

COVID-19 Public Health Strategies for Priority Populations

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Metro Denver Partnership for Health



*“Life’s most persistent and urgent question is,
‘What are you doing for others?’”*

Martin Luther King Jr.

Summary

The Metro Denver Partnership for Health COVID-19 Containment Workgroup was tasked with identifying strategies for populations that are disproportionately impacted by COVID-19. The workgroup identified eight priority populations that require targeted strategies to reduce disparities. This document was developed in partnership with state and local public health partners along with a variety of partners from the University of Colorado, Medicaid Regional Accountable Entities, and the Governor’s Innovation Response Team.

At the center of the **recommended** strategies is the awareness that systems of oppression such as racism contribute significantly to the disproportionate impacts of COVID-19.

Recommendation themes include:

- **Prevention:** Leverage existing public health prevention programs (WIC, home visitation, immunizations, etc.), health care providers, cultural brokers, and community-based organizations to communicate the importance of maintaining health (e.g. chronic disease management), understanding worker rights (personal protective equipment and Colorado sick leave), and managing illness.
- **Containment:** Work with community-based organizations and cultural brokers to increase targeted testing and implement culturally responsive case investigation and contact tracing. Create agency culture that recognizes the importance of “how” to work by ensuring staff are trained in health equity principles and behavioral techniques such as motivational interviewing. Hire future COVID-19 response staff that mirror the populations being impacted.
- **Resource Coordination:** Strengthen and leverage existing partnerships to promote testing, improve

case investigation and contact tracing efforts, and ensure compliance with isolation and quarantine through strong resource coordination.

- **Public Health Accountability:** Develop a LPHA COVID-19 response and recovery plan based on a racial equity lens. This plan should be developed, reviewed, and vetted with agency health equity leaders along with communicable disease and prevention staff. To ensure agency success with implementation, staff should be consistently engaging in agency conversations on racial equity.

It is incumbent upon us to use the principles of equity to plan our response and recovery.

Background

Across the Denver-metro area, the state, and the nation, segments of the population have been disproportionately impacted by COVID-19. These priority populations are at higher risk of severe illness from COVID-19 due to living conditions, work circumstances, underlying health conditions, and access to care. Priority populations may also be disproportionately impacted by the economic effects of the pandemic, which can affect physical and mental health.

Priority populations include people harmed by historical policies such as structural racism and who are disproportionately affected by COVID-19. They also may be under-resourced (unable to self-isolate, lack personal protective equipment, or lack child care). These include communities of color, communities with high concentrations of poverty, people working in essential services, and people living in congregate settings. ***The right thing to do is ensure we all have what we need to be well – regardless of how we earn a living or how much we make. People already pushed to the brink by low wages and high housing costs will be most affected by this virus and***

the economic slowdown. This is the time to live up to our ideal of justice for all.

The Metro Denver Partnership for Health (MDPH) Containment Work Group identified the following eight priority populations that are at greater risk for COVID-19 infection.

1. People who are unhoused
2. People who are detained or incarcerated (jails, prisons, and detention facilities)
3. People in long-term care, assisted living facilities, and supportive living environments such as group homes
4. Young children and families with young children
5. Medically vulnerable (people over age 65, isolated seniors, people with intellectual and physical disabilities requiring support with activities of daily living, people with chronic conditions and immunocompromised health status, and people with complex behavioral health needs)
6. New Americans (immigrants, refugees, migrant agricultural workers, and people without documentation)
7. Colorado Tribes and Tribal Organizations (including Coloradans from all tribes).
8. People who work in essential industries who may have dangerous job conditions and low wages and lack adequate protections and supports such as personal protective equipment and sick leave

Goals and Objectives

The overarching goal of this plan is to present a set of **recommended** monitoring, prevention, and mitigation strategies for each priority population and the employees, caregivers, and volunteers that support them. Strategies include general strategies as well as population-specific monitoring, prevention, mitigation, and outbreak strategies. In addition, **recommendations** are presented to guide metro LPHAs on how to work with priority populations and how to leverage existing partnerships to best serve disparately affected communities.

The following are a core set of objectives that guided the development of these strategies.

- Integrate public health strategies (testing, case investigation, contact tracing, isolation/quarantine support, and monitoring) and case management/resource navigation with a health equity lens to support priority populations.
- Build infrastructure among public health, human services, and hospital/health care organizations to ensure priority populations can navigate these three systems effectively. This includes strengthening connections to Regional Accountable Entities.
- Build public health trust and confidence among priority populations by responding to COVID-19 equitably.
- Ensure non-COVID-19 public health preventive care strategies are made available for priority populations to ensure access to care (e.g. substance use, immunizations, and intimate partner violence).
- Leverage subject matter expertise from diverse fields and communities to inform strategic decision-making.

Special Thanks

Twenty-seven individuals contributed to the development of this resource document. A series of meetings with subject matter experts helped to inform the recommendations and mitigation strategies.

The following people contributed to this document: Indira Gujral, chair (BCPH), Emily Bacon (DPH), Julie Beaubian (Children's Hospital), Juli Bettridge (CDPHE), Bob Bongiovanni (community member), Eli Boone (CHI), April Burdorf (CDPHE), Chris Czaja (CDPHE), Nicole Comstock (CDPHE), Sheila Davis (BCPH), Kara Doone (CCMCN), Andrea Dwyer (CU Anschutz), Reed Florarea (CDPHE), Gretchen Hammer (Governor's IRT), Michelle Haas (DPH), Cara Hebert (CCHA), Sarah Hernandez (CDPHE), Margaret Huffman (JCPH), Rachel Jarvis (CDPHE), Lori Kennedy (CDPHE), Danica Lee (DDPHE), Judy Shlay (DPH), Sara Schmitt (CHI), Nicole Steffens (CHI), Carol Tumaylle (CDHS), Patricia Valverde (CU Anschutz), and Kaitlin Wolff (TCHD).



Lessons Learned from Colorado Natural Disasters

Natural disasters in Colorado and throughout the U.S. have consistently demonstrated that priority populations and communities of color suffer the most. Reflecting on lessons learned from the past helps prevent us from repeating outcomes.

Following the 2013 floods, the City of Longmont conducted 21 focus groups among Spanish-speaking community members and bilingual cultural brokers to identify culturally specific barriers for prevention and response. **Recommendations** from [Resiliencia Para Todos](#) were used to help guide the overall strategy **recommendations** for responding to COVID-19 (next section). To further understand this work and the importance of resilience, take time to watch this 15-minute [video](#).

The lessons learned from the flood of 2013 identified the following barriers:

- Social network gaps: lack of connection to resources for both family and community needs
- Media communication: lack of dissemination of information in multiple media channels
- Language: lack of Spanish language in all forms of communication
- Basic needs: lack of access for job opportunities, health issues, insurance, education, financial transactions, and general institutions
- Fear and insecurity: lack of safety and trust
- Relationships: lack of connections between community members and institutions

The **recommendations** from [Resiliencia Para Todos](#) included:

- Provide connection and guidance and attempt to alleviate and or remove the barriers that clients face when accessing services and resources.
- Embrace word of mouth as a trusted source of referral and connection to resources.
- Determine types of collaboration between resource agencies. Professionals must work together and streamline the lines of communication that will allow clients to access resources.
- Provide existing bilingual emergency resources to all community partners currently working with the multicultural organizations.
- Exchange resources with local community organizations that would provide services and resources that general emergency services may not provide, i.e. legal resources for transgender people.
- Create a safe, local, neutral point of resource for consumers to formalize complaints.
- Finance non-profits that focus on outreach and teaching English.
- Financially recruit, reward, and retain cultural brokers in local agencies and communities.
- Implement programming such as biliteracy seal or bilingual pay scales.

Overall Strategies

All metro LPHAs should consider the following **recommendations** when working with priority populations. These **recommendations** are meant to help inform each agency in building a COVID-19 Response and Recovery plan that is specific to their community. It is important that each plan include strategies for four main focus areas: prevention, containment, resource coordination, and public health accountability.

Recommendation:

Build a COVID-19 Response/Recovery Plan Based on Racial Equity

It is **recommended** that metro LPHAs leverage their agency health equity teams and/or county equity teams to build a COVID-19 Response and Recovery plan to decrease disparities. The Government Alliance on Race and Equity provides a free [Racial Equity Tool](#) to support governmental agencies with creating a plan from a racial equity lens. The tool guides agencies through six steps:

1. **Proposal:** What are the desired results and outcomes? Here we would want to include outcomes for each of the four areas of focus: prevention, containment, resource coordination, and public health accountability.
2. **Data:** What local data exist on impacted populations? What do the data tell us?
3. **Community engagement:** How have communities been engaged? Are there opportunities to expand engagement?
4. **Analysis and strategies:** Who will benefit from or be burdened by your proposal? What are your strategies for advancing racial equity or mitigating unintended consequences?
5. **Implementation:** What is your plan for implementation?
6. **Accountability and communication:** How will you ensure accountability, communicate, and evaluate results?

Recommendation:

Identifying Priority Populations

It is highly **recommended** that metro LPHAs use

the data from the following sources to help identify priority populations in their community. It is also **recommended** that metro LPHAs map this data at the community level to inform resource allocation (testing and resource coordination) and identify existing partnerships.

- The [CDC Social Vulnerability Index](#), which is composed of 15 indicators that provide census-tract level data on the resilience of communities when confronted by external stresses on human health, such as pandemics.
- People with high-risk comorbidities in each county, per data supplied by [Center for Improving Value in Health Care](#) or by [CHORDS](#).
- Case and hospitalization data for specific populations (e.g. by race, ethnicity, age, gender)
- [Public health outbreak](#) data or heat map data
- [Colorado Community Inclusion](#) maps, which are designed to enhance public health emergency preparedness and response.
- Incarcerated populations
- Employers, especially those who provide essential services
- Latinx and Spanish-speaking communities
- Local public health contact tracing data
- Federally Qualified Health Centers
- Shelters and common encampment areas

Recommendation:

Promote Prevention Messages

Many priority populations access LPHAs for direct services. Continuation of non-COVID-19 services are critical to ensuring the health and well-being of all populations. As metro LPHAs move out of Safer-At-Home state guidance, the following direct service preventive care should be returned to full operation with modified service delivery to ensure both employee and client safety.

- Routine immunizations
- Syringe access programming
- Testing for HIV and other sexually transmitted infections
- Family planning

- Cancer and cardiovascular screening
- Non-COVID-19 case and outbreak management (e.g. Hepatitis A, food-borne outbreaks, zoonotic exposures, etc.)
- Well-child visits
- Food inspection
- WIC
- Home visitation

People of all ages with [underlying medical conditions that are not well controlled](#) are at higher risk for severe illness and death from COVID-19. Chronic conditions include but are not limited to chronic lung disease including severe asthma, heart disease, diabetes, kidney disease requiring dialysis, advanced HIV disease, and liver disease. It is critical that these individuals are receiving the preventive care that they need as controlling these chronic conditions is vital for reducing the impacts of COVID-19.

It is **recommended** that LPHAs and their health care and community partners serving priority populations work collaboratively to message the importance of:

- Ensuring children do not miss valuable well-child visits, and adults with chronic conditions do not miss provider appointments. Many provider offices are open and ready to safely provide well care, sick care, mental health screenings, immunizations, physicals, and chronic disease management.
- Continuing medications and treatment plans.
- Ensuring individuals have at least a two-week supply of prescription and non-prescription medications.
- Not delaying getting emergency care for an underlying condition because of COVID-19.
- Establishing and calling your health care provider if you have any concerns about your underlying medical conditions or if you get sick and think that you may have COVID-19. If you need emergency help, call 911.

Recommendation:
 Commit to Developing and Implementing Culturally Responsive Media and Communication

All metro LPHAs should follow CDPHE guidelines for a [public health response inclusive of populations with limited English proficiency](#). These guideline help to

connect public health professionals to information and resources that:

- Assure that public health testing events are equitable and inclusive, and results are shared in a manner COVID-19 positive individuals understand.
- Include all populations in disease control measures such as case investigation and contact tracing.
- Represent all populations in data collection, which is used for programmatic and policy development and decision-making.
- Provide unified and consistent educational messaging across a wide variety of community-based organizations.
- Plan to increase budgets for funding language services.

The metro LPHAs will commit to using culturally responsive messages including ethnic media outlets are included in messaging. Key resources include the [multi-lingual CDC print resources](#), the [Washington State Office of Refugee and Immigrant Assistance](#), and the [University of Rochester Medical Center](#) resources for the deaf and hard-of-hearing populations.

Recommendation:
 Leverage Partnerships to Promote Public Health Response

In public health emergencies, many societal conditions contribute to the isolation of people from the resources they need to manage an emergency. [Research](#) tells us that culturally responsive prevention messages delivered by trusted allies is best practice. This approach builds trust between LPHAs and priority populations and will improve public health's reach. Further, building this system will strengthen relationships with the community and build a long-term structure that can be used to address future complex public health challenges such as racism and climate change. Trusted community allies include but are not limited to cultural brokers, Promotoras, health care providers (including those at Federally Qualified Health Centers), faith-based organizations, child care providers, school staff, and people at other community-based organizations.

Leveraging and strengthening partnerships with people who priority populations trust will support LPHA goals to share prevention messages widely, implement targeting testing, and support quarantine



and isolation.

Recommendations to strengthen this work include exploring the following options:

- Promote prevention messages through public health programs, cultural brokers, and community-based organizations. Messages include but are not limited to continuity of preventive service, testing, worker rights, quarantine and isolation, and availability of community resource supports. It is critical to compensate all community brokers who may be performing this work.
- Work with health care partners serving priority populations to promote testing, educate about quarantine and isolation, and refer to resource coordination.
- Strengthen relationships with human service partners to build a stronger system of resource coordination with community-based organizations.
- Leverage existing partners to support LPHA case investigation and contact tracing needs such as helping epidemiology staff connect with impacted individuals who may not be responding to public health calls.
- Consider the creation of a closed system where health care providers serving select priority

populations (such as New Americans or people who are unhoused) conduct case investigation, contact tracing, and resource coordination in coordination and conjunction with their local public health agencies. This type of system allows populations to be served by those whom they trust the most.

Recommendation:
Promoting Equity Approaches During Response Activities

Public health is charged with many aspects of enforcement and regulation. When working with priority populations, it is critical to think about “how” to carry out these responsibilities. For example, long-term care facility residents are at high risk for morbidity and mortality from COVID-19. Many staff working in long-term care facilities are often low-income and may be under-resourced in terms of personal protective equipment or may not be eligible for benefits such as sick leave. These staff might work in multiple long-term care settings. The complexity of the priority long-term care population along with the staff that care for them requires targeted epidemiologic processes and equity-based approaches to reducing COVID-19 transmission in these settings.

When working with priority populations, metro LPHA staff should follow these **recommended** approaches

to work collaboratively rather than punitively.

1. Educate key LPHA staff in health equity and motivational interviewing techniques to help staff strengthen skills in motivating behavior change.
2. Leverage existing health equity leaders, established LPHA health equity committee members, and/or outside equity advocates to develop an internal guidance document on how your agency will support priority populations. This should be embedded in the COVID-19 response and recovery plan. Key components include:
 - a. Establishing guiding values
 - b. Identify shared goals to keep populations safe and healthy
 - c. Understanding power dynamics in work settings and how to advocate for low-income employees (worker rights, testing, temporary paid sick leave)
 - d. Identifying staff and training needs to support priority populations
 - e. Developing a plan on when to include key senior leaders when facing challenging situations such as outbreaks
 - f. Calling out specific actions different programs within the LPHA can take to approach situations with a health equity lens and promote health equity (e.g., environmental health, disease control/epidemiology, nutrition, nursing, etc.).
3. Meet regularly with agencies serving priority populations to discuss public health support with infection control, procuring personal protective equipment, testing, case investigation and contact tracing, and resource coordination. Create an opportunity at every meeting for feedback so agencies serving priority populations can be part of a solution-focused path forward where clients have access to the broadest array of services available and duplicative efforts are avoided.

Recommendation:

Demonstrate Public Health Accountability

Never has our collective work in health equity mattered more. Reducing disparities among priority populations

is a main goal for all LPHAs. By targeting our mitigation efforts and working collaboratively with our community-based organizations, the metro LPHAs have the opportunity to reduce disparities and improve the health for everyone in their community.

Key to our collective success is the need to hold ourselves accountable to those most impacted by COVID-19. Building a recovery and response plan with key community partners demonstrates public health accountability. Additional **recommendations** include:

- **Informing recovery efforts through inclusion of key equity staff:** Each metro LPHA should include its Health Equity Workgroup representative(s) in the response and recovery planning for COVID-19, and if funding allows, the MDPH might consider hiring an equity consultant and compensating cultural brokers in the community to inform the decision-making process.
- **Listening and learning from the community:** Each metro LPHA should create or align with an equity-based community task force to oversee the implementation of prevention, mitigation, and recovery strategies to ensure priority populations are supported within their community. It is important to keep in mind that there may be informal groups that have great community knowledge and influence. These groups play a



valuable role for LPHAs as they increase social capital in the community. As such, they should be included in COVID-19 budgeting and financially compensated for their time and expertise.

- **Hiring with intention:** Public health workforces responding to COVID-19 should mirror the populations most impacted by COVID-19. Metro Denver public health agencies are encouraged to recruit and promote the hiring of a culturally diverse workforce. This includes hiring persons who are proficient in the many languages spoken in our diverse Colorado communities, particularly Spanish. People with multilingual skills should be compensated accordingly, meaning they should be earning more than monolingual English-speaking counterparts. Equitable hiring and retention resources are available from [The Colorado Equity Alliance](#).
- **Training new staff with a cultural responsiveness lens:** The Rocky Mountain Public Health Training Center and the Denver Prevention Center are collaborating on the development of training materials that will ready the workforce needed for a long-term COVID-19 response. [Training curriculum](#) will focus on separate tracks for case investigation, contact tracing, and resource coordination. Each track will include training on cultural responsiveness when working with priority populations. Consider additional agency/county specific trainings that might inform new staff of health equity principles.

Recommendation:

Develop Comprehensive Containment Strategies

Preventing COVID-19 transmission among priority populations requires strategic testing, case investigation, contact tracing, and mitigation, outbreak management, ongoing monitoring, and resource coordination to support individuals in isolation and quarantine.

Testing

The Metro Denver Partnership for Health COVID-19 Testing Workgroup has created a [Community-based Testing Manual](#) that is specifically geared toward reaching priority populations through mobile testing and targeted marketing. The manual outlines various aspects of testing, including identifying populations, communicating testing availability, staffing events, collaborating with partners, acquiring test supplies,

choosing technology, and following up on test results. A flow diagram for this process can be found [here](#). Additionally, a companion document for how community-based organizations can support testing efforts can be found [here](#).

Recommendations include targeted testing for the following priority populations:

- Populations residing in congregate settings, including shelters, long-term care facilities, and correctional facilities
- Medicaid populations, especially those who have not seen a primary care provider in more than a year
- Uninsured populations

Additionally, LPHAs can partner with their community to identify strategies to reach populations identified in this plan. Using these prioritized populations, we developed testing scenarios largely within the current constraints of testing, including the PCR test and limited access to rapid testing. These scenarios are specific applications of the [COVID-19 Test Site Operational Playbook](#). The following scenarios are highlighted in Appendix A, and specific protocols for some of these scenarios are available from the links to the [Library of Community-based Testing Protocols](#). Testing scenarios may include:

- CBO hosted events, e.g., food pantry testing events
- [Homebound individual testing](#)
- [Health care system patient and public drive-up testing](#)
- Congregate shelter testing
- Long-term care facilities testing
- [Essential services and outbreak testing](#)
- Testing people sleeping outdoors
- Sentinel surveillance testing of all individuals accessing care for any reason at clinics whose client bases are predominantly African American or Latino (such as specific Federally Qualified Health Centers)

Monitoring and Surveillance

The MDPH COVID-19 Monitoring and Surveillance Workgroup has identified a [core set of indicators](#) to

watch for surges within the community. Preliminary guidance includes thresholds for monitoring increases in case numbers, symptoms, and hospitalizations, as well as monitoring testing rates and positivity and hospital capacity.

In addition, it is **recommended** that the metro LPHAs continue to monitor disparities among priority populations wherever possible. Many data sources include the ability to understand differences for black, Asian, Native American, and Latinx populations. Ensuring case/contact interviewers are attempting to collect or verify race and ethnicity data when interviewing is an important starting point so that data is available for analysis. Indicators should include the MDPH core set of indicators along with supplemental measures such as case investigation and contact interview completion rates, testing rates, and data on delays in accessing testing and care. These data are key to informing LPHA response activities and demonstrating public health accountability to the community. It will further help to identify municipal hotspots. It is **recommended** that regional data be prepared to account for small sample sizes of minority populations.

Epidemiologic Investigation and Mitigation

A “one size fits all” approach to COVID-19 prevention and mitigation does not work. Priority populations need tailored strategies to prevent outbreaks and address the disproportionate impacts this disease is having on them. Appendix A contains **recommended** strategies for each of the identified priority populations. These strategies are informed by state partners and other providers working with these populations and should be used to build a response and recovery plan with community partners.

It is highly **recommended** that LPHAs develop a surge plan that prioritizes case investigation and contact tracing among priority populations. A surge plan based on a tiered system will allow for priority populations to be addressed early. Tier 1 cases are to be contacted and provided isolation guidance within 24 hours of results, and contacts are notified within 48 hours of case investigation. Tier 2 cases are contacted within 72 hours, and tier 3 with one week.

General Outbreak Management

As with most outbreaks in Colorado, LPHAs lead the response to outbreaks when the facility or place of exposure is in their jurisdiction. CDPHE leads multi-

jurisdictional outbreaks and outbreaks in state facilities (such as Department of Corrections or state Veteran Affairs residential facilities).

CDPHE supports LPHA outbreak investigations with:

- Technical assistance
- Guidance for prevention, reporting, and response to outbreaks
- Virtual and in-person site visits, upon request
- Expertise and guidance in:
 - Health care associated infections
 - Residential facilities
 - Occupational health and industrial hygiene
 - Manufacturing/agriculture
 - Corrections
 - Mobile and migrant populations

CDPHE is responsible for maintaining statewide outbreak data and transmitting it to the CDC (de-identified), as requested. CDPHE guidance documents for outbreaks can be found on the [CDPHE COVID-19 resources](#) page. This includes access to the [COVID-19 Outbreak Report form](#) and the [line list template](#). For more information on outbreaks, contact Rachel Jervis at rachel.jervis@state.co.us

Strengthen Systems of Resource Coordination

Providing support to individuals in isolation and quarantine is one of the key elements of a COVID-19 suppression and containment strategy. Community-based Resource Coordinators will serve as valuable assets working closely with case investigators and contact tracers to identify individuals and families in isolation and quarantine and proactively reach out to ensure that basic needs such as food, medications, and other needs are met so individuals can isolate/quarantine successfully. Resource Coordinators are a unique part of the public health response to COVID-19. Each local public health agency will determine the best way to support Resource Coordinators and ensure that they have deep knowledge of the resources in the community and have an understanding of and trust with unique and priority populations. In some cases, local public health agencies may make an arrangement with a community-based organization that works directly with specific populations to perform the Resource Coordinator function.

Appendix

Community Mitigation Strategies for Priority Populations

Community Mitigation Strategies for People Who Are Unhoused

Identifying Priority Population

Colorado Department of Public Health and Environment

- CDPHE to establish a point of contact dedicated to supporting people who are unhoused.
- CDPHE will share data on unhoused populations with LPHAs and partners (data sources include CoHID, CACFP (Child and Adult Food Program), or other sources).

Local Public Health Agencies

- Establish at least one agency point of contact who is familiar with the [CDC Homelessness and COVID-19 FAQs](#).
- Identify and map specific locations in each jurisdiction where unhoused populations congregate in shelters or encampments, and where services are provided.

Other Providers

- Shelters providers and other community-based organizations (food, clothing, case management programs) can provide qualitative data about the current state, barriers, motivators, and vulnerabilities of their clients.

Identifying Key Partners

Colorado Department of Public Health and Environment

- CDPHE will consult regularly with CACFP and the Division of Housing at the Department of Local Affairs to identify state priorities for unhoused individuals.

Local Public Health Agencies

- Establish a point of contact at the LPHA to guide shelter/encampment response. Include community organizations or align with lead agencies that can support a long-term response.
- Schedule regular communication (meetings or email updates) and include partners from food banks and other programs that serve unhoused populations.

Other Providers

- Participate in regular meetings and maintain connection with LPHA points of contact.

Community Mitigation Strategies for People Who Are Unhoused

Mitigation Strategies (testing, case investigation, and data surveillance)

Colorado Department of Public Health and Environment

- CDPHE will regularly share guidance and updates with LPHAs.
- [Guidance for non-healthcare employers](#) (includes testing guidance)
- [Department of Local Affairs Homepage for Homelessness Resources](#)
- [CDC Interim Guidance on Unsheltered Homelessness](#)
- CDPHE will provide technical and [testing supplies support](#) for LPHAs.
- Ensure that the new case/contact investigation technology collects information on housing status to ensure this information is systematically gathered and tracked to identify disparities and target resources.
- CDPHE will collect and analyze data and provide LPHAs quarterly updates on unhoused individuals.

Local Public Health Agencies

- Share CDPHE guidance and local policies (e.g. masking) and provide technical support to these facilities with infection control procedures and disinfection, participant health monitoring (temperature and symptom checks), and isolation of symptomatic individuals.
- Support partner connection to testing supports and personal protective equipment.
- Analyze housing status data on new cases to detect outbreaks and clusters among homeless populations.
- Use data to identify and control outbreaks with partners.
- Leverage community systems to get resources to impacted individuals.

Other Providers

- Review and develop a COVID-19 response plan using the [CDC Interim Guide for Homeless Service Providers](#) Include a Continuity of Operations Plan in the event of facility outbreaks.
- Work with LPHA point of contact to identify isolation of sick individuals and resource supports.
- Contact LPHA point of contact with any outbreak information.

Community Mitigation Strategies for People who are Detained or Incarcerated (including jails, prisons, and detention facilities)

Identifying Priority Population

Colorado Department of Public Health and Environment

- CDPHE works closely with the state Department of Corrections around cases that occur in state facilities (or facilities that operate via a contract with the state).
- CDPHE works with federal partners (CDC and the Bureau of Prisons) when cases occur at federal correctional facilities in Colorado.
- CDPHE works to ensure each LPHA is aware when there is a case in the facility (staff member or resident of the facility).
- New case investigation technology will provide the opportunity to flag correctional facility residence. CDPHE and the Department of Corrections are putting together a data group and may be able to share information in the future.

Local Public Health Agencies

- Establish LPHA point of contact to build a relationship with each correctional site in their jurisdiction, including community-based corrections sites (transitional housing) and youth facilities. LPHAs are typically the lead agency for disease control situations that occur in city/county jails.
- Work with CDPHE to establish a relationship with state and federal facilities to offer support and technical assistance (CDPHE typically takes the lead in during investigations in these settings; however, it is important for LPHAs to be aware of these facilities as facility staff often live in the LPHA jurisdiction and staff/residents often seek health care in the LPHA jurisdiction).

Other Providers

- Ensure that the health employees in correctional facilities are connected to LPHA regional epidemiologists by phone, cell, and email.
- The Colorado Division of Criminal Justice has data on county jail populations. Community Corrections Boards in each jurisdiction can support LPHA staff identify community corrections sites.

Identifying Key Partners

Colorado Department of Public Health and Environment

- CDPHE maintains a strong relationship with the Department of Corrections throughout the COVID-19 response. Juli Bettridge (juli.bettridge@state.co.us) is the main point of contact at CDPHE for prisons.

Local Public Health Agencies

- Provide technical infection control, testing, and case management guidance and support to correctional site staff.
- Coordinate contact tracing for inmates testing positive.

Other Providers

- Key health care providers for jail inmates, including: Denver Health Correctional Care, Correctional Healthcare Services (a corporation that provides health care in multiple Colorado jails), medical units in individual counties.

Community Mitigation Strategies for People who are Detained or Incarcerated (including jails, prisons, and detention facilities)

Mitigation Strategies (testing, case investigation, and data surveillance)

Colorado Department of Public Health and Environment

- [CDC Guidance for Correctional Facilities](#) (personal protective equipment, isolation, and cohort approaches).
- Develop a testing strategy guidance for LPHAs for inmates and for employees to strengthen awareness and ensure the lab is using a FDA approved test and is reporting to CDPHE.
- Ensure that information on inmates is systematically gathered and tracked.
- Share lessons learned from other jurisdictions to help inform decision-making.
- Provide LPHA and correctional facility staff with technical assistance (infection control guidance, cohorting).

Local Public Health Agencies

- Testing: LPHA will promote testing and ensure facilities have testing supplies and personal protective equipment. It is important to ensure testing is done with no loss to follow-up when inmates leave facilities.
- Epi investigation: Support correctional facilities to plan and respond to positive cases. For example, supporting the facilities in coming up with a plan for cohorting and disinfection. Call on CDPHE as needed to help support testing and mitigation implementation.
- Monitoring: Analyze inmate data on new cases to detect outbreaks and clusters among jail and community corrections populations. Identify hot spots in other jails and ensure that the correctional facility is aware of potential exposures due to transfers.
- Communicate any changes and new information as it comes out.
- Provide insight and quality improvements back to CDPHE on how improve guidance.

Other Providers

- Consult with jails and community corrections sites regarding continuity of operations plans in the event of outbreaks in their facilities.
- Jails and community corrections are performing daily symptom monitoring for inmates and staff and referral to COVID-19 isolation as needed.

Community Mitigation Strategies for New Americans (Immigrants, Refugees, and the Undocumented)

Identifying Priority Population

Colorado Department of Public Health and Environment

- CDPHE Refugee Surveillance Unit will integrate into COVID-19 response
- The CDPHE Refugee Surveillance Unit maintains data on the arrivals to the state (county residence). Data analysis will be shared with regional epidemiologists to understand the number of refugees in each county. Communication opportunities include the weekly CDPHE/LPHA COVID-19 calls.

Local Public Health Agencies

- Work with CDPHE to identify refugee populations in local communities. Data will not be shared publicly and will be used to inform COVID-19 response strategies.
- Due to concerns around stigma, regional epidemiologists in LPHAs will serve as the point of contact regarding New American data.
- Identify employers in the jurisdiction where New Americans tend to work (this may aid in detecting outbreaks as well as reaching this population).
- Review additional details in the [CDC “COVID-19 in Newly Resettled Refugee Populations”](#) document.

Other Providers

- Utilize key partners (see below) to identify subsets of immigrants/refugees at highest risk.
- Review additional details in the [CDC “COVID-19 in Newly Resettled Refugee Populations”](#) document.

Identifying Key Partners

Colorado Department of Public Health and Environment

- CDPHE Refugee Surveillance Unit point of contact is Lori Kennedy (lori.kennedy@state.co.us)
- Consult Refugee Health Program at CDHS for potential additional partners. Point of contact is Carol Tumaylle (carol.tumaylle@state.co.us)

Local Public Health Agencies

- Identify direct service county programs (home visitation, WIC, immunizations, TB) and key providers of services for immigrants and refugees within the jurisdiction.
- Participate in quarterly meetings to better coordinate with CDPHE efforts.
- Strengthen/establish connections with health care providers with established relationships with New Americans.
- Ensure resource coordinators have COVID-19 prevention materials for New Americans.

Other Providers

- Enlist health care providers as COVID-19 testing sites (e.g. STRIDE, Denver Health Refugee Clinic, Salud Family Health, Clinica Colorado, Peoples Clinic, Clinica Tepeyac, Inner City Health Center, Peak Vista, Sunrise, Ardas, CAHEP).
- Enlist non-health care providers as informational/outreach partners (e.g. Casa de Paz, Village Exchange Center, Rocky Mountain Welcome Center, Aurora Welcome Center, ECDC African Community Center, Amistad, [CDHS Refugee Services](#), worksites that employ high numbers of New Americans, English as a Second Language learning sites, places of worship).

Other Providers
(continued)

- Utilize the multi-lingual materials (presented above) to promote prevention messages (print materials and videos) to complement patient education rather than as a stand-alone approach.
- Discuss with LPHAs the opportunity to align and leverage epi investigations and resource coordination to include creating closed systems with trusted providers and partners.

Mitigation Strategies (testing, case investigation, and data surveillance)

Colorado Department of Public Health and Environment

- CDPHE is monitoring data in CEDRS and hearing about concerns from the New American community, and the work of this unit is being integrated into the COVID-19 Communicable Disease response.
- CDPHE will monitor data to identify areas for testing (and cultural and language considerations) and informing locals about the need for testing in specific communities.
- CDPHE will monitor case investigation completion to ensure investigations and contact tracing are being conducted uniformly and equitably (language services).
- CDPHE is working on procuring new case investigation technology and is working toward integration with existing systems, to include language, which should include the ability to better support LPHAs working with New Americans.
- CDPHE is developing guidance for population-specific interpreter navigation services as well as resource coordination. Ensure training specific to resource coordination for this community.
- CDPHE should consider building out a team home-visiting model.

Local Public Health Agencies

- Ensure all LPHA COVID-19 response staff have undergone health equity training and have stigma awareness. Ensure all LPHA staff are aware of interpreter resources. Consider replicating the peer navigation model run by Jefferson County Public Health. Contact Margaret Huffman for more information (mhuffman@co.jefferson.co.us)
- Provide technical information such as free testing locations, exemption from public charge, infection control guidance, and policy changes to support partners.
- Conduct case investigation and contact tracing with cultural sensitivity and reach out to CDPHE whenever a COVID-19-related issue is identified among New Americans, including outbreaks. LPHA should set up a [Community Infectious Disease Emergency Response](#) (CIDER) team among key partners to increase situational awareness and come up with an outbreak plan.

Other Providers

- Set up testing.
- Identify appropriate communication strategies for getting people to testing. Address fear of loss of job if COVID-19+.
- Strengthen patient navigation services between service providers and LPHAs to ensure alignment. Leverage trusted peers such as patient navigators.
- Business partners will share information in varying languages, and materials will be accessible to the community.
- Health care providers such as FQHCs will actively participate on the CIDER team to inform LPHA response, resource coordination and case management, and outbreak response. Support LPHA case investigation and contact tracing or consider creating a closed system to support community response.

Community Mitigation Strategies for the Medically Vulnerable (people over age 60, isolated seniors, individuals with intellectual and physical disabilities requiring support with activities of daily living, individuals with chronic conditions and immunocompromised health status, and individuals with complex behavioral health needs)

Identifying Priority Population

Colorado Department of Public Health and Environment

- CDPHE CHED maintains data on social determinants and has used census data and CHORDS chronic disease data to map out age and chronic disease risk by census tract. This includes analyzing data on Symptom Tracker.
- People with high-risk comorbidities in each county is available at [Center for Improving Value in Health Care](#).
- CDPHE maintains a weekly update of [public health outbreak data](#) or heat map data.

Local Public Health Agencies

- Review data to identify areas with high concentrations of medically vulnerable populations.

Other Providers

- Identify community-based or governmental organizations that work with the chronic conditions related to COVID-19 (e.g., American Lung Assn, American Heart Assn, American Diabetes Assn, FQHCs) and identify local efforts around COVID-19.

Identifying Key Partners

Colorado Department of Public Health and Environment

- CDPHE is working on identifying areas and promoting sites for community testing (e.g. FQHCs)
- CDPHE website and 211 have partnered to help community members find testing sites.
- CDPHE will provide data on every licensed health care facility and note facilities that provide COVID-19 testing for each LPHA.

Local Public Health Agencies

- Use data on medically vulnerable populations to inform community-based testing.
- Identify health care providers with the highest potential to serve as COVID-19 testing sites, sentinel surveillance sites, treatment referral sites, and direct treatment sites.
- Identify community-based organizations serving medical priority populations and promote prevention and testing. Examples include: Regional Accountable Entities, Area Agencies on Aging, Community Center Boards and Single Entry Points (e.g. Imagine).

Other Providers

- Commit to distributing prevention and testing materials. Establish a plan to support individuals with case management.
- Report COVID-19 related issues or concerns to LPHA.

Community Mitigation Strategies for the Medically Vulnerable (people over age 60, isolated seniors, individuals with intellectual and physical disabilities requiring support with activities of daily living, individuals with chronic conditions and immunocompromised health status, and individuals with complex behavioral health needs)

Mitigation Strategies (testing, case investigation, and data surveillance)

Colorado Department of Public Health and Environment

- CDPHE to look at the existing data using chart abstraction to better understand co-morbidities and risk (CDC publishing MMWR on this topic).
- New case investigation technology will enable us to look at the highest risk populations more closely as this data will be collected. Ensure that information on medical vulnerability is systematically gathered and tracked.
- CDPHE to provide guidance on chronic disease management and seeking health care (don't tough it out at home). CDPHE works on messaging that engaging with health care providers is safe. This includes a campaign to urge people to get tested and call providers when they have symptoms.
- CDPHE considers doing secondary data analysis at the population level to determine risk for disease outcomes by comorbidity and social exposure (job type, home). This could potentially lead to the development of a self-risk analysis for COVID-19.

Local Public Health Agencies

- Use census data to identify areas of high risk to determine areas for testing. Share this information with community partners to ensure access to information and decision-making.
- Map out COVID-19 overall testing prevalence to identify opportunities for conducting community-based testing. Include hospitalization, cluster, and outbreak data.
- Support community-based testing of medically vulnerable populations and ensure community-based organizations have access to infection control guidance, testing supplies, and personal protective equipment.
- During case investigation and contact tracing, provide education on how to support individuals seeking culturally responsive care providers, access to community resources, and the safety of seeking health care (such as keeping routine appointments).
- Joint Information Center will promote CDPHE prevention messages in local communities and among partners.

Other Providers

- Develop continuity of operations plans in the event of outbreaks in facilities/ organizations supporting medically priority populations.
- Contact LPHA and/or CDPHE for outbreak support and guidance.
- Continue to support non-COVID-19 related preventive services and promote chronic disease management such as diabetes self-management.
- Health care providers will develop a plan to identify who should go into the office for health care services and who can continue doing telehealth visits. Promote safety when visiting clinics and health care facilities. For those with COVID-19, encourage remote patient monitoring, such as a home telehealth monitoring tool and a self-assessment risk tool and guidance on when to seek care.

Community Mitigation Strategies for People Residing in Long-Term Care, Assisted Living Facilities, and Supportive Living Environments Such as Group Homes

Identifying Priority Population

Colorado Department of Public Health and Environment

- CDPHE Health Facilities Division (HFD) holds the information for all facilities in Colorado. HFD serves as the regulatory arm of the Centers for Medicare and Medicaid Services (CMS) for facilities receiving Medicaid and Medicare funding. CMS surveyors are employed by HFD and conduct compliance visits for CMS and state regulations. The COVID-19 response has shifted state surveyors toward focusing on LTCF infection prevention, and surveyors have conducted compliance checks with all nursing homes and are now doing assisted living facilities.
- CDPHE will routinely provide the following data on every licensed LTC facility in each LPHA jurisdiction: findings from the CMS observational studies, testing status and prevalence for each facility, results of required infection control self-assessments, and outbreaks. This LPHA facility-specific data will be shared with regional epidemiologists in full confidentiality to inform LPHA prevention and testing strategies.
- CDPHE will ensure that information on residency in LTCF is systematically gathered and tracked.

Local Public Health Agencies

- Use the data from CDPHE to guide LTCF-specific prevention and testing efforts. Consider assigning a risk score for each LTC facility in each jurisdiction, based on cumulative COVID-19 data, COVID-19 Prevention and Response Plan, and any other known factors (such as acuity of clients, past issues with infection control, etc.). Conduct regular visits/check ins for facilities deemed “highest risk.”
- Identify specific LTC facilities with exemplary COVID-19 infection control practices to act as consultants and peer mentors.

Other Providers

- Colorado Health Care Association and Center for Assisted Living and Board of Examiners of Nursing Home Administrators provide data and consultation to CDPHE and LPHAs.
- LTCF infection control staff participate on weekly calls with LPHAs.

Identifying Key Partners

Colorado Department of Public Health and Environment

- CDPHE Health Facilities Division point of contact is Margaret Mohan (margaret.mohan@state.co.us) or Jo Tansey (jo.tansey@state.co.us)
- CDPHE is building a COVID-19 specific Healthcare Associated Infection COVID-19 response. This group is located within the CDPHE Disease Control and Public Health Response Division. Point of contact is April Burdorf (april.burdorf@state.co.us)
- CDPHE weekly call with LTCF Medical Directors coordinated by Chris Czaja (christopher.czaja@state.co.us)
- LTCF Strike Force members consist of CDPHE, DORA, and industry partners. Currently there are no LPHA representatives. CDPHE is encouraged to include LPHA representatives from urban and rural communities. Point of contact is Maren Moorehead (maren.moorehead@state.co.us).

Community Mitigation Strategies for People Residing in Long-Term Care, Assisted Living Facilities, and Supportive Living Environments Such as Group Homes

Identifying Key Partners (continued)

Local Public Health Agencies

- Schedule weekly calls and create an environment to support LTCF. Ensure staff working with LTCFs are trained in health equity principles and practices and motivational interviewing.

Other Providers

- LPHAs consult with LTCF facilities regarding their COVID-19 Prevention and Response Plan.

Mitigation Strategies (testing, case investigation, and data surveillance)

Colorado Department of Public Health and Environment

- CDPHE will update LTCF infection control, testing, cohorting, isolation, and case investigation guidance as well as guidance for specific LTCF sub-populations (e.g. memory care).
- CDPHE will support expanded testing of staff and provide personal protective equipment and human resource support. CDPHE will ensure recommendations are aligned with CDC guidance.
- CDPHE will provide technical support and consultation for LPHAs and LTCFs as needed.
- CDPHE will inform LTCFs and LPHAs about public health orders and executive orders.
- CDPHE has set up alternative care sites (The Ranch, St. Anthony's North, Convention Center) where a portion of empty beds will be designated for individuals who reside in LTCFs.

Local Public Health Agencies

- Analyze COVID-19 testing and treatment data on new cases to detect outbreaks and clusters among residents and staff of LTC facilities.
- LPHA regional epis will request more resources on behalf of LTCFs (personal protective equipment, tests, and additional workforce needs for collecting specimens).
- LTCFs will work with epi teams at LPHAs on:
 - Prevention — Support with infection control guidance and testing and PPE
 - Response — Testing support, personal protective equipment, clusters and outbreak follow-up
 - Regulation Enforcement — Supporting state and federal requirements
 - Policy Change — Supporting LTCFs with implementing the tiered system for opening in gradual stages (CMS recommendations for reopening nursing homes).

Community Mitigation Strategies for Colorado Tribes and Tribal Organizations (including Coloradans from all tribes)

Identifying Priority Population

Colorado Department of Public Health and Environment

- CDPHE CHED database includes county level data on Native American (American Indian and Alaska Natives) population county of residence.
- CDPHE will share data about other health conditions that Native Americans experience at high rates that could increase risk for COVID-19 or impact an individual that may be infected.
- CDPHE will provide testing rates and prevalence of COVID-19+ cases for Native American populations for the Denver Metro area and if possible by county of residence.

Local Public Health Agencies

- Analyze data to identify areas of concern regarding COVID-19 and other comorbidities and identify key community health care providers and community partners working on other prevention concerns and opportunities.
- New technology systems for case/contact investigation will include demographic information and should be used to assess case investigation completion rates.

Other Providers

- Reach out to LPHAs to share the experiences of the community, identify needs and opportunities.

Identifying Key Partners

Colorado Department of Public Health and Environment

- CDPHE employs a Tribal Liaison – Rachel Bryan-Auker (rachel.bryan-auker@state.co.us)
- Lt. Governor's Office – Colorado Commission of Indian Affairs point of contact is Morgan Ferris (morgan.ferris@state.co.us).

Local Public Health Agencies

- LPHA regional epis are the main LPHA point of contact, especially in the southwest part of the state where regular public health collaborations with the Southern Ute and Ute Mountain Ute Tribes occur.

Other Providers

- Denver Indian Health and Family Services, Denver Indian Center, Denver Indian Family Resource Center, Colorado Coalition for the Homeless, Four Winds, Southern Ute and Ute Mountain Ute Tribes (southwest Colorado)

Community Mitigation Strategies for Colorado Tribes and Tribal Organizations (including Coloradans from all tribes)

Mitigation Strategies (testing, case investigation, and data surveillance)

Colorado Department of Public Health and Environment

- CDPHE will work with key partners to ensure testing is available in locations that serve Native American populations in the Denver Metro region and Colorado.
- CDPHE will develop and disseminate culturally responsive messaging and prevention strategies related to testing availability, access to care, and chronic disease self-management.

Local Public Health Agencies

- Establish a relationship with providers in the jurisdiction to support testing, resource coordination, monitoring and data surveillance strategies.
- Establish a relationship with tribal leadership, as needed.
- Share data about other health conditions that American Indians and Alaska Natives experience at high rates that could increase risk for COVID-19 or impact an individual that may be infected. Provide culturally responsive messaging and strategies.

Other Providers

- Connect and support LPHAs with culturally appropriate locations and approaches for testing, monitoring and surveillance.
- Work collaboratively with LPHAs to address other public health and prevention needs and delivery culturally responsive messaging and strategies

Community Mitigation Strategies for People Who Work in Essential Industries – Who May Have Dangerous Job Conditions and Low Wages and Lack Adequate Protections and Supports Such as Personal Protective Equipment and Sick Leave

Identifying Priority Population

Colorado Department of Public Health and Environment

- CDPHE will share outbreak data at the setting level to show which workplace settings are affected by COVID-19 outbreaks.

Local Public Health Agencies

- Monitor occupation data in CEDRS for reported cases and contacts to detect trends.

Identifying Key Partners

Colorado Department of Public Health and Environment

- Set up an Industry/Infection Prevention team (lead is April.Burdorf@state.co.us) to provide consultation to a variety of settings/industry types; the team includes experts in infection prevention, occupational health, agriculture, and industrial hygiene.

Local Public Health Agencies

- Connect and establish relationships with industry groups, business organizations, unions, and firms in the jurisdiction (especially those that tend to have outbreaks) to provide information on COVID-19 prevention and response.

Other Providers

- Unions (representing essential workers) were critical in (1) advocating for PPE (2) implementing social distancing measures and (3) enforcing infection control protocols in meat-processing plants and grocery stores.

Community Mitigation Strategies for People Who Work in Essential Industries – Who May Have Dangerous Job Conditions and Low Wages and Lack Adequate Protections and Supports Such as Personal Protective Equipment and Sick Leave

Mitigation Strategies (testing, case investigation, and data surveillance)

Colorado Department of Public Health and Environment

- Work with the Industry/Infection Prevention team to develop a testing strategy when outbreaks or suspected outbreaks occur at workplace settings.
- CDPHE is monitoring occupation data in CEDRS to detect trends and possible locations for interventions.
- Industry/Infection Prevention team can review industry COVID-19 prevention and response documents, as well as reviewing re-opening plans for businesses that have closed due to an outbreak.

Local Public Health Agencies

- LPHAs may partner with organizations such as Gary Community Investments to implement testing protocols in employment settings. They include testing supplies and follow-up support for patients and employers.
- LPHAs may also support employers directly in coordinating staff testing.
- Colorado Help Emergency Leave with Pay (CO HELP) rules apply to all Coloradans, including those without documentation. The rule temporarily requires employers in certain industries to provide paid sick leave to employees with flu-like symptoms who are being tested for COVID-19.
- In addition, the passage of the Families First Coronavirus Response Act provides paid family medical leave and paid sick leave for some employees directly impacted by the COVID-19 pandemic. The coverage of workers depends mostly on the employer type, not the immigration status of the employee. The U.S. Department of Labor has additional information, including in Spanish, for both workers and employers and posters in multiple languages regarding employee rights.

Other Providers

- Clinics and other organizations serving priority populations are promoting daily symptom monitoring and referral to COVID-19 isolation as needed for those with high risk jobs.
- Discuss policy decision regarding right to refuse service for not wearing a mask.

Community Mitigation Strategies for Young Children and Families With Young Children

Identifying Priority Population

Colorado Department of Public Health and Environment

- The Colorado Office of Early Childhood (OEC) has asked all child care providers to register their operational status on the Colorado Shines [website](#).
- CDPHE and OEC should work together to align information about currently operating child care centers and data about positive tests for staff and children.

Local Public Health Agencies

- LPHAs should work with OEC to get an update on open and operating child care centers in their jurisdiction.
- LPHAs can also check the [emergency early childhood collaborative](#) for information about operating emergency child care centers in their jurisdiction and signing up for CCCAP.
- LPHAs should update availability information to ensure parents know where to find child care.

Other Providers

- County Human Services Agencies that administer CCCAP and local [Early Childhood Councils](#) should work with LPHAs to identify open child care centers.

Identifying Key Partners

Colorado Department of Public Health and Environment

- CDPHE is attempting to find funding to hire two school/child care health consultants to inform COVID-19 response efforts and serve as a resource for LPHAs working with these entities.

Local Public Health Agencies

- LPHAs should identify one or two LPHA early childhood point(s) of contact as well as points of contact in human service departments.
- LPHAs should meet weekly with early childhood partners to discuss child care needs, parent support needs, and summer camps.

Other Providers

- Early childhood care providers, Early Childhood Councils, school districts, Family Resource Centers, Nurse Home Visiting Programs, parent support programs

Community Mitigation Strategies for Young Children and Families With Young Children

Mitigation Strategies (testing, case investigation, and data surveillance)

Colorado Department of Public Health and Environment

- CDPHE and CDHS will provide data on testing for young children and families and testing for workers at child care and school facilities.
- [The Office of Early Childhood](#) provides guidance to families with young children, care centers, and summer day camps about mitigation and prevention.

Local Public Health Agencies

- Ensure prevention (cohorting and disinfection), testing, monitoring, and data surveillance strategies are shared with providers.
- Provide guidance to families with young children, care centers, and summer day camps about mitigation and prevention.
- LPHA to identify facility resource needs and procure from CDPHE if needed (personal protective equipment, disinfectants, etc).
- LPHA to support early childhood partners with navigating policy changes (e.g. mask order) and implementation strategies.

Other Providers

- Connect regularly with LPHA liaison and other locally based early childhood resources.
- Host testing sites for families with young children and caregivers.
- Coordinate resource needs through LPHA.

On the Cover

Artwork by London-based designer Deana Tsang, a contributor to the United Nations COVID-19 Response Creative Content Hub



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