

ADVANCING EQUITY IN THE NATION'S COVID-19 PUBLIC HEALTH RESPONSE AND RECOVERY EFFORTS: Options for a New Administration

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The views expressed here do not necessarily reflect the views of GHPC or RWJF.

EXECUTIVE SUMMARY

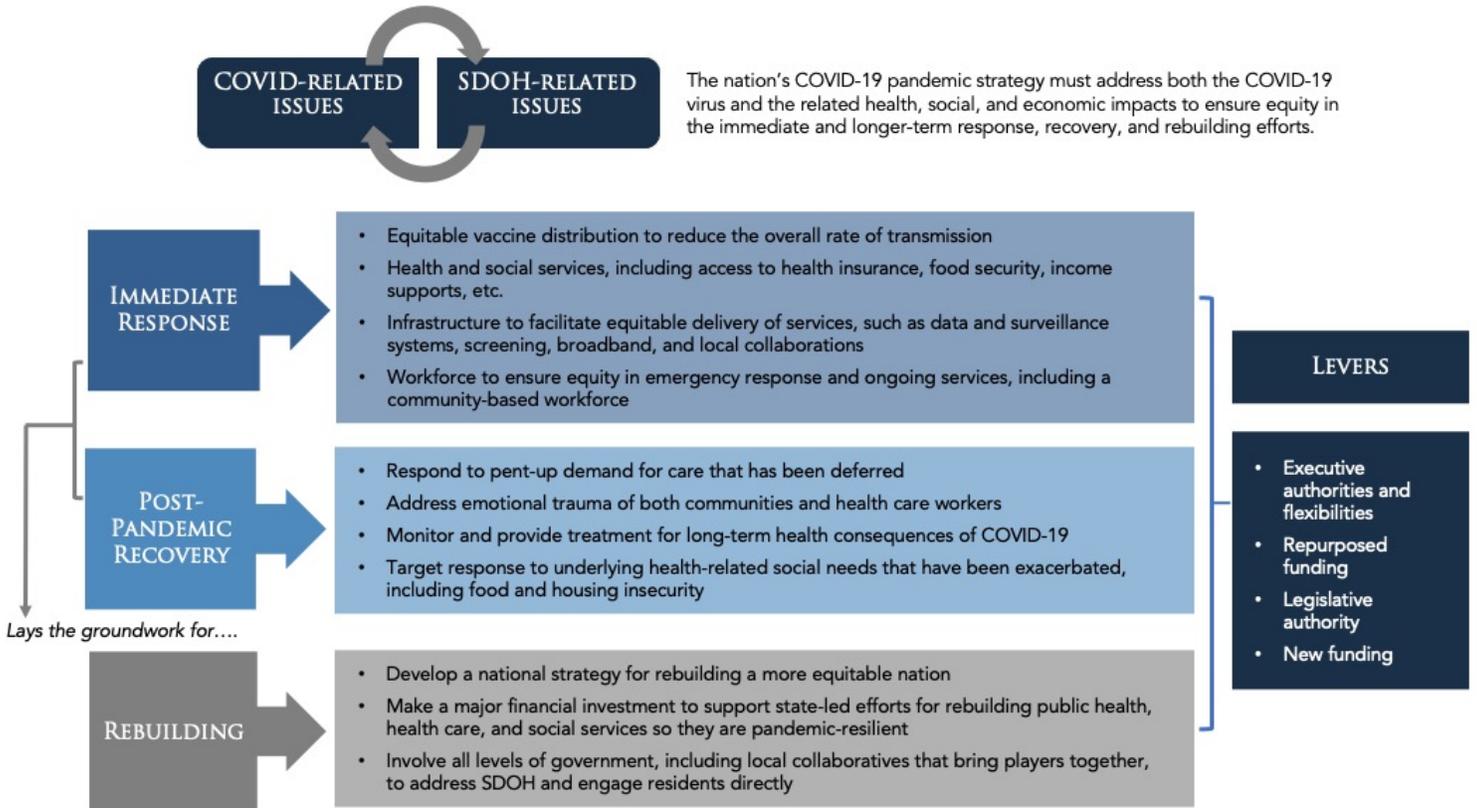
Addressing racial equity must be a central part of the nation's response and recovery efforts associated with the COVID-19 pandemic. The pandemic has laid bare the disparities in health outcomes related to race and class in the United States.

The presidential transition and the incoming Biden-Harris administration's commitment to addressing the equity issues associated with the COVID-19 pandemic provide an opportunity to identify programmatic and policy approaches that can ensure the kind of participation in containment and prevention strategies that will address the disproportionate disparities we see every day.

This paper identifies the *services* that are essential to an equity-centric approach to the COVID-19 pandemic, as well as the *infrastructure* and *workforce* needed to ensure these services are available and have an equity focus. It reviews a set of *administrative and legislative steps* that the new presidential administration can take to strengthen the immediate response to the pandemic and address the long-term health and social needs the pandemic has exacerbated. Finally, it offers a *strategy* for "building back better" in the long term.

As indicated in the graphic in Figure 1, the recommendations contained here build on one another: *every element of the immediate response and recovery should help lay the foundation for how we address disparities and advance equity over the long term.* In that way, we can view the rebuilding process as starting now, rather than waiting until after we have addressed the current emergency. The investments in managing the current pandemic should lay the foundation for ensuring an equitable response to future emergencies.

Figure 1. Advancing Equity in Pandemic Response and Recovery



INTRODUCTION

Addressing racial equity must be a central part of the nation's response and recovery efforts associated with COVID-19. The pandemic has laid bare the disparities in health outcomes related to race and class in the United States. While various factors place many individuals at greater risk for poor outcomes, the pandemic has struck communities of color most severely, with members of these communities becoming seriously ill and dying at a disproportionately higher rate than other groups. A sound response to the COVID pandemic requires a closer look at the effect of racial inequities on health, above and beyond other social determinants such as poverty, education, and comorbid conditions.

An equity focus — ensuring those most affected by COVID receive the resources and attention needed to address the pandemic and its consequences — is not optional. Containing the coronavirus requires the cooperation of all Americans to protect those at higher risk. Such cooperation requires everyone to feel safe in seeking out testing, isolating or quarantining as appropriate after infection or exposure to COVID-19, and getting vaccinated and coming back for a second vaccination. If those most at risk are not supported in this cooperation and we fail to meaningfully address the distrust of the very authorities who are asking for cooperation, we will *never* contain this pandemic. For many groups, the same historical inequities and harms perpetuated by research and the medical field that increase the risk of poor COVID-19 outcomes and mortality also contribute to the lack of trust in the vaccine. Addressing this directly constitutes a critical step in beginning to build the trust necessary for vaccine uptake.

The presidential transition and the incoming Biden-Harris administration's commitment to addressing the equity issues associated with COVID-19 provide an opportunity to identify programmatic and policy approaches that can ensure the kind of participation in containment and prevention strategies that will turn the tide. To that end, the George Washington University, through its Funders Forum on Accountable Health and Strengthening Alignment in Crisis project (a joint project with the Georgia Health Policy Center), hosted a series of convenings with participation by over 50 individuals from national, state, and local governmental and nongovernmental organizations to address these key questions:

- As the federal government develops its public health response to COVID (often framed around testing, tracing, isolation and quarantine, social distancing strategies, provision of personal protective equipment, and vaccine distribution), what needs to be included programmatically and from a policy standpoint to ensure inequities associated with the pandemic are addressed and mitigated?
- How can the COVID-specific investment be leveraged so something permanent is left behind that will continue to support the multisector collaborations needed to address social determinants and future public health emergencies?

This paper summarizes policy and programmatic initiatives that a new administration could incorporate into its COVID-19 response and recovery efforts that will ensure a more equitable — and more effective — approach. The bottom line from these convenings is this: *We cannot effectively respond to the pandemic unless we think comprehensively about the health, social, and economic needs of those affected by COVID-19* and our approach should use this emergency to *build the capacity of the health and social services systems* to work together to align the public health, health care, and social services systems to better address these needs and prevent future public health crises.

This paper, while building from input received at the convenings, should not be interpreted as endorsed by the participants. It is organized in several parts:

- It identifies the *services* that are essential to an equity-centric approach to COVID-19.
- It outlines the *infrastructure* and *workforce* needed to ensure these services are available and have an equity focus.
- It reviews a set of *administrative and legislative steps* that the new presidential administration can take to strengthen the immediate response to the pandemic and address the long-term health and social needs the pandemic has exacerbated.
- It offers a *strategy* for “building back better” in the long term.

As indicated in the graphic in Figure 1, the recommendations contained here build on one another: every element of the immediate response and recovery should help lay the foundation for how we address disparities and advance equity over the long term. In that way, we can view the rebuilding process as starting now, rather than waiting until after we have addressed the current emergency.

SERVICES

We asked the participants in our convenings this: What services (focusing mostly on health-related social needs) should be made more accessible to create a more equitable response to the pandemic? Further, how can these service needs be met over the long term by addressing the social determinants of health? Among the key recommendations that emerged from this discussion were:

- Expand access to **health insurance**. Coverage should not be a barrier to care, yet those most likely to be adversely affected by COVID-19 were more likely to lack insurance or to have lost employer-provided insurance when the recession resulted in lost jobs. While in the long term, expansion of the Affordable Care Act to reach universal coverage is needed, in the meantime there are key steps within current authorities that can be taken, such as extended Medicaid eligibility during and immediately after the public health emergency and special enrollment periods for health insurance exchanges, to ensure that people have access to both the clinical and behavioral health services needed during the pandemic. It is also important to rescind recent policy changes, such as public charge and work requirements, that diminish access to health insurance.
- Ensure **access to COVID-19 testing** and create sufficient contact tracing capacity. Obtaining access to testing for COVID has been and remains a barrier in too many communities. This stymies containment efforts and also means individuals may be taking undue risk because they are not able to learn their status in a timely fashion. An investment in testing development and capacity on par with Operation Warp Speed for vaccines is needed. Neither testing nor tracing will be successful without a culturally competent workforce.
- Streamline and improve coordination of **eligibility and enrollment procedures for public benefits programs** (e.g., the Supplemental Nutrition Assistance Program (SNAP), Medicaid, rent assistance) to reduce barriers for individuals (e.g., level of documentation, in-person interviews during a public health emergency) and for state or local program administrators (e.g., monthly renewal of waivers vs. waivers for duration of an emergency). Everything possible must be done to provide individuals and families the support they need during a pandemic and the recovery period so that they are able to comply with public health measures (isolation and quarantine) and withstand the impact of the pandemic-associated economic recession.
- Address **food insecurity**, which has grown dramatically during the pandemic. This can be accomplished through such measures as expanded SNAP eligibility, direct support for food banks, school lunch eligibility and distribution, and broader use of meal delivery under Medicaid and Medicare. While driven by the pandemic response, these programs should be maintained at a higher level during the recovery period, as the underlying food insecurity problem poses major health challenges to the nation beyond COVID-19 and will remain acute while the economy recovers.

- Provide **income support** (beyond unemployment insurance) to assist workers and families as they are asked to comply with isolation or quarantine recommendations and may not have sick leave. Some jurisdictions have provided at least partial income replacement for families in isolation or quarantine who do not have paid sick leave or vacation time. This increases the likelihood that this public health intervention will succeed. States should be provided technical assistance, including a guide to best practices, for providing such support.
- Focus on **housing security**, a long-standing social problem in the United States that has been exacerbated by the recession and has hampered the pandemic response, as more people face homelessness or reside in crowded environments that make distancing difficult. This can be addressed in part through increased use of rental assistance, creation of quarantine hotels for those whose housing situation does not enable following isolation/quarantine recommendations, and hotels for homeless people who are at high risk.
- Ensure **transportation** is available to improve access to testing and vaccination sites and to support essential workers where public transportation may be disrupted. In both urban and rural areas, reaching services and work has been difficult, and creative solutions are needed (e.g., financial support for using ride sharing).

ESSENTIAL SERVICES ACTIONS

- Expand access to health insurance
- Ensure access to COVID-19 testing and create sufficient contact tracing capacity
- Streamline eligibility and enrollment procedures for public benefits programs
- Address food insecurity through expanded SNAP eligibility, support for food banks, and school meal programs
- Provide income support for those affected by the pandemic
- Focus on housing insecurity
- Ensure transportation to improve access to testing and vaccination sites and to support essential workers

INFRASTRUCTURE

The services described above do not occur in a vacuum. Communities need a broad infrastructure that can ensure that the right services are delivered to the right people at the right time. Thus, we asked participants these questions: What kinds of structures are needed to facilitate equitable responses? What capacities are needed to ensure equitable access to programs? Among the critical infrastructure issues identified were:

- **Data** and surveillance systems, led by public health or regional information exchanges, that are interactive and permit early identification of those most at risk, promote geocoding to determine hot spots, allow for transparency for vaccine distribution, and enhance coordination of services across sectors, while also maintaining confidentiality and that are developed with community input. The capacity to identify and track people (including by race and ethnicity) and services across the sectors responding to a pandemic, as well as the underlying health and social needs of a community, is sorely lacking, which both hampers response and undermines equity efforts. Data systems need to be granular enough to target resources and interventions, usually at the neighborhood rather than the city or county level.
- Ensure that equity is at the center of all response and recovery efforts by integrating **equity accountability metrics** as part of all elements of emergency response, including emergency management agencies, public health, health care, or any community response collaboration. This could include having a designated **equity coordinator** in each funded program to ensure that these metrics are tracked and reached.
- Standardized **screening and referral** systems (and related data sharing) for health-related social needs identification and provision. Health and social service providers are confronting a plethora of approaches to screen for public health and social needs. This creates added burdens (especially for organizations in less-resourced communities) and makes coordination and follow-through more difficult. While one size rarely fits all, a core set of indicators and data systems that can communicate effectively will be essential to addressing the social needs associated with inequity. A set of best practices for referral systems would also advance this work.
- Core financing for **social services** (and other community-based) organizations to ensure ongoing capacity and to address elevated pandemic-related demand as normal revenue streams are lost. The pandemic has had a dramatically negative impact on the many community-based organizations that constitute our social services networks. We must rebuild those organizations and ensure them stable core financing (just as we did for hospitals during the pandemic) so they can continue to meet the needs of their clients during an emergency.
- Emergency funding for **safety net health care providers** (e.g., community health centers) that lost revenue but are essential to reaching marginalized populations

that are at risk. Much of the focus during the pandemic was on ensuring the stability of the hospital system. But other providers are also essential to the health response and also faced a drop in revenue due to the pandemic. Community health centers are particularly well positioned to ensure an equitable response, as they are embedded in the communities they serve and are community-governed.

- Core financing for existing **local collaborations** that coordinate the response and empower residents in decision-making related to response and recovery-related investments and policies. A comprehensive approach to a pandemic (and the underlying inequities) requires bringing together multiple sectors and multiple organizations that can work closely with affected communities to design a localized response. In many communities, such collaborations have been formed around other issues and can be leveraged for the response to an emergency. They should be directly supported in this expanded mission during an emergency and, as discussed below, both existing and newly formed collaborations should guide and be central to the rebuilding process.
- **Remove barriers to broadband access** by bringing broadband to all rural communities and making sure income is not an impediment to access. Given how central internet access has been during the pandemic, whether for virtual learning when schools close, for working from home for those who can, or being able to participate in telehealth, building out broadband should be the modern equivalent of building the interstate highway system: a national health and social security priority.

INFRASTRUCTURE NEEDS

- Transparent data and surveillance systems to identify populations at high risk
- Equity accountability measures, overseen by equity coordinators
- Standardized screening and referral systems for health-related social needs (HRSN)
- Core financing for social services
- Emergency financing for existing local collaborations that coordinate the response and empower residents in decision-making
- Removal of barriers to broadband access

WORKFORCE

The best infrastructure and services can only be delivered with a strong and equity-focused workforce. To that end, we asked those who participated these questions: How can the health/public health/social services workforce be designed to promote equity in emergency response and be made a permanent feature of the health/social services workforce? How can we support the existing workforce? Several key foci emerged from this discussion, including:

- Creation of a **community-based workforce**, especially relying upon those front-line community workforce structures that have already been functioning locally (e.g., community health workers, traditional health workers, community emergency medical services) that can be part of contact tracing, quarantine/isolation support, addressing health-related social needs, and providing outreach for vaccine distribution. Such a workforce is generally reflective of the affected communities and is central to promoting understanding about the vaccine and building trust among communities that have historically been discriminated against. This workforce should be supported by sustainable training, robust funding, and career ladders beyond the immediate emergency.
- Prior to the pandemic, state and local public health agencies were understaffed and underfunded. This continues to hamper the nation's response to the pandemic. Rebuilding of the state and local **public health workforce** can be achieved through passage of the Public Health Infrastructure Fund, which would support states and localities as part of a national investment to ensure every American is served by a health department that can provide foundational public health capabilities.
- Front-line responders to the pandemic, from health care workers to public health officials and social service providers, have faced unusual emotional trauma in working during the pandemic. **Mental health and related services** should be ensured for all front-line COVID-response workers who need it as they continue to respond to the pandemic and its consequences.

WORKFORCE NEEDS

- Creation of a community-based workforce including community health workers
- Rebuilding the state and local public health workforce
- Ensuring mental health and related services for all front-line COVID-19 response workers

THE IMMEDIATE POST-PANDEMIC PERIOD

Even as we focus on the needs of people during the pandemic response, after the immediate public health emergency — once the vaccines become widely available and transmission of the coronavirus lowers — individuals and communities will have longer-term needs that the health and social systems must continue to address:

- For those who contracted the novel coronavirus, we will need to have a system for **monitoring and treatment for long-term health consequences**. Ensuring ongoing access to care and insurance for that care will be critical, especially for those who gained special coverage during the pandemic and may not normally be eligible for public insurance and may not receive private insurance through their workplace.
- The health system will be responding to both **pent-up demand** for routine screening and care that had been deferred — and the consequences of poor disease management or late diagnoses of serious diseases such as cancer.
- Individuals and communities will be experiencing **residual emotional trauma** and exacerbation of existing mental health and substance use issues from having lived through the pandemic with its attendant health, social, and economic consequences, requiring a ramp-up in the availability of behavioral health services, which is already a challenge in many communities.
- **Underlying health-related social needs**, in particular food and housing insecurity, were always present in some of the populations most vulnerable to the coronavirus. They were exacerbated during the pandemic, which places ongoing demands on the health and social services systems.

IMMEDIATE POST-PANDEMIC ACTIONS

- Create a system to monitor and treat the long-term health consequences of those who contracted COVID-19
- Ensure the health system is ready to respond to increased demand for routine screening and care
- Ensure access to behavioral health services for individuals and communities experiencing residual emotional trauma and exacerbation of existing mental health and substance use issues
- Ensure health and social service systems are able to meet ongoing demand for services

KEY ADMINISTRATIVE AND LEGISLATIVE ACTIONS IN THE IMMEDIATE AND NEAR TERM

All of these challenges, taken together, can seem overwhelming. But with the right federal leadership and a recognition that the pandemic and its aftermath require a governmentwide approach, there are a number of steps that can be taken in the immediate and near term that would mitigate these challenges and lay the groundwork for longer-term solutions to the underlying social and health inequities that the pandemic highlighted. These can be achieved through a variety of “levers”: using existing executive authority, reprogramming existing funds, creating new authority, and funding legislatively. Some categories require a use of several levers to be fully successful. But together these steps are a road map for the immediate and near term. Some of the steps identified in the convenings include these:

Administratively:

- Extend the flexibilities initiated during the pandemic that simplified enrollment and eligibility determination in entitlement programs such as Medicaid and SNAP. This includes implementing the campaign pledge to move to auto-enrollment in all entitlement programs for which an individual is eligible when that individual enters through any individual program.
- Extend new flexibilities in service delivery, such as telehealth, whether by health care providers or social services organizations.
- Provide guidance to states regarding how to incentivize Medicaid managed care plans to address the ongoing, and perhaps more intensive, health and health-related social needs of beneficiaries. This can be accomplished through adjustment of actuarial estimates, inclusion of certain services in the “numerator” in calculating medical-loss ratio, and giving preference to plans that choose to address these needs through the bidding process and through other incentives such as preference in auto-enrollment. This medical-loss ratio flexibility could also be applied retrospectively for plans that did not meet their medical loss ratio requirements during the pandemic because of reduced demand, if investments were made in community recovery and new services going forward.
- Similar direction can be given to state insurance exchanges to provide incentives for health plans selling on the exchange to offer more robust services.
- Provide model waiver language for state Medicaid programs that would permit more expansive coverage of health-related social needs. Prior to and during the pandemic, we have seen some states use the flexibility of the Medicaid statute to address these challenges. Where they are addressed, inequities can be reduced and with the potential to support a stronger public health response.

- Enforce, in both Medicaid and the private sector, mental health parity and addiction equity requirements, and legislatively invest in more resources to expand the mental health workforce. The growing number of drug overdoses during the pandemic requires broader availability of medication-assisted treatment (MAT), which necessitates administratively removing barriers to insurance coverage (e.g., prior authorization requirements) and lifting undue restrictions on prescribing MAT medications.
- Harness the resources of the Center for Medicare and Medicaid Innovation (CMMI) to support demonstrations that take a public health approach to eligibility and coverage, including broader support for health-related social needs and extended eligibility. This would build on a series of innovations that CMMI is already supporting, including Accountable Health Communities and Comprehensive Primary Care Plus (CPC+).
- Reaffirm the role of the Centers for Disease Control and Prevention (CDC) in pandemic response, and support an initiative led by the CDC to communicate vaccine efficacy information and other COVID-19 response data and science to all communities, paying special attention to communities at high risk and ensuring resources and materials tailored for these communities are available and implemented to build trust.
- Provide updated guidance to nonprofit hospitals clarifying that their community benefit investments can and should include investments in overall community health and response to needs at the community level identified during the pandemic and requiring that they address health inequities in their community investments. (States could create similar expectations of nonprofit health plans they regulate.)
- Provide states with technical assistance and model program guidance as they spend down federal funds, including carry-over CARES Act funding, supporting COVID response and recovery, testing and contact tracing, and vaccine distribution.

KEY ADMINISTRATIVE ACTIONS:

- Extend flexibilities that simplify enrollment and eligibility determination in entitlement programs
- Extend flexibilities in service delivery, including telehealth
- Provide guidance to states regarding how to incentivize Medicaid managed care plans to address HRSN
- Provide model waiver language for state Medicaid programs that expands coverage of HRSN
- Enforce, in Medicaid and the private sector, mental health parity and addiction equity requirements
- Harness the resources of the Center for Medicare and Medicaid Innovation to test new models for support of HRSN and population health
- Reaffirm the role of CDC in pandemic response
- Provide updated guidance to nonprofit hospitals clarifying their community benefit investments
- Provide technical assistance to states on spending federal funds for COVID-19 response

Legislatively:

- Provide broader eligibility for SNAP and other food assistance programs. The number of people who already had food insecurity at the beginning of the pandemic undercut the response to COVID-19 and is an ongoing, underlying threat to the nation's health.
- Provide incentives for states (through increased Federal Medical Assistance Percentages) to provide for longer minimum enrollment periods for Medicaid beneficiaries and reduce barriers to ongoing eligibility through reduction of unnecessary redetermination periods. Continuity of care is always important; it will be even more important in the post-pandemic period.
- Systematically remove barriers to coverage and care (some of this can also be accomplished administratively), including finding a legislative solution to permit (and subsidize) insurance purchased on the exchange by those whose states have not expanded Medicaid; improving pathways to health care access for those who are undocumented, since containing a pandemic requires everyone to be able to access care; fulfilling the campaign's commitment to double funding for community health centers as one means to strengthen the safety net

on which the most vulnerable depend, with an expanded role for health centers in addressing health-related social needs; and reversing the public charge rule, which has discouraged many individuals from seeking care or participating in public health interventions, such as contact tracing.

KEY LEGISLATIVE ACTIONS

- Provide broader eligibility for SNAP and other food assistance programs
- Provide incentives for states to extend minimum enrollment periods
- Systematically remove barriers to insurance coverage purchased on the exchanges in states without Medicaid expansion

Lastly, as the administration develops policies and the rules to implement them:

- Recognize that how programs are administered and how resources are allocated can drive or impede an equity agenda. Among the issues that should be addressed during the policy and program development/revision process are —
 - Funding formulas that reflect disproportionate impact of the pandemic on priority populations, including direct funding of Indian tribes.
 - Requirements to overcome state funding processes that are often cumbersome and delay release of money to localities, service providers, or individuals in need. Similarly, there must be an appropriate allocation of federal dollars as they reach local levels that recognizes the differing city-county division of labor that exists across the country.
 - Mechanisms to ensure that organizations providing services to people of color are funded.
 - Need for programs in many communities to build capacity and train leaders to advocate for equitable allocation of resources.

REBUILDING

Even as the nation continues to respond and, ultimately, recover from the pandemic, we must begin planning a rebuilding effort. Too often, as a crisis has passed, we have allowed ourselves to forget the lessons of the crisis rather than harnessing that knowledge to better prepare for future crises.

Indeed, the U.S. experience of the pandemic was one of the worst in the world, and a substantial portion of the suffering and death was driven by our failure to address the health, economic, and social inequities in our country. As we rebuild, we must align across government agencies and across sectors to systematically address these inequities. To that end, among the steps that can be taken are these:

- Develop a national strategy for rebuilding a more equitable nation, starting with the recommendations made earlier in this paper. This should be a *national* strategy – with federal commitments along with federal support for state, local, and private-sector initiatives. The strategy should include equity metrics that hold all players accountable.
- A major federal financial investment is needed to support state-led efforts to rebuild. To receive this money, governors should be expected to submit a state plan (endorsed by local officials) that identifies how they will rebuild public health, health care, social services, and all other sectors to make them pandemic-resilient and reduce inequities. These plans should recognize the multiple levels of government that need support, including the overlapping jurisdictions at the local level (e.g., cities and counties) —
 - Ultimately the state plan should reflect locally identified needs and priorities. To truly overcome structural and institutional inequities, power must be shared among all communities. One way to begin this process is to require that local plans be developed by new or previously existing collaboratives that bring together all the players that can affect (or are affected by) social determinants of health. These bodies should ensure meaningful resident engagement in both planning and implementation. New investments should also create new capacity in minority-run and minority-serving community-based organizations. The Funders Forum outlined what this may look like in a proposal for [response and resilience accountability councils](#).
 - Special attention is needed, as mentioned earlier, in rebuilding both the public health and social services infrastructures. This includes the Public Health Infrastructure Fund, which should be implemented in parallel with the state-led rebuilding discussed in the bullet above.
 - The entire effort should make accountability central: to communities and to taxpayers. Transparency about how money is spent and progress along an agreed upon set of metrics should be made publicly available, similar to the Recovery Act and Prevention and Public Health Fund expenditures.

REBUILDING FROM THE PANDEMIC

- Develop a national strategy with federal commitments and supports for state, local, and private-sector initiatives for building a more equitable nation
- Make a major federal investment to support state efforts to rebuild, requiring a state to develop a plan that addresses how it will rebuild public health, health care, social services, and other sectors

A CONSTANT FOCUS ON EQUITY

This paper is an attempt to outline a broad set of policy options before the new administration. Underlying all of them is a focus on building the services, the infrastructure, and the workforce that can ensure that equity is at the center of the nation's response to COVID and the related economic recession, as well as the recovery and rebuilding processes. To be clear, centering equity is not just the right thing to do as a way to address the underlying issues of race and class that have exacerbated the impact of the pandemic on American society. Centering equity is also the best way to ensure that our interventions to contain the virus are successful and that we are building the foundation for a more just future. Equity is also a moral issue: We must rectify the underlying issues of race and class that exacerbated the impact of the coronavirus on American society. As presented here, each step of the way creates the foundation to "build back better."

About George Washington University's Funders Forum on Accountable Health

This paper was prepared by the Funders Forum on Accountable Health, a project of the Department of Health Policy and Management at the George Washington University's Milken Institute School of Public Health. The Forum is a common table for the growing number of public and philanthropic funders supporting accountable communities for health-type initiatives: collaborative partnerships spanning health, public health, and social services that seek to improve the health of individuals and communities by addressing social determinants of health from an equity framework.

For more information, direct inquiries to The Funders Forum on Accountable Health.
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