

COVID 19: Recommendations for Congressional Action to Support Equity-Focused Contact Tracing

With cases of COVID-19 [rising](#) in communities across the U.S., contact tracing is one part of the work that must be done to combat this virus. Equity-focused contact tracing is an essential, scientifically supported component of the containment strategy. As states [quickly](#) hire a contact tracing workforce, it is imperative that in their hiring, they focus on the need to do contact tracing in areas that have been hardest hit by the epidemic – particularly low-income communities and communities of color.

As Congress takes up additional legislation to address the COVID-19 crisis, we urge members to fully fund state contact tracing efforts, with specific resources focused on the communities most affected by the pandemic. Specifically, Congress should take these actions.

Action 1: Adequately fund contact tracing efforts, along with testing and quarantine supports

In the next COVID legislation, the CDC needs at least \$3.7 billion in emergency supplemental funding to distribute to local, state, territorial, tribal and federal public health agencies to support a force of 100,000 contact tracers, including community health workers (CHWs). An additional \$43 billion should be available to the CDC to expand the contact tracing workforce, implement self-isolation facilities, and provide income supports for people in 14-day isolation periods. This could include passing the Health Force and Resilience Force Act (H.R 6808/S. 3606).

Action 2: Direct states to hire community health workers as contact tracers and pay all contact tracers a living wage

An essential component of contact tracing that focuses on equity is having a workforce in place that:

1. Can quickly establish relationships with patients and the health care systems in communities.
2. Knows and understands the community's culture, language and lived experiences.
3. Can identify the available community supports (for example, how to access local testing, health services, food supports, child care and economic assistance) for COVID-19 and beyond.

CHWs are poised to serve quickly and effectively in these roles. Congress should mandate that, as a condition of federal funding for contact tracing, the workforce must include CHWs, and that they be paid a living wage. Additionally, Congress should require that CHWs and

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others hired to do contact tracing receive personal protective equipment (PPE), full health benefits, proper training and access to workflow protocols, appropriate supervision from qualified professionals, and manageable schedules and caseloads.

Action 3: Require states to provide a plan based on equity and people's needs

In order for states to obtain new funding for contact tracing, Congress should require that they submit binding plans to allocate these funds based on disease prevalence and local public health staffing needs. Specifically, states should prioritize communities of color that have been hit the hardest by the crisis and communities with limited fiscal capacity to stand up a pandemic response quickly. States should be

accountable for these plans, with mandatory reporting on both process metrics and outcomes metrics for the duration of the COVID-19 pandemic. In addition, states should be required to evaluate their work to inform any future pandemic response.

Conclusion

In addition to the actions above, Congress must also continue to focus on broader efforts to protect families' health and economic security by filling gaps in health coverage for people who have lost employer coverage; providing additional state fiscal relief; and leading a national effort to test, trace and quarantine. Now is the time for our leaders to prioritize the needs of everyday people — frontline workers, the unemployed, uninsured and underinsured people, children, people of color, and residents of rural communities, all regardless of immigration status — over partisan politics.

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