COVID-19 Health Equity Task Force

Snapshot: Hispanic/Latino/Latinx Communities

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 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 **Hispanic/Latino/Latinx Communities.**

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.

Collect best practices on culturally and linguistically responsive contact tracing. The Federal Government should work with state, local, Tribal, and territorial health departments to collect best practices on culturally and linguistically sensitive approaches to contact tracing to improve policies and implementation and ensure testing is accompanied by effective contact tracing and support services.

Partner with worker organizations for equitable health care access. The Federal Government should launch a formal partnership with trade unions and additional worker organizations representing farmworkers, frontline and essential workers, underserved immigrant and migrant workers, and those disproportionately affected due to their immigrant or refugee backgrounds for equitable access to health care services and inclusion in pandemic and public health emergency preparedness, response, and recovery activities. These partnerships should also work with the Federal Government authorities to inform development and enforcement of necessary occupational health standards and regulations relevant to pandemic control.

Create protections for workers. The Federal Government should use the Occupational Safety and Health Administration and other authorities to protect all workers from occupational exposure during pandemics by developing temporary and permanent health and safety standards for long-standing infectious diseases, as well as new and emerging infectious disease threats (including COVID-19), and updating relevant agency guidance. The Federal Government should develop an emergency response plan to assess and quickly meet the needs of health care and essential workers in future pandemics to protect from aerosol or other modes of transmission. The Federal Government should incentivize employers to provide paid time off and wage replacement programs to account for future pandemic-related testing, vaccine administration, and recovery.

Partner with communities to expand vaccination to underserved groups. The Federal Government should strengthen efforts to partner with local community-based organizations to collect, disseminate, and implement best practices to expand testing and vaccination efforts to reach communities of color and other underserved populations, where they live and work. Best practices, for example, for large immigrant/migrant populations, should include, but not be limited to, partnering with trusted faith and community organizations, avoiding a military or law enforcement presence, providing accurately translated information, employing trained interpreters, and advertising that services for people with limited English proficiency or who

are more comfortable with another language are available. Innovative methods, such as mobile health care services to reach isolated or homebound populations, should be culturally, linguistically, and economically appropriate.

Fund organizations that work with communities of color and other underserved populations. The Federal Government should further strengthen collaboration with a diverse array of community-based organizations and public health providers by providing robust and sustainable funding for them to build capabilities, access technical assistance, and establish partnerships with communities of color and other underserved populations. This should be done through engagement with trusted entities to build coalitions for inclusion in public health emergency and pandemic preparedness, response, and recovery activities so that care is brought closer to the communities served and in settings that people trust.

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.

Standardize demographic and socioeconomic categories in data. Federal entities with authorities to set data standards should establish standardized socioeconomic and demographic categories (individual level and area-based) to improve the timeliness, accuracy, and disaggregation of data elements. Federal agencies and programs should be granted approval to collect this disaggregated data on their programs. The Federal Government should enhance public access to the most timely, accurate, and disaggregated data for Federal programs and funding while developing policies to prevent the misuse of these data. The Federal Government should develop a COVID-19 equity dashboard using these data.

Further promote and invest in research to understand and eliminate structural racism in health care systems. The Federal Government should fund, incentivize, promote, and apply practice-based research aimed to develop and evaluate solution-oriented interventions to minimize and/or eliminate structural racism, sociocultural, economic structural, institutional, and interpersonal discrimination in health care systems, including, but not limited to, structural racism that results in negative health impacts and disparities in outcomes for communities of color and other underserved populations. This should include assessment of clinical practice guidelines, health-related algorithms and artificial intelligence, and health information technology to correct for racial and other types of social and economic discrimination in these technologies, and biased foundational principles and practices.

Set a national research agenda on health equity and COVID-19. The Federal Government should expand on existing efforts to set a national research agenda centered on health equity and COVID-19 that strengthens population health monitoring and analysis of population health data. The government should lead and promote public-private partnerships and investments with a special emphasis on community-based participatory research and population-based inclusive health surveillance (with overrepresentation of underrepresented at-risk groups). The government should require that participants are representative of communities of color and other underserved populations from pediatric to geriatric populations to gather disaggregated data for these high-risk populations.

Improve clinical trial best practices. The Federal Government should develop standards and recommendations to improve representation from communities of color and other underserved populations in clinical trials related to special pathogens, including setting diversity enrollment targets in clinical trials.

Improve health equity through measurement and incentives. The Federal Government should improve health equity in care delivery through measurement, incentives, and accountability by:

- Developing a health equity framework, inclusive of formal metrics, equity impact statements, and process to monitor factors such as social determinants of health, quality of care, and health care discrimination, at a range of geographic levels from national to local.
- Supporting the development of reimbursement models that encourage data- and community-driven approaches focused on improving equity-centered health care delivery for communities of color and other underserved populations where they live and work.
- Providing payment incentives to providers that improve metrics of health care quality and patient experience in communities of color and other underserved populations.

Increase capacity and representation of the health workforce. The Federal Government should fund the equity-centered development of a racially, ethnically, culturally, and linguistically diverse and representative health workforce across all fields (e.g., acute care, behavioral health) and at all levels who live in or are from communities of color and other underserved populations, as well as first-generation populations and people who speak languages other than English.

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).

Implement solutions for those at increased risk of death from COVID-19. The Federal Government should identify comorbidities linked with increased risk of death from COVID-19, which exist at a higher rate among communities of color and other underserved populations, and develop and fund innovative, equity-centered interventions to reduce those comorbidities, such as healthy food, better air quality, and places for safe physical activity where people live and work.

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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.