

OPEN SPACES AND RECREATION COMMITTEE

STAKEHOLDER ENGAGEMENT

The Open Spaces and Recreation Committee engaged community members and advocates across DC, including affected youth, owners of gyms and workout studios, community sports organizers, groups that regularly use parks and community centers, and leaders of summer camps. Stakeholders represented various minority groups and potentially vulnerable populations. Stakeholders represented approximately 30 organizations including College Bound, Pathways 2 Power, Blackswan Academy, and 100 Black Men. Direct outreach to stakeholders organized into five focus groups of community advocates found that people generally support mask-wearing, expanding sidewalks, and using park space to host gatherings that would otherwise take place indoors.

The focus groups were organized to elicit feedback from youth and parties affected by the five identified subsectors. The youth focus group represented 9th-12th grade high school students from Wards 1, 4, 5, and 7, and 8. The pool focus group was composed of 6 leaders from private pools, public pools, and summer camps that offer pool services. The Recreation and Community Centers, Community Sports, and Summer Camps focus group was composed of eleven managers and staff from public, private, and nonprofit organizations that support recreational programming and activities for youth from all 8 Wards. The gyms and workout studios focus group consisted of nine leaders from minority-led fitness groups and boutique, studio, and big box gyms. In addition, the parks focus group consisted of five leaders from private minority sports and wellness groups and non-profit organizations that support the city's parks, recreation centers, and open spaces. The Committee also gleaned insights from the ReOpen DC Survey, which received 17,000 responses and found that 30% of residents worry that recreation spaces may not recover, especially residents in Wards 7 and 8.

STAGING RECOMMENDATIONS

In addition to the report's primary guidance and universal safeguards (e.g., physical distancing of at least six feet, use of masks in public spaces, stringent sanitation and hygiene practices) the Committee proposes the following guidance for the subsectors listed below.

| SUBSECTOR | STAGE 1 | STAGE 2 | STAGE 3 |
|--|--|---|------------------------------------|
| Parks, walking paths, dog parks, cemeteries, waterways | Parks, walking paths, fields and waterways open with safeguards Cemeteries remain open with safeguards Limited number of dog parks open and increase with each phase | Additional dog parks open with safeguards | All dog parks open with safeguards |

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| Communal pools | Closed | Closed | <p>Pools open with limited capacity and safeguards</p> <ul style="list-style-type: none"> — Access to pools should be limited by time of day and age (e.g., senior-only hours) — Pool equipment to be removed — Locker rooms and showers closed (outdoor showers only) — No deck chairs/lounging |
| Summer camps | Closed | Summer camps reopened with capacity constraints of 10 people per room for indoor activities and up to 50 for outdoor activities | Expanded access to summer camps with capacity constraints of 10 people per room for indoor activities and up to 250 for outdoor activities |
| Community sports, golf courses, tennis courts, tracks, fields, and playgrounds | <p>No-to-low-contact community sports and training and games open with safeguards; medium-to-high contact sports remain closed</p> <p>Golf courses, tennis courts, tracks and fields open with safeguards</p> <p>Playgrounds remain closed</p> | <p>Medium-to-high-contact community sports non-contact training / practices open with safeguards while games remain closed</p> <p>Limited playgrounds open only if enhanced cleaning and sanitation can be followed</p> | <p>Community sports medium-to-high-contact games open with safeguards</p> <p>All playgrounds open with safeguards</p> |
| Gyms and workout studios | Closed | Gyms and workout studios reopen with limited access (5 per 1,000 sq. ft) provided DC-approved plans, safeguards and physical distancing | Gyms and workout studios continue limited access (5 people per 1,000 sq. ft) provided DC-approved plans, safeguards and physical distancing |
| Plazas and public events | <p>Plazas remain open with safeguards for personal fitness and exercise activities</p> <p>Public events of up to 10 people with safeguards and physical distancing allowable</p> | Public events of up to 50 people with safeguards and physical distancing allowable | Public events of up to 250 people with safeguards and physical distancing are allowable |

RECOMMENDED SAFEGUARDS

The Committee also recommends adoption of the sub-sector specific universal safeguards outlined below.

| SUBSECTOR | STAKEHOLDER | ADDITIONAL RECOMMENDED MITIGATION GUIDELINES |
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| Parks, Walking paths, dog parks, cemeteries, waterways | Individuals | Use protective facemask |
| | Businesses | Limit the number of dog parks that could open and grow within each phase Post signs with physical distancing protocols |
| Recreation and community centers, pools, spray parks and summer camps | Individuals | Recreation and community centers and summer camps: <ul style="list-style-type: none"> — Use doorside pick-up and drop-off only — Conduct daily temperature and symptoms check for children at summer camps — PPE for all summer camp staff & participants — Increase cleaning frequency of bathrooms and showers |
| | Businesses | Recreation and community centers, summer camps, and pools: <ul style="list-style-type: none"> — Create protective barriers for front-office staff — Control entry and exit points — Limit number of individuals who can shower/use restrooms Summer camps: Provide daily questionnaire and health screening for child and/or parents Pools: Clean equipment aligning with CDC standards Pools: Limit number of individuals allowed to swim in pools Pools: Ensure daily attendance and check-in conducted at pools ALL: Post signs with physical distancing protocols ALL: Establish hand sanitizing stations at entry/exit and near activity |
| Community sports, golf courses, fields, playgrounds | Individuals | Golf courses: Ensure patrons to use every other stall for driving range at golf courses Golf courses: Enable contactless payment and waiver process ALL: Continue wearing non-medical masks |
| | Businesses/ public facilities | Community sports: Continue to limit high contact sports Community sports: Each guest tested for temperature and asked about symptoms upon entry Community sports and golf courses: Prohibit fingerprinting for verification of membership |

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| | | ALL: Post signs with physical distancing protocols |
| Gyms and workout studios | Individuals | ALL: Mandate that guests provide their own water bottles |
| | Businesses | <p>ALL: Maintain capacity and time limits on gym usage</p> <p>ALL: Close locker rooms and showers</p> <p>ALL: Ensure increased spacing between fitness equipment</p> <p>ALL: Where possible, require different entry and exit points</p> <p>ALL: Ensure gym equipment to be cleaned after each use</p> <p>ALL: Request customers provide names, contact information, time of arrival</p> |
| Plazas and public events | Individuals | <p>Plazas: Institute physical distancing controls</p> <p>Plazas: Display appropriate signage</p> |

OTHER RECOMMENDATIONS AND ‘BIG IDEAS’

The Committee and its members have identified several additional initiatives and ideas for consideration, which include:

- **Utilize parks and recreational facilities** to create and/or facilitate workforce development opportunities
- **Capitalize on considerable investment in fields and recreation centers** and partner with professional sports teams and other entities to ensure that youth from underserved communities participate in organized sports to the same degree as children from other parts in the city
- In coordination with DCPS athletics staff, train adults, including DPR staff, to **administer child sports to provide equitable access to outdoor physically distant recreational activities** for all youth
- **Invest in parks and recreation centers East of the River** that create destinations and tourist attractions
- **Develop “hyperlocal public spaces,”** including identifying locations to widen sidewalks and bike lines, where residents can spend time outdoors within 15 minutes of their homes
- **Focus special attention on how equity impacts recreation and open spaces** within the District as reopening occurs. For example, when masks are needed, businesses and organizations should provide protective masks in lieu of turning residents away

PUBLIC HEALTH INNOVATION AND WORKFORCE COMMITTEE

STAKEHOLDER ENGAGEMENT

In addition to the Mayor’s ReOpen DC survey, the Committee received input through engagement with DC Councilmembers Allen, Silverman, and Gray. The Committee also did focus groups with various public health experts. Common themes that were considered by the Committee included:

- 1) The need for clear and specific health guidance
- 2) Protection for public transit riders and workers
- 3) Transparency of health information
- 4) Expansion of testing for vulnerable communities
- 5) Rapid surge in testing, and support for contact tracing
- 6) Workplace testing for employees
- 7) Development of an antibody testing database.

Further stakeholder engagement was achieved through presentations to business and non-profit groups, discussions with public and private health care professionals, and finally input from the Association of American Medical Colleges. Themes from these engagements include:

- 1) Capture demographic, social, and environmental condition information to better access how the virus is spreading to mitigate health inequities;
- 2) Ensure capacity of hospitals, clinics, and families to perform and participate in telehealth expansion across the District as residents may forgo timely diagnosis due to fears of contracting virus;
- 3) Expand partnerships with OSSE and DCPS and other organizations to promote the development of a homegrown, inclusive, and culturally responsive health care workforce; and
- 4) Regard housing as an extension of health care particularly for housing insecure residents and consider expanding universal testing and non-congregate placements for all people living on the street or in congregate shelters.

SAFEGUARDS AND RECOMMENDATIONS

In addition to the report’s primary guidance and universal safeguards (e.g., physical distancing of at least six feet, use of masks in public spaces, stringent sanitation and hygiene practices) the Committee proposes the following guidance for the areas listed below.

| ACTIVITY | ADDITIONAL SAFEGUARDS AND RECOMMENDATIONS |
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| Testing | Establish a public-private partnership with the authority to track, report, and centrally coordinate testing strategy, consistent with CDC and DC Health guidance |

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| | <p>To prioritize who is tested, quantify and stratify communities/businesses/workplaces by risk of infection, availability of health access, and presence of comorbidities</p> <p>Model potential capacity of available/attainable equipment and systems to determine appropriate testing capacity for each Ward</p> <p>Broadly educate residents and employers about testing methods & protocols, the limitations of testing, and what a positive or negative test result does and does not mean</p> |
| Disease surveillance and contact tracing | <p>Maximize existing health care assets and support future public health efforts. DC Health’s internal system must be able to allow 900+ staff members to collaborate and trace contacts remotely. Target resources to those who are not connected to care through insurance</p> <p>Establish clear and approachable disease surveillance and contact tracing communication to maximize its effectiveness. Be transparent and use accessible language with residents and engage existing government and trusted community channels to deliver/develop the message</p> <p>Empower residents to understand their health risks and what to do about them through public maps for high-risk locations identified through contact tracing</p> |
| PPE, equipment, cleaning and workplace sanitation | <p>Ensure employers and employees across all sectors to wear face coverings as they return to work during Stages 1,2, and 3; procure PPE that is designed for durability and repeated reuse</p> <p>Centralize procurement for PPE and cleaning supplies and provide at-cost to non-government organizations, prioritizing healthcare-related industries with little purchasing power</p> <p>Consider subsidizing PPE for certain non-government organizations that do not have the ability to provide PPE to their employees, especially for those that serve at-risk populations</p> |
| Temperature monitoring and symptom checks | <p>Ensure employers and employees across all sectors to undergo daily temperature monitoring and other symptom checks, especially if they return to work during the Stage 1 or 2 of reopening with reliance on self-monitoring encouraged. Follow federal health privacy laws</p> <p>Centralize procurement of temperature monitoring devices and provide at-cost to non-government organizations, prioritizing healthcare-related industries, especially smaller health care providers with little purchasing power</p> |
| Training and reskilling workforce | <p>Train and reskill workers to meet the immediate needs in the healthcare sector. Including the development of career pipelines from DCPS, Charter, and UDC College/University</p> <p>Identify current and projected workforce needs and current and projected training capacity for those needs (across all sectors). Identify, reskill (if necessary), and match displaced workers</p> |

OTHER RECOMMENDATIONS AND ‘BIG IDEAS’

The Committee and its members have identified several additional initiatives and ideas for consideration, which include:

- **Support cooperative purchase power for PPE/face covering** supplies for at-risk communities (small business, non-profit, faith based).
- **Provide at-home temperature thermometers** or low-cost devices/ tools to at-risk and underserved populations.

- **Rely on self-administered questionnaires** in addition to temperature monitors.
- **Prioritize the capacity of public health lab resources and neighborhood testing sites** to conduct robust community testing for hotspots, at-risk and underserved populations. Include broader testing of asymptomatic residents in each of these populations.
- **Engage community leaders** and resources to outreach, educate and engage residents in testing availability, procedures and participation. Resources should be sensitized to each population and available in multiple languages.
- **Develop communication strategies for each target population**, designed to address unique circumstances and reach individuals with identified access and functional needs. Communications should be sensitized to each population and available in multiple languages.
- **Tailor contact tracing messaging, technology, and guidance** so they can meet the needs of all residents in their preferred language.
- **Partner with credible messengers to build trust and reduce stigma** around disease surveillance and contact tracing. Priority given to DC residents.
- **Make contact tracing and overall adherence to public health guidelines as easy to follow as possible**, including using text messaging due to its widespread adoption.
- **Address accessibility needs of job-seekers**, given increased reliance on remote/virtual interactions. Priority given to DC residents.
- **Address the needs of workers or job-seekers** who may not reengage in the workforce due to increased risk of infection.
- **Redouble support for individuals who were already disadvantaged** but will now compete with more people for fewer jobs.