



CHAMPIONING HEALTH EQUITY

Experiences from State COVID-19 Health Equity Task Forces

ISSUE BRIEF | NOVEMBER 2021

Introduction

The COVID-19 pandemic has magnified **social, economic, and health inequities** among historically marginalized populations including Black, Latinx, American Indian, and Asian American **subpopulations**. Recent **data** show that Black and Latinx life expectancy declined by three years compared to 1.5 years for the total population in the United States as a result of the pandemic. These data reflect higher risk of COVID-19 **exposure, mortality, and morbidity**. In addition to disparities in disease burden, historically marginalized populations have experienced systemic barriers to accessing COVID-19 services and resources, leading to rate disparities for testing, vaccination and monoclonal antibody treatment. Although some disparities have narrowed, vaccination rates among Black and Latinx populations remain lower than non-Hispanic white populations, and disproportionately low relative to the **proportion** of cases and deaths. In response to COVID-19 health disparities, some states have established and invested in health equity task forces or workgroups. These task forces are designed to implement strategies to reduce the effects of **structural racism** and other **structural inequities** that create the systems, policies and practices that have led to **COVID-19 disparities**.



The National Governors Association, Duke-Margolis Center for Health Policy and the National Academy for State Health Policy convened state health equity leaders through the [COVID-19 Health Equity Learning Network](#). The network serves as a platform for sharing best and promising practices for improving health equity in the context of the COVID-19 pandemic. This brief synthesizes key accomplishments and lessons learned based on interviews with 10 state COVID-19 health equity task forces represented in the network. We interviewed state officials representing the following states: **Delaware, Illinois, Louisiana, Michigan, New Mexico, North Carolina, Pennsylvania, Rhode Island, Virginia, and Wisconsin**. In addition, we highlight how the network informed or supported efforts led by these task forces. Lastly, the task forces reflected on focus areas to inform priority-setting for future initiatives to address equity and sustain efforts during and following the COVID-19 pandemic.

KEY TAKEAWAYS



Health equity task forces from 10 states have operationalized and institutionalized health equity in COVID-19 response efforts by: engaging community and cross-sector partners; strengthening partnerships and data infrastructure; and intentionally focusing on historically marginalized populations.



Participating in the COVID-19 Health Equity Learning Network provided three key benefits: building relationships to develop a community of practice; sharing solutions to inform evidence-based strategies; and raising attention and spotlighting health equity within and across states.



State leaders identified the following areas for future work and priority setting: employ sustainable strategies to maintain the focus on health equity; transition from public health emergency to broader health system response; and operationalize advisory role capacity.

Case Examples of Health Equity Task Forces: Key Accomplishments and Lessons Learned

The key strategies the 10 health equity task forces implemented to improve health equity efforts in their states include: engaging community and cross-sector partners; strengthening partnerships and data infrastructure; and intentionally focusing on historically marginalized populations. **Table 1** summarizes key accomplishments and key lessons from each health equity task force (see **Appendix**). **Table 2** highlights key opportunity areas to advance health equity in future efforts beyond the network as identified by the state officials (see **Appendix**). Cross-cutting lessons learned include the following approaches:

The key strategies the 10 health equity task forces implemented to improve health equity efforts in their states include: engaging community and cross-sector partners; strengthening partnerships and data infrastructure; and intentionally focusing on historically marginalized populations.

- ▶ **Create or strengthen cross-sector relationships within COVID-19 response efforts to address multi-sectoral and intersectional causes of health disparities**
- ▶ **Identify, allocate and distribute financial resources to community partners to ensure interventions center on the communities the response efforts intend to serve**
- ▶ **Actively engage leadership across state agencies and state legislatures to create top-down support**
- ▶ **Develop systems for real-time data collection and reporting to allow for nimble decision-making**
- ▶ **Establish clear scope of work and delineate roles and responsibilities among partners**



Delaware Health and Social Services, Division of Public Health (DHSS-DPH)



In January 2021, Governor John Carney [announced](#) a new senior advisor role, Director of Statewide Equity Initiatives that would focus on issues of equity, diversity and inclusion. The Director for Statewide Equity Initiatives has since partnered with the [Delaware Health and Social Services, Division of Public Health](#) the state's COVID-19 health equity efforts, which the division's Office of Community Health advances. CARES Act funding covered efforts for community prevention, testing and vaccination, and communications initiatives managed by the office of the Governor and the Division of Public Health.

Using data to inform equity-focused decision making: The Department of Public Health tracks geographic areas with low vaccination uptake and compares these data with information on areas of high social vulnerability as determined by the U.S. Centers for Disease Control and Prevention's [Social Vulnerability Index](#). The department also works with local clinics, federally qualified health centers, providers and pharmacies to deliver services to historically marginalized populations in the state. [Publicly](#) available testing and vaccination data disaggregated by county, census tract, race, gender, among other categories, have informed Delaware's COVID-19 decisions.

Creating an equity-focused playbook to increase vaccination efforts: The Department of Public Health developed the [COVID-19 Vaccination Playbook](#) to document the planning and implementation process for vaccine distribution. This playbook outlines the state's framework for the vaccine rollout and logistical considerations for delivering vaccines efficiently and equitably across the state. The playbook includes guidance in the following areas: recruiting and enrolling COVID-19 vaccination providers, storing and handling COVID-19 vaccines, sending second-dose reminders, disseminating vaccination program communication, monitoring vaccine safety and vaccination program goals, and addressing the needs of historically marginalized populations. In February 2021, the department rolled out COVID-19 [vaccinations](#) without age-based eligibility limitations and [piloted](#) walk-up appointments. In March 2021 the department [partnered](#) with federally qualified health centers to provide COVID-19 tests and vaccines to communities. The department also partnered with community centers, senior centers, churches and other locations to create fixed community sites — locations with a regular schedule for vaccination. Delaware also deployed rotating community sites including in senior living facilities and mobile teams to go to under-resourced communities. Finally, the Department of Public Health worked directly with community partners to connect them to a vaccine provider if the department was unable to serve an event.

Building community coalitions to disseminate COVID-19 information and encourage vaccination: Many community partnerships formed to disseminate information and educate Delawareans about COVID-19 prevention, testing and vaccination and included partners from the Latinx community, the Haitian community, and the Black community, among other communities. Highlights from these partnerships include: updating communities on vaccination and other COVID-19 prevention efforts through calls led by the Lt. Governor in partnership with faith community leaders; sharing video testimonials of experiences with COVID-19 vaccination by community influencers; distributing digital toolkits to community leaders that included text templates, email templates, social media graphics, and physical education materials (including flyers, masks and posters); partnering with Black Greek sororities and fraternities called the "Divine Nine" to record videos and participate in webinars encouraging vaccination; establishing [EngageDE](#) to collaborate monthly on the best ways to communicate COVID-19 information to all Delawareans, including youth, and increase use of the [COVID Alert DE app](#); translating and increasing access to digital and physical COVID-19 educational materials; and partnering with media platforms including Spanish language radio, local TV stations, and Facebook live events with the Millennial Summit to ensure messages met people where they are.

Illinois COVID-19 Health Equity Task Force



The Illinois Department of Public Health established the [Illinois COVID-19 Health Equity Task Force](#) to study social determinants of health that contribute to the disproportionate disease burden of COVID-19 among historically marginalized populations. The task force is multi-sector and provides recommendations to the Department of Public Health and the Governor's office to inform the state's broader COVID-19 pandemic response; provide guidance to address the needs of historically marginalized populations; and propose equity-focused solutions to reduce the burden of COVID-19 and existing health disparities. The task force also tracks emerging COVID-19 disparities; provides recommendations to the Department of Public Health regarding implementation of COVID-19 interventions; and helps communicate results stemming from COVID-19 mitigation strategies to key leaders and communities.



Hosting listening sessions to amplify unmet needs of communities: In November 2020, the task force hosted listening sessions with key community leaders, including from Black and Latinx communities, to strategize how to develop an equitable vaccine rollout plan and anticipate the public response to vaccines. From these conversations, the task force developed a [health equity checklist](#) to help state, county and local officials integrate equity-based principles in the design and implementation of programs and interventions as well as strategic development processes.

Providing technical assistance to local partners: Department of Public Health provides technical assistance to community-based organizations and local health departments to support test and vaccine administration, storage and tracking. For example, the department established the [Vaccine Clinic Application](#) for community partners who want to host vaccine clinics but need technical assistance, resources and equipment to administer vaccines. These clinics are specifically geared to meet the needs of under-resourced communities, communities experiencing disproportionate disease burden, and communities experiencing challenges accessing COVID-19 vaccination, including Black, Latinx and immigrant communities across the state.

Building community and cross-sector engagement to remove barriers and address health needs: Recommendations from the task force linked COVID-19 services to behavioral health, mental health and social services. The Department of Public Health established partnerships with other sectors to deliver services to address social determinants of health. In addition, the department focused on the disproportionate burden of exposure, cases and mortality of COVID-19 on migrant communities who face barriers to adequate health care and social services due to immigration status. For example, the department worked with the Illinois Housing Development Authority to ease the socioeconomic burden placed on historically marginalized populations by revising intake forms for housing assistance. These revisions removed identification questions that can be a barrier for communities seeking assistance. The department's Center for Minority Health also worked with faith-based and community-based organizations to provide other needed health resources such as flu shots in addition to COVID-19 testing and vaccine services through existing [Wellness on Wheels](#) mobile units. This mobile unit program existed prior to COVID-19, however with the onset of the pandemic the department offers use of the mobile units to organizations and local health departments to respond to community health needs. Interested organizations can fill out a request form for an array of COVID-19 and non-COVID-19 services including: routine immunization; HIV and STD testing; training and distribution of Naloxone kits to address opioid addiction; and COVID-19 testing and vaccination.


Creating adaptable operational models: The task force operates with a workgroup structure wherein workgroups meet independently and report to the entire group at weekly discussions. The task force forms workgroups as the team identifies needs. Current workgroups include: behavioral health; communication; data; domestic violence and child abuse; economic development; evaluation; funding; mass incarceration; rural health and migrants; seniors and mobile units; testing strategies; and worker health and safety. The task force includes an ad hoc workgroup that convenes to discuss emerging COVID-19 issues that require quick response. This structure allows for adaptable, real-time decision-making focusing on both immediate COVID-19 tasks and long-term sustainable goals that will improve health care for many communities.

Louisiana COVID-19 Health Equity Task Force



Governor John Bel Edwards [announced](#) the [Louisiana COVID-19 Health Equity Task Force](#) in April 2020, a coalition of academic public health departments, university research centers, and offices within the Louisiana Department of Health. The task force provides recommendations to the Governor's office and state and local health departments to assess health inequities affecting communities most impacted by COVID-19. The task force is divided into nine subcommittees with the following [COVID-19 foci](#): testing for vulnerable and at-risk communities; data and analysis; prisons; nursing homes; policy and regulatory affairs; community outreach and stakeholder engagement; communication and messaging; health equity dashboard; and racial disparities in health care. [Early data](#) showed disparities across racial and ethnic groups in COVID-19 fatalities — at the start of the pandemic Black Louisianans accounted for nearly 70 percent of coronavirus deaths. The task force is funded by the Governor's COVID-19 Response Fund, which includes support from philanthropic foundations.

Funding research to address racial and ethnic disparities related to COVID-19 outcomes: Louisiana's explicit focus on improving the health of all Louisianans translates to robust research efforts to address health disparities. The task force was established to [assess](#) the state's responses and issue reports with actionable



recommendations to improve health outcomes for all Louisianans. The Governor allocated funding to support the task force's examination of root causes of racial health disparities and possible solutions to mitigate them, which will provide a long-term investment in alleviating health disparities in the state. Funding has supported the following key activities to date: a comprehensive evidenced-based analysis of the determinants of health equity that influences racial health disparities; evidenced-based analysis of interventions that positively impact health equity and disparities; development of a state-wide dashboard that examines the population dynamics (political, economic, social, technological and legal) that are indicative of health equity and disparities; health awareness educational media campaigns that reflect cultural humility; and assessments of the status of the state's response as it affects populations who are experiencing vulnerability during COVID-19.

The task force provides recommendations to the Governor's office and state and local health departments to assess health inequities affecting communities most impacted by COVID-19.

Outlining clear priority areas and streamlining operational processes to accomplish deliverables: Louisiana officials noted a key success of the state's pandemic response was the systematized task force subcommittee structure for implementing interventions and reporting on deliverables. Subcommittees deliver uniform reports to the Governor at monthly meetings, which include a statement of the problem; background research and supporting evidence on emerging issues; key findings; key goals and priorities; and proposed solutions to address those goals and priorities. The task force [subcommittees](#) provide testing resources for communities experiencing access barriers; disseminate culturally responsive communications and COVID-19 messaging campaigns; analyze data on COVID-19 trends in communities with high social vulnerability; implement policy and regulatory reforms to mitigate the economic and social impact of the virus; share key data with partners and the public on the COVID-19 dashboard; and engage stakeholders.

Operating as a consultant to state and local health partners: The task force advises the Louisiana Department of Health and the Governor's office, as well as a support network for county and local health departments. The task force reviews COVID-19 mitigation protocols from partners to provide feedback and evidence-based solutions to crisis management. The task force also collects and disseminates information on best practices for mitigating the spread of COVID-19 as well as addressing racial health disparities and economic inequities in the state.

Michigan Coronavirus Task Force on Racial Disparities



Governor Gretchen Whitmer launched the [Michigan Coronavirus Task Force on Racial Disparities](#) through executive order in April 2020, not long after Michigan declared a state of emergency. The task force was charged with addressing the racial and ethnic disparities in COVID-19 outcomes by studying the [root causes](#) of racial disparities in the pandemic and providing recommendations to enhance equity through the pandemic response process. The task force is comprised of representatives from many sectors including: education, business, housing development, health care, community health, Veterans affairs, energy, environmental health, regulatory affairs and the private sector (see case study [here](#) for additional information about the task force). Task force members represent key stakeholder groups including: community health workers, primary care providers, civil rights leaders, disability service advocates, and environmental health professionals.

Launching accessible and educational COVID-19 information campaigns: The Michigan Department of Health and Human Services and the task force partnered with local entities, businesses, and diverse sectors (e.g., education, manufacturing, tourism, labor, and public safety organizations) to implement COVID-19 messaging campaigns and to track the public's response to general COVID-19 safety measures and state-level mandates. In July 2020, the Department of Health and Human Services commissioned a [project](#) to survey Michigan residents on their attitudes toward masking, social distancing, vaccines, and other safety precautions. The department used survey responses to inform COVID-19 public health messaging strategies. In September 2020, the department launched the "[Spread Hope, Not COVID](#)" campaign to encourage Michiganders to continue helping reduce the spread of the virus and take actions to keep themselves and others safe. This campaign boasts a cross-sector network of participating partners (e.g., from health care, business, education, manufacturing, tourism, senior citizens, labor, faith-based, and public safety



organizations). The team has used multi-media channels including broadcast, social, digital and news media to reach residents experiencing disproportionate impacts of the COVID-19 pandemic. In January 2021, the Department of Health and Human Services [launched](#) a \$1.5 million vaccine communications campaign to share information about the COVID-19 vaccines and dispel misinformation.

Adopting a narrow focus on reducing racial and ethnic disparities: The task force led efforts to improve data collection, reporting and standardization to comply with federal requirements. The state overlays CDC Social Vulnerability Index data with state-level data on COVID-19 trends to identify neighborhood testing and vaccination sites. In addition, the Michigan Department of Health and Human Services adopted information campaigns described above to Black, Latinx, and Arab-American communities by collaborating with [faith leaders](#) to conduct outreach. These combined efforts have helped increase vaccine confidence and improve public knowledge related to the pandemic as well as [reduce](#) disparities, particularly among Black Michiganders.

Engaging leadership for top-down approaches: Michigan officials identified strong executive support as a pivotal factor of the task force's success. Specifically, Gov. Whitmer appointed Lieutenant Governor Garlin Gilchrist to chair the task force, which provided direct executive support for the task force's work. Furthermore, Michigan officials noted that the task force has laid the foundation for long-lasting and institutional advancement of health equity in Michigan (see case study [here](#) for additional information).

New Mexico Department of Health




New Mexico state officials recognized early in the pandemic that there needed to be a strong health equity focus in the state's pandemic response to effectively address the structural root causes that create health inequities and accentuate the physical, mental, economic, and social impacts of the virus. The New Mexico Department of Health integrated equity in all decision-making processes related to the pandemic response, including partnering with tribal leaders. COVID-19 health equity initiatives in the state were carried out by Department of Health with coordination with a health equity task force in the community as well as the secretaries from other departments such as Aging and Long Term Services, Indian Affairs, Children, Youth, and Families, and Veterans Affairs. The Department of Health built an interdisciplinary and cross-sector network to address the health needs of all New Mexicans. New Mexico state officials highlighted that the department's approach embeds equity in each step of the operational framework for mitigating the spread of the virus through executive action, departmental policies, health system collaborations, community engagement and data analyses.

Creating a standardized command structure for strategic emergency operations: With support from the Federal Emergency Management Agency, New Mexico adopted a unified command system to implement the state's emergency response in a standardized and uniform way. New Mexican officials noted the system provides guidance for organizing assets within and across partnering institutions to respond to a given incident or emergency. The New Mexico Department of Health created a systematic line of command for allocating COVID-19 resources and vaccines. This operational [system](#) supported equitable allocation, distribution and access; communications for equity; community engagement among historically marginalized populations; and communication, monitoring and evaluation with an equity lens. The unified command structure helps move real-time data across branches of the state government and into the hands of the right stakeholders. The state superimposes social vulnerability and vaccine uptake data to identify where to prioritize vaccine distribution. New Mexico's unified command system includes a team dedicated to collecting, reporting and analyzing real-time data to inform the department's relief and response efforts. The data analysis unit, with initial support from CDC and the University of New Mexico, conducts rapid community assessment of risk and COVID-19 trends to guide vaccine and testing initiatives.

Removing barriers to access COVID-19 services: New Mexico partnered with local organizations to address structural and institutional barriers between communities and the health system, such as lack of insurance or immigration status. In early March 2020, Governor Michelle Lujan Grisham enacted policies to waive cost-sharing between payers and patients for testing and treatment related to COVID-19, pneumonia and influenza. Other [health insurance providers](#) in New Mexico implemented

The New Mexico Department of Health integrated equity in all decision-making processes related to the pandemic response, including partnering with tribal leaders.



cost-sharing [waivers](#) to ensure people have access to the COVID-19 prevention, testing and treatment services they need. These policies make it easier for people to access COVID-19 services without worrying about costs, insurance coverage or immigration status information. The state Department of Health worked closely with the National Guard and FEMA to build a mobile vaccine clinic infrastructure and mobilized community health workers to reach communities routinely left out of the health care system. Additionally, the Department of Health has worked closely with community health workers and community organizations to co-develop training and messaging for priority populations, including a [community resource center](#) to improve access to resources and a vaccine equity flipchart in [English](#) and [Spanish](#) to address misinformation. Most recently, the department announced a [partnership](#) with the Albuquerque Area Southwest Tribal Epidemiology Center, Con Alma Health Foundation, and the University of New Mexico Center for Social Policy to strengthen racial equity and community engagement in the state's vaccination strategy as well as build sustainable interventions to address long-term health needs.

North Carolina Andrea Harris Social, Economic, Environment, and Health Equity Task Force



Governor Roy Cooper established the [Andrea Harris Social, Economic, Environmental, and Health Equity Task Force](#) through an Executive Order in June 2020. The North Carolina Department of Administration created the task force to address the disproportionate impact of COVID-19 on historically marginalized populations in North Carolina. The task force is organized into the following subcommittees: access to healthcare, economic opportunity and business development, educational opportunity, environmental justice and inclusion, and patient engagement. The task force works closely with the North Carolina Department of Health and Human Services.

Making COVID-19 data publicly available and transparent: North Carolina was one of the first states to [launch](#) a publicly available COVID-19 dashboard tracking data on cases, hospitalizations and vaccinations to guide COVID-19 decision-making. The state continually reassesses data reporting standards to balance appropriateness and transparency. To foster trust with communities, the state has made it a priority to outline what data is available, as well as what information is missing and why.

Integrating equity-focused actions into long-term health systems infrastructure: Subcommittees may become permanent working groups within the state's Department of Administration. The task force focuses on advancing recovery efforts that bring long-lasting health system transformation. The task force's key recommendations relay the importance of fiscal investment and policy action linking social, economic, environmental and health programs and systems. For example, throughout the state's [COVID-19 response](#), strategic focus has been placed on historically marginalized populations and reducing barriers to economic stability, health care access, and healthy environments. Task force recommendations focused on actionable strategies in five key focus areas, including: reducing barriers to health care (e.g., expanding telehealth services, investing in rural and community health systems, and expanding Medicaid); increasing patient-provider engagement (e.g., improved electronic health record-keeping and data sharing and implementing improving paid sick leave policies); supporting workforce development and economic opportunity (e.g., establishing partnerships with the state's Historically Black Colleges and Universities); promoting environmental and climate justice education and policy action (e.g., support funding to remediate environmental hazards, like contaminated drinking water, in communities and creating a standard environmental justice review process for state projects); and providing more educational opportunities for North Carolinians through health literacy, academic studies, and financial literacy (e.g., establish a statewide health literacy coordinating council).

Hosting listening sessions for public comment on Task Force proposals and recommendations: The task force hosted listening sessions in September 2020 to hear feedback related to recommendations from community members and stakeholders. The task force also developed a [Public Feedback Form](#) for community members and organizations to submit written comments and recommendations for the Task Force.

Developing practical guidance for successful engagement of historically marginalized populations: In addition to the North Carolina Department of Administration task force, the North Carolina Department of Health and Human Services COVID-19 [Historically Marginalized Populations Workgroup](#) was created to develop and provide strategic guidance on the state's response to COVID's disproportionate burden on these communities. The workgroup developed the [Historically Marginalized Populations Engagement Toolkit for Healthcare Systems & Providers](#) to help providers and health care professionals appropriately engage



historically marginalized populations in all stages of emergency preparedness planning and COVID-19 response efforts. The toolkit provides a framework for embedding health equity into the organizational infrastructure of state and local health systems for sustainable health care and delivery transformation.

Pennsylvania COVID-19 Response Taskforce for Health Disparity



The Pennsylvania COVID-19 Response Task Force for Health Disparity was formed in early 2020 following the commonwealth's first reported case of COVID-19. Governor Tom Wolf and Lieutenant Governor John Fetterman **created** the task force to understand the disproportionate impact of COVID-19 on historically marginalized populations. Furthermore, the task force's focus is to identify the short-term and long-term consequences of the pandemic on historically marginalized populations and to embed equity in its emergency response efforts. In July 2020, the task force issued a policy recommendations **report** highlighting six strategic areas: housing, criminal justice, food insecurity, health disparity, education and economic opportunities.


The task force's focus is to identify the short-term and long-term consequences of the pandemic on historically marginalized populations and to embed equity in its emergency response efforts.

Instituting equity-focused policies and actions in data collection and reporting: The Governor's office has committed to collecting and sharing COVID-19 case and vaccine demographics to better understand disease incidence, trends and health disparities across the state. In April 2020, Gov. Wolf **mandated** that healthcare providers include race and ethnicity data, as well as sexual orientation and gender identity, for patients who tested positive for coronavirus. In July 2020, the task force recommended statewide data collection standards include these metrics as well. The task force also provided guidance and technical assistance to providers, individual health systems, hospitals and the U.S. Veteran's Affairs office for data collection and reporting. Additionally, the Pennsylvania Department of Health has collaborated with MITRE-Sara Alert, a data-collection platform for disease surveillance, on systems modifications to include sexual orientation and gender identity information in routine data collection, including for contact tracing.

Pennsylvania Health Equity Response Team: The Pennsylvania Department of Health's Health Equity Response Team, which is made up of more than 100 community partners, helps implement recommendations from the task force. The team meets every two weeks to address health inequities associated with COVID-19. Over the past 18 months the team has led initiatives to serve vulnerable populations. Initiatives such as faith-based vaccine sites, immigrant testing access, mobile community testing options, and agricultural worker testing bolstered the department's response to COVID-19. The team facilitated community partnerships that drove personal protection equipment distribution, investigation of improved paid sick family/medical leave options, and the digital clemency process in the corrections field. The team also spawned the department's efforts around improved race and ethnicity data enrichment, assessment and reporting improvements. The teams focus also included sexual health guidance for the LGBTQ community, community testing sites registration form updates to include sexual orientation and gender identity data, testing service communications to reach non-English speaking Pennsylvanians, and improvements to overall customer service.

Strengthening capacity for emergency response through existing partnerships and infrastructure: Early recommendations from the task force emphasized cross-sector collaboration and coalition building. Pennsylvania drew on its partnership with federally qualified health centers to address COVID-19 service delivery gaps in rural areas and among other historically marginalized populations. The commonwealth strengthened its outreach strategies to grassroots and community-based organizations. These strategies included engaging community-trusted messengers, partnering with ethnic media and online platforms, and using social media to reach historically marginalized populations. The grassroots outreach efforts complemented the paid advertising of the PA Unites Against COVID statewide public health campaign.

Reducing access barriers through policy action: The task force recommended policy action to eliminate barriers that prevent many Pennsylvanians from accessing the health care and COVID-19 support services they need. For example, the task **identified** the need for increased access to telehealth as a key strategy to continue



providing health services among historically marginalized populations, including Black, Latinx and LGBTQIA+ communities. The task force [recommended](#) subsidizing network connectivity and provider reimbursement to expand telehealth services. Early in the pandemic, the state issued waivers to expand telehealth and telemedicine coverage. Other recommendations from the task force to reduce access barriers included: improving language access across the board in pandemic response services (e.g., in information for health care, food, housing, education, and behavioral health services); removing identification requirements for COVID-19 services; delivering testing and vaccine resources directly to communities through mobile clinics; and designing strategic programs to meet the needs of marginalized communities beyond racial and ethnic minorities (e.g., unhoused populations, incarcerated populations, people with disabilities, and long-term care facility residents).

Rhode Island's COVID-19 Response and the COVID-19 Equity Council



Rhode Island worked to center equity in the state's COVID-19 response, building from existing infrastructure within the Rhode Island Department of Health in collaboration with community leaders, partners, and residents. In April 2020, Governor Gina Raimondo launched the Latino Advisory Group, which expanded to the [COVID-19 Equity Council](#) in May 2020. The Council [guides](#) the state's emergency response and recovery strategies in an advisory capacity. Rhode Island officials noted that the Equity Council has recommended public health solutions that challenge and address the root causes of health inequities, instead of perpetuating standards of care that result in health inequities. Rhode Island quickly responded to the pandemic with an [integrated](#) and coordinated response, emphasizing the distribution of resources to community partners, social service agencies, and grassroots organizations. The Equity Council amplifies community voices to necessary channels and in the wake of new COVID-19 information (e.g., racial disparities in vaccination rates) spurred the implementation of new strategies such as equity-focused Black and indigenous people of color mass vaccination events.

Placing equity at the forefront built its framework: The Rhode Island Department of Health built its community-level COVID-19 response from existing capacities and networks through its [Health Equity Zone Initiative](#). The initiative is a place-based, community-level model that brings a range of community members together to address pressing health issues and build capacity for systemic changes surrounding the social determinants of health. The state has used federal pandemic relief funds to expand the Health Equity Zone Initiative by providing resources to community partners, social service agencies, and grassroots organizations to be engaged in the pandemic response. The initiative's partners provided critical community-based services including COVID-19 testing and vaccination sites, quarantine and isolation supports, distribution of masks and other PPE and direct outreach and education by community health workers and community outreach specialists.

Ensuring accountability with the Commission for Health Advocacy and Equity (CHAE): In May 2020, the commission shared urgent concerns from the community and recommendations pertaining to racial equity and health justice during the COVID-19 crisis response and for future recovery planning with state officials. The commission offered a series of suggestions for decision-making that are grounded in principles of racial equity. Members of the commission are also represented on the state's COVID-19 Equity Council. The purpose, powers and duties of the commission are set forth in [2011 - - H5663 Sub A](#) and include integration, coordination and education regarding health equity principles across state health initiatives.

Adopting a racial justice lens: Rhode Island officials noted the importance of a clear focus on racial justice as a tenet of the pandemic response. Recognizing that dismantling structural and institutional racism to create equitable and healthy communities will take long-term, sustained efforts from the state-wide leadership, the Rhode Island Department of Health implements a framework focused on normalizing, organizing, and operationalizing racial equity. This framework begins with identifying the root causes of health disparities and routinizing processes to evaluate the ways systemic inequities emerge in government planning and decision-making. The department is normalizing this lens by investing in health equity training for state and local health officials, communicating shared language on racial justice and equity, and engaging communities. The department implements this framework in the state's COVID-19 response by using a racial justice lens to inform decisions around COVID-19 resource prioritization.



Linking social services as a part of pandemic relief efforts: The Rhode Island Department of Health connects individuals in quarantine or isolation with [food delivery](#) resources, financial assistance, and assistance through community partners including Health Equity Zones and United Way 211. Other quarantine and homebound support services include a free medication delivery program with participating pharmacies. In addition to food and medication supports, the state works with cross sector partners to [provide](#) rent, utilities, immigration, behavioral health, domestic violence, and school-based assistance programs.

Virginia Equity Leadership Task Force and Health Equity Working Group



Virginia's COVID-19 response efforts focused on data-driven solutions, community engagement, and cross-sector collaboration to reduce health disparities and institutionalize equity from a statewide perspective. Virginia's [Health Equity Leadership Taskforce](#) was codified into law through [Virginia Senate Bill 1296](#) to sustain support for emergency management programs and planning efforts to support populations disproportionately affected by disasters, including the COVID-19 pandemic. The Equity Leadership Task Force directs the work of the [COVID-19 Health Equity Working Group](#) through a [unified command](#) structure. The task force also focused on inequities that became visible across systems and sectors during the pandemic. The task force and the working group, established in March 2020, regularly meet to ensure a health equity lens is considered in communications, policies, operations, logistics, planning processes, financial decisions and recovery actions.

Embedding and operationalizing equity across all areas of the pandemic response: Before the COVID-19 pandemic, Governor Ralph Northam [appointed](#) a cabinet-level chief diversity officer in September 2019. As a result, Virginia's equity initiatives have been synthesized through the Governor's Office of Diversity, Equity, and Inclusion. Virginia officials on the task force embedded key health equity principles across many aspects of the pandemic response including personal protective equipment distribution, testing services and commodity distribution, vaccine allocation, and communications and messaging through a "whole-of-government" approach. For example, the task force and Office of Diversity partnered to launch the [ONE Virginia model](#), a [statewide strategic plan](#) to institutionalize measurable diversity, equity and inclusive excellence across all state agencies to better meet the needs of all Virginians. Currently, the task force is providing a [monthly vaccine equity report](#) and recommending strategies to implement a state government language access policy (see [Item 52 #2h](#) of the [2021 Virginia Appropriations Act](#)). Through the unified command structure, the task force provides central coordination for decision-making processes, while the working group makes recommendations to ensure a health equity lens is applied to all decision-making processes (see case study [here](#) for additional information about the task force and working group).

Collecting and reporting data to inform COVID-19 response efforts and decisions: Virginia officials noted a hallmark of Virginia's success has been the focus on data strategies and mapping techniques to identify COVID-19 testing, vaccination and resource allocation priorities. For example, the working group used [geospatial data](#) to inform the distribution process for the PPE pilot program which successfully distributed over two million units of PPE across 66 local governments. The task force uses data stratified by race and ethnicity, medical vulnerability, and other social and environmental factors to identify locations for community engagement, outreach, testing, and vaccination [clinics](#). The task force also launched two [equity dashboards](#) to provide a transparent measurement of ways COVID resources have been allocated and equity gaps across various social determinants of health identified in [Virginia House Joint Resolution 537](#). These dashboards support Virginia's leadership to close equity gaps; improve Virginians' access to resources; recover from the pandemic; and build resiliency for any future emergency declarations (see case study [here](#) for additional information on the different dashboards). Future versions of these dashboards will include an expanded set of areas including workforce diversity and access to childcare, food and housing benefits.

The Equity Leadership Task Force directs the work of the COVID-19 Health Equity Working Group through a unified command structure.



Prior to the pandemic, health equity was a strategic priority for executive action in Wisconsin. In 2019, Governor Tony Evers established the [Health Equity Council](#) through an executive order in response to growing health disparities in Wisconsin. The Health Equity Council has worked to address the racial, socioeconomic and geographic disparities that contribute to poor health outcomes among Wisconsinites. The pandemic further invigorated the council's mission to improve health outcomes and reduce disparities in tandem with the state's efforts to respond to COVID-19. Building on the existing health equity infrastructure, the [Community Resilience and Response Task Force](#) was established in March 2020 to integrate concepts of community resilience, equity, and mental health across the state COVID-19 pandemic response.

The Council has worked to address the racial, socioeconomic, and geographic disparities that contribute to poor health outcomes among Wisconsinites. The pandemic further invigorated the Council's mission to improve health outcomes and reduce disparities in tandem with the state's efforts to respond to COVID-19.

Developing a multi-sectoral response to address pre-existing health disparities: Wisconsin officials acknowledged early that the disparities in COVID-19 infection and mortality rates reflected multi-sector factors and required comprehensive equity-based approaches. Health officials in Wisconsin committed to integrate equity and justice principles in outreach and engagement, allocation, funding and policy. Wisconsin officials noted a key strategy of Wisconsin's approach to embedding equity in the pandemic response and beyond is the engagement of a multi-sector network. The Community Resilience and Response Task Force formed sector-wide partnerships to address health equity concerns from the following groups: migrant workforce, first responder's workforce, law enforcement, incarcerated populations, long-term care residents, rural communities, health care workforce, mortuary affairs professionals, mental and behavioral health professionals, domestic and interpersonal violence experts, employer groups, and school administrators and personnel.

Using data and guidelines for timely COVID-19 decision-making: Wisconsin collected and reported data on the disparities affecting Black and Latinx communities in Milwaukee, becoming one of the [first](#) states to collect and report data illustrating the racial inequities in COVID impacts. The state collects social risk and vulnerability data to identify areas with low testing and vaccine uptake to establish accessible community testing sites. Furthermore, the task force works in collaboration with the Governor's office, Wisconsin universities, and university health systems to develop [resources](#) for cross-sector use in infectious disease management. For example, the Wisconsin Department of Health Services and the task force: worked with long term care facilities to implement new COVID-19 safety practices and guidelines; engaged spiritual leaders as trusted voices to elevate COVID-19 public health information; and supported employer groups with COVID-19 messaging and other pandemic assistant resources (e.g., guidance for setting up testing and vaccination clinics and toolkits for keeping workplaces safe).

Implementing a Just Recovery Framework: The task force focused recommendations on a fair and just recovery from the pandemic and embedding [racial](#) and [rural](#) equity in future emergency preparedness infrastructure. The task force reviewed existing literature and research and developed a [strategic plan](#) including evidence-based policy and practice interventions to support just recovery after COVID-19. This plan offers practical guidance for local and state officials to address the pandemic and existing inequities exacerbated by the pandemic along the lines of racial equity, rural equity and worker health.



Network Benefits and Priorities for Sustaining Equity Initiatives During and Following the COVID-19 Pandemic

State officials expressed three key benefits to participating in the COVID-19 Health Equity Learning Network established by NGA, Duke-Margolis and the National Academy, or through participating in other learning platforms. These benefits include building relationships to develop a community of practice, sharing solutions to inform evidence-based strategies, and raising attention and spotlighting health equity.


- ▶ **Building Relationships to Develop a Community of Practice:** Interviewees emphasized the importance of building relationships with colleagues in other states who focus their work on health equity and racial justice as a key priority area, whether they are addressing similar or different challenges. All interviewees noted the value of identifying a support system of other health equity leaders, particularly those who are operating under similar structures. For example, one state highlighted the value of hearing from other states whose health equity leaders report directly to their Governor. Furthermore, many states noted the relatively small size of the learning network as a facilitating factor to establishing and building relationships during network activities and offline. Notably, all interviewees highlighted the importance of having platforms to discuss day-to-day challenges and to think through these challenges collaboratively.
- ▶ **Sharing Solutions to Inform Evidence-Based Strategies:** Interviewees noted the value of sharing successes, challenges and lessons learned on a frequent and consistent basis. Many interviewees echoed the view that state officials are operating under difficult constraints. Sharing solutions and evidence has helped states adapt models developed in other states to their own context.
- ▶ **Raising Attention and Spotlighting Health Equity:** Interviewees raised the key role of communicating best practices to the public, other states, and to the White House to facilitate policy changes and additional resources and supports to state COVID-19 equity efforts. For example, the learning network's team developed many resources focused on sharing best practices based on the work of the health equity task forces (see **Box 1**). Many interviewees shared the view that spotlighting their work helps advance health equity in their state. Many interviewees shared the view that spotlighting their work helps advance health equity in their state.

BOX 1: COVID-19 Health Equity Learning Network Resources

- [Prioritizing Equity in COVID-19 Vaccinations: Promising Practices from States to Reduce Racial and Ethnic Disparities](#)
- [Partnering with Tribal Nations for COVID-19 Vaccinations: A Case Study of Alaska](#)
- [A Case Study of the Michigan Corona Virus Taskforce on Racial Disparities](#)
- [A Case Study of the Virginia COVID-19 Equity Leadership Task Force and Health Equity Working Group](#)
- [Webinar: Prioritizing Equity in COVID-19 Vaccinations: Perspectives from States and Public-Private Partnerships](#)
- [Achieving Progress toward Health Equity Using Race and Ethnicity Data: State Strategies and Considerations](#)

State officials identified a number of areas that would inform priority-setting for future initiatives to sustain equity efforts during and after the COVID-19 pandemic. Focus areas include maintaining a focus on health equity, transitioning from public health emergency to broader health system response, and operationalizing advisory role capacity.

- ▶ **Maintaining a Focus on Health Equity:** As described above, a learning network that focuses on health equity can maintain or increase attention on health equity and racial justice among policymakers that set local, state, or national health agendas. Interviewees raised that while COVID-19 health equity task forces addressed the urgent and immediate needs due to the public health emergency, the underlying causes of



inequities including structural racism and social and political determinants of health persist. For future learning networks, many interviewees suggested expanding discussions beyond the state perspectives by including community and other cross-sector partners.

- ▶ **Transitioning from Public Health Emergency to Broader Health System Response:** Sharing disaster response adaptation strategies with broader health equity efforts offers a key strategy to strengthen public health infrastructure. For example, the American Rescue Plan Act funding provides an opportunity to consider strategies to adapt COVID-19 programs providing social supports to broader safety net programs. Facilitating this transition will require mitigating some operational changes in some states, including combining funding streams for health care and social supports, providing sufficient funding in the long-term, and integrating data systems to monitor and evaluate progress toward health equity. Many state officials highlighted opportunities to strengthen data infrastructure including by developing equity-focused targets to improve real-time data sharing and collaborating with the federal government to build public health infrastructure to inform decision-making (see **Box 1**).
- ▶ **Operationalizing advisory role capacity:** Many task forces were designed to sunset when states declare COVID-19 is no longer a public health emergency. In some cases, states will transition their work to other existing task forces or advisory groups to continue informing and guiding states to address the underlying causes of health inequities. However, many task forces may transition to an advisory capacity. State officials highlighted that learning from other states about strategies to become advisors in collaboration with multi-sector partners that provide additional perspectives would be helpful. Furthermore, state officials noted that grouping states with similar governance structures — both the broader government structure and the health equity leadership structure — can be a useful strategy so that peers can learn more from one another.

Conclusion

Increased focus on health equity has facilitated the development and implementation of strategies to reduce the health disparities that historically marginalized populations have experienced during the COVID-19 pandemic. Many states have implemented strategies that embed a health equity lens into their COVID-19 response efforts. While each task force uses a different organizational model and response, the common factor underlying each effort is a nuanced understanding and acknowledgement of the underlying causes of COVID-19 health inequities, including structural racism as well as social and political determinants of health. The state examples demonstrate how strategies that intentionally mitigate health inequities can strengthen COVID-19 response efforts and serve as a blueprint for future efforts to improve public health.

While each task force uses a different organizational model and response, the common factor underlying each effort is a nuanced understanding and acknowledgement of the underlying causes of COVID-19 health inequities, including structural racism as well as social and political determinants of health.

Appendix

Table 1: Key Accomplishments by Health Equity Task Forces

STATE	KEY ACCOMPLISHMENTS	KEY LESSONS
Delaware	Launched an incentive program to encourage vaccinations by engaging with community partners including Divine Nine and faith leaders	<ul style="list-style-type: none"> • Build cross-sector partnerships • Identify community-based partners
Illinois	Operationalized health equity by creating a health equity checklist, combining COVID-19 testing with other health services, and expanding partnerships with faith-based organizations, federally qualified health centers, and pharmacies	<ul style="list-style-type: none"> • Build community partnerships • Embed a health equity framework to support coalition building • Partner with state and federal agencies (e.g., Federal Emergency Management Agency, Illinois Emergency Management Agency, U.S. Department of Health and Human Services, Department of Healthcare and Family Services, Department of Homeland Security) • Support state public health and local health departments
Louisiana	Placed racial and ethnic health disparities and economic inequities in the spotlight and developed recommendations to address existing health inequities	<ul style="list-style-type: none"> • Promote active engagement from leadership • Establish short-, mid-, and long-term goals • Stagger operational deadlines • Develop a template for subcommittee reporting
Michigan	Reduced racial health equity gaps among Black communities, and increased vaccine confidence among Black, Latinx and Arab-American communities	<ul style="list-style-type: none"> • Create a targeted scope of work • Encourage top-down leadership support • Institutionalize principles that can serve as a blueprint for future health equity efforts
New Mexico	Integrated health equity in the state’s data plan early in the COVID-19 response and facilitated cross-sector coordination to operationalize data	<ul style="list-style-type: none"> • Combine different state and federal funding mechanisms to meet public need • Encourage top-down leadership support • Establish a data team in the department for continuous assessment • Implement rapid data innovation
North Carolina	Established a Historically Marginalized Populations Workgroup to develop a sustainable infrastructure for health equity in the state and collected and reported data by race and ethnicity early in the COVID-19 response	<ul style="list-style-type: none"> • Gather input and feedback from local communities • Fund community-based organizations • Build community trust by centering community voices in decision-making dialogue (e.g., develop platforms for bi-directional decision-making)
Pennsylvania	Strengthened relationships with community partners, faith-based organizations, and federally qualified health centers as well as equity-focused data collection and reporting policies	<ul style="list-style-type: none"> • Strengthen existing partnerships with community stakeholders • Coordinate efforts within government agencies • Implement an action-oriented approach
Rhode Island	Worked with Health Equity Zones to distribute resources to community partners, social service agencies and grass roots organizations	<ul style="list-style-type: none"> • Ensure implementers understand community context • Train and build capacity in the foundational concepts of health equity • Avoid becoming solely operationally focused
Virginia	Institutionalized and embedded health equity principles across all sectors of government including at the cabinet level and developed health equity data dashboards to monitor pandemic response	<ul style="list-style-type: none"> • Identify windows of opportunity to implement health equity focused interventions
Wisconsin	Engaged a multisector support network for the pandemic response and deployed testing to every county in the state to address health disparities	<ul style="list-style-type: none"> • Increase health equity awareness • Allocate and distribute resources to communities experiencing health disparities • Build relationships with local businesses, community-based organizations, and community leaders



Table 2: Areas of Opportunity at the State and Federal Levels as Identified by State Officials

STATE	AREAS OF OPPORTUNITY
Delaware	<ul style="list-style-type: none"> Implementing a role or office whose sole focus is integrating equity into the development of disaster response templates
Illinois	<ul style="list-style-type: none"> Enhancing and clarifying the partnership between state and local health partners in delivering services to communities Improving data infrastructure by standardizing data collection, reporting, and sharing across the whole community
Louisiana	<ul style="list-style-type: none"> Researching health care access and utilization Deploying hyper-local strategies that are culturally responsive
Michigan	<ul style="list-style-type: none"> Improving data-sharing and IT systems Addressing social needs that impact health and well-being by investing in linking social service programs with health care delivery systems Developing data consortiums for health partners to share key insights
New Mexico	<ul style="list-style-type: none"> Improving interoperability between federal and state data systems Making federal funding requirements amendable to state specific needs Investing in workforce development (including the community health workforce) to address health care personnel shortages Developing technical and data assistance programs for health systems Encouraging no-strings-attached federal funding initiatives for strengthening public health infrastructure
North Carolina	<ul style="list-style-type: none"> Allocating additional resources in economic, housing, food assistance and behavioral and mental health services Creating employment opportunities for an equitable and inclusive health care workforce Improving paid time-off programs to facilitate opportunities for people to access services
Pennsylvania	<ul style="list-style-type: none"> Expanding public and community health workforces Modernizing sociodemographic, health and risk data collection systems Prioritizing federal relief funds and other supplemental emergency grants to invest in IT systems and workforce development
Rhode Island	<ul style="list-style-type: none"> Root out systemic racism in state and federal policies and practices that perpetuate racial inequity Continuing implementation of operational policies, processes and structures that ensure accountability to community needs and priorities. Developing performance measures for state agencies that incorporate a racial justice lens Strategically direct staff and fiscal resources to implement policies and practices that advance equity
Virginia	<ul style="list-style-type: none"> Further institutionalization of equity in broader government emergency response Removing institutional silos that prevent linking state and local public health departments and government task forces Increasing investment in state and local public health infrastructure, workforce development and cross-sector collaboration
Wisconsin	<ul style="list-style-type: none"> Delineating roles and responsibilities to facilitate building trust Improving procurement processes Developing systems and processes that do not overburden local health departments and community partners Strengthening bi-directional communication channels

Authors

This publication was developed by Andrea Thoumi and Kamaria Kaalund at the Duke-Margolis Center for Health Policy, in partnership with Elaine Chhean and Hemi Tewarson at the National Academy for State Health Policy, and Shelby Hockenberry and Sweta Haldar at the National Governors Association Center for Best Practices.

Acknowledgements

The authors thank their colleagues for their work on and contributions to the COVID-19 Health Equity Learning Network including Yolande Pokam Tchuisseu, Michelle DeFavero, and Mark McClellan at Duke-Margolis, and Ryan Martin and Lauren Block (formerly) at NGA. We also thank state officials who granted informational interviews, reviewed drafts and provided content for this publication, including state officials in Delaware, Illinois, Louisiana, Michigan, New Mexico, North Carolina, Pennsylvania, Rhode Island, Virginia and Wisconsin. We also thank other state health officials for their participation in the COVID-19 Health Equity Learning Network. Lastly, we thank the Robert Wood Johnson Foundation for their generous support for work on COVID-19 and equity, including this publication. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the Robert Wood Johnson Foundation.

Recommended Citation Format

Thoumi A, Kaalund K, Chhean E, Hockenberry S, Haldar S, Tewarson H (2021, November). *Championing Health Equity: Experiences from State COVID-19 Health Equity Task Forces*. Washington DC: National Academy of State Health Policy, Duke-Margolis Center for Health Policy, National Governors Association Center for Best Practices.

