**Table One: ASTHO Technical Package of COVID Health Equity Interventions**

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| **Objective** | **Potential Indicators** | **Mechanisms** | **Levels of influence** |
| **Improve collection of race and ethnicity data** | * State public health dashboards * Completeness of Data reports to CDC * State and Federal data quality measures and benchmarks | * State disease reporting laws and requirements * Dataset comparisons and matching * Reporting incentives and penalties * Provider education * Race and ethnicity definitions and standards * Electronic transmission capabilities | * State HIEs * State Medicaid Agency and state employee health plans * State FQHC associations * State Medical and Primary Care Associations * State policy makers * CDC * ONC, CMS, OMB, HRSA * National Public health Associations (CSTE, AIR, AID, APHL) |
| **Increase community health workers in the public health workforce** | * CHW job descriptions, salary ranges, supervision structures in state/local HR system * State CHW registries (NACHW) * State and local workforce surveys * State contracts with CBOs * CDC grant reports | * Retention/Career ladders * Evidence based practice recommendations * Workforce reorganization * New funding lines and resources * Redirection of existing funding * Attrition planning * Third party reimbursement | * State HR systems * State contract policies * National Public Health Associations (NACHW, APHA) * CDC * HHS Office of Minority Health |
| **Expand sick leave and paid family leave to more workers** | * State policies * Federal policy * Workforce surveys | * ASTHO policy statement on family and sick leave * Model policies for state and local government * Employee benefit requirements for state and local contractors * Tax and other incentives for employers to expand benefits | * Federal policy makers * State policy makers * Employers * Employer associations (e.g., state restaurant association) |