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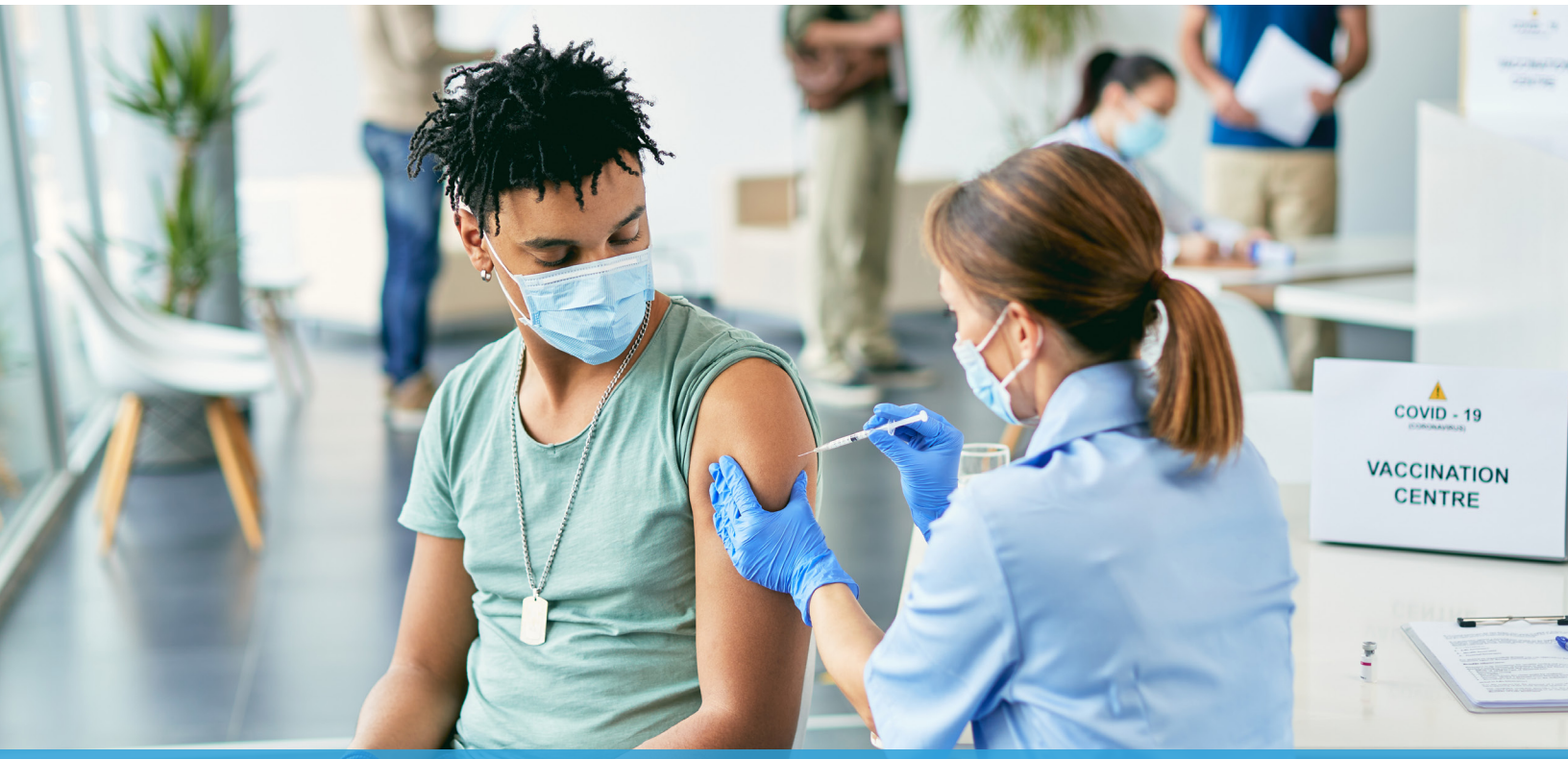

Community Voice and Equitable Policymaking in the United States: Lessons from COVID-19 Vaccine Distribution

The effects of COVID-19 on the United States, and the world, underscore the importance of creating change that strengthens the health and economic well-being of vulnerable populations. Throughout the pandemic, communities felt the devastating impact of the rapidly changing virus and oscillating supply and demand levels for vaccines, protective equipment, tests and treatments. During that time, states established myriad efforts to address COVID-19 education and vaccination needs, including working directly with communities to provide locally based services. Working directly with community organizations provided more favorable vaccination outcomes than mass efforts, but achieving high vaccination rates continued to be difficult for states and localities, reflecting challenges with communication, data collection, workforce capacity and the public's mistrust in government.

Families USA launched the Building a New Normal Through Vaccine Equity initiative to elevate promising practices that ensured equitable COVID-19 vaccine distribution and strengthened the influence of community voice in policy decisions. As part of this initiative, Families USA engaged community leaders and leaders at statewide organizations in Alabama, Arizona, Illinois, North Carolina and Washington given their ability to galvanize local vaccine distribution efforts early in the pandemic. Leaders representing communities of color in rural, suburban and urban settings, including people with intersecting identities, such as disability, sexual orientation and gender identity, participated in a series of interviews, focus groups and advocacy strategy discussions to identify supports needed to bolster on-the-ground vaccine efforts and identify how these needs connect to long-standing structural inequities. These leaders explained how state officials can support community-driven efforts, sustain successful partnerships built during the pandemic and develop equity-focused policy solutions to address systemic issues.

Through this initiative, Families USA was able to highlight several lessons learned, including the need to prioritize front-line workers' mental and physical well-being as well as the importance of increasing data collection and data sharing on populations not often prioritized in such efforts (for example, rural communities, the disability community, the LGBTQ+ community, and communities of color other than the Black/African American and Latino/Hispanic communities). While all these lessons are significant, this paper focuses on three recommendations that provide a path for states attempting to build a "new normal" that centers equity in their broader health efforts and addresses deep-rooted structural inequities.

Three Recommendations to Develop Equity-Focused Policy Solutions to Address Systemic Issues

Recommendation 1: Establish state health committees with the purpose of strengthening relationships among community organizations, local health departments and state decision-makers

A core lesson from the pandemic is the need for state decision-makers and local health departments to partner authentically with community leaders in health interventions, especially those designed to address long-standing health and economic inequities. While some health officials engaged communities in a series of marketing campaigns to increase COVID-19 vaccination uptake, many community leaders criticized these efforts as ineffective and frustrating. Other community leaders described a lack of transparency around the results from their engagement and consequently viewed their participation as nonsubstantive. Rather than engage community leaders only in providing feedback on materials or participating in marketing strategies, state efforts were successful when health officials integrated community leaders at all levels of the planning and engagement process, including the initial step of defining the problems at hand. This collaboration allowed working groups to identify and address the integrated and cumulative needs of communities. The success of these government-community infrastructures demonstrated the importance of engaging local leaders and valuing their knowledge about the social, cultural and political nuances of their communities as distinct expertise.[1]

Community organizations wield a high degree of trust and credibility that state health officials often lack because these local leaders are well respected and known within their communities. As such, engagement with community organizations can create opportunities for sharing knowledge, data and reliable information, as well as developing initiatives. States should heed this lesson by establishing permanent state health committees comprised of community leaders and state health officials with the purpose of strengthening the partnership between these entities. This includes co-creating a sustainable community-to-state communication infrastructure that allows for bidirectional information and data exchanges, as well as a collaborative decision-making structure. States can follow examples like North Carolina Department of Health and Human Services and NC Counts Coalition's Healthier Together initiative, which is a cross-sector partnership that identified solutions for communities

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facing health inequities and systemic barriers. Additionally, states can apply for and develop funding opportunities similar to the anticipated Centers for Disease Control and Prevention's Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant to encourage local health departments and health officials to form partnerships with community leaders.[2,3] These funding opportunities can be integrated into state budgets to ensure the sustainability of committees that are established.

It is important to note that community leaders engaged in these efforts must be valued and compensated similar to any other professional expert hired to address state issues. Community leaders flagged numerous cultural nuances and factors that state officials underestimated during vaccine efforts. These factors included historical mistrust of medical practitioners and government as well as intercommunity differences such as language dialect and cultural norms around sharing personal information. Moving forward, community leaders can serve as experts to help state and local health officials navigate these nuances, ensuring the implementation of effective and equitable activities. States attempting to engage these leaders without providing proper compensation will be in danger of devaluing these trusted resources and furthering mistrust between communities and state and local governments.

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Recommendation 2: Couple health efforts with social services to address comprehensive care needs

Many community leaders confirmed that there are deep structural impediments to people in their communities gaining access to available health services. These issues include, but are not limited to, interpretation services, accurately translated educational material, stable employment, livable wages, paid sick leave, food security, transportation, stable housing and neighborhood safety. Time and money devoted to addressing these needs often compete with time and money available to address health concerns for individuals and families, especially those who have limited resources. Community leaders noted that these competing interests directly affected COVID-19 vaccine uptake in their communities, as individuals had to decide whether to prioritize using their resources to obtain a vaccine or address another need. Although the vaccine itself was available at no cost, many people struggled to prioritize their resources to travel for a COVID-19 vaccine (and recover from potential side effects) over more immediate needs.*

Challenges with obtaining the COVID-19 vaccine are one example of the health impact of poverty, inadequate housing and poor transportation options. When these issues accumulate, they create disadvantages and disparities that are difficult to overcome. Vaccine efforts, and other hypertargeted health interventions, in turn, often missed the mark because addressing these health and economic challenges requires more holistic and comprehensive interventions. States can better support communities by implementing models that combine health efforts with other social support programs and by exploring opportunities for flexible or braided funding, which may allow state agencies to better integrate their services.[4] Coupling this structural coordination and braided funding with community partnerships will allow states to implement multipronged interventions designed to address the integrated and cumulative needs of communities.

State health agencies can follow examples established during the COVID-19 pandemic by collaborating with community-based organizations as well as other major agencies across their local departments of labor, housing, transportation and human services. For example, Open Doors for Multicultural Families, a community organization based in Washington that paired its vaccine efforts with rental, utility and food assistance services, is currently collaborating with stakeholders at the local and state levels to create a holistic housing community that provides needed health and social services at one location. Given that the financial and operational structures of most state agencies do not foster integration of services, conducting recurring meetings with key players can aid state health officials in identifying how to create comprehensive systems, as well as any implementation training required before starting such initiatives.

* Similar sentiments can be found in the Politico Pulse Check podcast "In Chicago, Biden's Vax Plan Crashes Into Reality," July 8, 2021.

Recommendation 3: Create flexible procurement processes to provide upfront funding to community organizations and enhance their ability to participate in statewide health efforts

Many leaders whose organizations were key to gaining community buy-in and successful vaccine uptake expressed how they felt their organizations were forced to assume the costs associated with stepping in for governmental entities during the pandemic response. State and local health officials struggled to connect with and mobilize residents, leaving community organizations responsible for uncompensated obligations that negatively impacted their workforce and, at times, their financial stability. This included time and money tied to developing and translating educational materials, identifying meaningful incentives, and implementing vaccine clinics. In some cases, state and federal agencies reimbursed community organizations for these services. However, some community organizations experienced delays in receiving those reimbursements, with some still yet to be paid as of March 2022, or had their funds reapplied to cover administrative costs. Furthermore, many leaders noted that this retroactive funding process inhibited the success and reach of their pandemic-focused programs. Community leaders explained that their ability to increase organizational capacity was restricted due to a lack of upfront funds necessary to initiate certain activities. While some organizations were able to borrow from their reserves, many did not have this luxury and limited their efforts due to a fear of compromising their financial stability. These leaders noted that if funding been provided prior to the onset of services, they could have expanded their capacity and service areas.

As state and local agencies engage community-based organizations in population health work, funding should be provided upfront and directly to community organizations to ensure economic and workforce capacity burdens are not shifted onto these organizations. States can do this by creating flexible procurement processes with a concise, simplified application and payment procedure that occurs prior to the onset of services. By doing so, states not only will foster a more seamless and rapid expansion of services, but also will be able to connect with smaller organizations that often do not have staffing capacity to apply for traditional funding opportunities (and thus must rely on larger agencies to act as an administrative body). To identify the best method for creating a more accessible procurement process, states can connect with small and large community organizations to understand their experiences and difficulties submitting applications for funding opportunities. Restructuring procurement processes to respond to these challenges will allow states to engage more localized, trusted community organizations that are willing and interested to partner on statewide efforts.

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Conclusion

The emergency response to COVID-19 serves as an example of the diverse challenges our nation faces to overcome long-standing inequities in our health care system. As we continue to recover from the pandemic, we must leverage the lessons learned to create a better, healthier future for all Americans. Successful efforts implemented during this time can be a guide for state and local health departments to follow when attempting to address health equity issues. Waiting for another crisis to engage and collaborate with communities will only re-create the disparities and missteps that surfaced during the COVID-19 pandemic. To build on critical lessons learned and prevent the regression of our progress, states must expand and sustain their efforts to integrate community voices when health interventions, as well as policies, are being constructed, implemented and evaluated. State efforts will be enhanced by providing appropriately compensated opportunities for community organizations to be active partners with health authorities in making decisions, rather than only allowing these organizations to serve as intermediaries or allies. Additionally, coupling health and social efforts as well as simplifying current funding procurement processes can improve our ability to address long-standing structural inequities before another public health emergency is underway.

Endnotes

[1] "Press Briefing by White House COVID-19 Response Team and Public Health Officials," The White House, July 8, 2021, https://www.whitehouse.gov/briefing-room/press-briefings/2021/07/08/press-briefing-by-white-house-covid-19-response-team-and-public-health-officials-44/.

[2] "Healthier Together," NC Counts Coalition, accessed May 30, 2022, https://nccounts.org/healthier-together-initiative.

[3] "Strengthening U.S. Public Health Infrastructure, Workforce, and Data System," Centers for Disease Control and Prevention, last reviewed June 17, 2022, https://www.cdc.gov/workforce/resources/infrastructuregrant/index.html.

4 Sophia Tripoli et al., "To Advance Health Equity, Federal Policy Makers Should Build on Lessons from State Medicaid Experiments," *Health Affairs*, April 2021, https://www.healthaffairs.org/do/10.1377/forefront.20210409.908010/full/.

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