Eight ways to reduce the pandemic's outsize impact on people of color

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In recent weeks, there has been increased recognition of the profound health disparities unmasked by covid-19. A new Brookings Institution report finds that in some age groups, death rates for African Americans and Hispanic Americans are as much as six times higher than for white people. Policymakers are rightly discussing the complexity of the overlapping crises of racism and covid-19, but we don't have time to wait.

Here are eight concrete steps we can take now to reduce the disproportionate impact of the pandemic on people of color:

Target testing to minority communities. We know testing is crucial. Given existing barriers that minorities face in accessing health care, testing must be available without a doctor's prescription and be free of charge. Drive-through testing benefits those who have cars; walk-in sites must also be available. Local officials should map where vulnerable people are and provide testing there, including in churches, senior centers and public housing.

Track demographic information to ensure equitable resource allocation. Enough testing should be done that the positives come in below 5 percent. Let's say the positive rate in a town is 5 percent, but among African Americans it's 20 percent. This should spur an urgent effort to specifically reach more African Americans. Such real-time tracking is important because a community that disproportionately suffers the impact of covid-19 should have a higher share of resources directed to it.

Hire contract tracers from minority communities. Key to an effective public health response is deployment of a "credible messenger" to find and interview people who may have been exposed to infection. This trusted person should come from the community, with a shared culture and language. Hiring minority contact tracers also would help to reduce the employment disparity, since minorities have shouldered disproportionate economic fallout from covid-19.

Provide free facilities for isolation and quarantine. Someone who has covid-19 needs to self-isolate for 14 days. What do you do if you live in crowded, multigenerational housing and cannot afford to stop working? One proposal to address this is to convert unused hotels and dormitories into voluntary isolation facilities. Wages can be replaced with a small sum, similar to what is done for jury duty.

Increase health insurance coverage. More than 45 million people have lost their jobs during the pandemic, and with those jobs, many of them lost health insurance. That's on top of 27 million who were previously uninsured. Lack of insurance leads to a delay in treating underlying medical problems, which increases the likelihood of severe illness and death from covid-19. Since minorities constitute a higher percentage of the uninsured, increasing coverage will prevent further amplification of disparities. States can do this through expanding Medicaid and allowing open enrollment in exchanges.

Institute stronger worker protections. Some of the worst outbreaks have been in nursing homes and meatpacking plants that have high proportions of minority workers. Infected employees then bring back the disease to their family members and communities. To better protect workers and the public, the Centers for Disease Control and Prevention should issue stronger, more directive guidelines for employers. Masks shouldn't just be worn "if feasible" — they should be required. Employees shouldn't just be "encouraged" to practice social distancing — I want to see a checklist of specific workplace requirements. And rules must be enforced by federal, state and local regulators.

Prepare for the next surge. There was no excuse for running out of masks and other personal protective equipment (PPE) for health-care workers back in March. There's even less of an excuse moving forward. And this time PPE should not only be available to doctors and nurses: Why shouldn't grocery-store cashiers, bus

drivers and nursing home attendants — who are disproportionately people of color — have protection, too? There must also be a framework in place for equitable distribution of treatments and vaccines, should they become available. Lack of preparation will affect everyone, but in particular minority communities.

Fund local public health. Many local health departments serve as the safety net for low-income individuals. Over the past decade, annual CDC funding for public health preparedness has been cut by more than a third, forcing local officials to make impossible trade-offs between critical programs. Covid-19 is adding to the enormous strain on these agencies. It makes no sense that responding to the pandemic should come at the expense of preventing, say, cardiovascular disease — especially as chronic underlying conditions are risk factors for covid-19. Congress must allocate additional funding to local health departments in proportion to their need.

To some, the steps outlined here will seem too small in scope. I agree that there must be attention to longer-term issues like housing instability, income inequality and structural racism that are inextricably linked to health disparities. But the covid-19 pandemic is the life-or-death threat facing communities of color right now. The perfect cannot be the enemy of the good when there are specific actions that policymakers can take that will reduce disparities in covid-19 outcomes and, in so doing, improve health for all.