

Time for 9 Toolkit: Ensuring Health Equity in the Age of COVID-19

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Grace Hawkins is a Director of Outreach at the Time For 9 Toolkit. Originally from Southern California, Grace is a current sophomore at The Madeira School in McLean, Virginia. She is passionate about activism and has served as co-head of her grade's diversity, equity, inclusion, and justice committee as well as been an active member of her school's Girl Up chapter for the last two years. Outside of advocacy work, Grace loves all things to do with the ocean and enjoys listening to music and binging true-crime podcasts.

Ainsley Barrett is the Director of Communications at Time for 9. She is a junior in high school from the Chicago suburbs and loves to be involved in her community through service and policy.

Sarah Ramos-Gonzalez is an Outreach Fellow at the Time for 9 Toolkit. She is a sophomore at North High School's International Baccalaureate Programme in Phoenix, Arizona. She is passionate about social justice and youth involvement and has a passion for foreign languages.

Sophia Sharma is a communications fellow at Time for 9. She lives in Arlington, Virginia, and is a junior at the Madeira School. She likes to run, read, and go out with friends.

Isabelle Ho is a high school senior from Seattle, Washington, and a communications fellow with Time for 9. She enjoys all types of art and music and is excited to study bioengineering in college.

In June of 2020, the overall well-being in the United States was at an all-time low. Millions of citizens tested positive for COVID-19, tens of millions of Americans lost their jobs, and the federal government was unprepared to handle the crisis. It was apparent that changes were needed to aid those who were being disproportionately

affected by the pandemic. In any major crisis, the socioeconomically disadvantaged, disabled, and BIPOC populations are often the most affected. With no exception to COVID, black and indigenous people remain the two most likely racial groups to die from the virus. Most public policies written to lessen the intense effects of the pandemic did not cater to these populations that remain to struggle the most. Noticing this, the bright, young minds at the Greater Good Initiative's public health policy team decided to take action. After months of research, conversation, writing, and editing, the Time for 9 Toolkit was born. The toolkit includes nine specific recommendations that legislators can implement to assist marginalized communities during COVID-19. Since the initial policy release in June 2020, Time for 9 has become *its own organization* led by Hamel Haile, including communications, outreach, and social media teams that work together to help to raise awareness about the Time for 9 Toolkit and other public health equity issues.

It is imperative to ensure equity in the healthcare field — now more than ever. Such measures will provide preventive steps that will lower both the number of deaths and the number of people with COVID-caused chronic conditions. By ensuring that areas of need are being met, we can reduce socio-economic and demographic medical disadvantages. According to the Infectious Diseases Society of America and the HIV Medicine Association, Native Americans, Latinos, and African-Americans are more likely to be uninsured, have higher rates of pre-existing health conditions, and are more likely to be front-line workers with a lower income. Individuals with pre-existing conditions are more likely to become severely ill if infected with COVID-19, affecting their survival and recovery rates (Certain Medical Conditions and Risk for Severe COVID-19 Illness, 2021). And front-line workers have a substantially increased risk of contracting COVID-19 (COVID-19 and Health Disparities in the United States, 2020). Based on these statistics, it is evident that the current pandemic has shown how crucial health coverage is and how it impacts the life expectancy of certain demographics within the United States, particularly when it comes to inequalities noticed across different races and income levels. Now that targets of tangible impact have been identified, public health policies must prioritize equity towards them to prevent further loss of life.

The Time for 9 Toolkit proposes nine recommendations in three categories: testing, communication/partnerships, and resources. Our recommendations center on amplifying the needs of historically underrepresented groups to assure their safety throughout the COVID-19 pandemic.

TIME FOR 9 TOOLKIT
RECOMMENDATIONS

TESTING

- ACCESS TO TESTING SITES WITHIN RANGE OF PUBLIC TRANSPORTATION
- TESTING OPTIONS THAT DO NOT REQUIRE ADMINISTRATIVE PROCESSES
- ESTABLISH A NEIGHBORHOOD-FAMILIAR OFFICERS FOR CONTACT TRACING

COMMUNICATION/PARTNERSHIPS

- CREATE RELATIONSHIPS WITH TRUSTED LEADERS IN MINORITY COMMUNITIES
- PRIORITIZE THIRD-PARTY INVOLVEMENT AND FUNDING
- UNDERSTANDABLE AND EFFECTIVE COMMUNICATION FOR MINORITIES

RESOURCES

- ENSURE MINORITIES ON FOOD STAMPS CAN ACCESS ONLINE GROCERY SHOPPING
- SAFE-SHELTERING ALTERNATIVES THAT ALLOW FOR SOCIAL DISTANCING
- MOVING TO WORK PROGRAMS SHOULD TARGET HOUSING CHALLENGES

TOGETHER, WE CAN FIGHT FOR EQUITY IN MINORITY COMMUNITIES DISPROPORTIONATELY AFFECTED BY COVID-19.

FOR MORE INFORMATION, VISIT
www.thegreatergoodinitiative.com/timefor9toolkit

The Toolkit’s recommendations have proved successful. Apropos of testing, we partnered with IDEXX Laboratories, Inc. and Maine’s Department of Health and Human Services. “By collaborating, testing capacity has quadrupled through the use of

mobile laboratories, widespread swab and send testing sites, along with expanding the accessibility of walk-in testing to at-risk members of the community” (Mills). Additionally, Councilmember Peralez of San Jose, California, mentions the Health and Racial Equity Task Force of Santa Clara County, which formed the only walk-up testing site in California. This destroyed the barriers previous administrative processes placed on high-risk groups like the elderly and low-income minorities without proper access to the internet. Whether the Time for 9 is directly involved in projects or not, our recommendations feature the common objectives of the people to move forward in a healthier, safer country.

Since its launch in June of 2020, Time for 9 has also received endorsements from legislators — around the nation and across party lines — who are dedicated to bettering their communities through equitable healthcare for historically marginalized communities. Endorsements include Virginia House delegates Lashrecse Aird, Sam Rasoul, Suhas Subramanyam, and Carrie Coyner, Councilwoman Mary Pat Clarke of the Baltimore City Council, State Senator Ghazala Hashmi of Virginia, and Councilmember Peralez of San Jose. With the continued support of the aforementioned lawmakers, Time for 9 has hosted several virtual events with insight from legislators around the country to speak about their implementation of the Toolkit on local and grassroots levels. Time for 9 has also received endorsements from Marla Dalton, the executive director of the National Foundation for Infectious Diseases, and Luis Angel Aguilar, Virginia director of Court Appointed Special Advocate.

Finally, it is necessary to highlight the nationwide support from the general public. The basis of our very organization lies in working for the best possible, equitable healthcare for Americans, so we place a high value on citizen endorsements. Over the past eight months, the Time for 9 Toolkit has acquired over 200 citizen endorsements — and hopes to receive even more in the future. In its short time, the Time for 9 Toolkit has reached great successes in public health equity advocacy and looks forward to continuing towards equal access to healthcare for all.

As the Time For 9 Toolkit is dedicated to promoting equitable response to the COVID-19 pandemic, the Time For 9 team plans to shift its focus to general public

health equity as COVID-19 vaccinations increase and the nation moves along the path towards herd immunity. The Time For 9 Toolkit will begin this transition by releasing a new policy entitled “Time For 9 Two”. Time For 9 Two will be the product of a collaboration between Time For 9’s current team and the Greater Good Initiative’s Public Health Team, the group that authored the original 70- page Time For 9 policy. While Time For 9 Two is still in its early stages, once the new policy is released, the Time For 9 team plans once again to seek endorsements from elected leaders and the public and work towards the end goal of legislative implementation. We hope that Time For 9 will continue to fight for a world beyond the pandemic where healthcare is equitable and available to all through this new policy.

The substantial work that the young folks at Time for 9 have accomplished has continued to prove that there is no need to obtain an undergraduate degree or official work experience to write policy. Policy can be written by anyone and used as a mechanism that the youth can take advantage of in order to have their voices heard by their government. At the Time for 9 Toolkit, we recognize this and understand that in times of crisis, one cannot wait for change to happen but must rather be the one to create the change they seek. That's why the Time for 9 Toolkit has united a coalition of youth change-makers across the country to fight for equity within COVID-19 policy and looks forward to branching out into the greater public health spectrum. If you want to learn more about the Toolkit, endorse the campaign, and receive updates about future plans, please visit [this page](#).

References

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*Find the sources for the original Time For 9 Policy at [this link](#)