




Presidential COVID-19 Health Equity Task Force

Proposed Implementation Plan
and Accountability Framework

October 2021



Introduction

Our nation is at a pivotal moment.

As part of the administration's response to the devastating COVID-19 pandemic, President Joseph R. Biden issued Executive Order 13995, which established the Presidential COVID-19 Health Equity Task Force (The "Task Force"). Following guidance from this executive order, the Task Force convened to recommend actions against long-standing and emerging health inequities exacerbated by the pandemic. The Task Force's Final Report and Recommendations (the "Final Report") includes four overarching suggested outcomes as the Task Force vision for change, five proposed priority actions to spur this change, and 55 prioritized recommendations.

As a companion to the Final Report, the Task Force provides the enclosed suggested implementation plan and accountability framework for consideration. Though this document was prepared with the Federal Government as a main implementer, we encourage leaders at all levels of government and across sectors to adapt and implement these materials as needed.

- **Section One** of this document is a proposed implementation plan. It includes overarching implementation guidance and the 55 prioritized recommendations with action steps.
- **Section Two** of this document is a proposed accountability framework. It includes an evaluation framework with a logic model approach. It suggests establishing and tracking key performance indicators (KPIs). This report references various populations and settings of interest as communities of color and other underserved populations, considering where people live, work, and learn. *See appendix for a list of populations and settings.*

Implementation and accountability will be fundamental to realize the Task Force's recommendations for ensuring an equitable COVID-19 pandemic response and recovery and preparedness for future pandemics. The Task Force requests leaders to commit to strategies that facilitate successful implementation of the proposed recommendations, provide measurable benchmarks for accountable progress, and advance health equity for all.

Proposed Priorities

1. Invest in community-led solutions to address health equity

2. Enforce a data ecosystem that promotes equity-driven decision making

3. Increase accountability for health equity outcomes

4. Invest in a representative health care workforce and increase equitable access to quality health care for all

5. Lead and coordinate implementation of the COVID-19 Health Equity Task Force's recommendations from a permanent health equity infrastructure in the White House

Suggested Outcomes

Starting with these actions, we can create a nation where ...



Community expertise and effective communication will be elevated in health care and public health.



Health equity will be centered in all processes, practices, and policies.



Data will accurately represent all populations and their experiences to drive equitable decisions.



Everyone will have equitable access to high-quality health care.

Section One:

Proposed Implementation Plan

The Task Force requests the administration take urgent action on the 55 prioritized recommendations and suggests the following overarching implementation guidance for consideration:

1. Within the first 120 days from this report's release, each department should submit an action plan to the White House focused on the 55 prioritized recommendations, which may include existing and new activities that are relevant to achieve expected outcomes;
2. Subsequently, each department should submit a semi-annual progress report on how its actions contribute to achieving the expected outcomes;
3. The department's semi-annual progress report on its action plans should include goals, strategies, and actions or activities that demonstrate changes in programs, policies, practices, and services, as measured by relevant key performance indicators (KPIs);
4. The department's actions should include but not be limited to, inputs, activities, outputs, outcomes, and impact; and
5. Proposed strategies for departmental actions should include continuous quality improvement and ongoing assessment of strategic effectiveness.

Following, the Task Force enumerates the 55 prioritized recommendations, organized by outcome: Communications and Collaboration; Data Analytics and Research; Structural Drivers and Xenophobia; and Health Care Access and Quality. Twenty-two of the recommendations include specific action steps embedded within the finalized recommendation language. In these instances, no additional action steps are suggested within this document. For the 33 remaining recommendations, the Task Force adds specific action steps. For this subset of recommendations, the additional action steps reflect operational considerations and implementation targets.

Overall, successfully achieving the stated outcomes requires coordinated implementation across Federal, state, local, Tribal, and territorial levels, as well as partnerships across diverse sectors and stakeholders. Towards achieving these outcomes successfully, we recognize the administration may phase actions on the 55 prioritized recommendations based on immediate, short-term, intermediate, and long-term needs.

55 Prioritized Recommendations:



Communications and Collaboration

Community expertise and effective communication will be elevated in health care and public health.

1 Partner with communities to expand vaccination to underserved groups.

The Federal Government should strengthen efforts to partner with local community-based organizations to collect, disseminate, and implement best practices to expand testing and vaccination efforts to reach communities of color and other underserved populations, where they live and work. Best practices, for example, for large immigrant/migrant populations, should include, but not be limited to, partnering with trusted faith and community organizations, avoiding a military or law enforcement presence, providing accurately translated information, employing trained interpreters, and advertising that services for people with limited English proficiency or who are more comfortable with another language are available. Innovative methods, such as mobile health care services to reach isolated or homebound populations, should be culturally, linguistically, and economically appropriate.

2 Fund organizations that work with communities of color and other underserved populations.

The Federal Government should further strengthen collaboration with a diverse array of community-based organizations and public health providers by providing robust and sustainable funding for them to build capabilities, access technical assistance, and establish partnerships with communities of color and other underserved populations. This should be done through engagement with trusted entities to build coalitions for inclusion in public health emergency and pandemic preparedness, response, and recovery activities so that care is brought closer to the communities served and in settings that people trust.

3 Conduct communications campaigns during public health emergencies.

During any public health emergency, the Federal Government should lead a multi-pronged education, outreach, and communications campaign with additional specific campaigns tailored to targeted communities. These campaigns should use science-based, non-political sources by partnering with state, local, Tribal, and territorial health care institutions, community organizations, and other trusted sources to promote public health prevention behaviors, such as vaccine awareness and uptake, testing, contact tracing, masking, and social distancing, within local communities, paying particular attention to institutions and organizations that serve communities that have been hardest hit by COVID-19 exposure, illness, and death. The communications should be adapted to the cultural and linguistic context of communities of color and other underserved populations, and must also be accessible to people with diverse types of disabilities.

Action steps start on the next page.

Additional action steps

- a) Work with traditional media outlets (including ethnic media sources) and community-accepted social media platforms to combat misinformation.
- b) Conduct focused outreach to parents and youth to encourage vaccination as eligibility criteria expand.

4 Partner with worker organizations for equitable health care access.

The Federal Government should launch a formal partnership with trade unions and additional worker organizations representing farmworkers, frontline and essential workers, underserved immigrant and migrant workers, and those disproportionately affected due to their immigrant or refugee backgrounds for equitable access to health care services and inclusion in pandemic and public health emergency preparedness, response, and recovery activities. These partnerships should also work with the Federal Government authorities to inform development and enforcement of necessary occupational health standards and regulations relevant to pandemic control.

5 Execute a Long COVID communications campaign.

The Federal Government should execute a robust communications campaign and establish an information resource center to educate the public on Long COVID in ways that are culturally and linguistically appropriate and accessible to people with disabilities. This campaign should include efforts to reach communities of color and other underserved populations, where they work and live, as well as health care workers that serve them.

6 Create a definitive pandemic response authority.

The Federal Government should leverage Federal authorities for public health emergency, pandemic, and disaster response to establish a definitive Federal authority for coordinating and leading COVID-19 and future pandemic responses, inclusive of apolitical representatives with scientific and technical expertise that represent all vital stakeholders (including science, research, health care, communications, public health emergency, and disaster response) and expertise for centering equity for inclusion of communities of color and other underserved populations. This authority should coordinate, fund, research, and communicate response, diagnosis, and treatment.

Additional action steps

- a) Establish an independent pandemic response authority using the Federal Reserve Board as an apolitical model.
- b) Create a two-way communications plan based on existing processes such as the National Oceanic and Atmospheric Administration or National Weather Service model of information flow.

Action steps continue on the next page.

- c) Assess existing indices of vulnerability, need, and asset assessment; make recommendations for consolidation and/or improvements to support state, local, Tribal, and territorial health departments and stakeholders in decision making; and inform expedient allocation of resources and actions to strengthen community resilience in future public health emergencies, including in relation to where people live and work.
- d) Provide funding and technical assistance to strengthen cross-sector and communities' capabilities for data-informed decision making to ensure communities of color and other underserved populations benefit equitably from pandemic preparedness, response, and recovery activities (e.g., access to personal protective equipment and other stockpile resources, ventilation, testing, diagnostics, pharmaceutical interventions, treatment, therapeutics).

7 Update the Crisis Standards of Care.

The Federal Government should convene a multidisciplinary panel, including clinicians, civil rights attorneys, ethicists, health equity experts, and community members to assess and update the Crisis Standards of Care work produced by the National Academies of Science, Engineering, and Medicine for equity. The Federal Government should widely disseminate these standards, explaining their benefit, and incentivize adherence through accreditation and reimbursement requirements.

Additional action steps

- a) Conduct an after action review of de facto rationing in hospitals in the hardest hit epicenters of the COVID-19 crisis. Guidelines should require hospitals to publicly post Crisis Standards of Care policies.
- b) Incentivize planning and adherence to any updated Crisis Standards of Care through accreditation and reimbursement requirements.

8 Collaborate with communities on research.

The Federal Government should develop guidelines for engaging communities in research, including requiring reporting as part of the evaluation for ongoing funding. The Federal Government should incentivize community engagement in research and require grantees performing research to seek, incorporate, and report on community input. This feedback should be sought through culturally and linguistically responsive outreach to encourage communities to provide substantive input to research questions, research design, results, and publications.

9 Conduct a COVID-19 after action review.

The Federal Government should appoint an independent, Blue Ribbon panel to conduct a COVID-19 pandemic after action analysis for the whole of government. This analysis should include a review of performance of public authorities at the Federal, state, local, Tribal, and territorial, including their respective roles in pandemic response, and make recommendations to improve preparedness and pandemic response in the future. The panel should seek input from diverse, non-governmental stakeholders and build on this Task Force report.



Data, Analytics, and Research

Data will accurately represent all populations and their experiences to drive equitable decisions.

10 Use data to inform equity-centered pandemic response decisions.

The Federal Government and state, local, Tribal, and territorial health departments should identify and leverage existing sources of quantitative and qualitative data, including location information, to make data-informed, timely, and accurate equity-centered decisions regarding outreach and planning activities and resource allocation (e.g., testing, vaccination allocation and distribution, monoclonal antibody treatment and other therapies). Incomplete health surveillance data should not prevent health authorities from prioritizing groups who have increased risks associated with their underlying health conditions or other risk factors.

Additional action steps

- a) Fund research to develop and implement equity-centered forecasting models to assist with equity-centered resource allocation and service delivery.
- b) Use diverse data sources and innovative data mechanisms to make informed equity-centered decisions about resource allocation, including oversampling of underrepresented residential communities and workplaces.

11 Track and report on health outcomes for people in congregate and high-risk settings.

The Federal Government should work with state, local, Tribal, and territorial health departments to establish efforts to track and report the health and health status and outcomes of people in congregate settings (e.g., carceral settings, nursing and long-term care, foster care facilities and group homes, homeless shelters) and other settings with increased risk of exposure in real time and develop and research evidence-based interventions, such as early release/decarceration or voluntary stepdown care from an assisted living center, to protect health and prevent death. Efforts should result in the safe relocation of people who are most at risk of dying in a congregate setting due to a pandemic-related illness.

12 Standardize demographic and socioeconomic categories in data.

Federal entities with authorities to set data standards should establish standardized socioeconomic and demographic categories (individual level and area-based) to improve the timeliness, accuracy, and disaggregation of data elements. Federal agencies and programs should be granted approval to collect this disaggregated data on their programs. The Federal Government should enhance public access to the most timely, accurate, and disaggregated data for Federal programs and funding while developing policies to prevent the misuse of these data. The Federal Government should develop a COVID-19 equity dashboard using these data.

Additional action steps

- a) Develop an inter-agency data strategy to define goals, objectives, and data elements to collect and share disaggregated demographic and socioeconomic information that is sufficiently granular and can be widely adopted by Federal, state, local, Tribal, territorial, and non-governmental organizations. The data strategy should also include policies around data governance, safeguarding disaggregated data through use of data use agreements and alignment with civil liberties as well as personal information and health privacy best practices.
- b) Create a comprehensive inventory of racism, discrimination, and social determinants of health metrics to develop a standardized rubric for all Federal population-based surveys beginning in 2023.
- c) Conduct rigorous research to determine which indices provide the best empirical option to analyze health in relation to racial segregation and socioeconomic status (e.g., income level).

13 Support equity-centered data collection.

The Federal Government should fund an equity-centered approach to data collection, including ensuring sufficient funding to collect data for groups that are often left out of data collection (e.g., people with disabilities, those in congregate settings, LGBTQIA+ people, etc.).

The Federal Government should remove administrative barriers, approve and support all agencies to comply with collection and reporting of expanded health equity data elements based on standard disaggregated sociodemographic data and health equity metrics to achieve outcomes.

Additional action step

- a) Fund activities to improve data collection, integration, and use; deliver technical assistance for state, local, Tribal, and territorial governments, health care delivery organizations and systems, and other non-governmental organizations to improve equity-centered data integration and evidence-based practices, including tracking COVID-19 related outcomes for people of color and other underserved populations. In the context of disability data, leverage the expertise of the National Institute on Disability, Independent Living and Rehabilitation Research and its grantees.

14 Research COVID-19 interventions in educational settings.

As schools reopen, the Federal Government should support equity-centered implementation research around the effectiveness of social distancing, masking, respirators, and other interventions on mitigating transmission risk within educational settings and the impact on educational outcomes for children. The Federal Government should work with state, local, Tribal, and territorial school districts as well as postsecondary education institutions in developing and enforcing plans and policies using these evidence-informed measures. Based on this research, the Federal Government should develop clear and implementable standard guidelines for action and tie adherence to funding incentives to further support educational agencies.

15 Research and collect data on behavioral health.

Federal, state, local, Tribal, and territorial governments should invest in data infrastructures to collect, integrate, and share data related to behavioral health, including continuum of prevention, testing, treatment, including hospitalizations, prescriptions, utilization of community-based therapy, intensive care unit admissions, recovery support services, and fatalities. Data should be disaggregated by a core set of standardized socioeconomic and demographic characteristics to help understand the impact of COVID-19 on local communities and guide improvement and expansion of resources for behavioral health supports and services, especially for communities of color and other underserved populations.

Additional action steps

- a) Disaggregate data by a core set of standardized socioeconomic and demographic characteristics (e.g., age, race, ethnicity, sexual orientation, gender identity, primary language spoken at home, disability status, educational attainment, and income level, including changes in income level due to economic shocks of the pandemic) to help understand the impact of COVID-19 on local communities and guide improvement and expansion of resources for behavioral health equity and recovery support services.
- b) Review and recognize differential impacts of COVID-19 on behavioral health, including mental health, resilience and wellbeing, substance use disorders and their treatment for communities of color and other underserved populations. Examples of differential impacts include increase in suicide rates among youth, veterans, and Black males and impacts of social isolation on older adults and those living with disabilities.

16 Further promote and invest in research to understand and eliminate structural racism in health care systems.

The Federal Government should fund, incentivize, promote, and apply practice-based research aimed to develop and evaluate solution-oriented interventions to minimize and/or eliminate structural racism, sociocultural, economic structural, institutional, and interpersonal discrimination in health care systems, including but not limited to structural racism that result in negative health impacts and disparities in outcomes for communities of color and other underserved populations. This should include assessment of clinical practice guidelines, health-related algorithms and artificial intelligence, and health information technology to correct for racial and other types of social and economic discrimination in these technologies, and biased foundational principles and practices.

Additional action steps

- a) Test and scale effective interventions to disrupt processes of implicit and explicit bias and eliminate structural racism and other types of social and economic discrimination in health care systems.
- b) Measure effects of structural, institutional, systemic, and interpersonal racism and other types of discrimination in health care, evaluate organizations' adherence to inclusion and equity efforts, and develop fair and just methods of quantifying discrimination through evaluation of populations, including in settings absent from current health surveys (e.g., carceral settings, inpatient psychiatric settings).

17 Set a national research agenda on health equity and COVID-19.

The Federal Government should expand on existing efforts to set a national research agenda centered on health equity and COVID-19 that strengthens population health monitoring and analysis of population health data. The government should lead and promote public-private partnerships and investments with a special emphasis on community-based participatory research and population-based inclusive health surveillance (with overrepresentation of underrepresented at-risk groups). The government should require that participants are representative of communities of color and other underserved populations from pediatric to geriatric populations to gather disaggregated data for these high-risk populations.

Additional action steps

- a) Develop an evidence base for the following:
 - Understand the causes, prevalence, rates of diagnosis, and treatment effects associated with lapses in preventative and/or primary care due to COVID-19 and Long COVID morbidities and mortality.
 - Understand the scope of COVID-19 and Long COVID infection that was undiagnosed or untreated, particularly in congregate settings.
 - Understand the impact of racism and discrimination and other forms of economic, occupational, and social inequities (e.g., gender) on morbidity and mortality due to COVID-19, lapses or gaps in preventative and primary care, and Long COVID for communities of color and other underserved populations, in relation to where people live and work.
 - Understand the impact of health care provider bias and discrimination on diagnoses, patient experiences, access to care, and referral patterns for COVID-19 and Long COVID on people of color and other underserved communities, in relation to where they live and work.
- b) Fund this health equity research agenda fully with a requirement that the data be made available for analysis.
- c) Require implementation and verification of best practices developed for engagement of communities of color and other underserved populations in studies funded for this research agenda.

18 Improve clinical trial best practices.

The Federal Government should develop standards and recommendations to improve representation from communities of color and other underserved populations in clinical trials related to special pathogens, including setting diversity enrollment targets in clinical trials.

Additional action steps

- a) Collaborate with other nations to share successful clinical trial practices related to special pathogens.
- b) Conduct a retrospective analysis to determine inequities in COVID-19 clinical trials for therapeutics and vaccines and understand barriers and challenges for those populations missing from clinical trials.

19 Fund data modernization for health settings.

The Federal Government should provide funding/incentives to advance data modernization initiatives for hospitals (including Veterans Affairs hospitals), community health centers, and state, local, Tribal and territorial departments to update data systems centered on equity and to ensure interoperability and automatic electronic lab reporting of a robust set of disaggregated, standardized socioeconomic and demographic data elements to ensure real-time information can be shared quickly.

The Federal Government should create health surveillance surveys with intersection of race and ethnicity, education, economic, and linguistic diversity to inform health equity decision making and actions.



Structural Drivers and Xenophobia

Health equity will be centered in all processes, practices, and policies.

20 Strengthen affordable broadband access.

In the short term, the Federal Government should strengthen access to affordable broadband internet in medically underserved communities, including rural, Tribal, and territorial communities, to minimize barriers to accessing medical, mental health, and substance use disorder services via telehealth and telemedicine. This includes creating funding and incentives to research, identify, and implement interventions to address internet deserts.

Additional action step

- a) Invest in people, processes, support, and regulations for telehealth or tele-psychiatry (video and telephonic) and for education services in medically underserved communities, including rural, Tribal, and territorial communities.

21 Support schools in meeting family needs.

The Federal Government should expand schools' ability to meet children's and families' holistic needs, including those related to COVID-19. Strategies include investing in Full-Service Community Schools that provide one-stop shop access to social services (e.g., educational, social and emotional development, physical health, and behavioral health) and expanding programs that provide students access to free meals and other support services, even during school closures.

Additional action steps

- a) Increase student access to Full-Service Community Schools, prioritizing program expansion in underserved communities.
- b) Increase student access to free meals (e.g., through the U.S. Department of Agriculture [USDA] Community Eligibility Program, extending programs during school closures), prioritizing program expansion in underserved communities.

22 Create protections for workers.

The Federal Government should use the Occupational Safety and Health Administration (OSHA) and other authorities to protect all workers from occupational exposure during pandemics by developing temporary and permanent health and safety standards for long-standing infectious diseases, as well as new and emerging infectious disease threats (including COVID-19), and updating relevant agency guidance. The Federal Government should develop an emergency response plan to assess and quickly meet the needs of health care and essential workers in future pandemics to protect from aerosol or other modes of transmission. The Federal Government should incentivize employers to provide paid time off and wage replacement programs to account for future pandemic-related testing, vaccine administration, and recovery.

23 Invest in workers and working families.

The administration should work with Congress to rebuild and invest in our nation by creating jobs with family sustaining wages and benefits, developing mechanisms to protect and empower workers in the workplace, and investing in childcare, early learning, home and community-based care, and other family support needs to support returning to the workforce, and especially for women, communities of color and other underserved populations overburdened by COVID-19.

Additional action step

- a) Protect and support essential workers, any uninsured essential worker, their spouse, and their dependents by increasing access to health insurance to reimburse all COVID-19 related testing, hospital care, and future vaccinations. Essential workers with private insurance should receive Federal reimbursement for any similar out-of-pocket expenses.

24 Ensure safe ventilation practices in congregate settings.

The Federal Government should work with regulators, policy makers, and suppliers to ensure safe ventilation practices and regularly evaluate such practices in congregate settings.

Additional action steps

- a) Evaluate compliance with safe ventilation practices in congregate settings on a regular basis, including ensuring sufficient economic resources for installation and maintenance.
- b) Prioritize provision of appropriate personal protective equipment to congregate settings that support or are staffed by underserved populations.

25 Increase affordable, accessible housing.

The Federal Government should take action to increase the supply of high-quality, affordable, accessible, and supportive housing and expand the effectiveness of programs that enable people to remain housed during a public health emergency, including renewing the eviction moratorium, funding assistance for missed rent and legal services to those facing eviction, expanding housing-first programs, strengthening housing and lending anti-discrimination laws, and prohibiting disqualification for U.S. Department of Housing and Urban Development (HUD) vouchers based on criminal drug history.

Additional action step

- a) Develop an infrastructure to collect and analyze housing and economic insecurity data in real time at the national, state, local, Tribal, and territorial levels, disaggregated by social and economic groups (as per the Census Household Pulse Survey), to guide implementation and evaluation of equity-centered housing policies, programs, and initiatives.

26 Invest in a virtual education infrastructure.

The Federal Government should provide sufficient funding for appropriate technology, training, and support to students, educators, and faculty to enable the continuation of quality education and related services in instances where schools must dynamically shift between in-classroom and remote learning contexts, as may be required by future pandemics.

Additional action step

- a) Provide interventions, best practices, and tools for supporting virtual education (e.g., technology, training and best practices on hardware and software, home internet stipend during stay-at-home orders, accessible educational materials), including accessible materials for students with disabilities and English learners and preparation of teachers for students' hybrid learning as required by sudden school closures.

27 Provide safety nets during public health emergencies.

During public health emergencies, the Federal Government should use its full executive authority and work with Congress to provide safety nets and monitor the need for and provision of them to ensure people experience food, housing or shelter, and economic and workplace security and receive support with health care-related travel, lodging, and caregiving needs.

28 Make postsecondary and workplace training more affordable.

The Federal Government should increase funding for financial aid programs and implement loan repayment pause programs during future pandemics to address attrition and affordability of postsecondary and workplace training programs for students from communities hardest hit by COVID-19.

Additional action steps

- a) Increase funding for financial aid programs to start or return to school.
- b) Continue loan repayment pauses for students struggling to repay due to COVID-19 related financial challenges.

29 Advance cultural responsiveness and language access for Asian/Asian Americans, Native Hawaiians, Pacific Islanders, and other populations facing pandemic-fueled discrimination and xenophobia.

The Federal Government should advance cultural responsiveness to language access and increase awareness of different experiences of Asian/Asian Americans, Native Hawaiians, Pacific Islanders, and other populations facing pandemic-fueled xenophobia and discrimination by:

- Requiring Federal agencies to make communication transparent culturally and linguistically inclusive.
- Allocating sufficient funding to Federal agencies to review enforcement of anti-discrimination protections and implementing solutions to address gaps in investigating and prosecuting allegations of discrimination.
- Enforcing anti-discrimination protections for Asian/Asian American, Native Hawaiian and Pacific Islander health care workers.
- Supporting education about Asian/Asian Americans, Native Hawaiians, Pacific Islanders, and other communities facing xenophobia and discrimination related to the pandemic history in schools and postsecondary education.
- Mobilizing action plans to quickly respond to discrimination and hate crimes.
- Using an equity-centered approach to create future pandemic plans to combat discrimination.

Additional action steps

- a) Use the equity-centered approaches and materials developed to address COVID-19 pandemic-fueled hate crimes and discrimination to prepare templates for future pandemics to counter incidence of scapegoating and discrimination.
- b) Improve collection and sharing of data related to xenophobia, discrimination, and hate crimes to improve transparency and the ability to respond to rising violence against certain groups.
- c) Develop a National Response Framework for Racial Equity, similar to the U.S. Department of Homeland Security's (DHS) National Response Framework, to ensure responses to public health emergencies are equitable and cognizant of social determinants of health.

30 Fund access to healthy food options.

Create funding and incentives to research, identify, and implement interventions to support communities that have limited access to healthy food options, including by expanding Federal nutrition safety net programs and using technology to make those programs more accessible.

Additional action step

- a) Leverage technology to maximize participation, retention, and streamline onboarding for Federal nutrition assistance programs to create a hassle-free system that provides more convenient access.

31 Commit to improve environmental justice.

The Federal Government must advance and extend its commitment to environmental justice during pandemics and future health-related emergencies by ensuring access to clean water and sanitation, establishing a low-income utility assistance program, using disaggregated data to assess exposure to hazards and allocate utilities, developing and modifying water, sewage, and air quality standards, and instituting a moratorium on water and utility shut-offs during pandemics.

Additional action steps

- a) Establish a permanent low-income utility (i.e., water, electricity, waste management) assistance program akin to the Low-Income Home Energy Assistance Program.
- b) Use timely, accurate, reliable, and disaggregated data to assess the level of exposure to hazards at the individual, household, and community levels within the most at-risk communities, including Tribal nations.
- c) Establish and adjust national standards for water, sewage, and air quality and target funding for these utilities where needed based on data from reliable equity indicators.



Health Care Access and Quality

Everyone has equitable access to high quality health care.

32 Improve health equity through measurement and incentives.

The Federal Government should improve health equity in care delivery through measurement, incentives, and accountability by:

- Developing a health equity framework, inclusive of formal metrics, equity impact statements, and process to monitor factors such as social determinants of health, quality of care, and health care discrimination, at a range of geographic levels from national to local.
- Supporting the development of reimbursement models that encourage data- and community-driven approaches focused on improving equity-centered health care delivery for communities of color and other underserved populations where they live and work.
- Providing payment incentives to providers that improve metrics of health care quality and patient experience in communities of color and other underserved populations.

33 Support Long COVID insurance coverage and treatment.

Given our limited understanding of Long COVID, the Federal Government should take steps to address the needs of people with Long COVID and to mitigate future inequities by:

- Communicating unified ICD-10 Codes for Long COVID so that medical providers can accurately classify the diagnosis, treatment, and billing for Long COVID. This is intended to prevent patients from being denied coverage for the diagnosis and treatment of Long COVID, and support the growing body of real world evidence on care.
- Creating more inclusive health insurance and temporary disability policies and benefits that recognize Long COVID as a health condition with a diagnostic schema that identifies people who have Long COVID without a positive COVID-19 test.
- Banning coverage limits for Long COVID and ensure treatment regardless of insurance status to extend existing protections during the pandemic.
- Continuing to update and disseminate standards and protocols for diagnosis and management of Long COVID.

34 Prioritize vaccine, testing, treatment, and personal protective equipment access to underserved communities.

Federal, state, local, Tribal, and territorial governments should prioritize vaccine distribution, testing, treatment, and personal protective equipment access to communities of color and other underserved populations, including those who face mobility, geographic, or other barriers to access. These barriers should be eliminated through accessible distribution locations, transportation, and communications campaigns tailored to specific groups (e. g., young adults, veterans, people with disabilities, rural communities) in multiple languages.

Additional action steps

- a) Evaluate geographical, cultural, communication, and linguistic barriers to vaccine distribution, testing, and treatment experienced during the COVID-19 pandemic. Consider conducting research and applying the most effective existing metrics in this evaluation (e.g., social vulnerability index, index concentration at the extremes).
- b) Fund and implement communications campaigns, community-accepted and trusted messengers, and tailored messages to specific groups experiencing barriers to vaccination and vaccination hesitancy, including campaigns in multiple languages.
- c) Use established communication channels and easily accessible locations, such as community health centers, public libraries, schools, universities, and childcare centers, in deployment efforts.

35 Expand telehealth and telemedicine access and reimbursement.

Expand access and reimbursement for telehealth and telemedicine, including telephone visits when effective video-based telehealth and telemedicine are unavailable, to reduce barriers to access for appropriate health services due to loss of wages, stigma, trauma, and safety during a pandemic.

Additional action steps

- a) Authorize telehealth in Medicaid (including telephonic delivery when video-based is unavailable) and add funding for training providers and health care staff to deliver equity-centered telehealth services that are culturally and linguistically appropriate and accessible to people with diverse types of disabilities (e.g., visual, hearing, physical).
- b) Maintain expanded coverage for telehealth services after the public health emergency expires and conduct research on the impact of long-term expansion of telemedicine on access, cost, and quality of care.
- c) Develop Federal guidance for how state, local, Tribal, and territorial governments and private insurance companies can maintain broad access and reimbursement for telehealth after COVID-19, including requiring coverage of audio-only services, requiring public employee health plans to cover services, increasing providers eligible to practice telehealth, waiving cost-sharing, and/or requiring cost-sharing no higher than for the same in-person services.

36 Collect best practices on culturally and linguistically responsive contact tracing.

The Federal Government should work with state, local, Tribal, and territorial health departments to collect best practices on culturally and linguistically sensitive approaches to contact tracing to improve policies and implementation and ensure testing is accompanied by effective contact tracing and support services.

37 Mitigate risk of COVID-19 infection in carceral settings.

To mitigate the increased risk of COVID-19 and other airborne contagions in carceral settings, the Federal Government should ensure access to equity-centered preventative adult and pediatric vaccination, testing, treatment, and recovery in carceral settings as well as continuity of Medicaid coverage after release for those previously enrolled.

Additional action steps

- a) Provide access to equity-centered preventative adult and pediatric vaccination, testing, treatment, and recovery, Medicaid coverage, and appropriate decarceration or release from law enforcement custody.
- b) Fund research on the effectiveness of interventions (such as early release to prevent disability and death), and develop evidence-based, equity-centered programs to protect and improve the health of people in carceral settings.
- c) Require states to provide continuity of Medicaid coverage for individuals who were enrolled prior to incarceration when they are released.
- d) Establish and incentivize equity-centered efforts across the public and private sector to track and report in real time the health and health outcomes of incarcerated people and those working in carceral settings.

38 Accept all patients and offer community resources at Long COVID care centers.

The Federal Government should require multidisciplinary Long COVID care centers it funds to:

- Accept patients—from pediatric to geriatric—regardless of insurance coverage, when or how they have been diagnosed, and whether or not they have been hospitalized.
- Offer equity-centered resources, information, and training to safety net health systems (e.g., Federally Qualified Health Centers, Indian Health Service, rural health clinics) and disseminate best practices and treatment approaches that enhance access to high-quality care to everyone where they live.

Additional action step

- a) Expand funding for Long COVID care centers throughout the United States that identify and consider the cultural and linguistic needs of local populations in their programming.

39 Implement solutions for those at increased risk of death from COVID-19.

The Federal Government should identify comorbidities linked with increased risk of death from COVID-19, which exist at a higher rate among communities of color and other underserved populations, and develop and fund innovative, equity-centered interventions to reduce those comorbidities, such as healthy food, better air quality, and places for safe physical activity where people live and work.

40 Reduce barriers to testing, vaccinations, and treatment.

The Federal Government should reduce barriers for communities of color and other underserved populations, including uninsured individuals, to

- Not requiring insurance coverage for testing, vaccination, and treatment during a pandemic.
- Removing billing information barriers to those administering tests, vaccines, and treatment.
- Reimbursing testing, vaccination, and treatment for uninsured individuals.

41 Fund the public health workforce and emergency response.

The Federal Government should increase and sustain funding for equity-centered pandemic and public health emergency activities and infrastructure at the Federal, state, local, Tribal, and territorial levels. This should include long-term investment in building a workforce dedicated to public health emergency preparedness, response, recovery, and disaster-related behavioral health services to support communities with the greatest health care inequities. Funding must be sustained and implementers held accountable to maintain the public health infrastructure and workforce.

42 Stockpile and distribute sufficient personal protective equipment.

The Federal Government must maintain an adequate stockpile of personal protective equipment and other essential supplies for equitable distribution to disproportionately affected communities in sufficient quantities. The Federal Government should also create a rapid emergency production plan across public and private sector manufacturers and distributors that enforces standards used to produce and disseminate personal protective equipment for health care providers and frontline, and essential workers.

Additional action steps

- a) Fund budgets at health care facilities that serve underserved populations (e.g., Federally Qualified Health Centers, non-private facilities) annually for requisite supplies and resourcing; supplement these budgets in times of emergency.
- b) Develop explicit OSHA standards and protocols for personal protective equipment use and enforce them by increasing funding for workplace inspections.
- c) Analyze and assess how domestic manufacturing capabilities can support the stockpile of personal protective equipment and other essential supplies to be activated during a public health emergency.

43 Strengthen the care continuum for older adults and people with disabilities.

To support the health of elders and those living with disabilities, the Federal Government should strengthen the care continuum across the many settings of care (e.g., post-acute, long-term care, assisted living, senior centers, and home). This investment should strengthen the infrastructure that supports care in home and community-based settings. The Federal investment should include greater financial support for home and community-based long-term services and supports, disaster and pandemic response that helps people in congregate settings transition successfully to safer settings, plans for stepdown between settings, and improved wages and benefits for the direct care workforce. As part of pandemic preparedness and planning, consistent with the integration mandate in the Americans with Disabilities Act, the Federal Government should reduce overreliance on congregate settings as the default housing for people with disabilities across the age spectrum and help expand access to home and community-based long-term services and supports.

44 Increase support for equity-centered public provision of health insurance.

The Federal Government should increase access to equity-centered, high-quality care by:

- Expanding eligibility criteria for Federally sponsored or subsidized insurance programs (Medicaid, Children’s Health Insurance Program, etc.) and ensuring these criteria are equity-centered.
- Expanding access to Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage, ensuring that it is affordable, and mandating that coverage cannot be terminated for those who have lost their jobs due to the economic impacts of the pandemic.
- Reducing the age of Medicare eligibility to 55 to address health inequities driven by lack of insurance and underinsurance.
- Expanding all government health insurance programs to ensure that people currently uninsured or underinsured have equitable access to care.

Additional action step

- a) Changing Medicaid financing to the U.S. territories to mirror the process followed with states by eliminating the funding cap and calculating the match rate based on relative per capita income.

45 Expand care access to students and families.

The Federal Government should develop a comprehensive plan to expand access to affordable, high-quality, equity-centered health care including medical, vision, dental, and behavioral health services for students and their families in communities of color and other underserved populations, especially in K-12 schools serving a significant number of students of color. The plan should include early childhood, K-12, and postsecondary educational institutions (as appropriate).

46 Increase access to behavioral health care.

Federal, state, local, Tribal, and territorial governments should increase investment in and access to comprehensive, care continuum and equity-centered behavioral health interventions, treatments, and recovery support for communities during the COVID-19 pandemic, including expanding community-based behavioral health services that include prevention, effective community-based models, integrative care—collaborative case management models, mobile crises management, effective jail diversion, harm reduction, and innovative treatment for substance use disorder instead of incarceration.

47 Curtail hospital and health facility closures.

The Federal Government should curtail hospital and health care facility closures that negatively affect communities of color and other underserved populations (e.g., Critical Access Hospitals, sole community hospitals, hospitals with a high population of Medicare and Medicaid beneficiaries) in the short term, while developing long-term solutions that make these facilities economically sustainable and capable of delivering equity-centered quality care.

Additional action steps

- a) Perform a detailed analysis on every hospital and health care facility serving communities of color and other underserved populations that has closed in the last decade. This analysis should determine the root cause, contributing factors, and impact on the health and economic viability of the region and identify whether the closure of the hospital was related to inadequate reimbursement for treatment of patients with behavioral health conditions.
- b) Analyze barriers to collaboration between Critical Access Hospitals and Federally Qualified Health Centers.
- c) Fund and implement solutions to curtail hospital and health facility closures (e.g., supporting preventative care, upgrading and building public hospitals, clinics, and treatment centers, community purchase of struggling or closed hospitals, clinics, and treatment centers, financial and technical support to essential facilities) using the data collected by the analysis of hospital closures.
- d) Fund and implement solutions to allow effective coordination of operations and surge capacity between Critical Access Hospitals and Federally Qualified Health Centers during emergencies that may overwhelm health care capacity for a community. These services must be equitably supported by appropriate occupational safety and health regulations, equipment, and supplies.

48 Fund the Indian Health Service.

The Federal Government should fully fund the Indian Health Service and self-determined Tribes as recommended by the Indian Health Service budget formulation committee for health care and health services for Indigenous persons who receive care through the Indian Health Service and other facilities.

Additionally, the Federal Government should consider commitment of future funding through the Indian Health Service to establish capabilities for public health emergency and pandemic preparedness, response, and recovery for all Indigenous persons, whether on or off Federally-recognized reservations or other Tribal lands. This funding should be directed to:

- Reduce administrative burden.
- Address cultural and linguistic barriers to health care.
- Combat the high incidence of disability.
- Expand and enhance the culturally responsive workforce to address the health professional shortage.
- Provide sustained and increased funding to Tribes for environmental health, sanitary, utility, and transportation infrastructure to address community needs and prioritize delivery of necessary supplies related to COVID-19 or future pandemics.

Additional action step

- a) Match IHS funding with the U.S. national health expenditure per person annual spending.

49 Incentivize COVID-19 treatment by homeless service providers.

The Federal Government should encourage and incentivize state homeless service providers and state, local, Tribal, and territorial service providers to address COVID-19 and Long COVID in people experiencing homelessness (e.g., special populations such as homeless youth or veterans) or anyone unable to quarantine safely (e.g., those living in multigenerational housing). Strategies include funding medical respite programs, extending shelter hours, minimizing barriers to care, improving quarantine capabilities, increasing shelter capacity, and providing health care access to people in congregate settings.

Additional action steps

- a) Determine mechanisms by which a variety of organizations can offer support, such as financial resources or physical space, for those identified through contact tracing who are unable to quarantine or isolate themselves and provide those resources.
- b) Fund medical respite/recuperative care programs that can offer safe places for people experiencing homelessness to recover from conditions such as Long COVID and receive medical care and wrap-around services.
- c) Provide funding for transportation services for people experiencing homelessness who must access treatment for Long COVID.
- d) Increase shelter capacity for families seeking shelter during the COVID-19 pandemic and other public health emergencies and extend shelter operations to include daytime hours.

50 Expand essential health benefits and coverage.

The Federal Government should work to expand the definition of essential health benefits to include coverage and reimbursement for health and well-being services to address patient comorbidities, home- and community-based long-term services and supports, pre-existing conditions, and the full scope of patient care (e.g., medical, dental, auditory, and vision services) to address health care needs during a pandemic. These should be reimbursed at the same rate for all people, including requiring all Medicaid plans to reimburse critical access hospitals, sole community hospitals, and hospitals with a high population of Medicare and Medicaid beneficiaries and/or vulnerable patients at a minimum of the Medicare cost-based reimbursement rate.

Additional action steps

- a) Expand the definition of essential health benefits to include coverage and reimbursement for health and well-being services.
- b) Require Medicare to negotiate drug prices and use the savings to include the essential benefits of dental, vision, and hearing in Medicare coverage and cap all Medicare out-of-pocket costs.
- c) Increase Medicaid matching payments and streamline Medicaid enrollment and renewal processes automatically during a public health emergency to address shortfalls in state revenue and prevent gaps in coverage.

51 Improve Medicare and Medicaid payment parity for behavioral health.

The Federal Government should identify and address barriers to the Medicare and Medicaid payment system from a perspective of equity to ensure that there are equitable rates, and that parity exists between behavioral health and physical health payment across Medicare and Medicaid and other government health insurance programs.

Additional action steps

- a) Include behavioral health services reimbursement for licensed health care professionals, peer support programs, and prevention and other recovery support in assessment and coverage models.
- b) Increase incentives through reimbursement and loan forgiveness for behavioral health providers to practice in health professional shortage areas and accept insurance.
- c) Provide full resources necessary to enforce the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and consider whether exceptions need to be revised based on their impact on accessing behavioral health care.

52 Develop standards for behavioral health equity.

The Federal Government should collaborate with trusted national partners and state, local, Tribal, and territorial experts to develop both steady state and disaster behavioral health standards to ensure access to equity-centered behavioral health care for communities of color and other underserved populations, as well as health care providers, youth, veterans, childcare workers, and community leaders. These standards should increase access to comprehensive treatment options, intellectual and developmental disabilities services, prevention, recovery and peer support services, and substance use disorder interventions and services.

53 Fund equity-centered training in health education programs.

The Federal Government should increase funding to provide equity-centered education and training at all levels of the health care and public health workforce that incorporates social determinants of health, and ways of addressing systemic, structural, institutional, and interpersonal social and economic biases adversely affecting public health and health care practices. This training and education should encompass equity-centered pandemic response and routine care delivery.

Additional action steps

- a) Support the inclusion of anti-racism efforts in curricula for health professionals and ancillary staff.
- b) Tie loan repayment and scholarship programs to a requirement to see patients of all insurance types, not just self-pay.
- c) Understand and assess the current portfolio of public and private sector interventions and tools for supporting equity-centered training in health education programs (e.g., training programs must provide equity-centered education that teaches about social determinants of health and health care and ways of addressing structural, institutional, and interpersonal social and economic biases adversely affecting public health and health care practices).
- d) Increase funding dramatically for education in medical fields and graduate medical education for people raised in or committed to serving health professional shortage areas, and ensure that these educational programs include social determinants of health and ways of addressing structural, institutional, and interpersonal social and economic biases adversely affecting public health and health care practices.

54 Increase capacity and representation of the health workforce.

The Federal Government should fund the equity-centered development of a racially, ethnically, culturally, and linguistically diverse and representative health workforce across all fields (e.g., acute care, behavioral health) and at all levels who live in or are from communities of color and other underserved populations, as well as first-generation populations and people who speak languages other than English.

Additional action steps

- a) Expand access to entry level and other positions (requiring less than two years of training for licensed and certified positions) in health care to mitigate shortages of health care workers and to increase the number of licensed health care professionals who are people of color or from underserved communities at all staff and executive levels. These programs must provide equity-centered education that teaches about social determinants of health and health care, as well as ways of addressing structural, institutional, and interpersonal social and economic biases adversely affecting public health and health care practices.
- b) Provide increased funding to support advanced degrees through diversity grants, scholarships, and loan forgiveness programs, prioritizing Historically Black Colleges and Universities, Minority Serving institutions, Tribal Colleges and Universities, and institutions that have demonstrated a commitment to and success in graduating high rates of racially, ethnically, geographically (including rural), and socio-economically diverse licensed health professionals, and ensure the training provided is equity-centered and teaches about social determinants of health and health care and ways of addressing structural, institutional, and interpersonal social and economic biases adversely affecting public health and health care practices.

55 Recognize health care as a human right.

The U.S. should recognize and establish health care as a human right, regardless of immigration status, by enacting legislation and regulations with sufficient and sustainable funding that provide health care access and coverage for all.

Section Two:

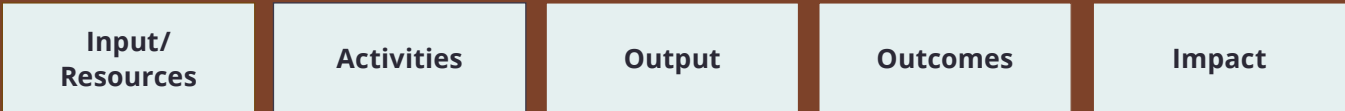
Proposed Accountability Framework

Logic Model and Evaluation Plan

Every department should include a logic model when submitting action plans to the White House. The logic model should present:

- 1. **Inputs** and resources, such as: funds or staff the department has or needs to implement relevant recommendations.
- 2. **Activities**, processes, interventions, or programs the department has started or plans to do, or change, and how the activities lead to results that will cause an expected outcome (i.e., lead and lag measures).
- 3. **Outputs**, which is the product that will be produced or services that will be delivered as a result of the activities.
- 4. **Outcomes**, measurable results and improvements in conditions or participants' situations, to be measured by KPIs.
- 5. **Impacts**, to answer the question of who benefits, who is left out and why, unintended negative consequences, and an explanation as to how we ensure disparate populations referenced in the Task Force Final Report benefit equitably from outcomes.

The elements of a logic model build on one another and they are iterative with feedback loops:



Upon review of departmental action plans and logic models, the White House should specify expected timelines based on the sense of urgency associated with the ongoing COVID-19 pandemic.

Timeframe

The White House should clearly determine what is required—immediate actions, short-term actions, intermediate actions, and long-term actions—to lead to and achieve expected outcomes.

The White House should use data to prioritize what is critical and work with the departments to allocate available resources or negotiate new resources that are directly linked to measurable results. The inequities related to this pandemic require structural and systemic change. Making concrete and measurable progress early on high-priority actions will build momentum for the sustained attention required to drive the long-term, transformational change. Since improving quality is not a one-time activity, following a sustainability evaluation, the departments should continue to report annually on progress and re-evaluate benchmarks and strategies to continuously improve and accomplish expected outcomes.

Evaluation Framework

We suggest the following evaluation framework to be conducted by an evaluator independent from the implementers of the recommendations:

1. Formative evaluation

Conduct this evaluation at least six months from the release of this report.

Its focus should include, but not be limited to: explanations of how the departments formulated their action plans, designed their implementation strategies, conducted their activities, or planned for new activities or programs and collected data to justify the need for such interventions, as well as set the baseline and targeted goals/ results; the participants, the purpose, and the influencers; and areas of successful implementation, areas of opportunity, and the foundation laid by activities that may lead, contribute to, or help achieve expected outcomes.

2. Process evaluation

Conduct this evaluation at least 12 months from the release of this report.

Its focus should include, but not be limited to, assessing when programs, interventions, processes, and operations began and where; identifying current strategies and their purposes; and identifying measures of effectiveness and opportunities for rapid process improvements, tools, and practice changes.

3. Intermediate evaluation

Conduct this evaluation at least 18 months after the release of this report.

Its focus should include, but not be limited to, using the dashboard; translating the data to information to identify what works; informing learning opportunities to adapt and scale best and promising practices based on equity and evidence of success; determining what does not work and why; and informing continuous improvement, funding, policy, and practice changes based on measurable results.

4. Outcome evaluation

Conduct this evaluation at least 24 months from the release of this report.

Its focus should include, but not be limited to, answering the question of to what extent or degree are changes in the outcomes attributable to the interventions and actions the administration has taken; generating data and demonstrating success based on measures and metrics that underpin the collective efforts of the Federal Government; and demonstrating who benefits from these activities beyond the output levels and how their targeted conditions have improved. To prepare for this evaluation, we suggest tracking baseline status and identifying potential transformational levers.

5. Impact evaluation

Conduct this evaluation at least 36 months from the release of this report, then annually thereafter, and finally conduct a sustainability evaluation at five years.

Its focus should include, but not be limited to, measuring proof of impact by comparing who benefited, why, and how. It should be designed to inform future policy and funding decisions to integrate and sustain positive changes.

Suggested Key Performance Indicators (KPIs) and Examples of Dashboard

The anticipated results should be monitored by the selection and tracking of KPIs.

Connecting the implementation of the recommendations to these KPIs will identify what works and to what extent does it lead and cause the expected change in the outcomes. The Task Force recommends that the White House work with departments to select KPIs prior to beginning implementation.

This process should include the following steps:

- 1. Identifying appropriate KPIs with a baseline** and target for each indicator based on available data wherever possible; where there is no baseline, collect data to set a baseline.
- 2. Applying metrics, analytics, and measures** for the indicators at a defined cadence during the implementation and evaluation period for reporting.
- 3. Using benchmarking** to evaluate performance across sectors, identify best practices, and discover opportunities for continuous improvement.

We suggest immediate action to define, describe, and build consensus regarding specific evaluation metrics. The Task Force includes suggested KPIs and examples of dashboards for consideration below. The White House should work with Federal departments to develop indicators to measure COVID-19 interventions that are stratified based on race, ethnicity, gender, disability status, income, and other factors. Specific indicators on COVID-19 should cover prevention, infection, hospitalization, mortality, and morbidity.

Suggested indicators include, but are not limited to:

- Access to personal protective equipment
- Access to vaccines
- COVID-19 infection rates
- COVID-19 hospitalization rates
- COVID-19 mortality rates
- COVID-19 morbidity rates

The indicators above, while specific to COVID-19, do not fully measure the circumstances that resulted in the unequal impact of the pandemic in the U.S. To address this, KPIs are proposed below to measure improvement across all the elements addressed by the Task Force recommendations to achieve the four stated outcomes.

For people of color and other underserved communities, many health, social, and structural outcomes may not yet be fully tracked and measured intersectionally, due to the lack of disaggregated, standardized, centralized data sources that represent the multifaceted self-identities. The Task Force calls for standardized, disaggregated data with a modernized infrastructure to support health equity efforts across the country in Top Priority 2: Enforce a data ecosystem that promotes equity-driven decision making. In the absence of these resources, we suggest other KPIs for consideration to track progress against outcomes in the interim.

These proposed outcome KPIs were selected based on their ability to inform decisions and measure to the extent to which expected outcomes are achieved and where course corrections are needed. The proposed outcome KPIs were primarily identified from public-facing resources (e.g., Healthy People 2030, U.S. Census Bureau). Selected data sources largely represent ongoing data collections that permit stratification by multiple demographic characteristics (e.g., race, ethnicity, language, age, sexual orientation, gender identity, socioeconomic status [e.g., income level], disability status). In some instances, we identify a suggested indicator; however, the data source is not known or vice versa (e.g., though identified data sources are identified for carceral populations, indicators are needed). This suggested list is not exhaustive. Whenever applicable, the White House should add extant, as well as novel KPIs.

Community expertise and effective communication will be elevated in health care and public health.

Communities will have the resources to identify and implement solutions to address their health needs.

Public health, science, research, and government institutions will take actions informed by the expertise that communities of color and other underserved populations bring about their experiences. Communities will lead the design and implementation of the programs, solutions, and resources meant to address situations they face where they live and work. By communicating evidence-based information in ways that are culturally and linguistically responsive and accessible to all people, organizations will build strong collaborations that support health and well-being.

KPI #	Suggested Criteria	Suggested Indicator	Suggested Source(s)	Suggested Associated Evaluation
1	Health Communication	Increase access to linguistically and culturally appropriate health care, at appropriate literacy levels	Agency for Healthcare Research and Quality's (AHRQ) https://www.ahrq.gov/health-literacy/research/index.html U.S. Department of Health and Human Services (HHS), Office of Minority Health https://minorityhealth.hhs.gov/omb/browse.aspx?lvl=2&lvlid=53	Outcome
2	Health Engagement	Increase the proportion of local jurisdictions that have a health improvement plan	HHS, <i>Healthy People 2030</i> https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure/increase-proportion-local-jurisdictions-have-health-improvement-plan-phi-05	Outcome
3	Tribal Public Health Agencies	Increase the number of Tribal public health agencies that are accredited	HHS, <i>Healthy People 2030</i> https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure/increase-number-tribal-public-health-agencies-are-accredited-phi-03	Outcome
4	Voting Registration	Increase registered voters and the percent who vote	U.S. Census Bureau, <i>Voting and Registration</i> https://www.census.gov/data/tables/time-series/demo/voting-and-registration/p20-585.html	Outcome
5	Public Trust	Increase public trust in government. Percentage of adults who trust the local government and leading organizations to make good decisions	Pew Charitable Trusts https://www.pewresearch.org/politics/2020/09/14/americans-views-of-government-low-trust-but-some-positive-performance-ratings	Impact
6	Vaccination Intentions	Parents' Intentions to Vaccinate Children Ages 12-17 for COVID-19: Demographic Factors, Geographic Patterns, and Reasons for Hesitancy	U.S. Census Bureau, <i>Household Pulse Survey</i> https://www.census.gov/data/experimental-data-products/household-pulse-survey.html	Outcome
7	Vaccination Intentions	Adults' intentions to get vaccinated who are hesitant	U.S. Census Bureau, <i>Household Pulse Survey</i>	Outcome
8	Community Engagement	Increase the number of community organizations that provide input to decision making and policy setting	Pending data source	Outcome
9	Community Engagement	Increase the percentage of population attending public meetings in a past year	U.S. Census Bureau, Current Population Survey https://www.census.gov/programs-surveys/cps.html	Outcome
10	Vaccine Mandate Communication	Pending indicator	Pending data source	
11	Personal Protective Equipment Communication from the Occupational Safety and Health Administration (OSHA)	Pending indicator	Pending data source	

Data will accurately represent all populations and their lived experiences to drive equitable decisions.

Our data represent the diversity of our communities and the many ways people self-identify along multiple dimensions.

We make decisions on how to best support communities and their health based on comprehensive, high-quality data that enable coordination across sectors. Supported by a well-funded, robust infrastructure, these data will be standardized, timely, accurate, and interoperable to enable disaggregated and intersectional data analysis. We will use evidence to drive research, enable efficient pandemic responses, and inform federal programs that truly see, engage, and support communities where they live and work. Equity will be at the center of decision making, community action, and coordination across all sectors, and everyone will be visible in the data.

KPI #	Suggested Criteria	Suggested Indicator	Suggested Source(s)	Suggested Associated Evaluation
1	Disability Data	Increase the proportion of national surveys with questions that identify people with disabilities and presents disaggregated data by disability type	HHS, Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/browse-objectives/people-disabilities/increase-proportion-national-surveys-questions-identify-people-disabilities-dh-r01	Outcome
2	Disability Data	Increase the proportion of state and DC health departments with programs aimed at improving health in people with disabilities	HHS, Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/browse-objectives/people-disabilities/increase-proportion-state-and-dc-health-departments-programs-aimed-improving-health-people-disabilities-dh-r02	Outcome
3	Data Sharing	Data collected on diverse communities is shared with those communities and organizations working to close disparity within said space	Pending data source	Impact
4	Data Sharing	Number of Federal and local data sharing agreements currently in practice	Pending data source Example: https://www.bls.gov/bls/cipsea-report.htm Note: vital and should be created	Process/ Outcome
5	Data Sharing	Increase capacity to link monitoring of workplace health (and workplace outbreaks) to community health	Pending data source	Process
6	Data Informatics	Enhance the use and capabilities of informatics in public health	HHS, Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure/enhance-use-and-capabilities-informatics-public-health-phi-r06	Outcome
7	Technology Use	Increase the proportion of state public health labs that use emerging technology to provide enhanced services	HHS, Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure/increase-proportion-state-public-health-labs-use-emerging-technology-provide-enhanced-services-phi-d05	Outcome
8	Disaggregated Data Collection	Disaggregated data collected on diverse populations representative of condition	Pending data source Example: PAHO Factsheet https://iris.paho.org/bitstream/handle/10665.2/52002/Data-Disaggregation-Factsheet-eng.pdf?sequence=19#:~:text=Disaggregated%20data%20refers%20to%20the.elucidate%20underlying%20trends%20and%20patterns. Example: PolicyLink Data Disaggregation https://www.policylink.org/our-work/community/health-equity/data-disaggregation	Outcome
9	Disaggregated Data Collection	Inclusion of standardized race, ethnicity, and social determinants of health in Federal data collection	HHS Office of the Assistant Secretary for Planning and Evaluation, 2011 HHS Data Collection Standards https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0 1997 Office of Management and Budget, Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity https://obamawhitehouse.archives.gov/omb/fedreg_1997standards	Process/ Outcome
10	Preparedness Data	Inclusion of questions on preparedness and response with national population-based surveys/linking those data with health focused population-based surveys	Federal Emergency Management Agency (FEMA), National Household Survey https://www.fema.gov/about/openfema/datasets/national-household-survey Centers for Disease Control and Prevention (CDC), National Health Interview Survey https://www.cdc.gov/nchs/nhis/index.htm Note: Link FEMA's National Household Survey with CDC's National Health Interview Survey	Outcome

Health equity will be centered in all processes, practices, and policies.

Communities that have experienced long-standing oppression, discrimination, health inequities, economic insecurity, and occupational and environmental hazards in the past and present will achieve greater justice and thrive in the future.

All people will receive the best possible health care, education, and economic opportunities. Communities of color and other underserved populations will no longer experience a disproportionate burden of adverse short- and long-term health outcomes related to COVID-19. As a nation, we will disrupt the predictability of who is harmed first and who is harmed worst. All communities will have the resources that enable them to prepare for and recover from pandemics. We will not leave anyone behind.

KPI #	Suggested Criteria	Suggested Indicator	Suggested Source(s)	Suggested Associated Evaluation
1	Disability and Institutional Settings	Reduce the proportion of people with disabilities who live in institutional settings with 7 or more people	HHS, Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/browse-objectives/people-disabilities/reduce-proportion-people-intellectual-and-developmental-disabilities-who-live-institutional-settings-7-or-more-people-dh-03	Outcome
2	Housing and Homelessness	Reduce percentage of older adult, adult, and youth who are unhoused (sheltered and unsheltered homelessness)	HUD, 2019 Continuum of Care Dashboard https://www.hudexchange.info/resource/5787/coc-analysis-tool-race-and-ethnicity HUD, Annual Homeless Assessment Report https://www.hudexchange.info/homelessness-assistance/ahar/#2020-reports	Outcome
3	Housing and Homelessness	Reduce the percentage of households with children ages 0–17 that reported housing problems* by type of problem, selected years 1999–2019	Federal Interagency Forum on Child and Family Statistics, American's Children: Key National Indicators of Well-Being Annual Report https://www.childstats.gov/americaschildren/phys5.asp National Center for Homeless Education https://nche.ed.gov/data-and-stats/	Outcome
4	Housing and Homelessness	Reduce the percentage of adults living in inadequate housing (moderate or severe deficiencies in plumbing, heating, electricity, or upkeep, or a combination of these)	U.S. Census Bureau, American Housing Survey	Outcome
5	Housing and Homelessness	Increase the approval rate for applicants seeking housing assistance	HUD, HUD Resources https://www.hud.gov/resources FEMA, Individual Assistance Data https://www.fema.gov/about/openfema/data-sets#individual U.S. Census Bureau, American Housing Survey https://www.census.gov/programs-surveys/ahs.html	Outcome
6	Food Security	Eliminate very low food security in children	HHS, Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating/eliminate-very-low-food-security-children-nws-02	Impact
7	Food Security	Reduce food insecurity, by race and ethnicity, age, disability status	USDA, Food Access Research Atlas https://www.ers.usda.gov/data-products/food-access-research-atlas/ U.S. Census Bureau, Household Pulse Survey https://www.census.gov/data/experimental-data-products/household-pulse-survey.html	Impact
8	Food Security	Reduce food insecurity, by race and ethnicity, age, disability status	USDA, Food Access Research Atlas https://www.ers.usda.gov/data-products/food-access-research-atlas U.S. Census Bureau, Household Pulse Survey https://www.census.gov/data/experimental-data-products/household-pulse-survey.html	Impact

KPI #	Suggested Criteria	Suggested Indicator	Suggested Source(s)	Suggested Associated Evaluation
9	Environmental Health	Decrease percentage of children ages 0–17 living in counties with pollutant concentrations above the levels of the current air quality standards, 1999–2019	Federal Interagency Forum on Child and Family Statistics, American's Children: Key National Indicators of Well-Being Annual Report https://www.childstats.gov/americaschildren/phys1.asp	Outcome
10	Infrastructure Environmental Health Environmental Health	Increase the proportion of adults with broadband internet	U.S. Department of Commerce, Indicators of Broadband Need https://www.commerce.gov/news/press-releases/2021/06/ntia-creates-first-interactive-map-help-public-see-digital-divide Government Accountability Office, Broadband: FCC is Taking Steps to Accurately Map Locations That Lack Access https://www.gao.gov/products/gao-21-104447	Outcome
11	Education	Increase the percentage of youth ages 16–19 who complete high school with a regular high school diploma across student subgroups	Federal Interagency Forum on Child and Family Statistics, American's Children: Key National Indicators of Well-Being Annual Report https://www.childstats.gov/americaschildren/edu5.asp	Impact
12	Education	Percent of adults, ages 25-44, with post-secondary education, such as vocational/technical schools, junior colleges or four-year colleges, by race/ethnicity, sexual orientation, gender identity, income level, disability status	U.S. Census Bureau, American Community Survey https://www.census.gov/programs-surveys/acs	Outcome
13	Education	Increase in percentage of 3- to 5-year-olds enrolled in full-day/full-week early care and education	National Center for Education Statistics https://nces.ed.gov/programs/raceindicators/indicator_reg.asp National Institute for Early Education Research, Preschool Yearbook https://nieer.org/state-preschool-yearbooks	Outcome
14	Education	Increase in percentage distribution of public school students enrolled in prekindergarten through 12th grade and who graduate from high school with a regular high school diploma	National Center for Education Statistics https://nces.ed.gov/programs/raceindicators/indicator_reg.asp	Outcome
15	Employment	Increase employment status of the civilian population by race, sex, age, and disability	U.S. Bureau of Labor Statistics, Household data https://www.bls.gov/news.release/empsit.t02.htm	Outcome
16	Employment	Increase proportion of population employed in jobs that provide a living wage	Massachusetts Institute of Technology, Living Wage Calculator https://livingwage.mit.edu Wage Indicator Foundation https://wageindicator.org/salary/living-wage	Impact
17	Employment	Increase proportion of workforce in jobs represented by unions	U.S. Bureau of Labor Statistics, Union Affiliation data https://www.bls.gov/news.release/union2.t01.htm USA Facts Labor Union Membership https://usafacts.org/articles/labor-union-membership/	Outcome
18	Employment	Increase rates of small business ownership	U.S. Department of Commerce, <u>Small Business Administration</u> https://www.sba.gov/	Outcome

KPI #	Suggested Criteria	Suggested Indicator	Suggested Source(s)	Suggested Associated Evaluation
19	Workplace Safety	Reduce number of OSHA complaints from essential workers vulnerable to pandemics (including, workplace clusters)	U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) https://www.osha.gov/enforcement/covid-19-data#complaints_referral	Outcome
20	Environmental Health	Reduce number of fatal work injuries	U.S. Bureau of Labor Statistics, Census of Fatal Occupational Injuries https://www.bls.gov/news.release/cfoi.nr0.htm	Outcome
21	Environmental Health	Reduce health and environmental risks from hazardous sites	HHS, Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/browse-objectives/environmental-health/reduce-health-and-environmental-risks-hazardous-sites-eh-05	Outcome
22	Environmental health	Increase the proportion of the population living in EPA-defined "smart growth" communities	U.S. Environmental Protection Agency (EPA), Smart Growth Communities https://www.epa.gov/smartgrowth	Outcome
23	Environmental health	Reduce the rate of emergency department (ED) visits associated with heat-related illness (HRI) per 100,000 ED	EPA, Outdoor Air Quality Data https://www.epa.gov/outdoor-air-quality-data/interactive-map-air-quality-monitors CDC, Heat and Health Tracker https://ephtracking.cdc.gov/Applications/heatTracker/	Outcome
24	Emergency preparedness	Increase the percentage of people who have taken preparedness actions	FEMA, National Household Survey (NHS) https://www.fema.gov/about/openfema/data-sets/national-household-survey	Outcome
25	Health infrastructure (Rural)	Increase the proportion of eligible persons who are enrolled in Federally Qualified Community Health Centers	National Association of Community Health Centers https://www.nachc.org/	Outcome
26	Health infrastructure (Rural)	Reduce health professional shortage area by geography at national, state, and territorial levels	Health Resources and Services Administration (HRSA), Health Professionals Shortage Area Tool https://data.hrsa.gov/tools/shortage-area	Outcome
27	Carceral	Decrease the number of individuals who are incarcerated, reduce disparities and inequities in incarceration across racial, gender, and ethnic groups	Bureau of Justice Statistics (BJS), National Prisoner Statistics program https://bjs.ojp.gov/data-collection/national-prisoner-statistics-nps-program BJS, Annual Survey of Jails https://bjs.ojp.gov/data-collection/annual-survey-jails-asj	Outcome
28	Carceral	Reduce the proportion of children with a parent or guardian who has served time in jail	HHS, Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context/reduce-proportion-children-parent-or-guardian-who-has-served-time-jail-sdoh-05	Impact
29	Carceral	Pending indicator	CDC, National Survey of Prison Health Care (NSPHC) https://www.cdc.gov/nchs/dhcs/nsphc.htm	
30	Carceral	Pending indicator	BJS, National Inmate Survey (NIS) https://bjs.ojp.gov/data-collection/national-inmate-survey-nis#publications-0	

KPI #	Suggested Criteria	Suggested Indicator	Suggested Source(s)	Suggested Associated Evaluation
31	Carceral	Pending indicator	<p>BJJ, Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-2012, June 2017 https://bjs.ojp.gov/library/publications/indicators-mental-health-problems-reported-prisoners-and-jail-inmates-2011</p>	
32	Longstanding Oppression & Discrimination	<p>Include standardized measures of racism and discrimination - individual, institutional and health systems level - to Federal population-based surveys</p>	<p>University of Michigan, National Survey of American Life https://www.icpsr.umich.edu/web/ICPSR/studies/27121</p> <p>CDC, 2013 Behavioral Risk Factor Surveillance System, Module 16 Reactions to Race https://www.cdc.gov/brfss/questionnaires/pdf-ques/2013-brfss_english.pdf</p>	Process/ Outcome

Everyone will have equitable access to high-quality health care.

The United States will have the people, skills, and resources it takes to maintain strong health care and public health systems.

Communities that have experienced disproportionate illness, disability, and death in the past will access the high-quality physical and behavioral health care they need for their well-being. Providers will reflect the diversity of the communities they serve and understand the needs of different populations that have experienced inequities. We will fund health and the prevention of health inequities as a top priority, reflecting the value we place on the lives of current and future generations.

KPI #	Suggested Criteria	Suggested Indicator	Suggested Source(s)	Suggested Associated Evaluation
1	COVID-19 Metrics	Decrease in COVID-19 positive rates, by age and gender	CDC, COVID Data Tracker, Health Equity Data https://covid.cdc.gov/covid-data-tracker/#health-equity-data	Outcome
2	COVID-19 Metrics	Decrease in COVID-19 positive rates, by age and gender	CDC, COVID Data Tracker, Health Equity Data https://covid.cdc.gov/covid-data-tracker/#health-equity-data	Outcome
3	COVID-19 Metrics	Reduce COVID-19 positivity rate among American Indian/Alaska Native populations	<p>Indian Health Service, COVID-19 Positive Cases by IHS Area https://maps.ihs.gov/portal/apps/StoryMapBasic/index.html?appid=5411113222c74d23bf09d6fa8c5909fd</p> <p>CDC, MMWR COVID-19 Among American Indian and Alaska Native Persons — 23 States, January 31–July 3, 2020 https://www.cdc.gov/mmwr/volumes/69/wr/mm6934e1.htm</p> <p>CDC, National Notifiable Diseases Surveillance System https://www.cdc.gov/nndss/data-statistics/index.html</p> <p>CDC, COVID Data Tracker, Health Equity Data https://covid.cdc.gov/covid-data-tracker/#health-equity-data</p>	Outcome
4	COVID-19 Vaccination	Increase rate of COVID-19 vaccination rate and booster	CDC, CDC COVID Data Tracker https://covid.cdc.gov/covid-data-tracker/#datatracker-home	Outcome
5	COVID-19 Vaccination Rates	Increase in COVID-19 vaccination rate for people with disabilities	CDC, COVID Data Tracker, Health Equity Data https://covid.cdc.gov/covid-data-tracker/#health-equity-data	Outcome
6	COVID-19 Vaccination Rates	Increase proportion of veterans who receive COVID-19 vaccination and booster	U.S. Department of Veteran Affairs (VA), COVID Summary Data Tool https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary	Outcome
7	Veteran Satisfaction Rates	Increase veteran's satisfaction with care	VA, COVID Summary Data Tool https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary	Outcome
8	Patient Care	Overall experience in care	AHRQ, Consumer Assessment of Healthcare Providers and Systems (CAHPS) https://www.ahrq.gov/cahps/surveys-guidance/cg/about/survey-measures.html	Impact Outcome
9	Insurance Coverage	Increase the percentage of children and adults with health insurance coverage in the U.S.	<p>U.S. Census Bureau, American Community Survey https://www.census.gov/programs-surveys/acs</p> <p>Centers for Medicare & Medicaid Services (CMS), Medicaid and CHIP Beneficiary Profile and Infographic https://www.medicaid.gov/medicaid/quality-of-care/releases-announcements</p> <p>CMS, Medicaid & CHIP Enrollment Data Highlights https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html</p> <p>CMS, Medicare enrollment https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts</p>	Outcome

KPI #	Suggested Criteria	Suggested Indicator	Suggested Source(s)	Suggested Associated Evaluation
10	Insurance Coverage	Increase in populations served by Federally Qualified Community Health Centers		Outcome
11	Health Status	Reduce percentage of adults with fair or poor health	CDC, National Health Interview Survey https://www.cdc.gov/nchs/nhis/shs.htm CDC, 2019 Health, U.S. https://www.cdc.gov/nchs/hus/ataglance.htm	Impact
12	Health Status	Decrease infant mortality rate	CDC, Wonder https://wonder.cdc.gov/	Impact
13	Access to Health Care	Increase the proportion of children and adults with a usual primary care provider	AHRQ, Medical Expenditure Panel Survey https://meps.ahrq.gov/mepsweb AHRQ, Health Care Quality and Disparities Report https://nhqrnet.ahrq.gov/inhqrdr/data/submit CDC, National Health Interview Survey https://www.cdc.gov/nchs/nhis/shs.htm	Outcome
14	Punlic Health Funding	Total funding for public health, per N number of persons below the U.S. poverty line Total funding for public health, per N of underserved populations	ASTHO, by state https://www.astho.org/Research/Data-and-Analysis/Data-Brief-on-State-Public-Health-Resources-and-Capacity/ United Health Foundation, America's Health Rankings https://www.americashealthrankings.org/explore/annual/measure/PH_funding/state/ALL CDC, Center for State, Tribal, Local, and Territorial Support https://www.cdc.gov/publichealthgateway/about-cstlts/index.html	Outcome
15	Punlic Health Funding	Increase in state and local public health funding per capita	ASTHO https://astho.org/Profile/#dashboard NACCHO https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/NACCHO_2019_Profile_final.pdf	Outcome
16	Punlic Health Funding	Increase the proportion of state public health labs that provide services to support emerging issues	HHS, Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure/increase-proportion-state-public-health-labs-provide-services-support-emerging-issues-phi-d04	Outcome
17	Health Reporting	Increase the proportion of hospitals with access to necessary electronic information	HHS, Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-it/increase-proportion-hospitals-access-necessary-electronic-information-hchit-d06	Outcome
18	Health Reporting	Increase the proportion of state and local health departments with access to necessary electronic information	ASTHO https://astho.org/Profile/#dashboard NACCHO https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/NACCHO_2019_Profile_final.pdf	Outcome

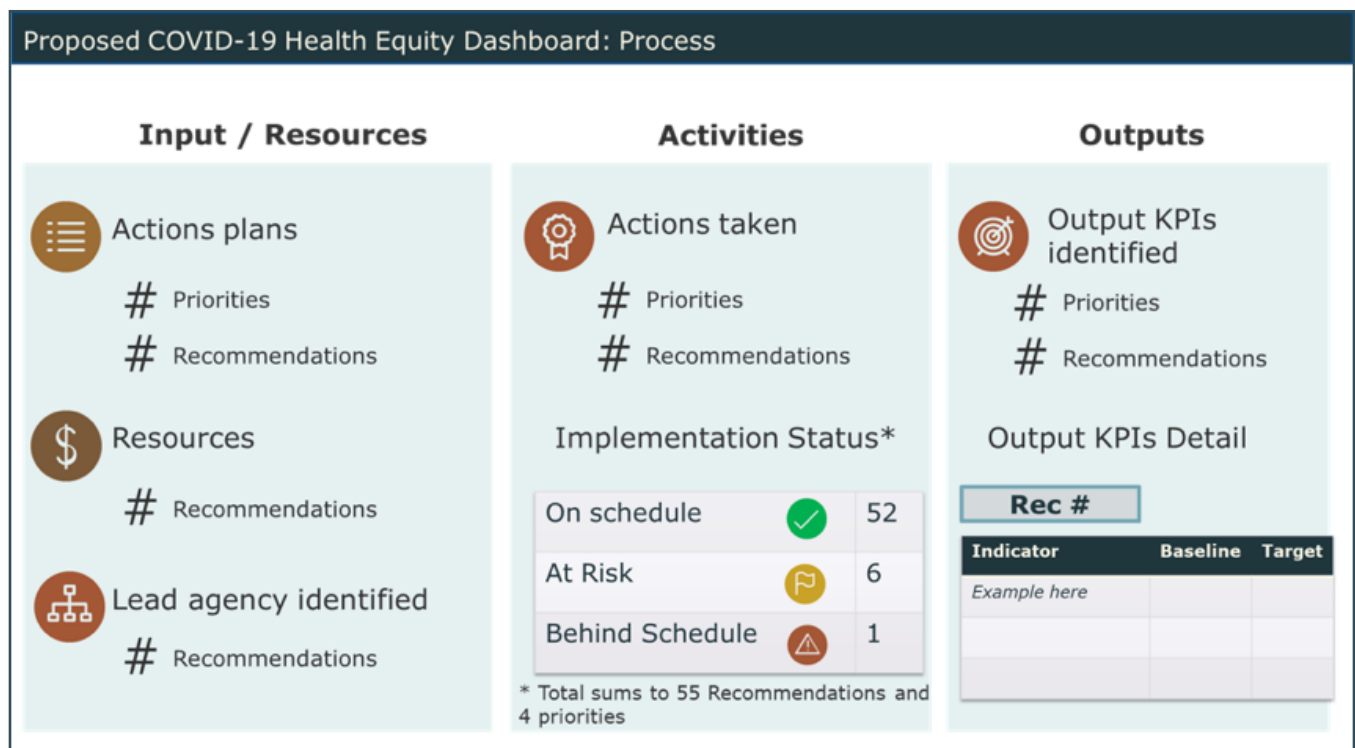
KPI #	Suggested Criteria	Suggested Indicator	Suggested Source(s)	Suggested Associated Evaluation
19	Health Care Access	Increase the proportion of adolescents who had a preventive health care visit in the past year	HHS, Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/browse-objectives/adolescents/increase-proportion-adolescents-who-had-preventive-health-care-visit-past-year-ah-01	Outcome
20	Health Care Access	Increase the proportion of schools with policies and practices that promote health and safety	HHS, Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-schools-policies-and-practices-promote-health-and-safety-eh-d01	Outcome
21	Behavioral Health	Increase the proportion of children and adolescents who get appropriate treatment for anxiety or depression	HHS, Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/browse-objectives/children/increase-proportion-children-and-adolescents-who-get-appropriate-treatment-anxiety-or-depression-emc-d04	Outcome
22	Behavioral Health	Increase the proportion of children and adolescents who get preventive mental health care in school	HHS, Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/browse-objectives/children/increase-proportion-children-and-adolescents-who-get-preventive-mental-health-care-school-emc-d06	Outcome
23	Behavioral Health	Increase the proportion of homeless adults with mental health problems who get mental health services	HHS, Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders/increase-proportion-homeless-adults-mental-health-problems-who-get-mental-health-services-mhmd-r01	Outcome
24	Behavioral Health	Increase the number and percentage of population receiving quality behavioral health (including mental health services and substance abuse services)	Substance Abuse and Mental Health Services (SAMSHA) https://www.samhsa.gov/data/data-we-collect CMS, Behavioral Health Core Set https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-bh-core-set.pdf#:~:text=To%20support%20CMS%E2%80%99s%20efforts%20to%20improve%20behavioral%20health,CMS%20to%20measure%20and%20evaluate%20progress%20toward%20improvement. VA, Behavioral Health Data Private insurance (Pending Indicator Source)	Outcome
25	Behavioral Health	Reduce rate of depression	CDC, National Health Interview Survey https://www.cdc.gov/nchs/nhis/shs.htm	Impact
26	Behavioral Health	Reduce rate of suicide	CDC, Wonder https://wonder.cdc.gov/	Impact
27	Behavioral Health	Increase children's mental health services-linkages with schools	SAMSHA https://www.samhsa.gov/data/data-we-collect	Outcome
28	Behavioral Health	Expand, as possible, technical assistance and training to behavioral health providers—clinicians and peers	SAMSHA https://www.samhsa.gov/data/data-we-collect	Outcome

KPI #	Suggested Criteria	Suggested Indicator	Suggested Source(s)	Suggested Associated Evaluation
29	Behavioral Health	Increase ongoing efforts in prevention of substance use disorders; Improve substance use treatment rates and treatment for youth and adults with mental illness—and strengthen treatment for co-occurring disorders	SAMSHA https://www.samhsa.gov/data/data-we-collect	Outcome
30	Emergency Preparedness	Increase registration and more broad participation of health insurance plans in the U.S. Department of Homeland Security Homeland Security Information Network (HSIN) Healthcare and Public Health Sector Portal	ASPR & America’s Health Insurance Plans, 2013 National Survey of Health Insurance Plan Emergency Preparedness Report https://www.phe.gov/Preparedness/responders/Pages/insurers.aspx	Outcome
31	Health Workforce	Increase in Sex, Race, and Ethnic Diversity of U.S. Health Occupations	HRSA, National Center for Health Workforce Analysis https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/diversity-us-health-occupations-technical.pdf	Outcome
32	Public Health	Increase in number of public health professionals by state	De Beaumont, Public Health Workforce Interests and Needs Survey https://debeaumont.org/programs/ph-wins/ HRSA, Area Health Resources File https://data.hrsa.gov/topics/health-workforce/ahrf HRSA, Training Programs https://data.hrsa.gov/topics/health-workforce/training-programs HRSA, Field Strength Dashboards https://data.hrsa.gov/topics/health-workforce/field-strength HRSA, National Sample Survey of Registered Nurses https://data.hrsa.gov/topics/health-workforce/nursing-workforce-survey-data	Outcome

Examples of Key Performance Indicator Dashboards

The anticipated results should be monitored using an agreed-upon KPI dashboard. This report contains example dashboards.

Example Dashboard 1 - Input, Activities, and Outputs Measures



Example Dashboard 2 – Lag and Lead Measures

Proposed COVID-19 Health Equity Dashboard: Measures

Rec #	Recommendation	Lag Measure	Lead Measures
	Increase capacity and representation of the health workforce	Increased representation in health workforce	<ul style="list-style-type: none">% Increase in enrollment, graduation in entry level and other positions with two years or less programs for licensed and certified positions in health care% of increase funding for advanced degrees to diversity grants, scholarships, and loan forgiveness for target

Example Dashboard 3 - Outcome and Impact

Proposed COVID-19 Health Equity Dashboard: Outcomes

Select Outcome



C&C



DAR



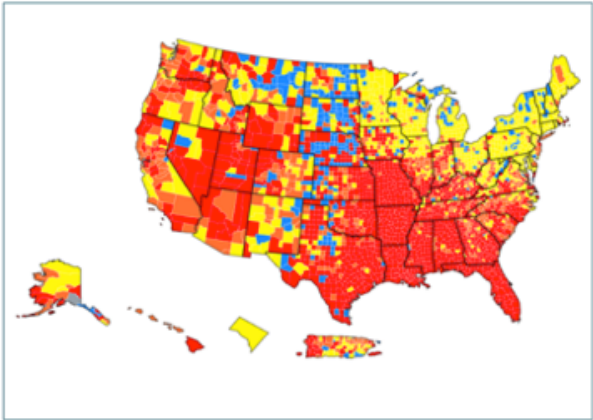
SDX



HAQ

Select KPI

KPI: COVID-19 positivity rate in [target population]
Baseline: ##
Target: ##
Data Source: CDC COVID-19 Tracker



Select Data Disaggregation

- Age Race Ethnicity
- Gender Income
- Ability Housing

Data	Baseline	Target
Example here		

Appendix

Acronyms

AHRQ	Agency for Healthcare Research and Quality	SAMSHA	Substance Abuse and Mental Health Services (SAMSHA)
BJS	Bureau of Justice Statistics	USDA	Department of Agriculture
CDC	Centers for Disease Control and Prevention	VA	U.S. Department of Veterans Affairs
CMS	Centers for Medicare & Medicaid Services		
DHS	Department of Homeland Security		
EPA	Environmental Protection Agency		
FEMA	Federal Emergency Management Agency		
HHS	Department of Health and Human Services		
HRSA	Health Resources and Services Administration		
HUD	Department of Housing and Urban Development		
KPI	Key Performance Indicator		
LGBTQIA	Lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual		
OSHA	Occupational Safety and Health Administration		

Key Populations and Settings

This report references various populations and settings of interest as **communities of color and other underserved populations**, considering where people live, work, and learn. This includes, but is not limited to:

Racial/Ethnic Groups

- Indigenous and Native Americans
- Asian/Asian Americans, Native Hawaiians, and Pacific Islanders
- Black/African American
- Hispanic/Latino

Other Marginalized Groups

- Immigrants/refugees/asylees
- LGBTQIA+ people
- People with low income
- People experiencing homelessness
- Veterans or military personnel and their families
- Women and girls

Special Age Populations

- Children (younger than 12)
- Youth (12–17)
- Young adults (18–25)
- Older adults (65 and older)

Medically Underserved

- People with disabilities
- People with chronic medical conditions
- People with behavioral health conditions, including substance use disorder and mental health conditions
- People with long-term mental illness or long-term psychiatric disability
- People who require long-term services and supports
- People who are uninsured or underinsured

Workers

- Agricultural industry workers (includes migrant workers and meat packing/food processing industry)
- Essential workers
- Frontline workers

Geographic Areas

- Rural
- Remote
- Tribal
- Territorial

Congregate Settings

- Carceral settings (i.e., jails, prisons, detention centers)
- Homeless shelters (includes heating and cooling centers)
- Long-term care facilities (e.g., nursing homes, skilled nursing facilities)
- Shared housing (e.g., group homes, assisted living, dormitories)

Other Relevant Settings

- Businesses
- Childcare facilities (e.g., Head Start, Early Head Start, in-home daycare)
- Health care facilities/ambulatory care
- Schools (early childhood, K-12, and postsecondary educational institutions)
- Transportation (e.g., public transportation, private transportation, gig transportation, accessible/paratransit, EMS, air travel, trains)



Read more about the Presidential COVID-19 Health Equity Task Force: www.bit.ly/35tBj7i

Presidential COVID-19 Health Equity Task Force. *Presidential COVID-19 Health Equity Task Force Proposed Implementation Plan and Accountability Framework*. Washington, D.C.: U.S. Department of Health and Human Services/Office of the Assistant Secretary for Health, 2021.