



*April 2021*

Dear Mayor Bowser and Chairman Mendelson,

On behalf of over 200 public health professionals, health professionals, professors, nurses, researchers, and government workers who are members of Public Health Awakened (DC Chapter), we want to validate the existing prevention efforts of the City and provide specific strategies (from community members and public health) to guide a more inclusive and equitable recovery from COVID-19 and its impact on the health, safety, and well-being of the Washington, DC community.

The COVID-19 pandemic has illuminated existing harm to people and fractures in current systems. To recover and begin again, a public health approach must guide every domain: economic development, health and human services, public safety, public works, schools and education.<sup>1</sup> We provide recommendations for COVID-19 recovery and upstream strategies to achieve a healthy, safe, and just community.

### ***Upstream Strategies***

Government, organizations, schools and communities must shift “upstream”.<sup>2</sup>

Upstream strategies address the root cause of an illness or social problem. They are much more just and cost-effective than responding to illness and issues after they occur. For example, it is much more just and cost-effective to maintain clean air quality and prevent the rate of children born with asthma than it is to pay for the asthmatic treatment of each new person born with asthma, or pay for air cleaning measures, like carbon-scrubbers.

Two upstream strategies should guide efforts toward well-being:<sup>3</sup>

- *Promotion* : cultivating, enhancing, and maintaining positive aspirational outcomes for health, safety and well-being
- *Prevention* : stopping something before it happens; maintaining the current state of a target problem

### ***Budgets***

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<sup>1</sup> Cohen, L. (2020). Prevention policy. *Health Affairs*, 39(4).  
<https://doi.org/10.1377/hlthaff.2020.00239>

<sup>2</sup> Heath, D. (2020). *Upstream: The Quest to Solve Problems Before They Happen*. Simon and Schuster.

<sup>3</sup> Nelson, G., & Prilleltensky, I. (Eds.). (2010). *Community psychology: In pursuit of liberation and well-being*. Macmillan International Higher Education.

Because “budgets are moral documents” (in the words of Martin Luther King, Jr), we believe there is a moral imperative to shift resources upstream for equitable promotion, prevention, and recovery. In support of the Invest-Divest paradigm advanced by the Movement for Black Lives, we recommend investing in critical domains of care (economic development, health and human services, public safety, public works, schools and education) and investing in the strategies and approaches which aid recovery and promotion goals. Simply, we must promote housing for all and prevent homelessness, promote equitable vaccine distribution and prevent coronavirus infections, promote public safety and prevent carceral solutions (“health not punishment”), promote safe mobility and prevent injury and deaths (vision zero), promote social-emotional learning, mental wellness, and academic success while preventing challenging behaviors, mental illness, and school dropout.

### ***Values***

Real, tangible benefits and structural change emerge from value-process-outcome alignment. Budgets reflect the values and desired outcomes but offer nothing to the *process* of how change happens. As public health professionals and advocates, we know the power of human agency, collective action, and community-driven solutions. We believe equity should be more than an espoused value -- it should be infused in the workflow, policies and protocols associated with government functions. To us, equity also means active recruitment, engagement and incentives for new community-based contractors and coalitions of nonprofits to emerge from new funding mechanisms or more equitable funding allocation. One positive development to come from the current pandemic is an increase in remote access to important parts of governmental functioning, such as allowing comments to be recorded as videos and shared, and allowing residents to participate in virtual forums. A value of equitable engagement, including those who are not able to travel to in-person events, will be critical to maintain moving forward. An over-emphasis on public-private partnerships (e.g., DC government and for-profit company) has limited the possibilities for community capacity building for community-led organizations (e.g., DC government and DC nonprofit). Building back better requires a robust public commitment.

## **Health & Human Services**

The District has made strong strides in the equitable delivery of COVID vaccines by aligning with the NASEM's "Framework for Equitable Allocation of COVID-19 Vaccine" recommendations<sup>4</sup>, prioritizing wards and zip codes for vaccination, and for recently creating a pre-registration portal for all DC residents.

Relying solely on residents to actively seek out appointments may lead to missed vaccinations for various high-risk groups, including but not limited to: those with poor access to information, poor access to internet connectivity, low digital literacy, insecure housing, and others. Two proposals below urge the city to take a proactive approach to both vaccination as well as broad support of resident health. It is suggested that the Coronavirus Relief Funds be used for immediate support of the recommendations below:

1. Targeted COVID-19 Vaccine Outreach through:
  - a. Vaccine Navigators. Allocate 20-30 FTEs to:
    - i. Conduct active outreach to individuals pending vaccine appointments, inclusive of physical outreach at homeless shelters.
    - ii. Screen individuals at the time of vaccination appointment for i) current health insurance ii) current medical home, and connect accordingly if one or both are not identified. By taking advantage of an opportunity to connect individuals with these fundamental health resources at the time of vaccination, the District will reduce and prevent future health disparities. Immigration status should not be included in eligibility screening.
  - b. Home Visits for Vaccine Administration. Allocate \$1.5 million to identify and support (funding for technological and human support) elderly, home-bound, and other high-risk residents who have not obtained vaccines. Allocate 15-20 clinical FTEs to provide safe vaccinations in resident homes. Consider use of this strategy for proactive vaccinations at homeless shelters as well.
  - c. Vaccinate all people and in-person workers at the DC Jail, immediately, then lift the lockdown that is keeping all residents in their cells for 23 hours a day for the past year. For those who have been awaiting trial in the jail due to the backlog, the time spent in lockdown in the jail must count as time served.
2. City-wide Standby List. Allocate \$750,000 funding for human and technological resources to create or otherwise utilize the current pre-registration list for standby individuals. This will ensure both minimal wasting of doses as well as receipt of the

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<sup>4</sup> National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Board on Health Sciences Policy; Committee on Equitable Allocation of Vaccine for the Novel Coronavirus. Framework for Equitable Allocation of COVID-19 Vaccine. Kahn B, Brown L, Foege W, Gayle H, editors. Washington (DC): National Academies Press (US); 2020 Oct 2. PMID: 33026758.

vaccine by highest-need individuals. An example of successful implementation of such a standby list has been seen in Nashville, TN<sup>5</sup>.

- a. For both of the above, it is also strongly encouraged that the District partner with the existing cost-free human resource bank of DC Medical Reserve Corps volunteers.
3. It is projected that the Overall 2020 Food Insecurity Rate in the District of Columbia is approximately 14%, a significant increase from the 2018 rate of 10.7%<sup>6</sup>. In particular, 22% of those experiencing food insecurity were above the SNAP threshold<sup>7</sup> and would therefore not have been eligible for assistance. Support the proposal from the Fair Budget Coalition<sup>8</sup> to:
- a. Fund \$58-70 million for the Department of Human Services, Economic Securities Administration to increase SNAP benefit levels
  - b. \$125,000 for DC Health / DC WIC
  - c. Maintain current levels of funding for the Healthy Schools Act (HSA) and the Healthy Students Amendment Act (HSAA)
  - d. \$123,000 to Restore funding for the Department of Small and Local Business Development's Healthy Food Programs, which includes the Healthy Foods Retail Program
  - e. Provide \$9 million in seed money over 3 years to grow Mayor Bowser's Nourish DC Fund to a sizable loan and grant fund for businesses in neighborhoods in Wards 7 and 8. This is especially important to increase local investment in both health and economic development for the years to come.
4. Reduce barriers to medical assistance:
- a. Support the proposal from the Fair Budget Coalition<sup>9</sup> to repeal the Healthcare Alliance's in-person, every 6-month renewal requirement and replace it with an annual renewal. Additionally, consider online and/or phone-based opportunities for renewal rather than face-to-face interview requirements. These physical and timing obstacles increase the risks that individuals will face stretches of time without health coverage, subsequently increasing risks of both health disparities and increased health costs to the city, in addition to poor individual health outcomes. By eliminating these requirements, the District will support broad population health as well as reduced tertiary care expenditures.
5. Expand use of the Community Response Team.

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<sup>5</sup> Farmer, Blake. (2021, January 11). Nashville Launches 'Standby List' for Unused Vaccine. *WPLN News*. Retrieved from: <https://wpln.org/post/nashville-launches-standby-list-for-unused-vaccine/>

<sup>6</sup> Feeding America (2020). *The Impact of Coronavirus on Food Insecurity*. Available from <https://www.feedingamericaaction.org/the-impact-of-coronavirus-on-food-insecurity/>

<sup>7</sup> Feeding America (2018). *Food Insecurity in District of Columbia County*. Available from <https://map.feedingamerica.org/county/2018/overall/district-of-columbia/county/district-of-columbia>

<sup>8</sup> Fair Budget Coalition. *FY22 Budget Report*. Retrieved from <https://fairbudget.org/budget-reports.html>.

<sup>9</sup> Fair Budget Coalition. *FY22 Budget Report*. Retrieved from <https://fairbudget.org/budget-reports.html>.

- a. Increase interventions by the Community Response Team by 25% to appropriately support individuals with mental health and substance use needs. Doing so will reduce unnecessary hospitalizations, imprisonments (2 million people<sup>10</sup> with mental illness are put in jail nationally each year), and potential violence (estimates indicate that individuals with untreated mental illness are 16 times more likely to be killed<sup>11</sup> in a police encounter than other civilians). This proposal encourages a robust education campaign for agency partners (most importantly, the Department of Transportation and Department of Education), for key community resource centers (inclusive of but not limited to hospitals, community health clinics, health and job assistance centers, libraries, and shelters) and for District residents to accurately seek out CRT services rather than police enforcement.

### **Economic Development And Housing**

Safe, secure, affordable housing *prevents* and *treats* health problems, such as HIV and diabetes. Housing facilitates medication adherence, nutrition, sleep, sobriety, mental health promotion, school attendance and graduation, social relationships, personal hygiene, and stress reduction. Secure housing also increases the likelihood of employment, improved childcare, and food access. In these times of COVID-19 and the emergence of other serious infectious diseases, housing can mitigate their effects. Housing is not a luxury; it is a necessity that benefits us all. Because homelessness, foreclosures, evictions, and high rents disproportionately affect people of color, with 20,000 Black residents displaced as of March 2019 as documented by the National Reinvestment Coalition, and people with disabilities, it is critical to use our budget to expand rent control, eliminate evictions and loan payments, and construct or improve housing units that are accessible to residents with low or no income, and people with disabilities.

Therefore, Public Health Awakened DC demands that the DC City Council and relevant City departments:

1. Suspend evictions and any requirements to make payments later by using the American Rescue Plan, Coronavirus Relief Funds, and the additional funds recently appropriated for the Emergency Rental Assistance Program (ERAP) to pay all back rent owed during the pandemic for residents who need it.
2. Repair and expand public housing using universal design practices to make it physically accessible to anyone with a disability.

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<sup>10</sup> “Jailing People with Mental Illness.” *National Alliance on Mental Illness*. <https://www.nami.org/Advocacy/Policy-Priorities/Divert-from-Justice-Involvement/Jailing-People-with-Mental-Illness>

<sup>11</sup> Fuller, D. A., Lamb, H. R., Biasotti, M., & Snook, J. (2015). Overlooked in the undercounted: The role of mental illness in fatal law enforcement encounters. Treatment Advocacy Center.

3. Create community centers in all neighborhoods, such as the site of the Crummell School in Ivy City and the Center in Deanwood, to provide a place for children to play and neighbors to gather.
4. Rent control for all rental units.
5. Calculate neighborhood-based AMI by zip code or Census Tract instead using city wide AMI that increases the amount of rent considered affordable and especially hurts low income black and brown residents.
6. Reduce poverty rates through guaranteed income, higher minimum wages, paid family leave for all workers, free childcare, increased employment, jobs for returning community members returning from incarceration.
7. House people on the HOPWA housing list, people living with AIDS who are eligible for housing support.
8. Expand the Housing First program which houses and serves people with substance use disorders and mental illness without requiring sobriety, a model used on a limited basis in DC and one that has positive evidence of success.
9. Suspend evictions and any requirements to make payments later by using the American Rescue Plan, Coronavirus Relief Funds, and the additional funds recently appropriated for the Emergency Rental Assistance Program (ERAP) to pay all back rent owed during the pandemic for residents who need it.
10. Hire and train an appropriate number of navigators from the community to help people who speak different languages complete the complex application for rental assistance.
11. Stop foreclosures on homes and ensure people have free legal services.
12. Remove ICE's presence in courts and social service offices to encourage immigrant residents to pursue legal aid and housing assistance.

We also support these recommendations of the Fair Budget Coalition<sup>12</sup> to allocate:

- \$27 million to end family homelessness for 984 families.
- \$60 million to repair and preserve public housing.
- \$12 million to the ERAP program.
- \$180 million to affordable housing for people earning 0-30% of the AMI.
- \$10,4 million to the Housing Voucher program for 500 households and re-open the housing voucher and related waiting lists.
- \$41 million to end chronic homelessness for 1140 individuals and 177 families.
- \$2 million for the housing needs of people returning from a period of incarceration.

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<sup>12</sup> Fair Budget Coalition. 2021 Budget. <https://fairbudget.org/fy21.html>

## **Public Safety and Justice**

To achieve genuine health, justice, and safety in DC, the District needs to invest its resources in activities that support health and not punishment. Cities around the country have invested in punishment and methods of control for decades, without any significant results to prove that punishment and law enforcement reduce acts labeled as “crime” and increase safety.

Furthermore, the American Public Health Association (APHA) identifies policing itself as a serious public health issue that increases and spreads the reach of harm and racism in communities. Investing in health, social cohesion, and safety nets are the only legitimate strategies to reduce violence and make us all truly safe. The asks and suggestions below outline how to go about this.

1. Divert funding from MPD to the Office of Neighborhood Safety and Engagement so that the Office of Neighborhood Safety and Engagement becomes the primary agency with the majority of the budget dedicated to keeping DC residents safe. Grow the Office of Neighborhood Safety and Engagement by 10% every year using the diverted funds.
  - a. Use a public health approach to preventing violence by addressing the root causes of violence, including improving social cohesion, reducing income equality, improving access to high quality employment, reducing systemic and cultural racism that residents experience, improving equitable health services, improving equitable education, and ensuring access to housing and nutrition for all residents.
  - b. Rather than hiring more police officers and replacing retiring police officers, use those funds to increase programs that use violence interrupters, place-based initiatives, community engagement, and trauma-informed, restorative justice approaches, and other programs that address the root causes of violence, consider the examples below.
    - i. Employment programs that are engaging, well-compensated, and desirable to residents
    - ii. Improving public spaces with recreation, lighting, and multi-age, multi-ability options for residents
    - iii. Employ violence interrupters and embed them in the community to work alongside residents to monitor and resolve interpersonal disputes
    - iv. Support social cohesion programs that also address the materials needs of residents, depending on the neighborhood’s input. Such programs could include: Community gardens and farmers markets; sports and recreational teams; wellness fairs, classes, and mobile clinics; opportunities for joy, music, and cultural activities.
  - c. Regularly engage the community at a neighborhood level so they are the key leaders in what programs are invested in.
  - d. Decriminalize actions associated with substance use, sex work, and being unhoused (e.g. sit-lie laws, carrying large quantities of condoms, etc.)

- e. Increase investments in programs for vulnerable populations by diverting funds from MPD.
  - f. Increase funding for wrap-around service programs for people returning from incarceration, including employment, housing, restoring voting rights, and mental health services, by \$3 million.
  - g. Tailor safety and social cohesion programs for LGBTQ+ community members, especially the transgender community, and extend additional emergency resources to them.
    - i. Tailor anti-violence programs so that non-LGBTQ+ community members can recognize, prevent, and respond to hate crimes against other community members.
2. Invest in infrastructure, staff, and time to make the community the driving force behind safety and justice interventions.
- a. Divert \$3 million from MPD to the Office of Neighborhood Safety and Engagement to hire Outreach Specialists, Community Engagement Specialists, and other staff to create strong community relationships and regular engagement.
    - i. Prioritize hiring these individuals from the communities they serve, especially BIPOC and people with lived experiences in similar communities. Compensate these roles at the minimum of a grade 12 equivalent.
  - b. Create and maintain a public engagement database to store historical community engagement. For example:
    - i. Townhalls should be hosted, recorded, and published online.
    - ii. Public survey results should be stored in a database, then made available and searchable online. Personal identifiers should not be collected or stored in the public data.
    - iii. All public input data should be collected by Ward and by neighborhood made available for review by date.

### **Public Works and Transportation**

The nature of this pandemic, with the propensity to spread in enclosed, poorly-ventilated spaces, has emphasized the importance of available, accessible outdoor spaces for D.C. residents to safely gather, exercise, play, pray, or simply enjoy a change of scenery. This has also had an impact on the transportation needs of our region. The regular commuter use of Metro bus and rail has dropped as more individuals telework, while increasing risk of exposure to the novel coronavirus for riders and WMATA employees, and on-street parking spaces have been converted into outdoor seating for restaurants. As the Council decides how to prioritize its budget to support these areas, it is crucial that equity is a key consideration to ensure that we do not propose solutions that benefit only a small section of the population. Our recommendations

encompass two broad requests: prioritize people's use of public spaces, currently and beyond the pandemic, and adequate support for the public transportation that keeps us all connected.

1. Prioritize people for public spaces, currently and beyond the pandemic
  - a. Based on best available public health guidance, in terms of test positivity rates and vaccination rates, prioritize opening as many government-run community and recreation centers, especially Wards with vulnerable populations. Supporting access to outdoor public spaces is critically important, especially in areas where housing is more dense. Given the correlation between historical redlining and present-day green space, it is important to prioritize maintenance of and creation of these types of parks and accessible areas in under-invested neighborhoods.<sup>13</sup> Recent examples from other similarly sized cities have shown promising benefits from transforming vacant lots into green spaces, and we suggest the District invest \$1 million in a pilot project here.<sup>14</sup> In addition to the health benefits of allowing residents space to exercise, play, and socialize, there are emerging studies suggesting that blight reduction can improve neighborhood cohesiveness and reduce gun violence, and can be used for trauma-informed programs.<sup>15</sup>
2. Provide funding to support public transportation and reduce reliance on privately owned vehicles.
  - a. Along with other funding partners, invest in WMATA by supporting the operating budget to maintain service at levels comparable to FY2020. A functional public transportation system is a hallmark of a thriving city, and it is especially important for lower-income workers who need to get to work. Employment is linked to better health,<sup>16</sup> and longer commute times—such as those that could be created by reducing the frequency of trains, or eliminating bus routes—is associated with poor health, and cuts into the time essential workers have to spend with their families.<sup>17</sup> From an environmental health standpoint, drastic cuts to public transportation, such as those proposed by the draft WMATA budget for FY 2022, will put more cars on the road, which leads to increased pollution and worse health outcomes, particularly for low-income communities who are more likely to live near sources of pollution.<sup>18</sup> We support the current proposed level of investment in the K Street transitway, and suggest increasing the investment in bus-only lanes from the proposed \$17.8 million to \$20 million. As public health

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<sup>13</sup> <https://ehp.niehs.nih.gov/doi/full/10.1289/EHP7495>

<sup>14</sup> <https://www.pnas.org/content/115/12/2946#ref-12>

<sup>15</sup> <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2016.303434>

<sup>16</sup> <https://www.rwjf.org/en/library/research/2012/12/how-does-employment--or-unemployment--affect-health-.html>

<sup>17</sup> Künn-Nelen, Annemarie. "Does commuting affect health?." *Health economics* 25, no. 8 (2016): 984-1004.

<sup>18</sup> <https://www.wmata.com/initiatives/budget/>

professionals, we support the concept of crash prevention and enhanced pedestrian and cyclist safety, and support the current funding request for the Vision Zero program.

## **Schools and Education**

Schools play a vital role in promoting health and well-being of students and families and establishing a foundation for lifelong physical, mental, and emotional well-being. The pandemic and resulting virtual schooling have underscored existing inequities and deficiencies that must be eliminated. We encourage upstream prevention and promotion approaches that align with CDC's Whole School, Whole Community, Whole Child framework and prioritize community voice and health equity. Rooted in these values and considering what students and families need both now and as they return to in-person schooling, our recommendations are as follows:

1. Expand School-Based Health Centers<sup>19</sup> and DCPS Connected Schools<sup>20</sup> to more schools, prioritizing schools with high needs.
2. Strengthen mental health supports in schools.

In alignment with what DC parents are calling for,<sup>21</sup> we recommend:

- Investing an additional \$6.4 million to fully fund the school-based mental health expansion and add clinicians in 80 more schools
  - Investing an additional \$4 million to restore the cuts to community-based health providers (which would add \$5 million in federal dollars because of the multiplier)
  - Investing a total of \$10.8 million for social emotional learning and trauma-informed training in all schools (based on an estimated average cost \$45,000 per school)
3. Address learning loss

As of December 2020, on average, DC students had lost four months of learning in math and one month in reading,<sup>22</sup> with those with disabilities, Black and brown students, and English language learners disproportionately affected.<sup>23</sup> Proactive, community-driven approaches to address

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<sup>19</sup> <https://dchealth.dc.gov/service/school-based-health-centers>

<sup>20</sup> <https://dcps.dc.gov/page/dcps-connected-schools>

<sup>21</sup> <https://mailchi.mp/dcpave/03092021>

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<https://static1.squarespace.com/static/5f9857f027d55d2170cd92ac/t/5fdb6d5dc70d2641e55ff244/1608215913800/COVID-19%27s+Impact+on+DC+Student+Achievement+-+EmpowerK12+Initial+Findings+Dec+2020.pdf>

<sup>23</sup> <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-learning-loss-disparities-grow-and-students-need-help>

learning loss are vital. Informed by the work of Children’s Law Center<sup>24</sup> and the Annenberg Institute,<sup>25</sup> our recommendations are as follows:

- Teach grade-level content to all students while identifying and providing special supports to those who need it to remain on track
  - Invest significantly in tutoring services
  - Invest in more special educators and service providers, administrative support for special educators, and training for existing personnel (general education teachers, paraprofessionals and other aides) to provide more intensive supports to students with disabilities.
  - Invest in opportunities for special education students and English language learners to work one-on-one or in small groups with teachers, paraprofessionals, or tutors to recover COVID-related academic losses as well as close the achievement gap.
  - Implement targeted support strategies for families, including take-home books, text messages, and family involvement programs, to supplement in-school curriculum.
  - Broaden eligibility for credit recovery and extended school year programs.
  - Schedule time for teachers to communicate across grade-level teams and efforts to maximize instructional time and help students catch up while avoiding redundancy.
  - Add staff to support learning loss interventions.
  - Avoid large-scale standardized testing at the start of the school year.
  - Avoid remediation programs that supplant regular instruction.
4. Close the digital divide

We applaud the significant investments the District has made in technology for learning at home, expanding inventory of devices for students, and providing free home internet service for low-income families via the “Internet for All” program. However, continued lack of reliable high-speed internet at home and missed instruction due to broken or lost devices continue to pose problems.

To continue taking steps towards closing the digital divide, we recommend supporting and enacting the DCPS Technology Equity Act of 2021, which would require DCPS to develop a comprehensive tech equity plan - including soliciting parent and teacher input, assessing the tech needs for each DCPS school, providing detailed cost estimates, and identifying potential funding sources. In alignment with Children’s Law Center<sup>26</sup> and Digital Equity in DC Education,<sup>27</sup> we believe any tech equity plan should seek to achieve (1) a 1:1 student/teacher device ratio coupled

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[https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/CLC\\_Education%20Agencies%20Oversight%20Testimony\\_Final.pdf](https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/CLC_Education%20Agencies%20Oversight%20Testimony_Final.pdf)

<sup>25</sup> <https://annenberg.brown.edu/recovery>

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[https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/CLC\\_Education%20Agencies%20Oversight%20Testimony\\_Final.pdf](https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/CLC_Education%20Agencies%20Oversight%20Testimony_Final.pdf)

<sup>27</sup> <https://www.digitalequitydced.com/advocacy>

with practical digital literacy training; (2) robust remote and in-school technology support; and (3) improved technology infrastructure and sufficient internet access for all to support learning in school and at home.

5. Protect and invest in the DC school workforce, including sufficient COVID-19 protections, mental health supports, professional development, and career development pathways.
6. Divert funding for police in schools to the aforementioned priority areas within schools and education.