



# A Strategic and Equitable Response to COVID: Considerations for the COVID Taskforce



## A Strategic and Equitable, Multi-Sector Response to COVID

### 1. COVID-19 is a connected “syndemic” which requires a coordinated strategic response across sectors.

COVID is not only a pandemic which requires an epidemiologic-based public health response. It is a connected societal phenomenon (a syndemic) with impacts physical health, mental health, emotional well-being, economic well-being, social connection. This broader crisis, as a result, cannot be managed through traditional public health means, such as contact tracing, alone (which is of course necessary, but not nearly sufficient). If someone cannot afford to stay home from work or is afraid they will lose their job or be at risk of public charge if they seek help, they will not comply.

- At every level of the response, from the frontline community health worker doing contact tracing to the teams in each locality who are supporting them, we need to be able to rapidly understand and address the factors related to a person and family’s overall well-being and family survival.
- In the context of the syndemic, the [Well Being In the Nation \(WIN\) measures](#) have proven to be very helpful in giving simple tools to communities to rapidly assess both COVID symptoms and overall well-being, financial security. These can also help aggregate data to give community leaders a sense of what broader social determinants need to be available to support a community.
- This requires a coordinated effort across health, economic and social services sectors at every level. The COVID response needs to include, leverage and encourage multi-sector planning to mount a strategic response at the federal, state and local level to assure people have food, access to the vaccine and access to other resources together. Federal agencies should require this coordination at the state and local levels.
- This effort should leverage federal interagency work to advance an equitable multi-sector response together.
- Sharing of data and data interoperability across sectors is critical in a successful response. Utilize interoperability and responsible data sharing across programs and domains to enable and/or accelerate implementation of our recommendations. This Stewards of Change issue brief explains “how” and “why.”

### 2. The Corona crisis will re-draw the redlining maps of the past century if we do not apply an equity-first approach to the response.

Like any good societal stress test, the Corona crisis reveals preexisting racial and place-based inequities, civic muscle, underlying community culture, and the presence or absence of trust. We are seeing a pandemic on top of an endemic disease of racial injustice. Without an equity-focused response, which assures that disproportionate levels of resources go to the communities which have been hardest hit, we will inadvertently redraw redlining maps of the past century in the context of this

pandemic. This pandemic will have generational impact based on our response. We have the opportunity to demonstrate what an equity first response could look like that could serve as a model for both future responses and for a longer-term investment in equitable recovery and resilience.

- Integrate community residents with lived experience of inequities in the context of this syndemic on the taskforce.
- Co-design the response with communities who are most impacted. Those with lived experience of the problem hold the keys to the solutions.
- Use data of both where there are high levels of COVID cases and maps of underlying child poverty or social vulnerability (which line up in nearly every geography) to prioritize health (vaccine, COVID testing) and social (food, housing, stimulus funding) to disproportionately go to the communities which are most affected.
- Lean into this moment to help people understand the relationship between race and place-based inequities, social vulnerability, and COVID outcomes.
- Require that federal funding to states and communities be deployed with an equity approach across sectors.

### 3. Use this as an opportunity to build community-based infrastructure for a primary health and well-being system that also serves as a new job bill.

Community health teams, especially if they are empowered to meet people's financial and social needs in addition to their health needs, can be a critical part of the response and can both advance equity and create the foundation for a primary health and well-being system.

- Rather than simply create a COVID-19 contact tracing response, a sustained place-based primary health and well-being community workforce based on community health teams from communities could help us address not only the COVID-19 syndemic, but prepares us for future threats. This is the necessary infrastructure we need for a resilient, place-based primary health and well-being system.
- We have detailed where there is already [significant progress](#) on this at the state level and the key elements of what this kind of approach could look like and would be happy to share more detail with you and the taskforce, as needed.
- This would functionally be a substantive jobs bill at a time when we are suffering from record levels of unemployment in the nation. If this included living wage jobs as part of a stable community workforce with health benefits covered/guaranteed through the federal government, this could help address economic recovery and hopelessness for many.
- These teams should of course be connected to both primary care and a multi-sector community response.
- This is an opportunity to demonstrate the impact of these teams to improve health and life outcomes, equity and cost because their work is likely to lead to improvements in COVID cases, deaths of despair, well-being outcomes, reductions in hospitalizations, emergency room visits, and long-term medical costs due to long-term sequelae of COVID.

#### 4. Leverage and build local webs of trust. Support these with national, multi-local webs of trust which can support rapid scale-up of strategies that work.

It will not be possible for us to reach everyone, to even convince them to receive effective life-saving vaccines, far less maintain COVID testing, masking and social distancing protocols if we do not reach people through local webs of trust. In a [previous proposal to OMH](#), we mapped what a network of these local webs (along with a targeted, local influencer focused, bidirectional communication strategy) could look like. In addition, we connected over 30 of them who collectively directly reach over 100 million people from Black, Indigenous, immigrant and rural communities.

- Invest in communication strategies designed and delivered by local webs of trust.
- Continue investing in and strengthening these local webs of trust—many of these will hopefully be reached through the Morehouse effort but many more are needed, especially in areas which do not have as much trust in federal responses.
- Work backwards from which communities need to be reached and who reaches them in investing in these webs.
- Connect these local webs of trust through a rapid learning and action network, supported by national networks, that can rapidly surface challenges and solutions and support spread and scale at the speed of trust.
- Support the engagement of these local webs of trust in co-design of solutions at the community, state and national levels.

#### 5. Use this as an opportunity to chart a path toward long-term equitable recovery, resilience and transformation.

Our response should lay the foundation for broader equitable resilience, and ultimately, transformation in the underlying legacies of structural racism and other inequities. In the spring, we were asked by the CDC Foundation, CDC and FEMA to develop a plan for what equitable recovery and resilience could look like. Through partnerships in the [Well Being In the Nation Network](#), our partners at Community Initiatives, Well Being Trust, and ReThink Health, brought together over 100 national organizations and communities across sectors over 8 weeks in May and June to develop a strategy for equitable resilience and transformation. This resulted in the [Springboard for Equitable Recovery and Resilience](#), a document which the CDC Foundation is now advancing as part of a playbook for a ten-year strategy. We recommend that federal planning efforts use this type of approach and the recommendations for pivotal moves, paths to renewal, etc outlined in the Springboard. In addition, to expedite implementation, we reiterate the need for systematic information sharing and interoperability.

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More information about [WE in the World](#) and [WIN](#) can be found [here](#).

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