COVID-19 Health Equity Task Force

Snapshot: Essential Workers, Frontline Workers, and Agricultural Workers

As of October 2021, COVID-19 has killed more than 700,000 people in the United States and has infected tens of millions. COVID-19 has affected all Americans, but not equally. Individuals from communities of color and other underserved populations 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 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.

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.
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.

Make postsecondary and workplace training more affordable. The Federal Government should increase funding for financial aid programs and implement loan repayment pause programs during future pandemics to address attrition and affordability of postsecondary and workplace training programs for students from communities hardest hit by COVID-19.

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.

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.

Fund data modernization for health settings. The Federal Government should provide funding/incentives to advance data modernization initiatives for hospitals (including Veterans Affairs hospitals), community health centers, and state, local, Tribal and territorial departments to update data systems centered on equity and to ensure interoperability and automatic electronic lab reporting of a robust set of disaggregated, standardized socioeconomic and demographic data elements to ensure real-time information can be shared quickly. The Federal Government should create health surveillance surveys with intersection of race and ethnicity, education, economic and linguistic diversity to inform health equity decision making and actions.

Fund the public health workforce and emergency response. The Federal Government should increase and sustain funding for equity-centered pandemic and public health emergency activities and infrastructure at the Federal, state, local,
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Tribal, and territorial levels. This should include long-term investment in building a workforce dedicated to public health emergency preparedness, response, recovery, and disaster-related behavioral health services to support communities with the greatest health care inequities. Funding must be sustained, and implementers held accountable to maintain the public health infrastructure and workforce.

**Stockpile and distribute sufficient personal protective equipment.** The Federal Government must maintain an adequate stockpile of personal protective equipment and other essential supplies for equitable distribution to disproportionately affected communities in sufficient quantities. The Federal Government should also create a rapid emergency production plan across public and private sector manufacturers and distributors that enforces standards used to produce and disseminate personal protective equipment for health care providers and frontline and essential workers.

**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.

**Curtail hospital and health facility closures.** The Federal Government should curtail hospital and health care facility closures that negatively affect communities of color and other underserved populations (e.g., Critical Access Hospitals, sole community hospitals, hospitals with a high population of Medicare and Medicaid beneficiaries) in the short term, while developing long-term solutions that make these facilities economically sustainable and capable of delivering equity-centered quality care.

**Fund equity-centered training in health education programs.** The Federal Government should increase funding to provide equity-centered education and training at all levels of the health care and public health workforce that incorporates social determinants of health, and ways of addressing systemic, structural, institutional, and interpersonal social and economic biases adversely affecting public health and health care practices. This training and education should encompass equity-centered pandemic response and routine care delivery.

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1 Johns Hopkins University & Medicine, Coronavirus Resource Center. https://coronavirus.jhu.edu/us-map.
2 **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.
3 **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/Topics-and-Issues/Health-in-All-Policies.