policies and practices in “redlined” neighborhoods has caused them to suffer from greater poverty, denser housing, poorer air and water quality, poorer health and higher incidence of chronic disease that are risk factors for COVID-19.

Problem Statements

PROBLEM STATEMENT 4

Given the economic impact of COVID-19 on families, ensuring access to integrated student support services and programs meeting basic student health, well-being, and nutritional needs are critical to mitigating the impact of COVID-19 on students. For immigrant families, willingness to access to these critical programs requires documentation of income-eligibility, and has been discouraged by prior administration anti-immigration rhetoric and policies.

PROBLEM STATEMENT 5

The schedules for child-care, out-of-school time, and early learning programs do not align with those of K-12 education and many workplaces. This makes these programs less accessible for families of color, negatively impacting them as they try to return to or remain in the workforce during COVID-19.

PROBLEM STATEMENT 6

Historic underfunding and complexity of federal funding streams for health, nutrition and infrastructure have challenged Tribal communities' ability to effectively and efficiently address the disproportionately high rates of COVID-19 infection, hospitalization and mortality among AI/ANs. Specific examples include the Indian Health Service and the Food Distribution Program on Indian Reservations (FDPIR)

Problem Statements

PROBLEM STATEMENT 7

Women, women of color, people with disabilities, and BIPOC workers have shouldered a disproportionate impact of pandemic economic devastation. These workers are overrepresented in low-paid, non-unionized jobs with inadequate policies regarding workplace safety and unlawful retaliation and discrimination. Additionally, the increased burden of unpaid care during COVID-19 has been one of the main drivers of disparity in economic impact and has disproportionately fallen on women.

PROBLEM STATEMENT 1

AAPI, NH, and BIPOC communities and businesses are facing high rates of economic instability due to unemployment and COVID-19 effects on the economy. Existing structural inequities in the channels that spur economic recovery, such as PPP loans and debt relief programs, will leave these communities and businesses in a more protracted economic recovery.

- 1. Examine existing COVID-19 related federal government support for AAPI operated small businesses to identify any key barriers to utilization and develop and implement a plan to address identified barriers to maximize effectiveness for economic recovery.**
- 2. Plan, identify, and address any application or administration barriers unique to AAPI farmers receiving debt relief under the American Rescue Plan**
- 3. Translate web-based SBA financial-relief services into the most spoken Asian languages**

**PROBLEM
STATEMENT 2**

AAPI communities have seen an increase in hate incidents and discrimination against individuals and businesses. This is under-reported and can go unrecognized by first responders and law enforcement.

- 1. Develop and disseminate new web-based resources and training for state, tribal, territorial and local law enforcement and first responders on how to identify pandemic-related hate- or bias-motivated incidents.**
- 2. Develop and disseminate best practices for reporting crimes.**
- 3. Encourage cities, states, tribes, and US territories to implement safe and convenient reporting channels and protocols for investigation/prosecution informed by best practices.**

**PROBLEM
STATEMENT 3**

Implicitly racially targeted housing policies and practices have contributed to BIPOC communities suffering from greater housing insecurity, and homelessness. The long-term effects of these policies and practices in “redlined” neighborhoods has caused them to suffer from greater poverty, denser housing, poorer air and water quality, poorer health and higher incidence of chronic disease that are risk factors for COVID-19.

- 1. Continue to fund assistance programs for missed rent/utilities during eviction moratoria and borrowers exiting forbearance (including housing counseling, loss mitigation) and fund additional legal services to those facing eviction.**
- 2. Strengthen and enforce housing and lending discrimination laws, including restoring the Affirmatively Further Fair Housing (AFFH) rule that the Trump Administration cancelled.**
- 3. Increase the supply of affordable, accessible housing, supportive housing, and supports that enable people to remain housed.**
- 4. Prohibit discrimination by landlords based on prospective and current tenants’ housing vouchers or source of income.**

PROBLEM STATEMENT 4

Given the economic impact of COVID-19 on families, ensuring access to integrated student support services and programs meeting basic student health, well-being, and nutritional needs are critical to mitigating the impact of COVID-19 on students. For immigrant families, willingness to access to these critical programs requires documentation of income-eligibility, and has been discouraged by prior administration anti-immigration rhetoric and policies.

- 1. Encourage eligible schools to participate in the USDA Community Eligibility Program (CEP) to allow high-poverty schools to provide meals free of charge to all of their students.**
- 2. Increase investments in Full-Service Community Schools that partner with a broad array of social service agencies and trusted community-based organizations to provide a one-stop shop for enrolled students and families to access services that can address the impact of COVID-19 and prioritize their expansion in underserved communities.**
- 3. Support state-level cross-agency partnerships to provide students with free meals during afterschool and summer learning and enrichment programs without the requirement of additional documentation.**
- 4. Encourage states, tribes, territories and districts to provide information and maps of meal sites in multiple languages, in multiple accessible formats, and using community partnerships.**

**PROBLEM
STATEMENT 5**

The schedules for child-care, out-of-school time, and early learning programs do not align with those of K-12 education and many workplaces. This makes these programs less accessible for families of color, negatively impacting them as they try to return to or remain in the workforce during COVID-19.

- 1. Work with Congress to pass American Families Plan into law to rebuild and invest in our nation's childcare and early learning system to allow families to access quality and affordable childcare and rejoin the workforce.**
- 2. Increase funding under Title IV of the Elementary and Secondary Education Act to increase the availability of before and after school and summer learning programs for students to align with different work schedules.**
- 3. Increase funding for programs that support greater integration of health and social services with early learning programs in order to strengthen families' access to a continuum of services.**

**PROBLEM
STATEMENT 6**

Historic underfunding and complexity of federal funding streams for health, nutrition, and infrastructure have challenged Tribal communities' ability to effectively and efficiently address the disproportionately high rates of COVID-19 infection, hospitalization and mortality among AI/ANs. Specific examples include the Indian Health Service and the Food Distribution Program on Indian Reservations (FDPIR).

- 1. Fully fund Indian Health Service as recommended by the IHS budget formulation committee.**
- 2. Expand the 638 authority of tribes to administer SNAP and determine whether all tribal children have access to pandemic-EBT.**
- 3. Invest in national monitoring and surveillance systems that include socially disadvantaged populations to promote equity.**
- 4. Provide sustained and increased funding to tribes for environmental health infrastructure to better address community needs and prioritize delivery of necessary supplies for those exposed to COVID-19.**

**PROBLEM
STATEMENT 6**

Historic underfunding and complexity of federal funding streams for health, nutrition and infrastructure have challenged Tribal communities' ability to effectively and efficiently address the disproportionately high rates of COVID-19 infection, hospitalization and mortality among AI/ANs. Specific examples include the Indian Health Service and the Food Distribution Program on Indian Reservations (FDPIR).

(continued)

- 6. Direct more and equitable resources to Indian Health Services, including funds to reduce administrative, cultural and linguistic barriers to healthcare, bring workforce to required level and address health professional shortage.**
- 7. Provide \$1.1 billion of additional nutrition assistance for the territories in the American Rescue Plan that operate nutrition assistance block grants to support those hard-hit by the pandemic. Further assess the feasibility of transitioning three US territories to SNAP instead of the Nutrition Assistance Program.**
- 8. Provide funding directly to tribes and avoid using the states as mechanisms for funding and resources, honoring the government to government relationship.**

PROBLEM STATEMENT 7

Women, women of color, people with disabilities, and BIPOC workers have shouldered a disproportionate impact of pandemic economic devastation. These workers are overrepresented in low-paid, non-unionized jobs with inadequate policies regarding workplace safety and unlawful retaliation and discrimination. Additionally, the increased burden of unpaid care during COVID-19 has been one of the main drivers of disparity in economic impact and has disproportionately fallen on women.

- 1. Work with Congress to pass the American Jobs and Families Plan and the Protecting the Right to Organize Act of 2021. This would ensure meaningful investments in the care economy and mechanisms to empower workers in the workplace.**
- 2. The CDC and other federal agencies must: (i) fully recognize aerosol transmission of COVID-19 by updating all COVID-19 guidance and OSHA Emergency Temporary Standards to effectively prevent inhalation exposure to the virus, and (ii) end all crisis standards, including guidance that allow for the reuse, rationing, extended use, and/or decontamination and reuse of single-use PPE.**
- 3. Federal labor and employment agencies should dedicate more resources to investigate and prosecute anti-discrimination and other workplace violations.**

Discussion