

Prince George's County Local Report

CommuniVax Coalition

September 2021



CommuniVax

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



SCHOOL OF
PUBLIC HEALTH
CENTER FOR HEALTH EQUITY

Prince George's County, Maryland CommuniVax Team

Principal Investigators

Stephen B. Thomas, PhD

Sandra Crouse Quinn, PhD

Research Staff

Meg Jordan, MPH, Research Coordinator

Elsie Essien, MPH, Graduate Research Assistant

Maya Deane-Polyak, MPH, Faculty Research Assistant

Maggie Daly, Research Assistant

Kristin Arabian, Research Assistant

Chinedu Nwabuisi, Research Assistant

Contents

- Executive Summaryiv
- Key Findingsiv
- Recommendationsv
- Introduction..... 1
- COVID-19 Disease Burden 1
- COVID-19 Vaccination Rollout..... 2
- Health Equity and Chronic Conditions 4
- Approach7
- Observations 8
- Navigating the Maze of COVID-19 Vaccination 8
- Challenges in Accessing Vaccination Sites10
- Unpacking “Vaccine Hesitancy”10
- Health Impact 12
- Economic Impact 14
- Recovery..... 15
- Recommendations18
- Conclusion 31
- References 33

Executive Summary

Prince George's County, Maryland is a majority–minority county in the metropolitan Washington, DC area. With more than 62% of the population African American/Black and 20% Latino, the county has a long history of disparities in chronic diseases, HIV, infant mortality, and unequal access to healthcare. Throughout the pandemic, Prince George's County has led Maryland in COVID-19 cases, hospitalizations, and deaths. Although, as of July 29, 2021, 50% of Prince George's County residents were fully vaccinated, there were still significant proportions, particularly of the African American population, that have not been vaccinated and remain at grave risk from the Delta and future variants. As of August 2021, the county has returned to the high-risk transmission category with skyrocketing cases. Considering the urgent need to vaccinate those over the age of 12 years who are currently eligible, and prepare to vaccinate younger children, addressing gaps in the vaccination delivery is crucial to ensuring vaccine equity and reducing the disproportionate impact on county residents.

Our report is grounded in a rapid ethnographic approach in which we interviewed 22 individual community members and 7 key informants; conducted 3 focus groups; utilized an ongoing environmental scan process; and working with a human-centered design team from Bridgeable, Inc., engaged community members in a human-centered design workshop to identify barriers, co-create solutions, and reimagine a community health campaign sustainable over the next decade. Below we summarize key findings and offer a set of recommendations.

Key Findings

Multiple systemic and organizational challenges created obstacles to vaccination for county residents

The initial rollout in winter/early spring was viewed as disjointed, complex, and difficult to navigate. From rapidly changing eligibility, determined by the state, limited supply, changing information, and a total reliance on frequently changing computerized systems to access vaccine appointments, residents were frustrated as they sought vaccine appointments. The placement of vaccine sites created transportation challenges, as did their hours of operation.

Vaccine hesitancy was a simplistic and inaccurate representation of residents' attitudes and experiences

By definition, vaccine hesitancy can be present only when there is actual access to vaccines, and by definition, hesitancy doesn't mean that everyone is an anti-vax advocate. Many participants reported that they had questions and concerns, and struggled to find digestible information for the lay public. For others, they were angered by state officials' characterization of Black Prince George's residents as vaccine hesitant when in fact, it was extremely difficult, if not impossible, for many to access this scarce resource. Others discussed the history of mistrust of healthcare, not solely because of the Tuskegee Syphilis Study, but because they can describe recent experiences of bias and discrimination in their routine encounters with healthcare systems. Again, by definition, vaccine hesitancy is shaped by a complex set of factors, and repeated failure

to recognize the complexity of residents' experiences and concerns created further pain and justified their distrust of the system.

Impacts of the pandemic extend beyond illness

Without question, the impact of the pandemic extended beyond personal or familial experiences of the disease itself. There were widely varied experiences from those whose worsening financial situation, due to lost positions, pushed vulnerable residents into dire circumstances including eviction or being forced into overcrowded housing. For some, having a family member who was an essential worker placed the entire family at risk. Parents remained concerned as their children experienced the challenges of remote learning and missed opportunities. For many, the isolation during Maryland's stay at home period stimulated anxiety and depression. The turmoil of the racial reckoning further impacted mental health and stress for many of our participants.

Advancing vaccine equity and recovery will require a comprehensive, community engaged approach, beginning now

Without question, our participants recognized the intersectionality of race, income, and employment status, coupled with the social determinants of health, as prime causes of the disproportionate impact of the pandemic on African American/Black and Latino communities in the county and nationwide. To advance vaccine equity now and recover from the pandemic will require substantial and sustained community engagement in a comprehensive approach that aligns county and community leaders. For many, recovery will require not just changing individual behaviors but will demand addressing racism within the society in general and the county in particular, and ensuring adequate resources for critical systems such as education, public health, housing, and human services.

Recommendations

Urgent actions must begin immediately to improve vaccine coverage among African American/Black and other underserved communities suffering the greatest burden of COVID-19 preventable illness and death.

Recommendation 1: *Utilize COVID-19 vaccination campaigns as the foundation for sustained health promotion activities with community partners*

One ongoing theme during the vaccine rollout was that COVID-19 vaccination should not be the end but it should be the beginning of a committed, ongoing campaign to address the underlying conditions and health disparities in African American/Black and Latino communities in the county. Urgent action is needed today to embed routine vaccine clinics in multiple, accessible sites including food banks, local faith communities, barber and beauty shops, and community centers. Every effort should be made to secure ongoing commitments from the 4 large hospital systems, local pharmacies, and the Prince George's County Health Department to commit to the provision of services in these sites. Moreover, we call upon the county health department, the hospital systems, and community-based organizations (CBOs) or faith-based organizations (FBOs) to assess ongoing needs for routine health promotion activities, and commit to a sustained, routine set of programs in these sites.

Recommendation 2: *Humanize delivery and communication strategies for COVID-19 vaccines*

This recommendation incorporates the urgent need to place routine vaccination clinics in accessible and trusted sites, and make them available beyond a standard 9 to 5 Monday through Friday work day schedule. Secondly, the Prince George’s County Health Department, in collaboration with assets at the University of Maryland, CBOs/FBOs, other county agencies, and hospital and health systems, must address multiple weaknesses in the communications about vaccine clinics and the systems necessary to access vaccine appointments. Given the presence in the county of the flagship campus of the University of Maryland, we would strongly encourage the county health department to engage the expertise of faculty members in critical areas including, but not limited to: (1) language translation (School of Languages, Literatures, and Cultures in the College of Arts and Humanities), (2) increasing the readability of health communication materials (Horowitz Center for Health Literacy), and (3) cultural tailoring and targeting of communication materials and engagement of community members in material and program development (eg, Maryland Center for Health Equity, among others). It is also critical that the county health department, county government, and local hospital and healthcare systems including pharmacies collaborate to create an accessible system to convey information and enable county residents to make appointments. It is vital that this system be more high-touch and community focused; the system must include community health workers (CHWs), a dedicated and trained workforce for a vaccination hotline, and the use of all channels from reverse 911 calls, local media, social media, and CBO/FBO communication systems (eg, local radio, church bulletins, neighborhood email list services). The county is highly diverse with multiple languages, educational levels, access to computers, literacy, and health literacy levels. This demands attention so that the challenges of leaving behind older adults, non-English speakers, and others never occurs again.

Essential actions are those that will require ongoing commitment and actions to create systems-level change and advance health equity and social justice.

Recommendation 3: *Invest in a strong public health infrastructure, properly staffed for sustained community engagement and public health preparedness, response, and recovery activities*

Prince George’s County has long struggled with inconsistent funding support and resulting staff vacancies in its health department. Furthermore, in a majority–minority county, we concur with 1 of our key informants that argued that even before the pandemic, the county needed a higher level of investment in health and human services. The county executive, Prince George’s County Council, members of the county delegation to the Maryland General Assembly, and the county’s congressional delegation must step forward to ensure a stable and adequate funding level for the county’s health department, which enables the necessary expansion of staff positions in essential areas. The county executive and county council must enhance the staff training and capacity in key areas such as risk communication, health literacy, community engagement, and public health preparedness and response. County officials should ensure that the Prince George’s Forward initiative on implicit bias training be initiated for all county health

department staff. The county executive and county council must work together to provide resources for continued progress toward accreditation of the county health department, while at the same time, moving toward the development of an independent board of health, consistent with those in many other counties. Together, these actions will provide county residents with a strong health department, with adequate funding, a well-trained and stable workforce, and robust independent and expert guidance from a new board of health.

Recommendation 4: *Strengthen the community health system as the backbone for equity, resilience, and recovery*

With multiple legislative wins for health equity, a foundation of thoughtful reports from the Prince George's Forward Task Force, and willing government, CBOs/FBOs, university and healthcare partners, the county is poised to make a great leap forward in strengthening its critically important community health infrastructure. County government agencies, in partnership with university resources, CBOs/FBOs, and health systems, must carefully examine and seize every opportunity afforded by 3 new state laws, including seeking Health Resource Community funding for local neighborhoods. Secondly, we strongly encourage the county executive and Prince George's County Council to fund the development and implementation of a Health in All Policies (HiAP) framework across all county agencies.

The Prince George's County Health Department, working with other county, university, and health system partners, should invest in its community influencer program, providing funding and training to create a larger cadre of certified CHWs in the county health department, hospital systems, and other partners. At the time of this writing, the pandemic still rages and makes clear that it is past time for the Prince George's County Council and county executive to establish an independent, long-term recovery and community resilience organization, composed of community leaders from all sectors. County leadership should provide adequate staff support, including data collection, analysis, and evaluation capacity, and open multiple avenues to ensure true community engagement.

Introduction

COVID-19 Disease Burden

Prince George's County, the second largest county in Maryland, is home to 908,670 residents, of which 62% identify as African American/Black and 20% identify as Hispanic.¹ Located just outside of the District of Columbia, the county's African American/Black communities are diverse, with high-income neighborhoods composed of professionals and government employees outside the Beltway, and lower income, inside the Beltway communities that experience economic, education, and health challenges. The county has long struggled with health disparities in chronic diseases, infant mortality, and HIV prevalence, and compared with other Maryland counties, has substantial disparities in access to health and hospital care in the county. For example, the county has half as many hospital beds per capita as neighboring Montgomery County, and fewer than one-fourth of those in the District of Columbia.²

Prince George's County has led the state in COVID-19 cases, hospitalizations, and deaths, followed by Montgomery County and Baltimore County.³ There are clear racial health disparities in all COVID-19 measures. Without question, the COVID-19 disease burden has disproportionately affected African American/Black and Latino residents in Prince George's County. Given the early challenges in the vaccine program (see below), African American/Black residents still continue to be at risk (Table 1).

Table 1. COVID-19 Cases, Hospitalizations, and Deaths

	Cases	Hospitalizations	Deaths
Total	86,507 (100%)	8,817 (100%)	1,563 (100%)
African American/Black	38,331 (43.6%)	5,328 (60.4%)	1,010 (64.8%)
Hispanic/Latino	20,642 (23.6%)	2,192 (25.0%)	309 (19.8%)
White	4,541 (5.2%)	611 (6.9%)	174 (11.4%)
Asian	926 (1.1%)	113 (1.2%)	42 (2.6%)

Percentages represent percent of total county wide cases, hospitalizations, and deaths respectively. Percentages do not sum to 100% as not all racial/ethnic categories are represented. All numbers as of July 29, 2021. All data from Prince George's County COVID-19 Dashboard.⁴

Although cases in the African American population are less than their proportion in the population, their numbers of hospitalizations and deaths exceed their proportion in the population. For the Hispanic/Latino population, cases and hospitalizations both exceed their proportion in the population. As of September 10, 2021, over 972,000 vaccines have been provided to county residents. To date, 559,639 county residents have received at least 1 dose of a COVID-19 vaccine (Table 2 by race; Table 3 by age), and 443,062 residents have received a second dose.⁵ Three of the lowest vaccination rates are in zip codes inside the Beltway (Temple Hills, 20748, 54.3%; Suitland, 20746, 55.4%; and District Heights, 20747, 55.6%).

Table 2. Residents with at Least 1 COVID-19 Vaccination by Race (N = 559,639)

Race/Ethnicity	At Least 1 COVID-19 Vaccination
African American/Black	308,011 (55.0%)
Hispanic/Latino	95,720 (17.1%)
White	64,456 (11.5%)
Asian	21,123 (3.8%)
Other race	29,397 (5.3%)
Unknown	40,932 (7.3%)

Table 3. Residents with at Least 1 COVID-19 Vaccination by Age

Age Group	At Least 1 COVID-19 Vaccination
12 to 19 years	57,520
20 to 29 years	75,469
30 to 39 years	85,184
40 to 49 years	87,448
50 to 59 years	96,546
60 to 64 years	46,217
65 to 74 years	69,346
75 to 84 years	31,562
85 years and older	10,347

Please note that county population is presented by different age brackets, and therefore, presenting the proportions of the age groups vaccinated is not possible.^{5,6}

COVID-19 Vaccination Rollout

The vaccine rollout in the county struggled in the early months of 2021. Even before the vaccine rollout, 1 key informant described the Prince George’s County Health Department as “scrambling to make things work without the proper infrastructure, and struggling because there was no national or state infrastructure for the crisis leaving the local health department to figure out a plan urgently.”⁷ Furthermore, numerous systemic problems characterized this period, and contributed to mistrust and frustration among county residents. First, the state’s decision to expand the categories of eligible recipients quickly without any appreciable increase in vaccine supply created significant confusion and frustration as demand far exceeded supply. The state’s decision to allocate vaccine “equally” across counties with populations within the same range

ignored that Prince George's had higher incidence of cases, hospitalizations, and deaths within its majority–minority population.⁷ The county's sole reliance on a frequently changing and confusing online information and registration system created major barriers for county residents, particularly older adults, low-income people, those whose primary language was not English, those without adequate access to internet and computers or experience with navigation of online systems, and essential workers without time to spend monitoring the vaccine website. Additional challenges included the influx of White residents from other counties to vaccine sites in Prince George's County, and sites that were difficult to reach due to lack of public transportation and limited hours beyond the standard workday.

To their credit, Prince George's County leadership, both elected and appointed, invested significant early energy into public outreach efforts, largely using mass media, virtual community forums, robocalls, and web communications. However, those efforts alone were insufficient for reaching African American/Black and other communities. One interviewee described this as “I characterize what I've seen as always a step behind.” Over time, the county, along with multiple community agencies and health systems, began a more inclusive and deliberate outreach effort. In December, under the guidance of Alison Mendoza-Walters, a health planner for the county health department, the existing Healthcare Action Coalition began its focus on the COVID-19 vaccine, and over time, multiple new community partners (eg, hospital systems, the county library system, civic associations, elected leadership from Hyattsville and Bladensburg) joined these planning efforts, which ultimately led to the formation of geographical point of dispensing (POD) locations for inside the Beltway zip codes (A. Mendoza-Walters, personal communication, June 29, 2021). Relying on enormous efforts by community leaders and volunteers to engage with their neighbors, the county and local health systems have been able to conduct successful clinics in hard-hit neighborhoods.

In May, County Executive Angela D. Alsobrooks announced the Vaccine Equity Team and the Countywide Vaccine Distribution & Education Initiative, which is a program that includes canvassing throughout the county by door-knocking, calls, and texts.⁸ Based on socioeconomic needs, population, and vaccination rates, the initiative aimed to knock on 266,352 doors in 11 initial communities: Bladensburg, Temple Hills, Capitol Heights, Hyattsville, Oxon Hill, College Park, District Heights, Riverdale, Suitland, Langley Park, and Mount Rainier. Dr. Askew, a key informant, specifically described this effort as one in which the county was not concerned just with vaccination, but conceived of the outreach as a social justice effort in which they assess residents' other needs and, as necessary, made appropriate referrals for services.

According to the US Centers for Disease Control and Prevention (CDC), on July 4, 2021, Prince George's County reached 70% vaccination of those aged 18 years and older, meeting the goal that the president set for the nation.⁵ The county is excited by their numbers and attributes the success to their initiative.⁶ The in-person phase of the Vaccine Distribution & Education Initiative has ended, but the team plans to continue calls and texts.⁸ The extent to which these methods accomplish the goal of increasing vaccination and addressing other needs for African American/Black and Latino individuals in the county remains to be seen.

At the beginning of July, the county recorded 87 cases (June 27 to July 3). However, according to data from the week of August 1 to 7, the county has risen to 972 cases, a dramatic increase in a month's time.⁵ According to the county's daily report, the daily case rate was 15.3 on August 6th, which is 9 times higher than 1 month ago (1.7 per 100,000 residents on July 7). There are 86,991 confirmed cases of COVID-19 as of August 4, 2021 (38,980 African American/Black, 20,721 Latino, and 4,594 White).⁵ The county has been designated high risk. There is substantial concern that while the overall vaccination rate has improved significantly, the vaccination rate among African American/Black county residents has stalled, leaving multiple communities vulnerable to the Delta variant. The dramatic rise in cases appears to confirm this concern.

Clearly, enormous effort has been put into the vaccine campaign for African American/Black and other county residents. The initial challenges slowed progress, and failed to anticipate and address differential access, trust, and attitudinal barriers in the diverse neighborhoods of the county. Without sufficient engagement of community partners, as occurred later with concerted outreach, formation of geographic PODs, direct community outreach, and consistent actions from community groups working with health systems, the challenges of the rollout often further exacerbated community distrust. Now, as county formal and informal leaders accelerate efforts to stave off a surge from the Delta variant and prepare for COVID-19 vaccines for children, one key informant commented on the critical importance of community engagement in improving the rollout and the need for fiscal support of experienced and knowledgeable community leaders. Finally, there is a need to replace the initial "whole of county" approach with an approach that takes COVID-19 case numbers and vaccination rates into account, and anticipates and acknowledges that some communities will continue to be more vulnerable. One key informant issued this call to action: "I think we should put our efforts from the start to the kids and families where we know are going to have barriers and challenges." Although it is an important resource, the Prince George's County Public Schools' announcement of school-based clinics focused on children aged 12 years and older, will need to be coupled with community engagement and a holistic approach to ensure that as we move to availability of vaccines for younger children this fall or winter, school-based clinics can be an effective means of reaching children and families.

Health Equity and Chronic Conditions

The pandemic has heightened the recognition that chronic health disparities and social determinants of health have undermined the health of African American/Black and Latino populations long before COVID-19 appeared. The pandemic spurred the recognition of the need for action to address health disparities and promote health equity, and consequently, the Maryland General Assembly and county government have made meaningful strides in legislation to address the devastating health disparities within the county's communities. During the 2021 session of the Maryland General Assembly, Maryland enacted 3 laws to advance health equity: the Maryland Health Equity Resource Act (HB463/SB172), the Shirley Nathan–Pulliam Health Equity Act of 2021 (HB78/SB52), and the RELIEF Act (HB612/SB496). The Health Equity Resource Act creates a Community Health Resources Commission that will distribute grant funds

to geographical areas that have been designated a Health Equity Resource Community. The designation of a Health Resource Community will be determined by the commission and will have at least 5,000 residents in a specific geographical area. These funds are available through applications on behalf of the communities by a nonprofit community organization, nonprofit hospital, federally qualified health centers, an institution of higher learning, or a local government agency. Grants will be awarded for up to 2 years from a \$14 million allotment from the state. Ideally, as organizations in the county consider applications, they will work closely with local community members and leaders. The Shirley Nathan–Pulliam Health Equity Act of 2021 established a different Commission for Health Equity, which will use a health equity framework, defined as: “a public health framework through which policymakers and stakeholders in the public and private sectors use a collaborative approach to improve health outcomes and reduce health inequities in the state by incorporating health considerations into decision making across sectors and policy areas” in HB78/SB52, 13-4201 Subsection C. Based on that framework, the commission will make recommendations to the General Assembly on policy actions that can be taken by state agencies.

It is noteworthy that the University of Maryland Center for Health Equity was instrumental in laying the foundation for these transformative legislative victories. While it was not the first time such legislation was presented to the General Assembly, it was the first time such bills were passed with a funding commitment from the state. For several years, Dr. Thomas and the Maryland Center for Health Equity staff participated in numerous workgroups as they collected data needed to formulate the legislative agenda. In 2017, the General Assembly passed the University of Maryland School of Public Health, Center for Health Equity Workgroup on HiAP Act of 2017. This new law came with zero funding from the state; however, that did not stop enthusiasm for moving forward. Over the next 3 years, the Center for Health Equity, in consultation with the Maryland Department of Health, convened a workgroup, composed of representation from the governor’s cabinet and CBOs, to study and make recommendations to units of State and local government on laws and policies that will positively impact the health of residents of the state, and to foster the adoption of the HiAP framework. The findings from this work served as the foundation for the 2021 legislative victories delineated in this report.

Finally, the RELIEF Act focused on the financial wellbeing of the Maryland tax base. The act allowed for tax subtractions related to the economic payments and loans that were the result of the COVID-19 pandemic. Beyond the above 3 pieces of legislation, the Maryland General Assembly has also taken steps to improve broadband (HB97/SB66), telehealth access (HB123/SB3), mental health access through the Maryland 211 system (HB812/SB719), and food resilience (HB831/ SB723). These new bills explicitly address barriers that became even more problematic during the pandemic.

At the county level, in November 2020, the Prince George’s County Council passed resolution CR-127-2020, which states that all nongovernment agencies receiving county funds will report on how their work is improving health and reducing inequities. The county council will also participate in training to understand the HiAP framework and how to examine policies with an equity lens. The county council moved forward with

recommendations put forth by the RAND *Assessing Health and Human Service Needs to Support and Integrated Health in All Policies Plan for Prince George's County, Maryland* report.⁹ This foundation is important to our recommendations.

To address the continuing disproportionate impact of the pandemic on communities of color in our county, strengthen ongoing access to vaccine and health promotion resources, and promote the overall health of these communities, will require (1) policy actions; (2) governmental initiatives and change; (3) adequate, sustained funding; and (4) true engagement of communities throughout the country. Our recommendations emerged from our data collection activities and our environmental scan of our county. Additionally, our recommendations are informed by the CommuniVax Working Group report, *Carrying Equity in COVID-19 Vaccination Forward: Guidance Informed by Communities of Color*.¹¹

Approach

The University of Maryland opted to accept approval from the Johns Hopkins Bloomberg School of Public Health Institutional Review Board (IRB0015200) for this research project.

Our rapid ethnographic assessment includes an extensive environmental scan, individual interviews, key informant interviews, focus groups, and community observations. A team of 4 qualitative interviewers and 5 notetakers completed 22 individual interviews over a span of 8 weeks. All interviews were conducted over Zoom, transcribed, and analyzed using HyperResearch. Of the 21 people interviewed, 15 participants were female, 6 participants were male, and 1 was nonbinary. Ages of participants spanned from 23 to 83 years, with a majority under the age of 40 years. A majority received wages commensurate with the average income of the county, and were living in family homes, rather than alone or with roommates. Fifteen participants reported that someone in their home would be at high risk if they contracted COVID-19, commonly due to age. Ten participants were recruited through our professional networks, 7 through social media posts, 4 by unspecified word of mouth, and 1 declined to answer. All participants identified as African American or Black, with 1 participant identifying as Black and Hispanic.

Our team also conducted 3 focus groups to capture insights from 3 distinct groups. Our parents focus group, consisting of 6 parents of children under the age of 18 years, focused on issues surrounding online learning and recovery needs of children in Prince George's County. Our healthcare workers focus group consisted of 2 professionals and focused on improvements to COVID-19 education and vaccination practices going forward. Our faith leaders group, composed of 5 local Christian leaders, focused on the impact on their congregation and the experience of partnering with health departments to offer COVID-19 vaccines at their churches. For all 3, we used multiple methods for recruitment including professional and community networks, mailing lists for local parents, and directories of local congregations.

From December until July, we conducted a total of 7 key informant interviews, 2 of which were follow-up interviews. Given the significant changes in the pandemic over time, and in particular, the vaccine rollout, we chose to return to several key informants whose roles in the county provided us with valuable reflections and data. The individuals we chose hold different positions within Prince George's County, including a county official, a medical doctor and senior executive in a hospital system, community health leaders/organizers, and a local barber/CHW. We aimed to capture a variety of voices and perspectives among our key informants.

Finally, we were fortunate to work with Bridgeable, a human-centered design firm, on the development and implementation of a community workshop in May 2021. Facilitated by Bridgeable and Prince George's CommuniVax team members, the workshop focused on strategies to address barriers to vaccination and explored opportunities and actions that would foster sustainable health promotion activities in local communities. Participants included community members and leaders.

Observations

Navigating the Maze of COVID-19 Vaccination

We begin with a look back from our early data collection, and recognize that some of the lessons learned are directly relevant to ongoing vaccination efforts, particularly as the county continues its efforts to reach those who remain unvaccinated and rolls out booster shots and childhood vaccines. Receiving a COVID-19 vaccination has not been a consistent or clear process for Prince George's County residents. For many interviewees, motivation to get the COVID-19 vaccines was high, but the methods of obtaining information about COVID-19 vaccines, securing an appointment, and receiving the shot each had their challenges.

Before booking an appointment, most individuals reported that they conducted independent research through internet searches on vaccines. They desired to learn more about the efficacy, side effects, vaccine ingredients, specific ramifications for people with preexisting conditions, the impact on pregnancy and breastfeeding, and the variations and benefits of the 3 vaccines. For our participants, answers to these questions were not readily accessible. They viewed materials as overly technical and, therefore, not usable. Being informed about vaccines was a crucial component of vaccine decision making; some people felt ready for vaccination and confident that receiving a COVID-19 vaccine was a benefit to their health rather than a potential burden. Three key factors were relevant to obtaining a vaccine for our participants: health, cost, and time. If individuals had preexisting conditions and were concerned about additional health harm due to the vaccine, they were more likely to prefer to wait. Health insurance status and concerns around billing were potential barriers to vaccination. People were worried about costs associated with either getting the vaccine or needing medical care due to side effects. Some participants also anticipated that any potential vaccine mandate would compromise their choice to get vaccinated. They expressed that potential pressure from their job to get vaccinated would override any health concerns.

If a person had limited leave or flexibility in work hours, they were likely not to have sought an initial appointment or have time if there were potential side effects. Both factors led to delay. In seeking information about COVID-19 vaccines, people used various scientifically based sources such as the CDC or the National Institute of Health websites, local and national news, and the information available in social circles such as word of mouth or social media postings. Sources that were scientifically based relied on the reader having high health literacy and were not easily understandable even when the person had an advanced degree. Even some medical or public health professionals we interviewed described difficulty obtaining and understanding information about the COVID-19 virus and information on the vaccines. Individuals viewed scientific sources as the most reliable, rather than news or social media influences, but most had heard about vaccine concerns spread on social media.

Once a person decided to get vaccinated, understanding eligibility was another source of confusion. Clear definition on the prioritization categories was unclear, which stalled the decision to vaccinate for some. Some people received their vaccine before their priority

group as they were offered the vaccine through work or a social connection or scheduled an appointment without proving their eligibility.

Some individuals critiqued the electronic booking system for appointments as uncoordinated and decentralized. Some people were offered appointments through organized systems like their workplace or sought appointments through the Prince George's County government communication channels. Participants particularly appreciated the county texting service. Otherwise, obtaining a link and learning how to get an appointment was through existing social networks such as coworkers, friends, places of worship, personal research, or luck. One pitfall of the electronic system was constantly checking for appointments on websites or checking email regularly as appointment notifications were emailed with less than 24 hours' notice, causing some seniors to lose highly desired appointments. As one key informant put it, "I actually read an article that said the secret to getting an appointment is having a tech-savvy young person with a lot of time on their hands." Participants lamented the sheer number of links to sign up with and how a more consolidated communication effort may have been more efficient, saying "there is not unification in communication. So, for example, the county is pushing out their own link and not making reference that vaccines may be also available through Luminis Health and University of Maryland." The vaccine scheduling system underwent rapid changes, so previous experience obtaining an appointment did not ensure being able to assist someone else later. This issue prevented social knowledge sharing, as people had to search for and identify new links and learn new systems to obtain a vaccine. One participant summed up the experience:

So I know with Maryland ... for whatever reason, the site is just [pause and sigh] hard to really navigate to me. And if you're ... not in the space, if you get that text alert, you know, and you don't get to there on time, then it's over. Like there's really ... a first come first serve. I'm not sure if that's the best approach ... I would think maybe going out to certain places will be better—going to where the people are, I think generally is a better approach than having people with internet access and who have time. (23-year-old man)

One participant also highlighted that people who regularly access healthcare have more experience navigating health systems and setting appointments, and this experience also enabled them to get a vaccine.

Selecting a place to get vaccinated was crucial to some residents, considering the distance, access to public transport, accessibility for older adults or people with disabilities, and convenience were common factors that drove appointment selection. Every person had a different preference for the setting of their vaccine, with some preferring a familiar and trusted community environment like a church. In contrast, those concerned about side effects desired to be in a clinical setting such as a hospital. Some people were unclear what documentation was required by vaccine sites for vaccination and feared the providers would turn them away.

Appointment codes and emails were needed early on in vaccination, causing issues for seniors who had relatives book appointments for them. Elderly participants referenced needing to work their appointment around the work schedule of caretaker children and spoke of the additional burden on their child as a consideration in choosing their vaccine appointment. Appointment requirements conflicted with the high demand for vaccines. Interviewees preferred walk-in times for seniors. Participants proposed solutions such as age restrictions or social security numbers to set up appointments as more equitable options than the current vaccination system. One participant shared the frustration:

I am tasked with getting my mom and my siblings [a vaccination appointment], and that has been very frustrating.... I thought I had one yesterday ... my mom is 79, and she was turned away from it.... It was at the sports and learning complex ... they were saying that she didn't have an appointment if she didn't get an email back. And so, my mom was, well um, 'But my daughter did' ... a lady just told her ... she needed to come back and so my mom ... she was like, I'm done, I'm not getting it done now ... I'm not going back out there ... And I can't let her, you know, just give up like that. So, I'm going to ... make sure she goes. (50-year-old woman)

Challenges in Accessing Vaccination Sites

Across multiple groups, there was a feeling that those in charge of selecting vaccine sites did not feel select sites appropriate or accessible to all residents. Vaccination sites accessible by public transport, such as the Greenbelt Metro location, were established long after the mass vaccination sites that were reachable by car only. Car-dependent mass vaccination sites posed physical accessibility challenges. For example, long wait times made it difficult for those who needed to use the restroom and prevented people from comfortably waiting to be vaccinated. Residents pointed out local resources such as community centers left untouched as possible vaccine sites and food banks as information distributors. Indeed, part of the challenge was that some clinics were run by the state or Federal Emergency Management Agency, while others were operated by the county health department, local providers, or in partnerships with community organizations.

Some interviewees were asked to consult on tailoring Prince George's County vaccination efforts but felt decision makers had disregarded their recommendations. Some participants had personally reached out to health officials to set up vaccination clinics in their workplace; however, follow-up from designated authorities was not universal. While some community leaders had excellent experiences interfacing with local health officials, others were promised partnership but never received it.

Unpacking "Vaccine Hesitancy"

Individuals in the study were highly motivated, and most were already vaccinated. Among the unvaccinated, some had concerns about vaccine side effects, vaccine

development, and rollout speed. Concerned individuals included highly informed people worried about the vaccines' cold storage chain and long-term health effects. Others felt unfairly maligned by the "vaccine hesitancy" narrative and were frustrated that officials labeled all questions about vaccine safety as problematic. The public discourse of "vaccine hesitant" people created 2 archetypes that did not align with the experiences of those who were unvaccinated. One archetype of vaccine hesitancy was that those who refuse vaccines are political radicals, anti-vaxxers, conservatives, or religious fanatics. Along with this caricature was an assumed political opposition to vaccines and base ignorance or rejection of science. One person did not tell her friends she had questions about the vaccine for fear of being mislabeled and ostracized socially.

Another archetype grew from public discussions of medical racism. A simplified version of this characterization of a "vaccine hesitant" person is a Black American knowledgeable about historical racism, and due to this awareness, does not trust the medical field, and therefore, is not interested in getting vaccinated. The real concerns of generational trauma and personal history of experiencing medical discrimination were simplified and distorted into a perception that Black people and Black communities were not interested in COVID-19 vaccines. Comments from state elected leaders reinforcing this stereotype caused emotional harm, and interviewees felt disregarded by the state government. Concurrent news that Prince George's County received fewer vaccines per capita compared to other counties, despite the county being a COVID-19 hotspot, reinforced the feeling of neglect. Interviewees pushed back on the characterization of Black communities as largely vaccine hesitant and instead pointed to access barriers in their community as issues that prevented vaccination.⁷

Residents were aware and concerned about vaccine shortages in their area. News coverage about short supply drove some people to personally delay scheduling vaccine appointments so that seniors and essential workers would have better access. Residents were acutely aware of the adverse pandemic effects in Prince George's County and Black Americans across the country. They felt a sense of urgency to end the COVID-19 pandemic by getting vaccinated even when skeptical about the vaccines. In addition, they were aware that the state had allocated fewer vaccines per capita for Prince George's County residents and that loose early enforcement of proof of residency allowed neighboring counties to strain limited resources further. Indeed, while some interpreted the number of out of county residents receiving vaccinations at the Six Flags Mass Vaccination Site as a failure, that site, by definition, was run by the state and open to Marylanders. Nonetheless, given the burden of hospitalizations and deaths, the perceived and real low prioritization of vaccines for Prince George's County disappointed and angered some people.

In the larger context of the 2020 Black Lives Matter movement and local police brutality incidents, the state government's lack of response compounded their frustrations, and residents viewed this as another way the state does not value Black lives. Individuals perceived policy-level choices concerning COVID-19 communication, vaccine availability, and vaccine clinic locations as messages around the priority and value of some Maryland residents versus others. Interviewees' recommendations here centered on approaches that demonstrate a commitment to valuing Black lives. One interviewee

outlined this idea succinctly, “Right, do Black lives really matter? That ... is a critical question, do Brown lives really matter? And so, to the extent ... that those questions ... are top of mind and are answered, and followed by action ... that, by and large really will ... be the impetus ... [to] ways in which everyone can get the resources and support that they need to ... live healthier lives.”

Despite these challenges, individuals were able to access vaccines. For some individuals interviewed, their workplace was a significant source of COVID-19 vaccination information and appointments. Some participants could attend daytime appointments due to remote work, flexible scheduling, or paid leave to receive a vaccine. Social connections were another valuable resource through which individuals received information about vaccine appointments and accessed appointment site locations. For example, transportation from a roommate, friend, or family member enabled greater flexibility in attaining a vaccine appointment as people could select from a broader range of vaccination sites. Emotional resilience and preparing for the task of getting vaccinated was a coping skill that several people described.

One’s previous experience navigating the medical system was a positive resource. Awareness of what to expect at a doctor’s appointment or hearing about someone else’s vaccination story increased a person’s confidence in attending a vaccine appointment. Some people expressed a “wait and see” approach to receiving a vaccine and desired a specific piece of evidence to convince them to get vaccinated, such as hearing about a friend’s positive vaccination experience or being informed that the current vaccines have full US Food and Drug Administration approval. Some people concerned or frightened about receiving the vaccine described their decision as finding personal courage and taking a leap of faith.

Each step required people to have intellectual, emotional, economic, and technological resources to obtain a vaccine successfully. While each person did not encounter each of these barriers, the process of receiving a vaccine is comparable to the swiss cheese model of pandemic defense. There were potential barriers at every level of vaccination. Each person addressed challenges in the system to the best of their ability with the resources they had. For some, the barriers to vaccination were not currently surmountable, so they chose to delay their decision.

Health Impact

Along with unnecessary deaths and disproportionate disease burden related to COVID-19, participants described the stress and emotional strain of the pandemic stay-at-home period and staying at home. Residents shared anecdotes of worsening health disparities that existed in the county before COVID-19. Before the pandemic, African American/Black residents of Prince George’s County experienced excessive health burdens of heart disease, asthma, heart conditions, obesity, hypertension, and colon cancer. Trust in local health systems, like Prince George’s County Hospital, had decreased over time. Some participants who shared their lack of faith in the hospital described local institutions as well-known for high Black maternal mortality, poorly trained staff, and inadequate hygiene. Individuals shared community concerns around the lack of affordable housing. The ongoing shortage of hospital beds and perceived

quality contributed to residents traveling outside the county for health and hospital care.

Housing costs in Prince George's County have been rising, causing crowding and multifamily units. These issues are well documented and well known in the county, contributing to the rapid spread of the coronavirus among marginalized groups. The pandemic placed additional strain on these pressing issues, destabilizing health conditions, restricting health resources, and pushing residents to an economic crisis.

COVID-19 lockdowns and fear of infection have prevented access to previously used health support systems like diabetes support groups, and visiting emergency rooms and primary care providers. Use of public transportation during the pandemic was limited, making it difficult for people to access preferred medical locations, such as Holy Cross Hospital in Silver Spring.

As a result of the stay-at-home orders, day-to-day life changed dramatically. The stressors of learning how to go to school remotely, work remotely, or continue to work in person safely disrupted old patterns. Many isolated people during these shifts could not rely on their social networks as they had before. At times, staying at home was a source of friction within families, and differing opinions on COVID-19 mitigation or COVID-19 vaccination posed challenges in existing relationships. Long-term stress, grief, fear, and isolation have intensified existing mental health problems and created new needs for mental health services.

Participants described an increase in seeking out therapy or behavioral health services to help manage the stresses of navigating the COVID-19 pandemic and the co-occurring gestalt of racism and violence against Black Americans. The experience of having COVID-19 was not just a physical health burden but a mental health one. Some individuals had to isolate themselves from their families or their children while they were ill, or could not help sick family members. The constant need to physically distance from others meant that events of emotional significance that would boost mental health, such as celebrations or funerals, were conducted virtually. Some people expressed a desire to come back stronger as a community at the end of the pandemic, with a renewed focus on bonding with neighbors, family, and the local community at large.

During the pandemic, new information about COVID-19 mitigation, disease outcomes, risk assessment, and vaccines came daily. In the onslaught of information, some decided to distance from knowledge about the pandemic as a self-protective measure. Those confused about the available COVID-19 information were unsure how to interpret data or keep themselves safe. Participants working in the medical or public health fields pinpointed the critical gaps in health literacy that prevented people from taking care of their health. One participant described this experience,

My brother ... he's 20; he was very sick ... and my mom thought that he had COVID[-19]-like symptoms. He went to urgent care, and he went home thinking that he was tested for COVID[-19] and he never was.... A week later, my mom died. Two people in my mom's household was ...

COVID[-19] positive....We found out the day after my mom passed. So, we really think my mom passed from COVID[-19], but it showed me the ... weakness in our ... health system, and even in our ... just basic knowledge because my brother really thought he was tested for COVID and all he was tested for was a [urinary tract infection]. (Female parent of 3)

Economic Impact

Prince George's County has a high proportion of people working in jobs categorized as essential or impossible to shift to remote positions, such as frontline healthcare workers, high-risk occupations for coronavirus exposure like custodial medical work, and retail and service industry jobs. This created a different level of risk and stress. Previous research has also demonstrated that inability to social distance at work due to lack of sick leave or needing to do one's job at the workplace only contributed to disparities during the H1N1 pandemic.¹⁰ This dynamic has remained a source of higher risk for essential workers, many of whom are African American/Black and Latino, during the COVID-19 pandemic.

For individuals who lost their jobs, a cascade of economic problems followed. Some adults had to move back in with parents or other family members; others relied on the eviction moratorium to prevent losing housing. Financial relief from the Prince George's County government took months to receive, and it was challenging to apply for economic benefits. One participant described the economic cascade her friend experienced when she lost her job as a waitress:

I know they said there was like an online system. My friend, when she tried to access it, she said it kept crashing.... So it took her ... 4 or 5 months to get her unemployment and she got back pay ... but she was like her car note was [in default] and the eviction ... moratorium helped her out as well, so she didn't get evicted. But it's just 5 months no pay is just overwhelming to say the least.... And honestly, uh, the stimulus check—while it's great, it's just a drop in the bucket if you're not getting paid. (27-year-old woman)

When a person was facing an economic crisis, finding a job or new housing was more immediately crucial than receiving a COVID-19 vaccine. Individuals said that they would pursue getting vaccinated once other aspects of their life stabilized.

Some interviewed individuals did not lose their jobs and experienced improvements in their economic stability through increased wages and employee bonuses. For others, the drastic reduction of spending and transportation costs to work enabled them to save money. These people said that this would aid them in paying down other debt, such as credit card debt or loans, and they would have more economic freedom after the pandemic. One participant saw this stark divide even within her family, as her brother lost his high-paying job, and her job offered her increased pay, effectively reversing their

economic security.

Recovery

When discussing recovery from the COVID-19 pandemic, several interviewees mentioned that the pandemic exposed and heightened previously existing inequities in the community. One inequity that interviewees noted was the lack of affordable housing and how this led to overcrowded housing situations, creating hazardous conditions in COVID-19 viral transmission. Interviewees also indicated that housing issues during the pandemic intensified invisible populations' neglect, including homeless individuals and undocumented immigrants. Based on feedback from interviewees, it is clear that the complex and multifaceted nature of inequities makes them challenging to address and requires tailored solutions rather than a "one size fits all" approach. Interviewees recommended that solutions account for the intersectional reach of the pandemic that has exacerbated and compounded existing disparities as well as presented new ones. Interviewees acknowledged that while decision makers frame the COVID-19 vaccines as the primary solution to combat the spread of the virus, they will not solve the myriad issues that the pandemic has exposed, including larger social injustices such as the lack of affordable housing, racism, and food insecurity. One key informant sees this exposure as a possible foothold to restructure county planning to better integrate programs and address disparities. "[I]nstead of the housing program being over there and the economic development program being here and a transportation program here and education here. I mean, my hopes are that there are more linkages ... between those types of planning."

Interviewees also desire more community voices integrated into decision making for the county. Civic engagement, collaborative governance, and shared decision making were advised for increasing equity going forward. Integrating community leaders into decision making is crucial; however, the partnership needs to have sustainability and respect at the core. Some community leaders identified common concerns in their partnerships with clinical partners, local and state governments, and academic partners. Some felt the same advice was asked for repeatedly, ignored, or argued against. They also felt that their knowledge and wisdom was taken, but there was no follow-through with the results of their labor. Even in a majority-minority county, with almost the entire county government composed of African American/Black members, it is clear that it is still essential to attend to issues of building trust between community members, leaders of CBOs, and county government. Furthermore, authentic community partnerships need to take burnout and accountability into consideration.

When asked about what they hope for in pandemic recovery, interviewees expressed interest in actionable strategies and social-emotional improvements. Although of limited effectiveness, one of the most commonly mentioned desires was for hygiene practices, including frequent handwashing, cleaning, and sanitization protocols, to become standard expectations for daily life. In terms of social-emotional recovery, interviewees hoped that people would extend greater compassion and exercise greater emotional intelligence with others. One interviewee recalled this desire "for everyone to evolve and grow to a place where they are much more emotionally intelligent,... which I think will lead to a much more compassionate and caring populace."

Key informants hoped for a continued sense of urgency to address issues of equity and access after the pandemic has ended. As one key informant stated,

[T]his is a permanent wakeup call with respect to what needs to happen in communities that have been ... disinvested in, communities that have been forgotten with respect to health uh and human services.... This is not the last disaster, the last pandemic, the last epidemic that we're going to see in this country, the state, or this county. And unless we are better prepared in going in, we're going to end up with the same results. We're going to end up with Black and Brown people getting sick and dying."

Educational recovery

Regarding infrastructure, interviewees remarked on the role of schools as a support system for needs extending beyond education. Since the pandemic caused a shift to virtual learning environments, many realized the value of the services schools and teachers regularly provided when that support was no longer available. One interviewee captured the community's reliance on the support services that were offered through schools:

I've learned a lot about what's actually going on in the school system ... how much the school systems have been depended on to provide services other than educational ... and not funding the school system. But they're depending on the school system to feed children, to provide social and emotional ... support for children. To basically support whole families really.... Our school has a washer and dryer at the school, so the kids can wash their clothes. So, now you've got kids who ... don't have those, uh, fail-safes. (51-year-old woman)

While the support provided through schools has been beneficial to children and families, several interviewees acknowledged that lack of funding for education limits the quantity and quality of services that schools can reasonably provide. Interviewees believed that schools in other counties received more significant financial support than those in Prince George's County, and since property values are lower than in some counties, that perception may be accurate. Additionally, such a heavy reliance on schools to provide essential support is unsustainable given limited funding. Schools should serve as points of referral to other community resources rather than offering direct services.

Parent interviewees also called for greater support of teachers, as educators have had to take on additional roles to support students. A strength of the high-contact environment that teachers have with students is that teachers would be able to recognize patterns of unhealthy behavior or understand the needs of their students. Some parents advocated for teachers to receive mental health first aid training to assist in referring students who

are at risk for behavioral or mental health issues. The idea below emerged from the parents group, with the caveat that parents need to be strong collaborators and advocates for teachers to receive the support they need in the classroom:

[M]aybe they need to have ... assemblies talking to them about emotional strength and noticing when you do need to ask for help and noticing when others [need help], because some people are going back to school without their parents.... So um, just making kids aware that it's okay to go through this ... that life is changing ... just having a network that recognizes that children need additional help, and you're not just throwing them back into this, you know this pot of all emotions and kids from different backgrounds and just going through different situations and then acting like, everything's normal, when it's not going to be. (Female parent of 3)

Some parents remarked how much they enjoyed experiencing virtual school with their children, and hoped to stay more involved. Witnessing virtual learning made one parent more appreciative of his child's teacher and the difficulties of teaching. Some parents withdrew their child from school in the past year, citing the challenges of virtual learning for children with disabilities.

Recommendations

As described above, the concurrence of the COVID-19 pandemic, the trauma of the 2020 racial reckoning, and overall economic turmoil has exposed and exacerbated preexisting disparities and created new inequalities that will carry on after the pandemic. We know that vaccination is the optimum way to prevent serious COVID-19 complications, hospitalizations, and death. Pragmatic and innovative solutions are needed to combat vaccine inequity and misinformation. However, vaccination campaigns alone will neither bring an end to the pandemic, nor solve the problems it created. It is crucial to address the long-standing health needs of residents of Prince George’s County to create plans for postpandemic recovery. Below are some actions that stakeholders can take to boost current vaccination efforts, address vaccine concerns at the community level, and leverage existing programs created for COVID-19 response that can be repurposed for other public health crises. In this section, we present 4 recommendations, and designate them as urgent or essential. According to the CommuniVax Working Group report, “urgent actions, to be taken immediately, can facilitate broader COVID-19 vaccine coverage in Black and Hispanic/Latino communities. *Essential actions*, to be executed steadily, can drive systems-level changes that lead to greater health equity.”¹¹ After each recommendation, we provide a narrative explanation and discussion of the recommendation.

Table 4. Recommendation 1: Use COVID-19 Vaccination Campaigns as the Foundation For Sustained Health Promotion Activities With Community Partners

URGENT ACTION		
Actors/Sectors	Actions	Outcomes/Impacts
PGC Executive, County Council/Board of Health PGC Health Department UMD School of Public Health (Maryland Center for Health Equity)	1) Identify vulnerable populations and access barriers to integrate and optimize vaccine delivery to address both the Delta variant surge and upcoming childhood COVID-19 vaccine. Strengthen partnerships with multiple services to address pressing health needs. (Board of Health, PGC Health Department, PGHAC and its Health Equity Workgroup, Luminis, UM Capital Region Health, and MedStar Southern Maryland). (August/ongoing)	Increase vaccination uptake in communities that have not had access to the vaccine and blunt the effect of the Delta variant Promote equitable distribution of resources to communities that are underserved and most likely to be adversely impacted by the COVID-19 pandemic and future public health crises
PGHAC and its Health Equity Workgroup Luminis Health System UMMS Capital Region Health MedStar Southern Maryland	2) Secure commitments from major hospital systems (MedStar Southern Maryland, Luminis Health, UM Capital Region Health, Adventist HealthCare) for continued, routine vaccine clinics at local HAIR barber/beauty shop sites and Mona Center (Maryland Center for Health Equity), and church sites (PGC Health Department, major church sites such as Reid Temple). (August/ongoing)	Create an ongoing infrastructure of community engagement to address existing chronic health needs in the community before
Adventist HealthCare	3) Secure commitments from major hospital systems (MedStar Southern Maryland,	

<p>CBOs/FBOs such as Community Ministry of Prince George’s, Reid Temple, and federally qualified health centers (eg, Mary’s Center, Greater Baden Health Care Center)</p>	<p>Luminis Health, UM Capital Region Health, Adventist HealthCare) for sustained health promotion activities to address ongoing chronic diseases, stress/mental health, and other health concerns at local HAIR barber/beauty shop sites and Mona Center (Maryland Center for Health Equity, UMD), and church sites (PGC Health Department, major church sites such as Reid Temple). (August/ ongoing)</p>	<p>the pandemic</p> <p>Strengthen community partnerships for sustainable solutions</p> <p>Strengthen community trust in health systems that can advance vaccine equity and health equity</p>
---	--	--

Abbreviations: CBO, community-based organization; FBO, faith-based organization; HAIR, Health In Reach and Research; PGC, Prince George’s County; PGHAC, Prince George’s County Healthcare Action Coalition; UMD, University of Maryland; UMMS, University of Maryland Medical System.

Formalize ongoing commitments for vaccine clinics

Over time, an increasing number of vaccine sites provided better service to county residents. For example, Reid Temple, a large Black church in the county, partnered with Luminis Health, to provide multiple clinics for both its congregation and community members. The Maryland Center for Health Equity has partnered with Luminis Health on its first clinics (May 17, June 14) in our Health In Reach and Research program (HAIR) barber and beauty shops, and held other clinics in late August. With the current urgent need to continue to vaccinate adults and adolescents during the Delta surge, and the authorization or approvals of vaccines for children in the coming months, developing a routine schedule of vaccine clinics in sites that are trusted, hyper-local, and used by community members in their daily lives would both enhance access and build trust. For example, the Maryland Center for Health Equity, with its network of barber and beauty shops in the county, is in discussion with each of the major health/hospital systems about future clinics. Ms. Mendoza-Walters, a health planner for the county and lead for the county’s POD approach, has worked diligently with community partners in multiple geographic areas to bring vaccine clinics to hard-hit and vulnerable areas. During this period, it is equally urgent to review challenges experienced in the first 6 months of the rollout to determine how to reduce barriers in the coming months and plan now for those communities that may be most likely to experience barriers and remain unvaccinated. This will require the Prince George’s County Health Department, the Healthcare Action Coalition and Health Equity Taskforce, the Maryland Center for Health Equity, and the major hospital and health systems, and other CBOs/FBOs. Ideally, one result would be the ability to publish in advance an ongoing calendar of vaccine clinics in the most vulnerable areas of the county. That visible ongoing commitment to provide vaccines in places the African American/Black population in the county trust is essential.

Link county’s health equity and population health priorities to activities in trusted sites

In the county’s fiscal year (FY) 2022 budget for the Prince George’s County Health Department, the launching of a Population Health Initiative is identified as a priority. As described, that initiative will include programs that “address the social determinants of health, asthma, maternal and child health, chronic disease, cancer, and infectious

disease programs focused on populations experiencing vulnerabilities.”¹² The budget plan also specifies these 2 goals: (1) to ensure access to and resources supportive of the health and wellbeing of the county residents, and (2) to prevent and reduce chronic disease, including obesity, among county residents.¹² The county has long suffered from devastating health disparities in its African American/Black communities, and the pandemic has exacerbated that concern. From our barbers and stylists who work with our HAIR and our study participants, a prominent theme is the need for a sustained health promotion effort that recognizes and addresses the social determinants of health, and fosters trust in health and governmental systems. A clear message from our participants is that COVID-19 cannot be addressed in isolation of existing health disparities, and that addressing these disparities requires a holistic perspective that understands that such disparities exist in a context of ongoing systemic racism and inequities. Moreover, we strongly urge that the large hospital and health systems in the county (University of Maryland Capital Region Health, MedStar Health, Adventist HealthCare, and Luminis), CBOs/FBOs, and the Maryland Center for Health Equity develop specific plans for ongoing health promotion programs in hyper-local sites, with HAIR barber and beauty shops as a critical network for such activities. Such partnerships enable large hospital systems to address health needs within their catchment areas and provide them with community partners who are trusted and able to craft specific, tailored outreach programs. Finally, a sustained commitment addresses 1 critical issue as captured in one of our early COVID-19 conversations in a HAIR barber shop, “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?”

Table 5. Recommendation 2: Humanize Delivery and Communication Strategies for COVID-19 Vaccines

URGENT ACTION		
Actors/Sectors	Actions	Outcomes/Impacts
PGC Executive, County Council/Board of Health PGC Health and Human Services (comprised of the Department of Family Services, PCG Health Department, and the Department of Social Services) PGC Department of Housing & Community	1) Increase local access to vaccines through vaccine clinics at trusted and familiar sites such as HAIR barber and beauty shops, local churches (Reid Temple and others), and community centers. Work with the Health Equity Task Force and its vaccine POD system to publicize mobile or pop-up clinics in key hyper-local sites. (August/ongoing)	Deeper understanding of community dynamics for concerns and fears to be addressed
	2) Co-locate vaccine sites with other critical services such as food banks, WIC, or existing sites such as county public schools. Ensure that vaccine clinics are available in evenings, weekends, and on public transportation routes. (August/ongoing)	Increase trust and build stronger relationships with the community
	3) Ensure that all county residents have access to a system to schedule appointments without requiring sophisticated use of computer technology. Hire and train CHWs to serve as vaccine connectors through high-touch systems such as vaccine hotlines to schedule appointments. Broadly publicize the hotline system through press releases, social media,	Increase access for communities

Development	reverse 911 calls, dissemination through community partners that serve particularly vulnerable groups (eg, senior citizens/aging centers, day care facilities, housing), CBO/FBO serving immigrant communities, etc.).	with English as a second language
UMD School of Public Health (Maryland Center for Health Equity, Horowitz Center for Health Literacy)	4) Ensure that the PGC Health Department, supported by resources from PGC Executive, County Council/Board of Health, has available in house or in collaboration with School of Languages, Literatures, and Cultures in the College of Arts and Humanities, the ability to translate all COVID-19 vaccine materials into all major languages spoken in the county. (August/ongoing)	Contribute to improved health literacy
PGHAC and its Health Equity Workgroup		Provide vaccine access within the larger context of other needs
Luminis Health System	5) Ensure that the PGC Health Department, in collaboration with the UMD Horowitz Center for Health Literacy, and supported by resources from PGC Executive, County Council/Board of Health, has trained staff able to use the Clear Communication Index and health literacy principles to create materials (for website, social media, posters/flyers, etc.) appropriate for subpopulations in the county. (August/ongoing)	
UMMS Capital Region Health		
MedStar Southern Maryland		
Adventist HealthCare	6) Utilize communication channels (email list services, newsletters, church bulletins, onsite posters, etc.) that exist in trusted CBOs/FBOs to disseminate COVID-19 vaccination information from the PGC Health Department and other sources (MD Department of Health). (August/ongoing)	
UMD Department of Linguistics		
PGC Memorial Library System	7) The PGC Health Department should engage with CBO/FBO/local leaders to create and disseminate culturally tailored, evidence-based communication on social media to increase accurate communication about the vaccines and the pandemic. (August/ongoing)	
CBOs/FBOs		
PGC Food Equity Council	8) Continue virtual, culturally tailored community forums conducted by Maryland Center for Health Equity with its community, healthcare, and elected official partners. Continue to address questions and concerns to improve trust, foster positive social norms about vaccination, and address the context in which community members make vaccine decisions. (August/ongoing)	
	9) Strengthen public access via the county's website to COVID-19 vaccine activities of the PGHAC and its Health Equity Workgroup, including active outreach and open invitations to meetings where community members knowledgeable about their communities can become engaged in planning for vaccine activities. (August/ongoing)	

Abbreviations: CBO, community-based organization; CHW, community health worker; FBO, faith-based organization; HAIR, Health In Reach and Research; MD, Maryland; PGC, Prince George's County; PGHAC, Prince George's County Healthcare Action Coalition; UMD, University of Maryland; WIC, Nutrition Program for Women, Infants, and Children.

Ensure explicit attention to current and anticipated barriers to vaccination and reimagine new systems now

Throughout the vaccine rollout, county residents encountered a myriad of obstacles, some of which were addressed and improved over time. At this point in late summer 2021, with the growing concern of the Delta variant, the possibility of booster vaccines, and the authorization or full approval of vaccines for children under 12, it is essential to remedy known barriers. The first 2 actions focus on addressing and eliminating structural barriers to vaccine access from limited hours during the working day, the need to use computers to secure appointments, physical placement of vaccine clinics to enable use of public transportation and place in hyper-local sites, and the co-location at sites where community members could receive a comprehensive set of services that address their broader needs (eg, food insecurity, referrals to behavioral and mental health providers, housing assistance). We call for continuing and new collaborations between the county's department of health and human services, which includes the Prince George's County departments of health, family services, social services, the major hospital systems, other county agencies (housing), and CBOs/FBOs that support food banks and other safety net programs. These include but are not limited to local food banks in the county, the Capital Area Food Bank, Community Ministry of Prince George's, the United Way, and multiple others identified in our environment scan. With the multiple services within the county's department of health and human services, along with others, the capacity to nest vaccine clinics within a rich myriad of other services can create a hub that draws unvaccinated individuals to attend.

Strengthen communication channels and materials to reach vulnerable populations in the county

The information environment today is a complex and confusing one with easy access to misinformation through social and other media, multiple languages spoken in a highly diverse county, complex scientific concepts, and reduced scientific and health literacy in many populations in the county and beyond. The next set of 6 actions speak explicitly to the urgent need to ensure that the Prince George's County Health Department has adequate resources, both in house and in partnership with others, to strengthen their public communication efforts around the COVID-19 vaccine. Given the presence in the county of the University of Maryland, the flagship campus for Maryland's higher education system, we would strongly encourage more engagement of the expertise of faculty members in critical areas: language translation (School of Languages, Literatures, and Cultures in the College of Arts and Humanities), increasing the readability of health communication materials (Horowitz Center for Health Literacy), cultural tailoring and targeting of communication materials, engagement of community members in material and program development (Maryland Center for Health Equity), among others.

In one key informant interview, the powerful effect of the inclusion of multiple community members in communication and outreach to increase vaccine uptake at a hyper-local site in Langley Park's Latino community is just one example of the need to have culturally responsive communication materials and channels. The CBOs/FBOs already engaged in the vaccine POD planning system use their deep knowledge of their

local communities, and we would encourage the Prince George’s County Health Department and hospital systems to work with these groups to assess the appropriate channels (for example, in one Latino community, the use of WhatsApp was vital) to reach their populations, determine language/dialect needs that must be addressed, and when possible, continually assess areas of confusion, misinformation or need for further information.

Increase public access to information on the Healthcare Action Coalition and the Health Equity Task Force

The Health Equity Taskforce has been active and effective in increasing vaccine access and uptake in specific communities that identified for high-touch, hyper-local approaches. Working with CBOs/FBOs, community leaders, and others, they have been able to promote vaccine clinics in multiple sites. Despite their success, it is difficult to find the coalition on the county’s website. Once we were able to locate the Health Equity Task Force online, we were impressed with the goals and plans for health equity. However, to find more information about the Workgroup requires an email to a staff person. There is no information publicly available that indicates that the Workgroup is actively addressing the COVID-19 pandemic, nor are there any reports and alerts of upcoming vaccine clinics. This lack of a visible presence with such information is an impediment to further community engagement. We would recommend revisiting the page to make more information available, announce events, and in general, make it simpler for community members to find out more and volunteer to participate.

Table 6. Recommendation 3: Invest In a Strong Public Health Infrastructure, Properly Staffed for Sustained Community Engagement and Public Health Preparedness, Response and Recovery Activities

ESSENTIAL ACTION		
Actors/Sectors	Actions	Outcomes/Impacts
PGC Executive, County Council/Board of Health PGC, Maryland General Assembly UMD School of Public Health (Maryland Center for Health Equity, Horowitz Center for	1) Increase General Fund investment in the PGC Health Department budget and reduce over-reliance on grant funding. Provide more stable funding from the General Fund that reduces chronic staff shortages and turnover.	More reliable public funding that can reduce reliance on grant funding and fluctuating staffing levels
	2) Allocate budget support for training of PGC Health Department and other county staff on crisis and emergency risk communication, public health preparedness and response, and community engagement. Work with the UMD School of Public Health to develop and implement these trainings.	
	3) Increase stable budget support for additional communication and education staff including adding at least one additional public information officer for the the PGC Health Department, a social media specialist, a risk communication specialist, and a preparedness coordinator.	Stronger staff capacity within the PGC Health Department and county government to communicate about the COVID-19 pandemic, and future pandemics and public health emergencies
	4) Increase stable funding and staff positions for CHWs. Support their training and certification by the state.	

Health Literacy)	5) Compare PGC Board of Health with independent boards of health or health commissions in other Maryland counties. Assess whether current Board of Health structure enables robust expert and community member input into decisions about health policies, pandemic response and recovery, and other PGCHD programs.	Improve existing inequity and minimize the negative impact of future disaster events
	6) Invest in continuing efforts for accreditation of the PGC Health Department.	

Abbreviations: CHW, community health worker; PGC, Prince George’s County; PGCHD, Prince George’s County Health Department; UMD, University of Maryland.

Increase stable, General Fund support for Prince George’s County Health Department

Based on data from our participants and review of the health department budget summary reports, there is a major concern about the extent to which the health department has stable, General Fund funding that supports a stable and professional workforce. During his key informant interview in late 2020, Dr. George Askew, the deputy chief administrative officer for health, human services, and education, acknowledged that the General Fund investment is 1.1% of the county’s budget, and yet, in a county of almost 1 million people, (65% Black, 25% Latinx)¹³ with substantial health disparities, he believed this budget should be increased in order to advance health equity beyond the current concerns with COVID-19. Prince George’s County is also the most affluent minority-majority municipality in the nation. According to Dr. Askew, however, this economic affluence is not the same as wealth affluence in a majority White community. “Growing up Black and Brown in the US absolutely exposes you to structural issues, institutional issues of race and racism that shape your health outcomes ... despite the kind of community you’re living in with respect to affluence and risks, and puts you at risk.” The COVID-19 pandemic has functioned as a stress test for our county (and beyond), exposing our underlying challenges including issues related to the Prince George’s County Health Department’s funding and workforce.

Historically, grant funding has been the greatest investment in the Prince George’s County Health Department budget. In the FY2022 budget summary, 66% of the health department’s budget is anticipated to be grant funded.¹² Although we recognize that it is not uncommon for health departments to receive substantial grant funding through their state health departments and the CDC, fluctuations in this funding have contributed to a chronic issue of vacancies. While we are not privy to all the information in complex budget matters of the county, a review of budget summaries suggests that there are worrisome fluctuations in funding across fiscal years. Although the FY2022 proposed General Fund budget for Prince George’s County Health Department is \$30,142,500, an increase of \$1,344,200 or 4.7% over the FY2021 approved budget, it is noteworthy that the percentage of the health department’s support from the General Fund has varied substantially (FY2020, 44.9%; FY21: 29%).¹² Although the Department of Health and Human Services fared better in the FY2022 budget process, the improvement was still marginal, and will need to be sustained. As one key informant said, “the county has already ... made investments in staff and [is] increasing the

investments in health and human services, when looking at the budget, and you know, in a tough year, cuts were made across many different agencies and portfolios, but not necessarily in health and human services. So not only was it not cut, [it] also received some additional funding. That's a start. That has to continue."

Based on its review of staffing from FY2016 to FY2022, the FY2022 budget summary reported that "the [d]epartment did not attain its authorized level for either General Fund or Granted Funded positions and has operated with double digit vacancy rates." This has resulted in a reliance on overtime, compensatory time, and use of short-term temporary staff. The report states, "While use of temporary personnel is a short-term feasible solution to the staffing challenges, temporary employees are not an ideal solution due to the lack of expertise required for some duties and their inability to obtain access to [c]ounty systems, which also limits their capabilities." From the FY2022 budget summary, we quote "the need for additional staffing has been a long-standing concern at the Department. COVID-19 only brought them to the forefront."¹² Prince George's Forward, a task force appointed by County Executive Alsobrooks, issued their report, *Visions for Tomorrow: Summary Report* in February 2021.¹⁴ We absolutely concur with their recommended new initiative: "Outline a 3-year funding plan to meet the needs of the Health Department to build Countywide programs and infrastructure to support the health and wellness of County residents; provide the Health Department with [24 hour a day/7 days a week] access to critical data sources, laboratory capacity, preparedness and policy planning capacity and expert staff."

Strengthen the capacity and expertise in public health emergency preparedness, response and recovery

It is our recommendation that in addition to stabilizing the fiscal support for Prince George's County Health Department, the pandemic has brought home the need for additional staff that have the specialized expertise in areas related to public health emergency preparedness, response and recovery. This requires both the addition of specific staff positions that are not evident in the listing of all department job titles now, and the training of other staff in specific skills. For example, the health department currently lists one public information officer; however, there are no identified positions for risk communication and social media expertise. Therefore, actions 2 to 4 in **Table 6** focus on increasing specific positions and the provision of specialized training. The School of Public Health can be one partner for specialized training in risk communication and preparedness, among others. These actions support Prince George's Forward's recommended new initiative, "Public Health Emergency Preparedness: Plan program that enables a quick and coordinated response from public health workers to county residents during an emergency or future pandemic to save ALL lives and prevent negative outcomes, especially in the most vulnerable populations."

Invest in continued preparation for accreditation and adoption of best practices

In the budget summary report, it was reported that Prince George's County Health Department has temporarily suspended its effort to seek accreditation. In the midst of the pandemic and with the limitations we have discussed above, this is an understandable decision. We encourage the county executive and Prince George's

County Council to resume support for this effort as soon as possible. In seeking accreditation by the Public Health Accreditation Board, it will position the department to review its structure, governance and capacities and where necessary, make important changes to meet current best practices. In that context, we also recommend an assessment of other governance structures that include an independent Board of Health, appointed by the county executive. Many of these such structures bring significant additional expertise as well as community engagement to programmatic and policy decisions. Such a board can also be an advocate for the health department. In Prince George’s Forward’s June 2021 report, they also call for the county to “strategically align the Board of Health’s makeup with the functions and responsibilities needed to improve the overall health and well-being of all Prince Georgians; three step approach will improve response time, coordination and collaboration.”¹⁵

In their June 2021 report from Prince George’s Forward, they went further to call for:

[A] review of the [h]ealth [d]epartment’s current organizational needs and capability gaps to create a sustainable, ‘right-sized’ budget; modernize operations and programs.¹⁵ Collect insights and best practices on structure from local and state health department experts (an Actions Today Recommendation created the Expert Advisory Group); budget to improve the structure; adjust financial and budget processes and infrastructure to guarantee necessary funding. A better organized, funded and higher functioning health department will ensure that all populations can access services and programs meant to improve health outcomes.

This recommended initiative embodies all of our recommended actions. It is incumbent upon the county executive and the Prince George’s County Council, along with strong community voices, to fully commit to these actions.

Table 7. Recommendation 4: Strengthen the Community Health System as the Backbone for Equity, Resilience, and Recovery

ESSENTIAL ACTION		
Actors/Sectors	Actions	Outcomes/Impacts
PGC Executive, County Council/Board of Health	1) Proactively form partnerships to seek designation for new Health Resource Community(ies) and accompanying grant funding. (ongoing)	Create and sustain community relationships and improve the health and wellbeing of residents Facilitate more holistic view of equity and recovery across all domains
PGC Health and Human Services (comprised of the Department of Family Services, the Health Department, and the Department of Social Services)	2) Based on CR-127-2020 Resolution, the County Council and the county’s delegation to the General Assembly should provide adequate funding to create and staff an implementation strategy for its HiAP initiative based on the RAND report recommendation. (Immediate and ongoing)	
PGHAC and its Health Equity Workgroup	3) Create and support a Community Influencers program with existing trusted health messengers, like CHWs, faith leaders, and barbers/stylists. Identify existing organizations in the county	

<p>UMD School of Public Health (Maryland Center for Health Equity, Horowitz Center for Health Literacy)</p> <p>Safety net and FQHCs (Mary’s Center, Greater Baden Health Care Center)</p> <p>CBOs/FBOs</p> <p>PGC delegation to the Maryland General Assembly</p>	<p>currently using community influencers/CHW. Identify existing training that will enable these community influencers to become certified CHW. Support key community partners (eg, Center for Health Equity for barbers/stylists) to provide such training and implement use of community influencers. Identify a stable source of funding to support the program. (Immediate and ongoing)</p>	<p>Strengthen CHWs infrastructure and build toward certification for CHW</p> <p>Create trustworthy sources of information for community members</p> <p>Integrate community voices into recovery planning and implementation</p>
	<p>4) Stand up a long-term recovery and community resilience organization, applying a HiAP approach. Engage existing data-driven coordinating bodies that already facilitate long-range planning (eg, disaster recovery, economic development). Convene public listening sessions to engage community members. Bring existing county initiatives such as the Health Equity Task Force into this structure. (September and ongoing)</p>	

Abbreviations: CBO, community-based organization; CHW, community health worker; FBO, faith-based organization; FQHC, federally qualified health center; HiAP, Health in All Policies; PGC, Prince George’s County; PGHAC, Prince George’s County Healthcare Action Coalition; UMD, University of Maryland.

Utilize new resources enabled by Maryland General Assembly to facilitate health equity and recovery

Maryland, and indeed, Prince George’s County, are fortunate to have innovative legislation passed in 2021 by the Maryland General Assembly that explicitly seeks to advance health equity, address broader social determinants of health, and facilitate recovery efforts. During the 442nd session of the General Assembly, the state enacted 3 laws that will advance health equity: The Maryland Health Equity Resource Act (HB463/SB172), The Shirley Nathan–Pulliam Health Equity Act of 2021 (HB78/SB52), and the RELIEF Act (HB612/SB496). The Health Equity Resource Act creates a commission that will distribute grant funds to geographical areas that have been designated a Health Equity Resource Community. These funds will be applied for on behalf of the communities by a nonprofit community organization, nonprofit hospital, federally qualified health center, an institution of higher learning, or a local government agency. Grants will be awarded for up to 2 years and the funds will come from a \$14 million allotment from the state. We strongly recommend that the county, through its Health Equity Task Force and partners, pursue funding for a Health Equity Resource Community. The Shirley Nathan–Pulliam Health Equity Act of 2021 established a Commission for Health Equity at the state level, which will adopt the health equity framework and will make recommendations to the General Assembly on policy actions that can be taken by state agencies. The act calls for a Pathways to Health Equity Program in the state’s Community Health Resources Commission. Finally, the RELIEF Act focused on the financial wellbeing of the Maryland tax base. The act allowed for tax subtractions related to the economic payments and loans that were the result of the COVID-19 pandemic. Beyond the above 3 pieces of legislation, the General Assembly has also taken steps to improve broadband (HB97/SB66), telehealth access (HB123/SB3), and food resilience (HB831/ SB723). Taken in their totality, these bills address critical social determinants of health, remove barriers to healthcare access, and

advance the health and wellbeing of Maryland residents. While it is beyond the scope of this report to fully detail the 3 major pieces of legislation, and the opportunities they present for the county, we strongly recommend that the county executive, Prince George’s County Council, the county’s delegation to the General Assembly and important entities such as the Healthcare Action Coalition and the Health Equity Taskforce, seize these opportunities that are critically important to advancing equity and facilitating the recovery phase.

Fully implement the Health in All Policies approach into county government

The RAND report⁹ recommended that the county, “[c]reate a Health in All Policies system by (1) developing a coordinated Health in All Policies system that creates guidelines for governance; (2) creating a strategic plan for all health and human services agencies; (3) implementing policies that promote health equity, including design and economic environment decisions; (4) improving the delivery and coordination of health services, including better screening for social needs; and (5) improving the accessibility, clarity, and usability of health and human services promoting resources and related civic engagement opportunities among county residents.” Although Resolution CR-127-2020 called for the county executive to develop a HiAP strategy for implementation by May 2021, the demands of the pandemic have delayed progress. In the meantime, the Health Equity Workgroup of the Prince George’s County Healthcare Action Coalition has completed the initial steps of aligning their recommendations with the RAND report,¹³ and begun training to increase HiAP knowledge. Their intention is to complete a brief on the COVID-19 pandemic’s impacts on Black and immigrant populations by October 2021, and then meet with the Prince George’s County Council on their policy recommendations in December 2021. We recognize the intense demands on Prince George’s County Health Department and other county offices during the pandemic, and we urge the county executive, health department, and county council to continue to move toward a full implementation strategy, particularly as the HiAP framework is critical to addressing the broad issues necessary to foster resilience and recovery.

Train, support, and engage community influencers with strong ties to local communities

In our own experience, and from our observations in the White House initiative, Shots at the Shop, community influencers including our barbers and stylists are articulate, trusted, and culturally relevant voices with entree into communities that may not engage with formal organizations. One of our barbers and key informants, Mike Brown, described the relationship between barbers and their clients this way:

Keep us empowered to relay that information to keep our community safe. It’s a relationship, 20-, 30-year, 10-, 15-year, 5-year relationships. And you talk about, about anything. From your mom to your wife to, those are relationships. You just don’t go to people and they open up like that. These are gained trust and, and in that space is where we can plant the seeds of health, health equity in their minds from our chairs to their ears. And that’s where the chain is going to be broken.

The concept of community influencers, often referred to as CHWs, has long been used in health education and health promotion activities. Maryland has created a certification program for CHW, which is housed in the Maryland Office of Population Health Improvement.¹⁶ We strongly advocate for the community influencer concept from Prince George's Forward with some specific caveats necessary for its success. First, we suggest that the Prince George's County Health Department identify a small working group responsible for the assessment, planning, and implementation of the Community Influencer program. This should include Ms. Mendoza-Walters and members of the Health Equity Task Force, the Maryland Center for Health Equity, selected other organizations with such programs, and representatives from local hospital systems' Community Benefits staff. Secondly, we strongly recommend that the health department engage with key organizations who have experience in training CHWs and supporting their successful certification by the state; as one example, the Maryland Center for Health Equity began its HAIR in 2012, and has successfully facilitated the certification of 3 of its barbers and stylists as CHWs. We also recommend identifying existing community influencers who have been working with Ms. Mendoza-Walters, the Maryland Center for Health Equity, and other community organizations, before and throughout the pandemic. The small working group can build upon the existing programs within the county, and cognizant of the state's requirements, create a training program that enables community influencers to be certified.

Finally, one of the challenges of a community influencer or CHW program is the lack of stable funding. We recommend that the small community influencer working group include staff from the Community Benefits programs in our 4 local hospital systems (ie, Luminis, University of Maryland Capital Region Health, MedStar Health, Adventist HealthCare). The working group should examine options for payment of community influencers, through their Community Benefits budgets. Because the Center for Medicare and Medicaid Services allows for billing for certified CHWs, a plan that fosters certification would open up other avenues for payment. We recognize that some CHW are employed full time in sites where they are trusted health information sources (ie, HAIR barbers/stylists), and that payment in that case, may be supplemental support for their efforts within their workplace. For others, the opportunity to become a CHW may foster a new career. Those community influencers who are trusted and respected lay people, such as the HAIR barbers and stylists, are less likely to encounter some of the skepticism and distrust as may be experienced by those who are formal employees of a formal health system or Prince George's County Health Department. If they are such employees, careful thought is required to ensure that CHW who are full-time staff within formal organizations maintain their strong ties to their communities, and continue to be trustworthy.

Establish an independent and representative organization to foster resilience and recovery among communities

To her credit, County Executive Alsobrooks created Prince George's Forward, a task force with subcommittees on human and social services recovery, economic recovery, government operations, education recovery, and health recovery. Led by leaders from the county and state, the task force identified critical initiatives at 3 phases in the pandemic, the most recent being their final report in June 2021. These reports provide

thoughtful, data-driven recommendations that affect all aspects of the county, and we have referenced several of them in prior recommendations.¹⁷ However, the task force's charge ends with its completion of its 3 reports, and from the report themselves, it appears implementation and monitoring of recommended initiatives revert to the county executive's office. In recognition of the profound impacts of the pandemic, coupled with the racial reckoning stimulated by George Floyd's murder in 2020, we echo the CommuniVax national working group's call for an independent, long-term recovery and resilience organization, informed by a HiAP framework that seeks to promote health equity and social justice. Specifically, we suggest that this independent organization includes community leaders and members from all sectors, and that the organization convene virtual and in person (as feasible and safe) listening sessions, broadly promoted to all county residents. We heard from our study participants that it is vital that there is broad community engagement, and that recovery integrates all aspects of residents' lives. Specifically, taking a HiAP approach, and the recognition of the social determinants of health will be critical to addressing needs that predated the pandemic (eg, affordable housing, education disparities). We strongly suggest that this organization seek consultation on planning for resilience and recovery from expert sources such as the Johns Hopkins Center for Health Security.

This organization should have fiscal support from the county executive and Prince George's County Council, including staff and engagement with other county administrative offices that collect data and facilitate long-term planning. We urge that this resilience and recovery organization make its meetings open to the public, and utilize all channels of communication (eg, news releases, social media, open meetings, making minutes and reports readily available on their website) to engage and inform the public. The 3 reports from Prince George's Forward, coupled with the county's Health Equity Plan, provide a strong foundation, and yet much more will be required to address the complex and intersectional issues of the county.

Conclusion

In mid-August 2021, Prince George's County, along with much of the country, is in the midst of a surge of the Delta variant, and once again, the county is a designated high-risk transmission area. As of August 11th, 414,971 county residents are fully vaccinated, and yet a significant proportion of the African American/Black population remains unprotected. Although the initial rollout of the vaccine had significant challenges, new partnerships between Prince George's County Health Department and/or hospital systems with CBOs/FBOs, and local barber and beauty shops in our HAIR network, increased supply, and hyper-local initiatives with trusted community members helped to turn the corner to strengthen uptake.

Moreover, the vaccine campaign and the pandemic have demonstrated some chronic challenges in the funding and infrastructure of the county's health department, in the context of exacerbated economic, health, and access disparities. It is clear from our data, our environmental scan, county reports, and our community forums that critical issues remain to be addressed in order to increase vaccine uptake now, prepare for the successful rollout of childhood COVID-19 vaccines, and foster greater resilience and recovery. To accomplish these goals will require urgent and essential actions by county government, CBOs/FBOs, hospital and health systems, and multiple other partners. To truly foster a strong and trusted healthcare system and move toward health equity in the county will demand that we further strengthen routine access to COVID-19 vaccine in trusted, hyper-local sites, and act decisively to humanize the vaccine process with effective, culturally appropriate communication, high-touch support for access, and engagement of trusted community influencers. However, that is not enough. We believe we should seize this moment to create a sustainable health promotion and disease prevention program in such hyper-local sites as barber and beauty shops, local churches, and in other sites such as community centers, WIC offices (nutrition program for women, infants, and children), and more. This will not just address the need for health promotion but it will also foster greater trust among community members and stronger capacity of healthcare professionals to work with diverse communities. However, we cannot assume that such entities are indeed trusted sites, and therefore, engaging in careful assessments with the local community will be critical to the successful placement of clinics in the appropriate location.

It is essential that Prince George's County invest in a strong public health infrastructure, properly staffed for sustained community engagement and public health preparedness, response, and recovery activities. Although we recognize that budgetary limitations are always a concern, the county itself acknowledges the chronic staff shortages and the challenges that posed during the pandemic. While we believe revisiting the funding formula and implications for staffing is consistent with the county's reports and our data, it is also necessary as the county moves toward accreditation of Prince George's County Health Department. But we would argue that it is more than funding and positions, it is also strengthening the capacity of the health department in necessary areas such as health literacy, community engagement, and public health preparedness

and response. Finally, we believe that building a strong community health infrastructure is essential. This must include meaningful community engagement, a HiAP approach, the integration of all sectors, and policy initiatives that will foster resilience, health equity, and social justice.

Ultimately, we return to the danger and the opportunity of this moment. Prince George's is a majority-minority county with long-standing health, economic, and housing disparities. The danger is that delay or failure to take the actions our participants and our team have described will actually worsen those disparities today and undermine community trust in the future. The opportunity is to seize new levers for action, including critical legislative victories, implementation of a HiAP framework, and invigorated community organizations and members ready to participate in the county's move toward health equity and social justice. We must do this to build the resiliency of our communities, recover from this pandemic, and emerge stronger for the next challenges.

References

1. Prince George's County Health Department. 2021 demographics: summary data for county: Prince George's. PCG Health Zone. Accessed February 3, 2021. <http://www.pgchealthzone.org/index.php?module=demographicdata&controller=index&action=index&topic1=County&topic2=Prince+George%27s>
2. Chason R. New Prince George's hospital sees surge in emergency department visits, long wait times. *Washington Post*. July 26, 2021. Accessed July 30, 2021. https://www.washingtonpost.com/local/prince-georges-hospital-surge-emergency/2021/07/26/6eba46b4-ee23-11eb-bf80-e3877d9c5f06_story.html
3. Maryland Department of Health. Maryland COVID-19 Data Dashboard. Accessed August 26, 2021. <https://coronavirus.maryland.gov/>
4. Prince George's County, Maryland. Prince George's COVID19 Dashboard. Published 2021. Accessed August 2, 2021. <https://princegeorges.maps.arcgis.com/apps/MapSeries/index.html?appid=82fa5c47b1f542849ca6162ab1564453>
5. Prince George's County, Maryland. Prince George's County COVID19 Vaccine Dashboard. Accessed July 20, 2021. <https://princegeorges.maps.arcgis.com/apps/dashboards/a46c8a85baa344499896od16f9c3088c>
6. Prince George's County, Maryland. Coronavirus (COVID-19). Accessed August 26, 2021. <https://www.princegeorgescountymd.gov/3397/Coronavirus>
7. CommuniVax Coalition. Prince George's County, Maryland – Local Report. Unpublished status report. May 28, 2021.
8. Office of the Prince George's County Executive Angela D. Alsobrooks. Prince George's County launches countywide vaccine distribution and education initiative. Published May 4, 2021. Accessed September 4, 2021. <https://www.princegeorgescountymd.gov/ArchiveCenter/ViewFile/Item/3426#:~:ext=LARGO%2C%20MD%20%E2%80%93%20Prince%20George's%20County,and%20resources%20related%20to%20the>
9. Kranz AM, Chandra A, Madrigano J, et al. *Assessing Health and Human Services Needs to Support an Integrated Health in All Policies Plan for Prince George's County, Maryland*. 2nd ed. Santa Monica, CA: RAND Corporation; 2020. Accessed February 1, 2021. https://www.rand.org/pubs/research_reports/RRA647-1-v2.html
10. Quinn S, Kumar S, Freimuth V, Kidwell K, Musa D. Racial disparities in exposure, susceptibility and access to health care in the US H1N1 influenza pandemic. *Am J Public Health*. 2011;101(2):285-293.
11. Brunson E, Schoch-Spana M, Carnes M, et al. *Carrying Equity in COVID-19 Vaccination Forward: Guidance Informed by Communities of Color*. Baltimore, MD: Johns Hopkins Center for Health Security; 2021. Accessed September 4, 2021. <https://www.centerforhealthsecurity.org/our-work/publications/carrying-equity-in-covid-19-vaccination-forward-guidance-informed-by-communities-of-color>

12. The Prince George's County Government Office of Audits and Investigations. Health Department fiscal year 2022 budget review memorandum. Published April 19, 2021. Accessed September 4, 2021. <https://pgccouncil.us/DocumentCenter/View/6329/Health-Department-Budget-Report-Final->
13. Prince George's County Health Department. Health Equity Workgroup. Accessed August 26, 2021. <http://www.pgchealthzone.org/tiles/index/display?alias=HealthEquityWorkgroup>
14. Prince George's Forward Task Force. *Visions for Tomorrow: Summary Report*. Largo, MD: Prince George's Forward Task Force; 2021. Accessed September 4, 2021. <https://princegeorgesforward.com/wp-content/uploads/2021/02/PGCVisionsTomorrowReport-02-21.pdf>
15. Prince George's Forward Task Force. *A Redefined Future: Final Report*. Largo, MD: Prince George's Forward Task Force; 2021. Accessed September 4, 2021. <https://princegeorgesforward.com/wp-content/uploads/2021/06/PGCCOVID-19-RedefinedFutureSummaryReport-FinalJune2021.pdf>
16. Maryland Department of Health. Community health workers in Maryland. Accessed August 11, 2021. <https://health.maryland.gov/pophealth/Community-Health-Workers/Pages/Home.aspx>
17. Prince George's Forward Task Force. Reports and recommendations. Accessed September 5, 2021. <https://princegeorgesforward.com/reports-recommendations/>