The COVID-19 crisis has touched all aspects of San Antonio's infrastructure and economic activity, but it has not affected all residents and communities in San Antonio the same. Like many infectious diseases, COVID-19 is exploiting economic inequity. The legacy of structural racism and inequity is shaping how COVID-19 spreads among residents. Those who are at highest risk for infection are those who cannot easily stay at home and safely distance because they are providing essential services. Thus, the inequitable infrastructure, including within the healthcare system, that contributes to the disparities in the health of our communities needs to change in order to change the unequal and inequity spread of COVID-19. This will not happen unless we are motivated to dramatically change our approach to COVID-19 mitigation strategies.

For instance, if evolving COVID-19 contact tracing strategies are not embedded in communities, the result is:

- low community engagement
- less effective contact tracing
- preventable spikes and persistence of COVID-19 community transmission
- worsening health and economic disparities
- deepening of structural racism and economic inequity

To be effective and equitable, COVID-19 contact tracing and other response efforts must be embedded in disproportionately impacted and vulnerable communities. To that end, we urge local leaders to adopt Community-Based Workforce Principles as part of their evolving contact tracing plans.

Design bold strategies to transform systems

By partnering with local universities, we can create a workforce program to engage unemployed or dislocated workers with living wage jobs that meet contact tracing and other community needs. We can leverage existing and expected federal funds to address basic skills gaps and create a pipeline to careers in local health departments, the healthcare industry, community-based organizations, and local businesses. The universities can offer tracks for training to include a course for community health worker programs so that graduates will be prepared to support COVID-19 contact tracing as needed. Community health workers are a critical and evidence-based component to contract tracing with their special community-based training and ties to work effectively with identified high-risk populations. Other tracks that can be created related to data science include:

- Data Entry Technician Level 1 Certificate
- Customer Service Specialist, Level I Certificate
- Records Management Specialist, Level I Certificate
- Case Management Certificate

These programs provide training in public health practices, data management and social work would be a significant career training step leading to future opportunities. While millions of dollars are spent to support workforce development, training that will specifically improve our public health response and control the spread of COVID-19 is a winning solution. In addition, the workers that have gained certificates in this training will be able to transfer them to future jobs that pay a living wage. This is truly a win-win for all of San Antonio.

Expand contact tracing workforce

Given current caseloads, the Association of State and Territorial Health Officials estimates more than 3,000 contact tracers are needed for Bexar County alone. San Antonio Metropolitan Health District (SAMHD) currently has 150 case investigators. The contact tracing contract with emocha includes only 12 tracers. The Texas Department of State Health Services (DSHS) contract with MTX only calls for 1,500 tracers for the entire state. While 3,000 tracers/investigators locally may seem overwhelming, in the past two weeks, Bexar County has had more than 7,000 new cases. If we train just 700 people who can function as both case investigators and contact tracers, each would investigate 10 cases and all their contacts, estimated to be between 5-15 contacts per case.

While contact tracing is not 'the only answer' — it is one critical tool to manage the pandemic now and into the inevitable second wave. A fully trained workforce is required to trace infection rates which we know can work to prevent large outbreaks. We cannot afford to build the airplane when it's flying. We must do this now.

In creating this innovative workforce development model, we will
1) get control of the current surge,
2) limit the impact of a second wave,
3) address health inequities, and
4) be leaders in the state.