



Public Health Innovation and Workforce Committee Additional Recommendations for the ReOpen DC Advisory Group



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/>.

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

	<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.