

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

Report Summary and Actionable Recommendations for Governmental Public Health Executives



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 State, Territorial, Tribal and Local (STTL) Health Departments
<p>1. Humanize delivery and communication strategies for COVID-19 vaccines.</p> <p>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.</p>	<p>→ STTL public health officials should promote partnerships among health departments (HDs), healthcare provider networks, community-based organizations (CBOs), faith-based organizations (FBOs), community health workers (CHWs), and other stakeholders to bring vaccines directly to people where they work, socialize, shop, and worship – places perceived to be safe, familiar, and convenient – and to commit to maintaining these relationships after the COVID-19 pandemic subsides.</p> <p>→ Public health communication campaigns should support 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.</p>
<p>2. Anchor COVID-19 vaccination for hard-hit areas in a holistic recovery process.</p> <p>A short-term recovery strategy for <i>restoration</i> 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 <i>transformation</i> 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.</p>	<p>→ STTL HDs should work with health systems, nonprofit social service providers, CBOs, FBOs, and CHWs to align around a “whole person” model of recovery and multiply the benefits of each vaccination encounter.</p> <p>→ STTL public health executives should advocate for/participate in a cross-sector council of stakeholders that reflect the jurisdiction’s demographic makeup, including Black and Hispanic/Latino leaders, CBOs, FBOs, and CHWs to apply a whole-of-community, whole-of-government approach to long-term COVID-19 recovery planning.</p>

<p>3. Develop a national immunization program to protect people throughout the life course. Building upon an already highly successful national immunization program for children, to protect people throughout the life course, will enable broader coverage for COVID-19 vaccines and the 13 other vaccines urged for some or all adults, and it will raise immunization rates for racial/ethnic minority adults whose vaccination rates trail those of White adults.</p>	<p>→ STTL HDs should work with federal partners to support a life-course (versus childhood-only) approach to immunization, facilitating the integration of adult immunization with other health systems and priorities, and developing systems to monitor program progress, measure social and economic impacts, and communicate findings in a timely, transparent manner.</p> <p>→ STTL HDs should allocate sufficient staffing to oversee progress in adult immunization coverage and to take corrective actions, if needed.</p>
<p>4. 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.</p>	<p>→ STTL HDs should commit to the strategic goals of promoting equity in their ranks at every level, including on boards of health, and strengthening human-centric competencies through the recruitment of more social and community proficient professionals, such as health educators/promoters, risk communicators, language translators, social media strategists, and researchers.</p> <p>→ STTL HDs should develop strong partnerships with CBOs, FBOs, and other stakeholders who can advocate on behalf of adequate and stable funding for local and state health departments.</p>
<p>5. 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.</p>	<p>→ In consultation with local/regional/national CHW networks, STTL HD executives should outline the benefits to state officials of developing sustainable financing strategies (including Medicaid reimbursement) for the community health workforce.</p> <p>→ To generate opportunities and a career ladder, STTL HD executives should work with state/local human resources systems to create CHW positions at varying levels of experience.</p> <p>→ When collaborating with CBOs, FBOs, and CHW-led organizations, STTL HDs should adapt funding processes and eligibility criteria to create an environment where communities with the greatest need benefit from funding first.</p>

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