# COVID-19 Health Equity Task Force

# Snapshot: Congregate Settings

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.**

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## Proposed Priorities

To make these outcomes actionable, the Task Force recommends the Administration prioritize the following actions 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 **Congregate Settings** (including but not limited to: carceral settings, nursing and long-term care, foster care facilities and group homes, homeless shelters).

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

**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.

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

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

**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.

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

**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.

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

**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.

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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.