

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

Report Summary and Actionable Recommendations for Governors and State Legislators



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 Governors & State Legislators
<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>→ The Governor should instruct the state’s public health officer to promote partnerships among health departments, 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 that are perceived to be safe, familiar, and convenient.</p> <p>→ The state’s public health communication campaign 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 to vaccinate alone.</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>→ The Governor should convene a cross-sector council of stakeholders that reflect the state’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>→ The Governor should engage existing data-driven coordinating bodies that already facilitate disaster recovery, economic development, and other long-range planning to inform campaign implementation. Progress should be shared on a regular basis with the public via appropriate communication channels.</p>

<p>3. Develop a national immunization program to protect people throughout the life course.</p> <p>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>→ Working in tandem with the federal government, the Governor and state legislators should reconfigure funding systems to support a life-course (versus childhood-only) approach to immunization, facilitating the integration of adult immunization with other health systems and priorities. Funding should support health department staffing levels sufficient to oversee progress in adult immunization coverage and to take corrective actions, if needed.</p> <p>→ State leaders should direct public health authorities to develop systems in collaboration with the federal government to monitor progress in creating and implementing a life course immunization program, to measure associated social and economic impacts, and to communicate findings in a timely, transparent manner.</p>
<p>4. Rebuild the public health infrastructure, properly staffing it for community engagement.</p> <p>A revitalized public health infrastructure that is sustainably resourced and equitably staffed will have the capacity to respond to emergencies and 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 demonstrate trustworthiness and practice authentic community engagement.</p>	<p>→ Governors and state legislators should petition Congress to make sustained national investments that ensure a predictable public health capacity at state and local levels.</p> <p>→ Governors and state legislators should provide steadfast and sufficient support to their public health agencies during both crisis and steady state times.</p> <p>→ Governors and state legislators should direct health officials to commit to (1) promoting equity in their ranks at every level, including their boards of health, and (2) strengthening human-centric competencies through the recruitment of more social and community-proficient professionals.</p>
<p>5. Stabilize the community health system as the backbone for equity and resilience.</p> <p>Formalizing and financing the country's promising yet struggling community health system will lead to better health outcomes by prioritizing disease prevention and health promotion, fostering improvements in the social conditions of health, and enabling communities to have control over the trajectories of their own health and wellness.</p>	<p>→ In consultation with local/regional/national CHW networks, state officials should create sustainable financing strategies (including Medicaid reimbursement) for community health work.</p> <p>→ To generate opportunities and a career ladder, state legislators should authorize a CHW workforce development plan, and public health officials should work with the state human resources system to create CHW positions at varying levels of experience.</p> <p>→ The Governor should authorize multi-year funding to support a public community health workforce and adapt grant funding processes and eligibility criteria so that CBOs and FBOs serving communities with the greatest need benefit from funding first.</p>

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