

2021

Centering Racial Equity: Disparities Task Forces as a Strategy to Ensure an Equitable Pandemic Response

Dawn M. Hunter
dhunter@networkforphl.org

Betsy Lawton
blawton@networkforphl.org

Follow this and additional works at: <https://scholarship.law.slu.edu/jhlp>



Part of the [Health Law and Policy Commons](#)

Recommended Citation

Dawn M. Hunter & Betsy Lawton, *Centering Racial Equity: Disparities Task Forces as a Strategy to Ensure an Equitable Pandemic Response*, 14 St. Louis U. J. Health L. & Pol'y (2021).

Available at: <https://scholarship.law.slu.edu/jhlp/vol14/iss2/5>

This Article is brought to you for free and open access by Scholarship Commons. It has been accepted for inclusion in Saint Louis University Journal of Health Law & Policy by an authorized editor of Scholarship Commons. For more information, please contact [Susie Lee](#).

CENTERING RACIAL EQUITY: DISPARITIES TASK FORCES AS A STRATEGY TO ENSURE AN EQUITABLE PANDEMIC RESPONSE

DAWN M. HUNTER* AND BETSY LAWTON**

ABSTRACT

COVID-19 has had a stark and severe impact on health, economic stability, housing, and education in communities of color in the United States. As the pandemic has unfolded, the disproportionate number of cases, hospitalizations, and deaths due to COVID-19 among Black, Hispanic and Latinx, and Indigenous people has served as a stark reminder that the systems and structures that lead to these disparities need to be changed in order to achieve equitable outcomes.

This Article assesses efforts by cities, counties, states, and organizations to address the impact of COVID-19 on communities of color through formal task forces or working groups as of November 2020. This assessment includes an evaluation of approaches taken to establish the groups, group composition, and assigned duties and responsibilities. Key issues addressed include: approaches to partnership and collaboration; engagement of community leaders and strategies to include community voices; authorities and resources; accountability to policymakers and stakeholders; and a review of actions that have been recommended or implemented. Success of these working groups will be measured by near-term actions to address disparities due to COVID-19 and longer-term solutions that support post-pandemic recovery and build community resilience.

* Dawn M. Hunter, JD, MPH. Director, Network for Public Health Law – Southeastern Region.

** Betsy Lawton, JD. Senior Staff Attorney, Network for Public Health Law – Northern Region.

I. INTRODUCTION

The COVID-19 pandemic has illuminated the toll that decades of structural racism, health inequities, and inequitable resource distribution in communities of color can take during a public health emergency. According to data collected by The Atlantic, White people in America are dying from COVID-19 at half the rate of Black people and twenty-five percent less than Indigenous and Hispanic and Latinx people.¹ Black, Hispanic and Latinx, and Indigenous people are hospitalized at about four times the rate of White people.² These inequitable COVID-19 outcomes are rooted in years of policies embedded in systemic racism and environmental injustices that contribute to higher rates of chronic health conditions and leave individuals more susceptible to the worst COVID-19 outcomes, increase work-related exposure at essential jobs that often lack health care or paid sick leave, and result in implicit bias and discrimination in health care settings.³ Systemic racism also leaves communities of color without the same level of access to conditions needed to be healthy—safe and stable housing, economic stability, affordable health care, clean air and water, high quality education, and healthy food.⁴ While reversing the health disparities resulting from centuries of racist policies will take time, the formation of COVID-19 health equity task forces has been a critical step for many states and localities acting to address the stark health inequities among communities of color during the COVID-19 pandemic.

II. BACKGROUND

This Article analyzes information gleaned from the authors' review of the documentation establishing task forces in twenty-five states (see Table 1) and a handful of cities and counties to address health inequities related to COVID-19, as well as recommendations and analysis provided by each task force. The authors' analysis summarizes relevant information about the process and legal mechanisms establishing the task forces and the reports and recommendations issued. This analysis also categorizes the task forces' recommendations into six key issue areas, identifies the top task force policy recommendations in each

1. *The COVID Racial Data Tracker*, THE ATLANTIC, <https://covidtracking.com/race> (last visited Nov. 17, 2020). All data referenced in this Article is current through November 2020 and has not been updated.

2. Roni Caryn Rabin, *The U.S. Surpasses 11 Million Infections; Black and Latino Americans Still Shoulder an Outsize Share*, N.Y. TIMES (Dec. 23, 2020, 8:24 AM), <https://www.nytimes.com/live/2020/11/15/world/covid-19-coronavirus#the-us-surpasses-11-million-infections-black-and-latino-americans-still-shoulder-an-outsize-share>.

3. Ankur K. Dalsania et al., *The Relationship Between Social Determinants of Health and Racial Disparities in COVID-19 Mortality*, J. RACIAL & ETHNIC HEALTH DISPARITIES (Jan. 5, 2021), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7785288/>.

4. David R. Williams & Lisa A. Cooper, *COVID-19 and Health Equity – A New Kind of “Herd Immunity”*, 323 JAMA 2478, 2478–79 (2020).

issue area (see Table 2), and discusses opportunities for task forces to translate recommendations into actions that advance health equity.

The analysis in this Article revealed that state and local governments and other organizations established task forces as one approach to prioritize equity in their COVID-19 responses, understand the root causes of health disparities, and identify strategies and interventions to reduce the burden of COVID-19 on vulnerable populations. By the end of April 2020, with the United States having just passed one million cases and nearly 60,000 deaths,⁵ fifteen states had announced or established COVID-19 health equity working groups (see Table 1); as did several cities, including Chicago, Oakland, and New York City; and counties, including Ramsey County, Minnesota, and Salt Lake County, Utah.⁶ The number of task forces continued to rise as cases and deaths mounted, with seven more states, major cities like Pittsburgh and Boston, and counties including San Diego and Santa Clara counties establishing task forces throughout May and June 2020.⁷

Among the twenty-five states included in this analysis, most task forces were established by administrative action (initiated by the governor's office and/or the state health department). This number includes Utah and Massachusetts, each of which established two task forces—one administrative and one legislative.⁸ Four states established working groups by executive order:

5. *Totals for the US*, THE ATLANTIC: THE COVID TRACKING PROJECT, <https://covidtracking.com/data/national> (last visited Jan. 16, 2021).

6. Press Release, City of Chi. Off. of the Mayor, Mayor Lightfoot and the Racial Equity Rapid Response Team Announce Latest Efforts to Address Racial and Health Disparities Among Minority Communities (Apr. 20, 2020); Press Release, City of Oakland Off. of Mayor Libby Schaaf, Local Leaders Announce COVID-19 Racial Disparities Task Force (Apr. 17, 2020); Press Release, City of N.Y.C. Off. of the Mayor, Mayor de Blasio Announces Fair Recovery Taskforce (Apr. 26, 2020); Sara Hollie & Prince Corbett, *COVID-19 Racial Equity & Community Engagement*, RAMSEY CNTY., <https://www.ramseycounty.us/covid-19-info/covid-19-racial-equity-community-engagement> (last visited Jan. 15, 2020); *Salt Lake County Mayor Creates New Team to Help Underserved Communities*, FOX13 (last updated Apr. 27, 2020, 11:26 AM), <https://www.fox13now.com/rebound/coronavirus-money-help/salt-lake-county-mayor-creates-new-team-to-help-underserved-communities>.

7. Resolution establishing the Greater Pittsburgh COVID-19 Racial Equity Task Force, Pittsburgh City Council 2020-0326 (Pa. 2020); *COVID-19 Health Inequities Task Force Created*, CITY OF BOS. (Oct. 16, 2020), <https://www.boston.gov/news/covid-19-health-inequities-task-force-created>; Christina Bravo, *Task Force Created to Ensure Equity in SD County's COVID-19 Response as Reports Showing Disparities Released*, NBC 7 SAN DIEGO (June 17, 2020), <https://www.nbcsandiego.com/news/local/task-force-created-to-ensure-equity-in-san-diego-countys-covid-19-response/2348888/>; Letter from the Health & Equity Task Force to the San Jose Mayor and City Council (Aug. 17, 2020).

8. See *Multicultural Advisory Committee*, UTAH DIV. OF MULTICULTURAL AFFS., <https://multicultural.utah.gov/multicultural-advisory-committee/> (last visited Jan. 15, 2021); UTAH DEP'T OF HEALTH, OFF. OF HEALTH DISPARITIES, LEGIS. REP. 2020, at 2 (2020); An Act Addressing COVID-19 Data Collection and Disparities in Treatment, Ch. 93, § 2, 2020 Mass. Acts

Michigan, North Carolina, Vermont, and Wisconsin.⁹ Wisconsin is notable because its Governor's Health Equity Council was established in March 2019, but its first meeting was on September 30, 2020, amid sustained increases in COVID-19 cases in that state.¹⁰ Indiana's task force was established by legislators in partnership with the state health department and other partners.¹¹ The Massachusetts COVID-19 Health Equity Task Force was established by the Addressing COVID-19 Data Collection and Disparities in Treatment Act, signed into state law in June 2020.¹²

Seven states—Colorado, Illinois, Indiana, New Hampshire, Tennessee, Utah, and Virginia—identified the state office of minority health as a taskforce partner or lead.¹³ State offices of minority health are located within state or territorial health departments and may be responsible for: monitoring and reporting on the health status of racial and ethnic minorities (and other vulnerable population groups); educating the public about health disparities and strategies to address them; building partnerships for community action; and ensuring the provision of culturally and linguistically appropriate services.¹⁴ Many of these offices are funded by the Department of Health and Human Services (HHS) Office of Minority Health State Partnership Grant Program,¹⁵

(2020); *Task Force on Coronavirus & Equity*, MASS. PUB. HEALTH ASS'N, <https://mapublichealth.org/covid19equity/> (last visited Jan. 15, 2020).

9. Mich. Exec. Order No. 2020-55, https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-526476--,00.html; N.C. Exec. Order No. 143 (June 4, 2020); Vt. Exec. Order No. 02-20 (June 1, 2020); Wis. Exec. Order No. 17 (Mar. 19, 2019).

10. See *Governor's Health Equity Council*, WIS. DEP'T OF HEALTH SERVS., <https://www.dhs.wisconsin.gov/hec/index.htm> (last visited Jan. 16, 2021).

11. IND. STATE DEP'T OF HEALTH, OFF. OF MINORITY HEALTH, INDIANA HEALTH DISPARITIES TASK FORCE EXECUTIVE SUMMARY 1 (July 8, 2020).

12. An Act Addressing COVID-19 Data Collection and Disparities in Treatment, Ch. 93, § 2, 2020 Mass. Acts. (2020).

13. *Colorado COVID-19 Health Equity Response Team*, COLO. DEP'T OF PUB. HEALTH & ENV'T, <https://covid19.colorado.gov/health-equity-response-team> (last visited Jan. 16, 2021) [hereinafter Colo. Response Team]; *COVID-19 Health Equity Task Force*, ILL. DEP'T OF PUB. HEALTH, <http://dph.illinois.gov/health-equity-task-force/covid-19> (last visited Jan. 16, 2021) [hereinafter Ill. Task Force]; IND. STATE DEP'T OF HEALTH, *supra* note 11; Press Release, N.H. Governor Chris Sununu, Governor Chris Sununu Forms COVID-19 Equity Response Team (May 28, 2020), <https://www.governor.nh.gov/news-and-media/governor-chris-sununu-forms-covid-19-equity-response-team>; *COVID-19 Health Disparity Task Force*, TENN. DEP'T OF HEALTH, <https://www.tn.gov/health/health-program-areas/dmhde/covid-19-health-disparity-task-force.html> (last visited Jan. 16, 2021) [hereinafter Tenn. Task Force]; UTAH DEP'T OF HEALTH, *supra* note 8; *Commonwealth of Virginia COVID-19 Equity Leadership Task Force*, VA. GOVERNOR RALPH S. NORTHAM, <https://www.governor.virginia.gov/diversity/equity-leadership-taskforce/> (last visited Jan. 16, 2021).

14. U.S. DEP'T OF HEALTH & HUM. SERVS., STATE AND TERRITORIAL EFFORTS TO REDUCE HEALTH DISPARITIES 4, 13 (2016).

15. *Partnership Grants*, U.S. DEP'T OF HEALTH & HUM. SERVS., OFF. OF MINORITY HEALTH, <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=51> (last visited Jan. 16, 2021).

and may also receive state funding, but not all are equally funded or staffed.¹⁶ Based on their mission and position in health department organizational structures, these offices and their directors are uniquely positioned to lead racial equity work.

The approach to membership on these task forces varied widely, with some having as few as five members and others more than seventy.¹⁷ However, some commonalities were observed in the types of partners included, with the most common being: members from institutions led by and serving people of color, state and local health or public health departments, other state and local government entities, the faith community, non-profit or community-based organizations, higher education, and hospitals and health systems. It was also observed that some task forces included legal services organizations, law enforcement, elected officials, retail pharmacies and other businesses, insurers, or professional associations. Only four state task forces included an at-large or public member serving in their individual capacity (Colorado, North Carolina, Rhode Island, and Vermont).¹⁸ Of the seventeen states in this analysis that include tribal lands, nine task forces included tribal representation.¹⁹

Some states that did not create state-wide task forces via legislation or administrative action took other approaches to address COVID-19 disparities. For example, Washington and Oregon did not establish task forces, but they did use existing infrastructure to issue guidance or recommendations on racial disparities in health outcomes.²⁰ Minnesota has addressed COVID-19 disparities

16. U.S. DEP'T OF HEALTH & HUM. SERVS., *supra* note 14, at 14.

17. *See, e.g.*, Press Release, N.H. Governor Chris Sununu, *supra* note 13; IND. STATE DEP'T OF HEALTH, *supra* note 11, at 20–24.

18. *See* Colo. Response Team, *supra* note 13; Press Release, N.C. Governor Roy Cooper, Governor Cooper Names Members of Andrea Harris Social, Economic, Environmental, and Health Equity Task Force (July 15, 2020); *Commission for Health Advocacy and Equity*, R.I. DEP'T OF STATE, <https://opengov.sos.ri.gov/boards?EntityID=1356#DivBrowseBoardsPageSummary> (last visited Jan. 16, 2021); Vt. Exec. Order No. 02-20, *supra* note 9.

19. Colo. Response Team, *supra* note 13; Press Release, N.C. Governor Roy Cooper, *supra* note 18; *Commission for Health Advocacy and Equity*, *supra* note 18; *Massachusetts Department of Public Health COVID-19 Health Equity Advisory Group*, MASS. DEP'T OF PUB. HEALTH, <https://www.mass.gov/doc/covid-19-health-equity-advisory-group-member-list/download> (last visited Jan. 31, 2021); *Michigan Coronavirus Task Force on Racial Disparities*, MICH. DEP'T OF HEALTH & HUM. SERVS., https://www.michigan.gov/mdhhs/0,5885,7-339-71551_5460_99929--,00.html (last visited Jan. 31, 2021); *Multicultural Advisory Committee*, *supra* note 8; *Racial Equity Task Force*, VT. OFF. OF GOVERNOR PHIL SCOTT, <https://governor.vermont.gov/content/racial-equity-task-force> (last visited Jan. 31, 2021); *Governor's Health Equity Council*, *supra* note 10; IND. STATE DEP'T OF HEALTH, *supra* note 11; *Federal and State Recognized Tribes*, NAT'L CONF. OF STATE LEGISLATURES, <https://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx> (last visited Jan. 31, 2021).

20. *Emergency Language and Outreach Services Contracts*, WASH. STATE DEP'T OF HEALTH, <https://www.doh.wa.gov/Emergencies/COVID19/CommunityOutreachContracts> (last

through existing Department of Health programs and two task forces led by the governor's office.²¹ Finally, Arizona has the only state-wide task force established by a non-profit entity, the Women's Economic Institute, Inc.²²

In addition to statewide efforts, this analysis revealed that many cities and counties initiated local task forces. Some local efforts aligned with statewide efforts, whereas others addressed equity in communities in states without a statewide task force. The Chicago Racial Equity Rapid Response Team, led by the City's Chief Equity Officer, supplemented statewide equity task force efforts and unified several local hospitals and health centers around a declaration that racism is a public health crisis.²³ Participant hospital and health centers also made commitments to provide health care to marginalized communities, invest in communities, build pipelines for people of color to join the health care industry, and evaluate institutional policies through a racial equity lens.²⁴ In states without statewide task forces, cities and counties stepped up local efforts to address COVID-19 inequities. For example, the city of Oakland, California, established a public-private partnership to address COVID-19 health inequities and a COVID-19 Vulnerability Index measure to help direct resources to the most at-risk communities.²⁵ In Kansas, the Wyandotte County Public Health Department created a health equity task force of community leaders to provide guidance on strategies to reduce COVID-19 disparities.²⁶

Non-governmental entities and organizations also created task forces to address COVID-19 disparities and the social determinants of health.²⁷ These task forces often relied on philanthropic funding and prioritized collaboration between existing community organizations to achieve short- and long-term health equity goals.²⁸ On a local level, the Buffalo Center for Health Equity's African American Health Equity Task Force utilized funding from the Erie County Medical Center to host a community outreach program and to provide health and behavioral health care to Black and Latinx communities in priority

visited Jan. 16, 2021). See OFF. OF GOVERNOR KATE BROWN, STATE OF OREGON EQUITY FRAMEWORK IN COVID-19 RESPONSE AND RECOVERY 2 (2020).

21. See *Health Equity and COVID-19*, MINN. DEP'T OF HEALTH, <https://www.health.state.mn.us/communities/equity/about/covid19.html> (last visited Jan. 16, 2021).

22. *Black AZ COVID-19 Task Force*, WOMEN'S ECON. INST., <https://womenseconomicinstitute.com/who-we-are> (last visited Jan. 16, 2021).

23. Press Release, City of Chi. Off. of the Mayor, *supra* note 6.

24. *Id.*; *Racial Equity Rapid Response*, SWED. HOSP., <https://swedishcovenant.org/community/racial-equity-rapid-response> (last visited Jan. 16, 2021).

25. Press Release, City of Oakland Off. of Mayor Libby Schaaf, *supra* note 6.

26. Carlie J. Houchen & Tatiana Y. Lin, *A Kansas Twist: COVID-19 & Equity (June 12, 2020)*, KAN. HEALTH INST. (June 12, 2020), <https://www.khi.org/policy/article/20-28>.

27. See, e.g., *Report Card for an Equitable Reopening*, MASS. PUB. HEALTH ASS'N, <https://mapublichealth.org/covid19reopening/> (last visited Jan. 16, 2021).

28. See, e.g., *Racial Equity Rapid Response*, *supra* note 24.

zip codes.²⁹ The Community Foundation of Greater Flint created a Taskforce on Racial Inequities in partnership with academic, philanthropic, health, religious, and governmental organizations.³⁰

In Pennsylvania, the Black COVID-19 Equity Coalition brought together health professionals, researchers, public health practitioners, social scientists, and community funders across the state to address COVID-19 inequities and to create a “community oriented, primary, and preventative health care infrastructure.”³¹ The Massachusetts Public Health Association’s Emergency Task Force on Coronavirus & Equity developed a report card assessing equity in Governor Baker’s reopening policies and issued policy recommendations related to housing security and safety, worker rights, police accountability, data collection, immigrant health and safety, equitable reopening, decarceration, and crisis standards of care.³² These efforts will require dedicated funding and ongoing support from partner groups as organizations engage in broad-ranging efforts to reverse the structural and social roots of health inequities.

III. OVERVIEW OF TASK FORCE EFFORTS

Each state task force was responsive to the needs of its communities, and this analysis revealed that most operated under a broad mandate to increase equitable outcomes by identifying short- and long-term policy solutions. It was also observed that the task forces were charged with common duties and responsibilities including: assessing data collection and use, mitigating the impact of COVID-19, engaging the community in response efforts, designing messaging campaigns, addressing the social determinants of health, and assessing opportunities to continue the work of the task force. A few statewide equity task forces were more narrowly tailored to tackle a single problematic health issue facing communities of color, such as New York’s COVID-19 Maternity Task Force on access to safe maternity care and Connecticut’s Learn from Home Task Force addressing educational inequities during remote learning.³³

29. *ECMC, African American Health Equity Task Force Announce Social Determinants of Health Program*, ECMC (May 7, 2020), <https://www.ecmc.edu/ecmc-african-american-health-equity-task-force-announce-social-determinants-of-health-program/>.

30. *Greater Flint Coronavirus Taskforce on Racial Inequities*, CMTY. FOUND. GREATER FLINT, <https://www.cfgf.org/Our-Work-Impact/Current-Initiatives/Greater-Flint-Coronavirus-Taskforce-on-Racial-Inequities#:~:text=The%20Community%20Foundation%20of%20Greater,on%20African%20Americans%20and%20Latinos> (last visited Jan. 16, 2021).

31. The Black COVID-19 Equity Coalition, *The BC-19 EC Revised Coalition Executive Summary 11-20* (Nov. 2020) (unpublished manuscript) (on file with author).

32. *Policies Supported by the Task Force on Coronavirus & Equity*, TASK FORCE ON CORONAVIRUS & EQUITY, MASS. PUB. HEALTH ASS’N 1, https://docs.google.com/document/d/1DG_uSJotOLF-RBXDOfgU4_6FJtmnTeGB5ssCINv2RU/edit?ts=5ea06ce4 (last updated Feb. 9, 2021).

33. *Recommendations to the Governor to Promote Increased Choice and Access to Safe Maternity Care During the COVID-19 Pandemic*, N.Y. STATE COVID-19 MATERNITY TASK

Most state and local task forces in the analysis were charged with examining and proposing solutions to both the root causes of health inequities and a range of urgent health care needs, including: distribution of masks and COVID-19 tests in underserved areas; the void of culturally competent and linguistically relevant information on prevention and care; the lack of meaningful community engagement; and data collection practices that failed to capture the full impact of the pandemic on underserved communities. As a starting point, many task forces utilized community surveys or other feedback methods to better understand the most pressing needs and barriers facing underserved communities. For example, a Utah report detailing community survey responses helped illuminate unique barriers facing communities of color for a broad audience of potential advocates, partners, and decision-makers.³⁴

Many statewide task forces also addressed concerns about inclusivity in decision-making. For example, in Vermont, the Governor's Executive Order directed Vermont's task force to study and present options to encourage diverse populations to serve in public office.³⁵ Some task forces were further charged with developing recommendations to address structural barriers to health equity, including policies addressing the social and political determinants of health.³⁶ Implementation of these task force recommendations will require political will, funding streams, communication with impacted communities, and further refinement by decision-makers and implementing agencies.

IV. DISCUSSION OF KEY ISSUES

While each task force included in the analysis addressed a range of issues impacting Black, Hispanic and Latinx, and Indigenous COVID-19 outcomes, common themes around key issues emerged. This section reviews the key issues and policy recommendations identified by state task forces with publicly available reports or recommendations. The focus on statewide approaches acknowledges the need for consistent and lasting change that can be implemented on a broad scale via legislative, administrative, or executive action. However, the effort and commitment of local and organizational task forces are equally important and local efforts may find an easier path for implementation of innovative and tailored recommendations and strategies. These efforts, along

FORCE 2 (Apr. 2020), https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/042920_CMTF_Recommendations.pdf [hereinafter *Recommendations to the Governor*]; *Learn from Home Task Force*, CONN. STATE DEP'T OF EDUC., <https://portal.ct.gov/SDE/COVID19/Learn-From-Home-Task-Force> (last visited Jan. 16, 2021).

34. UTAH DIV. OF MULTICULTURAL AFFS., LOCAL NEEDS AMONG UTAH'S MULTICULTURAL COMMUNITIES DURING THE COVID-19 PANDEMIC 1-2 (Apr. 2020).

35. Vt. Exec. Order No. 02-20, 354 Vt. Gov't Reg. 1 (LexisNexis July 2020).

36. See, e.g., LA. COVID-19 HEALTH EQUITY TASK FORCE, LOUISIANA COVID-19 HEALTH EQUITY TASK FORCE SUBCOMMITTEE REPORTS (2020).

with local recommendations for long-term and legislative change, could be scaled up to address statewide and regional disparities.

The key issues identified in this section are categorized into six issue areas—equitable data practices, community engagement and inclusion, communication strategies, health care access, social determinants of health, and implementation—that capture the most common issues recognized by state task forces as points of intervention to address inequitable COVID-19 health outcomes. While states may have considered other interventions to address inequities, this section focuses on these six issues and the most common recommendations for addressing the factors that contribute to disparate COVID-19 outcomes in communities of color. The key issues and top policy recommendations for each issue are summarized in Table 2.

A. *Equitable Data Practices*

Accurate, complete, and consistent data are necessary to define the scope and impact of an outbreak and to direct resources to where they are most needed.³⁷ While the data on the COVID-19 pandemic was initially limited, it was clear early on that communities of color were experiencing greater disparities.³⁸ Data collection and reporting has improved over time, but challenges remain. All states in this analysis provide race or ethnicity for mortality data, and all but New York for overall case count data.³⁹ States, however, vary on other metrics, including hospitalizations, testing, recovery, and social or economic needs.⁴⁰ There is also variation in race and ethnicity categories within and across states, and in whether these categories are combined or separate.⁴¹ This makes it difficult to compare data across populations. In

37. See Eillie Anzilotti, *Why Are Data and Analytics Important for Understanding Outbreaks?*, TABLEAU (Mar. 16, 2020), <https://www.tableau.com/about/blog/2020/3/why-are-data-and-analytics-important-understanding-outbreaks>.

38. Isaac Chotiner, *The Interwoven Threads of Inequality and Health*, NEW YORKER (Apr. 14, 2020), <https://www.newyorker.com/news/q-and-a/the-coronavirus-and-the-interwoven-threads-of-inequality-and-health>.

39. See *COVID-19 Deaths by Race/Ethnicity*, KAISER FAM. FOUND., <https://www.kff.org/other/state-indicator/covid-19-deaths-by-race-ethnicity/> (last updated Jan. 3, 2021) (showing some degree of race or ethnicity reporting for mortality data in all states analyzed here); *COVID-19 Cases by Race/Ethnicity*, KAISER FAM. FOUND., <https://www.kff.org/other/state-indicator/covid-19-cases-by-race-ethnicity/> (last updated Jan. 3, 2021) [hereinafter *Cases by Race/Ethnicity*] (showing some degree of race or ethnicity reporting for case data for all states analyzed here except New York).

40. See *How States Collect Data, Report, and Act on COVID-19 Racial and Ethnic Disparities*, NAT'L ACAD. FOR STATE HEALTH POL'Y, <https://www.nashp.org/how-states-report-covid-19-data-by-race-and-ethnicity/> (last updated Nov. 30, 2020) [hereinafter *How States Collect*] (showing the reporting metrics where race or ethnicity is included in each state).

41. See *id.* (showing the categories for race/ethnicity used by each state).

addition, many states still have a high percentage of cases with unknown race or ethnicity.⁴²

In response to these challenges, state task forces commonly recommended standardized protocols for data collection. Task forces also recommended the collection and reporting of more comprehensive data that includes disability status, occupation or industry, sexual orientation and gender identity, comorbidities, preferred language, and data on the social determinants of health or other specific issues (like pregnancy or behavioral health).⁴³ Among the states in this analysis, three currently report additional categories by race or ethnicity, including age (Illinois), testing (Indiana), and unemployment, worker characteristics, and COVID-positive cases among individuals experiencing homelessness (Minnesota).⁴⁴ Having better data on how communities are impacted can inform decision-making. Several states specifically recommended using data to drive resource allocation, particularly for COVID-19 testing.⁴⁵

The task force recommendations reviewed make clear that equitable data practices are not possible without the data infrastructure to support both collection and reporting. Other key policy recommendations observed include increasing funding for public health surveillance, building the capacity of existing surveillance systems, and creating health equity dashboards. As one of the most notable examples, a primary goal of the Louisiana COVID-19 Health Equity Task Force was to create a Health Equity Dashboard.⁴⁶ These dashboards can provide actionable data to the public and policymakers and create accountability for progress toward health equity measures. Other notable recommendations include data disaggregation, which can further ensure that resource allocation is both equitable and appropriate for the needs of the community, and data collection and access issues for tribes (although only Louisiana, Massachusetts, and Washington explicitly addressed this issue).⁴⁷

42. As of November 8, 2020, for the states in this analysis, race was unknown for an average of 22.9% of cases, and ethnicity was unknown for an average of 35.7% of cases. *Cases by Race/Ethnicity*, *supra* note 39.

43. *E.g., id.*

44. *How States Collect*, *supra* note 40.

45. *See id.*

46. *See e.g.*, LA. COVID-19 HEALTH EQUITY TASK FORCE, *supra* note 36.

47. *Id.*; DPH COVID-19 Health Equity Advisory Group: *Recommendations, DPH Potential Actions & Updated Data Release*, MASS. DEP'T OF PUB. HEALTH (July 8, 2020), <https://www.mass.gov/doc/health-equity-advisory-group-recommendations-july-2020/download> [hereinafter *DPH COVID-19 Health Equity Advisory Group*]; *Preliminary Report to the Governor and the Legislature*, OFF. OF EQUITY TASK FORCE (Dec. 2019), <https://healthequity.wa.gov/TaskForceMeetings/EquityOfficeTaskForce/May27Virtual> (follow "Task Force Preliminary Report (January 2020)" hyperlink under Item 03).

B. Community Engagement and Inclusion

Nearly all state task force recommendations in this analysis recognized the lack of partnership and collaboration with underserved communities and communities of color as an immediate and significant barrier to COVID-19 health equity. One of the key challenges task forces addressed was ensuring that the people who are impacted are part of designing the solutions. As previously noted, only four task forces had an at-large or public member, which is a missed opportunity to have community perspectives and lived experience informing the discussion and recommendations.⁴⁸ However, a number of task forces prioritized other strategies to gain community perspectives to inform the task force's work. Arizona, Colorado, Massachusetts, and Utah used community surveys.⁴⁹ New Hampshire and Utah provided opportunities for public comment and state leaders in Rhode Island hosted town halls.⁵⁰ While many state task forces identified roles for individuals and community groups in achieving task force goals, it is unclear how truly collaborative these relationships will be if formed.

Task forces also considered how to ensure that communities of color and other vulnerable populations participate in processes that shape laws, policies, programs, and practices in order to reduce disparities and create more equitable institutions and systems. Task force recommendations prioritized enhanced public participation in decision-making processes, with a focus on community-led, community-informed, and asset-based projects and partnerships.⁵¹ North Carolina's task force specifically addressed how to enhance public participation among low-income and minority communities in decisions and actions related

48. See Colo. Response Team, *supra* note 13; Press Release, N.C. Governor Roy Cooper, Governor Cooper Names Members of Andrea Harris Social, Economic, Environmental, and Health Equity Task Force (July 15, 2020); *Commission for Health Advocacy and Equity*, R.I. DEP'T OF STATE, <https://opengov.sos.ri.gov/boards?EntityID=1356#DivBrowseBoardsPageSummary> (last visited Jan. 16, 2021); Vt. Exec. Order No. 02-20, *supra* note 9.

49. *COVID-19 Health Equity Initiatives: Black Arizona COVID-19 Task Force*, AM. MED. ASS'N, <https://www.ama-assn.org/delivering-care/population-care/covid-19-health-equity-initiatives-black-arizona-covid-19-task> (last visited Feb. 3, 2021) [hereinafter *Black Arizona*]. See Colo. Response Team, *supra* note 13 (providing a link for a community survey); *Task Force on Coronavirus & Equity*, *supra* note 8 (providing a link for a community survey); UTAH DIV. OF MULTICULTURAL AFFS., *supra* note 34.

50. *Governor's COVID-19 Equity Response Team*, N.H. DEP'T OF HEALTH & HUM. SERVS., <https://www.dhhs.nh.gov/omh/covid19-equity-response.htm> (last visited Feb. 3, 2021); *Stronger Together: COVID-19 Multicultural Town Hall*, STATE OF UTAH (Jan. 4, 2021), <https://coronavirus.utah.gov/stronger-together-covid-19-multicultural-town-hall/>; COVID-19 EQUITY COUNCIL, SEPTEMBER 2020 PROGRESS REPORT 1, 18 (2020).

51. For an example of a state's COVID-19 task force utilizing public forums to address citizens' concerns and instituting equity-based practices, such as expanding COVID-19 testing sites in communities of color, see COVID-19 EQUITY COUNCIL, *supra* note 50.

to environmental justice.⁵² Washington's task force proposed allowing communities to lead in "creating information about and for themselves, including through contracts and grants."⁵³ Task forces in Louisiana, New Hampshire, and Tennessee all considered or recommended community-based participatory research processes as one way to ensure that community perspectives are valued in problem identification, research design, and application of the results to solutions that benefit the community.⁵⁴

Most state task forces in this analysis identified the need for community-based collaboration to ensure that trusted community members, faith-based organizations, business owners, and youth leaders are involved in creating awareness about resources available to small businesses, individuals, and families. This included the creation of new collaborations to address broader social issues facing communities. For example, New Hampshire's task force recommended the creation and funding of a community led public-private partnership to implement strategies to reduce unemployment, create jobs, and assist with financial insecurity.⁵⁵ A number of state task forces also recommended partnerships to address food insecurity, job loss from restaurant closures, and the need for culturally relevant foods via collaborative relationships between the hospitality industry, local ethnic restaurants, and food distribution groups.⁵⁶

C. Communication Strategies

One primary issue addressed in nearly every statewide COVID-19 health equity task force included in this analysis is the widespread failure of governments to reach vulnerable and underserved communities with usable information about COVID-19 disparities, preventative practices, and resources. Task force recommendations identified several major barriers to communication including a lack of culturally relevant messaging, the failure to utilize trusted

52. N.C. Exec. Order No. 143 (June 4, 2020), <https://files.nc.gov/governor/documents/files/EO143-Addressing-the-Disproportionate-Impact-of-COVID-19-on-Communities-of-Color.pdf>.

53. *Proposed Recommendations*, OFF. OF EQUITY TASK FORCE 1 (May 27, 2020), <https://healthequity.wa.gov/TaskForceMeetings/EquityOfficeTaskForce/May27Virtual> (follow "Proposed Recommendations" link under "Item 05").

54. LA. COVID-19 HEALTH EQUITY TASK FORCE, *supra* note 36, at 8; GOVERNOR'S COVID-19 EQUITY RESPONSE TEAM, INITIAL REPORT AND RECOMMENDATIONS 1, 25 (2020); Tenn. Task Force, *supra* note 13.

55. GOVERNOR'S COVID-19 EQUITY RESPONSE TEAM, *supra* note 54, at 26.

56. *E.g.*, COVID-19 EQUITY COUNCIL, *supra* note 50 (highlighting a plan to provide free food to elders and their families in need through partnerships with local ethnic restaurants and a plan to introduce a new Latino and Asian menu through Meals on Wheels); GOVERNOR'S COVID-19 EQUITY RESPONSE TEAM, *supra* note 54, at 24 (proposing the expansion of food pantries, both in terms of service area and in terms of culturally tailored food options); *Black Arizona*, *supra* note 49 (instituting a plan to distribute food to marginalized communities, including those who are unemployed).

messengers, and the failure to develop communications in multiple languages. To address these barriers, most state task forces prioritized development of culturally relevant informational resources in several languages and sought channels to disseminate this information via trusted messengers and relevant communications platforms.⁵⁷ A smaller number of equity task forces recommended developing communications to educate a more generalized audience about the serious inequities in COVID-19 outcomes for communities of color.⁵⁸

Most state equity task forces recommended that trusted individuals in the community—such as community health workers, faith leaders, native language speakers, trusted business owners, and state leaders of color—communicate information about COVID-19 disparities, prevention, testing, and treatment. Community health workers figured prominently in several of the state plans for their role in conducting outreach, messaging, follow-up, and testing, as well as in supporting vaccine distribution. Equity task forces in states like Minnesota and Vermont considered funding to be a primary driver to ensure equitable communications.⁵⁹ Minnesota issued grants to local communities to develop communications and Vermont required all grant applicants to include a line item for translation.⁶⁰ Several state task forces also made recommendations about the communication platforms most capable of gaining traction with identified audiences, such as text messaging programs, health equity dashboards, listening sessions, social media platforms, and facilitated discussions with community leaders.⁶¹

Several state task forces also recognized a need for messaging aimed at trust and confidentiality. Task forces in Indiana and Pennsylvania recommended communications about the public charge rule and issuing assurances that individuals accessing health and social services during COVID-19 would not be

57. See, e.g., IND. STATE DEP'T OF HEALTH, *supra* note 11; GOVERNOR'S COVID-19 EQUITY RESPONSE TEAM, *supra* note 54; DPH COVID-19 Health Equity Advisory Group, *supra* note 47.

58. See, e.g., COVID-19 MINORITY HEALTH STRIKE FORCE, COVID-19 MINORITY HEALTH STRIKE FORCE BLUEPRINT 1, 14 (2020) (detailing plans to educate all Ohioans on the impact of racism and social determinants of health on communities of color).

59. See *COVID-19 Contracts for Diverse Media Messaging and Community Outreach*, MINN. DEP'T OF HEALTH, <https://www.health.state.mn.us/communities/equity/funding/covidcontracts.html> (last visited Jan. 13, 2021) [hereinafter *COVID-19 Contracts*] (stating how the Minnesota Department of Health set aside \$1.5 million for contracts to ensure culturally relevant and accurate information about COVID-19 reached underserved communities); RACIAL EQUITY TASK FORCE, REPORT OF THE VERMONT RACIAL EQUITY TASK FORCE 1, 4–5 (2020) (explaining Vermont's efforts to fund services for outreach, education, and translation of important COVID-19-related messages to various populations).

60. *COVID-19 Contracts*, *supra* note 59; RACIAL EQUITY TASK FORCE, *supra* note 59, at 5.

61. See e.g., GOVERNOR'S COVID-19 EQUITY RESPONSE TEAM, *supra* note 54, at 45.

penalized for accessing public services.⁶² Some states also recommended clear messaging on the confidentiality of personal information collected for health and social services and messaging to assuage distrust of government.⁶³ Another common thread observed in the task force recommendations was the need for messaging related to the social determinants of health. For example, Pennsylvania recommended the development of multi-language communications about housing rights and policies and rental assistance programs, Massachusetts recommended conversations about the connection between public health and inequitable economic systems, and Arizona recommended communications about underlying and preexisting health conditions and risk minimization.⁶⁴

D. Health Care Access

State and local governments have been confronted with dealing with the immediate impact of COVID-19 on communities of color while also having to

62. IND. STATE DEP'T OF HEALTH, *supra* note 11, at 14; PA. OFF. OF THE LIEUTENANT GOVERNOR, PENNSYLVANIA COVID-19 RESPONSE TASK FORCE: HEALTH DISPARITY, POLICY RECOMMENDATION REPORT 1, 16 (2020). In February 24, 2020, the U.S. Department of Homeland Security (DHS) implemented its final public charge rule, which among other changes, redefined the term "public charge" for purpose of the Immigration and Nationality Act's (INA) public charge ground of inadmissibility. Under the INA, an individual that an immigration officer determines is likely at any time to become a public charge, at the time the individual applies for an adjustment of status, will be denied legal status to reside in the United States as a non-citizen legal permanent resident. DHS's final rule does not apply to U.S. citizens, current legal permanent residents (except in limited circumstances), or exempt individuals like refugees and asylees. However, the rule has had a chilling effect on the use of non-cash benefits by such individuals by expanding the definition of a public charge so that an immigration officer may consider as a "negative factor" likely use of designated non-cash "public benefits" relating to housing (Section 8 housing), health (many forms of Medicaid), and food and nutrition (SNAP). Specifically, under DHS's final rule, public charge means any individual who receives one or more designated public benefits for more than twelve months in the aggregate within any thirty-six-month period (such that, receiving two benefits in one month counts as two months). April Shaw, *The Public Charge Rule and Public Health*, NETWORK FOR PUB. HEALTH L. 1, 3-5 (2020), <https://www.networkforphl.org/wp-content/uploads/2020/04/Issue-Brief-The-Public-Charge-Rule-and-Public-Health.pdf>. As of March 9, 2021, the Public Charge Final Rule is no longer being applied to any pending petitions or applications to which the rule would have applied. See *Inadmissibility on Public Charge Grounds Rule: Litigation*, U.S. CITIZENSHIP & IMMIGR. SERVS., <https://www.uscis.gov/green-card/green-card-processes-and-procedures/public-charge/inadmissibility-on-public-charge-grounds-final-rule-litigation> (last visited May 9, 2021).

63. See, e.g., IND. STATE DEP'T OF HEALTH, *supra* note 11, at 12 (recommending that individuals be assured that their personal health information will not be shared with the federal government).

64. PA. OFF. OF THE LIEUTENANT GOVERNOR, *supra* note 62, at 7; *DPH COVID-19 Health Equity Advisory Group*, *supra* note 47, at 14. See *Black Arizona*, *supra* note 49 (outlining a plan to create targeted messaging to assist populations in minimizing their risks through measures such as wellness visits).

recognize and address the historical roots of racial disparities in health outcomes.⁶⁵ In the health care setting, interpersonal racism affects the quality of care, institutional racism affects the diversity of staff and leadership, and systemic racism affects health insurance coverage and access to care.⁶⁶ One common state task force recommendation identified in this analysis for health care access was the development of workforce strategies to address these different levels of racism in the health care setting. Most task force recommendations focused on training in cultural competency, implicit bias, and other diversity, equity, and inclusion concepts.⁶⁷ Other recommendations included establishing a health equity committee in hospitals and health care institutions to ensure services are appropriate (Louisiana), requiring training as part of licensure or renewal of licensure (Michigan and Louisiana), and changes to other licensure and practice requirements (Massachusetts and New York).⁶⁸

Equitable outcomes depend on accessible and effective communication. Task forces in this analysis commonly recommended development and dissemination of culturally and linguistically appropriate messaging and programming, creation of language access plans, and improvement of health literacy, as described in the previous section. Equitable outcomes also depend on understanding and recognizing the role of trauma in shaping the experience of care and distrust of health care institutions, particularly for racial and ethnic groups that have experienced direct and intergenerational effects of stress due to discrimination.⁶⁹ In response, at least ten states recommended taking steps to

65. Memorandum from the Nat'l Governors Ass'n Staff to Governors' Offs. (June 25, 2020), <https://www.nga.org/wp-content/uploads/2020/06/COVID-19-Health-Equity-Memo.pdf>.

66. *See id.* (detailing how people of color suffer from lack of health insurance coverage, access to quality care, and providers' implicit biases); Ruqaiyah Yearby & Seema Mohapatra, *Law, Structural Racism, and the COVID-19 Pandemic*, 7 J.L. & BIOSCIENCES 1 (2020) (explaining how interpersonal racism occurs through individual interactions, institutional racism occurs through facially neutral organizational policies that limit minorities' equitable treatment, and structural racism occurs as laws advantage the majority and disadvantage the minority).

67. *See e.g.*, IND. STATE DEP'T OF HEALTH, *supra* note 11, at 12.

68. LA. COVID-19 HEALTH EQUITY TASK FORCE, *supra* note 36, at 4, 8 (recommending that hospitals institute a health equity committee and require clinicians to undergo continuous education regarding community disparities); *Michigan Coronavirus Task Force on Racial Disparities*, MICH. DEP'T OF HEALTH & HUM. SERVS., https://www.michigan.gov/mdhhs/0,5885,7-339-71551_5460_99929--,00.html (last visited Jan. 13, 2021) (under "Task Force Meeting Documents," select "Recommendations sheet"); *DPH COVID-19 Health Equity Advisory Group*, *supra* note 47, at 52 (increasing pathways for foreign-trained professionals to practice by re-assessing current licensing models); *Recommendations to the Governor*, *supra* note 33 (advocating for expediting licensure processes to increase access to midwifery services during the COVID-19 pandemic).

69. *See* Chloe Edwards, *Historical Trauma in the Healthcare System*, VOICES FOR VA.'S CHILD.: VOICES' BLOG (July 26, 2020), <https://vakids.org/our-news/blog/the-intersection-of-the-pandemic-racism-trauma> (highlighting examples of trauma that occurred to Black, Indigenous, and people of color (BIPOC) groups, resulting in a distrust of the healthcare system).

understand the effects of trauma and provide trauma-informed care, services, or communications.⁷⁰

Other common task force recommendations focused on ensuring equity in mental and behavioral health access and services. Some states focused on specific populations, like currently incarcerated individuals in Louisiana and LGBT students in Pennsylvania.⁷¹ A handful of states recommended a number of other promising interventions, including supporting expanded primary care through school-based clinics (Michigan), expanding critical care infrastructure and capacity (Pennsylvania), investing in the social determinants of health through leveraging Community Benefits requirements (Louisiana), place-based investing along with inclusive local hiring and contracting (Ohio), and developing a Medicaid Social Determinants of Health Investment Strategy (Rhode Island).⁷² States also focused recommendations on specific at-risk populations or settings, including long-term care facilities (Idaho, Indiana, Kentucky, and Louisiana) and maternity care (New York and Tennessee).⁷³

Finally, at least fifteen state task forces recognized and addressed the issue of access to testing, treatment, personal protective equipment (PPE), or vaccination related to COVID-19.⁷⁴ The most common recommendation

70. LA. COVID-19 HEALTH EQUITY TASK FORCE, *supra* note 36; RACIAL EQUITY TASK FORCE, *supra* note 59, at 5; COVID-19 MINORITY HEALTH STRIKE FORCE, *supra* note 58, at 15; IND. STATE DEP'T OF HEALTH, OFF. OF MINORITY HEALTH, INDIANA HEALTH DISPARITIES TASK FORCE EXECUTIVE SUMMARY 12 (2020); OFF. OF GOVERNOR KATE BROWN, *supra* note 20, at 3. GOVERNOR'S COVID-19 EQUITY RESPONSE TEAM, *supra* note 54, at 34; *DPH COVID-19 Health Equity Advisory Group*, *supra* note 47, at 62; UTAH DIV. OF MULTICULTURAL AFFS., *supra* note 34 (discussing how the state can implement a preparedness plan to spread information to minority communities in a culturally competent manner). *See* COVID-19 EQUITY COUNCIL, *supra* note 50 (emphasizing Rhode Island's commitment to disseminating a culturally and linguistically appropriate communications campaign); *Proposed Recommendations*, *supra* note 53, at 2 (proposing the use of equity-related language and competencies).

71. LA. COVID-19 HEALTH EQUITY TASK FORCE, *supra* note 36, at 3; PA. OFF. OF THE LIEUTENANT GOVERNOR, *supra* note 62, at 3.

72. MICH. CORONAVIRUS TASK FORCE ON RACIAL DISPARITIES, RECOMMENDATIONS FROM THE PRIMARY CARE CONNECTIONS WORKGROUP 5 (2020); PA. OFF. OF THE LIEUTENANT GOVERNOR, *supra* note 62, at 18. *See* LA. COVID-19 HEALTH EQUITY TASK FORCE, *supra* note 36, at 10; COVID-19 MINORITY HEALTH STRIKE FORCE, *supra* note 58, at 16; R.I. EXEC. OFF. OF HEALTH & HUM. SERVS., HEALTH SYSTEM TRANSFORMATION PROJECT SOCIAL DETERMINANTS OF HEALTH INVESTMENT STRATEGY 1 (2020).

73. STATE OF IDAHO TESTING TASK FORCE, COVID-19 TESTING RECOMMENDATIONS 12 (2020) [hereinafter IDAHO TESTING TASK FORCE]; IND. STATE DEP'T OF HEALTH, *supra* note 70, at 8; KY. CABINET FOR HEALTH & FAM. SERVS., LONG-TERM CARE FACILITIES UPDATE 1 (2021); LA. COVID-19 HEALTH EQUITY TASK FORCE, *supra* note 36; *Recommendations to the Governor*, *supra* note 33. *See* Tenn. Task Force, *supra* note 13.

74. *See Michigan Coronavirus Task Force on Racial Disparities*, MICH. DEP'T OF HEALTH & HUM. SERVS., https://www.michigan.gov/mdhhs/0,5885,7-339-71551_5460_99929--,00.html (last visited Jan. 31, 2021); *see, e.g.*, Colo. Response Team, *supra* note 13; IDAHO TESTING TASK FORCE, *supra* note 73, at 5; Ill. Task Force, *supra* note 13; IND. STATE DEP'T OF HEALTH, *supra*

identified in this analysis was to issue testing guidance (Idaho’s task force was exclusively focused on testing), followed by distributing PPE to at-risk workers and communities, taking steps to ensure continued health insurance coverage, and ensuring vaccine equity. Task forces in Massachusetts and Michigan made specific recommendations related to equitable vaccine distribution, including public awareness and education campaigns and promoting the uptake of important vaccines, including the COVID-19 vaccine.⁷⁵ The task force in Colorado also addressed equitable vaccine distribution in one of its final meetings, although not in its official recommendations.⁷⁶ Since this review was completed, three vaccines have been approved in the United States and states are taking varying approaches to ensuring equity in vaccine allocation and distribution, communications and messaging, and data collection and reporting.⁷⁷

E. *Social Determinants of Health*

Social and economic issues are the drivers of disparities, and historical inequities have made communities of color more vulnerable to COVID-19.⁷⁸ A successful pandemic response and long-term equitable recovery depend on social and economic supports being in place.⁷⁹ Task forces in this analysis recommended both short- and long-term policy solutions to address the social

note 70, at 11; KY. CABINET FOR HEALTH & FAM. SERVS., *supra* note 73; LA. COVID-19 HEALTH EQUITY TASK FORCE, *supra* note 36; MASS. DEP’T OF PUB. HEALTH, DPH COVID-19 HEALTH EQUITY ADVISORY GROUP: RECOMMENDATIONS, DPH POTENTIAL ACTIONS & UPDATED DATA RELEASE 43 (2020); GOVERNOR’S COVID-19 EQUITY RESPONSE TEAM, *supra* note 54, at 6, 23–24; ANDREA HARRIS SOC., ECON., ENV’T, & HEALTH EQUITY TASK FORCE, 2020 POLICY RECOMMENDATIONS (2020) [hereinafter ANDREA HARRIS TASK FORCE]; COVID-19 MINORITY HEALTH STRIKE FORCE, *supra* note 58, at 15; PA. OFF. OF THE LIEUTENANT GOVERNOR, *supra* note 62, at 19; COVID-19 EQUITY COUNCIL, *supra* note 50, at 10, 15; RACIAL EQUITY TASK FORCE, *supra* note 59, at 5–6; *Recommendations to the Governor*, *supra* note 33.

75. MASS. DEP’T OF PUB. HEALTH, *supra* note 74. *See, e.g.*, MICH. DEP’T OF HEALTH & HUM. SERVS., MICHIGAN COVID-19 VACCINATION INTERIM PRIORITIZATION GUIDANCE 7 (2020) (emphasizes importance of outreach strategies for vulnerable populations such as those in congregate living).

76. *September 10, 2020 Meeting Summary*, COVID-19 HEALTH EQUITY RESPONSE TEAM 1 (Sept. 10, 2020), <https://covid19.colorado.gov/health-equity-response-team> (select “Meeting summaries” at the bottom of the page, then click the link for “9-10-20 Meeting summary”).

77. Nambi Ndugga et al., *How Are States Addressing Racial Equity in COVID-19 Vaccination Efforts?*, KAISER FAM. FOUND. (Mar. 10, 2021), <https://www.kff.org/racial-equity-and-health-policy/issue-brief/how-are-states-addressing-racial-equity-in-covid-19-vaccine-efforts/>.

78. *Health Equity Considerations & Racial & Ethnic Minority Groups*, CTNS. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html> (last updated July 24, 2020).

79. POLICYLINK, COVID-19 & RACE, PRINCIPLES FOR A COMMON-SENSE, STREET-SMART RECOVERY: COMPLETE SET 9–10 (2020).

determinants of health.⁸⁰ The top recommendations were related to economic stability, with a focus on relief for small businesses led by women and people of color, as well as on career pathways, job training, and other employment supports.⁸¹ While some task force recommendations made general reference to economic security or stability, others specifically proposed increasing the minimum wage, ensuring quality employment opportunities, and implementing a package of employment protections like paid sick leave, safe work spaces, workers' compensation policies for COVID-19 exposure, whistleblower protection, hazard pay, and protection from surprise billing.⁸²

In addition to economic supports, it was observed that a number of task forces recommended broad support to enable compliance with stay-at-home and related orders, including establishing emergency funds, providing income replacement and wraparound services, ensuring access to childcare, and taking a medical home approach to providing comprehensive health care.⁸³ Other common recommendations were related to housing, with short-term solutions centered on preventing eviction and foreclosure, and long-term solutions including revising landlord-tenant and housing laws and improving access to safe, stable, and affordable housing. As an example, Rhode Island developed the Housing NOW Shelter Reduction Program where the state rents vacant properties directly from owners to meet housing needs.⁸⁴ Food security was also a prominent concern, with at least eight state plans referencing food deserts, access to healthy foods, and/or challenges with food distribution.⁸⁵

Several recommendations touched on other social determinants, including poverty (Massachusetts and Ohio), environmental justice (North Carolina), transportation (Ohio, Rhode Island, and Vermont), voter engagement (Arizona), and the needs of immigrant and refugee populations (Indiana, Rhode Island, Utah, and Vermont).⁸⁶ There were a handful of other education-related

80. All references to the social determinants of health are based on the CDC Healthy People 2030 framework. *About Social Determinants of Health*, CTRS. FOR DISEASE CONTROL & PREVENTION <https://www.cdc.gov/socialdeterminants/about.html> (last reviewed Mar. 10, 2021).

81. PA. OFF. OF THE LIEUTENANT GOVERNOR, *supra* note 62, at 25; COVID-19 MINORITY HEALTH STRIKE FORCE, *supra* note 58, at 16.

82. *E.g.*, MASS. DEP'T OF PUB. HEALTH, *supra* note 74, at 20, 23 (showing a more general reference to economic stability); IND. STATE DEP'T OF HEALTH, *supra* note 70, at 12, 14 (proposing specific actions to mitigate economic issues).

83. *E.g.*, PA. OFF. OF THE LIEUTENANT GOVERNOR, *supra* note 62, at 18, 25.

84. COVID-19 EQUITY COUNCIL, *supra* note 50, at 12.

85. *See* COVID-19 MINORITY HEALTH STRIKE FORCE, *supra* note 58, at 14; *see, e.g.*, IND. STATE DEP'T OF HEALTH, *supra* note 70, at 10; GOVERNOR'S COVID-19 EQUITY RESPONSE TEAM, *supra* note 54, at 6, 24; PA. OFF. OF THE LIEUTENANT GOVERNOR, *supra* note 62, at 15; COVID-19 EQUITY COUNCIL, *supra* note 50, at 10.

86. MASS. HEALTH EQUITY TASK FORCE, INTERIM REPORT – EXECUTIVE SUMMARY 7 (2020); COVID-19 MINORITY HEALTH STRIKE FORCE, *supra* note 58, at 16, 18; ANDREA HARRIS TASK FORCE, *supra* note 74; COVID-19 EQUITY COUNCIL, *supra* note 50, at 11, 18; RACIAL

proposals, including increasing the number of children served by high-quality childcare and early learning programs and decreasing absenteeism (Ohio), reducing law enforcement contacts for students facing discipline (Vermont), and providing additional support services for vulnerable groups, like individuals in foster care or experiencing housing instability or homelessness (Pennsylvania).⁸⁷ One other frequently included recommendation was to improve access to broadband and the services it supports, like telehealth and remote learning.⁸⁸

Task forces also addressed the determinant of social and community context by making recommendations related to other social factors that have a significant impact on health outcomes. For example, some task forces focused on conditions of incarceration, including short-term interventions in response to COVID-19 like testing, treatment, and decarceration or compassionate release, as well as longer-term solutions like creating health and criminal justice partnerships, reviewing law enforcement practices, revising criminal history laws, and improving expungement and clemency processes (Louisiana, Ohio, and Pennsylvania).⁸⁹ These long-term solutions are all things that impact incarceration rates and successful re-entry post-incarceration.⁹⁰ The Indiana Health Disparities Task Force recognized a number of these issues in its recommendation to enhance re-entry services by securing housing, food, workforce development, and transportation for individuals released from incarceration.⁹¹

F. Implementation

Most state task forces considered ways to implement strategies to address institutional and structural barriers to health equity. The most frequent recommendation observed in this analysis related to implementation was the use of racial equity tools in assessing programs, policies, and decision-making,

EQUITY TASK FORCE, *supra* note 59, at 5–7; *Black Arizona*, *supra* note 49; IND. STATE DEP'T OF HEALTH, *supra* note 70, at 6; UTAH DIV. OF MULTICULTURAL AFFS., SIX MONTHS IN REVIEW: AN EQUITABLE CRISIS RESPONSE 13 (2020).

87. COVID-19 MINORITY HEALTH STRIKE FORCE, *supra* note 58, at 16; RACIAL EQUITY TASK FORCE, *supra* note 59, at 12; PA. OFF. OF THE LIEUTENANT GOVERNOR, *supra* note 62, at 23.

88. *See, e.g.*, ANDREA HARRIS TASK FORCE, *supra* note 74 (detailing that North Carolina recommended expanded access to telehealth to reduce the gaps in equity).

89. LA. COVID-19 HEALTH EQUITY TASK FORCE, *supra* note 36, at 12; COVID-19 MINORITY HEALTH STRIKE FORCE, *supra* note 58, at 17; PA. OFF. OF THE LIEUTENANT GOVERNOR, *supra* note 62, at 10.

90. *See generally* Dennis Schrantz et al., *Decarceration Strategies: How 5 States Achieved Substantial Prison Population Reductions*, THE SENT'G PROJECT (Sept. 5, 2018), <https://www.sentencingproject.org/publications/decarceration-strategies-5-states-achieved-substantial-prison-population-reductions/> (demonstrating an effective means of reducing reincarceration is focusing on goals such as reducing racial disparity).

91. IND. STATE DEP'T OF HEALTH, *supra* note 70, at 16.

supported by training, professional development, capacity building, and resources. Oregon's Equity Framework in COVID-19 Response and Recovery is one example.⁹² Task forces in Colorado, Utah, and Washington also proposed developing equity toolkits, plans, or playbooks.⁹³ Other examples include the use of Racial or Equity Impact Assessments (Michigan, Indiana, and Virginia),⁹⁴ PolicyLink guiding principles for an equitable recovery (Louisiana),⁹⁵ and the Seven Elements of Culturally Effective Organizations framework (New Hampshire).⁹⁶ The use of racial equity tools and frameworks is one step in ensuring that laws, policies, programs, and budget decisions are equitable in design and implementation.

Several task forces also made recommendations to create pathways for accountability and incorporate health equity into performance improvement processes. The top recommendation observed related to accountability was to review agency complaint processes for claims of racism or discrimination and encourage reporting. Examples of different approaches can be found in Michigan, New Hampshire, Ohio, Rhode Island, and Vermont. More general recommendations observed related to accountability focused on performance improvement processes, evaluation, and strategic planning. Some states recommended the development of a common language for tracking and measurement across agencies.⁹⁷ The Ohio Minority Health Strike Force Report and the corresponding Executive Response recommended using the State Health Improvement Plan and other equity promotion tools, along with accepted benchmarks and standards, in a comprehensive approach to create accountability for health equity.⁹⁸

Funding is a critical component of implementation, and dedicated funding streams, along with clearly defined authority to act, are needed to achieve

92. OFF. OF GOVERNOR KATE BROWN, *supra* note 20, at 3, 5, 6.

93. *See* Colo. Response Team, *supra* note 13; UTAH DIV. OF MULTICULTURAL AFFS., *supra* note 86, at 31; OFF. OF EQUITY TASK FORCE, 2020 OFFICE OF EQUITY TASK FORCE: FINAL PROPOSAL 10 (2020).

94. *Governor Whitmer Signs Executive Directive Recognizing and Addressing Racism as a Public Health Crisis, Creates the Black Leadership Advisory Council*, STATE OF MICH. (Aug. 5, 2020), https://www.michigan.gov/som/0,4669,7-192-29701_74909_74922-535762--,00.html; IND. STATE DEP'T OF HEALTH, *supra* note 70, at 14; *Commonwealth of Virginia COVID-19 Equity Leadership Task Force*, *supra* note 13. *See generally* THE CTR. FOR RACIAL JUST. INNOVATION, RACIAL EQUITY IMPACT ASSESSMENT 1 (2020).

95. POLICYLINK, *supra* note 79, at 1.

96. *Culturally Effective Healthcare Organizations: A Framework for Success*, BRANDEIS UNIV. INST. ON ASSETS & SOC. POL'Y 1 (Apr. 2020), <https://heller.brandeis.edu/iasp/pdfs/jobs/culturally-effective.pdf>.

97. *See, e.g.,* MIKE DEWINE GOVERNOR OF OHIO, OHIO'S EXECUTIVE RESPONSE: A PLAN OF ACTION TO ADVANCE EQUITY 12 (2020).

98. *Id.* at 12; COVID-19 MINORITY HEALTH STRIKE FORCE, *supra* note 58, at 16.

equitable outcomes.⁹⁹ The analysis conducted here revealed that many state task forces were convened within the state government structure as advisory bodies providing equity analysis and making recommendations about actions to address disparate COVID-19 outcomes. While it remains to be seen whether and how many of these task force policy recommendations will be implemented, some states identified the need for both short-term strategic investment and long-term funding to accomplish task force objectives. In Massachusetts, for example, the Office of Health Equity was identified as a consultant and charged with providing requested information to the Massachusetts task force.¹⁰⁰ The Louisiana task force received \$500,000 in dedicated funding from the Governor's COVID-19 Response Fund (funded through philanthropic foundations) to support its efforts.¹⁰¹

Other task forces were asked to identify funding opportunities to help combat COVID-19 inequities or were charged with distributing funds or resources to local community groups or schools. For example, Michigan's task force distributed \$20 million to respond to community needs.¹⁰² Connecticut's Learn from Home Task Force distributed donated educational supplies and computers to schools to assist with distance learning.¹⁰³ Utah launched a Racial Equity and Inclusion Fund to provide grants to community-based organizations.¹⁰⁴ Wisconsin's Just Recovery for Health Equity initiative of the state Department of Health Services and the Population Health Institute planned to distribute \$2.6 million to community-based organizations to address racial disparities in Wisconsin's COVID-19 recovery efforts.¹⁰⁵ Massachusetts has

99. See RHEA K. FARBERMAN ET AL., TRUST FOR AM. HEALTH, THE IMPACT OF CHRONIC UNDERFUNDING ON AMERICA'S PUBLIC HEALTH SYSTEM: TRENDS, RISKS, AND RECOMMENDATIONS, 2020 at 7 (2020).

100. *COVID-19 Health Equity Advisory Group*, STATE OF MASS., <https://www.mass.gov/orgs/covid-19-health-equity-advisory-group> (last visited Jan. 15, 2021).

101. Press Release, Off. of John Bel Edwards, Gov. Edwards Announces Funding to the Health Equity Task Force to Examine Causes and Solutions to COVID-19 Racial Disparities (Apr. 24, 2020).

102. Press Release, Off. of Governor Gretchen Whitmer, Governor Whitmer and Lt. Governor Gilchrist Highlight Significant Reduction in Racial Disparities of COVID-19 Cases and Deaths (Sept. 28, 2020).

103. Press Release, Conn. State Dep't of Educ., State Conn. Governor's COVID-19 Learn from Home Taskforce, April 17: Update from Governor's COVID-19 Learn from Home Task Force (Apr. 17, 2020).

104. *Racial Equity & Inclusion Fund Formed to Address COVID-19 Disparities and Beyond*, MULTICULTURAL SUBCOMM. UTAH CORONAVIRUS TASK FORCE (July 8, 2020), <https://coronavirus.utah.gov/racial-equity-inclusion-fund-formed-to-address-covid-19-disparities-and-beyond/>.

105. Press Release, Population Health Inst., Gov. Evers, Lt. Gov. Barnes, DHS, and Population Health Inst. Announce Just Recovery Initiative to Address Disproportionate Impact of COVID-19 on Wis.'s Cmty. of Color (Sept. 30, 2020).

also proposed the creation of a Health Equity Response Initiatives Reserve Account.¹⁰⁶

Task forces can help bolster implementation of health equity measures by revising recommendations or adopting an oversight function, but for many of the task forces in this analysis, it is unclear whether they will continue to meet or take on a new form and purpose as the pandemic progresses or after the COVID-19 pandemic is over.¹⁰⁷ However, state and local governments will need a way to continue to monitor the impact of COVID-19 and other conditions of public health importance on people or communities of color and other vulnerable populations. They will also need to direct resources and create accountability for achieving more equitable outcomes. Two long-term implementation strategies recommended by several state task forces were: 1) identifying an entity to continue to address racial disparities or oversee implementation of task force recommendations, such as existing agencies or offices of minority health, newly created and funded offices or positions, or a formalized COVID-19 health equity task force, as done in Louisiana, Ohio, and Washington; and 2) improving emergency preparedness and response operations, which was recommended in New Hampshire, Ohio, and Utah, as well as in Louisiana with regard to correctional facilities.¹⁰⁸

V. CONCLUSIONS

Establishing a health equity task force, work group, or committee is one of the key policy interventions to inform the COVID-19 response, direct resources

106. MASS. HEALTH EQUITY TASK FORCE, *supra* note 86, at 12.

107. Several task forces were set to meet throughout the pandemic or as long as needed. For some, like the task forces in Colorado and New Hampshire, their websites indicate that their work is complete. *See, e.g.*, Colo. Response Team, *supra* note 13 (stating that the “group is now sunsetted”); *Governor’s COVID-19 Equity Response Team*, *supra* note 50 (indicating that the Team is now inactive). Other task forces, including those in Arizona, North Carolina, and Wisconsin, and the legislative task force in Massachusetts, were still active as of November 2020. *See, e.g.*, WIS. DEP’T OF HEALTH SERVS., <https://www.dhs.wisconsin.gov/hec/index.htm> (last visited Jan. 15, 2021); *see generally Task Force on Coronavirus & Equity*, *supra* note 8. The state task forces with a focus on a specific health equity issue are split—those in New York and Connecticut as of November 2020 had not published any additional updates after their reports were issued, while those in Idaho and Kentucky updated their recommendations in response to changing needs related to testing and long-term care. *See generally Testing*, STATE OF IDAHO, <https://coronavirus.idaho.gov/testing/> (last updated Apr. 8, 2021); KY. CABINET FOR HEALTH & FAM. SERVS., *supra* note 73.

108. *See, e.g.*, GOVERNOR’S COVID-19 EQUITY RESPONSE TEAM, *supra* note 54, at 28; COVID-19 MINORITY HEALTH STRIKE FORCE, *supra* note 58, at 14; UTAH DIV. OF MULTICULTURAL AFFS., *supra* note 86, at 28; *Louisiana COVID-19 Health Equity Task Force Sends Recommendations to Gov. Edwards*, LA. ACAD. OF FAM. PHYSICIANS, <https://www.lafp.org/news-and-publications/lafp-weekly-family-medicine-update/latest-issues/687-july-21-2020/8475-louisiana-covid-19-health-equity-task-force-sends-recommendations-to-gov-edwards> (last visited Jan. 15, 2021).

to vulnerable communities, and develop long-term strategies to address disparities in health outcomes. These task forces are positioned to influence policy development and the implementation of strategies that can lead to meaningful change. To do so, they need the authority to act or a direct connection to a source of authority (like a governor's office or a legislature), as well as resources to implement proposed interventions. One of the most important steps for policymakers going forward will be to formalize task forces and enshrine task force objectives in state and local law.

Some jurisdictions have taken these steps. Washington enacted a bill effective in June 2020 creating a state Office of Equity that is tasked with addressing many of the key issues noted in this analysis: applying an equity lens to agency decision-making, service delivery, policy development, and budgeting; strengthening community engagement and outreach; training to create a diverse, inclusive, and culturally sensitive workforce; establishing standards for the collection, analysis, and reporting of disaggregated data; and establishing performance metrics and other accountability strategies.¹⁰⁹ Other examples include a Louisiana bill to establish the COVID-19 Health Equity Task Force,¹¹⁰ a New York bill to establish a racial equity, social justice, and implicit bias training program for all state and private employees,¹¹¹ and the Massachusetts bill that created the task force included in this analysis.¹¹²

At the local level, the Chicago Racial Equity Rapid Response Team, incorporated into the Chicago Department of Health, will transition to a focus on racial equity as part of the Healthy Chicago 2025 plan.¹¹³ The San Jose City Council accepted a set of thirty recommendations submitted by the Santa Clara County Health and Equity Task Force.¹¹⁴ At the national level, the Biden administration established a COVID-19 task force focused in part on protecting at-risk populations as well as on equitable vaccine distribution, echoing some of the state-level actions analyzed here.¹¹⁵ The administration has also identified

109. H.B. 1783, 66th Leg., Reg. Sess. (Wash. 2020).

110. S.B. 64, 2020 2nd Extraordinary Sess. (La. 2020).

111. S.B. 8521B, 2019–2020 Gen. Assemb., Reg. Sess. (N.Y. 2020).

112. H. 4672, 191st Gen. Ct., (Mass. 2020), 2020 Mass. Acts Ch. 93.

113. CHI. DEP'T OF PUB. HEALTH, HEALTHY CHICAGO 2025, at 24 (2020); *COVID-19 Health Equity Initiatives: Chicago Racial Equity Rapid Response Team*, AM. MED. ASS'N, <https://www.ama-assn.org/delivering-care/health-equity/covid-19-health-equity-initiatives-chicago-racial-equity-rapid> (last visited Jan. 16, 2021).

114. Letter from San Jose Health & Racial Equity Task Force, to San Jose Mayor & City Council (Aug. 17, 2020).

115. See Yasmeen Abutaleb & Laurie McGinley, *President-Elect Biden Announces Coronavirus Task Force Made Up of Physicians and Health Experts*, WASH. POST (Nov. 9, 2020, 3:00 PM), <https://www.washingtonpost.com/health/2020/11/09/biden-coronavirus-task-force/>.

racial equity as one of its top priorities, the significance of which cannot be overstated in advancing the movement toward racial justice.¹¹⁶

COVID-19 health equity task forces are the latest in a long line of strategies designed to eliminate health disparities. States should consider how to use existing infrastructure and build on previous efforts as they create new plans to address racial and ethnic disparities in health outcomes. State offices of minority health exist in almost every state. Additionally, the ten HHS regions have been served in the past by Regional Health Equity Councils, which were independent, cross-sector coalitions implementing the National Partnership for Action to End Health Disparities.¹¹⁷ States should evaluate the successes and challenges of these and other prior efforts to address health disparities and consider strategies that recognize the people, agencies, organizations, and communities that have long been doing this work.

These task forces should also align with current initiatives to facilitate a robust and coordinated approach to achieving racial equity. For example, there is significant overlap between the jurisdictions that established a COVID-19 health equity task force and jurisdictions that declared racism a public health crisis in 2019 or 2020.¹¹⁸ Ohio has the largest number of localities that have issued declarations and has one of the most comprehensive set of recommendations issued by the Ohio Minority Health Strike Force, including a detailed Executive Response.¹¹⁹ As of the end of October 2020, more than 150 cities, counties, states, hospitals and health systems declared racism a public health crisis.¹²⁰ These declarations recognize many of the same drivers of health inequities and include many of the same policy recommendations issued by task forces.¹²¹ The substantial overlap in recommendations highlights the importance of addressing the harms of racism on public health and the opportunity to use law and policy to reverse those harms.

116. *Racial Equity: The Biden-Harris Plan to Advance Racial Equity*, BIDEN-HARRIS TRANSITION, <https://buildbackbetter.gov/priorities/racial-equity/> (last visited Jan. 16, 2021).

117. See generally Kim Krisberg, *Equity Councils Cross Sectors to Target Roots of Disparities: Partnerships Elevate State, Local Work*, NATION'S HEALTH, Sept. 2018, 48(7), at s1, s2.

118. See *Declarations of Racism as a Public Health Issue*, AM. PUB. HEALTH ASS'N, <https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations> (last visited Jan. 16, 2021).

119. See COVID-19 MINORITY HEALTH STRIKE FORCE, *supra* note 58, at 14.

120. Cliff Despres, *Update: 150+ Cities, Counties, Leaders Declare Racism a Public Health Crisis!*, SALUD AM.! (Oct. 7, 2020), <https://salud-america.org/rising-number-of-cities-counties-are-declaring-racism-a-public-health-crisis/>; AM. PUB. HEALTH ASS'N, *supra* note 118; *It Is Undeniable: Racism Is a Public Health Crisis*, HEALTHCARE ANCHOR NETWORK (Sept. 27, 2020), <https://healthcareanchor.network/2020/09/it-is-undeniable-racism-is-a-public-health-crisis/>.

121. Dawn Hunter & Betsy Lawton, *State and Local Efforts to Declare Racism a Public Health Crisis*, NETWORK FOR PUB. HEALTH L. 2, <https://www.networkforphl.org/wp-content/uploads/2020/06/State-and-Local-Efforts-to-Declare-Racism-a-Public-Health-Crisis-2.pdf> (last updated June 12, 2020).

However, establishing a task force is only one policy approach. States without a task force have also recognized the need to understand and address racial disparities and have taken other actions, like incorporating equity into their overall recovery plan (California), commissioning studies of racial and ethnic health disparities due to COVID-19 (Texas), or taking a broad look at racial equity in general (New Mexico).¹²² What is perhaps most important is that these proposed actions are informed by the evidence of disparities and that there is alignment and coordination of efforts to ensure a robust response. One way to do this is through an enterprise-wide commitment to racial equity. A task force, office, program, or position dedicated to racial equity may be necessary, but is not sufficient, and Oregon and Ohio stand out as examples of states committed to institutionalizing racial equity principles and practices throughout state government.¹²³ No matter the intervention, the impact on racial and ethnic health disparities will take time to realize, as measures of population health are slow to shift, and states are still grappling with responding to and controlling the spread of COVID-19.

Task forces made considerable, and often extensive, recommendations to achieve health equity. Future research should assess whether states with task forces were more likely to implement laws and policies to address the social and political determinants of health, and whether those changes lead to improvements in health outcomes for Black, Hispanic and Latinx, and Indigenous people and other vulnerable populations. Future research should also assess changes and investments in public health infrastructure, particularly around data collection, and assess whether these changes are associated with improved response and recovery efforts. Finally, it will be important to assess whether recommendations related to community engagement and inclusion lead to meaningful involvement of community members in decision-making processes and the elevation of community-identified priorities to improve individual and community health outcomes and strengthen community resilience. Racial equity cannot be achieved without the leadership, perspectives, and expertise of community members in shaping more equitable laws and policies.

122. See Marissa Korn & Heather Howard, *Equitable Recovery Strategies*, STATE HEALTH & VALUE STRATEGIES (Oct. 13, 2020), <https://www.shvs.org/equitable-recovery-strategies/>; Michael Barajas & Sophie Novack, *Texas Had a State Office That Could Have Investigated Racial Disparities in COVID-19 Cases. Lawmakers Defunded It Three Years Ago*, TEX. OBSERVER (Apr. 16, 2020, 4:21 PM), <https://www.texasobserver.org/covid-19-racial-disparities-texas-legislature/>; Press Release, Off. of Governor Michelle Lujan Grisham, Governor Announces Council for Racial Just. (July 31, 2020).

123. See COVID-19 MINORITY HEALTH STRIKE FORCE, *supra* note 58, at 11; *Racial Justice Council*, STATE OF OR., https://www.oregon.gov/gov/policy/racial-justice-council/Pages/default.aspx?utm_source=GOV&utm_medium=egov_redirect&utm_campaign=https%3A%2F%2Fwww.oregon.gov%2Fraciajusticecouncil (last visited Jan. 16, 2021).

TABLE 1. STATE COVID-19 HEALTH EQUITY TASK FORCES AND THE MONTH THEY WERE ANNOUNCED OR ESTABLISHED

STATE	TASK FORCE	MONTH ANNOUNCED OR ESTABLISHED
Arizona	Black AZ COVID-19 Task Force	March 2020
Colorado	COVID-19 Health Equity Response Team	April 2020
Connecticut	Learn from Home Task Force	March 2020
Idaho	COVID-19 Testing Task Force	April 2020
Illinois	COVID-19 Health Equity Task Force	April 2020
Indiana	COVID-19 Health Disparities Task Force	May 2020
Kentucky	Long-term Care Task Force	April 2020
Louisiana	COVID-19 Health Equity Task Force	April 2020
Massachusetts	COVID-19 Health Equity Advisory Group (Administrative)	May 2020
	COVID-19 Health Equity Task Force (Legislative)	June 2020
Michigan	Coronavirus Task Force on Racial Disparities	April 2020
Minnesota	Minnesota Department of Health Governor’s Community Resiliency and Recovery Work Group Governor’s At-Risk Populations Work Group	*
New Hampshire	COVID-19 Equity Response Team	May 2020
New York	COVID-19 Maternity Task Force	April 2020
North Carolina	The Andrea Harris Social, Economic, Environmental, and Health Equity Task Force	June 2020
Ohio	Minority Health Strike Force	April 2020
Oregon	Enterprise Leadership Team – Diversity, Equity, and Inclusion Subcommittee	*
Pennsylvania	COVID-19 Response Task Force for Health Disparity	April 2020
Rhode Island	Equity Considerations Workgroup	May 2020
Tennessee	COVID-19 Health Disparity Task Force	April 2020

STATE	TASK FORCE	MONTH ANNOUNCED OR ESTABLISHED
Utah	Multicultural Subcommittee of the COVID-19 Task Force (Administrative)	April 2020
	COVID-19 Response for Underserved Communities (Legislative)	April 2020
Vermont	Racial Equity Task Force	June 2020
Virginia	COVID-19 Equity Leadership Task Force	March 2020
Washington	Governor’s Interagency Council on Health Disparities	*
West Virginia	COVID-19 Advisory Commission on African-American Disparities	May 2020
Wisconsin	Governor’s Health Equity Council	September 2020
* Minnesota, Oregon, and Washington used existing programs or offices to address COVID-19 disparities rather than establish a new task force.		

TABLE 2. CATEGORIZATION OF KEY ISSUES ADDRESSED BY STATE TASK FORCES AND TOP POLICY RECOMMENDATIONS TO ADDRESS EACH ISSUE

KEY ISSUE	TOP POLICY RECOMMENDATIONS
Equitable data practices	<p>Standardize data collection, and collect and report more comprehensive data</p> <p>Improve funding and develop capacity for public health surveillance</p> <p>Create health equity dashboards to inform the public, drive decision-making, and create accountability</p>
Community Engagement and Inclusion	<p>Ensure public input in developing recommendations for COVID-19 response</p> <p>Facilitate public participation in decision-making processes</p> <p>Support community-academic research processes (community-based participatory research)</p> <p>Engage in other collaborative efforts to address food security, economic stability, and general outreach</p>
Communication Strategies	<p>Collaborate with communities on outreach and communications</p> <p>Develop culturally relevant messaging including communications in multiple languages</p> <p>Entrust community members to deliver messaging to bolster trust between community groups and government entities providing resources</p>
Health Care Access	<p>Develop workforce strategies to achieve health equity</p> <p>Ensure language access and promote health literacy</p> <p>Provide trauma-informed care, services, and communications</p> <p>Ensure access to testing, treatment, PPE, health insurance, and vaccination in response to COVID-19</p>
Social Determinants of Health	<p>Take measures to ensure economic stability and provide worker protections</p> <p>Provide other health, social, and economic supports to ensure compliance with stay-at-home and related orders</p> <p>Address housing and food security and conditions of incarceration</p> <p>Ensure broadband access and bridge the digital divide</p>
Implementation	<p>Use racial equity tools in policy, programs, and decision-making</p> <p>Create or designate an entity to continue to address racial disparities and/or oversee implementation of task force recommendations</p> <p>Implement performance improvement processes to evaluate and track progress and use data to update plans as needed</p> <p>Establish short- and long-term funding strategies to support ongoing work</p>