



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

September 14, 2021

Moderator



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ASSOCIATION



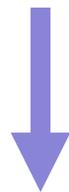
Michelle Woods
Program Director, Homeland Security
National Governors Association

NATIONAL
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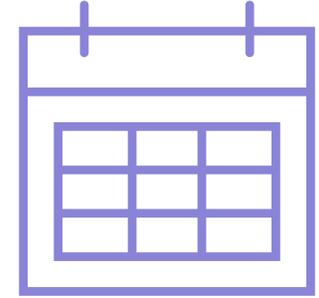
Housekeeping

- If you experience technical difficulties, please contact Carl Amritt via the chat or at CAmritt@NGA.org.

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

Speaker

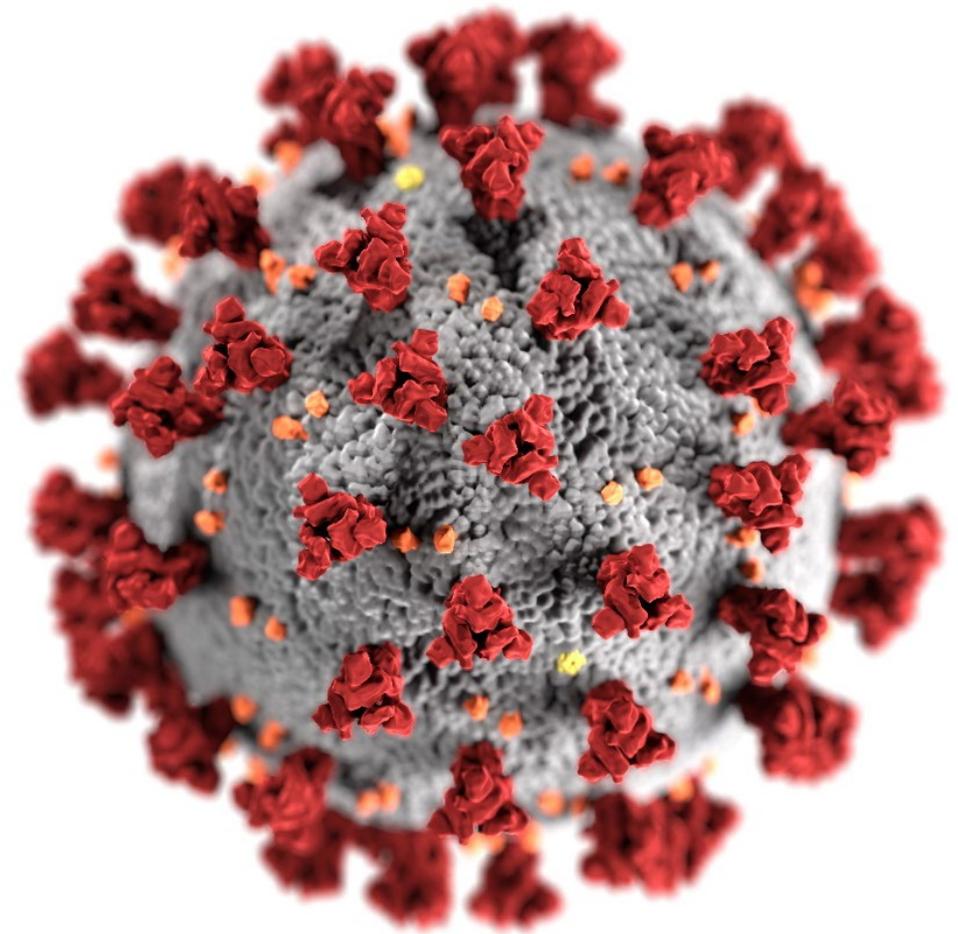


Jeffrey E. Hall, Ph.D., MA, MSPH, CPH
COVID-19 Response Chief Health Equity Officer
Deputy Director, Office of Minority Health and Health Equity
Centers for Disease Control & Prevention

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

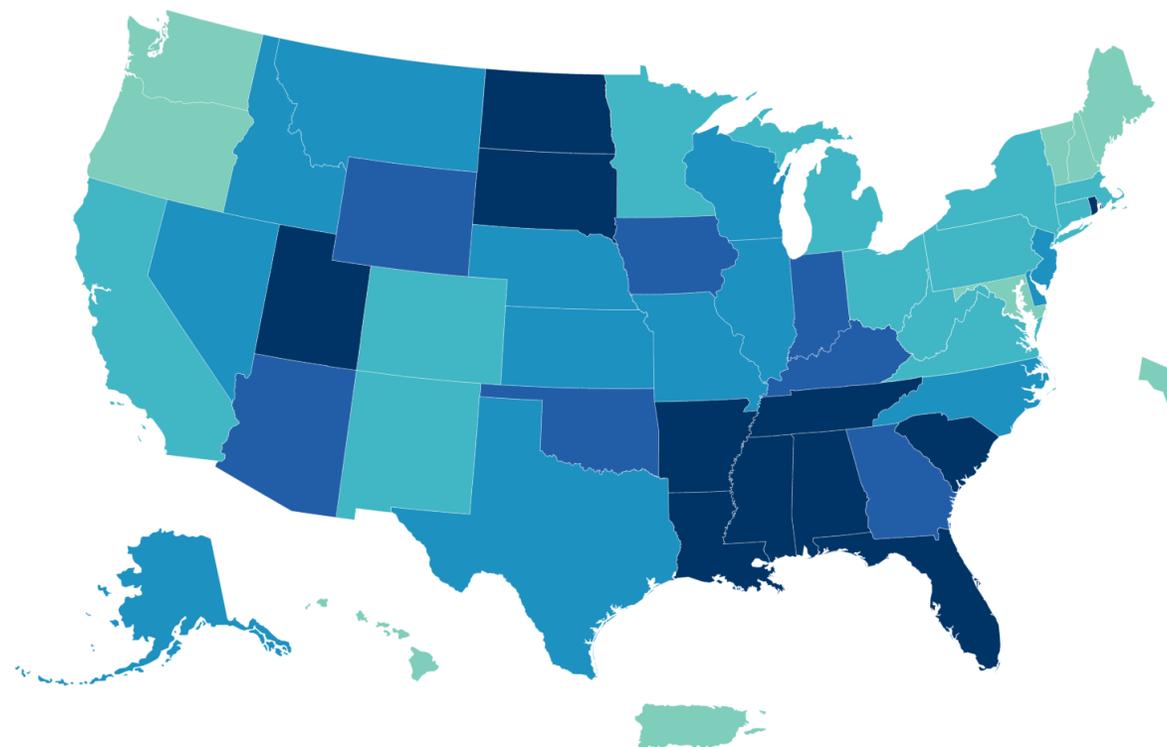


cdc.gov/coronavirus

United States COVID-19 Cases by State

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

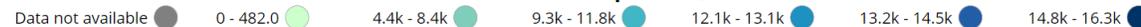
Total jurisdictions reporting cases: 59



Territories



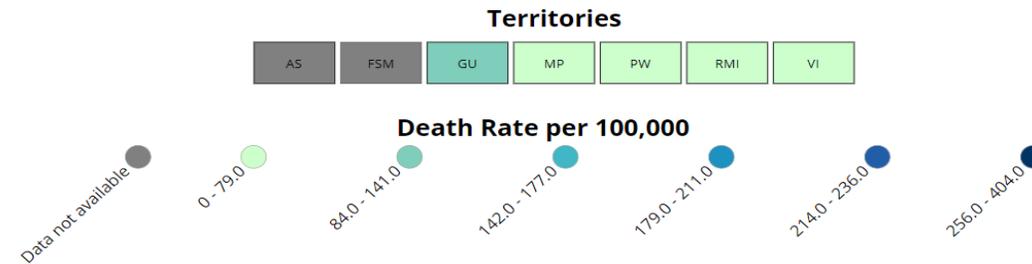
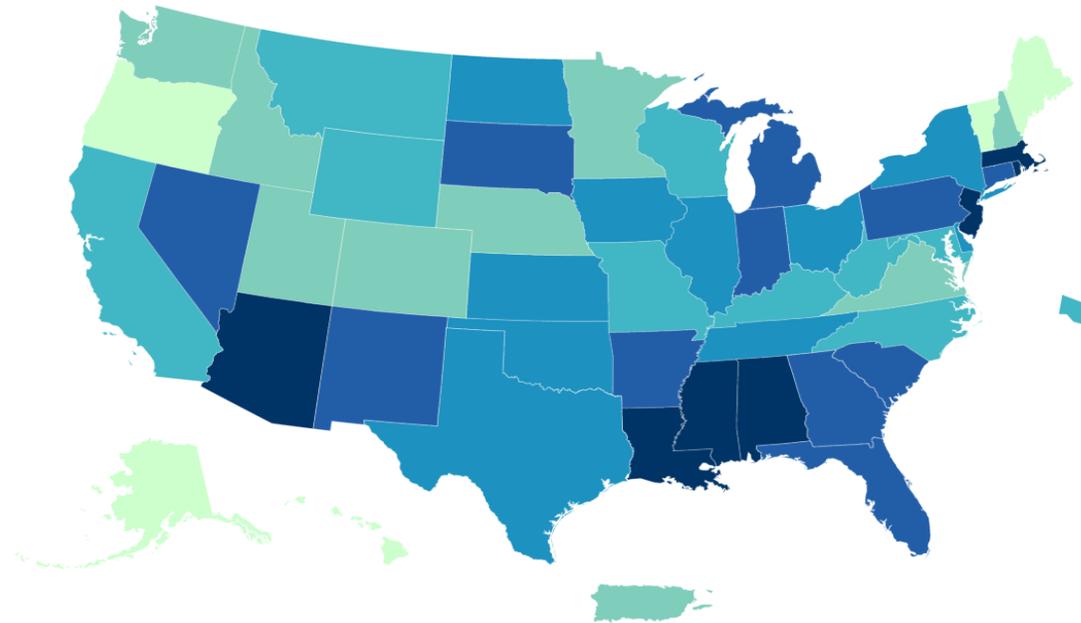
Case Rate per 100,000



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)



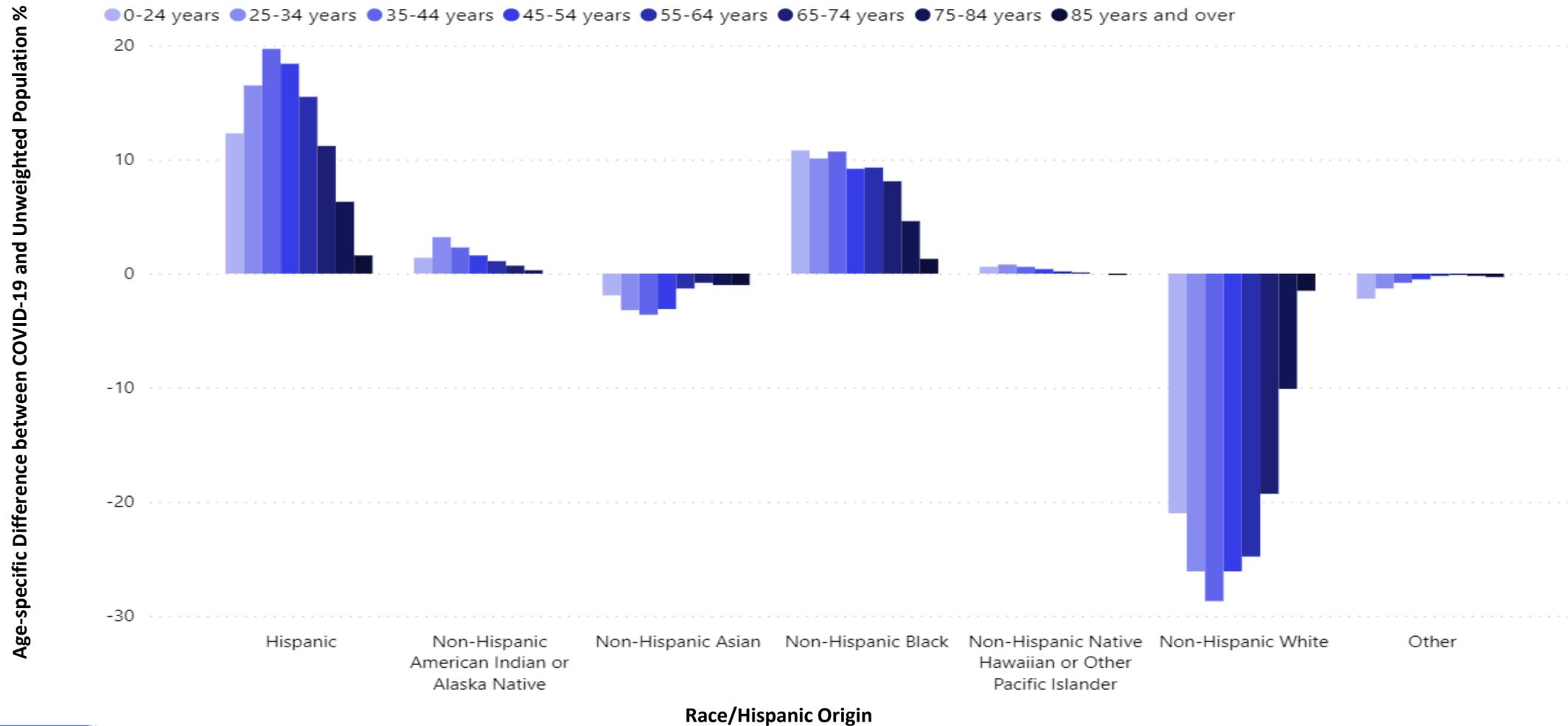
Deaths- https://covid.cdc.gov/covid-data-tracker/#cases_deathsper100k

Data updated as of September 9, 2021 12:52 PM ET



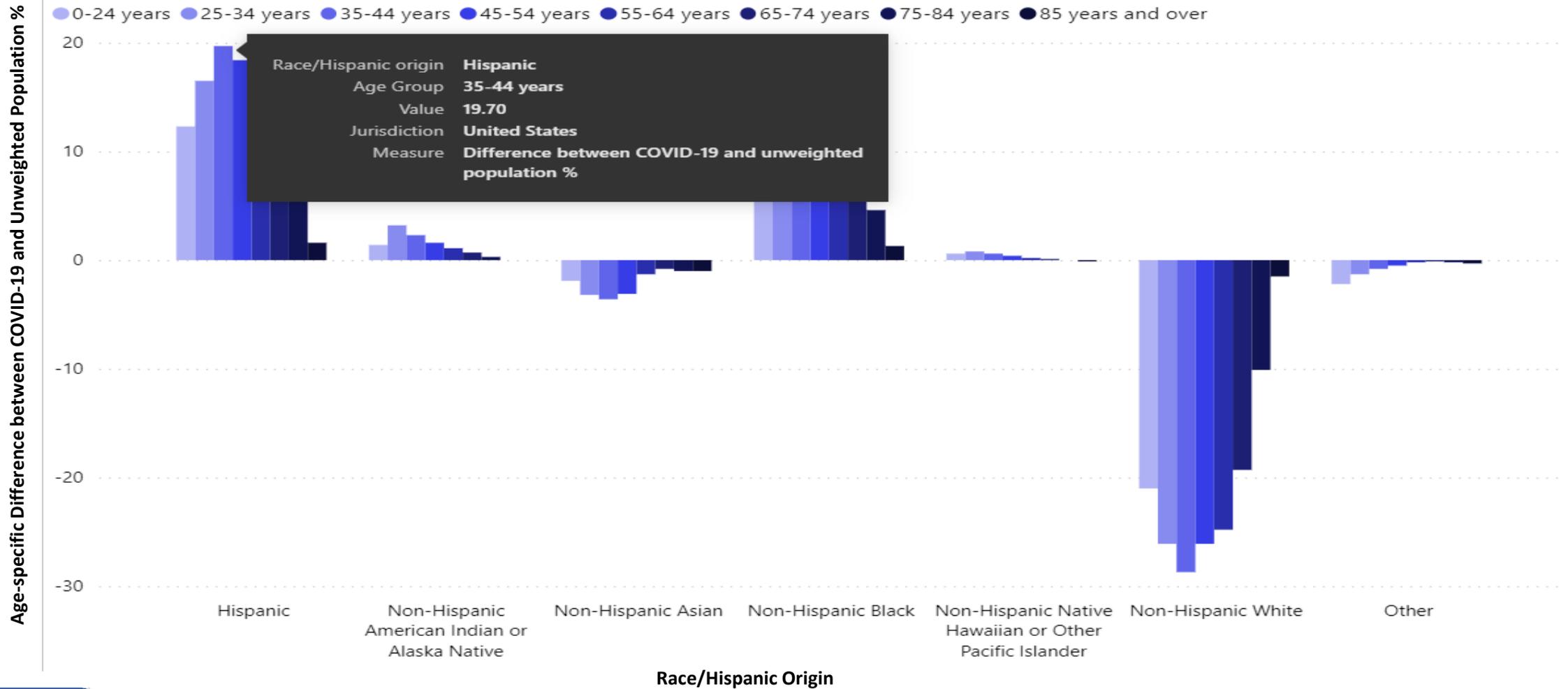
TOTAL DEATHS: 652,480

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



Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity (Age-Adjusted)

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.7x	0.7x	1.1x	1.9x
Hospitalization ²	3.4x	1.0x	2.8x	2.8x
Death ³	2.4x	1.0x	2.0x	2.3x

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.



Source: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>;
Data updated July 16, 2021

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

Priority Strategy 1

Expand the evidence base with data to inform the impact and factors that influence the burden of COVID-19 on disproportionately affected populations

Priority Strategy 2

Expand programs and practices to reach populations that have been put at increased risk

Priority Strategy 3

Expand program and practice activities to support essential and frontline workers to prevent transmission of COVID-19

Priority Strategy 4

Expand an inclusive workforce equipped to assess and address the needs of an increasingly diverse U.S. population



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)



<https://files.hudexchange.info/resources/documents/2019-AHAR-Part-1.pdf>

<https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

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

533,610

Total Cases

422,789

Total Resident Cases

110,821

Total Staff Cases

2,935

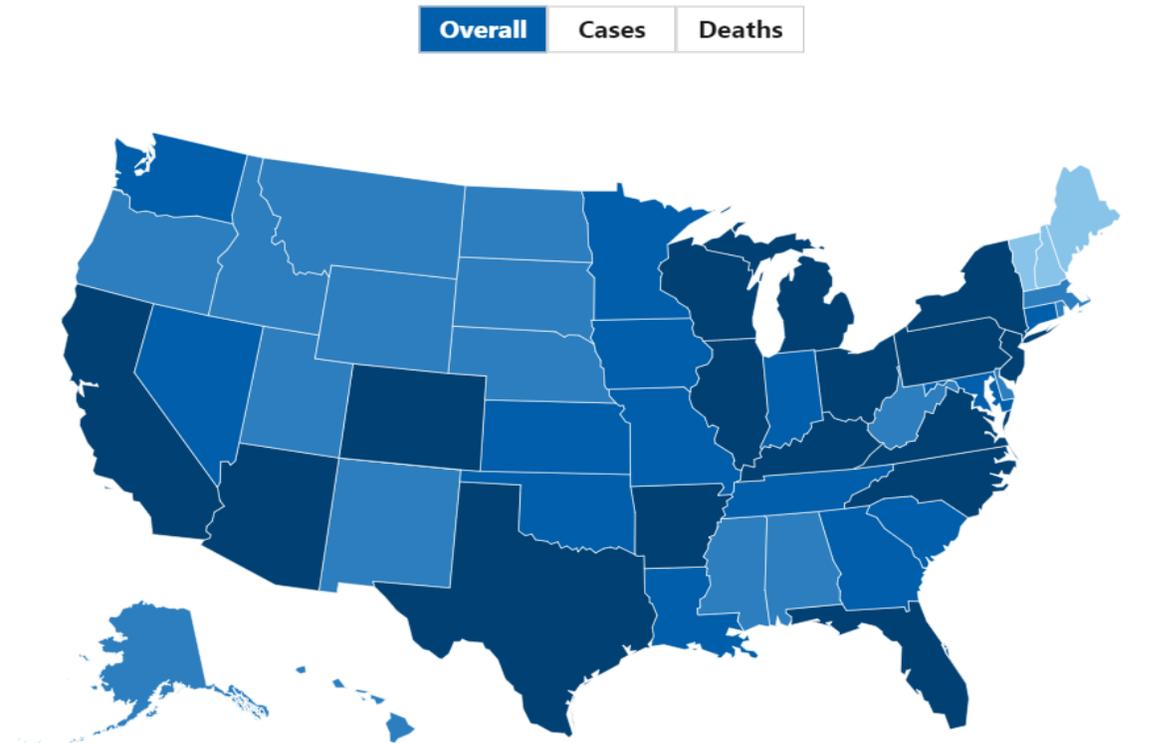
Total Deaths

2,728

Total Resident Deaths

207

Total Staff Deaths



Total Number of Cases ● A: 0-100 ● B: 101-1,000 ● C: 1,001-5,000 ● D: 5,001-9,999 ● E: 10,000+

State

All

State	Reporting Facility	Total Cases	Total Deaths
AK	STATEWIDE	3,089	5
AL	ALABAMA CORRECTIONS ACADEMY	23	0
AL	ALABAMA HEADQUARTERS	81	0
AL	ALABAMA TREATMENT AND EDUCATION FACILITY	13	1
AL	ALEX CITY COMMUNITY BASED FACILITY	97	0
AL	ALICEVILLE FEDERAL CORRECTIONAL INSTITUTION	135	0
AL	BIBB CORRECTIONAL FACILITY	225	3
AL	BIRMINGHAM COMMUNITY BASED FACILITY	45	0
AL	BULLOCK CORRECTIONAL FACILITY	245	6
AL	CAMDEN COMMUNITY BASED FACILITY	8	0
AL	CHILDERSBURG COMMUNITY BASED FACILITY	26	0
AL	DONALDSON CORRECTIONAL FACILITY	78	2
AL	DRAPER QUARANTINE INTAKE FACILITY	202	0
AL	EASTERLING CORRECTIONAL	134	2

31-Mar-20

Data From

07-Sep-21

Data Through

09-Sep-21

Last Updated

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

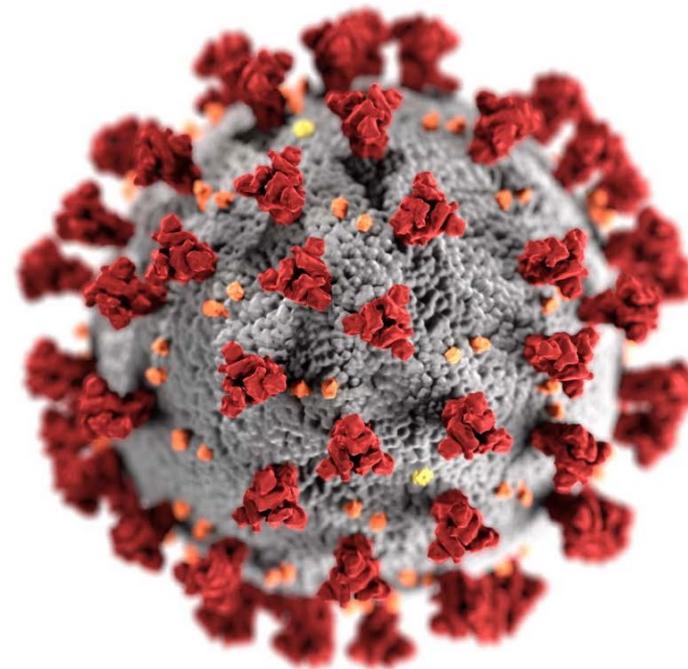
Lavinia Nicolae, PhD

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](https://www.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

National Partnership for Preparedness and Rapid Response to Public Health Emergencies Among Agriculture Workers



Populations of focus: Migratory and non-US-born agriculture workers

Purpose: Build a sustainable and supportive partnership with organizations serving agriculture workers around the country to enhance CDC and organizations' capacity to address the ongoing COVID-19 threat, and other future infectious disease emergencies, in agricultural communities. [Learn more](#)

Partner: National Center for Farmworker Health

Reducing Racial and Ethnic Disparities in Adult Immunization



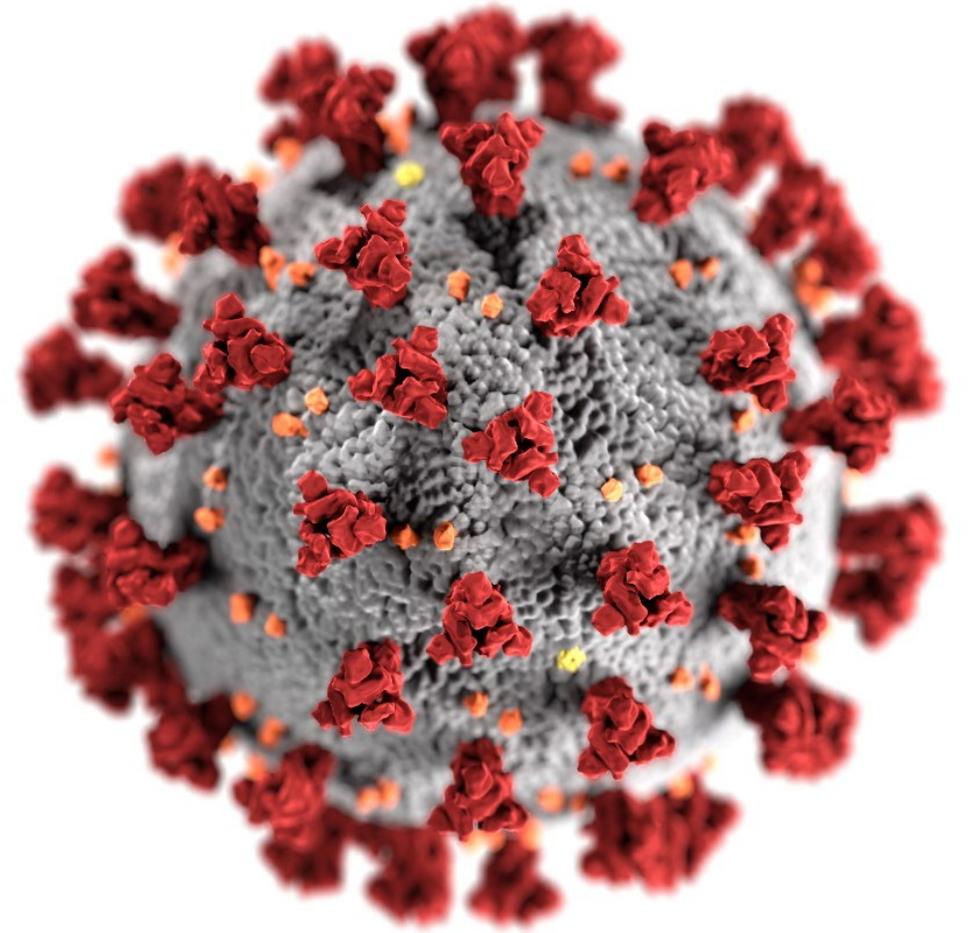
Populations of focus: Racial and ethnic minority groups (African American/Black, American Indian/Alaska Native, Asian American, Hispanic/Latinx American, and Native Hawaiian/other Pacific Islander adults)

Purpose: Build the evidence base of effective interventions for reducing racial and ethnic disparities in adult vaccination, as well as make an immediate impact on racial and ethnic disparities in COVID-19 and influenza vaccination rates, by funding national organizations to implement tailored education, outreach, and access strategies.



<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/he-in-action.html>

Thank you



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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>
- Health Equity Considerations and Racial and Ethnic Minority Groups: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>
- Health Equity: What We Can Do: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/what-we-can-do.html>



Vaccines & Immunizations

CDC > Vaccines and Immunizations Home

- Vaccines and Immunizations Home
- For Parents
- For Adults
- For Pregnant Women
- For Healthcare Professionals
- COVID-19 Vaccination**
- For Healthcare Professionals
- COVID-19 Vaccination Planning
- Vaccination Communication Toolkit
- COVID-19 Vaccination Reporting Data Systems

COVID-19 Vaccination

Clinical Resources for Each COVID-19 Vaccine

Find information for COVID-19 vaccination administration, storage and handling, reporting, and patient education for each specific vaccine

[Pfizer-BioNTech Vaccine Information](#)



- General Vaccine
- Storage and Handling Toolkit
- ACIP Recommendations
- COVID-19 Vaccine EUAs
- Training and Education
- Communicating with Recipients

Getting 'Back to Normal' Is Going to Take **All of Our Tools**

If we use all the tools we have, we stand the best chance of getting our families, communities, schools, and workplaces "back to normal" sooner:

- Get vaccinated.
- Wear a mask.
- Stay 6 feet from others, and avoid crowds.
- Wash hands often.

I GOT MY COVID-19 VACCINE!

I GOT MY COVID-19 VACCINE!

www.cdc.gov/coronavirus/vaccines

Speaker



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**



The New York Times

“All Hands on Deck’: Health Workers Race to Track
Thousands of Americans Amid Coronavirus”

- Feb. 22, 2020

State of Public Health



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



[“COVID-19 Variants Further Strain Public Health Agencies”](#)

– Feb. 8, 2021

MEDPAGE TODAY®

[“Insults, Threats of Violence Still Imperil Public Health Leaders”](#)

– Feb. 21, 2021



[“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 more data that show just how unequal the toll of the pandemic is. But we can't stop there.

By Zoe Carpenter

YESTERDAY 5:05 AM



Members of the Zulu Social Aid and Pleasure Club hold a funeral procession in New Orleans. Eight weeks after Mardi Gras, eight club members held a funeral of Covid-19. © Keesha Lewis for The New York Times

By Linda Villarosa Photographs by L. Keesha Lewis

April 21, 2020



APR 21, 2020

APR 21, 2020

THE CORONAVIRUS CRISIS

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

APR 16, 2020 - 10:31 AM ET

ALLISON AUBREY



HEALTH

Who gets hospitalized for Covid-19? Report shows differences by race and sex

By ELIZABETH GOONEY @gooney_e / APRIL 9, 2020

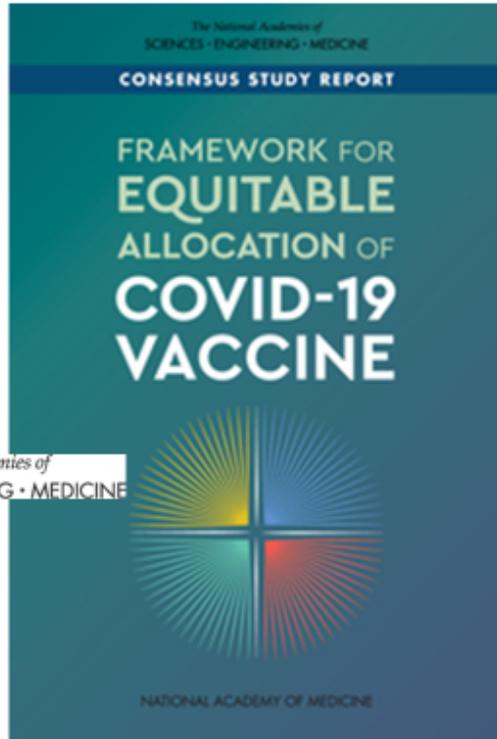


A man walks in the Bedford Stuyvesant neighborhood of New York.

MARK LEVINHARAP

APR 9, 2020

APR 9, 2020



**FRAMEWORK FOR
EQUITABLE
ALLOCATION OF
COVID-19
VACCINE**

Helene Gayle, William Foege, Lisa Brown, and Benjamin Kahn, *Editors*
Committee on Equitable Allocation of Vaccine for the Novel
Coronavirus
Board on Health Sciences Policy
Board on Population Health and Public Health Practice
Health and Medicine Division
A Consensus Study Report of

and
NATIONAL ACADEMY OF MEDICINE
THE NATIONAL ACADEMIES PRESS
Washington, DC
www.nap.edu

FUNDING FOR PUBLIC HEALTH AGENCIES DECLINED
10.3% FROM 2010-2018



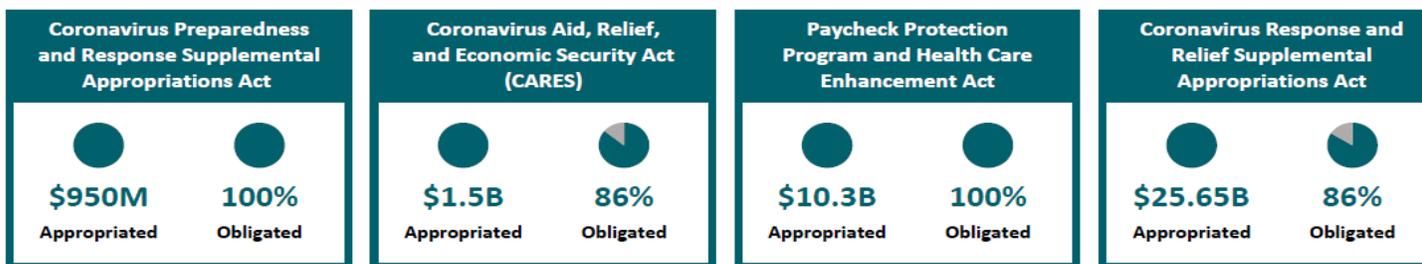
THE SIZE OF THE PUBLIC HEALTH WORKFORCE DECREASED
10% SINCE 2012



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



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.

<https://www.astho.org/StatePublicHealth/A-New-Normal-for-Public-Health-Agencies/05-19-20/?terms=marcus+plescia>

- **Scale Up Vaccination Campaigns**

- **Prevent a Resurgence of Other Chronic Diseases**

- **Refocus on Diseases of Despair**

Protect the Most Vulnerable

- **Create a New Normal**

Speaker



Dr. Jinlene Chan, MD, MPH, FAAP
Deputy Secretary
Maryland Department of Health



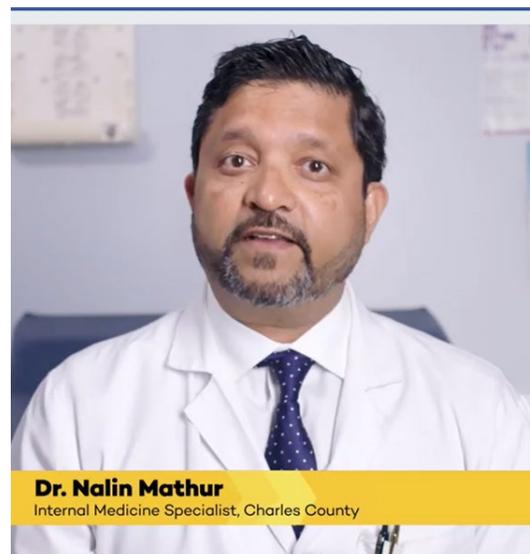
Addressing COVID-19 Vaccine Equity in Maryland

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**)
- The state's **vaccine distribution infrastructure** was created with equity being integral to all aspects of operations.

Public Outreach and Equity Campaign



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.

VETF HIGHLIGHTS

1,154
Missions

25,080
Dose Support to County
Equity Plans

155,433



VETF Event: First Baptist Church of Glenarden 3/16/2021

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!

Speaker



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)

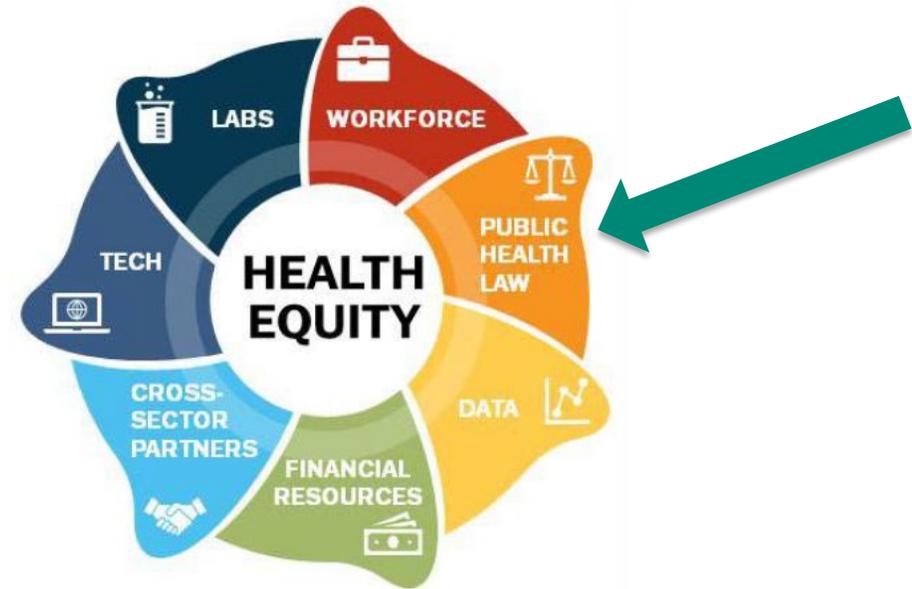
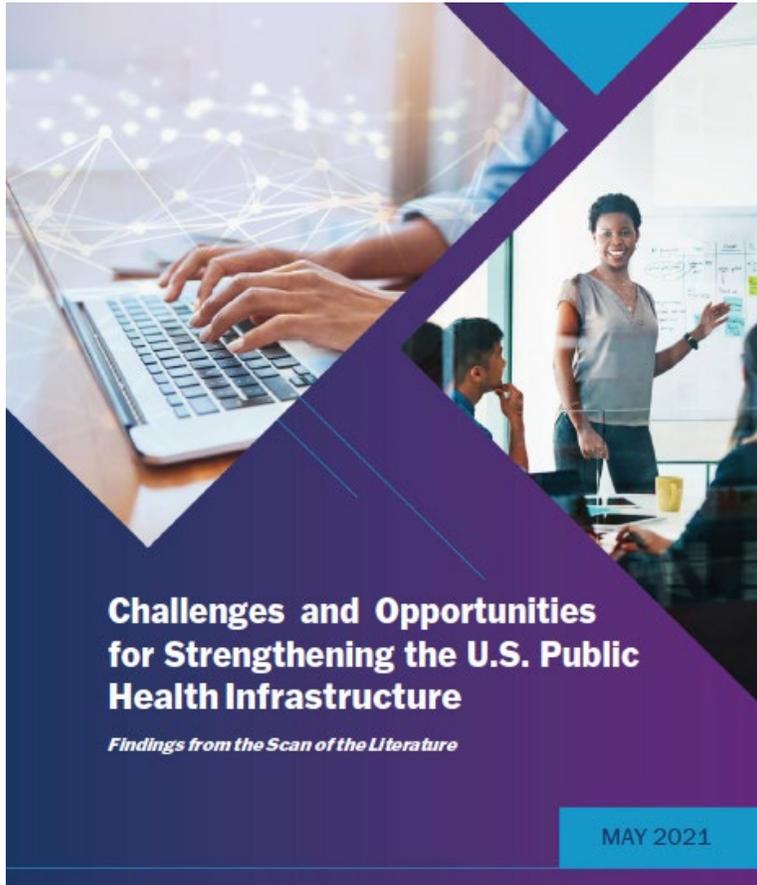
School Lunch Programs

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

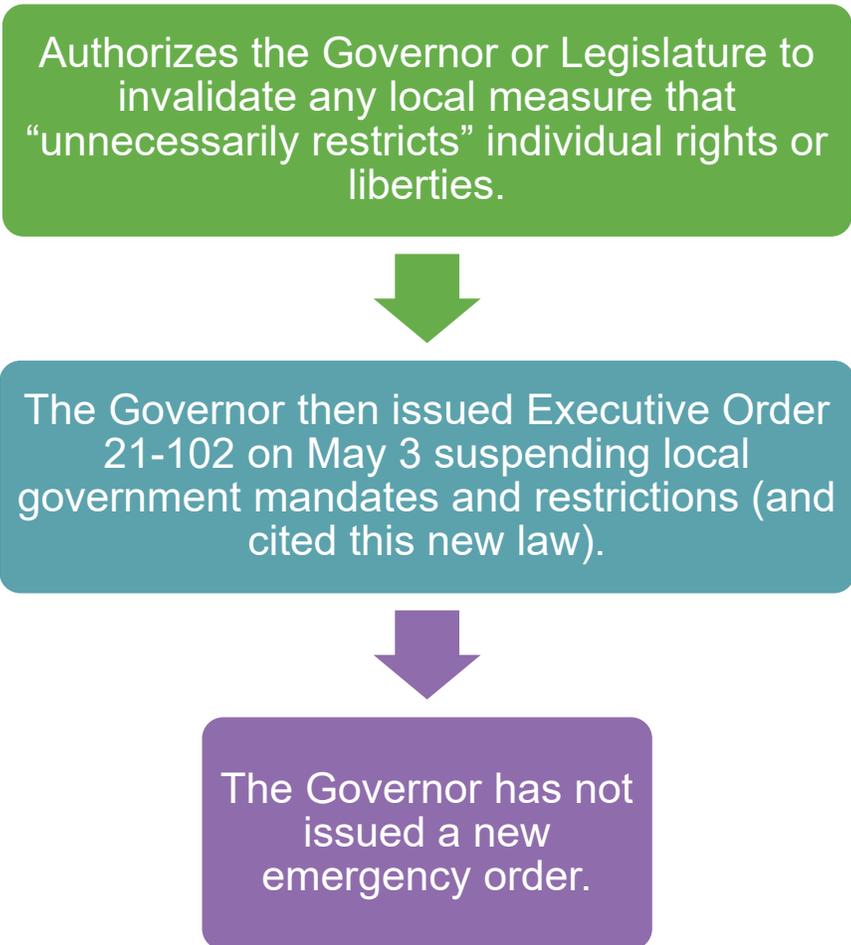
Or by prohibiting certain types of state or local public health orders

Proposed Limits on Public Health Authority: Dangerous for Public Health

May 2021



Example: Florida Senate Bill 2006 (2021)



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

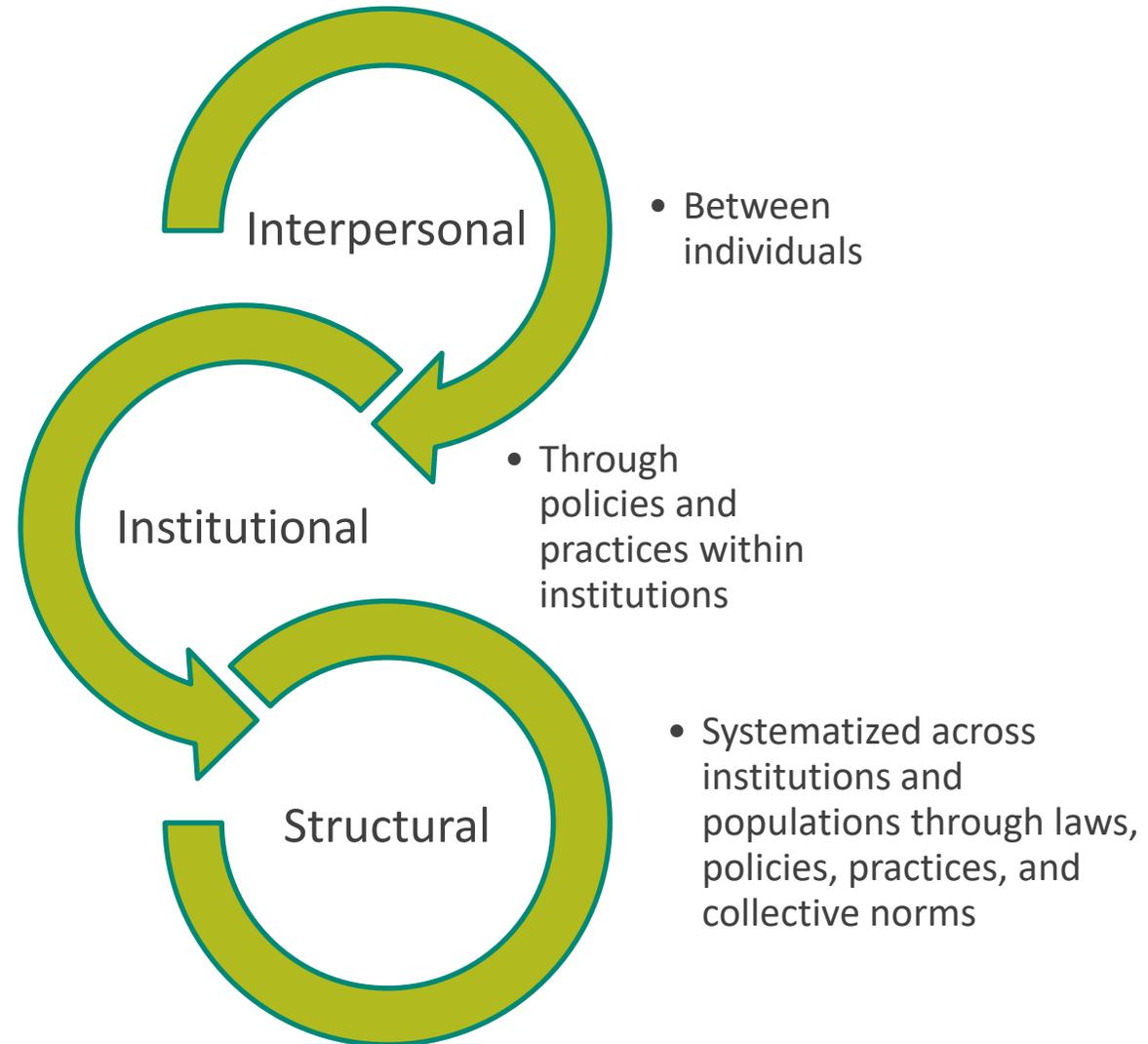
Strengthen local
public health
authority



Increase
transparency

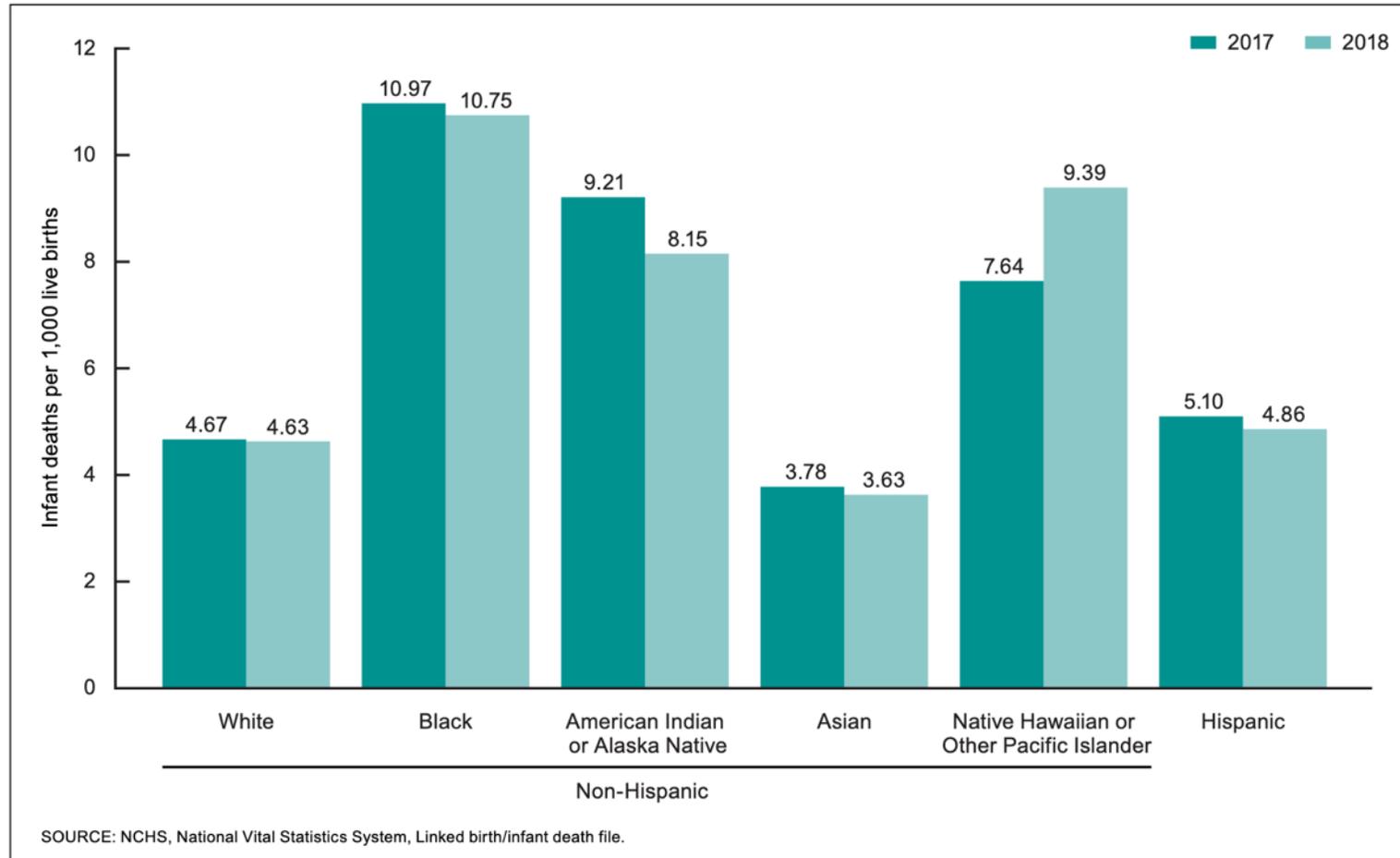


How does racism show up in public health policies and practices?





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)

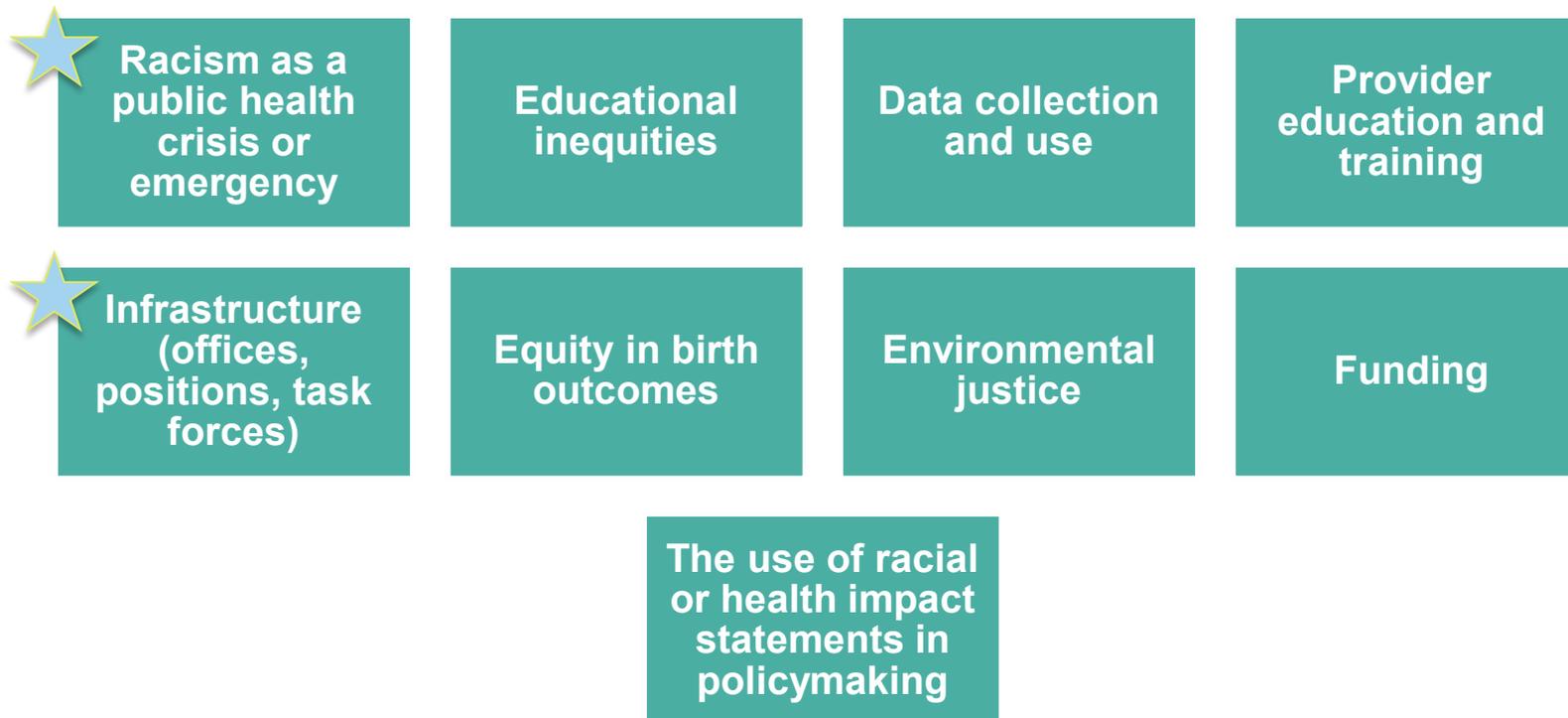
Medicaid expansion

Education and Training Requirements



Health and Racial Equity: Legislative Trends

Topics of bills addressing racism, racial equity, and health equity





Formalizing Commitments: Declarations of Racism as a Public Health Crisis

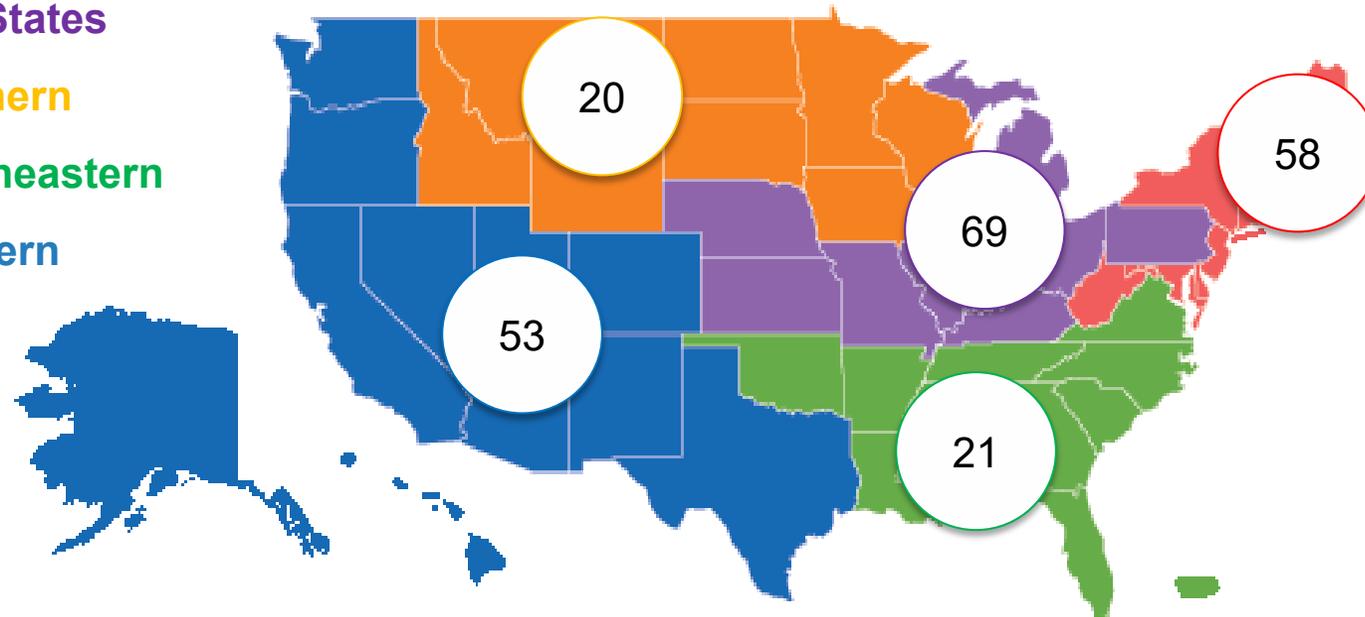
Eastern

Mid-States

Northern

Southeastern

Western



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

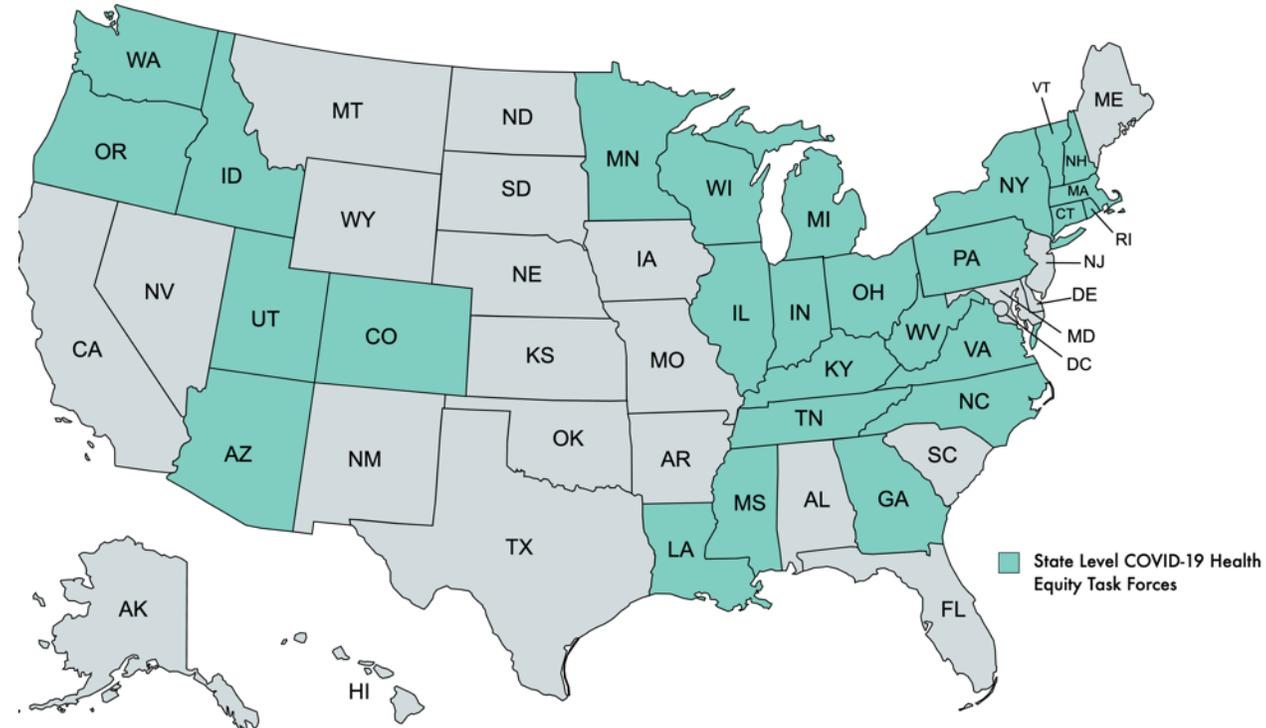
- 12 health care organizations in Utah
- 36 health care organizations in Chicago
- Healthcare Anchor Network
- Kaiser Permanente
- RWJBarnabas Health

Universities

- Rutgers University School of Public Health
- Oregon State
- University of Utah



Formalizing Commitments: COVID-19 Health Equity Task Forces





Key Issues and Policy Recommendations in Task Force Reports



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Equitable Data Practices

Community Engagement and Inclusion

Communication Strategies

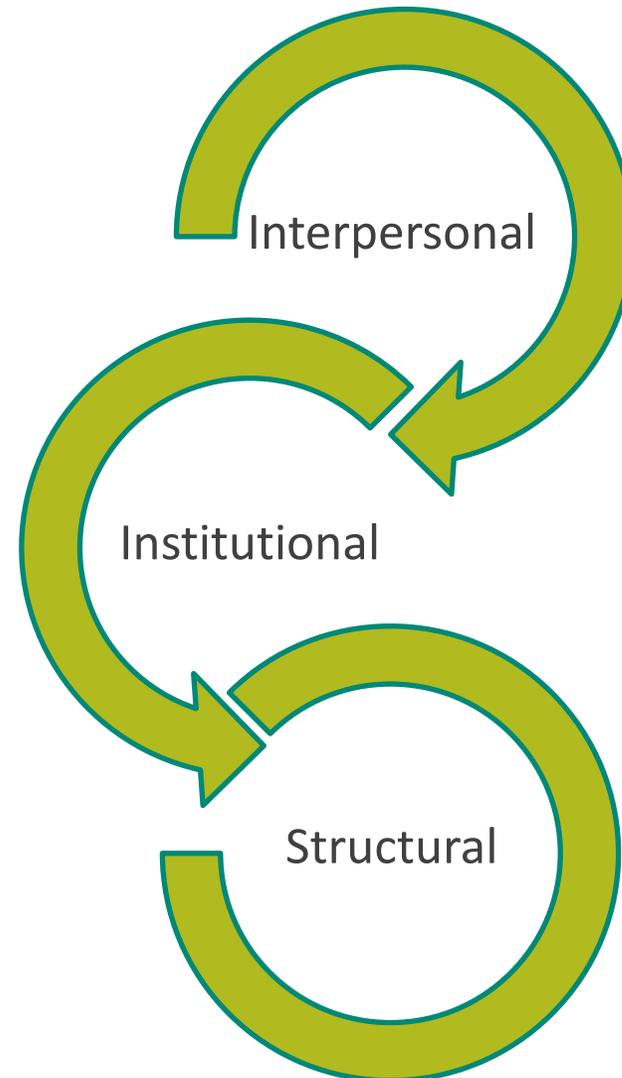
Health Care Access

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



Deanne Criswell ✓
@FEMA_Deanne



This is a culture shift for the agency and we are only just beginning. These new changes reduce barriers and help us provide more equitable disaster support to all survivors, specifically for underserved populations.

Learn more: [fema.gov/press-release/...](https://fema.gov/press-release/)

FEMA EXPANDS OPTIONS TO PROVE WHERE YOU LIVE
Now accepting additional forms of documentation required for both renters and homeowners

FEMA EXPANDS OPTIONS FOR HOMEOWNERS
Now accepting additional forms of documentation to help prove that you own your home

Current Options

- Lease or housing agreement
- Rent receipts
- Utility bill (electric, water/sewer, etc.)
- Pay stub
- Bank, credit card statement
- Driver's license, state issued identification card, or voter registration card
- Public official's statement

Expanded Options

- Documentation can now be dated within 1 year prior to the disaster or within the 18-month period of assistance
- Medical provider's bill
- Social service organization documents (e.g. Meals on Wheels)
- Motor vehicle registration
- Affidavits of Residency or other court documentation
- Letter or mail delivered to your address from an employer, public official, social service organization, local school or school district, mobile home park owner or manager

Current Options

- Deed or title
- Mortgage document
- Homeowners insurance documentation
- Property tax receipt or tax bill
- Manufactured home certificate or title
- Home purchase contracts (e.g. Bill of Sale)
- Last will and testament (and death certificate) naming applicant heir to the property

Expanded Options

- Documentation can now be dated within 1 year prior to the disaster or within the 18-month period of assistance
- Receipts for major repairs or maintenance dated within 5 years prior to the disaster
- Letter prepared after the disaster from a mobile home park owner or manager or public official that meet FEMA requirements
- Letter or mail delivered to your address from an employer, public official, social service organization, local school or school district, mobile home park owner or manager

If you have questions, please call: 1-800-621-3362 or visit: fema.gov/after-applying

In rare occasions where FEMA cannot verify where survivors live and documentation listed above cannot be provided, a caseworker will help survivors explore this last resort option:

If you have questions, please call: 1-800-621-3362 or visit: fema.gov/after-applying

In rare occasions where FEMA cannot verify homeownership and survivors cannot provided documentation listed above, a caseworker will help survivors explore these last resort options:

4:14 PM · Sep 2, 2021



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Copy link to Tweet



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





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Robert Wood Johnson
Foundation

**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:

National Governors Association's
Virtual Resource Center for Public Health Emergency Preparedness.
www.nga.org/public-health-preparedness-resource-center

