

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

Report Summary and Actionable Recommendations for Members of Congress



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 rapid, 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 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. 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. 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. 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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