The CommuniHealth Playbook

How to Spur on Your Local Community Health Sector

November 2022

CommuniHealth

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CommuniVax 2.0

Strategies for Standing Up, Strengthening, and
Sustaining the Local Community Health Sector
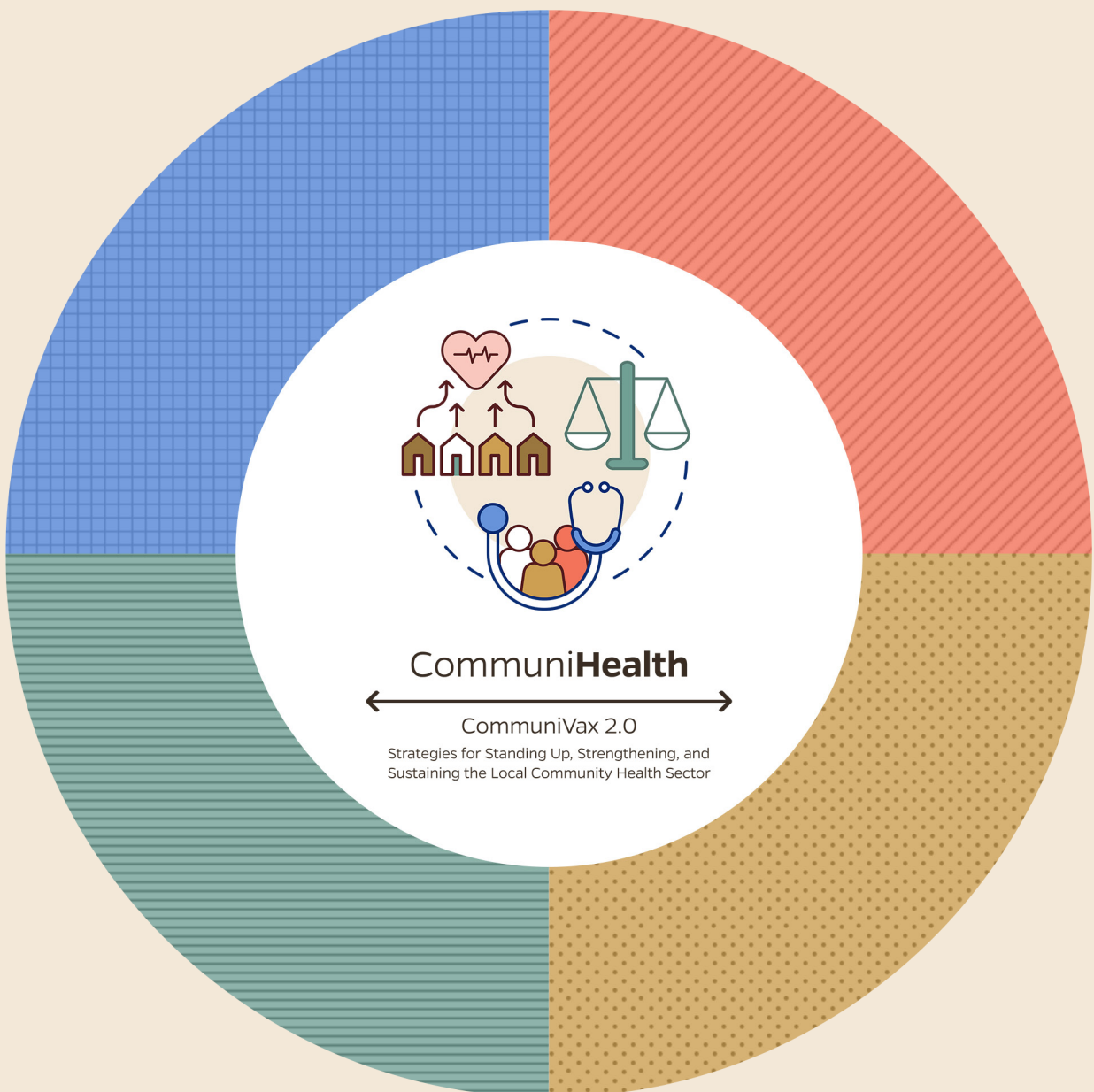
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Contents

Executive Summary

The CommuniHealth Playbook compiles field-tested strategies and tactics for advancing the community health sector *locally*.

The Playbook's practical guidance is the culminating product of CommuniHealth, the successor to the CommuniVax Coalition. In 2021, CommuniVax carried out rapid, community-engaged research to increase COVID-19 vaccine coverage within Black and Hispanic/Latino communities and to activate durable public health systems co-led by local communities in seven regionally distinct jurisdictions.

In 2022, three research teams with ongoing community partnerships and support from a National Working Group became the leading edge of the Coalition, renamed CommuniHealth. They used direct experience, trial and error, and ground-level truth to develop practical ways of mobilizing local forces for vibrant and sustainably resourced community health systems. They detailed their best practices and created implementation aids so that counterparts elsewhere could join in this community health movement.

- The University of Alabama team conducted a communitywide needs assessment of community health infrastructure in the state's Black Belt counties as the first step in mobilizing a community health coalition well suited to serving rural populations, which are often overlooked.

- The San Diego State University team developed training materials to support other community-oriented universities that wish to leverage their neutral brokering position and access to resources to strengthen academic-community partnerships that integrate community health workers/*promotores*.

- The University of Maryland team codified and communicated lessons learned from its successful track record of implementing hyperlocal approaches to community engagement and health promotion, epitomized by a network of barbers and hairstylists championing the health of their host neighborhoods.

The community-based workforce has been essential to overcoming racial and ethnic disparities in COVID-19 vaccination. This Playbook enables diverse stakeholders to propel these inventive and powerful community-public health partnerships forward, beyond the pandemic response and toward other health issues (e.g., diabetes, obesity, cancer) with which underserved populations still grapple.

The Playbook's major components include:

- This introductory text that provides context for the project, shares the CommuniHealth ethics framework (see [CommuniVax/CommuniHealth Principles for Partnership with Communities](#)), and serves as a centralized index to the guidance prepared by the three teams.

- A set of three team reports that translate site-specific experiences and learnings into practices and templates that other localities can adapt to solidify their own community health sectors.

- Audiovisual resources that the expert working group and local teams devised to guide others in the process of building up alliances to promote the community health sector.

Introduction

In the fall of 2020, CommuniVax—as the Coalition was first known—began working in seven local sites to develop evidence-based guidance for government officials on how to increase COVID-19 vaccine coverage within Black and Hispanic/Latino communities and, through this, to fashion durable, locally appropriate mechanisms for advancing equity in health.[1-3] A year later, we adopted the identity CommuniHealth to assert more emphatically that a strong, sustainably financed community health sector is critical to the ongoing reversal of health disparities and the further advancement of wellness among communities of color in the United States (US).

Compelling this natural expansion in the Coalition's mission was seeing that our ethnographic and community engagement work had the knock-on effect in certain research sites of enhancing the development of the local community health system (see Box). Such experiences resonated with other initiatives across the country that actively centered community health workers (CHWs) in the pandemic response, redesigning public health interventions to more accurately match the worldviews, cultural values, and material circumstances of lower-income communities of color.[5-14]

> **Box - California Example**
>
> Anchored at San Diego State University (SDSU) and focused on COVID-19 vaccine coverage among Hispanic/Latino communities, the CommuniVax California team worked in tandem with the San Diego County Promotores Coalition. By providing technical and strategic advice along the way, the team helped coalesce members into a more influential organization with collective power.[4]

During 2022, three of the original CommuniVax teams with ongoing community partnerships operated as CommuniHealth testbeds; they committed to learning from their own ground-level, coalition-building efforts, and on that basis, to developing strategic and tactical guidance for others interested in mobilizing local forces for vibrant and sustainably resourced community health systems.

Why Is It Necessary to Elevate the Community Health Sector?

CHWs and the community- and faith-based organizations (CFBOs) that employ them have demonstrated unmatched abilities to redress the racial/ethnic disparities in COVID-19 infection and death rates and the basic inequities contributing to the pandemic's disproportionate impacts in the first place.[15-20] CHWs—often known as *promotores* within Hispanic/Latino communities—have been active in testing for COVID-19, tracing contacts, providing vaccinations, and addressing food insecurity and other safety net concerns.[18-20] In steady state times, CHW/*promotores* work to build trust with community members, navigate health and human services systems, bridge client and provider cultures to adapt service delivery, and advocate for systemic changes in policies and practices that inhibit community members' access to care and overall health.[21]

CFBOs and CHWs/*promotores* have the capability to connect underserved populations to the institutions of public health and medicine that, in certain other instances, have proven abusive, untrustworthy, and/or inaccessible to members of Black, Indigenous, and people of color (BIPOC) communities.[22-25] Despite being trusted health ombudsmen and women, the community-based health workforce has limited influence. In the US, versus most other

parts of the world, the community health sector is underdeveloped because funding systems prioritize curative services over disease prevention and health promotion, mainstream health models disaggregate individual illness from social determinants, and status hierarchies elevate professional and medical authority over community voices.[26]

How Can You Help Strengthen the Community Health Sector?

The CommuniHealth Playbook—which begins with this document—compiles field-tested strategies and tactics for advancing the community health sector *locally*.

The purpose of the Playbook is threefold: to provide guidance to community health champions from diverse quarters on how to affiliate in concrete ways, coalescing into an influential sector; to build capacity within CFBOs and CHW-led organizations to secure the resources they need to strengthen the community health infrastructure; and to elicit the readiness and willingness of political leaders to allocate resources to community health at a level that is commensurate with this system's valuable and unique capability to advance the wellbeing of BIPOC populations.

Jumpstarted by CommuniVax learnings, the practical advice within the CommuniHealth Playbook draws even further upon the insights and real-world experiences of three local teams with active community partnerships in Alabama, California, and Maryland (Table 1), and the national working group's strategic guidance and insider perspectives on coalition-building across government, healthcare, public health, and community sectors. Members in this latter group have expertise in local government, public health, community advocacy, community development, community engagement, health promotion, conflict resolution, and the humanities and social sciences.

What Kind of Concrete Support Does the CommuniHealth Playbook Provide?

Rather a single tome, the CommuniHealth Playbook is a curated set of multimedia products that instruct via first-hand accounts, case studies, narratives, model practices, implementation tips, and ready-to-apply templates. Intended end users include CHW/*promotores* and CFBOs; university-based researchers; state, local, tribal, and territorial (SLTT) health departments; hospitals and health systems; elected and/or appointed government officials; and other stakeholders wanting to develop their community health systems further and to engage communities of color more effectively.

Major Playbook components include:

The Key: This document, the CommuniHealth Playbook, serves as an index with which users can easily navigate a trove of guidance materials, zeroing in on items suited to their own needs and context. The Playbook also delivers the Coalition's "Principles for Partnership with Communities." This values-driven framework helped steer the Coalition's relationships in local communities and may provide others a good starting place when developing plans to partner with communities.

Local Testbed Reports: Acting as innovation incubators, three CommuniHealth teams ([Table 1](#)) partnered with local BIPOC communities to develop interventions that are now unifying stakeholders around strong and sustainably resourced community health systems. Teams affiliated with universities in Alabama (AL; Tuscaloosa), California (CA; San Diego), and Maryland (MD; Prince George's County) present their efforts to mobilize myriad actors around the common goal of solidifying the local community health sector and to translate site-specific matter into processes and templates that other localities can adapt and apply.

Digital Resources: Both the national working group and the local teams developed an array of audiovisual materials to guide others in the process of building up alliances to promote the community health sector. Some reside on the CommuniVax.org website (e.g., Master Class on "Public Health, Philanthropy, and Ground Level Pointers") and many others at the website for the [Maryland Center for Health Equity](#) (MCHE) at the University of Maryland's School of Public Health.

Table 1. Local CommuniHealth Team Profiles

ALABAMA – West Central Region

The CommuniHealth team based at the University of Alabama conducted a communitywide needs assessment of community health infrastructure in the state's Black Belt counties as the first step in mobilizing a community health coalition. In their work, they heard directly from voices within communities about how to build coalitions and infrastructure in an environment where there is little political support and where there are substantial structural barriers that could impede community health. The Alabama guidance benefits any stakeholders interested in establishing a baseline of their local community health sector. Additionally, more rural, non-urban communities (which other resources often do not address) will find the team's guidance especially relevant to their situations.

CALIFORNIA – San Diego and Southern Region

The CommuniHealth team based at San Diego State University (SDSU) developed training materials to support other community-oriented universities that wish to leverage their neutral brokering position and access to resources to strengthen academic-community partnerships that integrate CHWs/*promotores*. The team based this toolkit on their own activities engaging with the San Diego County Promotores Coalition, as they assisted the coalition in formalizing roles, strategic planning, and securing financial sustainability. The team also drew practical insights from interviews undertaken with various faculty and staff at SDSU and other universities that have strong histories of working successfully with CHWs/*promotores*.

MARYLAND – Prince George's County

The CommuniHealth team based at the University of Maryland School of Public Health codified lessons learned and best practices from its successful track record of implementing hyperlocal approaches to community engagement and health promotion. Such efforts included a literature review, key informant interviews, the Health Advocates In-Reach and Research (HAIR) Program,
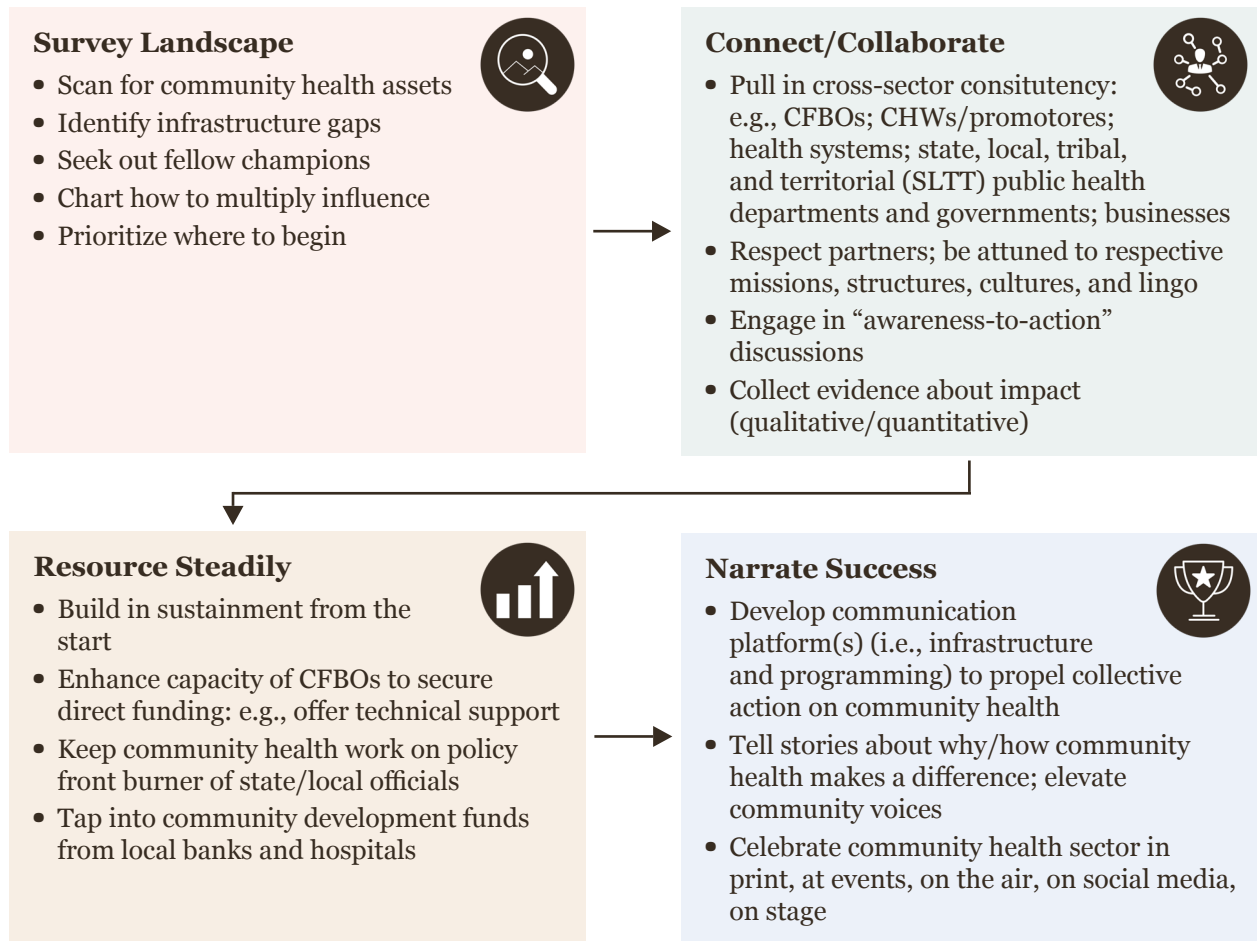
and the Shots at the Shop initiative that has engaged 1,000 Black-owned barbershops and hair salons nationwide to support COVID-19 vaccination. In tandem with building up its grassroots partnerships, the team executed a vibrant communication campaign inclusive of town halls, talk shows, and podcasts, and produced "how to" practical guidance and templates for others to adopt and adapt.

Navigating the Playbook to Find Specific Advice

The Coalition believes that guidance forged under real-world conditions has a greater likelihood of being successfully applied elsewhere. So, rather than impose from the top-down a single strategy for strengthening the community health system, CommuniHealth supported local university-community partnerships as they engaged in idiosyncratic, self-driven, trial-and-error activities, while also benefitting from regular Coalition-wide debriefings and peer-to-peer mentoring. In pooling the outputs of these distinct experiments together, the CommuniHealth Playbook provides a comprehensive strategy for starting up, solidifying, and sustaining the local community health sector.

The Playbook's practical advice falls into four categories (Figure 1), each of which may be more or less important to a locality or region, depending upon where its community health system falls in the larger development process. Is it like Alabama, at an early stage, where components of a proto community health infrastructure are scattered and siloed, and where a baseline needs assessment is a good first step in tackling a collective action problem? Or is it more like Prince George's County, at a later stage, where a vibrant network of community entrepreneurs (i.e., barbers and hairstylists), university researchers, public health practitioners, and local health systems are active and nationally recognized, and where the top priorities are broadly communicating their objective and imparting their model approach to others?

Figure 1: Major Categories of CommuniHealth Practical Guidance

Survey Landscape

- Scan for community health assets
- Identify infrastructure gaps
- Seek out fellow champions
- Chart how to multiply influence
- Prioritize where to begin

Connect/Collaborate

- Pull in cross-sector consitutency: e.g., CFBOs; CHWs/promotores; health systems; state, local, tribal, and territorial (SLTT) public health departments and governments; businesses
- Respect partners; be attuned to respective missions, structures, cultures, and lingo
- Engage in "awareness-to-action" discussions
- Collect evidence about impact (qualitative/quantitative)

Resource Steadily

- Build in sustainment from the start
- Enhance capacity of CFBOs to secure direct funding: e.g., offer technical support
- Keep community health work on policy front burner of state/local officials
- Tap into community development funds from local banks and hospitals

Narrate Success

- Develop communication platform(s) (i.e., infrastructure and programming) to propel collective action on community health
- Tell stories about why/how community health makes a difference; elevate community voices
- Celebrate community health sector in print, at events, on the air, on social media, on stage

Relying on the Playbook's index below (Table 2), users can locate information to support and target their efforts at mobilizing a coalition that can solidify and sustain the local community health system: namely, descriptions of how local CommuniHealth teams conducted their activities; checklists and tip sheets to facilitate implementation; and pre-tested templates (e.g., draft CHW/*promotores* job description) that can save time.

Table 2. CommuniHealth Playbook Index

(Page numbers in this table correspond to the individual local teams' reports, which are available at CommuniVax.org.)

SCAN LANDSCAPE		
Local Team Approach	**Implementation Details**	**"Leg Up" Templates**
AL team performed an in-depth community needs assessment to determine whether there is a perceived need for expanding CHW programs in West Central Alabama	AL team conducted in-depth stakeholder interviews to establish a baseline snapshot of CHW assets (now scattered and siloed), assess local capacities for expanding present CHW programs, and identify options for community-based workforce development (p 6)	See Appendix A (p 14) for list of stakeholders consulted during needs assessment See Appendix B (p 15) for sample email communication with potential interviewees See Appendix C (p 17) for self-assessment instruments See Appendix D (p 19) for stakeholder interview guides
AL team formulated recommendations for building community-based workforce	To create evidence-based recommendations, AL team analyzed various CHW models, training approaches, and relationships between CHWs, providers, funders, and state and federal organizations (pp 7-11)	

CONNECT / COLLABORATE		
Local Team Approach	**Implementation Details**	**"Leg Up" Templates**
To attract and further engage potential coalition members, AL team will share data analysis beneficial to stakeholders' own work	AL team plans to circle back to the stakeholders they interviewed to share helpful information, including the CommuniHealth Playbook and findings from the team's community needs assessment (p 6)	

CONNECT / COLLABORATE		
Local Team Approach	**Implementation Details**	**"Leg Up" Templates**
CA team identified potential local collaborators	CA team used an environmental scan to identify potential local partners. The scan involved collecting data from publicly available sources and interviews with key informants (pp 12-14) Out of the partners identified in the environmental scan, CA team contacted those who shared the team's interests and were trusted in the community (p 15)	See link on p 14 to access the environmental scan the CA team used
CA team demonstrated trustworthiness through concrete, ongoing support	Committed to a long-term relationship, CA team established a Community Advisory Board and assisted their CHW/*promotores* partners in obtaining funding (pp 16-18)	
By engaging neighborhood-based businesses, MD team employed "hyperlocal" outreach strategy to improve equity of COVID-19 response	To support COVID-19 testing, vaccination, and post-pandemic community health initiatives, MD team harnessed the successful track record and capacities of the Heath Advocates In-Reach and Research (HAIR) program, a community-based effort that enlists barbers and hairstylists to conduct health outreach to their primarily Black clientele (pp 6, 8-9)	See pp 7-8 for concrete advice on ingredients for successful partnerships with barbershops and salons See pp 10-11 for practical lessons learned from other studies on hair professionals serving as CHWs See pp 11-16 for firsthand accounts from hair professionals on their reasons for participating, implementation details, and best practices for partnerships See pp 17 for practical tips for public health agencies and healthcare organizations on starting a health promotion initiative in local shops

CONNECT / COLLABORATE		
Local Team Approach	**Implementation Details**	**"Leg Up" Templates**
MD team created public digital platforms to ensure 2-way communication between health practitioners and community members	With support from Cigna Foundation and the National Institute on Minority Health and Health Disparities, MD team convened a workshop where barbers and stylists engaged researchers on need for community collaboration (p 9) MD team assembled town hall meetings and created a weekly live-streamed program, "The Cutting Edge," to provide barbers and stylists with access to experts in public health, healthcare, and civic organizations (p 18)	See [MCHE YouTube channel](#) for multiple playlists in connection with HAIR initiatives
MD team engaged wide range of partners to expand the reach and impact of the HAIR model	MD team developed broad network of partners including university collaborators, Maryland Department of Health, White House, National Association of County and City Health Officials, Black Coalition Against COVID-19, and the beauty and personal care brand SheaMoisture to increase implementation and influence of HAIR model (p 9)	

RESOURCE STEADILY		
Local Team Approach	**Implementation Details**	**"Leg Up" Templates**
CA team treated CHW/*promotores* role as source of income security and career opportunity for community members and created easy-to-navigate recruitment, hiring, and training processes	CA team created a job description (in English and Spanish) that considered applicants' language skills, health backgrounds, and cultural competency (pp 19-20)	See Appendix A (pp 37-39) for sample CHW/P job descriptions
	Recognizing differences between job searches at universities and within the community, CA team worked with partners to circulate job listings broadly, including posting physical copies in public spaces (p 20)	See Appendix B (pp 40-41) for other hiring document examples
	CA team used a yes/no application instead of requesting resumes and allowed candidates to apply in person or via email rather than having everything online (p 21)	See Appendix C (pp 42-43) for a yes/no application/questionnaire that can be used in lieu of a resume
	CA team took steps to integrate CHWs/*promotores* successfully into the group: e.g., tailoring meetings around the needs of CHWs/*promotores*, developing a feedback-based peer-led training program, and providing individualized support (p 23-25)	
CA team implemented a comprehensive strategy to secure internal and external funding for CHW/*promotores*	CA team leveraged university resources including finding and applying for state and federal grants; looked across sectors for different types of support; and used data and stories of project success to engage potential donors' interest (pp 26-30)	See Appendix D (pp 44-47) for the CA team's community funding guide

RESOURCE STEADILY		
Local Team Approach	**Implementation Details**	**"Leg Up" Templates**
MD team formally recognized and compensated barbers and hairstylists as health promoters	MD team worked with state's Department of Health CHW Program to secure certification for HAIR partners, enabling university to hire them as part-time staff and help launch COVID-19 vaccine and testing initiatives in the shops (p 8)	
MD team developed training to prepare barbers and stylists to work with health care providers and local health departments	MD team created online orientation and four-hour online rapid response training program— "From Vaccine Hesitancy to Vaccine Confidence"—preparing barbers and stylists to collaborate with practitioners to bring vaccine outreach, education, and vaccination clinics to their shops (p 9)	
Seeking sustainable investments for HAIR, MD team engaged local healthcare system required to demonstrate "community benefit"	To avoid trap of time-limited project-focused grants, MD team collaborated with local healthcare systems to educate hair professionals on chronic diseases and to promote/locate health-related screenings (e.g., blood pressure, A1C, colorectal cancer) at shops (p 8)	

NARRATE SUCCESS		
Local Team Approach	**Implementation Details**	**"Leg Up" Templates**
MD team evolved comprehensive communication campaign to promote COVID-19 vaccines and to share best practices for community-based research and collaboration	MD team partnered with health organizations, foundations, artists, and news media and leveraged networks and used storytelling to promote COVID-19 vaccines and testing and to disseminate best practices for building and sustaining community partnerships. Outputs included peer-reviewed research, town halls, virtual community forums, webinars, documentary, and podcast series (pp 8-9)	See [MCHE YouTube channel](#) for multiple playlists in connection with HAIR initiatives
MD team worked to preserve and promote techniques used to create communication channels	MD team put together best practices podcast, "You Got That?: Health Communication Simplified," featuring MCHE staff who interviewed each other to give audiences a "behind-the-scenes" look at community engagement and the production process (p 18)	See Appendix (pp 22-31) for podcast episode summaries that include tips on connecting with community partners (p 24), integrating human-centered design (p 25), creating serialized content (p 26), and creating social media presence and content (p 27)

CommuniVax/CommuniHealth Principles for Partnership with Communities

> "My grandmother always said that you can strike a more powerful blow with a fist versus one or two fingers. So, we get together—it makes it us stronger."
>
> – Community partner, Prince George's County, MD

Community partnerships have been instrumental in both phases of the Coalition's work. Over the course of two years, we have identified core principles for authentic connection and respectful collaboration, borne out of engagement with and learnings from many community and academic partners. We view these partnership principles as fundamental to our efforts to support and benefit communities. Some principles speak to the culture and approach we believe an implementing partner should embrace when teaming with communities, while other principles speak more to operationalizing partnerships.

The Coalition's principles for partnership follow below, along with details on how we have defined and implemented the tenets. Rather than golden rules that we followed to perfection, they represent practical wisdom gained both from unintended missteps and positive experiences. We offer our baseline standards and illustrative experiences to support implementers who wish to build productive community partnerships. At the same time, we encourage users always to remain sensitive to the specifics of place, history, culture, and power, and to adapt or revise these principles accordingly.

In developing this document, we invited community partners to comment on the relevance of the principles to their own collaborations with the Coalition's local teams: How do these tenets square with their experiences? Which principles would they underline? We integrate their comments here as well.

Principles

1. Understand the context in which you are working.
2. Respect the autonomy, agency, and leadership of your partners.
3. Be honest, transparent, and trustworthy in your words and actions.
4. Be aware that you do not know everything.
5. Create space for flexibility.
6. Actively foster inclusion and human connections.
7. Work to build up sustainable, community-led programming.

Principles in Action

1. **Understand the context in which you are working.**

   Be mindful of the environment in which a partnership is developing and operating. Consult and engage community leaders in outlining the parameters and priorities of the partnership to ensure it is acceptable locally. Invite and incorporate any concerns or input into the partnership as needed.

   Principle in Action
   When the CommuniVax Coalition was first forming, eligible research teams were those with previous, longtime embeddedness within local communities of color. This criterion helped prevent helicopter research and enabled more rapid research, given cognizance about the local setting. The Coalition's local teams remained alert to the specific circumstances in which they were working. For example, during the Coalition's first phase, researchers working with communities on the Eastern Shore of Virginia partnered with organizations and representatives looking to address gaps in key services/resources for communities of color living in the region. Through their conversations, the research team found that vaccination for COVID-19 was not the primary focus for many of these organizations; neither was it a top priority for many members of the team's community advisory board. More pressing issues were healthcare access, food security, and mental health. The researchers recognized the importance of advancing work on these other community-articulated priorities prior to focusing on COVID-19 vaccine coverage. Through a sensitivity to local context, a show of good faith, and commitment to building trust, the team was able to advance its partners' initial goals and conduct outreach to increase COVID-19 vaccination awareness and uptake.

2. **Respect the autonomy, agency, and leadership of your partners.**

   Approach leaders or key stakeholders from a community as true partners in project design and planning, research, leadership, implementation, and decision making (i.e., nothing for or about a community without the sincere engagement of that community). Learn what is needed to support leadership development. Lend your credibility where helpful and appropriate. Know when to get out of the way to elevate and support others to lead.

   Principle in Action
   Members of the Coalition's National Working Group have expertise in facilitation, community engagement, public health practice, government relations, and advocacy. The Working Group strives to utilize this expertise in service of the local teams and their partners. In July 2022, National Working Group members Beth Weaver, Ysabel Duron, Arrietta Chakos, and Madison Taylor attended a San Diego County Promotores Coalition executive committee meeting with Griselda Cervantes from the CommuniHealth California team. Specifically, National Working Group members assisted with facilitation, administrative, and strategic planning support to help the Promotores Coalition's executive committee prepare to undergo a strategic plan process with their membership. National Working Group members helped the executive committee articulate and assess operational considerations that could impact the strategic direction of the San Diego County Promotores Coalition and lent credibility where appropriate but knew to step aside when it came to decision making regarding the organization's operations and strategic plan.

> "The assistance from the CommuniHealth team helped give us focus and clear next steps."
>
> — Community partner, San Diego, CA

3. **Be truthful, transparent, and trustworthy in your words and actions.**

Being upfront and honest about your motivations for engagement will help build trust. Speak truthfully and behave in ways that support and reinforce trustworthiness.

Principle in Action
Early conversations with residents of Prince George's County, Maryland, revealed their skepticism about county partners' willingness to recognize and provide long-term fiscal support for community health initiatives ("Why do you care about us getting the vaccine now when you didn't care that we had diabetes, heart disease, and other diseases sickening and killing us? Where will you be when COVID is over?"). The CommuniHealth Maryland team addressed this issue by identifying opportunities to use COVID-19 vaccination campaigns in the community as a foundation for sustained health promotion efforts with trusted community partners beyond the pandemic, such as Luminis Health System, Prince George's County Health Department, and UMMS Capital Regional Health, among others. The Maryland team's Health Advocates In-Reach and Research (HAIR) affiliated barber and beauty shops now form a critical network for these community partners to implement health promotion activities around high-priority chronic diseases (e.g., obesity, cancer, asthma, etc.) in addition to infectious disease.

> "…[I]f somebody's just there because they're getting paid, if your heart isn't there, they could turn off a person that's not as strong as me. … But it might be somebody else [other than me] that would want to do it and if they approached them in a negative way, they could be like, 'Never mind, I don't feel like messing with it,' you know what I mean? … [W]e want people that's going to be vibrant, that's going to be really there, ready to help the community."
>
> — Community partner, Prince George's County, MD

4. **Be aware that you do not know everything.**

Know that you might not even have a sense for what you do not know. Question the assumption that communities primarily bring need, rather than insight and innovation, to the table. Listen to communities to understand what needs do exist and how to collaborate in meeting those needs.

Principle in Action
During the second phase of the Coalition's work, the CommuniHealth Alabama team focused on establishing a network of CHWs and supporting organizations in the state's Black Belt. They began by conducting a scoping review of the region's community health workforce. During this process, the team developed a picture of what they thought

the community health workforce looked like. When conversing with a stakeholder, however, they soon had an "ah ha moment," learning that CHWs in the region were not always called "community health workers." How the team framed their work and how stakeholders understood it were not always in alignment. This realization opened a new door for appreciating community health work in the region, where true gaps existed, and how to partner more appropriately.

5. **Create space for flexibility.**

Be open to learning and adapting or evolving plans along the way. Understand that a partnership's needs and dynamics may shift over time.

<u>Principle in Action</u>
During the first phase of the Coalition, the California team showcased the role of community health workers and promotores in advancing COVID-19 vaccination among Hispanic/Latino communities in San Diego. As a follow-up to these earlier efforts, the California team initially decided to develop a Health Resources Services Administration (HRSA) grant proposal to support CHW/promotores training in partnership with the San Diego County Promotores Coalition. Once the team discovered that the San Diego State University Institute of Public Health team also had their eye on the same HRSA grant opportunity, they joined forces with these colleagues, while keeping their plans to partner with the promotores coalition. When another unexpected turn emerged—the grant was not released by the assigned date and the future release date was uncertain—the groups adapted their workplan to instead prepare a guide for successful academic-community partnerships with CBOs/FBOs that integrate promotores, highlighting how to get started and featuring best practices. By building flexibility into their process, the California team was able to honor partnership needs and to maintain their core commitment to efforts that would sustain the CHW/promotores workforce.

6. **Actively foster inclusion and human connections.**

Create and nurture alliances, networks, and relationships that will promote community growth and last well into the future.

<u>Principle in Action</u>
The Coalition first connected with the Vaccine Equity Cooperative and Partners in Health United States (PIH-US) over a shared mission to support COVID-19 vaccine equity and strengthen the community health sector. The groups collaborated on a well-attended webinar in February 2022, which centered community voices in sustainability for community health. After the webinar, PIH-US's Alabama team connected with the Coalition's Alabama team about their shared work in the state's Black Belt counties. PIH-US Alabama opened its CHW training to the Coalition and joined the Coalition's California team in partner convenings regarding pathways to employment for undocumented CHWs/promotores. The Coalition's Alabama team joined the National Association of Community Health Workers to stay up to date and be in greater synch with statewide and nationwide movements around CHWs. The team also connected with the Louisiana Community Health Worker Institute to learn from their approach to coalition-building. Collegiality, relationships, and shared visions helped nurture these alliances over the past year, with more collaboration to come.

> "The partnership between CommuniHealth and PIH-US has been wonderfully productive. The fruitful connection to colleagues throughout the US, who are deeply entrenched in this work, has been insightful. CommuniHealth has provided a wealth of resources to PIH-US in the form of webinars, collegial conversations, and resource links. All of the aforementioned have deepened our commitment to this work and coalition-building. CommuniHealth has more than met expectations in sharing space with community crusaders who work to improve the lives of others."
>
> – Organizational partner, Alabama

7. **Work to build up sustainable, community-led programming.**

Look for ways to share money and resources to help build the capacity for communities to secure future funding on their own. Do not create or reinforce a dynamic that leaves a community perpetually dependent on outside leadership or administration to support its needs. Proactively strategize with a community regarding program sustainability and continuity of support well into the future. If external funding or support must end, it is important to ensure there is local capacity for critical programs to self-sustain moving forward.

Principle in Action
In Maryland, the Coalition's team supported the White House's "Shots at the Shop" initiative. This program built on previous efforts of the Coalition's Maryland team to work with Black-owned barbershops and hair salons to promote community health and empower community members. With Shots at the Shop, barbers and stylists were provided opportunities to receive training and support materials, which could then be used to dispel myths and disinformation about COVID-19. Barbershops and beauty salons also opened their doors and became pop-up vaccination clinics. Through partnerships formed with the Black Coalition Against COVID, the National Association of County and City Health Officials (NACCHO), and financial support from SheaMoisture, the Maryland team was able to provide $1,000 seed grants for barbers and stylists across the US to engage with this effort. To continue these efforts, the Maryland team has conducted outreach and continuing education via social media and traditional media. The Shots at the Shop program has evolved into a national Wellness Warriors network with shared governance among funders, academic partners, and the shops to tackle vaccination uptake going forward.

> "Many times, institutions want community partners—and they say it's equal partnership—but the budget does not reflect equal partnership which, I know, may be difficult. But at the very least, ensuring the community agencies/partners are funded for their work is important and shows true partnership."
>
> – Community partner , San Diego, CA

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