

Equity and Vulnerable  
Populations Committee  
Recommendations to the  
ReOpen DC Advisory Group  
Steering Committee

---

---

May 21, 2020

For more information, and to see the ReOpen DC Advisory Group Steering Committee's full recommendations, please visit <https://coronavirus.dc.gov/>.

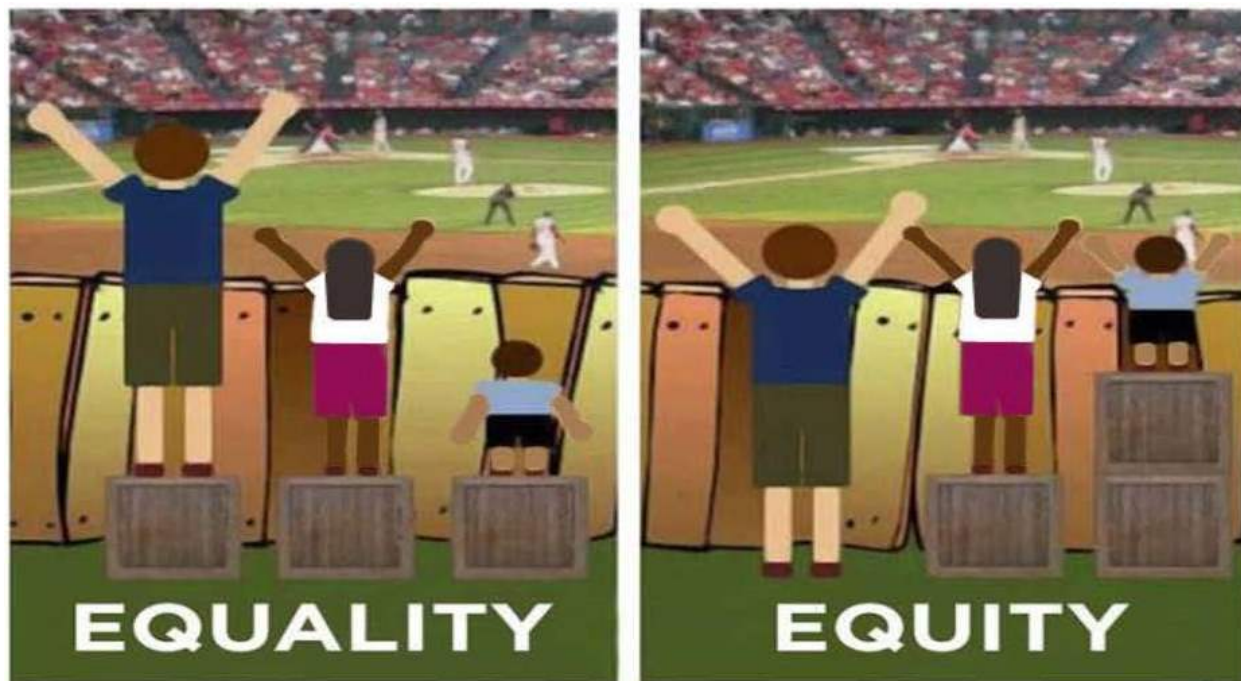
## TABLE OF CONTENTS

Table of Contents .....	0
Committee Mission & Focus.....	1
Committee Chairs .....	2
Committee Members .....	2
Overview & Status.....	3
Current Status .....	3
Identifying Vulnerable Populations .....	3
Committee Approach and Engagement.....	4
Lessons Learned from the Stay-At-Home order .....	5
Challenges.....	7
Opportunities .....	8
What we've heard from vulnerable communities .....	9
Community Survey Regarding the Emergency Stay At Home Impact .....	9
Focus Groups and Targeted Outreach .....	9
Systemic inequities and disparate outcomes.....	15
Equity in Reopening Guidance and Preparation .....	21
Considerations for Reopening .....	21
Moving Toward Our Values: Recommendations for equity During Reopening.....	30
Recommendations by Area .....	30
Access To Information and Engagement.....	39
Issues for Future Phases .....	44
Considerations for future ROUNDS of reopening .....	44
Considerations for Recovery .....	46
Research, Resources, and References.....	49
Appendix .....	50

## COMMITTEE MISSION & FOCUS

---

*Equity exists when people share equal rights, access, opportunities, and outcomes, regardless of characteristics such as race, class, or gender. Equity is achieved through targeted actions and investments to eradicate disparities in education, healthcare, employment, and business opportunities, income, housing, access to transportation and food, and community safety and wellness<sup>1</sup>.*



On March 11, 2020, the Executive Office of the Mayor of the District of Columbia declared a Public Health Emergency, the Coronavirus COVID-19 Disease Pandemic. The Committee on Equity and Vulnerable Populations (“this committee”) was formed and first convened on April 28, 2020, to respond to further orders put in place by the Executive to protect District residents who are most vulnerable to experiencing inequities because of the disease.

---

<sup>1</sup> Adapted from the 2019 Approved Framework Element for DC Comprehensive Plan Amendment: Council of the District of Columbia. 2019. The District of Columbia Comprehensive Plan: Framework”. <http://chairmanmendelson.com/wp-content/uploads/2019/10/B23-1-Comp-Plan-Framework-ANS.pdf>

The COVID-19 Disease (“disease”) has put a spotlight on significant inequities -- health, social, and economic -- faced more by some District residents than others. The pandemic highlights that people of color and other vulnerable populations are suffering from inequities like higher rates of exposure to the disease, higher incidents of death from the disease, and a greater negative impact on basic needs like food access, maintaining children’s educational progress, childcare, or special needs. There are also other immediate impacts like fear and isolation that compound existing problems like hypertension, homelessness and lack of access to available rights and services.

This report presents the actual and anticipated inequities from a variety of stakeholders based on the current data. It also discusses how the circumstances that existed before the disease (and will exist after the pandemic emergency is lifted) will have ongoing implications. The report provides a blueprint for recommendations for consideration by the Executive in eradicating these inequities.

## COMMITTEE CHAIRS

**Committee Community Co-chairpersons:** Dr. Wayne Frederick and Donna Brazile

**Committee Government Co-chairpersons:** Councilmember Kenyan McDuffie and Delano Hunter

**Public Health Advisor:** Ms. Robin (Diggs) Perdue

**Associate Committee Director:** Mr. Timothy White

**Committee Coordinator:** Ms. Shanelle Patterson

## COMMITTEE MEMBERS

Akosua Ali

Cora Masters Barry

Tyrone Garrett

Kimberly Jeffries Leonard

Richard Shore

Patti Stonesifer

Miatta Thomas

Laura Zeilinger

Dr. Anneta Arno

Michelle Garcia

Donald Isaac

Laura Newland

Andrew Reese

## OVERVIEW & STATUS

### CURRENT STATUS

Moments of crisis test the structures and safeguards of the society that we've built. The COVID-19 crisis is exposing inequities that are part of the very fabric of American life. Those inequities exacerbate the impact of the pandemic on vulnerable populations and make the steps being taken to fight the pandemic even more onerous for those same vulnerable populations.

Diseases don't discriminate, but societies do. The onset of COVID-19 Disease is drastically amplified by problems of comorbidity with conditions, like heart disease and diabetes that are more common among African Americans. While the District has the lowest uninsured rate in the nation -- less than 5% of residents without healthcare<sup>2</sup> -- our poorest and most marginalized communities continue to suffer from negative health outcomes. This is because non-clinical health determinants such as a lack of healthy food options, access to affordable housing, and low personal low-income have proven a larger impact on health than clinical care. The *Health Equity Report: District of Columbia 2018* (HER) illustrates that health is determined by more than just healthcare and establishes that all policies are health policies.

### IDENTIFYING VULNERABLE POPULATIONS

Using the HER report as a baseline, this committee explored the specific impacts on District residents who have had to contend not only with the widespread medical risk and vulnerability of the disease itself but also with associated social and economic risks that impact individual and community resilience. We also sought out community feedback regarding populations who might be especially vulnerable during this pandemic. Stakeholders highlighted following groups: seniors, low wage workers/low-income households, people experiencing homelessness, the unemployed/underemployed, undocumented/immigrant residents, the incarcerated and reentry population, service workers, people of color, people living in multifamily

---

<sup>2</sup> US Census. 2018. "Health Insurance Coverage in the United States: 2018".  
<https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-267.pdf>

buildings, individuals with HIV, special needs population, long-time District residents, people experiencing domestic violence, individuals engaged in sex work, transgender women, gender non-conforming/LGBTQ youth, childcare providers, and organizations serving vulnerable communities.

We know that individuals and communities across the vulnerable population spectrum do not fit neatly into any single box. Rather, there is significant intersectionality across essential worker populations and vulnerable individual residents and populations living in different settings. The vulnerable populations that will be discussed in the report include:

- Healthcare workers, first responders, and other essential workers in contact with the public
- Immigrant and refugee populations
- Justice-involved populations
- Low-income households
- Members of the LGBTQ community
- Non-essential workers in high contact jobs
- Older adults
- People experiencing domestic violence
- People experiencing homelessness
- People with disabilities and living in state institutions, group homes, and other congregate settings
- Racial and ethnic minorities (including women who are minorities)
- Residents with a multitude of chronic medical conditions
- Small businesses and non-profit organizations that primarily support underserved communities
- Youth who are disadvantaged or disabled

A large share of vulnerable District residents belongs to two or more of these populations; therefore, the inequities experienced by marginalized individuals are layered, further exacerbating the adverse effects of both the disease and our response.

## **COMMITTEE APPROACH & ENGAGEMENT**

This committee first convened on April 28, 2020, and has coordinated 13 internal meetings, nine focus groups, and nine equity presentations to other sub-committees.

We focused on examining the challenges identified by the stakeholder subject matter experts, and then focused on how to expand current DC programs and adopt additional recommendations to help achieve actual equity.

## **LESSONS LEARNED FROM THE STAY-AT-HOME ORDER**

On March 24, 2020, the Executive announced an initial Mayor's Order for reducing contact and the spread of the disease by prohibiting all large gatherings, among other things and, ultimately on March 30, 2020, residents were ordered to stay at home except for essential workers or for performing essential activities. One of the few known mitigation efforts to reduce the spread of COVID-19, the Health Emergency and the Stay-at-Home Order remains in place at the date of the issuance of this report (circa May 13, 2020); however, these orders have underscored inequities among District residents. We explore them below.

### **Essential/Non-essential Designations**

The "essential workers" designation must reflect the broad range of employees, well beyond what we have previously thought of as essential: grocery store clerks, pharmacy workers, funeral home staff, gas station attendants, food preparation workers, cleaning services, laundromat staff, hospital custodians, bus and truck drivers, warehouse stockers, sanitation workers, delivery services, transportation support personnel, airline staff and the like. COVID-19 amplified not only the trajectory of the disease but also the racial disparities within our society regarding the workforce who hold these jobs and the inequalities upon them because of their continued work during the emergency.

### **Food and Supply Access**

Purchasing food became a fierce competition due to hoarding and panic-buying, leaving those with fewer resources or transportation without basic needs. Some experienced large crowds, long lines, barren shelves, transportation challenges, and having to travel to other neighborhoods. Priority shopping times were provided to seniors who found it challenging to shop during those peak times. Women Infant and Children (WIC) and Supplemental Nutritional Assistance Program (SNAP) recipients receive their benefits during the first three days of the month and, though there were efforts made to accommodate the SNAP and WIC recipients, stores still saw an influx of shoppers at that time. The District should work to reduce restrictions on grocery stores that can accept WIC; only half of DC's full-service grocery stores accept WIC<sup>3</sup>, and DC requirements for grocer eligibility are stricter than federal requirements. Although the

---

<sup>3</sup> Food Research & Action Center. 2018. "Closing the Grocery Store Gap in the Nation's Capital". <https://www.dchunger.org/wp-content/uploads/2018/11/dchs-closing-grocery-store-gap-report.pdf>

District has increased access to free and affordable healthy options in convenient locations (schools, neighborhoods, workplaces, corner stores, etc.), DC should also work with non-profit partners to invest in a grocery co-op.

In recent weeks, retailers have implemented PPE requirements, staff safety protocols, and purchase limits; however, barriers to safe access to food remain, particularly for low-income and aging-in-place populations.

### **Access to Space for Recreation**

In many ways, the efforts to protect residents from COVID-19 have demonstrated just how inequitable space for recreation is distributed throughout the District. Residents with yards and gardens have been able to go outdoors and residents who live in neighborhoods with wide sidewalks do not have to go far to get a similar boost to their health. However, people who live in small units without private outdoor space, who no longer have access to parks and who live adjacent to narrow or nonexistent sidewalks, face dwindling options for getting outside without jeopardizing their health or the health of others.

As we move from response to recovery to resilience in this period of COVID-19, there is an opportunity to close the equity gap by aligning green space access initiatives with citywide equity frames and complementary initiatives for inclusion.

### **Impact of Isolation**

As residents have stayed home to slow the spread of COVID-19 and flatten the curve, many households, especially our most vulnerable neighbors, are facing increased adverse effects of isolation including depression, stress, and trauma, without the resources to manage them. Additionally, domestic violence incidents, which affect all socioeconomic groups, have increased in frequency, as vulnerable residents are in isolation with their abusers. Some young children have experienced disruption in their day-to-day routines as familial dynamics change and they must move between caregivers, which can impact their mental health and social development.

For older adults and people with chronic conditions who are isolating from their social networks to stay safe, isolation means that many individuals are not experiencing their regular socialization activities and their isolation has a direct impact on their mental health which in turn has a big impact on physical health. Access to food and other necessities are limited even with dedicated shopping hours. As the District moves forward in reopening, we will need to be prepared to respond to a surge in demand for different modalities for mental health resources including additional resources for teletherapy, safe options for socialization, and safe housing. We also need to consider an ongoing need for home delivery and drop-off services.



## CHALLENGES

### Public Education and Engagement

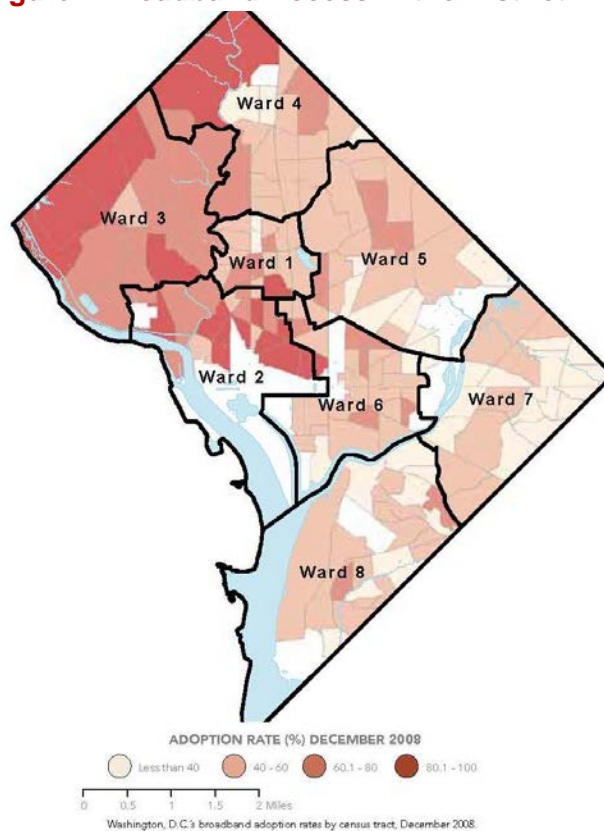
As critical programs have been deployed or adapted in the face of COVID-19, the communities who need them most are unaware of them. Although our most vulnerable populations, especially those who reside in Wards 7 and 8, have traditionally responded best to in-person engagement, social distancing guidelines have proven to be a barrier to this method of engagement. A wide range of communication approaches can be utilized in the future and they should include a more humanistic approach such as having cognizant cultural messaging where trusted surrogates can be the “voice” of the messaging. By employing trusted community leaders who can garner human interest and relay messages, we can be more successful in Wards 7 and 8.

### Digital Divide

“Research on home wireline broadband adoption rates in 2008 found that 75 percent of residents in Wards 2 and 3 had home broadband access, while in Wards 5, 7, and 8 fewer than half of all residents had high-speed Internet service at home.<sup>4</sup>”

In 2020, COVID-19 has exposed that the digital divide across the District remains. As information, products, services, and social interactions move online in response to brick-and-mortar business closings and shelter-in-place directives, marginalized communities who have historically faced roadblocks to rapidly advancing technology are left with limited access to rapidly changing updates, services, supplies, and

**Figure 1 Broadband Access in the District**



<sup>4</sup> Office of the Chief Technology Officer. 2015. “Building the Bridge: A Report on The State of The Digital Divide in The District of Columbia”.  
[https://connect.dc.gov/sites/default/files/dc/sites/connect/page\\_content/attachments/State%20of%20the%20Digital%20Divide%20Report.pdf](https://connect.dc.gov/sites/default/files/dc/sites/connect/page_content/attachments/State%20of%20the%20Digital%20Divide%20Report.pdf)

community. This inequity has especially impacted youth as many students are stuck in the “Homework Gap”, which disproportionately affects low-income households, especially households with single parents.

Barriers to technological access include cost of broadband services, devices and equipment; technological literacy; and reduced access to banks with online services. For communities that tend to receive and share information, services, and goods in person, stay-at-home and social distancing orders have prevented meaningful outreach opportunities, which are critical now more than ever. Communication infrastructure should be inclusive of non-electronic methods and include content that resonates with residents. We must leverage existing public resources and infrastructure, such as DC Public Libraries, which are a lifeline to connectivity for many residents, to ensure that everyone can connect to the internet. By making access affordable and accessible, we can offer connectivity to many of our most vulnerable residents, including the homeless and others with housing insecurity.

### **Lack of Social Distancing Implementation and PPE**

The District has faced considerable challenges in the implementation of social distancing guidelines and the availability of PPE to slow the transmission of the virus. Early in the onset of the pandemic, retailers and other suppliers of essential goods were frequently crowded. As early Centers for Disease Control (CDC) and World Health Organization (WHO) guidelines discouraged the use of PPE for the general population, employers who primarily hired vulnerable residents were not incentivized to provide them, and many people were unable to find them or discouraged against using them. While vulnerable communities continue to face a lack of access to PPE due to cost or limited supply in stores or a lack of trust in their usefulness, we are seeing challenges to social distancing at work, on public transportation, and among social circles throughout the District. This is a result of a lack of information, appropriate provisions made by service providers, and challenges to the interpersonal networks that have historically rooted resiliency among vulnerable populations. By improving access to PPE and providing clear guidance from the government, residents may apprehend the gravity of the outbreak and the importance of sheltering in place.

## **OPPORTUNITIES**

A phased reopening and recovery will allow us to address and monitor the mitigation of these inequities. The District should not plan to return to normal, but to create a *better “normal”* in which we can mitigate the inequities that have arisen during the COVID-19 pandemic and start to address the structural and systemic issues that have made dealing with the pandemic so much more traumatic for marginalized communities. As the city begins to reopen and recover, it will need to rebuild with a commitment to making it a better place for everyone.

## WHAT WE'VE HEARD FROM VULNERABLE COMMUNITIES

### COMMUNITY SURVEY REGARDING THE EMERGENCY STAY-AT-HOME IMPACT

As part of the greater Reopen DC effort, the Advisory Committee developed a survey that asked participants their input about the current Stay-At-Home/Shelter-in-Place orders requiring mandatory quarantine except for essential activities, and the participants' concerns about reopening the District. Over 14,000 stakeholders completed the survey, and respondents included residents, local employees and business owners.

Overall, survey participants reported considerable support for current Stay-At-Home orders (70% of respondents) while 43% of stakeholders expressed that they are *very supportive* of a phased reopening and 21% expressed that they are *somewhat supportive* of a phased reopening. While many respondents were optimistic about access to food, personal and family health, and public safety through the reopening and recovery of the District, respondents across the board expressed worry over how vulnerable communities would fare: 73% ranked this as a 4 or 5 on a 1-5 scale of level of concern.

Even as concern for the most vulnerable District stakeholders weighs heavily on the minds of participants across the District, many vulnerable communities in the District were not represented in the survey responses. Wards 7 and 8, which have the highest concentration of low-income and African American residents, were represented by 669 and 553 responses, respectively. These totals are lower than the response rate for any other ward, each receiving over 1,600 responses.

### FOCUS GROUPS AND TARGETED OUTREACH

Due to low response rates from residents who are in areas hit hardest by the pandemic, the committee organized nine focus groups that included members from the African-American community, the Asian and Pacific Islander community, the Latinx community, the African community, senior-citizen community, blind and low-vision community, mobility-impaired community, hearing-impaired community, intellectual and developmental disabilities community, people experiencing homelessness and advocates, and non-profit organizations that provide services to our most vulnerable communities. In addition to offering insight into the needs of these communities, they provided considerable input to the recommendations outlined further in the report.

It was expressed in many instances that community engagement and inclusion are critical in the reopening process. More specifically, the focus groups suggested partnerships with grassroots and other community organizations, engagement with residents from all neighborhoods and populations, and communication, coordination, and outreach with the faith community as ways to ensure inclusion and engagement.

There was also ample concern regarding the services on which vulnerable populations rely and what happens to these services once the District reopens. As many vulnerable populations experienced adversity before this pandemic, the worry is that under- or unsupported programs will push vulnerable communities further behind economically, educationally, socially and medically. Some of the programs mentioned specifically include unemployment benefits, job training, rental assistance, delivery options for groceries and medication, free testing sites, and afterschool/virtual academic support.

The public provided considerable feedback about community concerns and ways to support vulnerable populations during the reopen phase that could create a more sustainable and equitable reality for the District in our *new normal*. The public has asked for more strategic and intentional data collection starting with community health assessments. Additionally, vulnerable populations seemed to be very concerned about employment and financial security; housing security; access to PPE and other essential supplies, including technology; and access to public services for all. There is also the anticipation of a deluge of consumer and debt-related legal issues as billing cycles and wage loss create a toxic personal financial environment for many thousands of already vulnerable residents.

Our engagements underscored a need to increase diversity and representation within agencies and organizations and provide cultural competency training and creative engagement practices in partnership with trusted community people and organizations. Lastly, the public provided a number of concerns around health disparities based on social determinants and long-term disease prevention education.

While these concerns are cross-cutting across communities, the following concerns highlight factors that impact vulnerable groups in community-specific ways:

### **Healthcare Workers, First Responders, Other Essential Workers in Contact with the Public, and Non-Essential Workers in High Contact Jobs after Reopening**

#### Concerns

- Cost to small businesses of procuring personal protective equipment (“PPE”) and additional cleaning supplies
- About the disparity between large/small business and essential/non-essential business

- That larger businesses are more able to adjust to online-only sales than small retailers which rely on customers physically browsing merchandise
- Around long-standing issues such as the high cost of rent before the COVID outbreak which may further hinder recovery
- Servers expressed concern with decreased income and shifts during reduced capacity, and at least two servers expressed concern with losing access to unemployment insurance (UI) while customers still did not go to restaurants, limiting their ability to make tips
- Front-line workers are largely people of color
- That they must choose between their health and their jobs
- About their inability to sufficiently social distance to protect themselves and others
- Grocery store workers are not getting the protection they need
- Support is being given to establishments that may need less
- At-risk individuals with underlying conditions have no formal recourse to demand work-from-home benefits or use of benefits while they are unemployed
- Businesses may not reopen responsibly in order to maintain social distancing
- Workers are at higher risk from consumers, as monitoring employees and enforcing safety standards (wearing masks, temperature, etc.) is more feasible than mandating similar standards for their clientele
- Loss of unemployment benefits, layoffs and terminations, employer failures to pay wages due or benefits earned, and exposure of the worker to unsafe/unhealthy conditions

## **Immigrant and refugee populations**

### Concerns

- Many undocumented people have not been able to access government programs
- Undocumented immigrants might fear calling or going in person for both healthcare and economic resources
- Structural barriers
- Even though undocumented individuals are eligible for COVID-19 stimulus payments and many other financial assistance programs, many people are not aware and are at particularly high risk for scams
- Language and literacy barriers are a barrier to communication and foster discomfort or fear about contact with outsiders
- Lack of targeted psychotherapy, psychological forensic evaluation, and other clinical services

## **Justice-involved populations**

### Concerns

- People are detained without appropriate safety protocols for lesser infractions or looming release dates
- Reduced investment in civil legal aid
- Returning citizens are left without a seat at the cannabis industry table

## **Low-Income Households**

### Concerns

- Losing access to unemployment insurance and being afraid to return to work because of compromised immune systems or unsafe workplace
- Concern about residents who live in communities with few healthy food options
- Many in this community have lost income because they work in service industries and worry about being forced to go back to work under unsafe conditions
- Concern for low-income workers who are reliant on public transportation to get to their jobs, many of which are likely to be the first to reopen
- Young low-income residents do not understand the importance of the stay-at-home order and social distancing mandates
- Equitable, sufficient, cost-free testing sites for populations with higher risks – those with multi-generational housing, congregate living facilities, higher living density, and lower median income
- Rent is too high and there is a fear that housing payments (rent/mortgage) will be missed due to job loss or forced underemployment
- Low-income residents may not be able to afford medical care associated with the virus, and transportation to testing sites could be a barrier
- Inability to fill out forms for public benefits because they do not have access to computers
- Access to mortgage support and rental assistance for low-income residents and individuals recently experiencing homelessness
- Inaccessible testing sites proportional to the percentage of positive cases
- Infrequency and availability of transit, especially Metrobus, due to varying demands across the city
- Exposure to COVID-19 on crowded transit where ridership is high, especially in Wards 7 and 8

## **Older adults**

### Concerns

- Isolation in private residences and nursing homes: older adults do not receive enough social interaction or time outdoors to support their mental health

- If young people stop wearing masks because they are unlikely to get a serious infection, they put the elderly at risk
- Wellness centers will not be able to open as normal until there is a vaccine
- Access to information and services for seniors due to more limited online participation
- Unclear guidelines and equipment standards for people who provide in-home care
- Seniors will likely be the most reluctant group overall to participate in activities outside the home, but most at risk of negative effects of social isolation
- Seniors are unable to safely access services and government operations
- Provisions are not being made by employers for seniors
- Lack of technological support and hardware for seniors to allow them to engage in virtual socialization, wellness, and educational activities
- Exposure from others

### **People experiencing domestic violence**

#### Concerns

- Domestic violence victims are being impacted by isolation and quarantine as they are sheltering in place with abusers
- Survivors unable to move forward with seeking a protection order as public service access has been reduced to closures

### **People experiencing homelessness**

#### Concerns

- The District's low-barrier, congregate shelters for single adults frequently have large shared dorms, shared bathroom facilities, and one large dining area, making it extremely difficult to create a meaningful opportunity for social distancing
- A large percentage of people experiencing homelessness are over the age of 55 and are managing one or more chronic health conditions

### **People with disabilities**

#### Concerns

- With not being supported and being a low priority
- With employment as they have limited flexibility in leave of absence and new employment may be harder to come by
- With the continued spread of infection (7% of COVID infections are people with disabilities, but they represent 0.3% of the DC population)
- With being forced to go back to work

- Inability to access or use PPE: people with disabilities with respiratory issues cannot wear masks for extended periods of time and may need support when breathing is compromised
- Inability to access information, especially for people who are blind or have partial vision loss
- Inability to access or understand how to use technology
- Isolation
- Lack of accommodations for buses within social distance guidelines
- Ability to receive interventions remotely, e.g., speech therapy is very challenging virtually
- Challenges presented by limited services for the Deaf population

### **Racial and ethnic minorities (including women who are minorities and members of the LGBTQ community)**

#### Concerns

- Distance learning hurdles for students
- Inequitable job losses
- Businesses too small to qualify for loans
- Access to PPE
- Inequitable communications to the community
- Racial/socioeconomic inequities are not addressed and contribute to disparate health outcomes and access
- Many have pre-existing conditions and need to pursue a healthy lifestyle. It is not easy to be proactive in this area because “our basic needs (housing, food, etc.) are not being met”
- Lack of translation services at testing and care facilities
- Lack of food security
- Need for long-term provisions for effective virtual education
- Financial inequities that persist within the community
- Lack of representation in government
- Reduced trust in government and other public processes

### **Residents with a multitude of chronic medical conditions**

#### Concerns

- Not enough specificity and attention paid to this vulnerable population in the context of education and essential students and staff
- Reduced mental health support to clients in need and restrictions for telephonic and video therapy
- Insufficient direction to resources for emergency mental health services



- Environmental hazards that exacerbate health conditions like asthma and inaccessible equipment, such as air purifiers and humidifiers

### **Small businesses and non-profit organizations that primarily support underserved communities**

#### Concerns

- Sole proprietors cannot qualify for small business loan aid because they do not have enough personnel
- They cannot transform their businesses to help with emergency relief if the benefits outweigh the risk
- Small business owners are not getting help
- Community-serving and non-profit organizations have been left out of assistance conversations
- Small business owners need loans, tax credits, or assistance if providing service during emergencies
- Insurmountable rent and mortgage payments for small businesses and small landlords during the pandemic
- Lack of business development supports (grants, online fundraising, online revenue-generating activities, and increased public assistance) that keep these small business sectors afloat
- A need for accessible business communications and public information (e.g., American Sign Language and other languages)

### **Youth who are disadvantaged or disabled**

#### Concerns

- Some kids are suffering due to lack of technology and internet access
- The long-term shutdown of schools will likely lead to education gaps
- Children who rely on schools for key resources like meals, safe environments, and other services are not being addressed
- School-aged children are being forgotten
- Historically inequitable financial support for schools in Ward 7 and 8
- Students who have support completing schoolwork at home will see better outcomes than students whose parents/guardians are caretakers or must report to work in essential services

## **SYSTEMIC INEQUITIES AND DISPARATE OUTCOMES**

The matrix below (Figure 1) provides a summary of the primary inequities and outcomes compounded by the COVID-19 pandemic, and the ongoing systemic inequities that contribute to them. Based on the feedback we have received from the community and

several focus groups we have summarized the primary inequities being faced in the District.

**Figure 2. Outcomes and Contributing Factors by Area**

Areas	Outcomes
<b>Employment and Income</b>	Job loss has increased rapidly, has disproportionately affected the service sector, especially impacting workers of color overrepresented within the sector, including people with disabilities.
	There is a lack of access to childcare for essential workers.
	Minority-owned small businesses and businesses that primarily serve vulnerable populations are likely to have difficulty maintaining and resuming operations.
	Many vulnerable businesses do not have resources to access emergency funding. Small Businesses with less than 10 employees were required to apply for the same emergency relief funding (Paycheck Protection and Microgrant Program) as small businesses with 11 to 50 employees.
	Resource availability and access are dramatically reduced for nonwhite and small community-based arts and cultural organizations.
	District residents/local workforce is not prioritized for hiring, even for corporations with first-source agreements, which are not enforced.
	Minorities and other vulnerable groups are overrepresented in jobs that require a high level of person-to-person contact, putting their communities at higher risk of exposure, infection, and transmission.
	Due to inaccessible training and educational opportunities, advancement for many vulnerable populations is limited; it tends to qualify them only for the lowest-paying high-exposure jobs; trapping low-income and other vulnerable populations between high risk of infection or unemployment.

Areas	Outcomes
<b>Education</b>	Students who are already burdened by disparate education support and outcomes are faced with falling behind their peers through unevenly enforced and facilitated online learning approaches.
	Students in low-income essential worker households are not getting the support necessary to complete distance learning curriculum due to limited parent/guardian availability and knowledge, as well as reduced access to technology for lessons.
	Due to familial financial restraints, low-income students are faced with uncertainty about whether they will be able to begin or resume post-secondary education.
<b>Housing</b>	Housing cost-burdened and housing insecure populations are less able to socially distance, both in the public realm and in shelters, and are at higher risk of infection.
	While affordable housing remains unattainable, increased job loss among vulnerable populations has increased the likelihood of eviction.
	Affordable housing remains unattainable for low-income households and limited resources cannot keep up with the demand for assistance.
<b>Food Environment</b>	Communities that were already food insecure face compounded challenges amidst reduced options due to business closures and higher food costs <sup>5</sup>
	There are limited resources for the surge in individuals and families in need of access to food assistance.
	Quality and quantity of healthy food availability vary across the city in terms of grocery and convenience stores, with options severely limited in low income and minority neighborhoods.
	Compliance and enforcement of social distancing and enhanced cleaning requirements are especially challenging in some contexts, resulting in increased risk for some of our most vulnerable residents, many of whom are African American and other people of color, living with, underlying conditions.

---

<sup>5</sup> Franck, Thomas. 2020. "US grocery costs jump the most in 46 years, led by rising prices for meat and eggs". <https://www.cnbc.com/2020/05/12/us-grocery-costs-jump-the-most-in-46-years-led-by-rising-prices-for-meat-and-eggs.html?fbclid=IwAR0du1YFDBgzbgWTKUPdmIjLtYgyiaglZ-SmcobPBFInIPaCTeHI6MSLDaM>

Areas	Outcomes
<b>Food Environment</b>	Limited market investment in quality brick and mortar food outlets is similarly correlated with lack of availability of grocery delivery options, where residents are unable to order groceries online due to cost, access, and a lack of banking options.
<b>Health and Medical Care</b>	<p>Vulnerable populations that historically have insufficient access to health education, health coverage, and health care, and live in unhealthy environments, are even more vulnerable to COVID-19 and are unable to access treatment.</p> <p>Amid an intensifying coronavirus pandemic, historic failures in government response to disasters, medical abuse, neglect and exploitation have jaded generations of African Americans into a distrust of public institutions</p> <p>Incomplete positive cases and tracking data collection prevent targeted prevention and treatment initiatives.</p> <p>Significant numbers of residents accessing coronavirus testing at the District's mass testing sites reported no usual place of care or primary care provider.</p> <p>Even though 97% of District residents have health insurance, there are localized areas where up to 15% of residents have no insurance.</p> <p>Even with insurance, data shows that many residents -- including African Americans and other racial and ethnic minorities, immigrants and refugees -- are unable to fully utilize these benefits due to the complexity of the healthcare delivery system and other structural system barriers. As a result, many of our most vulnerable neighbors do not have a medical home/primary care provider to support timely access to preventative services; coordination of treatment; and monitoring of chronic conditions. People with multiple chronic conditions are more vulnerable to COVID-19.</p> <p>High levels of unaddressed stress, depression, and individual, family, community, generational, and historical trauma are compounded by the trauma of facing a pandemic. These are further complicated by associated stressors, such as job loss, grief, and isolation.</p> <p>Substance use has been amplified by the COVID-19 health emergency and related isolation and stress.</p> <p>Wages for entry-level staff in medical professions are very low, despite the danger of increased exposure and risk.</p>

<b>Transportation</b>	About 40% of District households do not have access to a car, rising well above 50% in some neighborhoods.
	Populations that rely on public transit to get to work or to access services have faced reduced mobility due to transit schedule cuts.

<b>Areas</b>	<b>Outcomes</b>
<b>Transportation</b>	As transit scheduling has reduced, populations that rely on public transit are experiencing congestion on buses and trains, putting them at higher risk for infection.
<b>Outdoor Environment</b>	Proximity to natural outdoor environments provide tangible health benefits for all -- especially to low-income residents, becoming more pronounced with closer proximity; however, residents who earn less than 75% of median city income have reduced park access. The quality and convenience of neighborhood resources are also known to impact their utility to residents for passive and active recreational pursuits. Additionally, disposable income and discretionary time, together with perceptions of safety will also inform use of available outdoor resources.
	Across the District, 26% of adults report no physical activity in three months – with highest rates in Wards 5, 7 and 8 – reaching 38% in Ward 8. This underscores both the need as well as the opportunity to expand participation to improve health. Limiting access to public recreational facilities would further reduce healthful activity, with potentially detrimental consequences for residents seeking to proactively address underlying chronic conditions.
	Recreational facilities provide limited access to people with disabilities. Once facilities are reopened, a lack of access will be worsened by limited access policies.
<b>Community Safety</b>	There is a high rate of infection among those who are incarcerated and in congregate supervision facilities, of whom the overwhelming majority are African-American.
	Bias in discretionary decisionmaking by officers and other criminal justice personnel put racial and ethnic minorities, including youth, at higher risk of contentions interactions with law enforcement around social-distancing guidelines and stay-at-home orders.
	Factors such as lack of jobs, racial and economic segregation, high rates of community and historical trauma, and concentrated poverty negatively impact neighborhood quality, community safety, and quality of life in some parts of the city. Cumulatively, these create the conditions that increase the likelihood of violence.

Domestic violence incidents are expected to increase due to increased household isolation; however, there has been a significant decrease in reports to the CFSA hotline due to schools being closed as school personnel are the primary reporters of child abuse and neglect.

While this summarizes the inequitable outcomes the District is seeing amidst the COVID-19 crises, the committee unpacks these further in the following section of the report.

## **EQUITY IN REOPENING GUIDANCE & PREPARATION**

### **CONSIDERATIONS FOR REOPENING**

As we prepare for reopening, we have identified the likely impact that reopening may have on vulnerable populations. As a cornerstone of reopening, Johns Hopkins University (“JHU”) provides a guideline<sup>6</sup> of measures that can be taken to mitigate the risk of infection to protect the residents of the District of Columbia. These measures include physical distancing, engineering controls, administrative controls, and PPE. JHU suggests that using nonmedical cloth masks, incorporating engineering controls such as physical barriers, reconfiguring space to enable people to maintain be located apart distance, and supporting and enabling employees to remain at home if they are unwell or have been in close contact with someone who is sick will promote a safe strategy for reopening.

Although these suggestions can mitigate the risk of infection for the larger populations, they will not be enough to protect vulnerable populations, many of whom do not have the privilege or benefit of existing in environments that support such recommendations. Reopening must be done in a way that takes due precautions against a surge in new infections, it is crucial that this disparity be addressed in any reopening plan. Below are some other risks that need to be considered to protect every District resident.

#### **Education and Childcare**

Education and childcare are critical needs for all working families with children. During the pandemic, front-line workers categorized as essential were most affected thanks to severe limitations on both their ability to telework and their access to childcare in light of school closures. Because education and childcare are generally high-contact settings, with a medium to high number of contacts, and a low to medium potential to modify spacing, they create increased risks for vulnerable populations.

---

<sup>6</sup> Adapted from: Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors. See Appendix A for further description of risk assessment.

Dr. Caitlin Rivers, et al. Center for Health Security. 2020. “Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors”. [https://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2020/200417-reopening-guidance-governors.pdf](https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200417-reopening-guidance-governors.pdf)

There is little research exploring the effects of COVID-19 on children; however, there is evidence that children often transmit other illnesses to both children and adults around them. Furthermore, there is evidence that asymptomatic individuals are a real concern.

A key vector of risks is that as adults (teachers and other school personnel) and children return back to their educational environments and go back home, many will go to families who may not have received the best or most accurate information and resources (PPE, cleaning supplies) to protect them from contracting the virus. If they live in multi-generational households, they cannot properly distance from seniors and other individuals with underlying health conditions that live within their homes. Thus, the chance of contracting and transmitting the virus increases tremendously.

Additionally, parents and guardians within these vulnerable households may be employed in low-wage, essential, high-contact jobs. They are not likely able to choose between staying at home in isolation and going into work. They may be the only source of income for the family. This lack of choice provides additional risks. If their job does not provide proper PPE and they are unable to afford them on their own, they are now exposing their families and the communities in which they live to higher risk. At the basic level there just simply may not be someone at home to remind a child to wash his or her hands.

There is also an undeniable digital divide within our communities. Whether it be due to lack of high-speed WiFi or devices to facilitate distance learning, language or ability gaps, or available family support, many children (some of whom already needed additional support before to this pandemic) will be left further behind if they do not have access to technology. The lack of specific and targeted educational supports will increase the educational gap that already exists. This is especially true for children who do not have support from parents or guardians, many of whom have to make the tough decision between providing financially or supporting educationally. With this lack of guidance, we may experience higher dropout rates. Emergencies like the current one emphasize the need for technology readiness to continue the current curriculum should school buildings close.

### **Transportation and Infrastructure**

Transportation has high contact intensity, involves a high number of contacts, and offers low to medium modification potential. Research shows that limiting mass transit availability disproportionately affects underresourced populations<sup>[1]</sup>.

Many people within our vulnerable populations rely heavily on public transportation systems in the District of Columbia. Since transportation is a high-risk setting and is



reduced during the emergency, it is imperative that we strategically think about how this affects vulnerable populations.

Physically distancing on public transportation systems may have a disparate impact on vulnerable populations if it means limiting the number of ridership or routes, or the frequency of available transport. Vulnerable populations that rely on public transportation will not have adequate alternative ways to access their employment or other necessary resources. Many will not have the option of working remotely and do not have cars or funds for parking, and therefore depend on reliable and affordable public transportation to commute to and from their destinations.

We must also consider the impact on elderly people and people with disabilities and how they may be able to equitably benefit from any engineering controls (such as having all riders access buses through the back door) that are mandated. The city's elderly and disabled residents depend on MetroAccess, which provides transportation to and from medical appointments. Single ridership like TransportDC should be considered.

### **Health Innovation**

Protecting our city from the second wave of COVID-19 is critical. It is most important that we ensure that our most vulnerable populations are equitably considered in the reopening strategy as chronic health conditions persist, mental and behavioral health is amplified, and disproportionate infections, hospitalizations, and deaths are reported. As we reopen DC, we must reflect on the data that currently exists in the HER report exposing the inequities vulnerable communities.

This begins with obstructing the communication gaps. We cannot presume that information is being received equally by all populations. Lack of access to coronavirus-specific education on risks and protection strategies required in many positions that are not front-line or essential will harm any progress we have made within the District. Limiting general health and coronavirus-specific education to technological solutions will make this information inaccessible to many communities including seniors, racial and ethnic minorities, immigrant and refugee populations, people experiencing homelessness, people with disabilities, and low-income households.

We must ensure that everyone knows and understands the information and is provided with the necessary tools to protect themselves. This includes equitable and adequate access to testing sites, PPE, contact tracing capabilities, mobile testing, and other medical mandates. If we are not strategic, tactical, and intentional, underutilization of medical care and preventive measures will continue to be denied to vulnerable populations.

Further, as the medical industry works to develop a vaccine and cure for the virus, it is critical to *ethically* include vulnerable populations in these trials and in a way that is sensitive to earned mistrust of the medical community by African Americans. It is well documented that racial and ethnic minorities are not commonly included in treatment and vaccine clinical trials. This could undercut the scientific validity of those trials, and it could hamper the dissemination of information about vaccines and treatments in the underrepresented populations. This will be particularly important in the disproportionately impacted African-American community as a vaccine is developed and made broadly available. Honest and trusted messengers will be essential to reaching the entire community given this historical significance of African Americans in experimental medicine. This gap especially puts racial and ethnic minorities, immigrant and refugee populations, residents with a multitude of chronic medical conditions, and people with disabilities at risk.

Administering controls such as using telehealth to assess health situations that may protect the larger community poses a risk to vulnerable communities. Seniors who live alone may not have access to electronic devices and, if they do, they may not be knowledgeable on how to use the device in this context. Residents with a multitude of chronic medical conditions may have a harder time getting assistance through this device, as some medical conditions cannot be properly assessed or treated. People with disabilities, likewise, may have difficulty getting the assistance they need for a variety of reasons. For example, someone who is sight impaired may not be able to effectively get the needed assistance, or those who need therapy can easily be without these services if providers or patients cannot connect in person.

The coronavirus pandemic is as much a behavioral health emergency as it is a physical health emergency. Like many other historical inequities within vulnerable communities, behavioral health inequities are not a new phenomenon. Coming out of this pandemic, we expect higher levels of unaddressed individual, family, community, generational, and historical trauma. This is already common within most of the vulnerable populations and should be considered across all sectors. First responders and essential workers are at particularly high risk and will need access to resources.

With so many people needing medical attention – physical and behavioral—we need to ensure that we are funding and supporting community health centers and other platforms to care for the residents of the District. Vulnerable populations must adequately receive communication about the availability of such supports.

### **Workforce**

Although the District experienced considerable economic prosperity prior to this pandemic, many vulnerable workers, businesses (including non-profits and the

communities they serve) did not benefit from this prosperity in their daily lives and operations. These communities and businesses are at further risk of being pushed to the bottom of the economic barrel or disappearing altogether, without intervention. While larger businesses have temporarily closed and will be able to survive, the same cannot be said for small businesses in the District. Businesses that can operate remotely and large businesses that have temporarily closed their doors but have significant resources will have a better chance of survival than small businesses that lack the financial and other resource capital to withstand the pandemic-related economic shock. Among the hardest-hit businesses are the family-operated stores and restaurants, often cited as the engine of the local and neighborhood economy. Family-operated businesses must focus on protecting the value of the family enterprise while simultaneously looking out for the well-being of the employees who are often also family members. The fact that many small businesses employ multiple members of the same family compounds the harm in vulnerable communities when those businesses struggle or fail.

Consequently, close attention must be paid to recommendations to prevent disparate outcomes among smaller businesses and non-profits. It is important to acknowledge and address that small businesses may not have adequate information or resources to appropriately enforce social distancing mandates to practice food safety during this pandemic. Small businesses may not have financial records readily available to apply for funding and grant opportunities or may experience hardships with the application itself because of limited technological access, technological literacy, or inaccessibility. Transportation challenges, staff's unwillingness to come in at this time, businesses not having clear guidance on how to operate in this era of COVID-19 are also hurdles to businesses being able to weather this pandemic. Without resources dedicated to technical assistance to meet requirements, many businesses will be faced with additional hardships as they reopen or will be unable to reopen at all.

The need for more centralized communication has been amplified during the pandemic. Many of these small businesses have less than 10 employees and are located in low-income, disadvantaged vulnerable communities. Without adequate information, these businesses will likely lack the proper support to keep their businesses afloat. They will be less likely to be in compliance with any business regulations and less likely to provide proper guidance and usage of PPE to their employees, putting them at higher risk for infection, and unable to redistribute responsibilities by using technology.

In addition to the risk of contracting the virus, service and other front-line employees in the District may face harassment from frustrated consumers who do not want to abide by social distancing and other safety guidelines put in place at business locations. Without clear employer support and guidelines for managing these conflicts, employees

may be vulnerable to adverse actions by employers if they are confronted by a customer because they are not conversant with new protocols and a complaint is made to their employer.

As we also think about the disparate impact of recommendations on vulnerable populations in the workforce, we must pay attention to businesses that are more likely to employ members of these communities. Bars, restaurants, retailers, shopping malls, salon, spas, and other personal-care industries, to name a few, employ many individuals within vulnerable populations. Unemployment and underemployment rates are high, there are few options for leave, and these individuals may have inadequate emergency savings. These individuals usually live in low-income households and are going to work because they have no choice.

Although systems have been put in place to assist low-income households, this pandemic has exposed those gaps that leave low-income households so vulnerable. Many workers are now experiencing increased challenges to public transportation to and from work, a lack of safe childcare, and are balancing additional roles as caregivers to elder or ill loved ones.

Without proper support for and communication with the vulnerable small business community, the District will experience a ripple effect: the businesses that support or employ vulnerable populations may close, and vulnerable communities and employees will experience a lack of access to basic services and needs such as food, medicine, transportation, masks, quarantine spaces, technology, and information, leaving low-income workers without work opportunities and, ultimately, income.

Particularly at risk of this disparate impact are racial and ethnic minorities, specifically African Americans. As stated in many reports, this vulnerable group has been hit disproportionately by COVID-19 in many ways. They are more likely to work in service industries while also being more likely to suffer from some health conditions making them more vulnerable to the virus. These workers are less likely to have paid leave to support them when they are sick. Yet, they have little choice but to return to work because of their economic status. Reopening will likely spread the virus again in these communities without serious mitigation of the disproportionate impact of the virus on racial and ethnic minorities who work in these essential jobs.

## **Housing**

Physical social distancing has been an important aspect of flattening the curve in the District, and housing has been and is an area of concern for vulnerable communities. Individuals and families who are unhoused, including racial and ethnic minorities, immigrant and refugee populations, domestic violence victims, low-income households,

people with disabilities, and people living in congregate housing face obstacles that need consideration.

During this pandemic and even more so during the reopening phase, access to safe and secure housing is critical to the well-being of individuals and families. Unfortunately, many vulnerable populations lack this bare necessity. We must consider what it means to a person who is living in low-income housing or limited shelter space to be able to physically distance themselves from others. The risk of spreading the virus in these accommodations are high if we are unable to address unhealthy and unsanitary conditions or help facilitate engineering controls within these environments. It is equally critical that we consider the lack of adequate isolated space for quarantining and confidential emergency housing during the reopening phase for individuals and families experiencing domestic violence, homelessness, or returning to the District from the criminal justice system.

Furthermore, with many people facing negatively impacted financial circumstances, accessibility to and sustainability of affordable housing will become more difficult in the District. Many vulnerable communities have been economically impacted by the pandemic but have been protected by emergency laws or stimulus. There is great concern that as DC transitions to its new normal, many of these safety nets will expire.

### **Open Spaces and Recreation**

The COVID-19 deaths in African- American communities are exacerbated by underlying chronic conditions. According to the HER<sup>7</sup>, only 28% of Ward 8 residents receive adequate exercise.

When we refer to open spaces and recreation, we are referring to both indoor (community centers) and outdoor (playgrounds and parks) spaces. It is important to have equitable access to these spaces and proper and clear protocols to protect all communities. The most prevailing risk in this space is inequality in the enforcement of guidelines and safety protocols: some communities experience less enforcement of guidelines, making for less safe spaces, while other communities may feel over-policed,

---

<sup>7</sup> Health Equity Summary Report: District of Columbia 2018. (24)

heightening the chance of conflict between residents and police. Often these experiences are drawn across racial lines.

We must also ensure that while we are considering the differences in mitigating risks for different vulnerable populations that we are not isolating or alienating populations. For example, current services seem to be either created for people with disabilities or for people without disabilities. Instead of differentiating the need when creating recreation programs, we must be considering all needs in all programming. People with disabilities should not have a special/separate program. They should be included in existing programming, if possible.

Equitable access to recreational and fitness centers is also important in areas of the District where there are insufficient fitness amenities.

### **Restaurants and Food**

The food and restaurant industries have provided essential food supply to those in need of or desiring prepared food. We must not forget the risk these restaurants and foodservice workers face each day, and how high impact this job really is within our communities. Providing extra supports in the form of clear safety protocols and ensuring equity in the enforcement of these standards and guidelines are critical to avoid disparate outcomes.

Food accessibility and education is another important category that presents many risks worth paying attention to. Food deserts are defined as a census tract populated with low-income residents who must travel more than a mile to reach a supermarket. Food deserts make up about 11% of DC's total area (6.5 square miles), and are concentrated in Wards 4, 5, 7 and 8. Wards 7 and 8 combined have just three full-service grocery stores for their nearly 148,000 residents.

To combat food deserts and increase healthcare disparity related programs, the District should expand its outreach efforts in economically vulnerable communities particularly those in Wards 7 and 8. The outreach should focus on adults in the 50+ age range and those with underlying health conditions (they are most at risk of contracting coronavirus), and residents who receive food assistance.

If solutions are not presented during the reopen phase, vulnerable populations in these areas have a continued risk of not receiving affordable healthy food options resulting in continued chronic health disparities. Some vulnerable populations receive public benefits that are not accepted by many food vendors and providers. Thus, we cannot rely solely on delivery of foods or cashless transactions (both hot meals and groceries), as recommendations. Others do not have access to electronic devices to access the

services or they are unbanked and cannot complete transactions that require a credit or debit card. Ward 7 and 8 residents may face further obstacles as many food delivery services have not traditionally delivered to these areas.

### **Government Operations, Public Safety, and Criminal Justice**

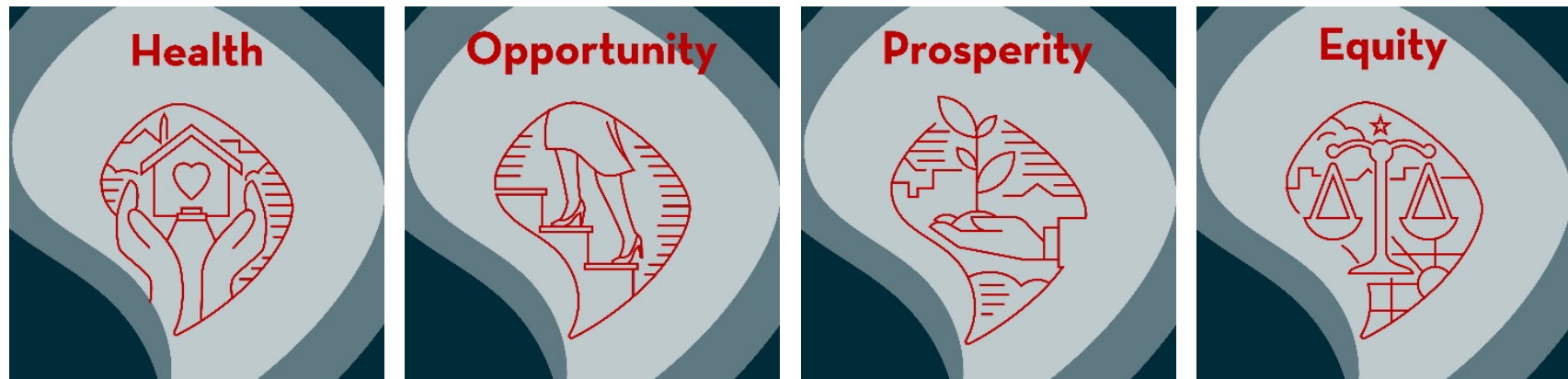
Access to equitable governmental operations, public safety, and civil justice is a critical part of the recovery strategy for the District's most vulnerable populations. Even before this pandemic, vulnerable populations faced many disadvantages within government operations and justice systems, particularly unfair treatment, bias, and lack of access. Well-documented increased policing and reporting by members of the general public and law enforcement officers due to implicit and explicit biases mean that vulnerable populations, especially minorities, may face more enforcement of safety guidelines and protocols than other communities.

There have been even more disproportionate impacts on incarcerated and returning citizens. Within detention facilities, this vulnerable population is unable to follow social distancing guidelines due to communal facilities and lack of space. Requiring the usage of PPE and testing materials is infeasible if there is no support put in place to provide them both to the residents and employees of the jails and other facilities. Outside of detention facilities, many returning citizens have little support or poor housing conditions and do not have the same luxuries of self-quarantining in a safe and clean environment.

Without proper safety guidelines and materials, risks of ongoing, high rates of transmission and infection within the jails is likely. This, added to the preexisting health disparities within correctional facilities, means higher risk for both employees of this environment and justice-involved populations. Prevention requires a more intentional look at the types of mental and physical health resources needed in these environments.

Returning citizens also are at high risk of exposure. Many do not have access to a residence or comparable quarantine spaces. They may have limited access to housing, testing, and mental health services.

## MOVING TOWARD OUR VALUES: RECOMMENDATIONS FOR EQUITY DURING REOPENING



### RECOMMENDATIONS BY AREA

Based on analysis of outcomes and synthesized public outreach, and focus group discussions, the committee has developed the following recommendations for the early stages of reopening the District.

**Figure 3.1. Recommendations for Mitigation: Employment and Income**

Recommendations	Infrastructure and Additional Considerations
Expand the designation of <i>essential employees</i> to be more inclusive to set the groundwork for expanding support services and reach of mitigation efforts, such as increased pay and childcare service.	Positions that aren't public-facing but support essential services should be classified essential (e.g., grocery store cashiers, auto mechanics, etc.).



Recommendations	Infrastructure and Additional Considerations
Increase SNAP benefit eligibility to vulnerable populations that are not covered and prevent disruption of SNAP and TANF benefits.	Expanded funding and a robust outreach campaign will help reach people who may benefit, but who are not aware of services.
Increase investments and partnerships for connecting vulnerable populations to in-demand careers and opportunities and incentivize business communities to invest in District residents through programs that leverage tax benefits and grants.	Pivot existing programs for rapid job placement and redirect subsidies to a Green New Deal jobs program. The programs must have strong compliance standards to ensure the prioritization of the most vulnerable residents and the small businesses that serve them. Incentivize ‘investing in people’ and promotion of internal employees through tax benefits.
Increase small business support so that vulnerable businesses without robust business development staff can access COVID-19 provisions and assistance.	Expand funding and a robust outreach campaign so that small businesses know about new policies. Consider relaxing regulatory roadblocks to creative business relief solutions, such as outdoor service.
Enforce first-source requirements and related programs that are intended to benefit District residents.	Pay scales for District Government contract funding should be aligned with incomes necessary for employees to live in the District, as contractors are not currently funded at a rate that facilitates first-source hiring <sup>8</sup> .

---

<sup>8</sup> Office of the Budget Director of the Council of the District of Columbia. 2018. “Economic and Policy Impact Statement: Approaches and Strategies for Providing a Minimum Income in the District of Columbia”. <https://dccouncil.us/economic-policy-impact-statement-approaches-strategies-providing-minimum-income-district-columbia>

Recommendations	Infrastructure and Additional Considerations
Expand efforts to work with District businesses, entrepreneurs, and creators to source PPE and sanitization supplies for the public, including face coverings and sanitization products.	Vulnerable business and organizations should receive priority consideration. Resources such as District-owned 3D printers and vocational learning spaces can be temporarily made available for this effort.
Provide unemployment insurance for job sharing workers for lost wages. Specifically, target essential workers without childcare and recently dislocated workers that job-share to supplement previous employment.	Businesses should offer two-week full paid sick leave and pre-enroll in the universal insurance and short-term compensation program.
Incentivize employer accommodation of extended work-from-home and employee requests to delay returning to work due to increased risks such as age, underlying conditions, or caring for someone who meets either of these criteria.	Provide stipends and support for long-term telework accommodations, including broadband and other necessary office materials.
Continue to invest in legal aid and resources for the public in advance of increased requests for legal assistance regarding the loss of employment or benefits.	Develop a task force of non-profits, legal aid, and government representatives to mitigate complaints.

**Figure 3.2. Recommendations for Mitigation: Education**

Recommendations	Infrastructure and Additional Considerations
Provide school supplies as well as food and clothing services for children in need. Resources such as WiFi should be mobile or located at floating locations in vulnerable communities, adjacent to open spaces, and outside public facilities such as libraries and community centers.	Socially distanced seating should be made available at service locations for students to complete schoolwork while reducing potential transmission of the virus. Virtual technical support should be considered to help families and students close the homework gap.

Recommendations	Infrastructure and Additional Considerations
<p>Create an Extended Academic Program that is available and offered through schools and/or neighborhood community centers. The Extended Academic Program should be an integrated system of school supports that includes learning opportunities and community partnerships to eliminate learning loss.</p>	<p>Targeted data collection should begin over the summer so that instructors can personalize instruction and support learning. Programs should be located in vulnerable communities and employ healthful practices that protect students and staff from illness. Recreational facilities can also be used to facilitate supplemental education.</p>
<p>Work in tandem with DC Public Schools and public charter schools to creatively address the digital divide. Provide WiFi, equipment, and tech literacy education for caregivers, and stage distance learning in ways that minimize internet bandwidth challenges and facilitate device sharing in households.</p>	<p>Lessons can be staggered into different time-slot blocks throughout the day. Pre-recorded lessons that can be completed weekly also allow flexibility for families without high-speed internet and children at multiple levels. Mobile hot spots can be deployed throughout the city using District vehicles.</p>
<p>Expand childcare opportunities and access for families of essential workers.</p>	<p>Integrate childcare with extended learning programs to ensure vulnerable students will not fall behind.</p>
<p>Provide free tuition and stipends to residents without a college degree for non-profit state colleges and community colleges.</p>	<p>Expand application of the DC Tuition Assistant Grant program (“DCTAG”).</p>

**Figure 3.3. Recommendations for Mitigation: Food Environment**

Recommendations	Infrastructure and Additional Considerations
<p>Continue to facilitate the expansion and reach of fresh food retailers and nonprofit food pantry, preparation, and delivery programs, especially East of the River. Expand delivery of farmer’s market produce and urban garden capacity.</p>	<p>Work through existing food equity partnerships to connect nonprofit and corporate organizations and meet the needs of food-insecure populations.</p>
<p>Enforce signage, sanitation, cleaning, testing, and distancing standards equitably in retail and restaurant locations.</p>	<p>Mobilize existing inspection staff for emergency response. Ramp up the availability of education and resources for vulnerable businesses instead of relying on fines for enforcement.</p>

*Equity and Vulnerable Populations Committee submission  
to the Steering Committee for its recommendations to the Mayor*

<p>Support equitable payment options both in brick-and-mortar markets and online by adapting for unbanked populations and public benefit recipients and expanding the number of establishments that can accept WIC and SNAP payments.</p>	<p>Streamline the certification process for local grocers and farmers markets to become eligible for new authority allowing online purchasing of groceries with SNAP benefits.</p>
<p>Ensure that families that rely on free and reduced lunches and summer meal sites have safe access to proper social distancing.</p>	<p>To reduce crowding, lines, and accessibility expand free lunch and breakfast locations to additional locations for pick-up and establish predictable pick-up and drop-off routines.</p>
<p>DC can work with Community Development Financial Institutions (CDFIs) to establish a program for vulnerable residents, including returning citizens and those who struggle with income volatility to pave the way for them to establish bank or mobile payment accounts.</p>	<p>Recognizing that COVID-19 is pushing us to a cashless society and many DC residents are unbanked, the District should expand efforts through Bank on DC.</p>

**Figure 3.4. Recommendations for Mitigation: Health and Medical Care**

Recommendations	Infrastructure and Additional Considerations
Expand programming for medical literacy to help the public better navigate the medical system and access preventative medical care, including behavioral healthcare.	Utilize local community partners such as non-profit organizations to help with the marketing of these programs.
Target medical care and testing availability (including mobile testing), as well as tracing capabilities in underserved communities.	Build on existing medical facilities and locate mobile clinics at community resource centers. Expand on the ongoing Resiliency Hub Pilot operated by DOEE. Request increased funding for expanded, wraparound medical resources.
Provide free masks and other PPE for people who do not have access to them.	Engage small businesses to make face coverings and other safety items, similar to the recent hand sanitizer effort supplied by local beverage manufacturers.
Implement and enforce equity practices in treatment and clinical trials through increased oversight and the development of a patient reporting system.	Leverage existing relationships with local medical institutions to develop and enforce standards for equitable practices.
Work with pharmacies and other medical corporations to prevent treatment shortages in underserved areas.	Develop digital infrastructure to track the availability of treatment and relocate them where they are needed most.
Increase access to physical, mental, and psychological health resources for front-line workers and other individuals experiencing significant increases in stress and trauma. Resources should be made available 24/7, as typical 9am-5pm operating hours pose barriers to access for these services.	Schools and community-based organizations can be critical resources to increase accessibility. Expand telehealth capacity and ensure that target recipients of this service have access to internet and broadband service.
Regulate the price of essential items like sanitization supplies.	Develop a COVID-19-focused reporting mechanism for price gouging and work with retailers to understand and mitigate price increases.

**Figure 3.5. Recommendations for Mitigation: Housing**

Recommendations	Infrastructure and Additional Considerations
Prevent displacement of vulnerable residents that are impacted by illness, economic turmoil and job loss.	Appoint additional members to the District of Columbia Housing Authority (DCHA) to ensure racial equity and pathways for zero displacements and increase affordable housing for residents through a coordinated grant program and Community Development Block Grants.
Sustain investments in the expansion of supportive housing and affordable housing for domestic violence victims, returning citizens, and homeless individuals (not shelter housing).	Consider repurposing vacant housing owned by the District to provide secure, safe, and confidential housing with access to counseling, free COVID-19 testing, GED and job training, and free mental health services.
Expand services to populations who are housing insecure due to poverty and histories of incarceration, especially rental assistance programs to pay down rent arrears and financial support to prevent more people from experiencing homelessness.	Coordinate existing public and non-profit entities to allow for the pooling of resources. Expand funding, as more rental assistance for longer periods of time will be necessary.
Protect tenants' rights, health and safety by prohibiting evictions and unsafe management by landlords and requiring landlords to engage in payment plan negotiations with tenants.	Extend existing policy through recovery and connect residents to assistance programs using existing tenants' rights infrastructure. New guidelines may be developed to address unsafe housing conditions and decrease nonemergency unit entry.
Expand the use of hotel rooms for residents experiencing homelessness who have become infected or have been exposed to COVID-19 or have the highest prevalence of COVID risk factors.	Currently, the District is leveraging FEMA resources for these services; should the need extend beyond what FEMA authorizes, it could be cost prohibitive to continue.
Provide a systemic evaluation of congregate living settings with regular testing.	Integrate regular testing and engagement initiatives into ongoing visits and inspections.

Recommendations	Infrastructure and Additional Considerations
Ensure that all residents have access to affordable heating and cooling options during stay-at-home orders by continuing to prevent utility shutoffs.	Expand Solar for All, incentivize the provision of heating and cooling equipment for tenants, and encourage other cost-saving measures to help offset the cost of increased use of energy for heating and cooling during stay-at-home orders.

**Figure 3.6. Recommendations for Mitigation: Transportation**

Recommendations	Infrastructure and Additional Considerations
Continue free Circulator access and expand free bikeshare access.	Expand on existing policy and increase program eligibility.
Increase resources for expanded and safe transit operations, including hazard pay for vulnerable transit employees.	The District may need to request additional Federal resources to fund safety measures and access; increased user costs should be weighed carefully as they impact marginalized groups most.
Improve safe access to DMV services and improve the ease of online and mail-in DMV services.	While some services already exist, many residents are unaware of them. Consider seniors-only hours for accessibility.
Require employers that do not offer telework to provide support for PPE and sanitization supplies necessary for their commute.	Use of PPE by riders on public and microtransit is now required.

**Figure 3.7. Recommendations for Mitigation: Outdoor Environment and Recreation**

Recommendations	Infrastructure and Additional Considerations
Implement reopening protocols with a focus on accommodating people with disabilities.	Work with recreation centers to prepare programming and an accessible and equitable scheduling approach. Train staff as needed.
Ramp up sanitization requirements and enforce health safety guidelines.	Expand access to sanitization and PPE supplies and train staff in their proper use. Recreational classes should be held in open spaces where possible to reduce the possibility of transmission.
DCRA should require recreation businesses, such as gyms, to submit an operation plan to enforce social distancing and sanitation.	Technical support or a guide should be made available to businesses that may not have staff dedicated to operations or business development.
Increase investments in East of the River recreation amenities including fitness gyms, outdoor parks, and trails, etc., and implement social distancing guides for safe use.	Consider the creative use of public right-of-way adjacent to public facilities for pedestrian circulation and play in order to create more space for social distancing.
Ensure that people with disabilities and underlying conditions, or vulnerability due to age, can participate fully in recreational activities, and train recreational opportunity providers about barriers that exist with current programming so that they can be made more accessible.	Special accommodations, such as scheduling or private classes, must be made to provide safe spaces for vulnerable users of recreational spaces while protecting the privacy of users regarding their medical health.
Implement reopening protocols with a focus on accommodating people with disabilities.	Work with recreation centers to prepare programming and an accessible and equitable scheduling approach. Train staff as needed.



**Figure 3.8. Recommendations for Mitigation: Community Safety**

Recommendations	Infrastructure and Additional Considerations
Expand domestic violence prevention and services to respond to an anticipated surge in requests for service once stay-at-home orders are lifted.	In advance of the sunset of stay-at-home orders, maximize capacity for calls, reporting, and relocation of victims.
Downgrade sentencing for lesser offenses to work release programs that require enrollment in workforce development initiatives and are attached to independent living and housing opportunities.	Integrate with emerging workforce investments that respond to COVID-19. Ensure that living facilities have enough PPE and testing for new residents.
Evaluate criminal laws with an equity lens, train criminal justice staff in restorative justice practices, and reduce incarceration rates.	Partner with local universities with law school programs for assistance and guidance on equitable justice practices.
Implement early behavior modification for vulnerable groups.	Enhance supports for DYRS Credible Messengers.
Eliminate long lines in public buildings and other facilities to reduce the chances of transmission and infection.	As more services move online, targeted outreach will need to ensure that people who need services are still able to access them.

## ACCESS TO INFORMATION AND ENGAGEMENT

An overarching concern was the need for communication infrastructure to implement the above policies, share emerging information about COVID-19, announce new policies, hear concerns and questions from vulnerable communities, and connect them to crucial resources. The committee proposes a three-pronged engagement approach for the District's COVID-19 response:

- Invest in the accelerated closure of the digital divide
- Restructure outreach strategy to vulnerable communities that do not traditionally engage with government
- Require the collection of data on existing inequities to provide transparency and guide reforms

Bridging the digital divide and creative engagement is integral to the success of equity policies and a vital first step in establishing an engagement infrastructure that can be adapted throughout the reopening and recovery process and beyond. While vulnerable populations have unique needs and varying requirements for effective engagement, there are a number of engagement practices that will improve our connection to multiple vulnerable populations. Both general and community-oriented approaches are outlined below:

**Figure 4. Recommendations for Communication and Engagement**

Recommendations	Targeted Populations
<b>Invest in the accelerated closure of the digital divide</b>	
Provide free public WiFi and devices and training for tech literacy to individuals who need it.	General
Increase mobile availability of information, with an emphasis on accessible technologies.	General
Incorporate universal accessibility in communications and devices, including instant translation, voice-activated communication, etc., and provide training for those in need of it.	General
Expand use of mobile messaging and development of mobile apps.	General
<b>Restructure outreach strategy to vulnerable communities that do not traditionally engage with government</b>	
Target memorable engagement to people using mass transit, microtransit, and bikeshare platforms through signage, transit screens, and intercom announcements.	General
Incentivize individuals to opt-in to ongoing communications (ex. Metro Pass lottery).	General
Expand 211 to include a hotline and call center to field requests for up-to-the-minute updates.	General
Universal application and outreach for services—“no wrong door”—and data sharing between agencies	General

*Equity and Vulnerable Populations Committee submission  
to the Steering Committee for its recommendations to the Mayor*

Recommendations	Targeted Populations
Engage essential and nonessential workers through unions and employers.	Healthcare workers, first responders, and other essential workers in contact with the public Low-income households Non-essential workers in high contact jobs
Launch a “know your rights” campaign that includes distinct branding and a website.	Healthcare workers, first responders, and other essential workers in contact with the public Non-essential workers in high contact jobs
Engage families about services through educators, educational non-profits, and childcare programs.	Low-income households Youth who are disadvantaged or disabled
Target caregivers with pertinent updates and provide them with resources to deliver up-to-the minute health information to clients.	Low-income households People with disabilities and/or living in state institutions, group homes, and other congregate settings Older adults Youth who are disadvantaged or disabled
Establish relationships with intracommunity publications, media, ads, podcasts, and non-profit organizations to provide information to individuals with whom they are in constant contact.	Immigrant and refugee populations Members of the LGBTQ community Older adults Racial and ethnic minorities Youth who are disadvantaged or disabled
Target and provide information to contractors who operate nursing homes and support facilities.	Older adults People experiencing homelessness People with disabilities and/or living in state institutions, group homes, and other congregate settings
Provide information for officials to share during regulatory visits and through ongoing contact.	People with disabilities and living in state institutions, group homes, and other congregate settings Residents with a multitude of chronic medical conditions

*Equity and Vulnerable Populations Committee submission  
to the Steering Committee for its recommendations to the Mayor*

Recommendations	Targeted Populations
Leverage trusted government programs (such as MORCA) to inform justice-involved individuals and their families about health updates and rights.	Justice-involved populations
Fill in the gaps of outreach from physicians (and incentivize engagement not covered as a “visit”)	Healthcare workers, first responders, and other essential workers in contact with the public Immigrant and refugee populations Low-income households Older adults People with disabilities and/or living in state institutions, group homes, and other congregate settings
Engage pharmacists as a touchpoint for information	Healthcare workers, first responders, and other essential workers in contact with the public Older adults People with disabilities and/or living in state institutions, group homes, and other congregate settings Residents with a multitude of chronic medical conditions
Engage families about services through educators, educational nonprofits, and childcare programs.	Low-income households Youth who are disadvantaged or disabled
Training contact tracers more comprehensively so they can be health educators and navigators after the acute crisis. Utilizing contact tracers to serve in dual roles will maximize our tracing efforts to include improving access to information.	General
<b>Require the collection of data on existing inequities to provide transparency and guide reforms</b>	
Adapt Salesforce technology to create a centralized, interagency database for constant contact.	General

*Equity and Vulnerable Populations Committee submission  
to the Steering Committee for its recommendations to the Mayor*

Recommendations	Targeted Populations
Leverage existing contact lists and develop a multi-method communications plan and electronic directory for interagency engagement of vulnerable businesses.	General
Operationalize site-by-site engagement and mapping of businesses to reach businesses that are not otherwise plugged into DC Government communications. Leverage relationships with Main Street organizations, Business Improvement Districts, and other economic development organizations throughout the District. Provide PPE for outreach team.	Nonprofit Organizations Small Businesses

## ISSUES FOR FUTURE PHASES

Beyond the initial reopening of the District, the government and private sector partners must continue to work together to ensure that the concerns of vulnerable communities are not rendered invisible amidst a stabilizing economy and a desire to return to business –as usual. Ongoing data collection about our vulnerable communities will allow the District Government to track the reach and efficacy of its policies. Continued, thoughtful engagement campaigns will allow the District Government to monitor policies for adverse impacts, to provide opportunities for vulnerable communities to communicate adverse effects, and to participate in the development of any responsive changes that may be necessary.

## CONSIDERATIONS FOR FUTURE ROUNDS OF REOPENING

### **Employment and Income**

Job availability and employment options will continue to expand throughout reopening, and the District will need to ensure that they are accessible to all. The District must establish itself as a model job economy for people with disabilities and other vulnerable populations that have faced discrimination and inequitable job loss. Priority for hiring residents should be evermore enforced as a condition of doing business in the District and employers should be monitored for adherence to equity policies and regulations that protect the health of their most vulnerable workers.

### **Education**

Schools and universities should plan for flexible and equitable reopening that prioritizes the health and safety of students, while also ensuring that vulnerable students do not fall through the cracks of new, flexible educational policies. These should be developed in consideration of full support of students with disabilities and students that have less support at home. Schools should become a critical anchor for a District-wide *no wrong door* approach for public services and mental health support.

### **Housing**

As building work safely resumes in the District, independent housing facilities can be built or repurposed for all homeless populations and people with insecure or unsafe housing, including domestic violence victims. These should be safe, independent housing units that also offer free mental health, psychological, psychiatric mental health services, job training program access, and childcare access where necessary.

Since the start of the pandemic, the District has secured more than 500 hotel rooms for isolation and quarantine purposes (ISAQ) that primarily serve residents experiencing homelessness who have become infected with or have been exposed to COVID-19. In addition, the District has secured 325 hotel rooms for people staying in shelter who

have the highest prevalence of COVID-19 risk factors, so that they may be in a setting that allows for social isolation, even as stay-at-home orders are lifted. It is critical that the District sustain these services until we can be certain, through testing and other indicators, that it is safe to phase out these supports.

### **Food Environment**

The District should continue to build capacity for food access support through work with non-profit organizations to ensure that all District residents have access to healthy food options. Emergency food resource infrastructure should be expanded, and food markets and stores should maintain safe operations as hours and services expand.

### **Health and Medical Care**

Testing, tracing, and treatment should be targeted among vulnerable populations and within vulnerable communities. As restrictions are eased, free mental and psychological health services, as well as substance abuse recovery support should be made available for these same communities, which have been hardest hit by the pandemic. The Medical Marijuana Patient Health and Accessibility Improvement Act of 2018 can also be expanded to increase access to this treatment option.

### **Transportation**

Transit, microtransit, and shared transportation use and adherence to safety and sanitization protocols should continue, especially among transportation services that are primarily used or staffed by vulnerable populations. As routing and hours of operation expand, special attention should be paid to ensuring that the needs of the District's most vulnerable populations are met as their transportation requirements expand.

### **Outdoor Environment and Recreation**

As restrictions are eased in outdoor spaces, it is important to expand accessible recreational opportunities to be even more responsive to vulnerable populations and their physical and recreational needs. Through warmer months, provisions will need to be made for those in need of cooling services. These will need to be deployed in a way that allows for social distancing.

### **Community Safety**

As the District continues to monitor the impact of COVID-19 and stay-at-home orders on public safety, the District Government should continue to ensure the safety of justice-involved populations and their families. Down the line, more recommendations can be made for the release of low-offense individuals to their homes, as well as job placement, perhaps as part of a long-term resiliency effort. District Government should also continue to develop decriminalization initiatives for non-violent offenses, implement mediation for low-offense crimes, and implement restorative justice best practices.

## CONSIDERATIONS FOR RECOVERY

### **Employment and Income**

As the District begins to see fewer COVID-19 cases and recovers from the economic toll of mitigation, it will be necessary to ensure that unemployed and underemployed residents can participate in the continued prosperity of the District. This will also be an opportunity to establish educational career support programming for emerging, well-paying resiliency work; continue to develop policies that ensure our essential workers are protected and compensated; and foster a culture that honors the contributions our essential workers have made throughout the pandemic and every day. Long term, the District should make investments to attract employers that can offer flexible opportunities under emergency conditions, such as call centers.

### **Education**

All institutions, from early childhood education centers to universities, should build long-term flexibility into learning environments and programming that are adaptable for communities in crisis—even crises that are not communal or pandemic—and accessible to all students, regardless of socioeconomic status or family background. To do this, schools should increase capacity for online and extended education opportunities and work with students and families to ensure students have the necessary support to complete schoolwork outside of traditional school hours and environments. Finally, as the District recovers, schools will continue to be a critical touchpoint for students and families in need of resources, including mental healthcare.

### **Housing**

While the future of the housing market remains uncertain, the District will need to continue to provide resources to those who lack housing or are housing insecure and prepare for any economic ramifications of the pandemic that may further challenge the affordability or availability of housing. Additionally, guidelines for housing construction and renovation should reflect lessons learned during the pandemic: existing housing should ensure suitable air-conditioning and heating, and new multifamily housing should reflect a need for access to the outdoors even during emergencies.

### **Food Environment**

Long-term, commercial recovery efforts should focus on incentivizing locations for fresh produce and other healthy food access in the District's food deserts. In existing markets, the health and safety of consumers and employees should be the primary concern, and eased restrictions on emergency health protocols should not disproportionately put essential workers at risk. Eased restrictions should be methodical, and sanitization best practices should continue to be enforced.



In neighborhoods without sufficient food access, District Government should identify locations for a dual-use food warehouse hub and grocery store in food-insecure neighborhoods. The location can be used for a small or large grocer, warehousing, pick-up and drop-off, and delivery logistics. Food delivery companies can use it to source delivery for grocery delivery services. Combined use may make it economically viable for retailers to improve food access in neighborhoods by leveraging spending from nearby neighborhoods. The concept could include a grocery store in the front and delivery systems out back.

### **Health and Medical Care**

Before entering the recovery phase, robust tracing infrastructure should be in place. As the District gets a better handle on the pandemic, it will be critical to begin to establish emergency protocols for pandemics and integrate them into broader resiliency planning efforts. There will need to be ongoing monitoring of positive patients, and future treatment services will need to be made available to respond to any long-lasting health effects of the pandemic. Continued public engagement around healthcare literacy and medical facility planning will help the District be responsive to the long-term impacts of COVID-19 and future health emergencies.

### **Transportation**

Transportation is critical to the local and regional economy, and the public health emergency has had a significant impact on virtually all aspects of the transportation infrastructure. The embrace of teleworking both locally and regionally has resulted in demand reductions and schedules have been adjusted in response. Streets and highways have seen congestion significantly diminished, as single occupancy vehicles, along with rideshare and other micromobility companies have also responded. However, these changes have not impacted all communities equally, in many ways reflecting and deepening racial and social inequities across our city. Transit dependent households – predominantly Black/African American people of color and low-income employees — make up a large proportion of the workforce in jobs that are not conducive to teleworking as they continue to provide the essential front-line services that we all rely on. Looking ahead, it is critical that the needs and voice of this constituency is included in the dialogue and decisionmaking regarding the future of transportation in the city. This will require inclusive, equitable, and diverse public outreach and engagement in future transportation funding and planning scenarios.

Transportation agencies, providers, and regulators must develop permanent plans for ongoing vigorous sanitization and healthfulness that prioritizes commitment to the health and safety of all vulnerable users, including their employees. This business imperative must become a condition of continued presence in the District.

### **Outdoor Environment and Recreation**

Long term, recreational agencies and private businesses should develop permanent plans for sanitization, access, and programming for vulnerable populations such as older adults, people with disabilities, and people who may have underlying conditions. While the future of the coronavirus is unclear, the District must ensure that community recreation spaces do not become danger zones for potential infection and transmission.

### **Community Safety**

The District must continue to build on restorative justice policies deployed during the COVID-19 pandemic. Special consideration will need to be made for justice facilities, including restructuring and redesign to create safer and healthier living and working conditions in these facilities. Preventative measures, such as mental health services and equitable access to resources, must be solidified in District policy and culture to prevent future disparity among justice-involved population during future public emergencies. Finally, by pursuing statehood, District Government will be better-positioned to make community-sensitive discretionary decisions about criminal law enforcement.

## RESEARCH, RESOURCES, & REFERENCES

### RESEARCH AND RESOURCES

Council of the District of Columbia. 2019. The District of Columbia Comprehensive Plan: Framework". <http://chairmanmendelson.com/wp-content/uploads/2019/10/B23-1-Comp-Plan-Framework-ANS.pdf>

Franck, Thomas. CNBC. 2020. "US grocery costs jump the most in 46 years, led by rising prices for meat and eggs". <https://www.cnbc.com/2020/05/12/us-grocery-costs-jump-the-most-in-46-years-led-by-rising-prices-for-meat-and-eggs.html?fbclid=IwAR0du1YFDBgzbqWtkUPdmljLtYgyiaglz-SmcobPBFInIPaCTeHI6MSLDaM>

Food Research & Action Center. 2018. "Closing the Grocery Store Gap in the Nation's Capital". <https://www.dchunger.org/wp-content/uploads/2018/11/dchs-closing-grocery-store-gap-report.pdf>

Office of the Budget Director of the Council of the District of Columbia. 2018. "Economic and Policy Impact Statement: Approaches and Strategies for Providing a Minimum Income in the District of Columbia". <https://dccouncil.us/economic-policy-impact-statement-approaches-strategies-providing-minimum-income-district-columbia>

Dr. Caitlin Rivers, et al. Center for Health Security. 2020. "Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors". [https://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2020/200417-reopening-guidance-governors.pdf](https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200417-reopening-guidance-governors.pdf)

US Census. 2018. "Health Insurance Coverage in the United States: 2018". <https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-267.pdf>

### FURTHER RESOURCES AND CASE STUDIES

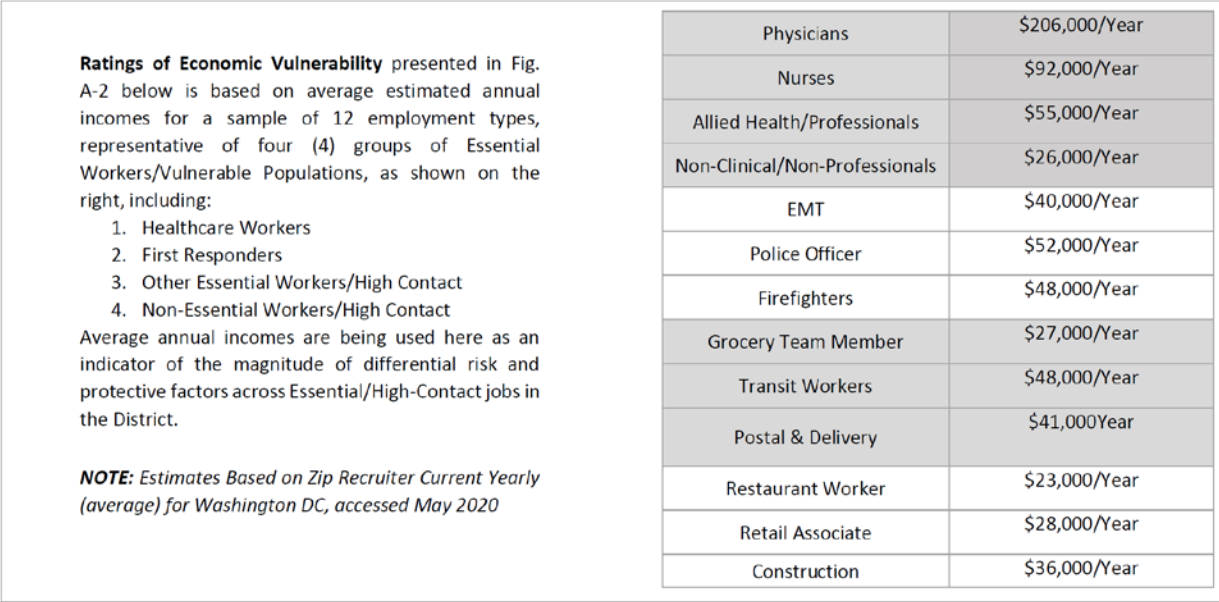
Ong Paul, Jonathan, and Elena, and Andrés Carrasquillo. Institute on Inequality and Democracy. 2020. "Neighborhood Inequality in Shelter-in-Place Burden: Impacts of COVID-19 in Los Angeles."  
<https://challengeinequality.luskin.ucla.edu/2020/04/22/neighborhood-inequality-in-shelter-in-place-burden>.

# APPENDIX

## APPENDIX A: VULNERABLE POPULATIONS – DIFFERENTIAL RISK & PROTECTIVE FACTORS

**Background:** Because of the unique nature of the COVID-19 public health emergency that has required an extended community-wide stay-at-home policy, and closure of non-essential businesses, District residents have had to contend not only with the widespread medical risk and vulnerability of the coronavirus itself, but also with associated social and economic risks that impact individual and community resilience. Cumulative risks and vulnerabilities have not been evenly distributed, however. Front-line essential workers, vulnerable residents, populations and communities have each faced differential levels of medical risk and vulnerability, which they have been able to withstand to differing degrees, based on individual and collective social and economic protective factors. We know too, that individuals and communities across the vulnerable population spectrum do not fit neatly into any single box. Rather, there is significant intersectionality across essential worker populations (Part 1) and vulnerable individual residents and populations living in different settings (Part 2). This framework applied to the list of vulnerable populations considered by the Reopen DC Advisory Taskforce is provided in the Fig. A-1 below.

**Figure A-1. Ratings of Economic Vulnerability**



**Figure A-2. Risk by Population**

POPULATIONS & PRIMARY RISK	COVID-19 Primary Risk	WORKER & RESIDENT TYPES/SETTINGS	VULNERABILITY		
			MEDICAL	SOCIAL	ECONOMIC
Healthcare Workers	◆	Physicians	High	Low	Low
Healthcare Workers	◆	Nurses	High	Medium/Low	Medium/Low
Healthcare Workers	◆	Allied Health Professionals	Medium/High	Medium	Medium
Healthcare Workers	◆	Home Health Aid	Medium/High	High	High
First Responders	◆	EMS	High	Medium	Medium
First Responders	◆	Police	Medium/High	Medium	Medium
First Responders	◆	Firefighters	Medium/High	Medium/High	Medium
Other Essential Workers/High Contact	◆	Grocery Team Members	Medium/High	Medium/High	High
Other Essential Workers/High Contact	◆	Transit Workers	Medium/High	Medium	High
Other Essential Workers/High Contact	◆	Postal Worker/Delivery	Medium/High	Medium	Medium/High
Non-Essential Workers/High Contact	◆	Restaurant Worker	Medium/High	Medium	High
Non-Essential Workers/High Contact	◆	Retail Associate	Medium	Medium	High
Non-Essential Workers/High Contact	◆	Construction Worker	Medium	Medium/High	Medium/High