COVID-19 Health Equity Task Force

Snapshot: Chronic Health Conditions, People Living with Disabilities, and Older Adults

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 populations[ii] 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 approach[iii] 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.

Read more about the Presidential COVID-19 Health Equity Task Force: www.bit.ly/35tBj7i.

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."**
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> —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 **Chronic Health Conditions, People Living with Disabilities, and Older Adults.**

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 default housing for people with disabilities across the age spectrum and help expand access to home and community-based long-term services and supports.

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.

Execute a Long COVID communication 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.

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 groups that are often left out of data collection (e.g., people with disabilities, those in congregate settings, LGBTQIA+ people, etc.). 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 sociodemographic data and health equity metrics to achieve outcomes.

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.

Support Long COVID insurance coverage and treatment. Given our limited understanding of Long COVID, the Federal Government should take steps to address needs of people with Long COVID and to mitigate future inequities by:

- Communicating unified ICD-10 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 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-19 test.
- 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.

Prioritize vaccine, testing, treatment, and personal protective equipment access to underserved communities. Federal, state, local, Tribal, and territorial governments should prioritize vaccine distribution, testing, treatment, and personal protective equipment 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.

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 Academies of Science, Engineering, and Medicine for equity. The Federal Government should widely disseminate these standards, explaining their benefit, and incentivize adherence through accreditation and reimbursement requirements.

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 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.

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.

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, Children's Health Insurance Program, etc.) and ensuring these criteria are equity-centered.
- Expanding access to Consolidated Omnibus Budget Reconciliation Act 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.
- Expanding all government health insurance programs to ensure that people currently uninsured or underinsured have equitable access to 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 and Medicaid beneficiaries and/or vulnerable patients at a minimum of the Medicare cost-based reimbursement rate.

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.

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[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.