



Pandemic Resurgence Advisory Committee

Detailed Subcommittee Recommendations

September 30, 2020



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1 Establish a mechanism to better incorporate the expertise and experience of relevant healthcare subsectors into the Division of Public Health's decision making and improve the coordination and communication between the Division of Public Health and those subsectors

Sub-recommendation

Existing efforts

Recommendation details

1.1 Convene a small working group of healthcare operators from relevant subsectors (e.g., community providers, health systems, and long term care) and provide means for two-way communication with the Delaware Division of Public Health to inform health related decision making

The Pandemic Resurgence Advisory Committee (PRAC) included three subcommittees for health, business, and equity, with broad representation from key stakeholders that represent Delawareans impacted by COVID

- Include representation from following groups included:
 - State (Health and Social Services, regulators)
 - Healthcare operators, including community providers, health systems, and long term care
 - Clinicians (physician and nursing leaders)
- Maintain small enough size for productive, quick collaboration
- Establish processes for a real-time feedback loop with DPH to facilitate generation of rapid, actionable advice
- Working group to make actionable recommendations to be submitted to Department of Public Health (DPH) regarding the State's approach to:
 - Testing and contact tracing plan
 - High-level mandates for healthcare facility readiness
 - Health directives for public and businesses
 - Coordination of state and local response

1.2 Establish a larger advisory body with membership similar to the PRAC health and equity subcommittees to represent relevant subsectors and communities across Delaware

The PRAC has been focused on preparing for a resurgence, allowing discussions and planning to be specific and actionable

- Establish roles, responsibilities, and areas of focus for each advisory body member to facilitate rapid advice in the event of a resurgence
- Include equity leaders within membership of advisory body
- Create channels for representatives to gather feedback from sectors they represent (e.g., a hotline), especially for small and rural entities
- Foster shared accountability to gather feedback from and disseminate information to respective subsectors and communities

2 Further develop Delaware’s approach to monitoring the disease, communicating its status, and informing the State’s response

Sub-recommendation

Existing efforts

Recommendation details

2.1 Clarify the shortlist of metrics, and consider using goals or thresholds to monitor and report the status of COVID-19 in Delaware

My Healthy Community site tracks extensive, continually updated metrics related to COVID including rates of testing, cases, and deaths over time

- Agree on key metrics to measure and inform response across geographies, ethnicities, age groups, industries, and congregate settings, which may include:
 - New cases
 - New hospitalizations
 - Number of tests performed
 - % of positive tests
 - % ICU bed occupancy
 - Days of personal protective equipment (“PPE”) stock
 - % of successful contacts traced

2.2 Build on current dashboard to more clearly communicate status of COVID-19 to health, business, community, and education stakeholders, and Delawareans overall

My Health Community provides a public view into COVID-19 status in Delaware, and the State has been holding periodic briefings to inform the public, along with ongoing communication efforts across departments

- Agree on how to define and communicate the status of the disease to help plan response based on disease state, favoring consistency with CDC and other federal communication tools, when possible. Examples include:
 - Defining types of “resurgence”: localized outbreak, slow statewide increase, county/state rapid rise, and neighboring outbreak
 - Ways to communicate disease status: Red-yellow-green color system, numeric scale, aggregated dashboard

2.3 Link the metrics and the dashboard to actions the State will take as the COVID-19 status changes

State actions to date have been based on data and focused on reducing disease transmission and burden in Delaware

- Outline how changes status (based on metrics informs the State response, for example:
 - Localized outbreak → trigger DPH investigation to identify key issue
 - Neighboring outbreak → enact targeted travel restrictions or closures
 - Red status for % positive → increase testing sites in identified areas with high percentages

3 Build on Delaware's existing communications plan and tailor messaging/communication channels to the needs and expectations of Delaware's diverse population

Sub-recommendation

Existing efforts

Recommendation details

3.1 Provide ongoing education on COVID-19 transmission risk, including the impact on short-term and long-term health

Healthy Communities Delaware has continued their ongoing work to build health education at the community level, in partnership with grassroots and provider organizations, such as FQHCs

- Summarize existing resources (relying on existing CDC guidance, where appropriate) into a reference for relative risk of disease transmission for various activities (e.g., going to a dinner party, eating at a restaurant)
- Leverage existing DPH guidance to build educational campaign for public on COVID-19 disease severity and complications, including impact on existing health comorbidities

3.2 Build upon existing efforts to refine public health messaging, content, communication channels, and messenger(s) to meet the specific needs of each population

State has disseminated information in Spanish and Creole, has adapted messaging to improve testing turnout, and has launched targeted social media presence, e.g., "I wear my mask because" campaign

- Create diverse messaging plan (e.g., TV/radio vs. print for lower literacy, social media for younger age groups)
- Continue refining messaging in languages to serve all Delawareans (e.g., include non-English materials like Spanish and Creole)
- Build connections with and define roles of advocacy groups and community leaders to increase the efficacy of targeted communication and outreach efforts
- Refine and expand messaging to reflect values of target populations (e.g., emphasizing risk of transmission to family members) and consequences of not adhering to health guidelines

3.3 Coordinate guidance on targeted closures and safe reopening of high-risk areas or institutions

DOH, DPH (in part through State Health Operations Center), and DHCQ have been publishing and enacting guidance for testing and infection control in long-term care facilities

- Work with trade associations to pull together single source for baseline safety guidelines for long-term care facilities, meatpacking plants, schools, and similar congregate settings based on federal and private guidance
- Provide sets of guidelines for safe reopening of settings that have been closed to minimize risk of uptick from openings
- Share how State will target closures based on setting-specific metrics and thresholds, where possible, to help business prepare for resurgence

3 Build on Delaware's existing communications plan and tailor messaging/communication channels to the needs and expectations of Delaware's diverse population

Sub-recommendation

3.4 Clearly communicate the need to continue seeking preventative care, with particular emphasis on promoting the importance of vaccines, and care for chronic conditions

Existing efforts

Healthcare providers across Delaware have been conducting telehealth, curbside, and reduced staff in-person visits to continue providing care while minimizing infection risk

Recommendation details

- Coordinate with health care systems and primary care providers to communicate risks of delaying care relative to perceived risk of virus exposure from seeking care
- Establish statewide campaign specifically detailing risks related to postponing administration of the influenza vaccine and other vaccines for children
- Work with healthcare systems and primary care providers to source advertising aimed to make patients more comfortable receiving care (e.g., PPE stock, regular testing for staff, disinfection protocols, virtual waiting rooms)

4 Increase number of tests conducted, with specific focus on providing more testing for at-risk populations

Sub-recommendation

Existing efforts

Recommendation details

4.1 Increase number of tests, and reduce median turnaround times, especially for high-risk population

DPH released a testing plan and the State has been able to ramp up testing since the initial stages of the pandemic, with current targets of 80k/day

- Accounting for recent investments and partnerships, assess State and private lab capacity to run tests at new peak testing volumes without delaying results
 - As necessary, explore how to increase State lab testing capacity and identify additional sources of private lab capacity to reach increasing testing targets
- Continue to update plan for how to allocate test kits in case of constraints based on supply needs, potential morbidity/mortality, and risk of spread
- Build upon existing programs to establish formal partnerships with long-term care facilities, meatpacking plants, universities, and other high-risk settings to lay out shared infrastructure for testing, reporting, and outbreak response

4.2 Closely monitor and increase targeted testing (e.g., through mobile testing, community engagement) in difficult to reach communities to identify cases in high-risk settings earlier

State efforts have responded to the outbreaks in poultry factories, and testing and infection control guidelines have been tailored to long-term care facilities

- Partner with community stakeholders to increase testing among the Hispanic/Latino communities to bring % of positive tests in line with state averages to better capture disease prevalence
- Expand random population testing program among meatpacking plants, long-term care facilities, and other congregate settings to identify outbreaks early
- Build upon testing plan to expand testing hours and mobile testing network to further reach at-risk populations who cannot easily access existing testing infrastructure

4.3 Support existing contact tracing efforts with targeted campaigns, sharing of best practices, quarantine services, and use of digital tools

In May, the State announced its contact tracing program in partnership with NORC from UChicago. So far 150 telephonic tracers and 13 community sourced field tracers have been hired

- Develop outreach campaigns to build trust and maximize percentage of contacts reached within 48 hours
- Build upon existing partnerships to set a recurring touchpoint with neighboring states to share contact tracing resources and best practices
- Improve quarantine compliance by advertising benefits related to compliance (e.g., food, financial aid, hotel)
- Track efficiency of digital tools (NORC, Enovational) to identify contacts, notify exposed, and offer information about resources

5 Help Delawareans better understand and comply with transmission prevention protocols, particularly within high-risk settings

Sub-recommendation

5.1 Build upon public relations campaign to promote transmission-reducing practices, including messaging designed to reach noncompliant and vulnerable populations

Existing efforts

DPH has been disseminating information encouraging face coverings and discouraging high-risk activities throughout the pandemic (e.g., "Lives Safely," "Dine Safely," "Shop Safely," campaigns)

Recommendation details

- Build upon DPH efforts to compile and broadly advertise a simple, compelling, replicable message conveying the importance of preventing transmission
- Construct and circulate widely a cohesive, ubiquitous message around proven methods of reducing transmission

5.2 Develop a set of methods to drive compliance of mask-wearing, social distancing, and any other proven ways of reducing transmission in public spaces and businesses

The State and DPH have drafted a "Customer Protection Standards" checklist and have been aggregating information about non-compliance to inform its response, for example in the beach communities

- Build out and increase dissemination of DPH checklist to increase adherence to safety guidelines
- Explore whether current measures of enforcement for face coverings and social distancing have been effective, and consider expanding enforcement if necessary
- Assess risk profile of common gatherings and discourage or restrict those of high-risk and low-benefit (e.g., nightclubs)
- Coordinate with other state agencies (e.g., Fire Marshall) to limit licenses for certain gatherings (e.g., fireworks displays) if public health risk is posed

5.3 Build on existing collaborations in support of long-term care facilities for early identification of potential outbreaks, handling continuity of care, and sharing of best practices

Health systems have been collaborating on the safe transfer of patients between acute care and long term care facilities

DPH and SHOC have had regular touchpoints with long-term care facilities and have distributed testing and PPE kits

- Formalize collaboration between DPH and long-term care facilities to ensure they have appropriate guidance and best practices for isolation, PPE use, transfer between facilities, and communication of feedback
- Ensure clear, consistent, timely updates of national, state, and organizational level guidelines/regulations for long-term care facilities
- During outbreaks, prioritize transmission prevention support (e.g., dedicated epidemiologists) to long-term care facilities

5 Help Delawareans better understand and comply with transmission prevention protocols, particularly within high-risk settings

Sub-recommendation

5.4 Partner with high-risk facilities to share guidance, best practices, and supply needs in emergencies

Existing efforts

DPH has worked with the poultry factories to ramp up testing of employees and individuals within their communities in response to outbreaks

Recommendation details

- Establish, expand, and incentivize usage of dedicated channels for high-risk facilities (e.g., meatpacking plants) to facilitate communication of infection prevention / control practices, feedback, or required assistance
- Establish and communicate clear point of reference for national, state, and organizational level guidelines/regulatory updates for high-risk facilities
- In emergency cases, build upon existing programs to prioritize support for testing and PPE

6

In case of a second wave, (a) support healthcare providers to maintain the ongoing provision of healthcare services, focusing on vulnerable populations and certain specialties (e.g., primary care; behavioral health incl. mental health and substance use specialists; pediatrics; geriatrics; OB/GYN); (b) enable and encourage patients with chronic conditions to continue to seek care; and (c) encourage continued provision of healthcare services where possible, placing restrictions only when absolutely necessary

Sub-recommendation

Existing efforts

Recommendation details

6.1 Create plan to maintain access to care by supporting increased healthcare services provided in the community (e.g., curbside care, telehealth), particularly for primary care, behavioral health, pediatrics, geriatrics, and OB/GYN

The Delaware legislature extended the Governor’s order permitting telehealth where no preexisting relationship existed and only audio capabilities are available

- Determine communities where State should focus its non-facility coordination and outreach efforts, based on (a) highest need and (b) where Wave 1 decrease in healthcare usage was greatest
- Detail plans for care in the community (e.g., telehealth, drive-through, walk-up, curb-side) based on what will reach the most people in community
- Consider making permanent and expanding provisions of telehealth delivery of behavioral healthcare (including mental health and substance use) beyond 2021
- Plan for coverage of health/safety services for children if school is remote in Fall

6.2 Incentivize providers to offer non-facility based care by advancing adequate reimbursement, e.g., reimbursement parity

The Delaware Legislature extended the existing telehealth parity law to provide reimbursement parity for audio-only consultations

- Determine where low reimbursement rates offer greatest disincentive to delivery of non-facility care
 - Examine current reimbursement rates for common treatments offered in drive-through, walk-up, curb-side care; highlight reimbursement disparities under Medicare/Medicaid/private insurance
- Support Governor’s office in preparation of order establishing reimbursement parity for community care, with focus on services with greatest reimbursement disparity

6.3 Coordinate with community leaders to build trust, especially in vulnerable communities, and spread messages that resonate using channels that maximize reach

Delaware has conducted outreach to work with vulnerable communities to address health concerns, including Healthy Communities Delaware

- Work with community organizations, leaders, and influencers to build list of community health leaders for each Delaware locality
 - Define roles and responsibilities of community leaders to improve efficacy of outreach efforts
- Convene monthly call with leaders to:
 - Brainstorm strategies to increase trust in DHSS-led health initiatives
 - Test messaging efficacy
 - Understand health trends within each county
 - Coordinate messaging and outreach

7 Ensure sufficient personal protective equipment is available in (a) healthcare facilities (e.g., health systems, physician offices, clinics), (b) long-term care facilities (including nursing homes, long-term living, home health and intellectually/ developmentally disabled residential facilities), and (c) in the State's own stockpile

Sub-recommendation

Existing efforts

Recommendation details

7.1 Introduce strong recommendation that healthcare facilities and other live-in congregate settings plan for (a) a 90-day PPE supply and (b) PPE optimization strategies in emergency operations plans

Hospitals required to maintain 2-week PPE supply to perform elective procedures. Most Delaware hospitals report 30-day supply of PPE

- Recommend that hospitals, long-term care facilities (including nursing homes, long-term living, home health and ID/DD residential facilities), and live-in congregate settings (e.g., prisons) have goal to maintain a 90-day supply of masks, gloves, gowns, face shields/goggles and sanitizer (contact-driven use during a pandemic or declared state of emergency)
- Provide guidance on PPE optimization strategies in emergency operations plans to account for increased burn rates and strained supply chains (e.g., PPE demand modeling, identifying backup suppliers)

7.2 With hospital system and long-term care operator input, build out monitoring process so Delaware Health and Social Services can ensure adequacy of supply relative to requirements

Office of Emergency Med Services reviews Hospitals PPE through DE-Trac

- Build plan to expand DE-Trac so hospitals, long-term care facilities and live-in congregate settings can report PPE capacity by type (masks, gloves, etc.) on regular basis (e.g., 2x/week during state of emergency)
- Perform spot checks to confirm accuracy of reporting
- Develop enforcement plan, accounting for provider resources, and near-term scarcity of PPE
- Agree upon potential penalties for noncompliance, ranging from warnings/sanctions to mandated postponement of elective procedures

7.3 Compile and share personal protective equipment guidelines for emergency medical services and independent clinics (e.g., physician/dental offices, physical therapy, etc.) based on state/national association guidelines

Delaware Division of Public Health disseminated WHO/CDC guidance for PPE conservation strategies through Health Advisory Notices, DE-Trac, professional associates and conference calls

- Build upon existing efforts to disseminate PPE guidance by:
 - Examining guidelines detailing recommended PPE stockpiles issued by Delaware associations for emergency medical services, physicians, dentists, physical therapy, etc. (or national associations, if Delaware associations have not issued such guidance)
 - Working with trade associations to compile guidance
 - Disseminating guidance to clinicians, particularly those for whom existing guidance is not applicable (e.g., those without active infection prevention programs)

7 Ensure sufficient personal protective equipment is available in (a) healthcare facilities (e.g., health systems, physician offices, clinics), (b) long-term care facilities (including nursing homes, long-term living, home health and intellectually/ developmentally disabled residential facilities), and (c) in the State's own stockpile

Sub-recommendation

Existing efforts

Recommendation details

7.4 Build plan to facilitate supply and demand matching among users (e.g., exchanges, loans, buy-back programs)

Independent of Delaware state support, hospitals lent PPE among one another during first wave and have entered into arrangements to share PPE (Delaware Healthcare Preparedness Coalition)

- Work with providers, including users with historic PPE surpluses and shortages, to identify if there is a need for the State to support a PPE exchange/loan program
- Explore how to improve communication among healthcare facilities of needs and excess supplies, potentially leveraging existing DHSS inter-provider communication
- Identify potential opportunities for healthcare associations / professional organizations to leverage funding to support resurgence planning and coordination

7.5 Plan for DE to maintain a State stockpile consisting of a 30-day PPE supply across all relevant categories (based on understanding of access to PPE, case rates, drawdown rates, and conservation methods)

The State has built an emergency stockpile of 21-30 days and (a) is working with the Delaware Emergency Management Agency to procure items and (b) entered into 7-state consortium to increase the ability to acquire PPE

- Calculate volume of PPE requested by hospitals, long-term care facilities and other live-in congregate settings during the 30-day period with the greatest number of requests ("Wave 1 Needs")
- Purchase PPE for Delaware state stockpile, sufficient to meet Wave 1 Needs

7.6 Refine guidelines to manage disbursement from State PPE stockpile

State Health Operations Center has criteria for disbursement from stockpile, accounting for, among other things, risk to the provider, risk of community being served, reported number of COVID positives, and need

- Calculate volume of PPE requested by hospitals, long-term care facilities and other live-in congregate settings during the 30-day period with the greatest number of requests ("Wave 1 Needs")
- Purchase PPE for Delaware state stockpile, sufficient to meet Wave 1 Needs

8 Coordinate use of physical capacity across facilities and systems, in close consultation and coordination with health system leadership

Sub-recommendation

8.1 Use lessons learned about ability to handle demand for healthcare services in Wave 1 to collaborate and better inform future decisions about overflow capacity needs at various stages of a resurgence

Existing efforts

Delaware Division of Public Health and Delaware hospital jointly built predictive models to predict demand during the first wave

The State built a field hospital (Nemours) but it was not used

Recommendation details

Create baseline understanding of expected demand in subsequent waves by combining different disease forecasts, including:

- Apply national predictive models comparing future waves to Wave 1 specifically to Delaware
- Develop view of demand in subsequent waves based on Delaware estimates of (a) case rates, (b) at risk populations, (c) expected lengths of stay, (d) mortality rates, and (e) effect of developing treatments
- Reassess need and only build field hospitals or additional dedicated COVID facilities where demand for local facilities is expected to exceed base + overflow capacity and if coordination among facilities cannot address gap
 - Maintain contingency plan for steps required to build field hospital (e.g., infrastructure and supply contracts) in case need arises
 - Explore need for separate "All COVID" facilities to prevent disease spread in other settings

8.2 Build on successful collaborations (e.g., acute care and skilled nursing facility coordination) from Wave 1 to support the continued safe transfer between acute care and long-term care facilities, taking into account patient risk and facility capacity

Long-term care facilities, acute care facilities, and State entities have been effectively communicating and coordinating transfer of COVID patients between settings

- Update existing materials plan for DPH and hospitals to coordinate patient transfers during subsequent waves, particularly between long-term and acute care facilities
- Develop and socialize transfer guidelines, accounting for hospital capacities and risks to patient health and infection spread associated with a potential transfer
- Determine how to monitor capacity to communicate potential coordination/transfer opportunities in real time
- Consider establishing dedicated long-term care facilities in each county with appropriate staff (e.g., respiratory therapy) for subacute COVID-19 care

9 Address potential workforce shortages by facilitating movement of underutilized healthcare labor and reducing regulatory barriers

Sub-recommendation

Existing efforts

Recommendation details

9.1 Leverage Coronavirus Relief Fund to facilitate the movement of underutilized healthcare staff to long-term care facilities and other settings with greater need

As backstop, State Health Operations Center maintains list of staff (volunteers, National Guard, DMAT) to address labor shortages

Explore building process to connect physicians' offices/clinics (who may otherwise furlough under-utilized staff) with in-need long-term care facilities

- Investigate how (i) operators in need of additional staffing and (ii) physicians offices and clinics with underutilized staff can communicate with one another to facilitate employee movement
- Leverage staffing agencies, healthcare organizations, professional organizations, and other support systems to facilitate the temporary transfer of personnel

9.2 Clearly identify and address critical regulatory barriers (e.g., licensure) to support workplace growth and flexibility in response to a resurgence or additional outbreak

The Governor's March 24 order¹ permits grad students to practice on limited basis under supervision and extends practice privileges to certain recently retired providers

- To prepare for skilled labor shortage, poll Delaware's health systems, long term care facilities and other healthcare clinicians/operators to identify regulatory barriers limiting labor flexibility
- Explore benefits of temporarily lifting regulations and potential costs (including quality of care, enforcement, etc.)

1. Subsequently amended

10 Maintain the health of Delawareans and the financial resilience of the healthcare sector by enabling the continued provision of care

Sub-recommendation

Existing efforts

Recommendation details

10.1 Encourage the continued provision of healthcare services where possible, placing restrictions only when, in consultation with healthy systems and community partners, it is absolutely necessary

On 5/20, DPH announced resumption of elective and non-urgent medical procedures

- Encourage healthcare facilities to develop and maintain Continuity of Operations plans
- To prepare for potential closures, create broad outline of the limited circumstances where the State would have to restrict elective care in certain geographies (e.g., when capacity at local ICU increases X% over Y days)
 - Guidelines may also account for risk of exposure, population needs, and urgency of care
 - Guidelines should incorporate input from health systems, providers and community partners

10.2 Support the financial resilience of health care facilities, (particularly smaller, independent providers) by building infrastructure to guide them towards resources which help them continue the provision care

The DPH, Center for Medicare and Medicaid Services, and the Medical Society of Delaware provide online guidance to providers on addressing COVID-related risks while practicing (e.g., optimizing PPE supply, testing, etc.)

- Review available, existing guidance from state/national regulatory bodies which address how health care facilities can best continue the provision of care during a potential second wave (e.g., advice for risk mitigation techniques, telehealth)
- Encourage healthcare facilities to develop continuity of operations plans
- Explore ways to support how Delaware health facilities may navigate existing guidance (e.g., expand existing reference portals, robustly promote provider hotlines, etc.)
- Consider conducting targeted outreach to support in-need providers (e.g., those with limited means) to direct them to available guidance

10.3 Enable continued provision of care by building upon statewide emergency operations plan to address potential PPE, space, and labor shortages

State Health Operations Center has been engaged in significant contingency planning

- Review available, existing planning documentation, especially as relates to PPE shortages, ICU capacity constraints and labor shortages
- With input and support of State healthcare facilities, continually update plans to account for capacity changes and significant increases in demand

11 Facilitate in-need providers' access to expected federal funding (e.g., Health and Human Services Provider Relief, Paycheck Protection Program) by conducting targeted outreach and providing technical assistance

Sub-recommendation

11.1 Facilitate in-need providers' access to expected federal funding (e.g., Health and Human Services Provider Relief, Paycheck Protection Program) by conducting targeted outreach and providing technical assistance

Existing efforts

Delaware Providers have received ~\$225M under HHS Provider Relief Fund

Recommendation details

- Identify healthcare facilities in need (leveraging analysis conducted in recommendation 10.1)
- Build outreach plan, prioritizing facilities by financial need, urgency of patient need, number of patients served, etc.
- Identify/train resources with experience applying to federal programs to provide technical assistance (e.g., grant-writing assistance, guidance about on to navigate rules, etc.)
 - Work with healthcare associations and professional organizations to support delivery of technical assistance, where possible

12 Allocate coronavirus relief funding in a way that is consistent with Delaware's longer term healthcare goals

Sub-recommendation

12.1 Allocate coronavirus relief funding in a way that is consistent with Delaware's longer term healthcare goals

Existing efforts

Delaware/Newcastle County receiving \$1.25B in Coronavirus Relief Fund allocation

Recommendation details

- Develop criteria to fairly allocate coronavirus relief funding to healthcare delivery entities in the state
- Ensure the relief funding allocation criteria are aligned with and not in opposition to Delaware's broader healthcare goals including, but not limited to, affordability, access, and quality



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1 To reduce transmission risk, provide state-supported housing options to residents who need to self-isolate

Sub-recommendation

Existing efforts

Recommendation details

1.1 Extend funding and explore expanded eligibility for emergency non-congregate sheltering, (e.g., hotels/motels, shelters)

Through CARES Act, additional funding procured for CDBG Emergency Shelter Grant Program, Emergency Shelter Grants (ESG), and FEMA Public Assistance Program

- Extend existing programs supporting quarantine and isolation for people testing positive for COVID and in need of sheltering
- Expand programs to provide opt-in shelter for essential workers and/or people living in high-density housing who are seeking proactively to increase social distance because of concern for their own or family member's health
- Addresses need for social distancing for homeless people and for high risk for individuals in high-density housing and essential workers
- For people with behavioral health conditions in isolation, provide more frequent check-ins and additional supports (e.g., centralized call center for fielding and tracking requests)

1.2 Increase public awareness of and access to state-funded sheltering sites

DHSA website provides links to resources for applying for shelter and assistance

- Public media campaign can be developed at State level but should be coordinated and distributed through local community partners via multiple media (e.g., TV, phone, websites)
- Consider revision of eligibility criteria to expand who can utilize CDBG and FEMA Public Assistance emergency sheltering to encourage broader usage and as preventative measure

2 Increase employer accountability in providing safe working environments and support for medical leave

Continued on next page

Sub-recommendation

Existing efforts

Recommendation details

2.1 Clearly communicate guidelines and increase accountability of employers for safe work environments

Delaware Division of Small Business provides industry-specific guidelines for businesses

- Explore whether current minimum standards for safe operations and measures of enforcement for face coverings and social distancing have been effective, and consider expanding enforcement if necessary
- Consider increasing requirements based on positivity rates
- Beyond guidelines, define and regulate consequences for non-compliance with fines and/or shutdowns
- Provide employees mechanisms to report lack of adequate protective/safety measures (e.g., hotline to report noncompliant employers)

2.2 Ensure full use of existing federal protections for paid medical leave and quarantine by employers and employees

Familie's First Coronavirus Response Act (FFRCA) and Family and Medical Leave Act (FMLA) guarantee employer reimbursement for paid medical and family leave

- Develop Delaware-specific aid program to supplement federal protections for paid medical leave that address potential gaps (e.g., small businesses; healthcare workers)
- offer incentives to exempt small businesses to extend benefit

2.3 Help Delawareans better understand and increase uptake of workers' rights to paid leave to take care of themselves or as caregivers

- Highlight employees' rights to paid leave through public campaign across multiple media (e.g., social media, TV, radio, flyers)
- Partner with community organizations to develop targeted materials for specific groups
- Address fear of job loss or loss of pay for using right to paid sick leave by partnering with employers to establish clarity in established processes utilizing medical or family leave under different scenarios (e.g., individual is sick; family member is sick; have been in contact with someone who has COVID-19)

2 Increase employer accountability in providing safe working environments and support for medical leave

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Sub-recommendation

2.4 Establish and communicate clear guidelines for both government and non-government institutions and congregate settings, including adult and juvenile correctional centers, mental health facilities, shelters, long term care and nursing home settings, for COVID-19 risk mitigation and protection of residents and employees while maintaining overall security and safety, including maintaining a 90-day supply of PPE and strategies for increasing compliance with social distancing measures and testing access to employees and residents

Existing efforts

DOC has increased mask production and provision of masks to incarcerated individuals

Recommendation details

- Review existing protocols for cleaning and provision of basic hygiene products to identify working
- Continue expanding widespread testing strategies as needed to proactively address potential transmission in facilities
- Increase employee uptake of best practices for COVID-19 risk mitigation with ongoing communication of COVID risks and increased accountability for noncompliance (e.g., mandated leave)
- Reduce transmission from employees to residents in congregate settings by facilitating employer authorization for site setup and/or guiding employers to resources for additional testing
- Review existing industry-specific educational materials on COVID-19 for employers to assess effectiveness

3 Coordinate with community partners to increase access to PPE (masks and gloves) for DE residents in congregant and high density living situations, especially targeting geographies hardest hit by COVID

Sub-recommendation

3.1 Develop a system of ongoing reporting and monitoring to coordinate with community organizations in providing masks and gloves for individuals in need of resources to meet basic PPE needs

Existing efforts

Hospitals discuss PPE concerns on monthly call with Office of Emergency Med Services

Recommendation details

- Identify community organizations as State partners and build plan for partners to report PPE capacity by type (masks, gloves, etc.) on regular basis
- Establish statewide pool of resources that are designated for identified community partners in need of assistance
- Develop clear protocol for requests for PPE to proactively manage supply and equitably distribute resources across community partners

4 Work with community organizations on culturally-sensitive resident education about COVID risks and safety guidelines

Sub-recommendation

4.1 Partner with community organizations that have existing initiatives, and centralize resources to lower barriers to access

Existing efforts

Lt. Governor's office partnered with community organizations to distribute resources, and DCF Strategic Response Fund distributes funds to organizations

Recommendation details

- Use existing relationships to identify more initiatives
- Activate faith-based communities and emergency day care centers
- Develop system for organizations to apply for State partnership
- Increase 2-way communication and visibility
- Coordinate between State and large nonprofits to centralize information about seeking resources to administrative overhead and increase capacity

4.2 Launch coordinated public relations campaign to promote transmission-reducing practices, including messaging designed to reach vulnerable populations

State efforts have disseminated information in Spanish and Creole, and have adapted messaging to improve testing turnout

- Create diverse messaging plan (e.g., TV/radio vs. print for lower literacy, social media for younger age groups)
- Produce messaging in languages to serve all Delawareans (e.g., include non-English materials like Spanish and Creole)
- Refine messaging to reflect values of target populations (e.g., emphasizing risk of transmission to family members or risk of having to expand closures)

4.3 Provide training and toolkits for educators and educational institutions to ensure awareness of and alignment with state guidelines for safe operations

- Develop online training modules and a regularly updated State website to keep educators up-to-date on state guidance for safe operations
- Provide toolkits for educators to share with students and families, with targeted messaging for specific demographics:
 - Family members with limited English proficiency
 - Students with special needs
 - Early childhood education

5 Increase home access to wireless broadband with infrastructural investment and support for low-income residents to enable access, education, and telemedicine

Sub-recommendation

Existing efforts

Recommendation details

5.1 Coordinate with carriers and local jurisdictions to rapidly expand wireless broadband access

DE 2017 legislation facilitated small cell technology expansion, and rural wireless update will be completed in July 2020

- Pass further legislation to allow carriers to develop infrastructure for small cell technology expansion, which can boost signal of existing hotspots in low income areas
- Accelerate tower building as part of rural wireless expansion and monitor community needs upon project completion
- Focus future efforts on increasing home connectivity through provision of Mifi and connected devices in addition to expanded broadband access

5.2 Onboard unconnected households to increase access, especially for low-income individuals and rural communities

State partnership with Bloosurf for rural wireless update committed \$2M from State to build 14 towers and lay fiber-optic cable

- Develop public media campaign via radio, TV, and automated calls to increase public awareness of accessibility to internet
- As needed, develop wired solutions where capital investment from ISPs for wireless broadband has been prohibitively high

5.3 Use earmarked funds and identify additional funding sources to increase State visibility of overall coverage and connectedness, especially for low-income individuals

- Fund infrastructure and data collection on widespread broadband access (e.g., conducting speed tests)
- Expand digital access by catalyzing private and public partnerships among telecom companies and local municipalities
- Educate municipalities about the benefit of 4G/5G installation efforts
- Provides increased access for low-income households with low or no digital access

6 For healthcare providers, expand capacity for interpretive services

Sub-recommendation

6.1 Incentivize healthcare providers to increase the number of frontline healthcare workers who are fluent in languages other than English (e.g., Spanish, Haitian Creole)

6.2 Provide funding for hospitals and clinics to contract with video remote interpretation services to expand interpreter capacity

Existing efforts

Language Access Plan
ChristianaCare Services

Delaware Valley
Translators Association

Recommendation details

- If not already in place, develop metrics to track and assess access to Spanish-speaking and other language providers at all points of care (e.g., reception, nursing staff, doctors)
- Ensure interpretation available at all stages of engagement with healthcare services (across different types of healthcare professionals)
- Addresses needs of residents who primarily speak languages other than English
- Expand capacity of local hospitals to provide interpretive services by contracting with existing large-scale video interpretive services firms
- Provide access to mixed services, where some in-person interpretation is available as needed but increased access to video expands capacity of in-person interpreters
- Build on growing infrastructure and uptake of telehealth
- Reduces need for higher risk in-person interactions and utilization of PPE

7 Increase testing accessibility, allocation, and proactive sentinel programs for Black and Latino populations and other vulnerable populations

Continued on next page

Sub-recommendation

7.1 Increase testing allocation and uptake in Black and Latino populations to achieve a positive test rate within the target range

Existing efforts

The State's updated testing plan includes a focus on vulnerable populations and minority communities, and has recently increased testing in zip codes in need (e.g., Laurel, Seaford)

Recommendation details

- Increase test kit distribution to Latino communities, as a goal of <10% positivity would require at least 20,000 more tests for Latino individuals¹
- Allocate state lab capacity to run tests for uninsured and highest at-risk populations in case of capacity constraints
- Contingent on the latest prevalence data, increase testing rates in Black and Latino communities to be in line with the positivity rate among Delaware's White population
- Partner with community leaders and healthcare providers, including FQHCs, to build clarity and trust around purpose of testing

7.2 Increase accessibility of testing resources and sites for the Black and Latino populations

FQHCs and hospital systems have been operating mobile clinics and testing facilities for uninsured individuals across all three Delaware counties

- Establish a centralized resource center to provide information touch point for residents who lack digital access
- Add testing sites in zip codes with high percent positivity for Black and Latino populations, and reduce barriers to site authorization
- Leverage faith-based communities as nexus for testing resources
- Coordinate across emergency day care centers to extend operations to allow for parents to access testing resources
- Build additional mobile testing networks and walk-up sites for individuals without transportation
- Expand testing site hours of operation beyond work hours

1. Achieving WHO recommended target of <5% positive test rate would require testing ~80% of Latino population in Delaware at minimum

7 Increase testing accessibility, allocation, and proactive sentinel programs for Black and Latino populations and other vulnerable populations

Continued from previous page

Sub-recommendation

Existing efforts

Recommendation details

7.3 Partner with non-profits and other groups to increase access to testing for vulnerable populations (e.g., people with behavioral health conditions, in congregate living) and transient populations (e.g., homeless, recently incarcerated)

- Review protocols to screen and test individuals at particularly vulnerable entry and exit touchpoints within the State system to assess opportunities to maximize accessibility
- Partner with community organizations working with transient individuals to facilitate access to testing

7.4 Expand sentinel surveillance testing and reduce restrictions to be eligible for testing

The State's testing plan includes sentinel surveillance testing, currently being rolled out in hospitals, primary care, FQHCs, urgent cares, and DPH clinics

- Establish a sentinel testing program among meatpacking plants and other essential workers to identify outbreaks early
- Partner with employers, particularly those of at-risk populations, to incentivize regular employee testing and reduce potential financial burden of having to miss work after testing positive

8 Expand contact tracing program, hiring and training displaced workers from most affected communities as contact tracers to maximize engagement and accuracy of information

Sub-recommendation

Existing efforts

Recommendation details

8.1 Prioritize hiring of field tracers for communities with high rates of untraced contacts

The State has planned to hire 40 field contact tracers from communities in which they will work, in partnership with Healthy Communities Delaware

- Increase field tracing for populations with lower rates of cell phone ownership and usage
- Collaborate across tracing network to shift capacity to where it is needed most (e.g., Creole speaking tracers during outbreak among Haitian population)
- Increase Spanish and Creole language capabilities of telephonic tracers
- Partner with community providers and leaders to build clarity and trust around purpose of contact tracing

8.2 Partner with neighboring states in Northeast coalition to identify best practices for effective contact tracing of vulnerable populations

Delaware is working with NORC of UChicago and their partner analytics firm Enovational to bring rigorous data collection and public health expertise in their contact tracing program

- Develop two-way feedback system for community contact tracers to share frequent feedback about potential barriers to reaching community members or getting accurate information
- Apply and share best practices for contact tracing of vulnerable populations among neighboring consortium states (e.g., CT, RI)
- Utilize partnership with NORC and Enovational to develop analytics and understand factors that increase likelihood of contact tracing success in vulnerable populations

9 Ensure continuity of healthcare facilities, encourage patients to address chronic care needs, and increase access to care for Black, Latino, and medically vulnerable populations

Sub-recommendation

Existing efforts

Recommendation details

9.1 Support ability of healthcare facilities in underserved areas to stay operational

On 5/20, DHSS announced resumption of elective and non-urgent medical procedures

- Limit healthcare operations in underserved geographies only when necessary (e.g., when occupancy of closest ICU increases X% over Y days)
- Expedite access to earmarked federal funding (e.g., HHS Provider Relief, Paycheck Protection Program)
- Identify/train resources with experience applying to federal programs to provide technical assistance (e.g., grant-writing assistance)

9.2 Encourage residents to address chronic care needs by coordinating with community leaders to build trust and spread messaging

Healthy Communities Delaware is increasing partnerships with grassroots organizations and individual community advocates to build trust

- Work with community organizations, leaders, and influencers to build list of community health leaders for each Delaware locality
- Implement state-wide faith-based model to educate residents in high comorbidity hotspot regions
- Partner with neighborhood captains to communicate benefits of preventative care and ensure that neighborhood leaders are connected to healthcare providers such as FQHCs to ensure access to care

9.3 Increase access to care for Black, Latino, and medically vulnerable populations by establishing tailored care delivery options with reimbursement parity

The Delaware legislature extended the Governor's order permitting telemedicine where no preexisting relationship existed and only audio capabilities are available

- Detail plans for care in the community to match the digital, mobility, and literacy needs of the community (e.g., telehealth, drive-through, walk-up, curbside, availability of interpreters)
- Enact reimbursement parity for telemedicine and community care delivery most utilized by underserved populations, including mental health services and medication assisted treatment
- Ensure continued availability of naloxone kits

10 Develop a proactive plan and guidelines for allocation of healthcare resources in the event of a shortage

Sub-recommendation	Existing efforts	Recommendation details
10.1 Coordinate hospital patient volumes between Delaware facilities through DHSS and the State Health Operations Center, based on patient risk and capacity constraints	Hospitals communicate their capacity on a daily basis to the Office of Emergency Med Services	<ul style="list-style-type: none">• Build plan for DHSS and hospitals to coordinate patient transfers during Wave 2• Develop and socialize transfer guidelines, accounting for hospital capacities and risks to patient health associated with a potential transfer• Determine how to monitor capacity to communicate potential coordination/transfer opportunities in real time
10.2 Encourage residents to address chronic care needs by coordinating with community leaders to build trust and spread messaging	Independent of Delaware State support, hospitals lent PPE among one another during first wave and have entered into arrangements to share PPE	<ul style="list-style-type: none">• Work with providers, including users with historic PPE surpluses and shortages, to identify if there is a need for the State to support a PPE exchange/loan program• Establish criteria for PPE distribution from State stockpile that factors in medical vulnerability of population served by potential recipients• Proactively coordinate with community health clinics, FQHCs, and small-scale health providers to identify anticipated PPE needs
10.3 Consider advance guidelines related to care allocation in case of severe shortage to ensure clear protocols for populations with pre-existing conditions		<ul style="list-style-type: none">• Develop clear guidelines for administering care in the event of limited hospital capacity• Partner with healthcare providers from diverse health institutions to identify and address concerns related to capacity constraints• Set ongoing monthly meetings to<ul style="list-style-type: none">- Assess efficiency of coordination and communication across statewide health system- assess utility of current protocols and revise as needed

11 Increase data availability across key demographics for testing, transmission, and mortality rates to target interventions and improve health outcomes

Sub-recommendation

Existing efforts

Recommendation details

11.1 Collect geographic testing and treatment data that includes household, workplace, and testing site for more insights related to work and home transmission and testing availability

My Healthy Community Data Portal has data by zip code and county

- Comprehensive data will facilitate rapid response to incoming data for most at-risk communities
- For test collection and reporting, guidelines should encourage view across household, workplace, and test site
- At State level, encourage consistency in racial/ethnic identification across data sources

11.2 Increase visibility of State health data (e.g., all causes for deaths) as part of comprehensive COVID data dashboard

Delaware Health Tracker and Community Dashboards

- Add data to the overall COVID dashboard on My Health Community Data Portal on:
(a) rates of high risk comorbidities (b) mortality due to other causes
- Communicate additional risks to community members about negative health externalities of COVID

11.3 Track more comprehensive demographic data, incl. more racial categorizations, household structure, gender, etc. to be included in publicly available data

My Healthy Community Data Portal has data by some racial categories, age, and gender

- Addresses need to reducing amount of data with identities unknown
- At State level, encourage consistency in racial/ethnic identification across data sources
- Track broad range of demographic data, including race, ethnicity, gender, household structure

1 Expand emergency financial assistance funds for low income workers impacted by pandemic

Sub-recommendation

Existing efforts

Recommendation details

1.1 Increase emergency financial assistance to low income workers in industries facing prolonged challenges

Delaware Strategic Response Fund

Federal Pandemic Unemployment Compensation (expires 7/31)

Pandemic Unemployment Assistance for independent contractors (expires 7/31)

- Leverage both public and philanthropic funding to target financial assistance toward low income workers in impacted industries
- Offer State and local tax incentives to businesses offering payment assistance to customers—e.g., payment plans or deferrals)
- Establish both ongoing partnerships and allow organizations providing assistance to apply for one-time relief grants or loans

1.2 Leverage philanthropic dollars and community partners for emergency financial assistance for Delawareans ineligible for public benefits (e.g., undocumented workers)

Safe Communities Coalition launched the Delaware Immigrant Fund to provide cash assistance to some of the ~30K undocumented immigrants living in DE

- Engage philanthropic community to continue to provide support to undocumented workers unable to access public funds
- Ensure that ID requirements and other proof of “availability to work” are not barriers for undocumented workers to access paid medical leave, medical care/free testing

1.3 Expand rental subsidy and eviction arbitration support for renters and mortgage assistance and foreclosure support for homeowners

Delaware Housing Assistance Program; Delaware Mortgage Assistance Program-DHSA used community partnership to expand capacity when demand for Housing Assistance Program exceeded capacity

- DSHA to prepare surge staff capacity to process applications, given expiration of federal unemployment and eviction moratorium
- Extend rental subsidy program through pandemic; incentivize landlords to offer rental assistance, target impacted workers (e.g. via tax incentives)
- Support preservation of affordable housing through targeted mortgage assistance to landlords and grants/loans for funding operations
- Launch community-based education campaign to ensure residents know their rights and options for assistance
- Extend partnership with hotel/motels for longer term transitional housing, including long term lease and purchase options

2 Maximize enrollment in existing public social safety net programs; State agencies to proactively prepare to increase surge capacity in event of deepening economic crises

Sub-recommendation	Existing efforts	Recommendation details
<p>2.1 Work with community organizations on enrollment drives for newly unemployed and others eligible for State and Federal programs</p>	<p>Existing case managers, social workers and community organization assisting enrollment</p>	<ul style="list-style-type: none"> • Launch State enrollment drive, leveraging organizations already engaged in case management and which support enrollment in public programs • Focus on increasing uptake of State and Federal programs (e.g., General Assistance, WIC, SNAP/TANF, Medicaid) • Establish both ongoing partnerships and grant funding/contracts to community organizations assisting enrollment drive
<p>2.2 Expand eligibility, increase benefit and extend deadlines where possible for local and State programs</p>	<p>Existing DHSS, General Assistance, DOL, DOT and Housing programs</p>	<ul style="list-style-type: none"> • Consider legislation to expand eligibility for local and State assistance programs (e.g., TANF, WIC), Section 8 housing assistance to those with criminal backgrounds, State unemployment benefits for independent contractors) • Temporarily increase benefits and relax use restrictions in existing State programs—e.g.,) for Delaware UI, Purchase of Care, and DOT assistance programs for Uber/Lyft vouchers
<p>2.3 Agencies to proactively prepare surge capacity for processing unemployment claims and social services applications in the event of deepening economic crisis</p>	<p>DHSA used community partnership to expand capacity when demand for Housing Assistance Program exceeded capacity</p>	<ul style="list-style-type: none"> • Agencies to advance plan for staff and digital capacity needs according to Pandemic resurgence and economic scenarios • Target and train displaced workers for employment in new State and local positions and MBEs for temporary contracts-claims processing, contact tracing

3 Support community-based organizations/non-profits providing financial assistance

Sub-recommendation

3.1 Partner with and support local community organizations with pre-existing relationships and trust with impacted communities for implementation of economic/food assistance, recovery and health programs

Existing efforts

Food Bank of DE provides food assistance, and further food pantry access is available through the DE Helpline (dial 211)

First State Community Action Agency and the Rural Health Initiative are working to ameliorate economic and health concerns for low-income and rural communities

Recommendation details

- Identify, partner with, and direct grants/funding to organizations and non-profits that provide direct service in areas of greatest need
- Activate trusted groups and leaders who can deliver messages to local communities in order to increase participation in recovery programs and solicit feedback to understand barriers
- Prioritize building a network of local support that includes Spanish and Creole speaking staff members, to ensure translation services are not a barrier to entry

4 Expand incentives to increase access to capital and credit for minority and women-owned businesses

Sub-recommendation

Existing efforts

Recommendation details

4.1 Increase funding for and capacity of Community Development Financial Institutions (CDFIs) in Delaware

- Develop network collaboration for CDFIs in Delaware to encourage affiliation and collaboration, and identify shared targets and metrics for assessing progress towards goals
- Provide low-interest loan and/or grant capital to CDFIs
- Offer credit enhancements that make it easier to lend

4.2 For financial institutions, increase employer partnerships in DE that increase access to capital and incentivize savings and retirement funds, especially for MBEs

Stand By Me Negocios partners with the DE Hispanic Commission to bring financial literacy and stability to minority communities

- Develop targeted initiatives to attract MBEs to banking and establishing credit lines through mixed services offerings, including advisory services
- Lower initial investment requirements to attract small enterprises
- Set internal KPIs related to growth metrics for MBEs
- For financial institutions, provide incentives to employers when more of their employees are enrolled in retirement plans and/or when employees save higher percentages of total income
- Increase ongoing touchpoints between financial institution partners, employees and community members to provide advisory services about retirement and savings plans

5 Expand eligibility of State loan programs and partner with local CDFI's to drive uptake for existing public pandemic aid programs (e.g., PPP, HELP), reducing barriers where possible, and proactively target MBEs and WBEs

Sub-recommendation

Existing efforts

Recommendation details

5.1 Reduce requirements related to credit access and industry type that limit eligibility for grants and loans for small business owners

Hospitality Emergency Loan Program (H.E.L.P.) offers loans to businesses in hospitality or personal services with revenue less than \$2.5M

- Proactively target MBEs and WBEs for uptake of pandemic aid programs, establishing targets and tracking metrics
- Revise existing grant programs to broaden possible uses for funds and expand accessibility to more businesses in DE
- Advocate for changes in federal policies that limit eligibility for grants for businesses based on credit access
- Addresses issues of access to credit and financial services in urban and low-income areas

5.2 Offer support services for small and minority business owners to receive assistance for grant/loan applications

Division of Small Businesses offers resources, FAQs, and contact information for applicants on their website

- Create support center dedicated to small and minority-owned businesses that provides live assistance to business owners seeking
- Offer assistance across multiple media, including web-based platforms and phone
- Provide long lead time before application opening and maintain open application to allow applicants to prepare and submit materials
- Review and address issues with clarity of guidelines and application process that hindered access in previous rounds of state-sponsored loan applications
- Consider advocated for placement of Minority Business Development Agency Business Center in Delaware, and work with existing Delaware-based resource partners to support MBEs

6 Implement measures for equitable State procurement opportunities and set goals for MBE participation in contracts awarded by the State

Sub-recommendation	Existing efforts	Recommendation details
<p>6.1 Increase number of minority-owned businesses registered with the Office of Supplier Diversity (OSD) by streamlining certification process</p>	<p>OSD currently has a list of 750+ minority-owned businesses/enterprises (MBEs)</p>	<ul style="list-style-type: none"> Establish web-based portal, electronic application, and centralized system for certification to connecting MBEs with other corporations to increase utilization Launch campaign across all three counties in Delaware to register MBEs with the OSD, with target of increasing number of registered businesses by 100% Launch survey of MBEs to assess awareness of OSD and services offered through affiliation
<p>6.2 Provide state-supported financial incentive to encourage inclusion of MBEs for procurement and contracting</p>	<p>Supplier Diversity Council aims to identify impediments and create opportunities for MWVBEs</p> <p>The Disadvantaged Business Enterprise Program increases contracting opportunities for MBEs</p>	<ul style="list-style-type: none"> Provide tax credits to corporations that utilize MBEs for a minimum percentage of overall annual business (e.g., award 15% of contracts to MBEs to receive credit) Addresses need to increase utilization of MBEs in Delaware economy
<p>6.3 Track progress towards Set specific targets for MBE participation in State procurement and State-supported projects and track progress towards targets as part of broader strategic plan</p>	<p>The Supplier Diversity Council establishes initiatives to boost MBE participation rates in procurement and contracting</p>	<ul style="list-style-type: none"> Develop a strategic plan for tracking and responding to key metrics related to equitable procurement and awarding contracts for MBEs Consider reviewing and revising eligibility requirements for relevant certification for state projects Identify key metrics for tracking equitable procurement and contracts awarded by the State by identifying industries, locations, and demographics of businesses receiving State grants Incentivize State agencies and school districts to add specific targets related to greater inclusion of MBEs in contracts and procurement Share public data and report on progress related to strategic plan

7 Support grants/loans for COVID-related expenses and entrepreneurship, with targeted outreach to MBE's and ensure any ED programs and projects created target MBE's

Continued on next page

Sub-recommendation

Existing efforts

Recommendation details

7.1 Expand entrepreneurship loans/grants and accelerators, designating allotment of program funds for MBEs specifically

EDGE Grants provide up to \$100k to qualifying MWVBES in STEM fields and \$50K to businesses in non-STEM fields

- Expand existing entrepreneurship grants/loans to specifically target MBEs in highly impacted sectors
- Publicly designate target portion of entrepreneurship program funds for MBEs

7.2 Augment loans, grants, subsidies, and other forgivable financial measures to support businesses impacted by the crisis, designating allotment of program funds for MBEs specifically

Economic Injury Disaster Loans (EIDL) assistance from the SBA was made available alleviate COVID's economic impact for small businesses

- Support MBEs through loans, grants subsidies, and other forgivable financial measures (both new and expanded): e.g., portion of CARES act package directed specifically to MBEs, matching grants, forgivable loans for PPE/inventory repurchases/required technological or business model buildouts due to COVID, etc.
- Publicly designate target portion of program funds for MBEs

7 Support grants/loans for COVID-related expenses and entrepreneurship, with targeted outreach to MBE's and ensure any ED programs and projects created target MBE's

Continued from previous page

Sub-recommendation

Existing efforts

Recommendation details

7.3 Assist MBEs in adapting to new working and servicing models by supporting capabilities and infrastructure buildouts

Tech Impact Delaware is offers free remote working trainings

- Support COVID-related expenses and capabilities buildouts for MBEs to adapt to new working and servicing models (e.g., contactless payments, digital enablement, web/mobile servicing, etc.)
- Publicly designate target portion of program funds for MBEs

7.4 Support joint public-private sector mentorship programs to help entrepreneurs and small business owners overcome challenges to pivot and grow their business, with particular focus on MBEs

The Delaware Small Business Chamber (DSBC) facilitates a member mentorship program

- Partner with private institutions to provide mentorship opportunities (e.g., workshops, industry mentor matching, educational resources, seminars, etc.) to assist MBEs and minority entrepreneurs in growing/pivoting their business due to COVID
- Publicly designate target portion of program funds/scope for MBEs

8 Establish incentives for low income families to build emergency savings funds to weather pandemic-related economic uncertainty

Sub-recommendation	Existing efforts	Recommendation details
8.1 Provide tax credits for savings and retirement planning targeted at low income and minority households	Nationally, the IRS offers Tax Credits for Small Employer Pension Plan Startup Costs	<ul style="list-style-type: none">• Offer tax credits for savings and retirement planning to provide financial incentive for savings, targeted specifically to low-income and minority households
8.2 Review eligibility requirements for social assistance programs to avoid disincentivizing personal savings	Sens. Coon, Brown introduced ASSET Act in 2020 to recommend increasing asset limits for TANF, SNAP, and LIHEAP, from \$2000 to \$10,000 for an individual and \$3,000 to \$20,000 for a couple	<ul style="list-style-type: none">• Review eligibility for programs and where possible, seek opportunities to expand eligibility to reach more populations in-need, reducing compliance costs for participants and opening up programs to greater share of in-need Delaware residents• Advocate for removal of asset limits for cash welfare, food assistance, and other social assistance programs• Develop community funds couple with resident education programs to provide alternative savings opportunities for families to build assets and receive social assistance as needed
8.3 Create programs to boost savings for low-income and minority populations	New Banking Delaware Initiative resulted in three financial institutions being brought to the “banking desert” on Route 9	<ul style="list-style-type: none">• Create programs intended to boost savings, including implementing a baby bonds trust program for low-income household children, and removing administrative and card issuance fees for government-issued debit cards (e.g., SNAP cards, unemployment insurance, etc.)

9 Continue investment in critical programs focused on economic mobility

Sub-recommendation

9.1 In budget constrained environment, maintain funding for State programs that address wealth inequality and promote economic mobility

9.2 Continue to support Delaware higher education institutions and community colleges to avoid tuition increases or reduction in student loan/grants

Existing efforts

Existing State economic mobility programs

Delaware administers 12 State-sponsored higher education financial aid programs through the Delaware Higher Education Office

Recommendation details

- Maintain funding for programs that address intergenerational wealth inequality by promoting economic mobility in key areas including home ownership, workforce mobility, early childhood education, welfare, etc.
- Prevent cuts in funding to Delaware education institutions to avoid negative financial/educational impact to students, particularly low-income and minority students

10 Expand/Create workforce placement and development programs, with focus on service sector incentives to businesses to hire from non-traditional talent pools

Sub-recommendation

Existing efforts

Recommendation details

10.1 Provide incentives to businesses to hire from non-traditional talent pools and reduce eligibility requirements

Delaware offers the Work Opportunity Tax Credit to businesses that hire individuals from target groups

- Provide wage subsidies and other incentives to businesses that hire people in target communities (e.g., residents using social assistance programs, living in Opportunity communities) to expand eligibility to reflect widely unemployed population in current crisis
- Encourage reduction in requirements where not strictly required (e.g., reducing educational attainment requirements, serving those with criminal backgrounds)

10.2 Partner with private sector on training & employment opportunities for workforce development, focus on service sector placement into growth industries

Workforce Development Board provides policy guidance and oversight to WIOA

The Wilmington Alliance works to create a vibrant workforce development program to match Wilmington-based citizens with Wilmington-based employers in banking and construction

- Develop workforce development program to train new employees in fields where State lacked critical capacity (e.g., unemployment claims processing, contact tracing)
- Target displaced workers for employment in new positions
- Offer wage subsidies for private sector businesses to provide training/re-skilling opportunities, with intent to hire
- Provide wraparound services (e.g., case management, transit, childcare, professional development, living subsidy during training, behavioral health support, flexible hours) to boost accessibility of training programs and success of placement
- Increase capacity of the government as an employer to ramp up surge capacity across agencies who need more staff (see rec 2.3)

11 Subsidize supportive services for both existing workforce and unemployed (e.g., childcare, public transit, broadband)

Continued on next page

Sub-recommendation

Existing efforts

Recommendation details

11.1 Continue or expand subsidy programs for caregivers (e.g. childcare, adult care) for low-income families

Delaware childcare subsidy program provides childcare to low income families, with co-pay waived during first four months of pandemic

Under EO, child care sites received reimbursement for vacant slots since April, which will eventually phase out

- For Delaware childcare subsidy programs, identify public and private sources of financial support to sustain subsidies for childcare for low-income families
- Develop public awareness campaign to ensure that families in need of additional childcare support are aware of the program and able to receive aid

11.2 Create/expand public transit commuter subsidy programs for low-income families

During pandemic, DART offered free bus rides to students and suspended fares, is considering discounted fares as part of long-term COVID strategy

- Subsidize public transit costs for low-income populations (e.g., indigent bus passes to low-income passengers, free shuttle services, subsidized train cards, etc.)
- Develop a plan to ensure delivery of paratransit services by supplementing necessary labor and services in the event of reduced capacity (e.g., due to strike, social distancing, illness)

11 Subsidize supportive services for both existing workforce and unemployed (e.g., childcare, public transit, broadband)

Continued from previous page

Sub-recommendation

Existing efforts

Recommendation details

11.3 Provide increased funding and incentives for schools and districts to increase internet connectivity for Delaware students

CARES Act funding was used for rural wireless expansion

- Ensure equal access to remote learning by offering subsidies towards internet access and laptop access
- Provide connected devices at a reduced rate to schools that provide devices to students in need (e.g., low-income students)
- Increase awareness of free WiFi at existing locations (e.g. libraries, parks, municipal buildings) and expand number of schools and municipally owned buildings providing free WiFi
- Utilize existing social services for low-income individuals to develop voucher program for internet services and devices, increasing uptake agencies also have an existing base of folks

11.4 Expand high speed internet connectivity for Delaware low income and rural residents

During pandemic, county governments launched free wifi hotspots at county buildings, parks, and free libraries, and DOE has earmarked funds that are being used for wireless expansion

- Fund infrastructure for wireless broadband and data collection on widespread broadband access (e.g., conducting speed tests)
- Provide data plan grants/subsidies to individuals looking for jobs
 - Local governments can negotiate favorable rates with carriers to expedite implementation and increase reach
- Rapidly expand small cell technology (e.g., streetlight hotspots) by negotiated start-up capital costs with carriers
- Utilize existing social services for low-income individuals to develop voucher program for internet services and devices, increasing uptake agencies also have an existing base of folks

12 Provide workforce access to sufficient protective equipment and safety measures (e.g., PPE) & support workforce impacted by COVID-19 (e.g., paid family leave)

Sub-recommendation

Existing efforts

Recommendation details

12.1 Provide workforce access to sufficient protective equipment and safety measures (e.g., PPE) & support workforce impacted by COVID-19 (e.g. paid family leave)

Maintained list of PPE suppliers in Delaware as part of Business to Business Toolkit

- Require businesses to provide access to sufficient protective/safety measures for workforce-including PPE, disinfectants, proper social distancing, health checks
- Provide employees mechanisms to report lack of adequate protective/safety measures (e.g., hotline to report noncompliant employers)

12.2 Support workforce impacted by COVID-19 through increased access to paid medical and family leave

FFRCA, enacted through the CARES Act, is available to workers through the end of 2020

- Increase public awareness of right to paid family and medical leave through Family First Coronavirus Response Act (FFRCA) and employers' access to reimbursement through FFRCA
- Partner with employers to establish clarity in established processes utilizing medical or family leave under different scenarios (e.g., individual is sick; family member is sick; have been in contact with someone who has COVID-19)

13 Provide necessary supports for schools, students, and families to navigate flexibly through multiple possible scenarios, ensuring safety and continuous access to education and childcare

Sub-recommendation	Existing efforts	Recommendation details
13.1 Provide relief for public K-12 schools to help recover costs through a grant process for eligible expenses include PPE	CARES Act provided relief funds to schools through the Elementary and Secondary Emergency Relief Fund	<ul style="list-style-type: none">• Establish fund for public K-12 schools to ensure safe operation and be reimbursed for COVID-related expenses:<ul style="list-style-type: none">- Personal protective equipment- building improvements protecting against the spread of COVID19 (e.g., ventilation system upgrades)- technology or classroom equipment
13.2 Address food insecurity for students who typically rely on schools for meals	Summer Food Service Programs provided children with nearly 3.8 million meals from March through June.	<ul style="list-style-type: none">• Develop clear processes for students and families to access free and reduced meals under all possible scenarios for school reopening• Clearly communicate to families where and how they can access meals through school meal programs• Use previous school year's data to identify trends in total uptake of free meals program and the need for new interventions
13.3 Ensure continuation of support for students who rely on schools for ancillary services (e.g., mental health counseling)	The state has made available \$7.5 million of CARES Act education funds which could be used for mental health supports for students.	<ul style="list-style-type: none">• Identify educational leaders for regular meetings to assess ongoing needs of students and families• Review existing protocols for supporting students utilizing ancillary services (e.g., mental health counseling, occupational therapy, accommodations for disabilities) and develop revised protocols to flexibly match possible scenarios for schooling• Conduct family survey to assess service utilization and unmet needs• Provide necessary resources to Department of Children, Youth, and Families to extend services to families in need of behavioral health supports



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- 3 PRAC-Business Subcommittee Recommendations

1 Deploy a targeted approach to containment efforts and relax guidelines as quickly as possible without risking a resurgence

Sub Recommendation	Existing efforts	Recommendation details
1.1 Tie business restrictions to health risk (e.g., contact proximity, contact length, number of contacts, disinfection and social distancing), with core goal to prioritize health while minimizing business impact		<ul style="list-style-type: none">• Contact proximity: Expected proximity between employees, other employees, and customers• Contact length: Average length of interaction between individuals• Number of contacts: Approximate number of people in the setting at the same time• Disinfection: Ability to sanitize & regulate—driven by existing safety regime e.g., current safety focus, government inspection• Social distancing: Qualitative measure of enforceability of physical distancing measures across industry
1.2 Leverage contact tracing to understand which types of businesses/activities are leading to spreads to inform future action		<ul style="list-style-type: none">• Put in place a process to perform recurring cluster analysis on contact tracing to review linkages between sectors and spread
1.3 Continue to update guidance to businesses consistently and in a timely manner, based on new scientific learnings		<ul style="list-style-type: none">• Continuously evaluate and update guidance to businesses based on new, scientific learnings and real-time evidence – update guidance in a timely manner as new information becomes available

2 Provide financial and advisory assistance to DE businesses

Continued on next page

Sub Recommendation	Existing efforts	Recommendation details
2.1 Augment loans, grants, subsidies, and other forgivable financial measures to support businesses impacted by the crisis, targeting disproportionately impacted businesses & sectors	Hospitality Emergency Loan Program for hotels, restaurants and cosmetology (up to \$10k) Loan guarantees for community development financial institutions through the DE Capital Access Program	<ul style="list-style-type: none">• Support disproportionately impacted businesses (e.g., hospitality, restaurants, retail, personal services) through loans, grants subsidies, and other forgivable financial measures (both new and expanded): e.g., expand HELP loans, portion of CARES act package directed specifically to SMEs, matching grants, forgivable loans for PPE/inventory repurchases/required technological or business model buildouts due to COVID, etc.
2.2 Provide advisory support to SMEs by partnering with businesses with relevant expertise and willingness to provide guidance	DE Small Business Development Center supported by SBA and Division of Small Business	<ul style="list-style-type: none">• Provide advisory support to SMEs (including workshops, financial and legal clinics) by partnering with businesses with relevant expertise/in relevant sectors, who are willing to provide guidance.• Examples of programs include—workshops on shifting to digital channels/ remote models, financial resilience workshops, assistance with legal counsel and documentation, etc.

2 Provide financial and advisory assistance to DE businesses

Continued from previous page

Sub Recommendation

Existing efforts

Recommendation details

2.3 Temporarily lower regulatory cost of doing business and offer regulatory flexibility to local businesses

DE restaurants can apply to local jurisdiction to expand outdoor seating capacity

DE restaurants and taprooms can continue to sell alcoholic beverages curbside or takeout until March 2021

- Reduce regulatory cost of doing business by waiving administrative fees, filing fees, etc. for businesses and expediting administrative processes, particularly businesses in disproportionately impacted sectors and SMEs
- Offer regulatory flexibility to local businesses by relaxing rules and regulations as much as possible to support expanded capacity and adjusted business models (e.g. parking lots for outdoor seating, takeout service on alcoholic beverages)
- Create mechanism for State to identify opportunities for greater regulatory flexibility (e.g. work with business community to understand which existing rules and regulations can be addressed)

2.4 Expand state capacity to handle high volume of requests

DE was in the process of upgrading the IT backend of the unemployment claims system when pandemic started

- Design processes to minimize capacity needed to handle higher volume of requests (e.g. establish loan forgiveness threshold instead of hiring additional underwriters)
- Build swing capacities to handle higher volume of requests (e.g. loan approval requests)
- Prioritize procurement of most-needed technological upgrades (e.g. upgrades to the IT backend of the unemployment claims system)

3 In resurgence scenario, provide financial relief for businesses and individuals

Sub Recommendation	Existing efforts	Recommendation details
3.1 Create/expand rapidly deployable short-term financial support programs for disproportionately impacted sectors	Hospitality Emergency Loan Program for hotels, restaurants and cosmetology (up to \$10k)	<ul style="list-style-type: none">• Develop short-term financial support programs for businesses under tightening of restrictions (e.g., forgivable loans to disproportionately impacted industries, etc.)• Ensure that financial relief programs are rapidly deployable – establish internal systems ahead of time and expedite application/approval processes where possible
3.2 Accelerate payments on public procurement to increase vendors' liquidity		<ul style="list-style-type: none">• Increase liquidity of in-state vendors by accelerating payments on public procurement—on guarantee that vendors will also accelerate payments to their subcontractors
3.3 Provide relief for workers displaced due to COVID	Rent and utility assistance from DEHAP for low income population Delaware childcare subsidy program provides childcare to low income families. Co-pay waived during first four months of pandemic.	<ul style="list-style-type: none">• Provide financial and programmatic assistance (e.g. rent, childcare, utilities) for displaced workers to bridge gap to future employment, particularly while undertaking job search or re-training / re-skilling programs• Reinstate co-pay waiver for childcare subsidy program in resurgence scenario

4 Leverage and expand existing industry-based workforce training programs and support for job placement and retraining / reskilling

Sub Recommendation	Existing efforts	Recommendation details
4.1 Expand existing state training programs and create further credentialing & educational opportunities for displaced workers	3,000 – 5,000 per year through various training programs under Workforce Development Board (WDB). Training in variety of fields, from truck driving to healthcare offered by universities and private providers	<ul style="list-style-type: none">Utilize existing training programs and support (e.g. TRAIN program) to expand access to re-skilling, certification programs, mentoring, college credit and job placement opportunities for DE workforce, focusing on in-demand industry sectors and low-income unemployed individuals. Capitalize on rise in online learning to create or enhance education / micro-credentialing opportunities for workers across the state, especially in areas where COVID is accelerating skills gaps. Provide subsidies for college/trade school credits for displaced workers
4.2 Communicate available opportunities to unemployed workforce in a timely and consistent manner	Those filing UE claims are supported by career counseling, job referrals and resume workshops from WDB. Previously mandatory but optional during Covid	<ul style="list-style-type: none">Communicate relevant information to unemployed workforce on available support programs and re-skilling / re-training opportunities (e.g. when signing up for unemployment, individual receives information on online courses / training programs, grant applications, educational resources, etc.)
4.3 Partner with Delaware business community on training, apprenticeship & employment opportunities for workforce development	Training matching grant from Division of Small Business (mostly used by manufacturers currently) Restaurant Apprenticeship Program from DOL and Delaware Restaurant Association	<ul style="list-style-type: none">Offer subsidies for businesses to provide training / re-skilling opportunities, with intent to hireSupport and subsidize industry apprenticeship programs to increase apprenticeship capacity and encourage hiringEnsure that state-supported apprenticeship programs target underserved populations, incl. racial & ethnic minorities and womenExpand training partnerships, prioritizing Delaware-based industry participants and certification programs

5 Expand key enablers to support workforce

Sub Recommendation

Existing efforts

Recommendation details

5.1 Provide expanded access to key enablers for both existing workforce and unemployed

Delaware childcare subsidy program provides childcare to low income families. Co-pay waived during first four months of pandemic.

Under Executive Order (EO), child care sites received reimbursement for vacant slots since April. EO will eventually be phased out.

- Provide relief for public K-12 schools to help cover costs for measures to combat the spread of COVID-19 (e.g., PPE)
- During a resurgence, provide equal access to remote learning by offering subsidies towards laptop and broadband
- During a resurgence, address food insecurity for students who typically rely on schools for meals
- During a resurgence, provide continued ancillary support for students who typically rely on schools for services such as mental health counseling or disabilities accommodation

5.2 Provide workforce access to sufficient protective equipment and safety measures & support workforce impacted by COVID-19

Maintained list of PPE suppliers in Delaware as part of Business to Business Toolkit

- Require businesses to provide access to sufficient protective/safety measures for workforce— including PPE, disinfectants, proper social distancing, health checks
- Communicate to Delaware employees about federal and state mechanisms to report lack of adequate protective/safety measures (e.g., OSHA hotline to report noncompliant employers)
- Support workforce impacted by COVID-19 (e.g., family leave in accordance with Family First Coronavirus Response Act, clarity in established processes for employees that test positive, etc.)

6 Create and leverage entrepreneurship opportunities through new and existing programs

Sub Recommendation

Existing efforts

Recommendation details

6.1 Support joint public-private sector mentorship programs to help entrepreneurs and small business owners overcome challenges to pivot and grow their business

Delaware SCORE, a non-profit partnering with SBA to assist entrepreneurs

University of Delaware Horn Entrepreneurship program

- Partner with Delaware businesses and chambers/associations to provide mentorship opportunities (e.g., workshops, industry mentor matching, educational resources, seminars, etc.) to assist entrepreneurs and small business owners in growing/pivoting their business

6.2 Expand entrepreneurship loans/grants and accelerators

Edge grants (matching grants) for innovative young businesses (up to \$50,000); 20 – 30 recipients last year

Angel investor tax credit program

Delaware R&D tax credit program

- Additional entrepreneurship grants to support business ideas or existing businesses that will help mitigate impact of Covid 19 or to help other businesses recover from impact of containment measures
- Ensure that SMEs are aware of and receive communications regarding available existing tax credit programs (e.g., R&D tax credit)

7 Incentivize growth of Delaware businesses by investing in state projects and advocating for in-state business

Continued on next page

Sub Recommendation

Existing efforts

Recommendation details

7.1 Invest in expanding DE growth areas while employing DE workforce/engaging DE businesses

Delaware strategic fund to compete for new and existing businesses who might (re)locate to DE

- Capitalize on needed/in-demand areas of growth in DE by investing in strategic expansions, while employing DE workforce and engaging with DE businesses and vendors. Potential industries/areas include: broadband expansion (e.g., fiber optic and wireless network expansion), 5G buildout, healthcare (e.g., mental health), infrastructure, public works, etc.

7.2 Match temporarily displaced workers to needed short-term government jobs

- Provide temporary relief for displaced workers by matching them to needed short-term government jobs (e.g., census jobs, contact tracers, public health inspection team, etc.)

7 Incentivize growth of Delaware businesses by investing in state projects and advocating for in-state business

Continued from previous page

Sub Recommendation	Existing efforts	Recommendation details
7.3 Direct greater amount of state procurement to Delaware-based small and medium businesses		<ul style="list-style-type: none">• Where strategically and financially viable, direct greater amount of state procurement to Delaware businesses, particularly SMEs
7.4 Outreach/incentives to high-impact employers to re-shore supply chain to Delaware	<p>Transportation Infrastructure Investment Fund provides economic assistance for businesses with transportation infrastructure obligations</p> <p>"Ready in 6" initiative in progress to reduce business approvals timeline from up to 24 months to 6 months</p> <p>DelDOT Letter of No Contention (LONC) approval process grants commercial projects with existing entrance approval within 3 weeks</p> <p>DelDOT small commercial entrance plan offers expedited review and approval process</p>	<ul style="list-style-type: none">• Outreach/incentives to high-impact employers with supply chains disrupted due to COVID to relocate supply chains to DE in core strength industries for the state. As companies reconsider supply chain configurations, position Delaware to capture domestic growth opportunities

8 Support businesses in investing in capabilities and infrastructure to capitalize on needs gaps exposed by COVID-19 crisis

Sub Recommendation

Existing efforts

Recommendation details

8.1 Encourage businesses to adapt to new hybrid/remote working and servicing environment by supporting new capabilities and infrastructure buildouts

- Encourage businesses to capitalize on needs gap exposed by COVID-19 and take opportunity to adapt and modernize business through new capabilities and infrastructure buildouts (e.g., contactless payments, digital enablement, web/mobile servicing, modernized POS, etc.)
- Provide financial and advisory support for businesses to modernize/adapt where possible

9 Create accountability measures for businesses and public

Continued on next page

Sub Recommendation	Existing efforts	Recommendation details
9.1 Require all businesses to self-certify	Businesses could self certify on Division of Small Business website and will receive a window adhesive by mail; relatively few businesses have self certified so far	<ul style="list-style-type: none">• Businesses must fill out and commit to complying with the requirements on industry-specific checklist provided by the state. Businesses must submit completed checklist to the state and post completed checklist and commitment to the checklist storefront/on website. For restaurants, hard copy of protocols must be made available on premise; for personal care services, entryway signage notifying public of mitigation plan must be posted
9.2 Offer financial assistance to expand public health inspection capabilities across all sectors		<ul style="list-style-type: none">• Offer reimbursements/subsidies for localities to expand public health inspection capabilities (e.g., inspection team expansion to follow-up on greater share of complaints, social media data & analytics to identify hotspots, etc.)
9.3 Offer trainings and educational material at state-level for public health inspectors and businesses		<ul style="list-style-type: none">• Offer centralized trainings and educational material for health inspectors at state-level, allowing for simplified onboarding and sharing of best practices• Offer additional training opportunities and educational materials to Delaware businesses through associations and chambers—training programs run by associations/chambers and reimbursed by the State

9 Create accountability measures for businesses and public

Continued from previous page

Sub Recommendation

Existing efforts

Recommendation details

9.4 Consider enforcement actions to businesses and customers that do not comply with guidelines

Violation is misdemeanor, up to \$500 fine & up to 6 months prison
Only 6 businesses have received cease and desist letters so far

- Consider various enforcement actions to non-compliant customers and businesses. If utilizing fines, direct funds raised from fines towards enforcing public health inspections
- Impose further penalties as necessary to act as deterrent and accountability measure (e.g. certain number of repeated infractions result in 30 day suspension of business license, repeated noncompliance results in disqualification from select COVID-related support programs, etc.)
- Publish the names of businesses who fail inspections
- Level of violation based on severity of infraction – different levels merit different consequences (e.g., severe violations result in immediate fine, smaller violations carry first-time warning and fines for repeated infractions)

9.5 Make sentinel testing program mandatory for congregate settings

- Establish a sentinel testing program among poultry plants, long term care facilities, juvenile detention centers, prisons and other congregate settings to identify outbreaks early

10 Establish consistency in tightening and loosening of restrictions

Sub Recommendation

Existing efforts

Recommendation details

10.1 Ensure restrictions are applied consistently across sectors, driven by health risk of activities

- Apply business restrictions consistently across all business types, with responsibility of execution on the businesses (e.g., if small clothing retailer must close, large superstores are responsible for closing off clothing section of store and preventing clothing sales)
- Focus tightening and loosening of restrictions based on activities, rather than by sector (e.g., restrictions for establishments unable to socially distance, activities that impede mask-wearing, etc.)

11 Communicate proactively to DE businesses and public

Continued on next page

Sub Recommendation

11.1 Set up ongoing communication strategy

Existing efforts

Myhealthycommunity website

Delaware Response to
Coronavirus website

Weekly update from the Governor

Recommendation details

Set up communication strategy that:

- Reaches all SMEs and businesses within Delaware in a timely manner, with attention to particular needs of specific communities (e.g., communications in different languages)
- Communicates key decision parameters to businesses and consumers/public
- Clearly communicates guidelines and limitations around restrictions to both businesses and consumers (e.g., What activities are limited/impacted by the guidelines? Who do the guidelines apply to? What is the anticipated timeframe?)
- Works with businesses to ensure they understand the decision process and reasoning behind guidelines/restrictions across scenarios (e.g., new normal, outbreak, resurgence, etc.), with the view of helping businesses prepare for future guidelines/restrictions and ensuring consistent application of current guidelines
- Ensures updates to guidelines are conveyed to businesses and the public on a regular basis
- Updates the Emergency Notification System to systematically use text messages to communicate emergency measures
- Utilizes a multi-channel approach to reinforce the message (e.g., social media, digital ads, print and radio media etc.)

11 Communicate proactively to DE businesses and public

Continued from previous page

Sub Recommendation

Existing efforts

Recommendation details

11.2 Devise and implement holistic state PR campaign to boost self-enforcement of guidelines

- Communicate resurgence avoidance as point of pride in Delaware through a multi-channel campaign (incl. social media) that leverages prominent Delawareans with wide reach (e.g., local celebrities, influencers, etc.)
- Highlight businesses/individuals that are "doing it right" to serve as model examples
- Focus on driving accountability in young people specifically

11.3 Leverage associations, chambers, and legislators as key channels of communication and advocacy

- Leverage private sector organizations as communication channels to reach wide scope of DE businesses rapidly (e.g., state chambers, local chambers, trade associations, etc.). Establish points of contact on state and private side and set defined, standardized process to relay communications from state to individual businesses
- Receive feedback from associations and chambers on member needs, concerns, and questions through series of industry town halls
- Involve associations and chambers in preparing messaging around impending changes to restrictions, and in communicating the nuances of changes to restrictions

12 In resurgence scenario, establish clear and rapidly deployable communication measures for resurgence scenario

Sub Recommendation

Existing efforts

Recommendation details

12.1 Set up resurgence-specific communication strategy and channels

- Supplement existing communication strategy with targeted, consistent and timely communications through multi-channel approach (e.g., text blast by zip code for localized outbreak, rapid communications to specific industries about anticipated restrictions/emergency support offerings, etc.)

Thank you!

