

COVID-19 Health Equity Task Force

Snapshot: Children, Youth & Families

As of October 2021, COVID-19 has killed more than 700,000 people in the United States and has infected tens of millions.ⁱ COVID-19 has affected all Americans, but not equally. Individuals from communities of color and other underserved populationsⁱⁱ have been disproportionately affected and, as a result, have borne the brunt of this pandemic. Despite this tragedy, the pandemic has presented our nation with an opportunity to change how communities of color and other underserved populations experience health care and public health. On January 21, 2021, President Joseph R. Biden issued Executive Order 13995, to establish the Presidential COVID-19 Health Equity Task Force (the “Task Force”).

The Task Force was charged with providing specific recommendations to the President of the United States to mitigate health inequities caused or exacerbated by the COVID-19 pandemic and to prevent such inequities in the future. The Task Force systematically advanced 316 recommendations, 55 of which are prioritized and highlighted in the body of the Presidential COVID-19 Health Equity Final Report.

The Task Force advocates for a health-justice-in-all-policies approachⁱⁱⁱ that calls for commitment and collaboration across all sectors. Only such an approach can disrupt the predictable pattern of who is harmed first and worst. To achieve this, the Task Force presents two deliverables. The first deliverable includes four overarching suggested outcomes as the Task Force vision for change, five proposed priority actions to spur this change, and 55 final recommendations. To effect change and monitor progress to advance health equity for all, the Task Force presents the second deliverable, which includes a proposed implementation plan and suggested accountability framework.

Suggested Outcomes

In striving for these outcomes, the United States will advance health equity and the well-being of the nation. These outcomes offer a vision for a future in which all people living in the United States can live their healthiest, fullest lives; all communities thrive and flourish; and the disproportionate death and illness of communities of color and other underserved populations that took place during the COVID-19 pandemic become a hallmark of the past rather than a repeated pattern.

We can create a nation where....

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



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



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



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



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Proposed Priorities

To make these outcomes actionable, the Task Force recommends the Administration prioritize the actions below to address the inequitable health outcomes that communities of color and other underserved populations have experienced during the COVID-19 pandemic.

1. Invest in community-led solutions to address health equity
2. Enforce a data ecosystem that promotes equity-driven decision making
3. Increase accountability for health equity outcomes
4. Invest in a representative health care workforce and increase equitable access to quality health care for all
5. Lead and coordinate implementation of the COVID-19 Health Equity Task Force's recommendations from a permanent health equity infrastructure in the White House

“COVID-19 has laid bare what has been the reality for so many in our country, who over generations have been minoritized and marginalized and medically underserved, and the pandemic took advantage of the legacy of intentional policies that have structurally disadvantaged communities over time.”

—COVID-19 Health Equity Task Force member

Recommendations

The Task Force is mindful of the broad lens that is needed to center equity across the most affected groups, as well as compounded challenges often found at the intersections of these identities. The Presidential COVID-19 Health Equity Task Force Final Report references various populations and settings of interest as “communities of color and other underserved populations.” The Task Force uses this language throughout the report to describe those who experience inequities, including minoritized racial/ethnic groups, women, members of the LGBTQIA+ community, people with disabilities, immigrants, older adults, rural communities, low-income communities, people in congregate settings, and other groups with limited health care access.

For a full list of communities addressed, see Key Populations and Settings, located in the final report.

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Snapshot of select recommendations relevant to the **Children, Youth & Families**.

Research COVID-19 interventions in educational settings. As schools reopen, 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 funding incentives to further support educational agencies.

Support schools in meeting family needs. The Federal Government should expand schools' ability to meet children's 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 and emotional development, physical health, and behavioral health) and expanding programs that provide students access to free meals and other support services, even during school closures.

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 women, communities of color and other underserved populations overburdened by COVID-19.

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.

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.

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 communities of color and other underserved populations, 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).

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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 and peer support services, and substance use disorder interventions and services.

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 communities of color and other underserved populations and must also be accessible to people with diverse types of disabilities.

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.

ⁱ Johns Hopkins University & Medicine, Coronavirus Resource Center. <https://coronavirus.jhu.edu/us-map>.

ⁱⁱ **Communities of color and other underserved populations:** Throughout the report, this language is used to describe those who experience inequities, including minoritized racial/ethnic groups, women, members of the LGBTQIA+ community, people with disabilities, immigrants, older adults, rural communities, low-income communities, people in congregate settings, and other groups with limited health care access. For a full list of communities addressed, see Key Populations and Settings in the final report.

ⁱⁱⁱ **Health justice in all policies:** A health-justice approach includes a social-justice lens in the approach to health, considering the complex and interwoven social determinants of health. For more information, please see the appendices. <https://www.apha.org/what-is-public-health/generation-public-health/our-work/social-justice> <https://www.apha.org/Topics-and-Issues/Health-in-All-Policies>.