CONGRESSWOMAN TERRI SEWELL

GETTING ALABAMA'S 7TH DISTRICT BACK TO WORK

U.S. REP. TERRI SEWELL & AL07 COVID-19 ADVISORY GROUP

APRIL 22, 2020

GOVERNOR IVEY:

Thank you for inviting me to provide recommendations from the perspective of the businesses, families and workers in Alabama's 7th Congressional District on how to safely, strategically and responsibly get Alabamians back to work.

This report provides important considerations and recommendations on reopening that reflect the unique character of Alabama's 7th Congressional District, given our diverse demographics and geography. This report is expansive, inclusive and representative of our district as a whole, supporting our business community while paying special attention to our most vulnerable. I was greatly aided in the production of this report by the opinions, views and experiences of the AL07 COVID-19 Advisory Group—a working group of over 50 business and community leaders representing a broad cross-section of stakeholders from the 7th District. I want to thank them and my staff for their considerable input, time and expertise.

Undoubtedly, the COVID-19 pandemic is an unprecedented public health crisis that has caused a devastating economic impact as states across this country have instituted stay-at-home orders and social distancing guidance in order to stop the spread of this virus and save lives. By all accounts, these necessary measures are saving the lives of Alabamians. Your decision on how and when to reopen Alabama's economy is a primarily about risk mitigation and should be guided by the best thinking of our public health professionals.

With every phase of reopening, we must balance the health risk of community spread. This is especially true for Alabama's vulnerable communities. As the U.S. Representative for Alabama's majority-minority congressional district, I am deeply concerned that African Americans, both nationally and in our state, are dying at a disproportionate rate from this virus. This fact is more troubling when coupled with known racial health disparities and historic disinvestment in health care in rural and underserved communities. **Therefore, my most pressing recommendation is that the State of Alabama prioritize testing, tracing, and treatment of COVID-19 in the most vulnerable communities.**

Healthy people create a health economy. We can and must take the steps necessary to ensure both. The best way to help our economy is to help the families, workers, and small and local business owners who make it work. As leaders, we are fighting for their health and their paychecks at the same time.

The stakes are high, and that is why it is important that we must work together to find solutions that will support and protect every Alabamian.

Together, we are Alabama strong.

Sincerely,

Terri

Terri A. Sewell

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THE TOP LINE

> " *Re-opening Alabama's economy should be done safely, strategically and responsibly.*
>
> – *Congresswoman Terri Sewell*

✓ **WHEN: The public health precondition to reopening will be met when reported overall COVID-19 hospitalizations trend down for 14 consecutive days, by public health district. Our state's phased reopening must be guided by public health data.**

✓ **HOW: Phased-in reopening of businesses based on clear and concise guidance from the State on what businesses must do to reopen.**

✓ **PARALLEL RECOMMENDATIONS: While not preconditions, the State of Alabama should be continuously working in tandem to:**
   - **Ensure widespread availability of rapid testing**
   - **Scale aggressive and comprehensive contact tracing**
   - **Provide broad availability of PPE for medical professionals and Personal Safety Resources (like facemasks and hand sanitizer) to the public**
   - **Prioritize the access of and capacity for testing, tracing and treatment in vulnerable communities**
   - **Maintain CDC/ public health guidance of physical distancing, personal hygiene and rigorous sanitation until a vaccine and therapeutic treatments for COVID-19 are widely available**

✓ **POST RE-OPENING PLAN: Develop a plan to reinstate restrictions should there be a resurgence of the virus after the phased re-opening.**
   - **Work with our public health departments, universities and research institutions to strengthen our public health surveillance systems so that we have the information system capacity to detect an upsurge in new cases following a reopening.**

WHO WE ARE:

ALABAMA'S 7TH DISTRICT

Alabama's 7th Congressional District is uniquely diverse, both in demographics and geography. The 7th District is a majority-minority congressional district: Over 63 percent of the population is African-American and 33 percent is white. The district includes urban portions of Jefferson, Tuscaloosa, and Montgomery Counties; the entirety of rural Choctaw, Dallas, Greene, Hale, Lowndes, Marengo, Perry, Pickens, Sumter and Wilcox Counties; and a portion of rural Clarke County.

We are proud of our legacy as Alabama's Civil Rights District. From the Montgomery Bus Boycott, the 16th Street Baptist Church in Birmingham to Selma's Edmund Pettus Bridge, our shared history in Alabama's 7th District is one of triumph of the human spirit over adversity. Our greatest asset as a district is the courage, determination and resilience of our people, and it will remain our greatest asset in our battle against COVID-19 as we work together to share resources across the racial, economic and geographic spectrum.

The 7th Congressional District of Alabama is home to tremendous institutions that support our communities, including leading businesses, universities and hospitals. Fourteen colleges and universities, including six HBCUs, are located in the district. We are also fortunate to have innovative businesses, ranging from the small, family-owned businesses that sustain our main streets to major firms that comprise Alabama's footprint on the global economy. Some of our institutions and businesses include: UAB Hospital, Regions Bank, Alabama Power Company, Shipt, the Alabama State University, GD Copper USA, the University of Alabama, Mercedes-Benz and Hyundai.

Despite these incredible assets, too many of our constituents who call this district home continue to struggle and fall through the cracks, even during times of broad economic prosperity. According to 2018 U.S. Census data and information from the Economic Innovation Group:

- The median household income in Alabama's 7th Congressional District was $37,123.
- Almost 25 percent of all people and more than 18 percent of families in the 7th District have incomes below the poverty level.
- Between 2012 and 2016, 60.5 percent of the district's population lived in economically distressed zip codes, compared to 4.6 percent who lived in prosperous zip codes.
- Between 2012 and 2016, the housing vacancy rate was 15.1 percent.

As we consider the safest and most practical plan for reopening our economy, it is crucial that we leverage the diversity of our district, ensuring that resources are extended to our most vulnerable communities so that no Alabamian across the 7th Congressional District is left behind.

AL07 COVID-19 ADVISORY GROUP & THE SURVEY TOOL

In order to best understand the specific needs of Alabama's 7th Congressional District in regards to safely reopening the economy, we formed the AL07 COVID-19 Advisory Group made up of a broad cross-section of stakeholders from Alabama's 7th District, including urban and rural representatives from the following 18 categories: health professionals, manufacturing, retailers, large businesses, small businesses, minority-owned businesses, non-profits, banking, elected officials, chambers of commerce, economic development representatives, agriculture, educators, restauranteurs, barber and beauty shop, labor, faith leaders, and first responders and law enforcement.[1]

These leaders were chosen for their demographic and geographic diversity; their differing opinion; and their experience in both their industries and in the district.

We also partnered with the Public Affairs Research Council of Alabama (PARCA) to design and implement a survey to gather the information, views, and concerns from the AL07 Advisory Group, in order to advise Governor Ivey on how to safely get Alabama's 7th back to work.[2]

The findings of the survey are detailed in this report. These findings are informative and in keeping with other public opinion surveys, but should not be interpreted as representative of or generalizable to the entire 7th District.

BROAD INPUT

143 small businesses and institutions from all 14 counties that make up the 7th District completed the survey

INFORMED RECOMMENDATIONS

The completed surveys helped inform the advisory group's recommendations on 1) public health triggers; 2) business considerations; and 3) protecting vulnerable communities

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1   See Appendix A

2   See Appendix B

SUMMARY OF RECOMMENDATIONS

PUBLIC HEALTH

Reopening non-essential businesses and resuming social activity in the midst of a global pandemic comes with significant risk but can be mitigated if the State follows the guidance of our state's public health experts. The decision to reopen our state must be guided, first and foremost, by their recommendations. In consultation with health experts from the 7th Congressional District, we've created a public health "trigger," which is a marker for when the State can gradually move away from our current stay-at-home and social distancing restrictions. **The trigger is achieved when the overall trend in the daily number of hospitalizatons declines for 14 consecutive days, as determined by Public Health Districts.**

In parallel, the State must follow these recommendations for a phased reopening:

- **Provide widespread availability of testing, recruit an aggressive and comprehensive contact tracing workforce, and ensure adequate availability of Personal Protective Equipment (PPE) and Personal Safety Resources (PSR).**
- **Ensure widespread access to affordable and effective treatment,** when a safe and effective FDA-approved treatment comes to market.
- **Maintain CDC/public health guidance for public and employee safety.** Both the State and public and private businesses must maintain CDC and public health guidance on sanitation, hygiene and social distancing and establish routine health measures to ensure the safety and health of employees and the public.
- **Establish information systems that allow for the swift detection of any increase in cases following the reopening.**
- **Institute a plan to reinstate restrictions, in the event that there is an upsurge.**

WORKPLACE AND WORKFORCE CONSIDERATIONS FOR BUSINESSES

After collecting information from a broad cross-section of small, medium, and large businesses in both urban and rural areas in Alabama's 7th Congressional District, it is clear that the economic and operational challenges businesses face as a result of COVID-19 are severe. The recommendations in Section 2 are intended to promote best practices for a cautious and systematic reopening of Alabama's economy based on a phased approach that is guided by public health triggers and designed to prioritize the health of employees, customers, and our communities.

- **Clear and concise communication with businesses and the public:** We ask our State leaders to "speak with one voice" and to be clear and concise in their orders to the business community and the public.

- **Flexibility for businesses:** The economic and operational challenges businesses face varies depending on size, location, and physical exposure to customers and the public. Therefore, the State should recognize that businesses need flexibility depending on their size, location and industry.
- **Phased reopening with personal safety resources for employees:** We encourage employers to re-open their businesses in phases in a way that protects the most vulnerable and at-risk populations first and to provide Personal Safety Resources (PSR) to their employees at no cost.
- **Provide guidance to assist businesses in developing back-to-work plans** that prioritize the health and safety of both employees and customers
- **Work with the State Superintendent to address the childcare needs of workers,** including exploring grant possibilities and state funding for childcare, after-school care, summer learning and care for young children.
- **Provide increased support to small businesses, hospitals and nonprofits** through expanded loans and grants by ensuring that COVID-related federal resources received by these businesses are not taxable at the state level.

PROTECTING VULNERABLE COMMUNITIES

As we consider the safest and most economically strategic plan for getting back to work, we must ensure that we are protecting our most vulnerable residents. Already vulnerable populations, including minorities and low-income Americans, will experience disproportionate disruption to their lives during and after COVID-19. We know that African-Americans, the elderly and those with underlying health conditions are more likely to die from COVID-19 than other populations. The 7th Congressional District is home to many of these populations. We offer the Governor a list of recommendations to protect these Alabamians and their families as we begin to rebuild and revitalize our state after COVID-19.

- Prioritize testing, tracing and treatment for vulnerable communities and essential workers
- Ensure testing in all 67 counties
- Provide financial assistance for disadvantaged businesses
- Protect Alabama's uninsured population by expanding Medicaid
- Expand broadband
- Create new employment opportunities through contacting tracing
- Incentivize paid sick leave and emergency family leave to promote a healthy workforce in Alabama.
- Provide hazard pay to health care and essential workers or state tax credits to frontline health care workers, similar to the credit for doctors who practice in rural areas, to protect Alabama's frontline health care and essential workforce and demonstrate our state's appreciation for the work they do.
- Share best workplace practices and help employers most effectively implement long-term policies to the benefit of employees and help businesses prepare and adapt in the event of a future pandemic.

1. PUBLIC HEALTH TRIGGER & CONSIDERATIONS TO REOPENING ALABAMA

> " *As we head to the next phase of our pandemic, I would remind everyone that our testing and rapid turnover of test results need continued focus before we do any widespread 'reopening' of the State.* We have to have a quick way to identify if someone has the virus, not just for the patient but also for the staff treating the patient. Also, I am concerned about the availability of telehealth in our rural communities. Will our limited connectivity and broadband support those rural residents who need to speak or connect with their physicians and providers?*
>
> *– J.W. Cowan, CEO, Choctaw General Hospital*

PUBLIC HEALTH TRIGGER: DECLINING CASES OF STATEWIDE HOSPITALIZATIONS

The pre-condition for any re-opening: An overall trending reduction in reported hospitalizations with COVID-19 for at least 14 days, by public health district. While we believe hospitalizations are the most reliable data point for determining when it is safe to gradually begin reopening, the State must also take into consideration declines in overall confirmed cases and COVID related death rates.

RECOMMENDATIONS

A phased re-opening of the Alabama economy must be supported by the following recommendations in parallel:

- **Testing:** Widespread availability of rapid testing
- **Tracing:** Aggressive and comprehensive contact tracing
- **PPE:** Adequate availability of PPE/Personal Safety Resources (PSR). Address supply chain barriers to widespread access.
- **Work with the Alabama Department of Public Health and health care providers to expand access to effective and affordable treatment for all Alabamians, when a safe and approved treatment comes to market.**
- **Maintain CDC/ public health guidance:** To continue to slow the community spread, our "New Normal' will include maintaining the important personal hygiene,

social distancing and rigorous cleaning of businesses and public spaces
- **Establish routine health measures** to ensure the safety and health of employees and the public
- **The Alabama Department of Public Health must have the capacity to establish information systems that will allow them to detect any upsurge in new cases**

SUMMARY OF FINDINGS

In Alabama's 7th Congressional District, our diversity is our greatest strength. Thus, we believe that health equity must be a top consideration in the reopening of Alabama's economy. Our district has a history of taking care of all people, especially those who are more vulnerable to COVID-related morbidity and mortality.

As of April 21, 15,194 residents of the 14 counties in the 7th Congressional District have been tested for COVID-19. Of those, 1,450 have tested positive. Wilcox, Greene, Lowndes, and Sumter Counties have the highest rates of confirmed cases in the 7th District, respective to the total number of those tested.

According to the Centers for Disease Control, health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." When this health equity is achieved, society as a whole benefits, with more healthy workers to contribute their skills and ideas to our economy. The COVID-19 pandemic is a dramatic, inverse example of this truth.

Our public health recommendations take into account the following factors:
- Care according to need
- Attention to the most vulnerable
- Fairness without considerations of ability to pay for care

The survey conducted by the AL07 Advisory Group indicated strong support for health and safety measures, with the majority of respondents indicating that they will feel safe to reopen when testing is widely available. Almost 60 percent of respondents reported that public health recommendations will have the greatest impact on resuming operations. Respondents were asked to rank on a scale of 1-5 their level of concern across a myriad of topics related to their business operations during COVID-19. Employee health and safety was rated the highest at 4.4 and customer health and safety at 4.3.

When asked to rank on a scale of 1-5 the most serious challenges facing their communities as we begin to move into a recovery phase, respondents ranked access to testing the highest.

Alabama must strive to make every effort possible to apply the best principles of

disease control to protect the lives of its residents from COVID-19. However, we cannot stop there.

When looking at the far-reaching devastation of COVID-19, we must recognize that public health, as broadly defined, must encapsulate more than just one disease or virus. From a public health perspective, the COVID-19 pandemic will further exacerbate many of the social determinants of health including employment with a livable wage, health insurance, access to care, transportation and healthy food options, among many other concerns.

ADDITIONAL CONSIDERATIONS: ALABAMA TO REACH PEAK ON APRIL 25, 2020

At its likely peak on April 25, Alabama is projected to have approximately 500 inpatients with COVID-19 according to a COVID-19 forecasting model created by the UAB School of Public Health.

Based on current data for UAB and for all Alabama hospitals, we can expect 285 of the expected patients will require an ICU bed, with 150 requiring mechanical ventilators. Alabama has the capacity now to provide inpatient care to meet that demand.

PUBLIC HEALTH RECOMMENDATIONS: A CLOSER LOOK

TRIGGER: PRECONDITION TO OPENING

The public health considerations for easing stay at home orders and "re-opening" Alabama include a single trigger and three supporting recommended goals that the State should seek to achieve:

Trigger: Declining Cases of Hospitalizations – An overall trending reduction in reported hospitalizations with COVID-19 for at least 14 days is our pre-condition for any reopening, by public health district.

Although a reduction in cases is the recommended measure from the White House guidelines, to a large degree, positive cases are a function of the amount of testing being done. The Alabama Department of Public Health's data shows that to date, the State has tested less than 1 percent of the state's population. Until our state has tested more Alabamians, using reported hospitalizations provides a more stable and reliable measure. In addition to hospitalizations, the State should consider the overall COVID-19 death rates before reopening the entire economy.

The two tables below show the current trend in hospitalizations by public health districts (region). Alabama's 7th Congressional District is divided between the West Central, East Central, Southwestern, and Jefferson Public Health Districts, all of which are still trending up. When COVID-19 hospitalizations trend down in any one of these districts for 14 consecutive days, the trigger will be met for beginning to gradually reopen in that respective public health region. See Appendix C for the Public Health District map.

Number of In-House COVID-19 Patients by Day and Region

Northeastern   Northern   Southeastern   Southwestern   West Central

Number of In-House COVID-19 Patients by Day and Region

East Central   Jefferson   Mobile
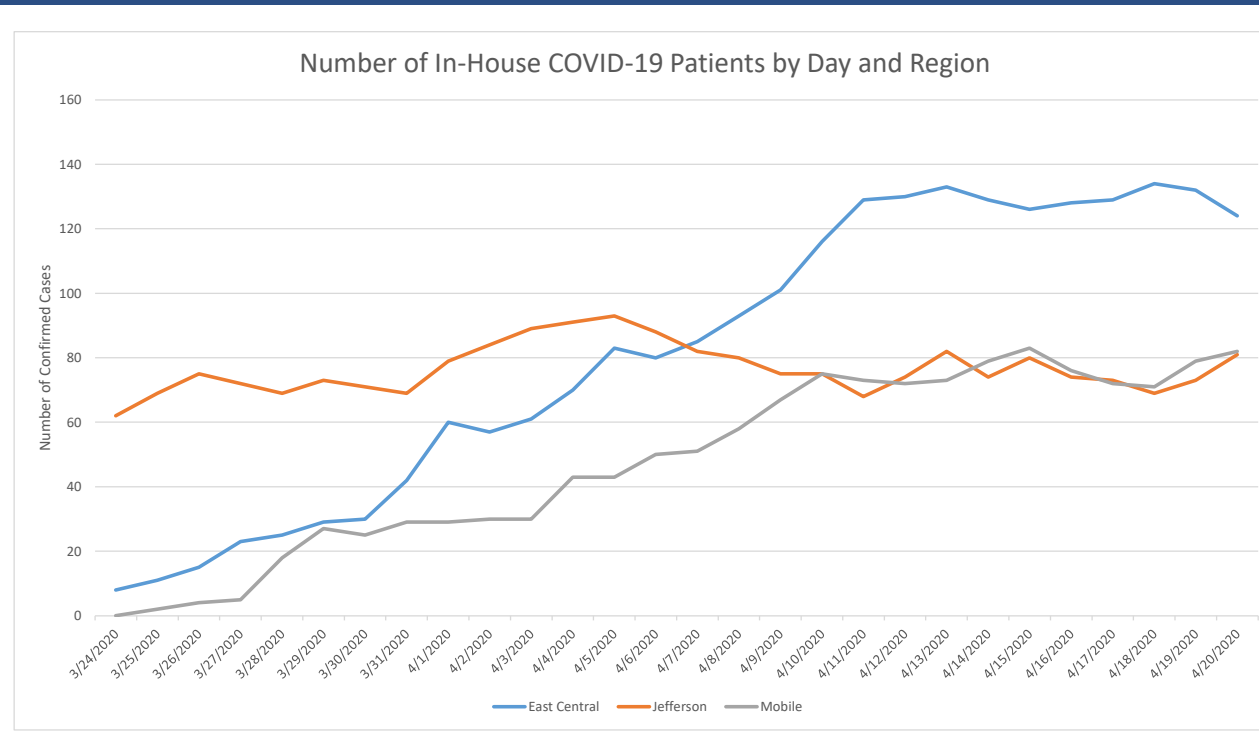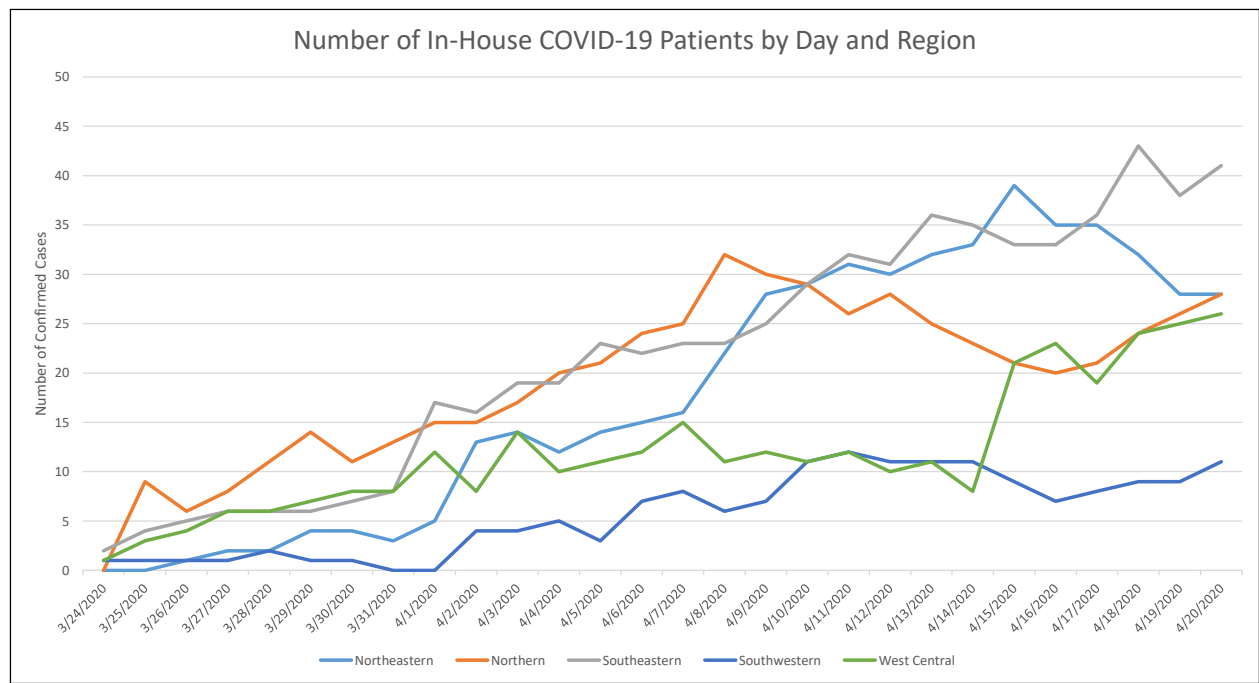
SOURCE: UAB SCHOOL OF PUBLIC HEALTH

WHERE WE ARE NOW: Alabama's COVID-19 hospitalization numbers are trending up, along with the numbers of confirmed cases and deaths.

WHERE WE NEED TO BE: Overall trending reduction in the change of hospitalizations from the previous day by public health district, for a total of 14 consecutive days. This data will need to be tracked by public health district to guide the Governor's decision in how to gradually reopen the State. The State should also consider whether the State's COVID-19 death rates are trending up or down before instituting a statewide reopening. This data will need to be tracked by public health district.

WIDESPREAD AVAILABILITY OF RAPID TESTING

We cannot effectively fight the COVID-19 pandemic and protect our constituents from a resurgence later in the year without widespread testing.

WHERE WE ARE NOW: 48,387 tests were conducted in Alabama between approximately February 24 and April 21, 2020. This is approximately 6,000 tests a week. The rural areas of the district have been woefully under tested. The lack of consistent reliable testing sites in the Black Belt is a cause for serious concern.

Vulnerable communities, including minorities, the elderly, and those living in rural areas, face increased challenges to accessing testing. We must always be mindful of the additional resources needed to expand testing in the Black Belt and minority communities across the state. These populations are less like to trust that diagnostic testing are safe and effective due in part to the legacy of the U.S. Public Health Service Syphilis Study at Tuskegee.

WHERE WE NEED TO BE: Experts estimate that, nationally, we will need 750,000 tests weekly to move to core-based interventions. In Alabama, we will need 11,200 tests per week. It is recommended that, at minimum, everyone with symptoms and their close contacts be tested.

Counties must be able to conduct approximately 25 tests per 10,000 residents per week.

Our State's testing strategy must include intentional and explicit inclusion of our most vulnerable residents. Additional investments must be made to promote testing in minority communities due to the barriers outlined above.

PRACTICAL CONSIDERATIONS: The State must ensure that each county has a minimum acceptable number of tests per capita, especially those in hard hit and at-risk communities. Testing must remain at no cost for the individual, including for those who are uninsured. Until there is a vaccine, testing should become as widespread and routine as possible. We recommend that the State and the Alabama Department of Public Health work with trusted community leaders in the Black Belt to encourage and promote COVID-19 testing.

SCALE AGGRESSIVE AND COMPREHENSIVE CONTACT TRACING

WHERE WE ARE NOW: Clear information is needed from the State on how many contact tracers are currently working in the State and how many are needed to meet the demand. Jefferson County Department of Health has 25 staff conducting contact tracing.

WHERE WE NEED TO BE:
The Alabama Department of Public Health must assure that each public health district has sufficient contact tracing capacity. Contact tracing helped to contain the SARS outbreak in 2003 and 2004 and is recommended by public health experts across the state and country.

A Johns Hopkins Center for Health Security report conducted in partnership with the Association of State and Territorial Health Officers (ASTHO) includes a finding that the U.S. will need 100,000 more contact tracers for a full recovery from COVID-19. If we use this standard, Alabama would need 1,493 contact tracers based on per capita data. Massachusetts is hiring 1,000 people to do contact tracing. At a minimum, Alabama would need to hire a total of over 700 contact tracers to be on par with Massachusetts, based on our population size. Florida reportedly recruited over 100 contact tracers, all university professors and students, in one weekend earlier this year to assist the Florida Department of Health's 264 infectious disease epidemiologists with contact tracing investigations. By every one of these measures, Alabama will need to increase our contact tracing and community health worker workforce to truly recover from this pandemic

As more Alabamians are out of work due to the COVID-19 pandemic, contact tracing provides us with the perfect opportunity for a jobs program. In Section 3, we provide more recommendations on utilizing our state's contact tracing and community health worker demands to meet our need to get Alabamians back to work.

We must surge the existing public health workforce to conduct contact tracing. There must be adequate funding, workforce enhancement, and technological tools for the public health system and partner organizations, under the direction of the Alabama Department of Public Health, to support the contact tracing that will be necessary. A

comprehensive contact tracing plan must be implemented before the social distancing orders are relaxed.

PRACTICAL CONSIDERATIONS: The State must work with our universities to recruit contact tracers and community health workers and work with public health departments to ensure that every county has a sufficient public health workforce to conduct contact tracing.

WIDESPREAD AVAILABILITY OF PERSONAL PROTECTIVE EQUIPMENT (PPE) AND PERSONAL SAFETY RESOURCES (PSR)

Throughout our report, we will refer to Personal Protective Equipment (PPE) and Personal Safety Resources (PSR) as separate types of protective gear. For the purposes of this report, we reserve the term PPE for medical settings, to be used by health care personnel to protect themselves, patients and others when providing care. PSR refers to the personal safety items that the public and businesses should use, like face masks, hand sanitizer, gloves, and other protective items.

In recognition of the severe challenges our health care system is facing due to PPE shortages because of the COVID-19 pandemic, we use another term for supplies that should be made available to non-medical employers and the public.

The State should continue working with FEMA and ASPR to reserve PPE for our hospitals and healthcare providers, including N95 respirators, facemasks, isolation gowns, etc. We are recommending that non-medical employers and the public use PSR, which can include nonmedical face coverings, hand sanitizer, and gloves.

> *The lack of PPE available to our facilities not only hinders us from providing COVID-19 testing but also halts our ability to safely provide direct care services, especially in our rural communities where telehealth services can present significant challenges and/or may not be viable options.* *While we are fortunate to have received donations, we realized that this is not a viable long-term solution as they are also fighting on the very from lines of this pandemic. W**e all need more PPE, and we need more NOW.***
>
> *- Keshee Dozier-Smith, CEO, Rural Health Medical Program*

WHERE WE ARE NOW: Over 70 percent of our survey respondents do NOT currently have a steady supply of PSR available for employees or customers.

Our health system partners are experiencing shortages of PPE.

WHERE WE NEED TO BE: The Bureau of Labor Statistics shows 2.2 million Alabamians

in the civilian workforce in March 2020. If 25 percent of the workforce returns to work when restrictions ease, this will require face coverings and other PSR for 550,000 workers.

PRACTICAL CONSIDERATION: As other states are also requesting PPE from FEMA and the federal government, we recommend that the State continue asking for adequate PPE to meet our demand, with special consideration to future needs to ensure a steady supply to protect first responders and health care workers.

The State should also work with businesses and state entities to ensure a steady supply chain of PSR, to ensure access by employees and the public, especially those with high levels of customer interaction.

WORK WITH THE ADPH AND HEALTH CARE PROVIDERS TO EXPAND ACCESS TO TREATMENT, WHEN A SAFE AND APPROVED TREATMENT COMES TO MARKET

WHERE WE ARE NOW: Currently, there is no FDA-approved, safe, or effective treatment for COVID-19. Any current treatment is experimental.

WHERE WE NEED TO BE:
When a treatment comes available, the State must work to ensure all Alabamians can access the treatment, regardless of residents' health insurance status.

We know that vulnerable communities face increased challenges accessing treatment since they are more likely to be uninsured. In Section III, we recommend that the Governor expands Medicaid. When a treatment is made available, we want uninsured Alabamians to know they can access affordable treatment and we want our hospitals and health care providers to be reimbursed for the treatment they provide to the uninsured. Medicaid Expansion would be a vehicle for achieving that goal.

Similarly, when a vaccine comes to market, the State must work to make sure all Alabamians can access the vaccine at little to no cost.

PRACTICAL CONSIDERATION: When a treatment comes available, the State must work to ensure all Alabamians can access the treatment and that health care providers are properly reimbursed for providing treatment to Medicaid patients and the uninsured.

The State should also complement federal investments in public and private biomedical research at our state's premier research universities and institutions. Alabama's biomedical research institutions are well-positioned to play a pivotal role in

the development of effective COVID-19 diagnostics, treatments, and vaccines.

MAINTENANCE OF CDC/PUBLIC HEALTH GUIDANCE

To continue to slow the community spread, our "new normal" will include maintaining important personal hygiene, social distancing, respiratory etiquette and sanitization guidelines recommended by the CDC in workplaces and public places. This is a recommendation for all businesses and entities in the state, public and private. Additionally, we recommend that the State and the Alabama Department of Public Health continue to conduct public outreach campaigns about the importance of practicing personal hygiene, respiratory etiquette, and cleaning of shared spaces.

- Physical distancing must continue at workplaces, businesses and public spaces
- Hand sanitizer must be readily available at businesses and in public spaces
- Require rigorous and regular sanitizing and cleaning of workplaces, shared spaces and public spaces
- Facial coverings must be worn in public areas and businesses

ESTABLISH ROUTINE HEATH MEASURES TO PROTECT THE SAFETY AND HEALTH OF EMPLOYEES AND THE PUBLIC

Our survey results indicate that employers and community leaders of all sizes and industries strongly support masking, social distancing, and public health safety for employees and the public.

We recommend that businesses implement the following practices to ensure the safety of employees:

- Symptom screening (temperature testing) at workplace entry is highly recommended. Note: We recommend that the State incentivizes sick leave policies in Section III of our report because we believe public health is compromised when employees come to work symptomatic because they cannot afford to miss work. This is particularly true for those working in jobs where they interact regularly with the public.
- Have employees complete the COVID-19 symptom tracker on a regular basis to identify any changes in symptoms
- Special monitoring and accommodations for employees with underlying conditions and COVID-19 positive employees.

FOR EMPLOYEE SAFETY:

- **Phase-in the re-start,** beginning with employees who have no underlying risks/co-morbidities.
- **Physical distancing at work must continue.** Only 12 percent of survey respondents indicated that social distancing at work is NOT possible. Our public health experts recommend requiring 100 sq. feet of retail space per customer and employee. (This can be expressed in terms of a percentage of Fire Code Occupancy allowance.)
- **PPE/personal safety resources should be provided to workers at no cost to them,** especially those who may come in contact with others or with shared surfaces in the workplace. This includes a nonmedical face covering per person, hand sanitizer easily accessible to all workers and gloves for any workers exchanging objects by hand with other persons.
- **Ensure employees complete the COVID symptom tracker regularly.** Changes in symptoms will require the person to be tested and quarantined until test results return. If positive, implement aggressive contact tracing.
- **Employees with underlying health risks and older populations may safely return to the workforce after the initial re-opening if there has been no significant resurgence of COVID-19 cases.**

FOR THE PUBLIC SAFETY:

- **Require the wearing of a facemask** in order to enter any place of business.
- **Encourage private businesses to offer PSR** such as gloves and nonmedical face coverings and hand sanitizer for customers at building entry points, for those who do not have their own.
- **Government facilities open to the public should provide PSR** such as gloves and nonmedical face coverings and hand sanitizer for any person entering the building, in the event they do not have their own.

Special plans for re-opening for higher risk areas, such as nursing homes, assisted living facilities, hair salons, restaurants, etc., should be developed by their respective associations and approved by an ad hoc commission under the leadership of the State Health Officer.

UPSURGE DETECTION CAPACITY

To mitigate the risk associated with reopening certain sectors of the economy, the State and the Alabama Department of Public Health must have the information system capacity to detect an upsurge in new cases following a reopening. To achieve this goal, the State should work with our public health departments, universities and research institutions to strengthen our public health surveillance systems.

We recommend that the Alabama Department of Public Health continue to update Alabama's COVID-19 Data and Surveillance Dashboard until there is a vaccine available to Alabamians.

DEVELOP A PLAN TO REINSTATE RESTRICTIONS SHOULD REOPENING CAUSE A RESURGENCE

We recommend that the State have a plan in place to reinstate restrictions should there be a resurgence of the virus later in the year. They should provide businesses and health care providers with clear scenarios for reinstating restrictions.

SPECIAL REOPENING CONSIDERATIONS FOR HOSPITALS

Alabama's health care infrastructure was fragile at best, prior to March 1, 2020. Ninety-percent of the state's rural hospitals were operating in the red. The onset of the COVID-19 pandemic meant two things for hospitals across the state.

First and foremost, what do we have to do to care for the infected? Are there enough protective resources, equipment, and beds to care for an unknown number of patients? How do we protect the staff caring for them? Essentially, hospitals went into trauma disaster mode immediately by discharging patients to make room for the truly ill at an unpredictable or unknown rate of admission.

Second, hospitals were ordered to cease elective surgeries the week of March 15. With that, surgical practices also stopped seeing patients. For almost six weeks, hospitals across Alabama have lost a significant amount of revenue, while sustaining continued expenses, due to the loss of elective surgeries, ancillary services, and low inpatient volumes created to accommodate surge. Some hospitals have furloughed or laid off workers to reduce costs, while others have significantly reduced employees' hours. Others are trying to retain employees as best they can. The health of the hospital and physician infrastructure is dependent on reestablishing elective surgeries on a limited basis.

Appendix D is a recommended recovery plan to get hospitals back to work and help stabilize our health care infrastructure.[1]

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1   See Appendix D

2. BUSINESS COMMUNITY: WORKFORCE AND WORKPLACE CONSIDERATIONS

> *If we only are allowed to operate at a 50% occupancy rate or other limited operations, then the breweries will be operating at a loss. **We do not wish for the economy to open prematurely or open too early, but we are trying to find avenues where we can operate at a limited capacity.***
>
> *– Eric Meyer, Owner, Cahaba Brewing Company*

RECOMMENDATIONS

- **"Speak with one voice"** and be in constant communication with employers to provide regular updates on the State's evolving back-to-work plan and public health developments.
- **Recognize that businesses need flexibility** as they re-open, based on their size, location, and level of daily physical interaction with their customers.
- **Encourage employers to reopen their businesses in phases** to protect employees, customers, and communities.
- **Ensure employees are provided with appropriate Personal Safety Resources (PSR)** by their employers, including face coverings, gloves, and hand sanitizer.
- **Provide guidance to assist businesses in developing back-to-work plans to prioritize employee safety,** including:

    * Guidance to symptomatic employees
    * Plans for employees in vulnerable populations
    * Altered sick leave policies
    * Screening protocols for employees and temperature checks at entrances to businesses
    * Social distancing guidelines for employees
    * Workforce training for employees to maintain a safe workspace
    * Adjusted business travel policies

- **Provide guidance to assist businesses in prioritizing customer health and safety,** including:

* Sanitation in high-traffic areas
* Social distancing requirements for customers
* Use of PSR by customers
* Consider alternative ways for customers to interact with businesses (I.e. online purchases, booked appointments)

- **Work with the State Superintendent to address the childcare needs of workers,** including exploring grant possibilities and state funding for childcare, after-school care, summer learning, and care for young children.
- **Provide increased support to small businesses, hospitals and nonprofits** through expanded loans and grants by ensuring that COVID-related federal resources received by these businesses are not taxable at the state level.

SUMMARY OF FINDINGS

The necessary stay-at-home order and social distancing policies required to curb the spread of the deadly COVID-19 virus have impacted all businesses in Alabama's 7th Congressional District. As our state continues its containment and mitigation efforts to protect the health of all Alabamians, we must also look towards establishing a roadmap to safely reopen businesses in our state. The findings and recommendations in this report are intended to promote best practices for a cautious and systematic reopening of Alabama's economy based on a phased approach that is guided by public health triggers and designed to prioritize the health of employees, customers, and our communities.

After collecting information from a broad cross-section of small, medium, and large businesses in both urban and rural areas in Alabama's 7th Congressional District, it is clear that the economic condition and operational challenges businesses face varies depending on size, location, and physical exposure to customers and the public.

Our findings show that Alabama's economy was strong before the COVID-19 pandemic, with over two-thirds of respondents reporting that business was good and improving and another fifth of respondents stating that business was good and steady. However, the health precautions and operational changes required to combat the spread of COVID-19 created unprecedented challenges for employers and their employees. Over 20 percent of respondents report they have closed their businesses completely in response to COVID-19, while 40 percent have remained open only with significant changes to their daily operations.

Many businesses, large and small, rural and urban, are in desperate need of financial support. Over 47 percent of respondents applied for SBA Economic Disaster Assistance Loans and over half have applied for Paycheck Protection Program (PPP) loans. Of those who applied for the Economic Disaster Assistance Loan, three-fourths have not received funds (as of the printing of this report) and of those who applied for

a PPP loan, only 54 percent have received funds. Two thirds of responding businesses have reduced employee hours, and over one third said they have furloughed or laid off employees.

Our survey reflected the financing and operational challenges facing businesses during this pandemic. Over 90 percent of businesses surveyed have had to make operational changes or have had to close completely, and two-thirds of the survey respondents were small businesses with less than 50 employees.

As businesses contemplate when to resume operations, they are concerned with cash flow, supply chain stability, employee health and safety, customer health and safety, access to personal protective equipment and cleaning supplies, and the ability to maintain social distancing. Ultimately, the majority of respondents indicated that they will look to local health officials' recommendations when making the decision to ramp up operations.

When businesses do begin to open, respondents indicated that their operations will be impacted in varying ways by future exposure mitigation policies. One fifth of respondents' businesses would not be impacted by a 6-foot social distancing requirement in the workspace, while two thirds say their business operations would be moderately or significantly impacted.

BUSINESS RECOMMENDATIONS: A CLOSER LOOK

FLEXIBILITY FOR BUSINESSES

Guidance from the State should recognize that businesses need flexibility as they re-open, based on their size, location, and level of daily physical interaction with their customers.

As back-to-work policies and timelines are considered by state officials, input and consideration offered by the business community is essential. We will need to recognize that there is no one size fits all approach. The State guidance should fit the particulars of the industry and be as specific as possible. Solicitation of input from the various industry on what safety and health measure will work best for them will be important.

CLEAR AND CONCISE COMMUNICATION WITH BUSINESSES AND EMPLOYEES

Businesses are receiving information from a variety of sources and many are confused by the conflicting guidance provided by the public and private sector. To combat confusion, the State should "speak with one voice" and regularly communicate with both employers and employees to provide updates on ongoing plans for a phased reopening of the economy. Doing so will help eliminate confusion for businesses who need to develop plans for employees and customers.

The State should also be clear that plans can and will change based on ongoing safety, health, and government guidance. Constant communication is essential to reduce confusion and combat the dissemination of misinformation. The State should also strongly encourage businesses to share their back-to-work plan and stay in constant communication with their employees.

PHASED REOPENING AND ACCESS TO PERSONAL SAFETY RESOURCES

The State should be clear that not all employees may be able to return to work at one time, and clearly set appropriate expectations around the health risks involved with businesses reopening. Guidance related to a phased reopening should be shared in advance with businesses for timing and planning purposes. It is vitally important for Alabama to plan now for the possibility of reintroduction of physical distancing guidelines if there is an increase in COVID-19 cases.

In order for a phased reopening to be successful, the State must ensure that employers have access to Personal Safety Resources (PSR) and testing. If testing and PSR continue to be in short supply, the State should adjust their reopening schedule to reflex conditions on the ground. The State should not ask employers to fully re-open if employers cannot be ensured that they will have adequate safety resources for their employees and customers.

BACK-TO-WORK BUSINESS PLANS – EMPLOYEE SAFETY

As government guidelines continue to evolve, many businesses are attempting to develop their own back-to-work plans. Businesses want to open in a safe and responsible way, but many employers are not aware of what policies they should implement to best protect their employees and customers. Therefore, it is critical that the State provide employers with best practices and guidance that describes what policies should be included in a business' back-to-work plan. At a minimum, plans should be based on key considerations such as guidance from public health authorities, local public health readiness, virus spread, and workforce readiness.

Key to an effective back-to-work business plan is identifying factors associated with the protection of employees. Business plans should provide guidance to symptomatic employees, including notifying them of all health policies relevant to them or recovering family members who may share a living space with the employee. If employees are found to exhibit symptoms, businesses should ensure they can return home safely and isolate in accordance with health guidelines.

Business plans should also recognize that some employees, including those in vulnerable populations or with pre-existing medical conditions, should not return to work immediately. Businesses should consider adapting their sick leave policies to accommodate employees that must remain isolated for an extended period of time.

For employees who are planning or expected to return to work, continued wellness and temperature checks are recommended for keeping the workforce safe. Social distancing based on health recommendations should be maintained at the place of business, and if remote working options or special work location configuration are available, they should be implemented. The State should coordinate with businesses to continually assess testing and Personal Safety Resource (PSR) availability. Businesses should be encouraged to alter their back-to-work plans if access to PSR or testing is limited. The State should also recommend that employers adjust business travel based on contact tracing information and location risk levels.

Workers returning to their place of employment should be trained in safe practices, both in connection with their interaction with their co-workers and with customers. Training programs for employers and employees, developed by health care professionals and administered by the Alabama Department of Public Health, will be critical both to maintaining healthy workforces and restoring the confidence of workers and the public.

> *The employees' health and safety has top priority at Mercedes-Benz. Therefore, the halt of production and administration is a measure to ensure this and to further contain the spread of the pandemic. Wherever work is necessary to continue basic operations (such as cleaning and equipment maintenance), the company will continue operations in coordination with the respective authorities. All appropriate precautions to prevent the infection of its employees will be taken.*
>
> *– MBUSI*

BACK-TO-WORK BUSINESS PLANS - CUSTOMER SAFETY

The State should strongly encourage all businesses to implement policies and best-practices that prioritize customer health and safety. Businesses should be encouraged to recommend that all customers wear a face covering and other Personal Safety Resources (PSR) when at business locations. Businesses should also increase sanitation and disinfecting practices, especially of common and high-traffic areas are critical.

Furthermore, businesses must clearly communicate to customers about safety practices including social distancing guidelines for each customer-touch location and about details on alternative ways customers may interact and/or conduct transactions (e.g. cashless payments).

We must recognize that reopening businesses – even through a phased approach – carries the risk of increased transmission which could lead to a community spread. Before opening, the State should encourage businesses to share risk details with their customers as a part of corporate responsibility and customer choice (e.g. a beauty salon may require appointments only, social distancing of six feet or more/waiting in cars, hand sanitizing throughout appointment, etc.).

LACK OF AVAILABLE CHILDCARE

When the State moves to reduce the restrictions put in place by the April 3 Public Health Order, many employees may not have access to childcare. At this time, the State has indicated that K-12 schools will remain closed through the end of the school year. Additionally, childcare and daycare facilities are closed, and many will remain so for some time. When childcare options begin to open, they may open with limited capacities or reduced hours of operation. Employees who previously relied on older family members to care for children during work hours may be hesitant to do so now due to the high risk that COVID-19 poses to those over 60.

The CARES Act, which Congress passed on March 27, 2020, placed new requirements on certain employers to provide paid sick leave to employees for several reasons – including the lack of adequate childcare. The Act requires employers with fewer than 500 employees to provide paid leave for up to twelve (12) weeks. This paid leave is reimbursed to employers via a refundable tax credit taken against the employer's payroll tax. Depending on when employers sent their workforce home and whether they continued to pay those workers some employees may have already exhausted a portion of their available paid leave. As workplaces begin to open, the State should work with the State Superintendent, employers, and other relevant stakeholders to address the childcare needs of workers.

> *Small, disadvantaged businesses have long been left out and cut off from resources. Even with the federal government's response to business interruption caused by COVID-19, the great majority of those businesses are not being helped. For many years we have lobbied, advocated, and pushed for banks to allow these firms to establish relationships with them. That has not been done to a large degree and these same businesses who don't have established relationships and familiarity inside federally insured institutions are once again being left out. **We must learn this lesson, alternative delivery systems that cater to small, minority, historically disadvantaged and under utilized firms, must be developed and deployed.***
>
> *- Bob Dickerson, Executive Director, Birmingham Business Resource Center*

SMALL BUSINESS FINANCING

Small businesses have faced unique challenges and heightened hurdles to maintaining operations or reopening in light of the COVID-19 outbreak. The federal loans, grants, and guarantees under the CARES Act are intended to provide liquidity for these business owners, but the scope of their economic challenges and the structure of these programs have left too many businesses without relief. Public reports have highlighted the difficulties of business owners struggling to access these programs, a challenge exacerbated by how quickly the allocated funds have run out. These issues were confirmed by many business owners who provided feedback through our survey, the vast majority of whom have not yet received a grant or loan.

In order to preserve these businesses and support our local economies throughout Alabama, the State should complement federal efforts and provide liquidity to small businesses through supplementary loans and grants. State financing tools should be targeted directly to businesses that have struggled to access federal programs, particularly those businesses with 50 or fewer employees. Further, the State should ensure that businesses which have received federal assistance can fully utilize these funds by ensuring that they are not subject to state-level taxation. Small businesses are the heart of our communities and face the greatest risk as we work to contain the COVID-19 outbreak; additional support for them is necessary as we work to bounce back from the pandemic.

3. PROTECTING VULNERABLE, AT-RISK COMMUNITIES

> " *We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.*
> *- Martin Luther King, Jr.*

While there are many vulnerable Alabamians, for the purpose of this report, we are focusing on the particular vulnerable populations hardest hit by the COVID-19 crisis: minorities, the elderly, those with underlying health conditions, and those living in rural and urban at-risk communities.

RECOMMENDATIONS

- **Prioritize vulnerable, at-risk communities,** including minorities, seniors, rural and underserved urban communities for testing, treatment, tracing and personal safety resources.
- **Make COVID-19 testing available in all counties in quantities proportional to population** and targeted to at-risk individuals and communities (such as seniors, people who are homeless, those with underlying health conditions and people with disabilities and special health care needs).
- **Provide targeted assistance to minority-owned, women-owned, veteran-owned and disadvantaged businesses.** In order to preserve these businesses and support our local economies throughout Alabama, the State should complement federal efforts and provide liquidity to small and minority-owned businesses through supplementary loans and grants. This can be done in partnership with the Office of Minority Business Enterprise within ADECA.
- **Ensure coverage and access to care for uninsured Alabamians** and improve the financial viability of rural hospitals and health providers by expanding Medicaid.
- **Prioritize the expansion of affordable broadband into rural and underserved communities** in order to promote telehealth, distance learning, and remote working options.
- **Work with the CDC and the Alabama Department of Public Health to establish and train a cadre of community health workers and contact tracers** to meet our state's demand for contact tracers and public health workers. The State should identify newly unemployed citizens who could be trained as community health workers and perform contact tracing.
- **Incentivize paid sick leave and emergency family leave** to promote a healthy workforce in Alabama.
- **Provide hazard pay to health care and essential workers or state tax credits**

to demonstrate our state's appreciation for the work they do.
- **Share best workplace practices and help employers most effectively implement long-term policies** to the benefit of employees and help businesses prepare and adapt in the event of a future pandemic.

SUMMARY OF FINDINGS

Re-opening Alabama's economy as we recover from the COVID-19 pandemic will be a complex and unprecedented undertaking. Previous sections of this report have highlighted health and safety concerns and the steps necessary for resuming business activities across the state. This section will address another dimension of getting Alabama's 7th District back to work – restoring and strengthening the quality of life for Alabamians who are eager to feel connected and productive, while also ensuring that our need to restart economic activity does not compromise the lives of our most vulnerable citizens, those who have been hit the hardest by this pandemic.

In reopening our economy, we must mitigate the risk associated with easing social distancing measures and protect the most vulnerable, including the elderly and those with underlying health conditions.

We must recognize the underlying structural inequalities that have magnified inequalities and yielded disparities in health outcomes associated with COVID-19, understanding that they existed long before this pandemic. Anyone can contract the coronavirus, but vulnerable populations who lack adequate health care and social resources are more likely to suffer from severe complications or die from the virus.

These racial health and social disparities compromise our ability to respond to current and future pandemics. By population, our state has one of the highest percentages of African Americans in the country. As we emerge from the COVID-19 pandemic, Alabama can be a national leader in reversing these trends and addressing these health disparities.

As we work toward addressing these inequalities in order to protect our vulnerable populations from continuing to contract the virus at disproportionate rates, we must do so with an eye toward the future, finding long-term solutions that will work to address our state's continued challenges in improving health and economic conditions for all Alabamians.

Vulnerable communities, particularly minorities, have been the hardest hit by both the pandemic itself and the consequent necessary public health interventions, such as social distancing and the closing of businesses. Those working low-paying jobs may find it impossible to ensure that they are adequately protected in their workplace, even if their manager is not enforcing safe guidelines; and those same populations likely do not have the savings to stay home or take unpaid sick leave. Those living with limited indoor space may find it harder to social distance, and a prolonged, over-crowded

quarantine may lead to mental health concerns and an increase in domestic violence.

As this pandemic persists, data from across our country reflects the enormous racial and socioeconomic disparities of COVID-19, offering a dark and sobering reality check to Alabama's 7th Congressional District. According to data collected by the Alabama Political Reporter from the Alabama Department of Public Health, black Alabamians account for over 47 percent of verified COVID-19 deaths, while making up less than 27 percent of Alabama's population.

African Americans are 1.5 times more likely to be uninsured, and Hispanics are 2.5 times more likely to be uninsured than white Americans. African Americans are also more likely to have chronic health conditions and die prematurely from stroke, coronary heart disease, diabetes, maternal complications, and various cancers than their white counterparts. Similarly, pre-existing health conditions that exist at higher rates in black communities make these populations more susceptible to the virus. At the same time, minorities are more likely to work in frontline settings with high exposure to the spread of the virus and less protection.

Access to federal small business support resources has also been a challenge for minority-owned and rural owned businesses. One advisory group member told us about a call she received from a minority woman business owner in Alabama's Black Belt on the day before the Paycheck Protection Program (PPP) ran out indicating that she had only learned of the program a few days before. When she contacted her bank with which she had banked for 30 years, they told her that they had reached their PPP lending cap. She learned from her white neighbor that he was able to put in an application with the same bank after she'd been told they had reached their cap. This is just one example of the challenges faced by small businesses.

The consequences of this pandemic for our vulnerable and minority communities is far-reaching and diffuse, permeating every corner of life from professional to social to familial to spiritual. We must work diligently to ensure that we are not leaving these populations behind; and that we are planning and building for the future.

PRIORITIZING VULNERABLE AT-RISK COMMUNITIES

The Alabama Department of Public Health's data shows that, to date, Alabama has tested less than 1 percent of the state's population. The lack of testing in the minority, rural, and underserved urban communities is especially alarming given the health disparities in those segments of the population. Even more alarming is the fact that black Alabamians account for over 47 percent of verified COVID-19 deaths, while making up less than 27 percent of Alabama's population, according to data collected by the Alabama Political Reporter from the Alabama Department of Public Health.

Given these findings, the State of Alabama must prioritize the testing, treatment and access to PSR for the vulnerable at-risk communities.

Moreover, minorities and members of vulnerable communities are too often essential frontline workers like grocery store employees, delivery drivers, bus drivers, and sanitation workers, who are at a higher risk for contracting this virus given the increased risk of exposure due to the nature of their job. These essential workers are not often recognized as "frontline" workers, but should be since their put their live at risk to provide essential services during this pandemic. Like the healthcare workers and first responders, these essential workers should be lauded for their sacrifice and the State should prioritize the testing, tracing and treatment.

Our vulnerable communities including minorities and the elderly, are less likely to access testing than other populations due to limitations in transportation, health care and economic resources. Communities of color in particular face increased challenges accessing testing and treatment since they are more likely to be uninsured and to be facing economic challenges. Additionally, we know that those with underlying health conditions such as heart, lung, liver and other diseases are at higher risk of morbidity and mortality from COVID-19. It is critical that the State prioritizes testing and availability of treatment for these groups; and that they insist on employers supplying adequate protection for these workers in the field.

Over 27 percent of respondents to our survey indicated that they will feel most safe opening or resuming full operations at their business or organization when testing is not widely available. Ensuring widespread testing will be crucial to any plan for reopening Alabama's economy, and as part of that, we must prioritize those who are vulnerable and who have the most contact with the general public.

ENSURING TESTING IN ALL 67 COUNTIES

The State must ensure COVID-19 testing is available in all 67 counties in quantities proportional to population and targeted to at-risk individuals and communities (such as seniors, homeless populations, and people with disabilities and special health care needs). As is stated in the public health section of this report, testing is critical to containing the spread of the virus. Testing has lagged in the rural areas of the state, where residents already less access to health care providers and funding.

In states across the country, rural communities have been hit hard by the COVID-19 outbreak, not only because residents there tend to be older, but also because of systemic deficiencies that are further stressed by the crisis, including lack of access to health care providers, telehealth services, and teleworking capabilities.

STATE FINANCIAL ASSISTANCE FOR DISADVANTAGED BUSINESSES

The State should provide targeted assistance to minority-owned, women-owned and disadvantaged businesses. In order to preserve these businesses and support our local economies throughout Alabama, the State should complement federal efforts and provide liquidity to small and minority-owned businesses through supplementary loans and grants. This should be done in partnership with the Office of Minority Business Enterprise within ADECA.

The lack of access to responsible and affordable financial services has exasperated the strain on minority-owned businesses. As Congress works to appropriate more funding for the PPP program and address some of the access disparities that have come to light from the first allocation of assistance, the State should ensure that any additional business relief be prioritized to businesses who are unable to access federal small business support.

We recommend that the Governor work with the Alabama Legislature to protect the Payroll Protection Program (PPP) and Small Business Association loans, stimulus payments to individuals and businesses, and any future COVID federal relief provisions from state taxation.

PROTECT ALABAMA'S UNINSURED POPULATION THROUGH MEDICAID EXPANSION

The COVID-19 pandemic has put a spotlight on the health inequities of Alabama's uninsured. Alabama has one of the most bare-bones Medicaid programs in the country. Adults who don't have children don't qualify. And parents who have children

only qualify if they make 18 percent or less of the federal poverty line, which amounts to less than $3,000 a year for a family of two. Medicaid expansion would allow Alabamians making up to $23,336 a year for a household of two, or 138 percent of the poverty level, to receive health care they can afford.

Our rural hospitals were struggling to survive even before the COVID-19 pandemic. Of the rural hospital closures since 2014, 70 percent have been in the 14 states that haven't expanded Medicaid. A recent report found that 60 percent of Alabama's rural hospitals are now at high risk of closing due to the pandemic. It is clear that Medicaid Expansion is needed now more than ever.

The coronavirus crisis presents a unique time in our state's history and, as such, the legislature's response should be one that prioritizes struggling Alabamians over partisan political inclinations. More than 100,000 Alabamians have received unemployment benefits since the beginning of March. Without state action to expand Medicaid, Alabama's uninsured population, particularly those who are newly unemployed, are left with no options for health coverage. Moreover, many workers within the list of essential infrastructure workers provided by the Department of Homeland Security (DHS) are unlikely to have health insurance. Roughly 12 percent of workers in these industries do not have public or private medical insurance. This leaves these workers and their families less likely to get preventive care and more likely to be exposed to substantial medical expenses.

Expanding the Medicaid program has always carried with it great economic opportunity. If Alabama expands Medicaid, it could generate $2.7 billion in annual economic activity, in addition to helping shore up our rural hospitals and local economies. Despite the State's past resistance, the coronavirus crisis highlights the importance of the program and its potential benefit for all Alabamians.

BROADBAND EXPANSION

The State's phased reopening of the economy should include additional investments to expand broadband deployment in rural Alabama. As Alabamians attempt to adjust to the stay-at-home orders, families have become dependent on high-speed, affordable broadband to continue working from home, to keep their children connected to the classroom, and to conduct critical telehealth consultations with their doctors. However, many of our fellow Alabamians in our rural areas still do not have access to this essential utility.

In total, approximately 27 percent of Alabama households do not have broadband internet subscriptions, according to recent census data. Because broadband access and affordability is so integral and ultimately impacts economic, social and health outcomes, we recommend that any phased reopening of the economy by the Governor should include robust and wide spread investments in expanding broadband throughout rural communities.

CONTACT TRACING AS NEW EMPLOYMENT OPPORTUNITY

As outlined in the public health section of this report, contact tracing is an essential consideration that must be undertaken to mitigate the risk of a future COVID-19 outbreak. Contact tracing is key to staying ahead of the curve of COVID-19. Effective deployment of contact tracing into our communities will require hiring and training hundreds of health advocates.

The State should work with the CDC, the Alabama Department of Public Health, and our universities to establish and train a cadre of community health workers and contact tracers to meet Alabama's demand. The State should identify newly unemployed citizens who could be trained as community health workers and perform contact tracing.

We must surge the existing public health workforce to conduct contact tracing. There must be adequate funding, workforce enhancement, and technological tools for the public health system and partner organizations, under the direction of the Alabama Department of Public Health, to support the contact tracing that will be necessary. A comprehensive contact tracing plan must be implemented before the social distancing orders are relaxed.

INCENTIVIZE PAID SICK AND EMERGENCY FAMILY LEAVE

The COVID-19 crisis underscores the importance of paid sick and emergency family leave. No Alabamian should have to choose between getting tested, treated, and caring for a loved one or putting food on the table.

When Americans don't have access to paid leave, it hurts women and low-income workers the most. Currently, only 13 percent of the American workforce receives paid family leave from their employer and less than 40 percent have personal medical leave from a disability program provided through their workplace. Primary caregivers are guaranteed 12 weeks of time off from employers to care for a new child, but the leave is not required to be paid.

The State should provide additional resources to incentivize Alabama businesses to provide employees with additional emergency paid family and sick leave as COVID-19 continues to impact workers and their families.

RECOGNIZE AND COMPENSATE ESSENTIAL FRONTLINE WORKERS

In order to protect Alabama's frontline health care workforce, including hospital custodial and dining staff, and demonstrate our state's appreciation for the work they do, the State should consider providing hazard pay or state tax credits to frontline and essential workers, similar to the credit for doctors who practice in rural areas.

The COVID-19 pandemic has highlighted the important role that frontline and essential workers play in keeping our communities running and safe. Many of Alabama's essential workers, from grocery store clerks, to pharmacy technicians, to home health aides, however, earn wages below the national average, and have not been compensated for the risk they must face in their jobs. Unsurprisingly, disease exposure is higher for these low-wage workers, as they are required to be in close physical proximity to others to perform their basic job functions.

We strongly recommend that the Governor establish a system to adequately recognize and compensate these essential frontline workers for risking their lives for the rest of us to maintain a level of normalcy in our day to day lives. Hazard pay is a reasonable way Alabama can compensate essential workers for the risks they face in protecting and providing for our communities.

HIGHLIGHT WORKPLACE BEST PRACTICES AND POLICIES

The COVID-19 pandemic has required adaptation of workplace and business spaces in creative ways that may defy traditional norms. Sharing best workplace practices will help employers most effectively implement long-term policies to the benefit of employees and help businesses prepare and adapt in the event of a future pandemic.

The State should highlight and honor these best practices. For example, utilize the Governor's annual Job Fair for People with Disabilities in October to showcase employers who have improved their workplace accessibility policies and practices in response to the COVID-19 experience.

IN CONCLUSION: GETTING ALABAMA'S 7TH DISTRICT BACK TO WORK

" *I am as eager as anyone to reopen our state's economy and get Alabamians back to work.* **However, we must make sure that we do so safely, responsibly, and strategically. Public health must remain our top priority.**

- Congresswoman Terri Sewell

SAFELY:

Reopening Alabama's economy must be guided by our public health professionals and the specific health data for Alabama and this nation.

Alabama's public health goal must be to:
• Ensure widespread availability of TESTING for All Alabamians
• Roll out comprehensive and aggressive tracing
• Make available PPE for medical professionals and Personal Safety Resources (like face coverings, hand sanitizer and disinfectans) for businesses and the public
• Maintain CDC/ public health official guidance, including physical distancing

STRATEGICALLY:

• Phased-in reopening of businesses based on size, location and exposure to the public
• Clear and concise guidance from the state to businesses on what restrictions must be made and best practices to follow

RESPONSIBLY:

Prioritize access and build capacity to testing, tracing and treatment to vulnerable Alabama Communities in rural, minorities and at-risk populations who are hit hardest by COVID-19 pandemic and have the least resources to combat the virus.

APPENDIX A: ADVISORY GROUP MEMBERS

Dr. Will Ferniany	University of Alabama at Birmingham
Quentin Riggins	Alabama Power
Tim Vines	Blue Cross and Blue Shield of Alabama
Suzanne Respess	The Children's Hospital of Alabama
Jim Carnes	Alabama Arise
Kendra Key	Hope Credit Union
Sheldon Day	Mayor of Thomasville
Randall Woodfin	Mayor of Birmingham
Dr. Mark Wilson	Jefferson County Chief Public Health Officer
Denson Henry	Henry Brick Company
Dr. Paul Erwin	Dean of UAB School of Public Health
Ryan Hankins	Public Affairs Research Council of Alabama
U.S. Senator Doug Jones	U.S. Senate
Jim Page	West Alabama Chamber of Commerce
Sheron Rose	Montgomery Area Chamber of Commerce
Wayne Vardaman	Selma and Dallas County Chamber of Commerce
Bob Dickerson	Birmingham Business Resource Center
Isabel Rubio	Hispanic Interest Coalition of Alabama
Benard Simelton	NAACP
Leroy Abrahams	Regions Bank
Jason Eppenger	Citizens Trust Bank
Kendra Key	HOPE Credit Union Enterprise Corporation
Dr. Quinton Ross	Alabama State University
Dr. John Heard	Perry County Schools
Dr. Ken Tucker	University of West Alabama
Senator Bobby Singleton	State Senator
Rep. Rolanda Hollis	State Representative
Mayor Randall Woodfin	Birmingham
Mayor Walt Maddox	Tuscaloosa
Mayor Sheldon Day	Thomasville

Alex McCrary	Alabama Power
Watson Donald	Alabama Power
Ted Hosp	Blue Cross and Blue Shield of Alabama
Michael Goebel	Mercedes-Benz U.S. International, Inc.
Rick Clementz	Mercedes-Benz U.S. International, Inc.
KC Pang	Golden Dragon GD Copper
Chuck Smith	WestRock Paper Mill
Denson Henry	Henry Brick
Thomas Ellis	Priester's Pecans
Chris Hastings	Hot and Hot Fish Club
Eric Meyer	Cahaba Brewing Company
Phillip Weaver	Buffalo Phil's Pub and Cafe
Teresa Jackson	J.W. Beverette's
Keshee Dozier-Smith	Rural Health Medical Program
Brandon Farmer	NHS Management (nursing homes)
J.W. Cowan	Choctaw General/Rush Hospital
John Clyde Riggs	Tombigbee Regional Commission
David Fleming	REV Birmingham
Phillis Belcher	Greene County Industrial Board
Townsend Kyser	Kyser Family Farms Catfish
Pam Madzima	Federation of Southern Cooperatives
James Crowder	West Alabama Labor Council
Terrence Windham	AFGE Aliceville Prison also on Aliceville City Council
Jacob Shevin	Standard Furniture
Mandy Henry	Queen City Market
Tyler Windham	Windham Motor Company
Steve Watts	Town and Country Ford of Bessemer
Vladimir Averett	Heritage Barber Shop
Phillip White	Phillip White's Julia L. White Funeral Home
Iris Sermon	Greene County EMA and 911
Mark Pettway	Jefferson County Sheriff

APPENDIX B: SURVEY RESPONSES

1. In which county is your business located or headquartered?

	Absolute Quantity	Relative Quantity (%)
Choctaw	1	0.67%
Clarke	1	0.67%
Dallas	3	2.00%
Greene	2	1.33%
Hale	1	0.67%
Jefferson	105	70.00%
Lowndes	1	0.67%
Marengo	2	1.33%
Montgomery	9	6.00%
Pickens	1	0.67%
Perry	2	1.33%
Sumter	2	1.33%
Tuscaloosa	7	4.67%
Wilcox	2	1.33%
Other	11	7.33%
No response	1	0.66%

2. Is your business or organization (check all that apply):

	Absolute Quantity	Relative Quantity (%)
Minority-owned	28	18.79%
Woman-owned	47	31.54%
Veteran-owned	7	4.70%
None of the above	86	57.72%
No response	2	1.32%

4. What type of business/organization do you own or operate?

	Absolute Quantity	Relative Quantity (%)
Sole proprietorship	20	13.33%
LLC / Partnership	65	43.33%
Public Corporation	13	8.67%
Nonprofit	22	14.67%
Government entity	11	7.33%
Other	19	12.67%
No response	1	0.66%

5. Is your business or organization located in:

	Absolute Quantity	Relative Quantity (%)
a rural area	21	15.44%
a suburban area	26	19.12%
an urban area	89	65.44%
No response	15	9.93%

6. What is your primary industry?

	Absolute Quantity	Relative Quantity (%)
Agriculture, Forestry, Fishing, Hunting	4	2.67%
Mining, Quarrying, Oil & Gas Extraction	0	0.00%
Utilities	3	2.00%
Construction	4	2.67%
Manufacturing	12	8.00%
Wholesale	2	1.33%
Retail	23	15.33%
Transportation and Warehousing	0	0.00%
Information	1	0.67%
Finance and Insurance	7	4.67%
Real Estate, Rental, Leasing	14	9.33%
Professional, Scientific, and Technical Services	6	4.00%
Management of Companies and Enterprises	1	0.67%
Administrative and Support and Waste Management and Remediation Services	2	1.33%
Educational Services	4	2.67%
Health Care and Social Assistance	6	4.00%
Arts, Entertainment, and Recreation	8	5.33%
Accommodation and Food Services	19	12.67%
Hair, Nail, and Skin Care	2	1.33%
Public Administration	6	4.00%
Other	26	17.33%
No response	1	0.66%

8. Which of the following statements best describes your business or organization's response to the COVID-19 shutdown?

	Absolute Quantity	Relative Quantity (%)
We have remained open with few or any operational changes.	10	6.76%
We have remained operational but with significant operational changes.	62	41.89%
We have remained operational but with diminished operations.	44	29.73%
We have closed completely.	32	21.62%
No response	3	1.99%

10. How many people did you employ before the shutdown?

	Absolute Quantity	Relative Quantity (%)
1-9	74	51.03%
10-49	36	24.83%
50-99	11	7.59%
100-499	10	6.90%
500+	14	9.66%
No response	6	3.97%

11. Have you furloughed or laid off any employees?

	Absolute Quantity	Relative Quantity (%)
Yes	47	31.97%
No	100	68.03%
No response	4	2.65%

15. By what percentage have you reduced total hours?

	Absolute Quantity	Relative Quantity (%)
Less than 5%	6	7.41%
5% to 10%	2	2.47%
11% to 25%	11	13.58%
25% to 50%	17	20.99%
More than 50%	45	55.56%
No response	70	46.36%

17. How would you describe the climate for your business prior to the COVID-19 disruption?

	Absolute Quantity	Relative Quantity (%)
Good and improving	94	63.95%
Good and steady	36	24.49%
Average	9	6.12%
Declining	7	4.76%
Poor	1	0.68%
No response	4	2.65%

18. Has your organization applied for an SBA Economic Disaster Assistance Loan, NOT the Paycheck Protection Program (PPP)?

	Absolute Quantity	Relative Quantity (%)
Yes, I have applied or will apply.	67	45.89%
No	60	41.10%
Does not apply	19	13.01%
No response	5	3.31%

19. Has your loan application been approved?

	Absolute Quantity	Relative Quantity (%)
Choose...	0	0.00%
Yes	3	4.62%
No	13	20.00%
Still awaiting a decision	49	75.38%
No response	86	56.95%

20. Have you received SBA loan funds?

	Absolute Quantity	Relative Quantity (%)
Yes	1	25.00%

	Absolute Quantity	Relative Quantity (%)
No	3	75.00%
No response	147	97.35%

21. Has your business applied for funding through the Paycheck Protection Program (PPP).

	Absolute Quantity	Relative Quantity (%)
Choose...	0	0.00%
Yes, I have applied or will apply	76	54.29%
No	40	28.57%
Does not apply	24	17.14%
No response	11	7.28%

22. Has your PPP application been approved?

	Absolute Quantity	Relative Quantity (%)
Choose...	0	0.00%
Yes	25	33.33%
No	10	13.33%
Still awaiting a decision	40	53.33%
No response	76	50.33%

23. Have you received PPP funds?

	Absolute Quantity	Relative Quantity (%)
Yes	13	50.00%
No	13	50.00%
No response	125	82.78%

27. Will you be able to re-open your business if daycares or childcare options remain closed?

Response Options	Absolute Quantity	Relative Quantity (%)
Yes	110	77.46%
No	6	4.23%
I don't know	26	18.31%
No response	9	5.96%

28. Are you worried about possible liability issues related to COVID-19?

	Absolute Quantity	Relative Quantity (%)
Choose...	0	0.00%
Yes	77	54.61%
No	38	26.95%
I don't know	26	18.44%
No response	10	6.62%

29. When will you feel safe opening or resuming full operations at your business or organization?

Response Options	Absolute Quantity	Relative Quantity (%)
As soon as possible	29	19.59%
May 1	13	8.78%
When basic safety equipment (cloth masks, gloves, hand sanitizer) are plentiful and widely available	17	11.49%
When the number of new infections begins to decline	25	16.89%
When testing is widely available	41	27.70%
When contact tracing is widely available	11	7.43%
When treatment is available	12	8.11%
No response	3	1.99%

30. Do you have access to a steady supply of personal protective equipment such as cloth masks, gloves, and hand sanitizer?

Response Options	Absolute Quantity	Relative Quantity (%)
Choose...	0	0.00%
Yes	42	28.97%
No	90	62.07%
I don't know	13	8.97%
No response	6	3.97%

31. Are you willing to provide basic personal safety equipment, such as cloth masks, gloves, and hand sanitizer for your employees and customers?

	Employees	30 days
	Absolute Quantity	Relative Quantity (%)
Yes	98	72.59%
No	37	27.41%
No response	16	10.60%

	Customers	30 days
Response Options	Absolute Quantity	Relative Quantity (%)
Yes	48	37.21%
No	81	62.79%
No response	22	14.57%

31.2. I can provide personal safety equipment for 60 days

	Employees	60 days
Response Options	Absolute Quantity	Relative Quantity (%)
Yes	60	52.17%
No	55	47.83%
No response	36	23.84%

	Customers	60 days
	Absolute Quantity	Relative Quantity (%)

	Absolute Quantity	Relative Quantity (%)
Yes	26	23.85%
No	83	76.15%
No response	42	27.81%

	Employees Absolute Quantity	90 days Relative Quantity (%)
Yes	35	33.02%
No	71	66.98%
No response	45	29.80%

	Customers Absolute Quantity	90 days Relative Quantity (%)
Yes	14	13.59%
No	89	86.41%
No response	48	31.79%

31.4.1. Employees

	Employees Absolute Quantity	120+ Relative Quantity (%)
Yes	37	33.94%
No	72	66.06%
No response	42	27.81%

	Customers Absolute Quantity	120+ Relative Quantity (%)
Yes	14	13.33%
No	91	86.67%
No response	46	30.46%

32. On a scale of 1 to 5, with 1 being not at all concerned and 5 being very concerned, please indicate your level of concern about the following topics as they relate to your business or organization.

32.1. Cash flow

	Absolute Quantity	Relative Quantity (%)
1	6	4.05%
2	4	2.70%
3	18	12.16%
4	19	12.84%
5	101	68.24%
No response	3	1.99%

32.2. Access to products/materials

	Absolute Quantity	Relative Quantity (%)
1	15	10.20%

	Absolute Quantity	Relative Quantity (%)
2	11	7.48%
3	33	22.45%
4	32	21.77%
5	56	38.10%
No response	4	2.65%

32.3. Employee health and safety

	Absolute Quantity	Relative Quantity (%)
1	13	8.78%
2	3	2.03%
3	10	6.76%
4	14	9.46%
5	108	72.97%
No response	3	1.99%

32.4. Customer health and safety

	Absolute Quantity	Relative Quantity (%)
1	11	7.53%
2	7	4.79%
3	11	7.53%
4	19	13.01%
5	98	67.12%
No response	5	3.31%

32.5. That customers will feel safe

	Absolute Quantity	Relative Quantity (%)
1	10	6.80%
2	5	3.40%
3	14	9.52%
4	37	25.17%
5	81	55.10%
No response	4	2.65%

32.6. That customers will return

	Absolute Quantity	Relative Quantity (%)
1	14	9.59%
2	20	13.70%
3	16	10.96%
4	22	15.07%
5	74	50.68%
No response	5	3.31%

32.7. Access to cleaning supplies

	Absolute Quantity	Relative Quantity (%)
1	14	9.59%
2	13	8.90%
3	22	15.07%
4	38	26.03%
5	59	40.41%
No response	5	3.31%

32.8. Impact of social distancing

	Absolute Quantity	Relative Quantity (%)
1	7	4.73%
2	7	4.73%
3	19	12.84%
4	29	19.59%
5	86	58.11%
No response	3	1.99%

32.9. Ability to maintain social distancing

	Absolute Quantity	Relative Quantity (%)
1	16	10.81%
2	10	6.76%
3	30	20.27%
4	32	21.62%
5	60	40.54%
No response	3	1.99%

33. Once business restrictions are eased, which of the following will have the greatest impact on re-opening or resuming full operations at your business or organization?

	Absolute Quantity	Relative Quantity (%)
local public health officials' recommendations	80	54.79%
availability of employees	5	3.42%
availability of materials/products	7	4.79%
demand for my product or service	54	36.99%
No response	5	3.31%

34. How would a strict six-foot social distance requirement affect your business or organization?

	Absolute Quantity	Relative Quantity (%)
It would have no or minimal impact.	35	23.65%
It would have some impact, such as limiting the number of people in our facility or reconfiguring space.	52	35.14%
It would have a significant impact.	46	31.08%

	Absolute Quantity	Relative Quantity (%)
We can not operate with social distancing.	15	10.14%
No response	3	1.99%

35. Would you be willing to require customers and visitors to your establishment to wear cloth masks?

	Absolute Quantity	Relative Quantity (%)
Yes	109	75.17%
No	36	24.83%
No response	6	3.97%

36. Please provide any additional comments about re-opening your business or organization.

37. On a scale of 1 to 5, with 1 being not at all concerned and 5 being very concerned, please indicate how concerned your employees are about:

37.1. Childcare

	Absolute Quantity	Relative Quantity (%)
1	49	33.79%
2	26	17.93%
3	20	13.79%
4	26	17.93%
5	24	16.55%
No response	6	3.97%

37.2. Transportation

	Absolute Quantity	Relative Quantity (%)
1	76	52.41%
2	22	15.17%
3	30	20.69%
4	7	4.83%
5	10	6.90%
No response	6	3.97%

37.3. Health and safety

	Absolute Quantity	Relative Quantity (%)
1	11	7.48%
2	8	5.44%
3	12	8.16%
4	25	17.01%
5	91	61.90%

37.4. Job security

	Absolute Quantity	Relative Quantity (%)
1	19	13.10%
2	11	7.59%

	Absolute Quantity	Relative Quantity (%)
3	25	17.24%
4	24	16.55%
5	66	45.52%
No response	6	3.97%

37.5. Getting enough hours

	Absolute Quantity	Relative Quantity (%)
1	29	20.14%
2	9	6.25%
3	30	20.83%
4	23	15.97%
5	53	36.81%
No response	7	4.64%

38. What percentage of your employees do you believe have access to broadband at home?

	Absolute Quantity	Relative Quantity (%)
Up to 25%	10	6.94%
26% to 50%	12	8.33%
51% to 75%	28	19.44%
More than 75%	94	65.28%
No response	7	4.64%
Total non-empty responses	144	

39. For your employees without broadband access, do you believe this is...

	Absolute Quantity	Relative Quantity (%)
because broadband is not widely available/reliable in your area.	31	22.96%
because the cost is too high.	24	17.78%
because my employees are not interested in broadband.	5	3.70%
I don't know	57	42.22%
Other	18	13.33%
No response	16	10.60%

41. When Alabama begins to move into a recovery phase, what will be the most serious challenges facing your community? Please rank each issue on a scale of 1 to 5, with 1 being not serious and 5 being very serious.

41.1. Access to safe and reliable childcare

	Absolute Quantity	Relative Quantity (%)
1	23	15.75%
2	7	4.79%
3	27	18.49%

	Absolute Quantity	Relative Quantity (%)
4	28	19.18%
5	61	41.78%
No response	5	3.31%

41.2. Access to reliable transportation

	Absolute Quantity	Relative Quantity (%)
1	40	27.78%
2	27	18.75%
3	34	23.61%
4	20	13.89%
5	23	15.97%
No response	7	4.64%

41.3. Access to broadband

	Absolute Quantity	Relative Quantity (%)
1	29	20.14%
2	15	10.42%
3	47	32.64%
4	22	15.28%
5	31	21.53%
No response	7	4.64%

41.4. Jobs

Response Options	Absolute Quantity	Relative Quantity (%)
1	11	7.53%
2	11	7.53%
3	12	8.22%
4	30	20.55%
5	82	56.16%
No response	5	3.31%

41.5. Workforce to fill open jobs

	Absolute Quantity	Relative Quantity (%)
1	21	14.58%
2	17	11.81%
3	26	18.06%
4	30	20.83%
5	50	34.72%
No response	7	4.64%

41.6. Access to COVID-19 testing and treatment

	Absolute Quantity	Relative Quantity (%)
1	10	6.90%

	Absolute Quantity	Relative Quantity (%)
2	4	2.76%
3	12	8.28%
4	28	19.31%
5	91	62.76%
No response	6	3.97%

41.7. Access to healthcare (non COVID-19 related)

	Absolute Quantity	Relative Quantity (%)
1	9	6.29%
2	11	7.69%
3	26	18.18%
4	27	18.88%
5	70	48.95%
No response	8	5.30%

41.8. Food security

	Absolute Quantity	Relative Quantity (%)
1	12	8.22%
2	19	13.01%
3	33	22.60%
4	36	24.66%
5	46	31.51%
No response	5	3.31%

41.9. Housing

	Absolute Quantity	Relative Quantity (%)
1	23	16.08%
2	23	16.08%
3	40	27.97%
4	26	18.18%
5	31	21.68%
No response	8	5.30%

41.10. Reopening public schools

	Absolute Quantity	Relative Quantity (%)
1	16	11.19%
2	5	3.50%
3	24	16.78%
4	40	27.97%
5	58	40.56%
No response	8	5.30%

42. When should Alabama plan to re-open the economy? Please rank the options below 1 through 7 with 1 being most important and 7 being the least important.

42.1. As soon as possible

	Absolute Quantity	Relative Quantity (%)
1	41	32.28%
2	6	4.72%
3	7	5.51%
4	5	3.94%
5	5	3.94%
6	10	7.87%
7	53	41.73%
No response	24	15.89%

42.2. When basic safety equipment (cloth masks, gloves, hand sanitizer) are plentiful and widely available

	Absolute Quantity	Relative Quantity (%)
1	11	9.65%
2	23	20.18%
3	17	14.91%
4	22	19.30%
5	20	17.54%
6	15	13.16%
7	6	5.26%
No response	37	24.50%

42.3. When the number of new infections begins to decline

	Absolute Quantity	Relative Quantity (%)
1	23	18.55%
2	21	16.94%
3	21	16.94%
4	19	15.32%
5	19	15.32%
6	8	6.45%
7	13	10.48%
No response	27	17.88%

42.4. When testing is widely available

	Absolute Quantity	Relative Quantity (%)
1	29	23.77%
2	18	14.75%
3	19	15.57%
4	16	13.11%
5	14	11.48%
6	11	9.02%
7	15	12.30%

| No response | 29 | 19.21% |

42.5. When contact tracing is in place

	Absolute Quantity	Relative Quantity (%)
1	9	7.96%
2	14	12.39%
3	17	15.04%
4	22	19.47%
5	19	16.81%
6	21	18.58%
7	11	9.73%
No response	38	25.17%

42.6. When treatment is available

	Absolute Quantity	Relative Quantity (%)
1	6	5.26%
2	16	14.04%
3	20	17.54%
4	22	19.30%
5	25	21.93%
6	21	18.42%
7	4	3.51%
No response	37	24.50%

42.7. When a vaccine is available

	Absolute Quantity	Relative Quantity (%)
1	13	11.11%
2	17	14.53%
3	15	12.82%
4	13	11.11%
5	13	11.11%
6	29	24.79%
7	17	14.53%
No response	34	22.52%

APPENDIX C: PUBLIC HEALTH DISTRICT MAP

EAST CENTRAL DISTRICT
Richard Burleson, District Administrator
3060 Mobile Highway
Montgomery, AL 36108
(334) 293-6400
Connie King, Assistant District Administrator
1850 Crawford Rd.
Phenix City, AL 36867
(334) 297-0251

JEFFERSON COUNTY
Mark E. Wilson, M.D., County Health Officer
David Hicks, D.O., M.P.H., Deputy Health Officer
1400 Sixth Ave. S.
Birmingham, AL 35233
(205) 933-9110

MOBILE COUNTY
Bernard H. Eichold, II, M.D.
County Health Officer
251 N. Bayou St.
Mobile, AL 36603
(251) 690-8827

NORTHEASTERN DISTRICT
Karen Landers, M.D., District Medical Officer
Mary Gomillion, District Administrator
Mark Johnson, Assistant District Administrator
709 E. Broad St.
Gadsden, AL 35903
(256) 547-6311

NORTHERN DISTRICT
Karen Landers, M.D., District Medical Officer
1000 S. Jackson Hwy.
Sheffield, AL 35660
(256) 383-1231
Judy Smith, District Administrator
Michael Glenn, Assistant District Administrator
3821 Highway 31 S.
Decatur, AL 35603
(256) 340-2113

SOUTHEASTERN DISTRICT
Corey Kirkland, District Administrator
1781 E. Cottonwood Rd.
Dothan, AL 36301
(334) 792-9070
Kyle Odom, Assistant District Administrator
2841 Neal Metcalf Rd.
Enterprise, AL 36330
(334) 347-9574

SOUTHWESTERN DISTRICT
Chad Kent, District Administrator
Suzanne Terrell, Assistant District Administrator
1115 Azalea Place
Brewton, AL 36426
(251) 947-1645
303 Industrial Drive
Linden, AL 36748
(334) 295-1000

WEST CENTRAL DISTRICT
Stacey Adams, District Administrator
Florine Croxton, Assistant District Administrator
2350 Hargrove Rd., E.
Tuscaloosa, AL 35405
(205) 554-4500

PUBLIC HEALTH DISTRICTS

APPENDIX D: COVID-19 RECOVERY PLAN FOR HOSPITALS AND HEALTH SYSTEMS

GUIDANCE FOR RESTARTING EXPANDED PROCEDURAL CASE VOLUME

As we navigate how to safely deliver routine care in the world of Covid-19 there are certain factors which must be considered in order to thoughtfully resume delivering essential and routine care to our patients. Each hospital, health system, and provider should continue to thoughtfully consider all of the guidance as it relates to scheduled elective procedures with a plan to gradually reintroduce electively scheduled operations, endoscopies, or other invasive procedures with caution until we can be confident that our Alabama health care infrastructure can support a potentially rapid and overwhelming uptick in critical patient care needs.

Criteria to expand essential and elective procedural case volume:

1. COVID-19 confirmed case volume declining in-state to satisfy Governor's requirements for re-opening of commerce in the state, which could include regional variation.
2. Robust statewide surveillance systems in place
   * Hospital capacity assessment and tracking – does the state have adequate available resources
   * Number of inpatient COVID positive patients
   * Hospital surge capacity set aside for COVID care – secondary or micro surges are predicted
   * Systematic review of EMS calls to track potential cases based on symptoms – some counties have limited testing
3. Individuals scheduled for elective procedural cases should:
   * Preferred technique:
     • Negative COVID-19 test within the last 48 hours (preferred) and not greater than 5 days (acceptable)
     • Patients must self-isolate at home during the interval between testing and procedure
     • Screen negative for Covid-19 symptoms on the day of procedure (fever, cough, shortness of breath, lack of known exposure to a COVID + person within the last 10 days)

* Acceptable technique (only in facilities where testing is not available):
  • Case Rate in county of residence of patient less than 85 per 100,000 persons over the previous 2 weeks (Metric retrieved from ADPH Covid-19 Dashboard)
  • Screen negative for Covid-19 symptoms on the day of procedure (fever, cough, shortness of breath, lack of known exposure to a COVID + person within the last 10 days)
  • Patient attestation of no Covid-19 symptoms during the 7 days prior to the procedure
  • Patient must self-isolate at home during the 5 days prior to the procedure
  • Treat all patients as Covid-19 PUI including proper PPE use
4. Services prioritized based on patient clinical needs and acuity with first priority to CMS Tiering criteria (with Tier 1 being the lowest priority)
5. Institutional Criteria – For the care of all patients
  * Adequate inventory of:
    • Personal Protective Equipment (PPE) for all patients, visitors and staff
    • Sanitation supplies and procedures to maintain the health care facility
    • Acute and critical care bed capacity
    • Ventilators
    • Staffing to perform the procedure and to maintain all elements of care for other patients
  * Universal masking strategies should remain in place
  * Restricted Visitor policies are strongly recommended
  * Contact Tracing mechanisms for positive patients and employees
  * Emphasis on sanitation, hygiene, and social distancing
  * Utilization of telehealth in all care delivery models when possible
  * Cohorting of COVID-19 patients where possible

THANK YOU

On behalf of the constituents of the Alabama's 7ᵗʰ Congressional District, I want to thank the members of the AL07 COVID-19 Advisory Group for your participation, time, input, and expertise in helping us compile this report.

Likewise, I am grateful for the hardworking and dedicated staff of Alabama's 7th District who produced this report and work every day to help provide greater opportunities and more resources to the people of our district. Thank you all for taking this journey with me!

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Terri