"Carrying Equity in COVID-19 Vaccination Forward: Guidance Informed by Communities of Color"

Report Summary and Actionable Recommendations for Mayors, County Executives, and Other Top Local Government Officials

CommuniVax

A Coalition to Strengthen the Community's Role in an Equitable COVID-19 Vaccination Campaign

As the COVID-19 vaccination campaign continues, lessons from the vaccine rollout to date can help provide direction moving forward. The CommuniVax Coalition, led by the Johns Hopkins Center for Health Security and Texas State University, recently published the report, Carrying Equity in COVID-19 Vaccination Forward. Based on hyper-local research conducted with Black and Hispanic/Latino communities across the country, the report provides specific guidance on adapting COVID-19 vaccination efforts to achieve greater vaccine coverage within hard-hit underserved populations and to develop sustainable, locally appropriate mechanisms to advance health equity into the future.

Report Recommendations	Action Items for Top Local Government Executives
1. Humanize delivery and communication strategies for COVID-19 vaccines. More peer-led and neighborhood-based opportunities for community conversation and convenient vaccine access will result in broader vaccine coverage in groups with high rates of COVID-19 cases, hospitalizations, and deaths; jumpstart ongoing and consistent delivery of services that improve the health and wellbeing of underserved populations; and begin the work of repairing the structural and interpersonal racism experienced with medical, public health, and governmental systems.	→ Direct the local health officer to promote partnerships among healthcare provider networks, community-based organizations (CBOs), faith-based organizations (FBOs), and community health workers (CHWs) that enable broader COVID-19 vaccination coverage; commit to maintaining these relationships after the COVID-19 pandemic subsides and to curbing high rates of diabetes, heart disease, obesity. → Encourage the health officer to let CBOs, FBOs, and CHWs co-lead in diagnosing low vaccine coverage and developing interventions; simultaneously develop individual and organizational capacities. Prioritize the local use of American Rescue Plan Act and other emergency response funds for the purpose. → Support the top public health official in adopting a strategy of bringing vaccines to the people, thus removing major access barriers: i.e., conduct door-to-door vaccination, stage mobile clinics, offer vaccines at workplaces, and use community locations that people feel are familiar, convenient, and safe. → Instruct the local health officer to deliver COVID-19 vaccination messaging in as many social settings as possible—in person, on air, and on screen—to create multiple opportunities that prompt peer-to-peer conversations about vaccination. People do not make the decision alone to become vaccinated.

2. Anchor COVID-19 vaccination for hard-hit areas in a holistic recovery process. A short-term recovery strategy for *restoration* that delivers COVID-19 vaccinations in a wraparound service model (e.g., food security, housing security, mental health support) will prove health and governmental systems trustworthy by caring about whole persons not just vaccination rates. A long-term recovery strategy for *transformation* will prompt advances in the social determinants of health that then strengthen both quality of life as well as community resilience to future extreme events.	→ Direct the local health officer to work with health systems, nonprofit social service providers, CBOs, FBOs, and CHWs to align around a "whole person" model of recovery and co-design vaccination sites as resource "hubs" to meet other human needs and multiply benefits of every vaccination encounter. → Stand up a long-term recovery and community resilience organization, applying a "health-in-all policies" approach. Engage existing data-driven coordinating bodies that already facilitate long-range planning (eg, disaster recovery, economic development). Consult diverse stakeholders and communicate broadly about pandemic recovery so those with the greatest losses can take part in decision making that is relevant to their lives.
3. Rebuild the public health infrastructure, properly staffing it for community engagement. A public health infrastructure that is sustainably resourced and equitably staffed will have the capacity to respond to emergencies and to address prevalent health challenges (eg, diabetes, heart disease) affecting communities of color in greater numbers; lead to innovations in practice, culturally competent services, and strategies for social determinants; and be able to demonstrate trustworthiness by engaging communities authentically.	→ Provide steadfast and sufficient support to the local health department (LHD) during both crisis and steady state times, while also petitioning state and federal governments to make sustained investments that ensure a predictable public health capacity. → Support the LHD in its strategic goals of (1) promoting equity in its ranks including on the board of health and (2) strengthening human-centric competencies by the recruitment of more social and community proficient professionals, such as health educators/promoters, risk communicators, language translators, social media strategists, and researchers.
4. Stabilize the community health system as the backbone for equity and resilience. Formalizing and sustainably financing the country's promising yet struggling community health system will lead to better health outcomes because this sector prioritizes disease prevention and health promotion, works for improvements in the social conditions of health, and advocates for communities to have control over their own health and wellness.	→ Establish a new, fully-fledged and fully funded local community health department. → In consultation with local/regional CHW networks, outline the benefits to state officials of developing sustainable financing strategies (including Medicaid reimbursement) for the community health workforce. → Direct the local human resources system to create CHW positions at varying levels of experience, building a career ladder and opportunities. → Grant funds directly to CBOs, FBOs, and CHW-led organizations, adapting funding processes and eligibility criteria to create an environment where communities with the greatest need benefit first.

Contacts:
Monica Schoch-Spana, PhD, Co-PI; Senior Scholar, Johns Hopkins Center for Health Security, mschoch@jhu.edu
Emily K. Brunson, PhD, MPH, Co-PI; Associate Professor, Texas State University-Anthropology, ebrunson@txstate.edu
www.communivax.org