What's New: Equity and Policy Preparedness During Public Health Emergencies

September 14, 2021
Michelle Woods
Program Director, Homeland Security
National Governors Association
Housekeeping

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Send a private chat to NGA staff, panelists, group members or the entire audience.
Agenda

I. Welcome and Introductions

II. Presentations

   i. Dr. Jeffrey E. Hall, Ph.D., MA, MSPH, CPH
      U.S. Centers for Disease Control & Prevention
   ii. Dr. Marcus Plescia, MD, MPH
       Association of State and Territorial Health Officials
   iii. Dr. Jinlene Chan, MD, MPH, FAAP
       Maryland Department of Health
   iv. Dawn Hunter, JD, MPH
       Network for Public Health Law

III. Question & Answer

IV. Adjournment
Jeffrey E. Hall, Ph.D., MA, MSPH, CPH
COVID-19 Response Chief Health Equity Officer
Deputy Director, Office of Minority Health and Health Equity
Centers for Disease Control & Prevention
Health Equity
In Public Health Preparedness and Response

Presented by: Jeffrey E. Hall Ph.D., M.A., M.S.P.H., C.P.H.
Chief Health Equity Officer Unit, COVID-19 Response
eocevent444@cdc.gov
United States COVID-19 Cases by State

Total Cases in the U.S. reported to CDC since January 21, 2020: 40,523,954

Total jurisdictions reporting cases: 59

Cases -https://covid.cdc.gov/covid-data-tracker/#cases_casesper100k

Data updated as of September 9, 2021 12:52 PM ET
COVID-19 Death Rate in the US Reported to the CDC, by State/Territory (deaths per 100,000)

TOTAL DEATHS: 652,480

Deaths: https://covid.cdc.gov/covid-data-tracker/#cases_deathsper100k
Data updated as of September 9, 2021 12:52 PM ET
Age-specific Differences between the Percent of COVID-19 Deaths and the Population Distribution, grouped by Race and Hispanic Origin

Provisional Mortality: https://www.cdc.gov/nchs/nvss/vsrr/covid19/health_disparities.htm#RaceHispanicOriginAge
Data updated as of September 9, 2021
Age-specific Differences between the Percent of COVID-19 Deaths and the Population Distribution, grouped by Race and Hispanic Origin

Provisional Mortality - https://www.cdc.gov/nchs/nvss/vsrr/covid19/health_disparities.htm
Data updated as of 12/09/2020
## Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity (Age-Adjusted)

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic persons</th>
<th>American Indian or Alaska Native, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases¹</td>
<td>1.7x</td>
<td>0.7x</td>
<td>1.1x</td>
<td>1.9x</td>
</tr>
<tr>
<td>Hospitalization²</td>
<td>3.4x</td>
<td>1.0x</td>
<td>2.8x</td>
<td>2.8x</td>
</tr>
<tr>
<td>Death³</td>
<td>2.4x</td>
<td>1.0x</td>
<td>2.0x</td>
<td>2.3x</td>
</tr>
</tbody>
</table>

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers.

Racial and Ethnic Minority Population Health Equity Considerations

- Some factors that contribute to increased risk:
  - Discrimination, including racism
  - Healthcare access and utilization
  - Occupation
  - Educational, income, and wealth gaps
  - Housing

Chief Health Equity Officer

Charge

- Develop a CDC COVID-19 Response Health Equity Strategy to address the increasing health disparities and inequities worsened by the pandemic

- Coordinate efforts with HHS and redouble CDC’s commitment to diversity, equity, and inclusion to help CDC achieve its public health mission

### CDC COVID-19 Response Health Equity Strategy

<table>
<thead>
<tr>
<th>Priority Strategy 1</th>
<th>Expand the evidence base with data to inform the impact and factors that influence the burden of COVID-19 on disproportionately affected populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority Strategy 2</td>
<td>Expand programs and practices to reach populations that have been put at increased risk</td>
</tr>
<tr>
<td>Priority Strategy 3</td>
<td>Expand program and practice activities to support essential and frontline workers to prevent transmission of COVID-19</td>
</tr>
<tr>
<td>Priority Strategy 4</td>
<td>Expand an inclusive workforce equipped to assess and address the needs of an increasingly diverse U.S. population</td>
</tr>
</tbody>
</table>

Example Project Involving People who are at Increased/Higher Risk for COVID-19

- **Addressing COVID-19 Health Disparities in High-Risk and Underserved Populations**
  - **Population of Focus:** Populations at higher risk and that are at increased risk for COVID-19, including racial and ethnic minority groups and people living in rural communities
  - **Purpose:** CSTLTS awarded ~$2.25 billion to 108 health departments to address COVID-19 related health disparities and advance health equity expanding health department capacity and delivery of services to prevent and control COVID-19 infection (or transmission)
  - **Partners:** 80% of total available funds were awarded to states and locals, 19% of available funds were also allocated to states based on the size of their rural population, and 1% of available funds were allocated to the territories and freely associated states.
  - **Outcome:** Preliminary analysis of recipient workplans indicate that 97% of recipients plan to focus on infrastructure; 92% on partnerships, 82% on resources and services, and 80% on data and reporting.

Challenges Faced by People Experiencing Homelessness

- Over 500,000 people are experiencing homelessness on a given night
  - Includes over 200,000 each night experiencing unsheltered homelessness
- Over 7000 shelters in the US serve 1.4 million people per year
- Underlying medical conditions that can impact risk of developing severe illness due to COVID-19 are more common in people experiencing homelessness
  - Diabetes prevalence 18% among people experiencing homelessness (vs. 9% in housed population)
  - Hypertension prevalence 50% among people experiencing homelessness (vs. 29% in housed population)

Example Project Focused on People Experiencing Homelessness

- **Project:** Providing Access to Sanitation Stations During COVID-19
- **Populations of focus:** People experiencing homelessness in southern Nevada, central Florida, and Puerto Rico
- **Purpose:** Set up handwashing stations and portable toilets for people experiencing homelessness. Access to handwashing supplies and restrooms can be challenging for this population.
- **Partners:** CDC Foundation and Clean the World Foundation

Confirmed COVID-19 Cases and Deaths in U.S. Correctional and Detention Facilities by State

Total Number of Cases

Cases and deaths are reported by state Department of Corrections, the Federal Bureau of Prisons, and Immigration and Customs Enforcement. Data contain cumulative confirmed COVID-19 counts in U.S. correctional and detention facilities, separately for staff and residents, starting from March 31, 2020.

Citation: UCLA Law COVID Behind Bars Data Project, https://uclacovidbehindbars.org/

Source: https://covid.cdc.gov/covid-data-tracker/#correctional-facilities
Data updated as of September 9, 2021 12:52 PM ET
COVID-19 Presents Unique Challenges for Corrections

- COVID-19 can be introduced into a correctional/detention facility from different geographic areas because staff and incarcerated/detained persons come from a variety of locations.

- Space for isolation and quarantine can be limited, making transmission difficult to interrupt.

- Limited opportunity for infection prevention & control
  - Dense housing arrangements prevent physical distancing
  - Shared hygiene facilities complicate handwashing

- People in correctional/detention facilities may hesitate to report symptoms of COVID-19 or to seek medical care (e.g., fear of isolation, stigma).

Example of CDC Work to Support Correctional and Detention Facilities

Considerations for Modifying COVID-19 Prevention Measures in Correctional and Detention Facilities

June 22, 2021
Emily Mosites, PhD
Lavinia Nicolae, PhD
Liesl Hagan, MPH

COVID-19 Corrections Unit
Centers for Disease Control and Prevention

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of June 22, 2021.

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the CDC website periodically for updated interim guidance.

cdc.gov/coronavirus

The video for this presentation is available at: https://www.youtube.com/watch?v=6bc3sSBBT4o
Example Project Focused on People Living in Correctional Facilities

- **Project:** Pilot programs for COVID-19 Monitoring in Wastewater at Correctional Facilities

- **Purpose:** Deploy wastewater testing technology to quickly identify potential outbreaks and protect the people living in correctional facilities by minimizing the spread of COVID-19. Wastewater surveillance can provide a leading indicator of rising COVID-19 cases (both symptomatic and asymptomatic), several days before clinically detected cases and with no individual clinical testing.

- **Partners:** Water Environment Federation, National Wastewater Surveillance System, and 20 correctional facilities in Oklahoma, Virginia, Washington, California, and New Jersey.
Health Equity in Action Webpage

- Highlights the work CDC is doing and organizations we are partnering with at the state, local, tribal, and territorial levels to advance health equity
- Links to COVID-19 data that are critically important for assessing health disparities and striving for health and well-being for every person
- Provides useful COVID-19 Health Equity resources, such as articles, webinars, campaigns, toolkits, print resources, and more

Thank you

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
CDC Resources

Learn more with CDC’s COVID-19 vaccine tools and resources with a health equity lens.

• COVID-19 Vaccination: https://www.cdc.gov/vaccines/covid-19/index.html


Dr. Marcus Plescia, MD, MPH
Chief Medical Officer
Association of State and Territorial Health Officials
What’s New: Equity and Policy Preparedness During Public Health Emergencies

Sept 14, 2021

Marcus Plescia MD MPH
Chief Medical Officer
Association of State and Territorial Health Officials
"‘All Hands on Deck’: Health Workers Race to Track Thousands of Americans Amid Coronavirus"
- Feb. 22, 2020
Public Health Strengths During the COVID-19 Response

Regina Hawkins, MPH; Elizabeth Ruebush, MPH; Marcus Plescia, MD, MPH

https://journals.lww.com/jphmp/Fulltext/2021/05000/Public_Health_Strengths_During_the_COVID_19.20.aspx
Top Public Health News

STAT
“Driven by the pandemic and ‘the Fauci effect,’ applicants flood public health schools”
– Mar. 17, 2021

MEDPAGE TODAY
“Insults, Threats of Violence Still Imperil Public Health Leaders”
– Feb. 21, 2021

PEW
“COVID-19 Variants Further Strain Public Health Agencies”
– Feb. 8, 2021

KHN
“Landmark Covid Relief Law Pumps More Than $100 Billion Into Public Health”
– Mar. 18, 2021
What We Know About the Covid-19 Race Gap

The CDC is finally releasing data that show just how unequal the toll of the pandemic is. But we can’t stop there.

A Terrible Price: The Deadly Racial Disparities of Covid-19 in America

Who’s Hardest By COVID-19? Why Obesity, Stress And Race All Matter

Who gets hospitalized for Covid-19? Report shows differences by race and sex
FUNDING FOR PUBLIC HEALTH AGENCIES DECLINED 10.3% FROM 2010-2018

THE SIZE OF THE PUBLIC HEALTH WORKFORCE DECREASED 10% SINCE 2012
Providing Essential Funding to States, Tribes, Localities, and Territories

The U.S. government has taken unprecedented action to address the public health threat posed by this new coronavirus. To accelerate response efforts, CDC received supplemental funds through four congressional acts: the Coronavirus Preparedness and Response Supplemental Appropriations Act, the Coronavirus Aid, Relief, and Economic Security Act, Paycheck Protection Program and Health Care Enhancement Act, and the Coronavirus Response and Relief Supplemental Appropriations Act. CDC is actively funding state, tribal, local, and territorial public health organizations to meet the challenges of this fast-moving public health threat.

Funding for States, Tribes, Localities, and Territories as of January 18, 2021

<table>
<thead>
<tr>
<th>Appropriations Act</th>
<th>Appropriated</th>
<th>Obligated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronavirus Preparedness and Response Supplemental Appropriations Act</td>
<td>$950M</td>
<td>100%</td>
</tr>
<tr>
<td>Coronavirus Aid, Relief, and Economic Security Act (CARES)</td>
<td>$1.5B</td>
<td>86%</td>
</tr>
<tr>
<td>Paycheck Protection Program and Health Care Enhancement Act</td>
<td>$10.3B</td>
<td>100%</td>
</tr>
<tr>
<td>Coronavirus Response and Relief Supplemental Appropriations Act</td>
<td>$25.65B</td>
<td>86%</td>
</tr>
</tbody>
</table>

CDC’s emergency supplemental funding supports a range of critical activities including:

- Epidemiology, surveillance, and contact tracing
- Laboratory testing and diagnostic development
- Guidance for schools, businesses, and the workforce
- Guidance and outreach for the public
- Health department readiness and coordination
- Travel health outreach and travel notices
- Vaccine, planning, distribution, administration, monitoring, and tracking
- Guidance, outreach, and education for health care professionals
Future Priorities for Public Health

1) Leadership
2) Workforce
3) Community Transactions
4) Data Systems
A New Normal for Public Health Agencies

May 19, 2020 | 10:55 a.m. | Marcus Plescia MD, MPH | ASTHO Chief Medical Officer

As states and territories prepare to reopen many of the functions of their economies and communities, it is also time to pivot to a new normal at health departments nationwide. COVID-19 has been the most substantive threat facing public health in decades and required an urgent mobilization and redirection of resources for all public health programs. A crisis of this proportion would stress any agency, but following a steady decrease in workforce over the past decade, public health has been hit particularly hard. We cannot expect health departments to continue pre-COVID work and continue to sustain the COVID-19 response without adequately scaling up our resources.

Many vital public health functions such as immunizations, chronic disease prevention, STI/HIV prevention, and the opioid overdose response have had to be scaled back in response to COVID-19. If this continues, it will soon have profound effects on the public’s health, even in areas where we have previously been successful, such as tobacco cessation and childhood immunizations. The new normal in public health must be an adaptation to the need to contain and control COVID-19 while simultaneously addressing the many other public health needs in a jurisdiction. We need to adapt to the new normal, but we cannot continue to do more with less.


- Scale Up Vaccination Campaigns
- Prevent a Resurgence of Other Chronic Diseases
- Refocus on Diseases of Despair
- Protect the Most Vulnerable
- Create a New Normal
Dr. Jinlene Chan, MD, MPH, FAAP
Deputy Secretary
Maryland Department of Health
Addressing COVID-19 Vaccine Equity in Maryland

Dr. Jinlene Chan
Deputy Secretary for Public Health Services
September 14, 2021
COVID-19 Pandemic Response

- Early shift into ICS structure, including creation of a Joint Information Center, critical to coordination
- Maryland’s COVID-19 response efforts are **Data Driven** and **Equity Focused**.
- Launched the COVID-19 data site to guide statewide strategies ([coronavirus.maryland.gov](http://coronavirus.maryland.gov))
- The state’s **vaccine distribution infrastructure** was created with equity being integral to all aspects of operations.
Public Outreach and Equity Campaign

Let's end COVID, Maryland.

Bishop Angel Núñez
Bilingual Christian Church of Baltimore

Jaylen Miller
Senior, Bishop Walsh HS

Dr. Nalin Mathur
Internal Medicine Specialist, Charles County

Dr. Padder
Maryland Pediatrician
Vaccine Equity Task Force

The Maryland Vaccine Equity Task Force (VETF) was established to support COVID-19 vaccination efforts on underserved, vulnerable, homebound and hard-to-reach populations for the equitable delivery of vaccines.

<table>
<thead>
<tr>
<th>VETF HIGHLIGHTS</th>
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<tbody>
<tr>
<td>1,154 Missions</td>
</tr>
<tr>
<td>25,080 Dose Support to County Equity Plans</td>
</tr>
<tr>
<td>155,433</td>
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</tbody>
</table>
GoVAX Equity Tactics

- Engagement with Faith-based Organizations, Historically Black Colleges and Universities (HBCUs)
- No Arm Left Behind
- Mobile Vaccination Units
- Community Canvassing
- Barbershops and Hair Salons
- Mobile Public Health Education Unit (Sound Trucks)
- Educational Material in Public Gathering Spaces (i.e., laundromats, transit stops, retail establishments, etc.)
- Virtual Town Halls
- Information Sheets and Multilingual Flyers
Ongoing Vaccine Equity Efforts

Maryland will continue:

- To utilize data, composite index, insight from community partners and other information to identify where to place COVID-19 resources.
- Evolve vaccine hesitancy response and distribution among minority, hard-to-reach and rural populations.
- Expand community-based outreach and vaccination clinics in partnership with faith and community based organizations, etc.
- To create grant opportunities for the community to develop innovative COVID-19 outreach.
Sustainability Beyond COVID-19

• Addressing equity is multi-factorial
• Pandemic highlighted existing inequities in vulnerable populations
• Need to work towards sustainability of efforts beyond COVID-19
• Maryland is looking at how we can leverage partnerships and programs for COVID response for other health issues
Thank you!
Dawn Hunter, JD, MPH
Director, Southeastern Region Office
Network for Public Health Law
Law as a Foundation for Equity in Public Health Emergency Preparedness

Presented [September 14, 2021]

Dawn Hunter, JD, MPH
Director, Network for Public Health Law – Southeastern Region
Three Takeaways

Behind every public health outcome (good or bad) is a law or policy

Attempts to limit public health authority can set back progress

We must specifically address the ways that laws and policies create and reinforce racial and ethnic health disparities
Top 10 Public Health Achievements of the Last 100 Years

- Vaccinations
- Motor vehicle safety
- Safer workplaces
- Control of infectious diseases
- Decline in heart disease/stroke deaths
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognition of tobacco as a health hazard
Laws behind those achievements

- School Vaccination Laws
- Helmet and Seatbelt Laws
- Speed Limits
- OSHA
- Biosafety Standards
- Quarantine and Isolation
- Drinking Water Standards

- FDA, USDA and state food inspections
- Food fortification (flour, salt)
- School Lunch Programs
- Women, Infants, and Children Program (WIC)
- Newborn Screening
- Master Settlement Agreement
- Clean Indoor Air laws
Findings:

✓ Need for increased awareness among workforce of legal basis for public health authority

✓ Top training needs:
  • How to influence law and policy development
  • How to understand the effects of law and policy on health
Public Health Authority can be Limited by Shifting Authority…

- ...from a local public health agency to another local entity
- ...from a local public health agency to a state public health agency or state legislature
- ...from a state public health agency to a governor or state legislature
- ...from the state executive to the state legislature

Or by prohibiting certain types of state or local public health orders
Example: Florida Senate Bill 2006 (2021)

Authorizes the Governor or Legislature to invalidate any local measure that “unnecessarily restricts” individual rights or liberties.

The Governor then issued Executive Order 21-102 on May 3 suspending local government mandates and restrictions (and cited this new law).

The Governor has not issued a new emergency order.

Cascading Effects on Health and the Law

→ Creating a higher burden of infectious disease
→ Negatively affecting management of other diseases and conditions
→ Changing the legal basis for public health
→ Shaping other social determinants (like education and economic stability)
→ Altering the healthcare landscape (access to care, workforce issues)
→ Exacerbating disparities
Strengthening Public Health: Legislative Trends

- Improve collective decision-making
- Strengthen local public health authority
- Increase transparency
How does racism show up in public health policies and practices?

- Interpersonal: Between individuals
- Institutional: Through policies and practices within institutions
- Structural: Systematized across institutions and populations through laws, policies, practices, and collective norms
Infant mortality rates, by race and Hispanic origin: United States, 2017–2018

What reduces infant mortality rates?

- Civil rights laws
- Minimum wage laws
- Public health laws – (e.g. mortality review committees)
- Medicaid expansion
- Education and Training Requirements
Health and Racial Equity: Legislative Trends
Topics of bills addressing racism, racial equity, and health equity

- Racism as a public health crisis or emergency
- Educational inequities
- Data collection and use
- Provider education and training
- Infrastructure (offices, positions, task forces)
- Equity in birth outcomes
- Environmental justice
- Funding

The use of racial or health impact statements in policymaking
Formalizing Commitments: Declarations of Racism as a Public Health Crisis

Through June 22, 2021
It’s not just government entities…

| Professional Associations | • American Medical Association  
|                          | • State Public Health Associations (e.g. Arizona, Wisconsin)  
|                          | • State Primary Care Associations and Medical Societies  
| Insurers               | • BCBS of Illinois  
|                       | • BCBS Association  
| Hospitals and Health Systems | • 12 health care organizations in Utah  
|                          | • 36 health care organizations in Chicago  
|                          | • Healthcare Anchor Network  
|                          | • Kaiser Permanente  
|                          | • RWJBarnabas Health  
| Universities           | • Rutgers University School of Public Health  
|                       | • Oregon State  
|                       | • University of Utah  

Law as a Foundation for Equity in Public Health Emergency Preparedness [September 14, 2021]
Formalizing Commitments: COVID-19 Health Equity Task Forces

[Map showing State Level COVID-19 Health Equity Task Forces]
Key Issues and Policy Recommendations in Task Force Reports

- Equitable Data Practices
- Community Engagement and Inclusion
- Communication Strategies
- Health Care Access
- Social Determinants of Health
- Implementation
How does racism show up in public health policies and practices... ...and where can law and policy make a difference?

• Provider education and training requirements on implicit bias and culturally competent care.

• Increasing workforce diversity by reevaluating HR policies.
• Incorporating community feedback into programming and investment decisions.

• Strengthening local public health authority and infrastructure.
• Identifying and removing legal barriers that impact access and opportunity.
In practice:
FEMA ends a policy that resulted in Black families being denied disaster relief funds
How can we use the law to create more equitable outcomes in the future?

- **Formalize commitments** to health and racial equity
- Craft legislation that is informed by **data, evidence, and subject matter expertise**
- **Systematically review** laws and policies using an **equity lens**
- **Allocate sufficient resources** and educate stakeholders on budgets as a policy tool
- **Engage communities** in the policymaking process and **equip community members** to lead
- **Monitor the impact** of laws and policies on health outcomes over time
Laying a Foundation

- Acknowledge History and Seek to Understand
- Build Trusting Relationships
- Craft Solutions with Impacted Communities
- Align Existing Efforts and Take Collective Action

The Network for Public Health Law
10 Years Strong

Law as a Foundation for Equity in Public Health Emergency Preparedness [September 14, 2021]
Dawn Hunter
dhunter@networkforphl.org
Twitter @dawnmariehunter

The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation.
Webinar Recording

Check out the recording of the webinar at: