

An Implementation Guide for a Trustworthy and Equitable COVID Response



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Center for Popular
Democracy



Latino Health Access



Migrant Clinicians' Network



Public Health Institute



Well-being and Equity
(WE) in the World



Well Being In the Nation
(WIN) Network

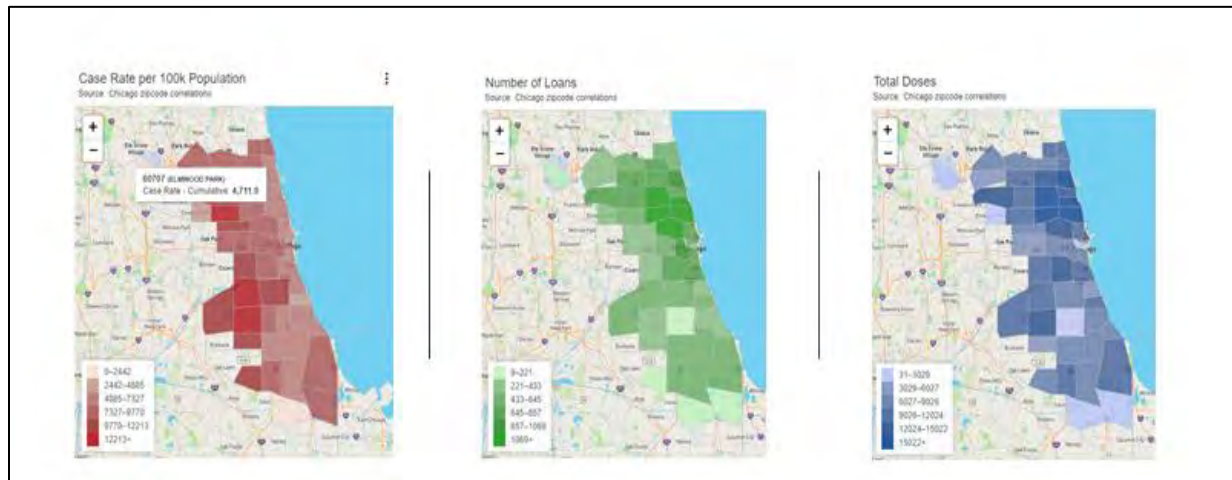
Implementation Guide to a Trustworthy & Equitable COVID Response

The Challenge and Opportunity

Following years of disinvestment in U.S. public health and social services, the Coronavirus pandemic and economic crisis have brought into stark relief the mounting systemic racial inequality, poverty, and mental and physical illness. These connected societal issues—a syndemic—impact many issues beyond physical health that must be addressed, alongside a traditional public health response. While the country is making strides toward recovery, our public health system is stretched beyond its capacity after over a year of ongoing surge demands which have compounded to create a loss of nearly one third of the public health workforce at some levels.

In addition, many state governments are not adequately coordinated or aligned with federal goals. Elected leaders and health administrators lack trust with communities hit hardest. Black and Brown individuals, immigrants, low-income older adults—those often at the highest risk of contracting and dying from COVID-19—are receiving the vaccine at much lower rates than wealthy, white Americans.

Figure 1 COVID Cases, Paycheck Protection Program Loans, and Vaccinations in Chicago



Misinformation, historic and systemic racism, and personal experiences of discrimination all contribute to mistrust of medical professionals, public health professionals and to **vaccine reticence**. Without an equity-focused response, we will inadvertently reinforce redlining maps of the past century that will increase racial inequities and death rates and impacting generations to come (Figure 1). In many communities where public health infrastructure is in danger, current response lacks systems, support, and infrastructure to help those closest to the challenges receive resources and address issues effectively. We have an opportunity now to change the path ahead. Our response must repair historic harm, build trust, ensure equitable access to resources, and transform systems, rather than increasing inequity. We can use this moment in history as a turning point by **successfully vaccinating populations** who need it most, providing holistic support, and amplifying a vision of collective health and economic security. In meeting immediate, short-term needs, we will also build the infrastructure to advance long-term equity, resilience, and transformation for vulnerable, disenfranchised communities.

Key Elements & Principles for a More Equitable Response

In October 2020, Well-being, and Equity (WE) in the World and the Well Being In the Nation (WIN) Network offered the following recommendations to policymakers and administrators:

- 1) **COVID-19 is a connected “syndemic” which requires us to address the needs of the whole person to improve health and well-being.** This broad crisis cannot be managed by only addressing physical health. An equitable response requires attention to myriad aspects of well-being, including physical, mental, emotional, social connection, social and financial needs, and spiritual. Effective solutions address the whole person, including their mental health, social needs, and financial needs, and connect individuals and communities with a spectrum of services to meet their various needs. The response in communities needs to be multisectoral as a result.
- 2) **Apply an equity-first approach to the response.** COVID-19 has compounded the endemic disease of systemic racism; without an equity-focused response, increased inequality will have a devastating impact far into the future. We must strategically build equity and community empowerment into recovery efforts, prioritizing resources to communities that are disproportionately impacted.
- 3) **Build a connected, community-based infrastructure for a health and well-being system.** Community organizations and place-based health teams are a critical part of an equitable pandemic response, effectively reaching at-risk populations and connecting them to holistic support. With effective coordination with **public health**, this infrastructure could not only support an immediate response now, but also be leveraged by public health and primary care as part of a sustainable, comprehensive, community-rooted system of primary health care.
- 4) **Leverage and build local webs of trust that prioritize vaccine distribution & hesitancy** Building upon strong relationships is essential to provide skeptical or hard to reach communities with COVID vaccines, testing, and safety protocols. We propose resourcing trusted, tested grassroots organizations and networks who are already “first responders” to their community members’ needs and who should lead in informing local vaccination solutions and then broader recovery initiatives. With financial and technical support, they can quickly create a trained community-based health corps—hiring people who come from their communities and creating many thousands of new jobs—to expand and scale outreach of vaccinations in BIPOC communities and addressing follow-up well-being needs. These grassroots organizations need help accessing federal and other funding.
- 5) **Charting a path to long-term equitable recovery, resilience, and transformation that addresses vital conditions.** Our response should lay the foundation for broader resilience, develop equitable policies and civic infrastructure, and ultimately transform structural racism and other inequities. The [Springboard for Equitable Recovery and Resilience, for example](#), written by 100+ contributors, offers paths to renewal across sectors that would help us build this civic immunity and correct underlying systems of inequity.

The following practical implementation strategies will achieve the above elements of an equitable COVID response.

Strategy and Activities

Our approach complements federal, state, and local government efforts as part of the White House's COVID-19 Health Equity Task Force. We believe this work is best led by those directly impacted by injustice and inequality in coordination with local public health departments. In other words, those who have the lived experience and expertise to create effective solutions and simply need resources and support to bring them to scale. Our network partners reach over 100 million people across the country who are most affected by inequities. We have earned trust within numerous grassroots BIPOC, low-income, and immigrant communities and have a track record of effectively mobilizing our members to action. We are well positioned with our existing networks and capacities to support a national equitable COVID response in a way that strengthens public health, civil society, democracy, and the common good. We are already seeing many in our networks offer value to marginalized communities in vaccine response. We can support these partners by developing national, multi-local webs of trust to rapidly scale-up solutions that work.

Our strategies involve mapping and matching those who have earned trust within diverse communities with people who are at risk due to physical and mental health conditions and other social and economic factors such as food insecurity, fear of deportation, under- and unemployment, inability to pay rent or mortgage, etc. As we identify additional trusted community intermediaries, networks and companions (grassroots organizations, organizers, health workers, and promotores), they will assess community needs and connect people with resources—like COVID-19 and flu vaccines, health care coverage, unemployment insurance, SNAP, voter registration, and more.

At the same time, we will further build capacity and infrastructure for communities to become the owners and generators of solutions. For example, collaboration and practice will provide real-time learning and problem-solving with a focus on racial and economic equity. We will help communities pool and coordinate resources and assets to meet needs as they emerge and to connect with others and share learnings across communities. This builds pathways for longer-term culture, mindset, policy, and systems change.

Our approach, gleaned from decades of hard-won experience in addressing both public health crises and advancing multi-sector change across the globe over decades, as well as experience working directly with communities in the context of the current pandemic, is detailed below in 3 main strategies and sub-strategies:

- 1) Directly reach people who experience inequities through trusted networks.
- 2) Build resilient community infrastructure and processes to change underlying policies & systems.
- 3) Build support system for an at-scale, resilient, and equitable response.

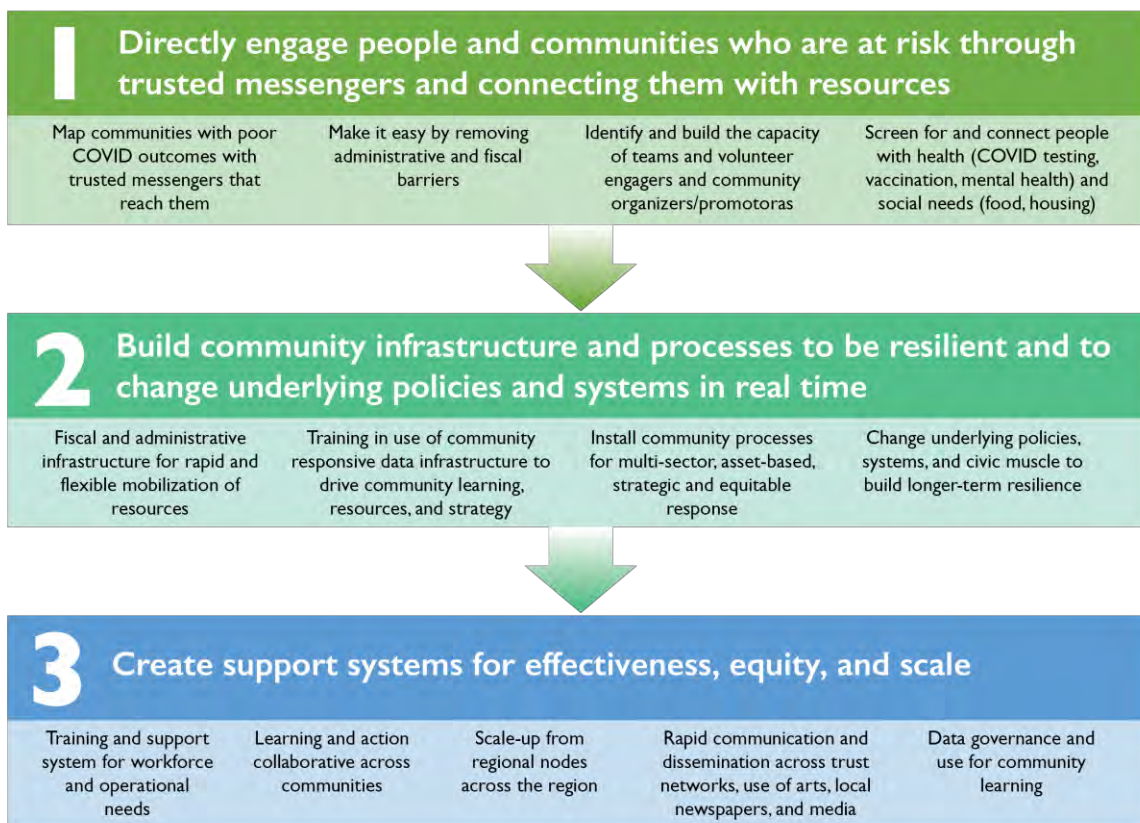


Figure 1: Implementation Approach to a Trustworthy and Equitable COVID Response

1) Directly reach people who experience inequities through trusted networks.

- a. Map communities with poor COVID outcomes with trusted messengers that reach them.
- b. Work with local intermediaries to secure & distribute resources and build infrastructure.
- c. Screen and connect people with health (COVID testing, vaccination, mental health) and social (food, housing) needs.

To effectively connect needs with resources, it is important to both identify communities at significant risk and those who hold trust with them.

1a. Map and match communities with poor COVID outcomes with trusted actors and messengers that reach them.

In addition to mapping trusted messengers and networks, we will map and match individual and institutional social actors and partnerships that are key to the planning, design, implementation, and evaluation of our short-term strategy and longer-term sustainable public policy. We must understand stakeholders’ relationship with the issue and their credibility and capacity to work together. We will provide training on process, tools, documentation, and how to use the information compiled.

In collaboration with community members and leaders, we will develop a communications and intervention plan. For example, we will identify and develop community spokespeople and micro-influencers to amplify important messages about the vaccine and other resources. This includes defining key messages and creating material, selecting appropriate channels and mediums for disseminating information, and finding change agents and opinion leaders who can help change public behavior and promote institutional change.

Ib. Provide resources through trusted, local intermediaries to trusted messengers and networks so they can be freed to focus on the response.

Those who are closest to the ground often do not have the infrastructure to rapidly access, use, and report on federal and state or even community-level funding. Rather than expecting grassroots community-based organizations (CBOs) to develop this infrastructure, we recommend provision of support through local, trusted backbone and intermediary organizations that help navigate and secure funding and other resources (e.g. government stimulus and infrastructure funding, philanthropic funds, etc.) and build coordination infrastructure which frees up community-based organizations to focus on response. Together Toward Health, a COVID response effort funded by 18 funders in California and facilitated by the Public Health Institute, has followed this model.

Ic. Screen for and connect people with physical health, mental health, and social needs.

To truly build trust with communities, we must recognize that COVID has impacted people's mental health and finances as much as it has affected their physical health. By addressing the needs of the whole person or family, we can meet their needs, improve health outcomes, and gain trust.

WE in the World and the Well Being In the Nation (WIN) Network have developed and implemented simple surveys to screen for and identify people at risk in terms of their overall well-being, mental health, COVID and other physical health needs, and social needs (food, housing, loneliness, social support, and more). Questions can also assess racial equity gaps. These surveys have been used in the field in states like Delaware to help outreach workers rapidly address the needs of the whole person. This process has tangibly improved outcomes for participants.

Together Latino Health Access, Center for Popular Democracy, and WE in the World have developed a model to connect individuals with resources via a centralized call center for local communities. People call a single number to ask about any number of health and social issues. The first level of screening is done at the point of first contact, and callers are connected in real time to food, housing, or financial assistance as possible. For more complex cases, a case management team is activated to conduct more in-depth screening and follow-up.

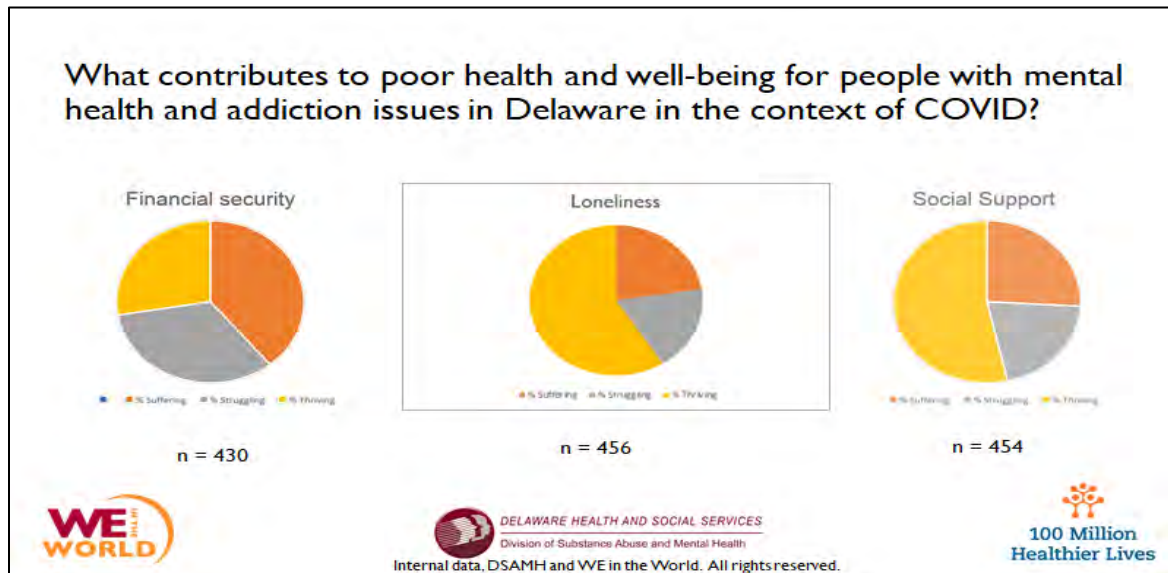
Practices such as these would support many more trust networks to engage and focus on delivering health rather than focusing precious resources on administrative costs.

2) Build resilient community infrastructure and processes to address current needs and change underlying policies and systems.

- a. Build CBO coordination infrastructure to meet health and social needs.
- b. Training to use community data tools to drive community learning, resources, and strategy.
- c. Instill processes for multi-sector, asset-based, strategic, and equitable community response.
- d. Build pathways for longer-term transformation (policy, culture, and system change)

2a. Develop CBO coordination infrastructure to effectively meet health and social needs.

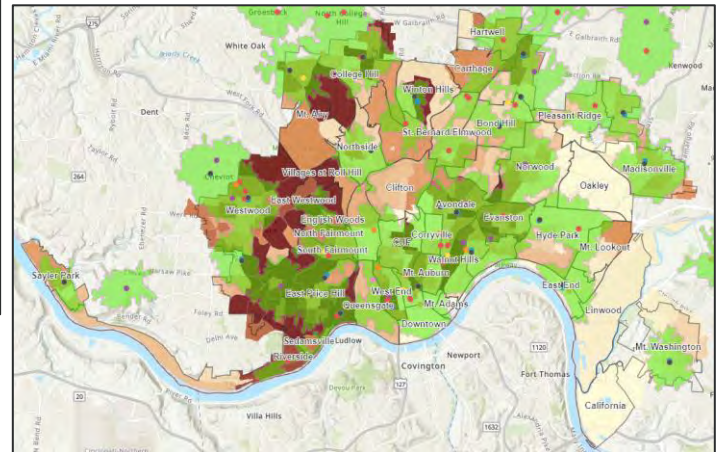
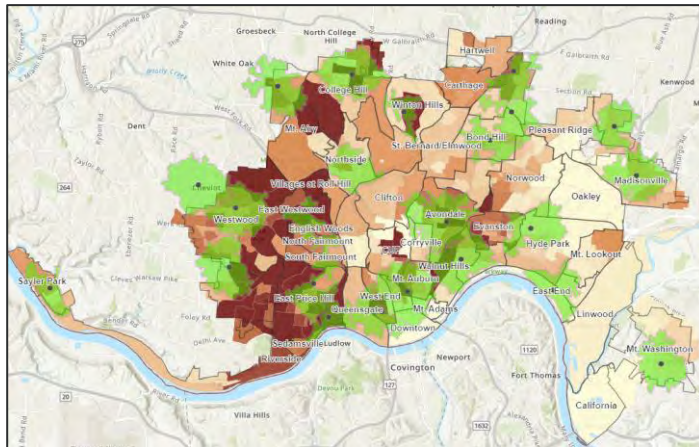
To reliably connect people with their health and social needs, we will use community mapping to bridge trusted community-based organizations that understand needs with social needs (food, housing, legal aid, etc.) and health organizations (community clinics, etc.) that have the capacity to meet these needs. We will work with organizations in our broader networks like 2-1-1 and Aunt Bertha maintain databases at the community level across the nation which can be enhanced by the knowledge of local communities. North Carolina 360 (NC360) offers a model of integration between 2-1-1 (which navigates people to social needs) and Unite Us, which provides a platform for referral integration and closed-loop referrals. Open Beds offers loop closure for medical, mental health, and social needs across Delaware. Organizations like America Forward can support rapid screening for social needs and connect community residents with a wide array of new benefits and programs that are being developed through federal and state relief measures as well as new philanthropic giving in a way that makes the work easier for organizations and communities. This type of infrastructure and interoperability supports rapid scale-up and coordination of work for hundreds of CBOs that are striving to improve outcomes in their communities.



2b. Training to use community-responsive data tools to drive community learning, resources, and strategy.

We will provide communities with data tools to support rapid response and increase effectiveness. For example, assessments such as the WIN COVID Survey of Health and Social Needs offer community's real-time mapping data for to make real time planning decisions. A community can easily see, for example, that financial insecurity, loneliness, and lack of social support are driving poor outcomes in a population and can scale up supports for these needs.

Supported by Cincinnati Children's and the All Children's Thrive initiative and a local data analytics firm supported by Kroger, the Cincinnati Mayor's Taskforce was able to



overlay where food was needed and where sites were offering food at the hyperlocal level. By sharing and overlaying data, they could quickly identify gaps and remobilize resources to fill them. As they closed gaps, they could see improvement in their maps.

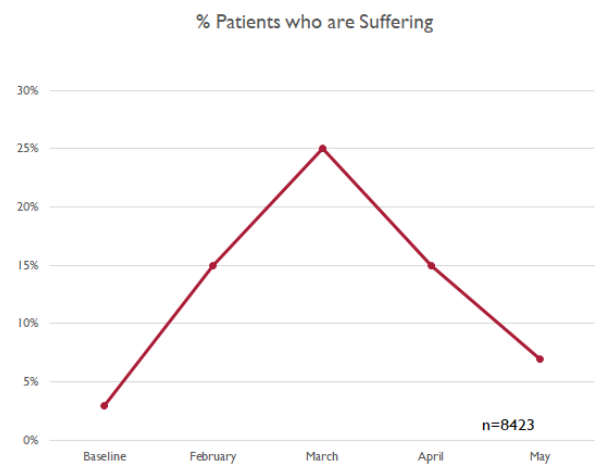
Responsive data offers opportunities for communities to have conversations about who is suffering and why and to mobilize their assets in a multi-sector response to address needs.

Communities need support incorporating data infrastructure and access to data analysts in order to conduct this kind of work. Larger public health departments have some of this infrastructure, but small grassroots organizations often lack this level of capacity, expertise, and technology.

2c. Instill processes for multi-sector, asset-based, strategic, and equitable community response.

WE in the World has extensive experience supporting communities in creating multi-sector strategic initiatives to advance equity and address upstream determinants of health at scale through direct to community coaching and multi-community learning collaboratives. These processes, honed through 100 Million Healthier Lives with communities across the country in 17 states, support real-time community-level planning, COVID response, and system change. In the process of creating change, we are simultaneously building equitable civic infrastructure. The Resilient American Communities initiative, which we partner with, has developed a playbook for community resilience and response that we leverage, as well.

This kind of planning allows communities to use data to deploy assets and address underlying equity issues in a more strategic way. For example, collaboration in the context of the pandemic has allowed communities in southern Texas to work across sectors to support the food system and help families access financial resources. This has led to multi-sector partnerships—led by a health system and funder—and community engagement that advance digital inclusion, education, job creation, and health in order to interrupt the cycle of generational poverty at the border.



2d. Build pathways for longer-term transformation (policy, system, and culture change).

Unless we change the structural foundations of our economy, government, and public systems, inequity will persist. We can only transform our system by building people power, a critical mass of civically-engaged community members. Educating and activating the public around specific policy issues is a powerful way to ensure that local municipalities or health systems allocate resources to equitable response efforts and prioritize re-building investments in the most impacted communities. In addition to overcoming barriers to equitable vaccine distribution, we are building community and public support for housing and workplace protections, workforce development, health care access, and expansion of financial relief. Center for Popular Democracy (CPD) brings extensive experience organizing and mobilizing impacted communities; CPD's network of 57 state-based affiliates has advanced numerous federal, state, and local policies that improve the lives of millions of people. CPD generated massive engagement in the census to match funds with communities in need. Marrying the COVID-19 response with community organizing builds civic infrastructure, trust in government, and a truly responsive, dynamic democracy.

Well Being in the Nation (WIN) Network has developed significant collections of policies developed by BIPOC organizations with deep expertise in racial and economic justice to map a response to COVID in the short, medium, and long term. This culminated in the blueprint called the Springboard for Equitable Recovery and Resilience at the request of the CDC, CDC Foundation, FEMA and OMH, which brought

together a grassroots-to-grassroots effort to chart a path toward equitable recovery and resilience over the next ten years.

3) Build support system for an at-scale, resilient, and equitable response.

- a. Training and support system for workforce and operational needs
- b. Learning and action network across communities
- c. Data governance and stewardship policy requirements
- d. Rapid communication and dissemination of culturally appropriate materials across trust networks, use of arts, local newspapers, and media for ongoing transformation.

3a. Training and support system for workforce to vaccinate and drive long-term well-being

Scaling an effective workforce requires that community-based organizations identify and recruit individuals from the most impacted communities to lead outreach and education, helping people access vaccines, testing, and other resources. Where networks of community health workers, promotores, community organizers or other formal and informal community groups exist, these should be activated as a frontline for COVID-19 response and recovery work and as a first source of referrals for other community members to join the workforce.

Training for this workforce needs to include: COVID-19 specific messaging that is co-developed with locally impacted communities; popular education methodologies that effectively reach individuals across all levels of language and health literacy; and strategies to streamline locally driven solutions to vaccine distribution, testing, and resource allocation to reach the most impacted communities. In addition, training needs to build skills in assessing and reliably connecting people with mental health and social needs (food, housing, financial support, etc.) and a basic understanding of improvement to assure high quality outcomes.

Latino Health Access, Center for Popular Democracy, and WE in the World have already been doing this type of work and have expertise to quickly provide training and curriculum to effectively scale the workforce in working-class Communities of Color.

To sustain this work over time and direct the trained workforce effectively, the core operations and technical team needs to be institutionalized within the local health care system response through a local taskforce or workgroup. Minimally, this operational taskforce should be led or co-led by a community-based organization and include representation from the local health department, community-based organizations with **boots-on-the-ground in the most impacted communities**, and a data partner that can provide ongoing data support to identify hotspots to prioritize outreach. In addition, community-based organizations need operational support to build accessible testing and vaccination sites that can screen for and connect people with an expanded scope of physical health, mental health, and social services. Local municipalities can also be key partners in amplifying investments for this workforce and integrating processes developed for outreach into their own strategies and plans for response.

3b. Learning and action network across communities

To rapidly build capacity and spread solutions across communities, we recommend the development of a rapid learning and action network across communities. This network can offer:

1. Capacity-building for quickly scaling up a community workforce & operations.
2. Support for community leaders who are dealing with operational challenges.
3. Capacity-building for use of data to drive community change and advocacy

4. Rapid sharing of practices, information, tools, strategies, and materials across communities (can be done quickly in partnership with Morehouse School of Medicine, which is already enabling a platform to support information sharing.)

Communities who create change in this way build civic capacity and resilience for the long term. As a case study, communities that engaged in this kind of approach throughout 100 Million Healthier Lives were some of the most resilient in the context of the pandemic, mobilizing schools, health, and business together to keep everyone safe, learning, and working.

3c. Data governance and stewardship policy requirements

To assure that data is used in a way that protects and supports community residents, we recommend that data governance and stewardship requirements be in place for any initiative. Please see appendix for these data policies

3d. Rapid communication of culturally appropriate materials across trust networks, artists local newspapers, and media for ongoing transformation.

Through our networks of CBOs and artists, media, and local influencers in communities of color, and by through our connections to many groups who are developing culturally and linguistically appropriate materials, we are able to rapidly disseminate key health messages to communities.

APPENDIX

About the authors and organizations contributing to this Guide:

Somava Saha, MD MS brings over 25 years of experience to improving public health and health care systems nationally and globally in a way that achieves breakthrough improvements in outcomes. She serves as the Executive Lead for both [Well-being and Equity \(WE\) in the World](#) and the [Well Being In the Nation \(WIN\) Network](#) which connect hundreds of changemakers and organizations across sectors to advance intergenerational well-being and equity on a foundation of racial justice. Through its extensive networks across sectors and its rootedness in local efforts, and as part of its membership in a connected ecosystem of actors, WE in the World and WIN is able to: 1) convene the right “team” of organizations to address major challenges; 2) address complex system change in a way that “multi-solves” opportunities and challenges across sectors; 3) advance strategies designed with local communities that achieve outcomes in the short, medium, and long term; and 4) maintain a rigor of focus on equity and racial justice in process and outcomes. WE in the World has been walking with communities since the beginning of the pandemic, supporting the development of equitable strategy, offering strategies, data and tools for real-time assessment and system change in Rhode Island, Delaware, and Texas. We have developed and trained communities around the country in applying a policy and systems change approach in the context of their COVID response.

The WIN Network is a growing strategic national network of 100+ agencies, organizations and communities coming together to advance intergenerational well-being and equity in the United States. WE in the World serves as the backbone organization for the WIN Network. WIN Network partners were among the earliest to advance awareness of inequities in COVID outcomes by race, income, and place in an intersectional way, have advanced legislation to mitigate diseases of despair in the context of the pandemic, have helped multiple states to advance real-time system changes to safeguard the health and well-being of vulnerable populations. Through the leadership of Well Being Trust, Community Initiatives and ReThink Health, WIN has supported the development of a Springboard for Equitable Recovery and Resilience for the CDC/Federal Emergency Management Agency (FEMA) and CDC Foundation to chart a path toward long-term equitable recovery and resilience.

Jennifer Flynn Walker, MS, Senior Director of Mobilization and Advocacy, **Center for Popular Democracy**, is a successful community organizer and nonprofit manager with over 20 years of experience. Jennifer has organized around welfare rights, homelessness, drug user rights HIV/AIDS and immigration, winning campaigns that resulted in a progressive right to housing legislation and over \$30 million in funding to build housing.

A passionate advocate for social impact and justice, **Abeni Bloodworth, MS**, brings twenty years of non-profit industry expertise rooted in linking philanthropy to social change and leadership to community impact. Abeni is the Deputy Director of Development, **Center for Popular Democracy**.

The **Center for Popular Democracy (CPD)** is a high-impact national organization that builds organizing power to transform the local and state policy landscape through deep, long-term [partnerships with leading community-based organizing groups nationwide](#). CPD’s network includes 57 affiliates in 131 cities and 34 states, Puerto Rico, and Washington, D.C., with a combined membership of more than 600,000 activists. CPD affiliates have conducted [community impact surveys](#) with Latinx immigrants,

including undocumented immigrants, in 2020. CPD launched a campaign, [COVID Families](#) to advocate for people impacted by COVID-19.

America Bracho, MD, MPH, is the Executive Director of **Latino Health Access**, a center for health promotion and disease prevention in California, created under her leadership. She is a physician and public health expert with expertise in Latino health issues, health education, minority women, cultural competency, community organizing, diabetes education and HIV, including community health worker models.

Latino Health Access (LHA) is a promotor (community health worker)-driven public health organization with a 28-year history of partnering with working-class Latinx communities in Orange County, California, to bring health, equity, and sustainable change through education, services, consciousness-raising, and civic participation. LHA operates a comprehensive Equity Response to the pandemic in partnership with the local health care agency that focuses on the most impacted zip codes of the county, operating a call center, conducting outreach and education, coordinating testing and vaccine clinics, and connecting people to relief programs. Promotores have led policy advocacy in support of local protections for tenants, expansion of local relief for undocumented immigrants, and expansion of food distribution when other sites closed. LHA convened a multi-stakeholder COVID-19 Latino Equity Taskforce and provides technical assistance to help cities mobilize a workforce to respond and align their systems for a comprehensive, equitable approach that lays the foundation for community resilience and recovery.

Deliana Garcia, MA is the Director of International Projects and Emerging Issues for **Migrant Clinicians Network**. She has worked in the areas of reproductive health, sexual and intimate partner violence, access to primary care, and infectious disease control and prevention. Ms. Garcia leads an international bridge case management and patient navigation system for migrants diagnosed with infectious and chronic diseases.

Migrant Clinicians Network is a global non-profit with more than 10,000 constituents that engages in research, develops appropriate resources, advocates for migrants and clinicians, engages outside partners, and runs programs that support clinical care on the frontline of migrant health. In the context of COVID-19, MCN has become a national center of excellence for farmworker health.

Public Health Institute (PHI) is a leader in promoting and evaluating national public health programs and a proven partner to the federal government, especially the Department of Health and Human Service (HHS), with more than 55 years of experience implementing HHS. With \$100 million average annual revenue and multi-year federally-funded projects ranging from \$500K to \$100+ million, PHI is one of the largest public health institutes in the U.S., and brings deep experience launching these programs quickly, efficiently and successfully, based on its established infrastructure and experience managing large federally-funded national programs. As home to a collective range of diverse programs that harness the strengths of multiple stakeholders working to address the social determinants of health with related research, health policy, systems change, and national, state, and local interventions.

