

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

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



CommuniVax

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

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

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

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

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Report Summary and Actionable Recommendations
for Governmental Public Health Executives



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Report Recommendations	Action Items for State, Territorial, Tribal and Local (STTL) Health Departments
<p>1. Humanize delivery and communication strategies for COVID-19 vaccines.</p> <p>More peer-led and neighborhood-based opportunities for community conversation and convenient vaccine access will result in broader vaccine coverage in groups with high rates of COVID-19 cases, hospitalizations, and deaths; jumpstart ongoing and consistent delivery of services that improve the health and wellbeing of underserved populations; and begin the work of repairing the structural and interpersonal racism experienced with medical, public health, and governmental systems.</p>	<p>→ STTL public health officials should promote partnerships among health departments (HDs), healthcare provider networks, community-based organizations (CBOs), faith-based organizations (FBOs), community health workers (CHWs), and other stakeholders to bring vaccines directly to people where they work, socialize, shop, and worship – places perceived to be safe, familiar, and convenient – and to commit to maintaining these relationships after the COVID-19 pandemic subsides.</p> <p>→ Public health communication campaigns should support COVID-19 vaccination messaging in as many social settings as possible—in person, on air, and on screen—to create multiple opportunities that prompt peer-to-peer conversations about vaccination. People do not make the decision alone to become vaccinated.</p>
<p>2. Anchor COVID-19 vaccination for hard-hit areas in a holistic recovery process.</p> <p>A short-term recovery strategy for <i>restoration</i> that delivers COVID-19 vaccinations in a wraparound service model (e.g., food security, housing security, mental health support) will prove health and governmental systems trustworthy by caring about whole persons not just vaccination rates. A long-term recovery strategy for <i>transformation</i> will prompt advances in the social determinants of health that then strengthen both quality of life as well as community resilience to future extreme events.</p>	<p>→ STTL HDs should work with health systems, nonprofit social service providers, CBOs, FBOs, and CHWs to align around a “whole person” model of recovery and multiply the benefits of each vaccination encounter.</p> <p>→ STTL public health executives should advocate for/participate in a cross-sector council of stakeholders that reflect the jurisdiction’s demographic makeup, including Black and Hispanic/Latino leaders, CBOs, FBOs, and CHWs to apply a whole-of-community, whole-of-government approach to long-term COVID-19 recovery planning.</p>

<p>3. Develop a national immunization program to protect people throughout the life course.</p> <p>Building upon an already highly successful national immunization program for children, to protect people throughout the life course, will enable broader coverage for COVID-19 vaccines and the 13 other vaccines urged for some or all adults, and it will raise immunization rates for racial/ethnic minority adults whose vaccination rates trail those of White adults.</p>	<p>→ STTL HDs should work with federal partners to support a life-course (versus childhood-only) approach to immunization, facilitating the integration of adult immunization with other health systems and priorities, and developing systems to monitor program progress, measure social and economic impacts, and communicate findings in a timely, transparent manner.</p> <p>→ STTL HDs should allocate sufficient staffing to oversee progress in adult immunization coverage and to take corrective actions, if needed.</p>
<p>4. Rebuild the public health infrastructure, properly staffing it for community engagement.</p> <p>A public health infrastructure that is sustainably resourced and equitably staffed will have the capacity to respond to emergencies and to address prevalent health challenges (eg, diabetes, heart disease) affecting communities of color in greater numbers; lead to innovations in practice, culturally competent services, and strategies for social determinants; and be able to demonstrate trustworthiness by engaging communities authentically.</p>	<p>→ STTL HDs should commit to the strategic goals of promoting equity in their ranks at every level, including on boards of health, and strengthening human-centric competencies through the recruitment of more social and community proficient professionals, such as health educators/promoters, risk communicators, language translators, social media strategists, and researchers.</p> <p>→ STTL HDs should develop strong partnerships with CBOs, FBOs, and other stakeholders who can advocate on behalf of adequate and stable funding for local and state health departments.</p>
<p>5. Stabilize the community health system as the backbone for equity and resilience.</p> <p>Formalizing and sustainably financing the country's promising yet struggling community health system will lead to better health outcomes because this sector prioritizes disease prevention and health promotion, works for improvements in the social conditions of health, and advocates for communities to have control over their own health and wellness.</p>	<p>→ In consultation with local/regional/national CHW networks, STTL HD executives should outline the benefits to state officials of developing sustainable financing strategies (including Medicaid reimbursement) for the community health workforce.</p> <p>→ To generate opportunities and a career ladder, STTL HD executives should work with state/local human resources systems to create CHW positions at varying levels of experience.</p> <p>→ When collaborating with CBOs, FBOs, and CHW-led organizations, STTL HDs should adapt funding processes and eligibility criteria to create an environment where communities with the greatest need benefit from funding first.</p>

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Report Summary and Actionable Recommendations for Governors and State Legislators



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Report Recommendations	Action Items for Governors & State Legislators
<p>1. Humanize delivery and communication strategies for COVID-19 vaccines.</p> <p>More peer-led and neighborhood-based opportunities for community conversation and convenient vaccine access will result in broader vaccine coverage in groups with high rates of COVID-19 cases, hospitalizations, and deaths; jumpstart ongoing and consistent delivery of services that improve the health and wellbeing of underserved populations; and begin the work of repairing the structural and interpersonal racism experienced with medical, public health, and governmental systems.</p>	<p>→ The Governor should instruct the state's public health officer to promote partnerships among health departments, healthcare provider networks, community-based organizations (CBOs), faith-based organizations (FBOs), community health workers (CHWs) and other stakeholders to bring vaccines directly to people where they work, socialize, shop, and worship – places that are perceived to be safe, familiar, and convenient.</p> <p>→ The state's public health communication campaign should support COVID-19 vaccination messaging in as many social settings as possible—in person, on air, and on screen—to create multiple opportunities that prompt peer-to-peer conversations about vaccination. People do not make the decision to vaccinate alone.</p>
<p>2. Anchor COVID-19 vaccination for hard-hit areas in a holistic recovery process.</p> <p>A short-term recovery strategy for <i>restoration</i> that delivers COVID-19 vaccinations in a wraparound service model (e.g., food security, housing security, mental health support) will prove health and governmental systems trustworthy by caring about whole persons not just vaccination rates. A long-term recovery strategy for <i>transformation</i> will prompt advances in the social determinants of health that then strengthen both quality of life as well as community resilience to future extreme events.</p>	<p>→ The Governor should convene a cross-sector council of stakeholders that reflect the state's demographic makeup, including Black and Hispanic/Latino leaders, CBOs, FBOs, and CHWs to apply a whole-of-community, whole-of-government approach to long-term COVID-19 recovery planning.</p> <p>→ The Governor should engage existing data-driven coordinating bodies that already facilitate disaster recovery, economic development, and other long-range planning to inform campaign implementation. Progress should be shared on a regular basis with the public via appropriate communication channels.</p>

<p>3. Develop a national immunization program to protect people throughout the life course.</p> <p>Building upon an already highly successful national immunization program for children, to protect people throughout the life course, will enable broader coverage for COVID-19 vaccines and the 13 other vaccines urged for some or all adults, and it will raise immunization rates for racial/ethnic minority adults whose vaccination rates trail those of White adults.</p>	<p>→ Working in tandem with the federal government, the Governor and state legislators should reconfigure funding systems to support a life-course (versus childhood-only) approach to immunization, facilitating the integration of adult immunization with other health systems and priorities. Funding should support health department staffing levels sufficient to oversee progress in adult immunization coverage and to take corrective actions, if needed.</p> <p>→ State leaders should direct public health authorities to develop systems in collaboration with the federal government to monitor progress in creating and implementing a life course immunization program, to measure associated social and economic impacts, and to communicate findings in a timely, transparent manner.</p>
<p>4. Rebuild the public health infrastructure, properly staffing it for community engagement.</p> <p>A revitalized public health infrastructure that is sustainably resourced and equitably staffed will have the capacity to respond to emergencies and address prevalent health challenges (eg, diabetes, heart disease) affecting communities of color in greater numbers; lead to innovations in practice, culturally competent services, and strategies for social determinants; and demonstrate trustworthiness and practice authentic community engagement.</p>	<p>→ Governors and state legislators should petition Congress to make sustained national investments that ensure a predictable public health capacity at state and local levels.</p> <p>→ Governors and state legislators should provide steadfast and sufficient support to their public health agencies during both crisis and steady state times.</p> <p>→ Governors and state legislators should direct health officials to commit to (1) promoting equity in their ranks at every level, including their boards of health, and (2) strengthening human-centric competencies through the recruitment of more social and community-proficient professionals.</p>
<p>5. Stabilize the community health system as the backbone for equity and resilience.</p> <p>Formalizing and financing the country's promising yet struggling community health system will lead to better health outcomes by prioritizing disease prevention and health promotion, fostering improvements in the social conditions of health, and enabling communities to have control over the trajectories of their own health and wellness.</p>	<p>→ In consultation with local/regional/national CHW networks, state officials should create sustainable financing strategies (including Medicaid reimbursement) for community health work.</p> <p>→ To generate opportunities and a career ladder, state legislators should authorize a CHW workforce development plan, and public health officials should work with the state human resources system to create CHW positions at varying levels of experience.</p> <p>→ The Governor should authorize multi-year funding to support a public community health workforce and adapt grant funding processes and eligibility criteria so that CBOs and FBOs serving communities with the greatest need benefit from funding first.</p>

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Report Summary and Actionable Recommendations
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Report Recommendations	Action Items for Congress
<p>1. Humanize delivery and communication strategies for COVID-19 vaccines.</p> <p>More peer-led and neighborhood-based opportunities for community conversation and convenient vaccine access will result in broader vaccine coverage in groups with high rates of COVID-19 cases, hospitalizations, and deaths; jumpstart ongoing and consistent delivery of services that improve the health and wellbeing of underserved populations; and begin the work of repairing the structural and interpersonal racism experienced with medical, public health, and governmental systems.</p>	<p>→ U.S. legislators should encourage hospitals/health systems and health departments in their districts to engage with community-based organizations (CBOs), faith-based organizations (FBOs), and community health workers (CHWs), bringing vaccines directly to people where they work, socialize, shop, and worship – that is, places seen as safe, familiar, and convenient.</p> <p>→ During the ongoing COVID-19 recovery process, Congress should consider providing additional funding in areas with low COVID-19 vaccination rates to support community-led interventions, especially because the country continues to see a plateau of vaccination coverage and an increase in the incidence of more transmissible SARS-CoV-2 variants.</p>
<p>2. Anchor COVID-19 vaccination for hard-hit areas in a holistic recovery process.</p> <p>A short-term recovery strategy for <i>restoration</i> that delivers COVID-19 vaccinations in a wraparound service model (e.g., food security, housing security, mental health support) will prove health and governmental systems trustworthy by caring about whole persons not just vaccination rates. A long-term recovery strategy for <i>transformation</i> will prompt advances in the social determinants of health that then strengthen both quality of life as well as community resilience to future extreme events.</p>	<p>→ Congress should act to ensure a whole person, whole-of-community, and whole-of-government approach to the overall COVID-19 recovery, with a focus on the urgent work of restoration and the ongoing process of transformation. The passage of the Coronavirus Aid, Relief and Economic Security Act; the American Rescue Plan Act; and progress on legislation to revamp American Infrastructure are all actions that could enable this change. There is still a place, however, for a purposeful push for holistic recovery over short-, intermediate-, and long-terms.</p>

<p>3. Develop a national immunization program to protect people throughout the life course.</p> <p>Expanding an already highly successful national immunization program for children to protect people throughout the life course will enable broader coverage for COVID-19 vaccines and the 13 other vaccines urged for some or all adults, and it will raise immunization rates for racial/ethnic minority adults whose vaccination rates trail those of White adults.</p>	<p>→ Congress should provide multi-year funding for the creation of a national immunization program that protects Americans throughout their life course. Reconfiguring the current funding systems that support childhood-only immunizations can help integrate adult immunization with other health systems and priorities.</p> <p>→ Congress should authorize and sustainably support systems that monitor progress in creating and implementing a life course immunization program, measure the program's associated social and economic impacts, and communicate these findings in a timely, transparent manner.</p>
<p>4. Rebuild the public health infrastructure, properly staffing it for community engagement.</p> <p>A revitalized public health infrastructure that is sustainably resourced and equitably staffed will have the capacity to respond to emergencies and address prevalent health challenges (eg, diabetes, heart disease) affecting communities of color in greater numbers; lead to innovations in practice, culturally competent services, and strategies for social determinants; and demonstrate trustworthiness and practice authentic community engagement.</p>	<p>→ Congress has taken steps to address deficiencies in domestic infrastructure through President Biden's \$1 trillion infrastructure proposal. Congress should operationalize this long-term vision even further by authorizing dedicated, separate funds for the public health infrastructure. Such support is a necessary step in fixing deficiencies apparent during the COVID-19 response, creating robust structures to deal with enduring and novel health threats, and developing a more inclusive workforce.</p>
<p>5. Stabilize the community health system as the backbone for equity and resilience.</p> <p>Formalizing and financing the country's promising yet struggling community health system will lead to better health outcomes by prioritizing disease prevention and health promotion, fostering improvements in the social conditions of health, and enabling communities to have control over the trajectories of their own health and wellness.</p>	<p>→ In consultation with national CHW networks, Congress should work with states and localities to create a sustainable financing strategy (including Medicaid reimbursement) for community health work, including grants provided directly to CBOs, FBOs, and CHW-led organizations. Funding should acknowledge the time that it takes to build community connections and the unique value that CHWs add to the domestic health system.</p> <p>→ Congress should work to create a system for community health career development that values different levels of work experience to increase the desirability and sustainability of jobs in the community health field.</p>

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Report Summary and Recommendations for the
Office of Science and Technology Policy (OSTP)



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Report Recommendations	Action Items for OSTP
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<p>2. Anchor COVID-19 vaccination for hard-hit areas in a holistic recovery process.</p> <p>A short-term recovery strategy for <i>restoration</i> that delivers COVID-19 vaccinations in a wraparound service model (e.g., food security, housing security, mental health support) will prove health and governmental systems trustworthy by caring about whole persons not just vaccination rates. A long-term recovery strategy for <i>transformation</i> will prompt advances in the social determinants of health that can then strengthen both quality of life as well as community resilience to future extreme events.</p>	<p>→ In collaboration with FEMA, HUD, and HHS, coordinate a federal interagency review of the extent to which current USG policies and budgets concerning the pandemic demonstrate a whole-of-community and whole-of-government approach to COVID-19 recovery – one that focuses on both the urgent work of restoration and the ongoing process of transformation. The problem of returning the most severely affected individuals and communities to a holistic state of wellbeing (rather than a solely clinical one) over time requires attention similar to the immediate emergency response.</p>

<p>3. Rebuild the public health infrastructure, properly staffing it for community engagement.</p> <p>A revitalized public health infrastructure that is sustainably resourced and equitably staffed will have the capacity to respond to emergencies and address prevalent health challenges (eg, diabetes, heart disease) affecting communities of color in greater numbers; lead to innovations in practice, culturally competent services, and strategies for social determinants; and demonstrate trustworthiness by practicing authentic community engagement.</p>	<p>→ In consultation with federal interagency partners and relevant national professional associations, lead an initiative to characterize the human-centric competencies and diversity/inclusion policies needed to modernize the U.S. public health infrastructure. Expanding the public health presence of social scientific and community-proficient professionals – such as health educators and promoters, risk communicators, language/cultural translators, social media strategists, and community engagement specialists – is as critical to updating the public health workforce as is recruiting for positions that use data-driven skills such as informatics, epidemiology, and laboratory science.</p>
<p>4. Develop a national immunization program to protect people throughout the life course.</p> <p>Expanding an already highly successful national immunization program for children to protect people throughout the life course will enable broader coverage for COVID-19 vaccines and the 13 other vaccines urged for some or all adults, and it will raise immunization rates for racial/ethnic minority adults whose vaccination rates trail those of White adults.</p>	<p>→ With input from state, local, tribal, and territorial governments, orchestrate efforts across the federal government to develop the blueprint for building and integrating the systems necessary to support a life-course (versus childhood-only) approach to immunization in the United States, including structures and procedures for monitoring program progress, measuring its social and economic impacts, and communicating these findings in a timely, transparent manner.</p>
<p>5. Stabilize the community health system as the backbone for equity and resilience.</p> <p>Formalizing and financing the country's promising yet struggling community health system will lead to better health outcomes by prioritizing disease prevention and health promotion, fostering improvements in the social conditions of health, and enabling communities to have control over the trajectories of their own health and wellness.</p>	<p>→ Work with the Office of Management and Budget for review and analysis of federal health-related budgets to determine if support for research and development concerning the country's community health system – including community health workers (CHWs) and the community-based and faith-based organizations (FCBOs) that typically employ them – is commensurate with the critical role that this sector has played in meeting the needs of underserved populations during the pandemic (such as improving access to COVID-19 testing and vaccines) and also during steady state periods.</p>

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