

COVID-19 Working Group

Public Policy Associates, Inc. External Framing Memo

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Building an Equitable Future Together

A focused, strategic and timely policy framework for CMF and the Michigan Philanthropy COVID-19 Working Group to advance the interests and priorities of philanthropy during this crisis.

The COVID-19 pandemic has unearthed new challenges and exposed existing inequities in Michigan and around the nation—in many cases exacerbating established problems that have historically affected underrepresented populations, especially Black, Indigenous and people of color (BIPOC), those living in low-income parts of Michigan (including urban, rural and suburban communities), low-wage workers, people with disabilities and people without documentation. Indeed, the challenges facing underrepresented communities were not created by the pandemic, but they have been magnified because of it. Michigan philanthropy has a role in addressing these challenges.

The pandemic is being experienced in the context of systemic racial disparities illuminated by recent events across the country, including trauma caused by centuries of oppression suffered by BIPOC. Racial equity for all people—regardless of their racial, ethnic group identification, skin color or physical traits—is needed in order to create equal opportunity for well-being and a more just society.¹ Recent civic action around police brutality has reaffirmed the need to focus on the disparate treatment of individuals in Michigan. Addressing these disparities requires that we identify and disrupt structures of systemic racism and recognize that such disparities are not the result of failings by underrepresented groups, but rather the result of structural failures.

Michigan’s social safety net was already frayed prior to COVID-19, with *public health, education* and *economic prosperity* topping the list of areas of concern.² Increasingly, there is a need for data disaggregated by race and ethnicity in each of these domains to allow for more accurate research, knowledge mobilization and informed policymaking. Better data will help to make

¹ “Racial Equity and Racial Healing,” W.K. Kellogg Foundation, last accessed June 12, 2020, from <https://www.wkkf.org/what-we-do/our-dna>.

² The priorities identified by the Working Group overlap with common domains for the social determinants of health: “(1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context,” *Social Determinants of Health*, HealthyPeople.gov, last accessed June 29, 2020, from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources>.

clear how the challenges we see in one policy domain have repercussions in other domains, as disparities tend to interrelate and are magnified during times of crisis. The disparities highlighted during the coronavirus pandemic have made it clear there is more work to do to ensure all Michiganders have the same shared access to public health, education and economic prosperity.

The disaggregation of data across all three domains will need to include a discussion about current needs and the building of a long-term structure to collect, share and use the data to inform decisions. Policymakers must have access to these data in order to make decisions in real-time in triage moments. In disaggregating real-time data, decisions will need to be made to address the information needed now, address the withholding of data and hold systems accountable to share data publicly when possible.

In 2019, before the pandemic, the ALICE (Asset Limited, Income Constrained, Employed) report from the Michigan Association of United Ways established that 1.66 million (43%) Michigan households were already struggling to afford basic necessities like housing, child care, food, technology, health care and transportation—affecting all types of communities in Michigan, including a growing proportion of suburban residents. At the same time, worker wages in Michigan have remained low despite a tight labor market, with 61 percent of jobs in the state paying less than \$20/hour. Cost of living increases and rising health care costs are also placing preventative services out of reach for many Michigan households.

As the state crafts short- and long-term strategies for building forward, a systems approach must be taken that puts underrepresented communities first and ensures all Michiganders are able to reach their full potential and share in the state's prosperity.

Michigan's community of philanthropy is well positioned to connect, strengthen and mobilize knowledge and resources to address both short-term (pandemic-related) and long-term (structural) problems facing Michigan communities in a way that will ensure change is meaningful and enduring.

Our community of philanthropy has had a long history of both supporting and leading efforts that have invested in BIPOC and low-income communities. But these past measures have not been enough. In the face of public sector disinvestment and cuts, growing disparities and needs, it is clear that we must find new ways forward. State and local budgeting decisions have strained the resources of nonprofits, organizations which are now called upon to provide many of the services needed to respond to the pandemic and the economic downturn. These nonprofits are an integral part of the overall economy and should be valued as such.

As policymakers look to respond, Michigan's community of philanthropy can be a helpful partner to transform societal structures into ones that affirm the inherent value of all people. Beyond financial support, it is possible to channel information and data and use a collective voice through community engagement for action and thought leadership, to highlight priorities

identified collaboratively with communities and based on lessons learned from past interventions.

Michigan philanthropy responded to immediate pandemic-related challenges. As a few examples, many foundations have loosened or eliminated restrictions on current grants, contributed hundreds of millions of dollars to community-based emergency response funds and partnered with government, as is the case through the Return to School Advisory Council and the COVID-19 Task Force with support from Opportunity Labs. We also recognize that a number of initiatives are underway within state government to address the suggested practices and policies included in this document. It is our hope to support and expand on these efforts.

Now more than ever, collective action is needed in sharing information, strengthening response efforts and mobilizing resources to mitigate inequities. Philanthropy can play a role in supporting and investing in practices and policies that make the lives of Michiganders better, but cannot replace state funds. **It is with this in mind that we are calling on policymakers to consider these principles to guide practices and policies:**

1. Recognize that public health, education and economic disparities exist and require short-, medium- and long-term solutions as highlighted by the pandemic.
2. An equitable, strategic and targeted approach must be taken in addressing budget decisions that consider the communities most impacted by this crisis.
3. Michigan must address the pandemic in ways that strengthen economic opportunity and prosperity for all Michiganders, with a focus on low-income communities, BIPOC and the changing geography of poverty.³
4. This work must advance, support and be guided and informed by disaggregated data that reveal and address disparities and inequities that have been perpetuated by policies and practices in Michigan.

³ “In 2015, 16 million poor people lived in the suburbs, outnumbering the poor population in cities by more than 3 million, small metro areas by more than 6 million, and rural areas by more than 8 million.” Elizabeth Kneebone, *Testimony: The changing geography of US poverty*, (Washington, DC: Brookings, February 15, 2017), last accessed July 12, 2020, from <https://www.brookings.edu/testimonies/the-changing-geography-of-us-poverty/>.

Public Health Implications

For years, Michigan's spending on all areas of public health has trailed other states in per-capita funding. Long-term cuts to the public health system have negatively impacted the social determinants of health which has manifested itself in the form of low health outcomes, as well as worsened disparities.

Thrust unexpectedly into the spotlight by the pandemic, public health leaders at the local and state level need more support in communicating with the public as they navigate challenging health situations. These leaders need more and better information to reach historically underrepresented communities (e.g., BIPOC) and to address worsening inequities (including cultural and language barriers) that exist in the public health system.

Special care must be taken during the creation and testing of a COVID-19 vaccine due to the history of racism in medical research. Relevant implicit bias training on cultural competence and cross-cultural issues for health professionals will be needed, as are policies that reduce administrative and linguistic barriers to care. Implicit bias training is necessary for all Michiganders in all professions, but especially in public health where there is a persistence of racial disparities.⁴

The state in the past decade has invested minimal resources toward public health, and Michiganders face increased pressures caused by disparities resulting from a lack of investment.⁵ Disinvestment combined with the pandemic has created increased pressures, compounded in low-income communities in Michigan which lack access to affordable health care and other basic resources. This is characterized by a wealth-health gap, which tracks closely with socioeconomic status adversely impacted by where people live.

Historically, racial and ethnic groups have been beset by inequitable practices which have resulted from structural barriers that have, for too long, negatively affected Michiganders (i.e., BIPOC, recent immigrants and Michigan's indigenous population who experience a disproportionate share of environmental risk factors and are more likely to have limited health, educational and economic opportunities such as food insecurity and poor access to health

⁴ "Governor Whitmer Signs Executive Directive to Improve Equity Across Michigan's Health Care System," (Lansing, MI: The Office of Governor Gretchen Whitmer, July 9, 2020), last accessed July 15, 2020, from https://www.michigan.gov/whitmer/0,9309,7-387-90499_90640-533836--00.html#:~:text=%E2%80%94%20Governor%20Whitmer%20today%20signed%20Executive,of%20licenses%20and%20registrations%20of.

⁵ "An Ounce of Prevention: What Public Health Means for Michigan," Citizens Research Council of Michigan, last accessed June 29, 2020, from https://crcmich.org/PUBLICAT/2010s/2018/rpt403_public_health.pdf

care).⁶ Improvement in social and environmental determinants of health, through multiple approaches, will contribute to more sustained health for Michiganders.⁷

Moreover, social isolation has worsened conditions for lower-resourced seniors who require public assistance, people experiencing homelessness and other populations with existing mental and physical health conditions. Existing funding to Michigan’s public mental health system has not reflected actual and growing needs (e.g., the opioid crisis, preventing suicide, serving adults and children on the autism spectrum, supporting those experiencing homelessness and supporting persons with disabilities). The COVID-19 crisis will have a profound, lasting impact on the mental health of Michiganders due to the economic downturn, increased isolation, substance use, child and spouse abuse, and lack of easily attainable community supports—especially for families with young children. The pandemic may lead to increased violence in homes witnessed by children.⁸

As Michigan’s older adult population grows, with 21 of our state’s 83 counties having a median age of 50 years old or older, safety net supports must complement the increasing demand on health care services across the state.⁹ Our aging population will be a chief concern in the coming years with lower-resourced seniors requiring even more assistance. Not only will more resources be needed, the pandemic has brought to light the need for additional caregivers to support Michigan’s seniors. There will be increasing need to fill caregiver shortages by pursuing compensation and retention strategies successfully utilized by other states, such as refundable tax credits or retention bonuses.

Table 1. Suggested Practices and Policies for Public Health

Tasks	Immediate	Medium Term	Long Term
Mitigating Public Health Disparities			
Establish an external, formalized approach for Michigan Department of Health and Human Services (MDHHS) to strengthen core epidemiologic capacity (e.g., the creation of a scientific panel of experts to prepare, advise and vet future responses)—ensuring impacted communities are part of this preparation, advising and vetting.	X		

⁶ Kelly Malcom and Jina Sawani, "Racial Disparities in the Time of COVID-19," Lab Blog, University of Michigan Health Lab, last accessed June 29, 2020, from <https://labblog.uofmhealth.org/rounds/racial-disparities-time-of-covid-19>.

⁷ *Michigan Health Equity Roadmap*, (Lansing, MI: Michigan Department of Community Health; 2010).

⁸ Ashley Abramson, "How COVID-19 may increase domestic violence and child abuse," American Psychological Association, April 8, 2020, last accessed August 19, 2020, from <https://www.apa.org/topics/covid-19/domestic-violence-child-abuse>.

⁹ Breana Noble, "Services strained as census shows Michigan is now 12th oldest state in nation" *Detroit News*, 2019, last accessed June 29, 2020, from <https://www.detroitnews.com/story/news/local/michigan/2019/06/24/michigan-ages-faster-than-nation-census-shows-services-strained/1514838001/>.

Table 1. Suggested Practices and Policies for Public Health

Tasks	Immediate	Medium Term	Long Term
Increase funding for core public health functions, most immediately in support of ongoing state efforts to expand and improve contact tracing and testing access especially for BIPOC where testing has not been sufficiently available or easily accessible.	X		
Assist local and state public health leadership navigate the challenges of COVID-19, including support for existing strategic communication campaigns in the current environment—meeting the communication needs in a variety of community contexts (e.g., culturally and/or linguistically appropriate).	X		
Share the best practices of nursing homes and other long-term care facilities that have effectively been mitigating the impact of COVID-19.	X		
Ensure equitable access to a COVID-19 vaccine when it becomes available, and in the future, so that vulnerable populations and impacted communities are prioritized.	X	X	
Implement implicit bias training as part of the licensure, registration and renewal of licenses and registrations of health professionals in Michigan.		X	
Assess existing assets (e.g., current workgroups) and identify resource gaps in underrepresented communities that need to be filled (e.g., facilitating the collection of data by contract tracers, expanding options for telehealth and ensuring access to broadband).		X	
Assess the optimal makeup of the public health workforce and identify the best paths for recruitment and retention of critical health care providers, especially for community health workers and rural providers, nurse practitioners and information technology (IT) staff.		X	
Collect disaggregated data across systems by race and ethnicity in real-time (e.g., for residential care facilities; homes for the aged; nursing homes; adult foster care facilities; hospice facilities; substance abuse disorder residential facilities; independent living facilities; and assisted living facilities).	X	X	X
Addressing Behavioral Health Needs			
State-supported behavioral health services should be prioritized despite a decrease in state revenue (utilizing one-time federal funds).	X		
Support the integration of physical and behavioral health that protects patients and services through creative models to address current and future impacts that COVID-19 will have (e.g., work toward federal support of an expansion of the Certified Community Behavioral Health Clinics model). ¹⁰	X		
Expanding Health Care Access			
Provide increased access to health care and allocate additional funding to Michigan’s hospitals and community health centers to better link with community health workers.			X

¹⁰ CCBHCs were created through Section 223 of the Protecting Access to Medicare Act. There are more than 200 operating in 33 states (including two in Michigan).

Table 1. Suggested Practices and Policies for Public Health

Tasks	Immediate	Medium Term	Long Term
Extend Medicaid coverage to 12 months postpartum (to increase breastfeeding and expand access to preventative health care, including dental and behavioral health).			X
Use a statewide approach (e.g., through the Michigan Medicaid Administration or other means) to support community health worker payment and reimbursement in both healthcare provider and community-based organization settings.			X
Ensure health care options are available for all Michiganders by ensuring that Medicaid expansion is fully funded.			X
Provide paid sick leave for all workers.			X

Education Implications

Michigan’s educational systems (including early care and education, K-12 and post-secondary) have been disrupted by the closure of buildings and centers and an increased reliance on technology to deliver instruction. Access to technology (both computers and other devices) and reliable high-speed internet were challenges before the pandemic that have now been further amplified. These issues of inequity will most certainly impact learning loss, particularly during times that school is not in session. Any solutions will need to address the “last mile” of connectivity for students—the final leg of the connection to each home—ensuring that no matter where and when students learn, they have access.

Equitable educational resources should also be targeted at underrepresented students, including BIPOC, those from families with low-income, English learners, students with disabilities and students experiencing homelessness, in foster care or engaged in the juvenile justice system. Decisions about returning to school need to be made with the health and safety of students, school employees and families prioritized. Local communities should be engaged in the decision-making process regarding how to return to school—ensuring equitable opportunities for all students to learn, regardless of whether instruction occurs in person or online.

The most recent Kids Count data reports (from both 2019 and 2020) show that Michigan was making progress in reducing the percentage of children living in poverty, dropping more than five percentage points since 2010 (a rate of change of -17.5%). However, when combined with ALICE¹¹ households, which includes individuals living just above the poverty line, Michigan saw a 2.7 percent increase in families on the edge since 2010. Additionally, BIPOC living in economically depressed areas are particularly vulnerable to other environmental risk factors and are more likely to have limited economic and educational opportunities.

Currently, 23 percent of Michigan children live with working families with low incomes who are struggling to make ends meet due to low wages, unaffordable and inadequate child care and housing, a lack of access to affordable postsecondary training and a lack of access to healthy food. COVID-19 has threatened child care slots and could cause deep disruptions for families. Given the smaller size of early care and education (ECE) programs, many families of school-aged children are turning to them to provide a space for virtual learning in the fall.¹²

As many as 41 percent of Michigan’s licensed child care slots may have been lost, as some providers may not reopen (many were operating on the margins before they closed).¹³ Healthy eating positively impacts a child’s behavioral and academic development and achievement.

¹¹ Asset Limited, Income Constrained, Employed. *ALICE in Michigan: A Financial Hardship Study* (Lansing, MI: Michigan Association of United Ways, 2019).

¹² This is also an important issue for older students who would otherwise be in school.

¹³ Steve Carmody, “Roadblock to Reopening Michigan Economy - Child Care,” WVPE Public Radio, last accessed July 15, 2020, from <https://www.wvpe.org/post/roadblock-reopening-michigan-economy-child-care>.

Schools have played an important function in ensuring that students have access to meals, but due to the pandemic it has been necessary to expand food access for families to be year-round.¹⁴ Flexibility offered by the state—such as the waiver on congregating requirements for school nutrition—was key during school building closures.

Michigan schools now face a decline of more than \$2 billion in school funding at a time when school districts are facing the uncertain future of how to safely open in fall 2020 during a global pandemic, presenting schools with the prospect of greater costs with fewer resources. Even before 2020, Michigan schools were facing the nation’s worst decline in state education funding. Since 2002, total revenue for Michigan schools has declined 30 percent. In fact, Michigan was 50th out of 50 states in school funding growth since 1995.¹⁵ A recent report demonstrated that Michigan is among just 16 states where the highest-poverty districts (those with the most the most needs) receive less state and local funding than the lowest-poverty districts—a disparity of 5 percentage points.¹⁶ Given the pandemic’s impact on student learning—exasperated in underrepresented communities—additional, equitable resources will be necessary to close the opportunity gap. If schooling is provided remotely in the fall, parents will need support and culturally-appropriate outreach.

Table 2. Suggested Practices and Policies for Education

Tasks	Immediate	Medium Term	Long Term
<i>P-20 Education</i>			
Address the digital divide by making sure all students have reliable and affordable access to the internet as well as a device for remote learning for each student (e.g., through a targeted approach that equitably delivers access).	X		
Provide requirements and recommendations for local school districts to address physical and behavioral health concerns for families, students and school employees before returning to school and to prepare for a second wave related to COVID-19.	X		
Provide high-quality after-school and extended learning time options for families beyond the school day—including wraparound services that target vulnerable populations with limited options.	X		

¹⁴ School meal programs, including the National School Lunch Program and the School Breakfast Program, serve all children, regardless of socioeconomic, documentation status of immigrants or enrollment in a public or private school.

¹⁵ David Arsen, Tanner Delpier and Jesse Nagel, "Michigan School Finance at the Crossroads: A Quarter Century of State Control," *Education Policy Report* (East Lansing, MI: Michigan State University, 2019), last accessed June 29, 2020, from <http://education.msu.edu/ed-policy-phd/pdf/Michigan-School-Finance-at-the-Crossroads-A-Quarter-Center-of-State-Control.pdf>.

¹⁶ "Michigan's School Funding: Crisis and Opportunity," (Royal Oak, MI: Education Trust-Midwest, 2020), last accessed June 29, 2020, from https://michiganachieves.com/wp-content/uploads/sites/12/2020/01/Education-Trust-Midwest_Michigan-School-Funding-Crisis-Opportunity_January-23-2020-WEB.pdf.

Table 2. Suggested Practices and Policies for Education

Tasks	Immediate	Medium Term	Long Term
Ensure that at-home learning and curricular support resources are available to families—especially those in the younger grades.	X		
Support educator development and preparation through enhanced training opportunities on how to provide effective virtual teaching in a remote environment (e.g., providing specialized supports due to COVID-19 shifts to remote instruction) and address implicit bias by supporting educators through cultural competency.		X	
Healthy Communities and Schools			
Support child nutrition programs that create incentives to purchase healthy food grown in Michigan, expand food access for entire families and support regional food economies.	X		
Ensure that state education budgeting decisions are guided by equity to level Michigan’s educational playing field, minimize learning and social-emotional losses, help students refocus on educational opportunities, prevent staffing reductions and address educator shortages.	X		
Provide mental health supports for parents and adult caregivers having to handle both work and the remote learning of their children.	X		
Ensure adequate resources and funding for schools to reopen safely (i.e., hazard pay for teachers and staff, smaller classes sizes and increased per pupil funding).	X		
Require educators and education-support professionals to undergo implicit bias training.		X	
Collect disaggregated data across systems by race and ethnicity in real-time (e.g., civil rights data collection; discipline across schools and districts; availability and access to technology; food and nutritional supports; and other school-based and wrap-around resources).	X	X	X
Early Care and Education			
Preserve and grow child care slots ¹⁷ and subsidies for families with low-incomes and address the potential for early childhood retraction and workforce shortages (e.g., school districts pulling back on access).	X		
Include flexibilities to ensure innovative use of federal funds to grow quality child care slots (e.g., use of CCDBG set aside). ¹⁸ This will ensure students are prepared for school and beyond.	X		

¹⁷ Even before the pandemic Michiganders faced a shortage of child care slots; thus, reserving access to child care is essential to getting Michiganders back to work and rebuilding the Michigan economy.

¹⁸ Office of the Administration for Children & Families, “Which quality activities count toward the quality set-aside?” U.S. Department of Health & Human Services, last accessed August 19, 2020, from <https://www.acf.hhs.gov/occ/faq/which-quality-activities-count-toward-the-quality-set-aside>.

Table 2. Suggested Practices and Policies for Education

Tasks	Immediate	Medium Term	Long Term
Explore new models for child care subsidy reimbursement and creative ways to expand access to high-quality affordable child care for working families. ¹⁹ Increase provider reimbursement rates, fund contracts to expand the supply of quality, affordable infant-toddler child care and incentivize shared service models at the local level to leverage opportunities to blend and braid funding and reduce administrative costs for child care providers.	X	X	
Recognize the need for more child care providers and emphasize the importance of licensed home programs for BIPOC and to ensure equitable access to high-quality, affordable care. ²⁰	X	X	
Increase the number of families with children prenatal-to-three who are utilizing essential health, developmental and social-emotional support services (including Home Visiting, Early On, etc.).			X

¹⁹ This may include shifting the Child Care and Development Fund (CCDF) subsidy funds to contracts at \$14,000 per year per child and increasing a family’s eligibility rate to 185% of the federal poverty level and mirroring other public benefits like the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and free-and reduced-price school meals; and shifting the current caseload consensus application used to determine level of subsidy funding.

²⁰ Home-based programs, due to cap on number of children, may be a more desirable option for families due to COVID-19.

Economic Prosperity Implications

Before the pandemic, Michigan's overall employment and unemployment situation was improving. However, job growth during the last decade was focused on low-wage jobs that are placed in jeopardy during any economic downturn. Many of the service-sector jobs created over the past decade, including restaurants and hospitality, were shut down because of COVID-19. The distinctions around who can telework may offer insights into how disparities play out, making many more susceptible to greater risk of job loss, loss of hours and loss of income over time. Additionally, jobs in many other sectors deemed to be a part of the "essential workforce" continue to pay less than a living wage.²¹

As the economy has descended into recession, the number of Michiganders who are now out of work has created an immediate problem in the areas of housing and food. Michigan's safety net programs (e.g., Supplemental Nutrition Assistance Program [SNAP]; housing subsidies; unemployment insurance; and school lunch programs) will need strengthening as more people will need to be served. Without these safety net programs, more Michiganders would be in poverty.²² As has been highlighted by the Flint Water Crisis, equitable access to clean and safe drinking water is another priority for Michiganders.

As noted, before the global pandemic many workers in Michigan were already under economic pressure. Workers in Michigan who are underemployed or unemployed will need training, retraining and upskilling. Yet, during a pandemic, needed access to training, credentials and higher-education opportunities will be challenged.

Small businesses and nonprofits, which employ a significant portion of the Michigan workforce, have been hit especially hard by the current recession. Before the outbreak, jobs at small businesses and nonprofits had been driving the economy. It is unclear whether many small businesses that have closed during the shutdown will be able to re-open, raising the prospect of long-term economic displacement and the disruption of community networks. In moving the Michigan economy forward, equitable investments will be necessary to support minority- and

²¹ The essential workforce has been defined under Executive Orders issued in 2020 to include: "health care workers, home health workers, direct care workers, emergency medical service providers, first responders, law enforcement personnel, sanitation workers, child care workers (including any employees acting as child care workers in disaster relief child care centers), personnel providing correctional services, postal workers, public health employees, key government employees, court personnel, and others providing critical infrastructure to Michiganders, including any individuals performing (remotely or in person) critical infrastructure work, necessary government activities, or minimum basic operations under Executive Order 2020-42 or any order that may follow from it."

²² David Cooper, "Economic Snapshot: Without government safety net programs, millions more would be in poverty," (Washington, DC: Economic Policy Institute, September 22, 2015), last accessed July 13, 2020, from <https://www.epi.org/publication/without-government-safety-net-programs-millions-more-would-be-in-poverty/>.

women-owned business enterprises (MWBEs) concentrated in sectors most affected by the pandemic.²³

Intense work will be necessary in this area to influence not only state and federal policy, but at the county and local levels as well. The work moving forward should be focused around the concept of inclusive, equitable growth principles, where economic growth, recovery and opportunity for prosperity and overall well-being are shared and distributed. Addressing these issues cannot be done just through initiatives, but rather through longer-term structural changes to ensure that economic prosperity is accessible to all.

Table 3. Suggested Practices and Policies for Economic Prosperity

Tasks	Immediate	Medium Term	Long Term
<i>Community Investments</i>			
Close the gap for communities and municipal infrastructure funding for essential neighborhood needs (e.g., high-speed internet, water, housing, public transportation, health care facilities and job skills training).	X		
Create a task force of experts to build and launch innovative and collaborative economic development strategies with local leadership.	X		
Provide mortgage, rental and utility protections through both public and private means to prevent evictions and shutoffs for families. This may include housing recovery resources through the Housing Assistance Fund that would provide flexible funding through the state housing finance agency and assistance for the repayment of rent arrearages to avoid a wave of evictions once the moratorium expires.	X		
Build a sustainable water future for all through the adoption of water strategies and stewardship.		X	
Keep communities and services whole when possible, as nonprofits restructure. ²⁴		X	
Extend processes of equity into state government—such as through the analysis of legislation and ensuring that state workers, especially those who directly interact with vulnerable populations, undergo implicit bias training.			X
Collect data across systems disaggregated by race and ethnicity in real-time (e.g., in workforce training programs and the unemployed, and to support apprenticeships for in-demand areas).	X	X	X
<i>Small Business and Nonprofit Investments</i>			
Prioritize business investments (e.g., Michigan Economic Development Corporation funding) for micro-level grants for MWBEs, as well as workers impacted by the COVID-19 pandemic.	X		

²³ “Fifty percent of MWBEs were financially at-risk or distressed prior to the current pandemic,” Federal Reserve Banks, 2019 Small Business Credit Survey, last access July 15, 2020, from <https://www.fedsmallbusiness.org/medialibrary/FedSmallBusiness/files/2020/covid-brief.pdf>.

²⁴ Key questions need to be addressed about what to do when nonprofits restructure, specially addressing who will do the work when a nonprofit dissolves and who will pick up the services in communities.

Table 3. Suggested Practices and Policies for Economic Prosperity

Tasks	Immediate	Medium Term	Long Term
Provide immediate emergency relief for MWBEs that are more likely to be concentrated in the industries most immediately affected by the pandemic.	X		
Restore the charitable tax credit for gifts made to food banks, homeless shelters and permanent endowment funds at Michigan community foundations.	X		
Promote, support and expand MWBEs in a more planned, systematic, strategic and persistent manner.		X	
Expand access to funding that could enhance the stability of MWBEs, improving the opportunity for those businesses to reach scale and strengthen their financial resilience. ²⁵			X
Individual Investments			
Streamline access and flexibility for safety net and unemployment benefits for displaced workers.	X		
Attract and retain worker talent for essential/frontline workers (e.g., “Futures for Frontliners” program).	X		
Ensure that direct care workers, including and especially BIPOC, are supported by pursuing credentialing, compensation, health care and retention strategies.	X		
Provide support for accelerated training and retention programs for BIPOC tied to small business and neighborhood redevelopment.	X		
Make access to sufficient personal protective equipment available to all workers in Michigan.	X		
Continue to include child care workers in the classification of the “essential workforce.” ²⁶	X		
Develop a cross-sector early childhood workforce strategy.	X		
Fill child care, early intervention and home visiting workforce shortages by pursuing compensation and retention strategies that have been successfully utilized elsewhere—such as Medicaid reimbursement models to include community health workers, doulas and lactation consultants and shared health insurance models for early childhood staff, to both attract and retain talent.		X	
Support Clean Slate policies that assist individuals with criminal records.		X	
Reestablish funding for an Earn & Learn program to help support the financial well-being of residents while they earn additional credentials.		X	
Restore Michigan’s Earned Income Tax Credit.			X
Increase the minimum wage in Michigan.			X

²⁵ The federal Paycheck Protection Program (PPP) is an example of data that was not tracked because self-reporting data may have been left blank. Moreover, the program may not have aligned well with small businesses, particularly MWBEs.

²⁶ Child care workers have been included in the definition of an “essential workforce” in Michigan under Executive Orders issued by Governor Whitmer since March 2020. Without this classification providers are disallowed access to certain necessary conditions to keep their programs safe and operational.