



COVID-19 STATE PREPAREDNESS HANDBOOK

5 ACTIONS State Leaders Can Take Now to be Ready for Surges of COVID-19



Four months have passed since COVID-19 brought daily lives to a halt around the world, with stay home orders, closures and social distancing. This early response to the initial wave of the COVID-19 pandemic--which for some communities is still underway, was largely designed in real-time. We had only basic information about the virus, its clinical manifestations, and who would be most impacted. “Flattening the curve” required taking drastic measures, with significant implications for personal livelihoods and our nation’s economy.

People are expecting their leaders to carefully monitor and prepare for a resurgence of the virus and to use targeted approaches to containment, in the hopes of preventing the need for large scale, blanket lockdowns. Learning from our experiences with COVID-19 will better equip us for what comes next. We now know much more about COVID-19 than even a few months ago, including the fact that the virus’ toll is most significant in communities which have faced [racial injustices and historical inequities](#) in our health care system, with Black, Latinx, and [Native Americans more likely](#) to die from COVID-19 than whites. Any successful pandemic response **must focus first and foremost on the people and communities that have faced long standing barriers to accessing care.**

With smart preparation now, a subsequent wave of COVID-19 does not need to look like the first few months, with widespread lockdowns and a scramble to build health system capacity, leaving people confused and worried that the health care system might not be there for them when they need it.

THESE FIVE ACTIONS build on the actions that states should already be taking to [reopen safely](#), and assume that states use accepted public health measures like testing and contact tracing to pursue a new normal. As our nation’s wellbeing and [economic success](#) is intertwined with this ongoing public health challenge, state leaders have a pivotal role to play in crafting solutions that meet all people’s needs.





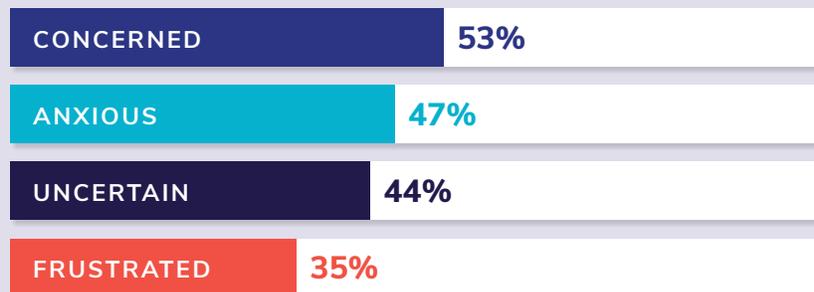
ACTION #1

Listen to the Needs of Different Communities

We believe the best response will always come from listening first to the needs of people. There is no substitute for authentic listening and learning from the challenges people in different communities have been experiencing since the pandemic began.

To augment the listening done by state and local leaders, our ongoing listening efforts are helping to contribute to a **deeper understanding** of how the pandemic experience is affecting people, and the durable, comprehensive solutions they want to see. Americans are feeling a mix of emotions related to the pandemic, and those emotions are **overwhelmingly negative**:

Q: Which of the following words best describe your feelings when it comes to things going on in your life today?



United States of Care Survey Results May 2020

33% of Americans are also finding hope in the midst of crisis—in religion, their families, and stories of people helping others.

People are putting concerns about the health and safety of loved ones ahead of their own health and safety and are concerned about their community and those on the frontlines. Americans are being exposed to just how stretched the system operates in normal conditions, let alone during a pandemic.

→ **Our recent survey confirmed our focus on four critical shared values that tell leaders what people are looking for in the path forward:**

- **A reliable health care system that is fully resourced** to support essential workers and available when it is needed, both now and after the pandemic.
- **A health care system that cares for everyone**, including people who are vulnerable and those who were already struggling before the pandemic hit.
- **Accurate information** and clear recommendations on the virus and how to stay healthy and safe.
- **Being able to provide for ourselves and our loved ones**, especially as we are worried about the financial impact of the pandemic.

Our shared values should be top of mind for leaders as they prepare for subsequent waves of COVID-19 and as they communicate with people about their preparations.



ACTION #2

Communicate Clearly With People and Use Data to Guide Quick Decision Making

When it comes to public health crises, people want bold action from their leaders to protect them and their families; they don't want political jockeying or delays. Cities that acted quickly to implement social distancing measures in the early days of the COVID outbreak, like [San Francisco](#), were initially able to prevent explosive growth of cases. If new clusters of COVID-19 emerge, people will expect leaders to have learned the potential health and financial cost of delays. Leaders should take steps now to make sure they are well-positioned to act quickly using the best information.

→ Establish Clear Decision-Making Channels.

Time is of the essence when addressing potential new COVID-19 hot spots. State officials must decide in advance how and by whom important decisions about the response will be made, and put in place the communications and decision-making processes to share the right information with local decision makers and other stakeholders. City and local officials should know which determinations they will make for their jurisdictions, and the type of guidance that state level officials will provide in helping them. [Utah](#), for example, released a detailed decision matrix to guide state, local, and health system leaders with clear areas of responsibility, objective and metrics.

→ Create an Early Warning System With Effective Monitoring and Clear Benchmarks for Action.

The ability to detect and respond to new cases of the virus is essential not only to reopen safely in the near-term and restore a sense of normalcy for people, but also to quickly respond to any potential reemergence of the virus. Lockdowns and stay-at-home orders proved effective in slowing the spread of the virus, but these orders have far reaching economic and personal consequences.

State leaders should use the time they have now to augment the surveillance that will enable them to quickly identify areas when and where the virus resurges, as well as the metrics they will use to determine when they need to act to contain a new outbreak, with the goal of keeping any shutdowns as targeted and limited as possible. These surveillance approaches and metrics ideally should already be a part of a state's approach to a safe re-opening following the first wave of the virus, but they can also serve as an early warning system of new spikes of virus spread. Tracking early warning signs can also help states allocate resources and take swift action, particularly in preparation for potential hospital capacity limitations.

For example:



[Oregon](#) recently halted county applications for reopening following an increase in COVID cases.



[Utah](#) also used data to inform the state's [targeted response](#) to delaying the phased-in re-opening in counties with higher levels of cases and risk. The response utilizes the state's color-coded risk system and related [guidelines](#) for counties at each level of risk.

States should utilize proven [metrics and criteria](#) to understand the current trajectory of the pandemic in their state. Officials at every level should clearly identify the measures they will be tracking, and the thresholds at which they will act. **Key areas to measure include:**

- Prevalence and trajectory of COVID-19 cases and deaths
- Measures of hospital capacity, including inpatient beds and ICU beds
- Burden of [influenza-like illness](#)

In addition to state level monitoring, the initial wave of COVID-19 showed that the caseload can range significantly across a state, rising and falling at different times. Several states, including [Missouri](#) and [New York](#), are tracking both regional and statewide metrics. This targeted approach helps people make informed decisions with real-time and localized information, and can help keep any potential closures as limited and targeted as possible.

→ Use Tools to Track and Stop the Spread

To track these metrics in an accurate way, states need [sufficient diagnostic testing](#) capacity and a plan to augment this capacity in at-risk areas. Strategies can include broad-based surveillance to find cases that might otherwise go undetected, and novel approaches to identify spikes in symptoms as an early indicator.

- [The Key to Oregon Study](#) will [track and monitor 100,000 random volunteers](#) from across the state to provide real-time COVID mapping. Volunteers will have their temperature and symptoms monitored every day for twelve months and be provided an at-home testing kit if symptoms appear.
- Self reporting through app-based symptom tracking can help real-time monitoring of COVID and unveil new discoveries, though they are not sufficient on their own. [A study](#) analyzing self-reported potential COVID symptoms from the UK and US through a free smartphone app found that loss of smell and taste is a potential predictor of COVID-19. The app tracks both asymptomatic and symptomatic individuals by recording self-reported health information on a daily basis, including symptoms, hospitalization, test outcomes, demographic information and pre-existing medical conditions. Additionally, The DETECT Health Study at Scripps Research allows users of wearable devices to anonymously share heart rate data and record their symptoms with the goal of identifying outbreaks quickly.

States must pair testing approaches with robust contact tracing operations to identify those potentially exposed and assist them in safely isolating and quarantining when necessary. Contact tracing is a data-driven and effective public health strategy used to slow and ideally stop the spread of communicable diseases—including COVID-19. Through contact tracing, public health officials inform individuals if they may have been exposed to the virus and encourage them to quarantine during the 14-day incubation period. Public health experts have substantial experience in this method, but few have ever had to ramp up a contact tracing program as quickly or to staff up to the levels this pandemic requires. There are a [variety of approaches](#) to this essential activity that states can choose to adopt, including:

- Hiring or reassigning state and local government employees
- Contracting with outside vendors
- Deploying the National Guard
- Recruiting volunteers
- Utilizing technology

While states may prefer different combinations of these approaches, it is essential that states include community-built contact tracing efforts that can address individual community needs and build the trust and relationships necessary to be successful.

→ Share Clear, Timely, and Accurate Information

None of these steps matter if people don't understand them, or if leaders do not effectively communicate what people need to know to stay safe and healthy. People want clear and accurate information to help them protect their families, and leaders can help alleviate people's anxiety and apprehension by communicating about what they can expect, even if the news is not always good. This includes information about closures, protective measures people should take, and explanations about any trade-offs being made between public health and the economy. State leaders also need to ensure they fill in the information gaps, especially as states will face future waves in different ways and at different times. As states ease restrictions, it is imperative that leaders prepare people for the possibility that subsequent waves of COVID will require a return to stricter social distancing measures such as what [Utah and Oregon](#) recently did.

Leaders should clearly share the indicators they are tracking as part of their early warning system. These public health metrics should be communicated to people in an easy to understand format, like a [color-coded alert system](#) that can indicate a state's progress. [Wisconsin's dashboard](#) is just one such example.

“I need more reliable information from the government and healthcare systems.”

Male. 25 - 34. Lean Conservative. High School Education. White.

Effective communication means finding the right message and the spokespeople to carry information into different communities, and leaders should be continually refining approaches on how to reach audiences with different needs and life circumstances. For example, Minnesota's Department of Health [provided grants](#) to vendors with proposed plans to aid the state in getting culturally relevant, linguistically appropriate, accurate, and timely messages related to COVID-19 to communities of color and American Indian communities. Leaders must also continue to focus on risk mitigation strategies, including helping people understand what activities bring higher and lower risks.



ACTION #3

Focus on Protecting People and Places That Face the Highest Risks

People want a health care system that takes care of the [most vulnerable](#). We learned from the first wave of COVID-19 which [people](#) and settings are at high risk for transmission and serious illness, and the kinds of downstream impacts that occur from stay-at-home orders. State leaders should be acting now to better protect settings that are high risk for COVID transmission, and to plan for disruptions that could occur elsewhere if closures are reinstated.

→ Focusing on Addressing Disparities and Systemic Inequities

We must have a comprehensive approach to understanding and addressing what vulnerable and at-risk populations are actually facing, especially communities of color. While [state approaches have ranged](#) from targeting testing and PPE resources at specific communities to more broadly incorporating equity into planning through the creation of task forces, effective [state responses](#) should, at the very least, include special attention to [collecting more data](#) on vulnerable and at-risk populations. This includes seniors, people with disabilities, immigrants, those with chronic conditions, and people of color, all of whom face inequitable and disparate outcomes and sustained risk related to COVID-19. State leaders should use the data they are collecting about those facing adverse outcomes and take tailored, appropriate action. For example, if future waves do not deviate from what we are [currently seeing](#), we can expect [alarming disparities](#) in outcomes for Black, Latinx, and [Native American communities](#). State action can help us avoid some of the disparities we saw in the first wave, though enhanced testing availability and prevention outreach to communities of color right now.

The success or failure of efforts to mitigate a new wave will be determined by how well a state meets the needs of the people who are bearing the brunt of the pandemic. **States need to plan now to get testing, resources, and appropriate care to the people and communities they know will be hardest hit. For example:**

- [Only a handful of states](#) collect data on race/ethnicity for COVID testing, so more states should follow their lead in anticipation of future surges.
- [Illinois took measures](#) to help communities of color, including providing translators to Spanish-speaking people at each of their drive-through testing sites.

“I need enough sanitizing products for my family, and I, during the pandemic.”

Female. 35 - 44. Apolitical. Vocational Education. Black.

“My family getting sick and me not having the funds to get them the care they need.”

Male. 24-34. Very Conservative. High School Education. Black.

→ Protect and Fortify Sites at a High Risk for Transmission

States should target efforts towards places with high risk of spreading COVID, such as nursing homes, long-term care facilities, and jails and prisons. Maintaining enhanced surveillance and monitoring of these populations will also allow for targeted responses that limit unnecessary disruption and undue stress on the health care system and economy. States should focus on the following settings:

Nursing Homes and Long-Term Care Facilities. States should be monitoring cases in [nursing homes](#) and long-term care facilities—which are at [high-risk](#) of outbreaks and serve populations with a host of risk factors—and [take action](#) if there are increases. Actions should include shifting PPE resources, enhancing [monitoring and oversight](#), increasing testing in facilities for residents and staff, implementing contact tracing, and limiting visitors to facilities.

For example:



Minnesota has launched a [five-point plan](#) to protect residents and staff in long-term care facilities.



New Jersey [announced](#) a series of recommendations and actions from Manatt Health's rapid review of the state's long-term care facilities to address systemic challenges, mitigate the impact of COVID-19, and reduce impacts of future outbreaks. The recommendations include consolidating responses through a central Long-Term Care Emergency Operations Center, centralizing long-term care data collection and processing, and creating a Governor's Task Force on transforming the state's long-term care delivery system.

With as many as [a third](#) of COVID-19 deaths coming from those living or working in nursing homes alone, states should clearly and transparently disclose where cases occur and take steps to protect people from further spread.

Criminal Justice System: States should be [developing policies](#) specifically aimed at protecting the justice-involved population. Managing detention and release policies to reduce the size of incarcerated populations is considered a best practice public health strategy. This can be done by reducing admissions and releasing people, including people who have high health risks, pose low risks to public safety, or are approaching their release dates. Public health mitigations should be developed to address the needs of people who are currently incarcerated and [those who are reentering the community](#) who may be living in congregate settings, such as [halfway houses](#). People who are currently incarcerated are at [extremely high risk](#) of contracting and spreading the virus, [people reentering face additional barriers](#) navigating their new landscape, and people working at jails and prison [are at risk](#) of contracting the virus and [bringing it back to their communities or into the places they work](#). As these issues are likely to persist, states should allocate resources to minimize the impacts these populations experience. States need to build a strong, coordinated criminal justice system response plan in partnership with jails and prisons, including [designating a person in charge of coordinating](#) and implementing the state's COVID response.



Ohio took steps to reduce the spread of COVID-19 by announcing the early release of [105 prison inmates](#) who had been scheduled to be released within 90 days, and the [release](#) of 900 inmates (or one third of the population) from a jail in Cuyahoga County. Additionally, Ohio was one of several states that [suspended](#) all co-pays for respiratory, flu-related, or COVID-19 symptoms and [waived](#) pretrial detentions. For those reentering the community, Ohio enrolls individuals in Medicaid managed care plans within 90 days of their scheduled release date through an established [partnership](#) between the Department of Rehabilitation and Correction and the State's Medicaid agency.

→ Plan for Disruptions to Education and Other Key Services for Children

While little is known about [how COVID affects and spreads](#) among children, and [new discoveries](#) are being made daily, policymakers should act with an abundance of caution when [planning for](#) and dealing with schools, day care centers, summer camps and other places children would normally frequent. While school closures may again be necessary when there are future surges in cases, this move causes significant disruptions to children's education and for working parents. To help mitigate other impacts of closures, states and school districts should focus their planning on seamlessly continuing to provide the services on which many depend. Schools are a key access point for services that many families rely on, and state, local, and school leaders should use the time now to make sure that future school closures do not result in disruptions to nutrition, [mental health](#), or other programs. For example, the Texas Education Agency recently [issued an FAQ](#) with guidance and best practices for local education agencies to provide remote counseling and student support services, including services for tele-mental health and counseling and supportive guidance. States should also make sure that children are still able to access healthy foods when not at school. [North Carolina](#) and several other states are providing families access to additional food, helping the many children from low-income households whose families are [already at high risk](#) of health and financial complications due to COVID-19.

→ Create a System of Isolation and Quarantine Centers for Those in Need

Plans for COVID surges must recognize that not everyone can safely or effectively isolate in their home if exposed to COVID-19. These more vulnerable populations will range from travelers and those in multi-family homes to those with unstable housing or who do not have homes of their own. During the initial wave of COVID-19, many [states and localities](#) established unique isolation and quarantine approaches to provide safe, temporary living spaces, often with wrap-around health care and behavioral health care. States should take action to make such facilities available to those in need.

→ Ensure Safe Workplaces for Front-line Health Care Workers and Essential Workers

We know essential workers and front-line medical workers will continue to be needed during future waves, so we have to protect them as they continue to take on additional risks. Essential employees are [often also low-wage workers](#) whose jobs require them to be in close contact with the public, including grocery store cashiers and clerks, transit workers, waiters and waitresses, and delivery personnel. Additionally, people of color—who are [more likely to be essential workers](#)—already face [heightened risk](#) of complications due to COVID, only exacerbating the need for policy solutions. [Back to Work Safely](#) is a tool state leaders can use for expert and industry-specific guidance for businesses and consumers to safely reopen. The site offers specific, easy-to-follow, science-based recommendations for limiting the transmission of the coronavirus while operating a wide variety of businesses, including restaurants, retail outlets, and hair and nail salons. This tool can provide helpful perspectives as states develop plans to reopen after future waves hit.

Front-line medical workers—including low-wage medical workers such as nurses and nursing assistants, personal care workers and home health aids—[face increased risks](#) at work including close proximity to infected and potentially infected patients, providing care with inadequate or absent protective equipment, and possible burnout. We need to ensure that work conditions for essential and front-line health care workers are as safe as possible to protect those that risk exposure to themselves and their community.



ACTION #4

Build Health System Capacity to Meet People's Needs

People want a health care system that is well-resourced and will be there for them when they need it. The first wave of COVID exposed the cracks in our preparation, and left people concerned that our system was not ready to care for them. Our research has made it clear that people have pride in our health care system and expected a better response to the crisis we're facing. They also expect a better response *moving forward*. People expect their leaders to use this time to fill gaps in the health care system and prepare for what comes next. A well-resourced and prepared health care system means one equipped with sufficient surge capacity, PPE, and other equipment to care for a spiking caseload.

→ Stockpile Personal Protective Equipment

In order to quickly ramp up the [availability and distribution of PPE](#), states are establishing regional partnerships and encouraging the coordination of new PPE supply chains. For example:

- New Jersey, New York, Connecticut, Pennsylvania, Delaware, Rhode Island, and Massachusetts have a [joint, multi-state agreement](#) creating a regional supply chain for personal protective equipment, other medical equipment, and testing. Regional efforts similar to this can be used elsewhere for future waves, and states can also work with the private sector to leverage resources.
- [North Carolina established](#) the Task Force for Emergency Repurposing of Manufacturing (TFERM) to increase the amount of protective gear made in North Carolina, bringing together over 300 North Carolina companies to pivot their operations and produce critical PPE. These types of efforts can be quickly ramped up during future waves so that the system is equipped to meet people's needs.
- [Ohio established](#) a public-private partnership to coordinate efforts to provide PPE to healthcare workers and first responders by identifying and matching health care system needs with companies willing and able to repurpose production to meet those needs.

→ Strengthen Mental Health Safety Net for the Health Care Workforce

State policymakers must ensure that every prong of their response incorporates mental health and substance use disorder treatment and services, with an emphasis on [the needs of the health care workforce itself](#). People providing care have already shouldered heavy workloads in high-stress environments and, unfortunately, there is more to come as the pandemic continues. As health care workers continue stepping up and putting themselves at risk, states need to subsequently ensure their mental health and substance use disorder needs are met. States need to recognize the significant burden borne by all workers in health care facilities, and act as aggressively as possible to support them and minimize their chances of burnout.

- [New York](#) is waiving out of pocket costs for mental health care for frontline workers.
- Florida's Department of Children and Families was [awarded](#) a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), \$600,000 of which is allocated to "provide mental health services, via telehealth technology, for healthcare practitioners and other individuals experiencing mental health and/or substance abuse issues brought on by COVID-19."

→ Plan a Targeted Approach to Delaying Non-Essential Care and Procedures

Most states (and the federal government) took action to delay all non-essential procedures, and some have since allowed those procedures to again be conducted. Now that we know more about the effects of delaying non-essential surgeries, states can adopt a more nuanced approach using criteria, metrics, and tools to be able to quickly re-enact policies to delay certain non-essential procedures as needed moving forward. In the first wave of COVID, for example, hospitals in rural areas were required to halt elective procedures, even when their areas were not yet dealing with COVID cases. States should carefully assess their system capacity and plan for if and when delays are needed, in hopes of avoiding blanket delays to all non-essential surgeries.

→ Prepare to Handle Simultaneous Surges

State leaders need to appropriately plan for external events that could impact efforts they are taking against future surges of the pandemic, like seasonal flu and natural disasters. Effective planning will mean that states are equipped to take on the multiple challenges their residents will likely face at once.

[Next year's flu season](#) will likely add strain to an already-stressed health care system. States should have contingency plans in place so that resources can be allocated correctly and efficiently in the context of dual pandemics. While the flu is a yearly event we can plan for, the severity and strain each year are unpredictable. And while it is also not clear when or if future waves of COVID will hit states, states should take precautionary measures and prepare as if the flu season will coincide with those future waves. As part of this, state leaders should develop plans to allocate, disperse and stockpile personal protective equipment (PPE), develop plans for widespread flu shots, and communicate clearly with people about the risks and need for action.

- **Develop plans to allocate and disperse PPE when the flu season hits.** Efforts to improve PPE supply chains and local availability will protect those providing flu shots as well as those providing care to COVID patients.
- **Focus on widespread influenza immunizations in safe settings.** Getting flu shots will be more important than ever this fall, at a time when people may be skittish about entering medical facilities. State and public leaders will need to encourage people to get flu shots to minimize the strain on the system's capacity. States also need to be prepared to distribute flu shots to people—particularly vulnerable populations—in safe settings. These plans need to recognize that many of those most vulnerable to the flu are at the highest risk for COVID-19, and may need to receive their shots in unconventional ways, potentially at home. In addition, administering flu shots can allow states to develop and hone strategies to make vaccination available to large numbers of people, which states should be preparing to do.
- **Focus on high-risk communities.** All strategies around influenza preparation must focus on the many longstanding disparities that are similar to those emerging in COVID-19. Particular focus needs to be paid to people [less likely to get flu shots](#), including those in communities of color, who are already experiencing disparate outcomes related to COVID. Very rural communities have a [60% higher death rate](#) from the flu compared to large metro areas, suggesting that resources for rural areas will be another important focus. This includes rural and critical access hospitals, which are already facing [unique challenges](#) as they navigate COVID. Additional strain will be placed on them if and when these two events coincide, and states must be ready to respond.

Additionally, severe weather and natural disasters, such as hurricanes and earthquakes, put heavy, immediate stress on our systems. Hurricane season occurs [during the summer months](#), and requires potentially-impacted states to have [preparedness plans](#) and [additional resources](#) on hand for emergent health care needs and infrastructure damage and loss. Additional planning is also required because large-scale evacuation and movement of people could accelerate the spread of the coronavirus at a time when health care systems are under even more strain.



ACTION #5

Build Collaborative Approaches Now

State responses to future waves of COVID-19 will require collaboration and partnership with external stakeholders—both public and private—who are deeply involved in pandemic response and mitigation. These stakeholders have important perspectives to share and are often eager to help and share their ideas/solutions.

Now is the time for state leaders to make concerted efforts to work closely with hospitals, health centers, and a range of providers to understand their resource and capacity concerns, the issues they expect to occur, what they've learned thus far, and what ideas they have moving forward. It's critical to know who to call on for what, anticipating what may come to the extent possible.

States also should work closely with public health experts, PPE manufacturers, employers and associations of essential workers, consumer and patient advocacy groups, insurance companies, and others. Bringing these entities and perspectives to the table will help the state create a thorough and more exhaustive approach to future waves of the pandemic. For example, states like [Kentucky](#), [North Dakota](#), and [Maryland](#) contracted with business leaders to develop comprehensive contact tracing efforts. Additionally, [Massachusetts](#) and [Texas](#) worked with health care systems to address increased mental health needs, through grants for mobile addiction services and a mental health support line, respectively.

★ PLANNING FOR LONG TERM

Tackling preparations for the next wave of COVID-19 can feel overwhelming as death tolls continue to mount and case counts remain stubbornly high in many parts of the country. Using the time now, both to take stock of lessons learned and better prepare for what is coming, allows us greater control over what future surges of this pandemic will look like.

It is easy to look for signs of division and political discord during such difficult times, but ultimately, most people across the U.S. want the same things. We're worried about both our health and our economic security, and are anxious both about what we have been through and what lies ahead. Leaders have a unique opportunity to build trust and restore confidence that they will share important information and act decisively to keep people safe. With the right foresight, planning, and action now, **we can come together to weather whatever the next waves of COVID will bring.**

Interested in working together? Talk to us: help@usofcare.org