Equity in Vaccination: A Plan to Work with Communities of Color Toward COVID-19 Recovery and Beyond

Working Group on Equity in COVID-19 Vaccination

February 2021

CommuniVax

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

Johns Hopkins Bloomberg School of Public Health | Center for Health Security

Texas State Anthropology

Acknowledgments

This working group effort was enabled by the Chan Zuckerberg Initiative in connection with support for the CommuniVax Coalition (Grant #CZIF2020-004751). We want to express our gratitude to the diverse national stakeholders who took part in our January 2021 listening sessions and shared their expertise, insights, experiences, and recommendations.

The authors would like to thank Julia Cizek, Jackie Fox, Kathleen Fox, Margaret Miller, and Prarthana Vasudevan for editing, design, and publication support.

Suggested citation: Schoch-Spana M, Brunson E, Hosangadi D, Long R, Ravi S, Taylor M, Trotochaud M, Veenema TG on behalf of the Working Group on Equity in COVID-19 Vaccination. *Equity in Vaccination: A Plan to Work with Communities of Color Toward COVID-19 Recovery and Beyond.* Baltimore, MD: Johns Hopkins Center for Health Security; 2021.

Working Group on Equity in COVID-19 Vaccination

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Executive Summary

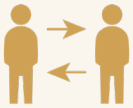
The coronavirus disease 2019 (COVID-19) pandemic has had tragic and disproportionate adverse effects on Black, Indigenous, and People of Color (BIPOC) communities across the United States. The number of cases, hospitalizations, and deaths related to this disease is significantly higher in these groups. Additionally, members of BIPOC communities are among those hit the hardest by the economic and social upheavals caused by the pandemic.

As the COVID-19 vaccination campaign begins, it is critical that vaccines be delivered fairly and equitably—so that everyone has the same level of access to this lifesaving technology. Just as pressing is the need to address longstanding disparities that have created the unequal situation that BIPOC communities are now in.

This plan provides elected and appointed officials with the tools to create, implement, and support a vaccination campaign that works with BIPOC communities to remedy COVID-19 impacts, prevent even more health burdens, lay the foundation for unbiased healthcare delivery, and enable broader social change and durable community-level opportunities.

The 5 key principles and their associated action items in the plan are:

Iteration: Repeated engagement with BIPOC communities is necessary. There is a race to get as many people vaccinated as soon as possible, and this urgency must be balanced with the need to build real trust in BIPOC communities. In many areas, this trust is low or nonexistent, which means that building trust will take time. It will require committing to engaging with BIPOC communities, including organizing productive "listen-and-plan" sessions in which community members have the opportunity to explain their thoughts on COVID-19 vaccination and where officials have the opportunity to listen and hear what is being said, and in partnership, put these ideas into action.



Involvement: Moving forward, BIPOC community representatives and advocates must become active collaborators in the public health process. This will involve implementing mechanisms for 2-way communication (particularly with trusted leaders, influencers, and pillar institutions in local BIPOC communities) and engaging with these key representatives as partners, not as audiences to persuade or subordinates to command. One way this can be done is by encouraging BIPOC individuals and community organizers to actively participate in the COVID-19 vaccination campaign in ways that respect their self-determination and strengthen their self-reliance. A longer-term approach is to ensure BIPOC individuals are in positions of power in government and public health.

Information: Effective communication with BIPOC community members is essential in the ongoing COVID-19 vaccination effort. Applying best practices for communication during this time will be useful for moving forward. As a starting point, it is important to recognize that vaccination messages must be tailored to address the specific concerns of local BIPOC communities. This can be done in one of the following ways (or through a combination of these approaches): identify and support trusted BIPOC individuals and organizations who can relay information and help set community norms related to COVID-19 vaccination, apply learning from "listen-and-plan" sessions to frame COVID-19 vaccination in the communities' own terms, and enlist allies to blanket BIPOC communities with accurate information that can drown out misinformation.

Investment: All of the efforts described above will require investments of time, attention, and funding. At the same time, the vaccination process itself can be viewed as an opportunity for economic revitalization, with the potential to lead communities out of the pandemic and its economic hardships. This type of revitalization is particularly important to BIPOC communities that historically, and presently, are often economically challenged. Practical suggestions for investment include: pull together the necessary resources to ensure COVID-19 vaccination is equitable (meaning, easily available to the most marginalized individuals in the community) and then fight to keep these resources in place moving forward; creatively finance nonprofit and for-profit entities with BIPOC community roots to strengthen the vaccination enterprise; and enlist the help of private capital to support vaccination, for example, by getting transportation companies to commit to providing free rides to and from vaccination sites or by having a local grocery store sponsor a "get vaccinated" poster contest for schoolchildren.

Integration: Looking forward to the end of the pandemic, it is important to recognize that recovery will take time. COVID-19 will have long-lasting physical, psychological, and financial effects, especially in BIPOC communities. Because of this, the COVID-19 vaccination campaign cannot be viewed as a final step in returning to "normalcy." Instead, it needs to be seen as a step toward a more complete recovery that can, and should, include meaningful social change. This can take place as the recommendations outlined above—including "listen-and-plan" sessions, empowering BIPOC individuals and communities, and investing in equitable public health—are integrated into ongoing community initiatives and as government and public health officials commit to ensuring durable social change and community benefits that include adequate housing, food security, living wages, and leadership opportunities.

This approach will be challenging. Some may argue that a lack of time or funding or interest are barriers that make such an approach unrealistic, especially in the middle of a pandemic that is challenging on every front. However, it is important to keep in mind that challenges like the one we are currently facing often stem from social inequity and provide opportunities to change and improve. Some actions may be more appropriate to prioritize in the near term, but many actions that are crucial for the long term will have more of an overall impact if those efforts are initiated now.

COVID-19 vaccination is the most likely way out of the current pandemic. It is also an opening to create equity and durable benefits for BIPOC communities, who have been devalued and too often cut out of opportunities in the United States. We hope that you consider this and the specific recommendations made in this report as you begin to implement COVID-19 vaccination campaigns in your own towns, cities, and states.

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> *"We have equated 'healthcare' with health. We have equated fixing the pandemic with a shot or 2. We will not solve anything if we can't address the cracks in our society."*
>
> – National stakeholder listening session, January 8, 2021

Purpose

This action and accountability plan is meant to guide governors, county executives, mayors, and other elected and appointed officials as they work to advance equity in the coronavirus disease 2019 (COVID-19) vaccination campaign. Immediate efforts to ensure that historically underserved populations receive the benefits of life-sustaining vaccines can propel an even broader, more enduring—and also urgent—process of social reparation and improvement for Black, Indigenous, and People of Color (BIPOC) communities in the United States.*

Background

BIPOC communities are experiencing higher rates of COVID-19 cases, hospitalizations, and deaths than White communities (Table 1).[1] Some comparisons are stark: seriously ill Hispanic, Black, and Indigenous individuals, for instance, end up in the hospital at roughly 4 times the rate of White people. Health status, housing arrangements, transportation use, occupational exposure, and other social factors account for these trends. The disproportionate impact of COVID-19 on US Latino/Latinx communities, for instance, is the result of exposure at jobs with inadequate sick leave policies; a greater incidence of preexisting conditions like diabetes (which is exacerbated by life stressors); tight living conditions that inhibit isolation; and barriers to care, such as lower rates of insurance coverage, wariness of a healthcare sector that may provide differential treatment, and, for some, concern over immigration status.[2,3] An uneven public health response—such as the long periods of time that some BIPOC community members spend to travel to and wait for COVID-19 testing—has further contributed to the already heavy pandemic burden.[4]

While BIPOC communities could benefit greatly from safe and effective vaccines, longstanding biases and barriers often hinder them from obtaining COVID-19 vaccination. Legacies of oppression at the hands of medical actors, sometimes backed by governmental authority, influence COVID-19 vaccine confidence in BIPOC communities.[5] Based on a survey completed in mid-January 2021, White (52%) adults were more likely than Black (35%) and Hispanic (42%) adults to say that they want to get vaccinated "as soon as possible."[6] Intergenerational traumas include involuntary sterilization under

* This document uses the term Black, Indigenous, and People of Color (or "BIPOC") to refer to people who have experienced discrimination—ie, social devaluation, economic dislocation, and physical violence—as "non-white" people. The umbrella term is not intended to obscure the specific history or experiences of any underrepresented group, but rather to convey common experiences in being treated as less than human and less important than the dominant racial and ethnic group in the United States. This term includes the country's Latino/Latinx residents.

Table 1. COVID-19 Cases, Hospitalizations, and Deaths by Race/Ethnicity[1]

Rate Ratios vs. White*	Indigenous*	Asian*	Black*	Hispanic/Latino/Latinx
Cases	1.8x	0.6x	1.4x	1.7x
Hospitalizations	4.0x	1.2x	3.7x	4.1x
Deaths	2.6x	1.1x	2.8x	2.8x

*Non-Hispanic. Note: Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to healthcare, and exposure to the virus related to occupation.

20th-century eugenics laws,[7,8] experimentation without informed consent as in the Tuskegee syphilis study,[9,10] and racial quarantining during epidemics and forced segregation in the name of public health.[11-14] These and many other examples underscore the need for a community's own priorities to steer public health interventions.

In the short term, vaccination can strengthen individual and collective immunity against COVID-19 by helping to interrupt viral transmission, reduce health burdens, and hasten a return to familiar home, work, and school routines. Orchestrated with equity in mind, the COVID-19 vaccination campaign can bring urgent relief to BIPOC communities. At the same time, the massive vaccination enterprise can, if deliberately planned and executed as such, be the gateway to more foundational work of repairing the chronic inequalities and institutional policies and practices that have contributed to the disproportionate pandemic-related losses among BIPOC communities and that have created disparities in COVID-19 vaccine confidence and access.[2-5,7-15] As jurisdictions roll out the COVID-19 vaccination campaign, those striving for equity will take measured steps to redress the undue losses suffered by racial and ethnic minorities and to develop durable opportunities and benefits for underserved groups.

Methods

First convened in November 2020, the **Working Group on Equity in COVID-19 Vaccination** set an initial objective to recommend timely actions at state and local levels that could help remove impediments to COVID-19 vaccination in BIPOC communities. The working group maintains that for COVID-19 vaccine demand and benefit to align for BIPOC communities, these hard-hit groups must have an active role in the vaccination campaign. Comprised of community advocates, social scientists, public health experts, healthcare providers, and vaccinologists, the working group steers CommuniVax, a coalition of rapid research teams who are engaging BIPOC communities and public health implementers to improve local-level vaccine delivery and communication strategies.

From November 2020 to January 2021, 4 activities were conducted to inform this plan's development:

- A review of current literature on COVID-19 vaccination, community engagement, and uptake strategies in communities of color
- Key informant interviews with working group members to capture specific expert insights
- Six listening sessions involving 48 national stakeholders from groups providing political, operational, sociocultural, and social justice perspectives on vaccination
- Feedback from lead researchers for the 5 local CommuniVax teams working in Maryland, Alabama, California, and Idaho

Action and Accountability Plan: 5 Key Principles and Their Implementation

To guide mayors, governors, county executives, and other officials in overseeing an equitable vaccination campaign, the plan outlines 5 principles: *iteration, involvement, information, investment,* and *integration*. Each principle includes specific actions to help ensure that hard-hit communities of color derive *systemic* gains from the COVID-19 vaccination campaign (see Appendix). Elements of this approach harmonize with the White House's *National Strategy for the COVID-19 Response and Pandemic Preparedness*[17] (the Strategy) that was launched on January 21, 2021 (Table 2) and with local and state initiatives already under way (see Sidebar: On-the-Ground Initiatives). As a first order of business, the Strategy emphasizes "an aggressive vaccination strategy, focusing on the immediate actions necessary to convert vaccines into vaccinations."[17] It also recognizes that success cannot occur unless disparities in rates of infection, illness, and death are addressed: "The COVID-19 pandemic has exposed and exacerbated severe and pervasive health inequities among communities defined by race, ethnicity, geography, disability, sexual orientation, gender identity, and other factors."

Table 2. Crosswalk Between the Action and Accountability Plan and the Biden-Harris Administration's National Strategy

Action and Accountability Plan	Biden-Harris Administration's National Strategy for the COVID-19 Response and Pandemic Preparedness*
Iteration • Commitment, constancy, checking in, forward motion, marked advances	• Establish the COVID-19 Health Equity Task Force. The President issued Executive Order Ensuring an Equitable Pandemic Response and Recovery, which establishes a high-level task force to address COVID-19-related health and social inequities and help coordinate an equitable pandemic response and recovery. The Task Force will convene national experts, including those with lived experiences, on health equity and provide specific recommendations to mitigate COVID-19 health inequities. • Increase data collection and reporting for high-risk groups. The fragmented and limited availability of data by race, ethnicity, geography, disability, and other demographic variables delays recognition of risk and a targeted response. President Biden issued the Executive Order Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats, directing federal agencies to expand their data infrastructure to increase collection and reporting of health data for high-risk populations, while reaffirming data privacy.

Involvement • Partnership, joint problem solving, representativeness, collaboration	• Launch new partnership with Federally Qualified Health Centers (FQHCs) nationwide. FQHCs serve more than 30 million patients each year—1 in 11 people nationwide. Many are people of color and individuals struggling to make ends meet. Given the critical role that these providers play in their communities, the federal government, through the Health Resources and Services Administration and the Centers for Disease Control and Prevention (CDC), will launch a new program to ensure that FQHCs can directly access vaccine supply where needed. • Partner with tribal nations and other key entities to support an effective and equitable vaccination program. Native Americans have been disproportionately harmed by the COVID-19 pandemic. The Biden-Harris Administration will bolster support for tribal nations and Urban Indian Health Programs (UIHPs) by affirming the ability, and building the capacity, of the Indian Health Service, tribes, Bureau of Indian Education schools, and UIHPs to provide vaccines for Native communities.
Information • Communication, influencers, salience, cultural relevance, veracity	• Launch a National COVID-19 Vaccination Ambassadors Program. Recognizing the importance of trusted messengers, the Administration will launch a nationwide campaign to highlight the stories and experiences of individuals who have received the vaccine and are working in their communities to encourage others to do the same. To support this effort, and in recognition of the importance of consistent messages at the state and local levels, the CDC will develop a toolkit to support communities in developing their own local ambassador programs. • Launch a targeted, stakeholder- and data-informed vaccination communication campaign. Multiple reports and surveys document vaccine hesitancy across populations, reflecting the realities of medical experimentation and other abuses for some people in communities of color. HHS will support a large-scale campaign to promote trust and build vaccine confidence, in close collaboration with doctors and nurses and faith-based, civic, and advocacy groups working with or representing the hardest-hit communities.

Investment • Financing, tangible goods, human capital, dividends, appreciation	• Create a US Public Health Workforce Program of new community-based workers to assist with testing, tracing, and vaccination. This program will mobilize at least 100,000 people to conduct culturally responsive outreach and engagement, testing, contact tracing, and other critical functions. These workers will be recruited from the communities they serve in order to facilitate trusting relationships with local residents. The US Department of Health and Human Services (HHS) and the US Department of Labor (DOL) will explore mechanisms to create and connect workers to "career ladder" programs and consider reimbursement mechanisms to encourage healthcare institutions and community-based organizations to employ them postpandemic. • Establish a renewable fund for state and local governments to help prevent budget shortfalls, which may cause states to face steep cuts to teachers and first responders. • Address barriers to vaccination in underserved communities. The United States will leverage federal authorities and resources to ensure distribution of the vaccine in underserved communities, including: provision of convenient and accessible vaccination sites; increased clinical and community-based workforce for outreach, education, and vaccination; and wrap-around supportive services. In addition, the Administration will secure commitments from the public and private sectors for paid time off, subsidized transportation costs, and other incentives for those seeking to get vaccinated.
Integration • Big picture, whole person, holism, systems thinking, wellness	• Designate federal agency COVID-19 health equity leads. Reflecting a whole-of-government approach, HHS, DOL, and the departments of Education, Agriculture, and Housing and Urban Development will each designate a COVID-19 equity lead, to ensure a coordinated and comprehensive approach to meeting individual and family health and social needs. HHS will regularly convene and coordinate the work of these health equity leads, who may also participate in the COVID-19 Health Equity Task Force at the discretion of the chair. • Increase funding for community health centers. The nation's 1,400 community health centers provide primary healthcare to nearly 30 million people—the majority of whom are people of color—in every state and territory, including 1 in 5 rural residents, 1 in 3 living in poverty, and more than 1 million of both agricultural workers and people experiencing homelessness. The Administration has asked Congress to increase funding to expand access to health services for underserved populations.

*The Administration's full plan can be found here.

Sidebar: On-the-Ground Initiatives

On-the-Ground Initiatives that Embody the Plan's Principles for Promoting Equity in COVID-19 Response, Vaccination, and Recovery

Mission Economic Development Agency (MEDA)

Formed in 1973, MEDA is a Latino-led nonprofit located in San Francisco's Mission District. The agency's mission is to advance equity by building Latino prosperity, community ownership, and civic power. This mission is accomplished through a variety of mechanisms, including housing assistance, affordable commercial real estate, wrap-around services with age-specific supports, grassroots community engagement, leadership development, and policy analysis and advocacy. During the COVID-19 pandemic, MEDA has adapted its outreach to address challenges posed by the pandemic. In addition to regular services, the agency has provided small business loans, income replenishment for those sick with COVID-19, translations of public health information into Spanish, and additional testing sites.

Health Equity Zones Initiative

In Rhode Island, the Department of Health developed place-based initiatives with the goal of eliminating health disparities. Using a community-led approach, the program has developed 9 collaboratives (each with its own geographically defined health equity zone) that coordinate local efforts to define health, what matters within communities, and how local concerns and needs can be addressed. Moving beyond traditional definitions of health, this approach also focuses on education, employment, transportation, and housing. The local Health Equity Zone collaboratives work together—coordinated by their project managers—and have direct lines of communication with the Office of the Director of Health.

Northwest Arkansas Regional Collaborative for Pacific Islander and Latinx Communities[16]

In northwest Arkansas, more than half of all reported COVID-19 cases identify as Latinx or Pacific Islander—groups that make up less than 20% of the population. To address these disparities, the University of Arkansas for Medical Sciences has leveraged existing relationships with 18 key community partners, including health systems; the state health department; federally qualified health centers; racial-, immigrant-, and community-focused nonprofits; and veterans' health services. Supported by the Clinical and Translational Sciences Award and Center for Disease Control and Prevention's Racial and Ethnic Approaches to Community Health program, these partnerships use a 4-pronged strategy to coordinate support to Latinx and Pacific Islander communities for health education, testing, contact tracing, and quarantine/case management. Given their success thus far, this regional collaborative now plans to leverage their network to ensure equitable rollout and access to COVID-19 vaccines.

These examples focus on promoting equity and improving health, but they are organized and operate in very different ways. While there is no singular formula for community engagement, the programs share commonalities that are key to their success:

- Operate according to defined core values
- Gauge impacts based on measurable results
- Create strategic plans with specific goals
- Obtain funding from government, corporate, and private sources
- Take a bottom-to-top approach by engaging everyone from community members to business leaders, to elected officials

1. Iteration: commitment, constancy, checking in, forward motion, and marked advances

> *"Is the vaccine the enabler [of pandemic recovery] or is trust-building the enabler that will take us to a healthy and thriving society?"*
>
> – Key informant interview, November 30, 2020

Few people doubt that a real race to vaccination is on—even though the finish line may be redrawn because of a changing vaccine supply and new viral variants. In BIPOC communities, however, authorities implementing the COVID-19 vaccination campaign must engage in 2 variably paced and equally essential workstreams: the urgent task of reducing disease transmission and burden by vaccinating as many people as possible and the job of demonstrating trustworthiness and earning a reputation for reliability, equity, and honesty. The latter task cannot—and should not—be rushed. In the short term, dedication to the work of demonstrating trustworthiness can help to strengthen vaccine confidence; in the long term, it can generate reserves of mutual trust and understanding that improve future responses to public health crises and lead to ongoing, collaborative efforts to advance health and wellbeing for BIPOC communities. Elected and appointed leaders should take steps to prioritize and provide resources for both workstreams, because gains in one will spur advances in the other.

Recalibrate your own expectations about the pace of jurisdictional efforts required to advance COVID-19 vaccine uptake for BIPOC community members; operate with both speed and steadfastness. Well-intentioned but hurried efforts by public health, medical, and government authorities to try to dissipate COVID-19 vaccine hesitancy and improve vaccine access for underserved racial and ethnic minorities may, for some, not appear entirely genuine or in the community's own interests. Rather, such efforts will invariably be perceived as a self-interested "rescue" mission—that is, short-term disaster aid that arrives late, ends abruptly, and subverts efforts to remedy the underlying social conditions that amplified the pandemic's effects in the first place. Elected and appointed officials must personally commit themselves and their offices to a long focus that includes policy reform and appropriate resourcing and recognize that COVID-19 vaccination is not a one-off endeavor whose success is only measured in the number of doses administered (see more on Integration and a holistic strategy).

Publicly present the baseline against which your jurisdiction will measure progress made in BIPOC confidence in COVID-19 vaccines and the public health and medical institutions that administer them. A long history and deep impact of systemic racism,[2,5,15] traumatic abuses by past health authorities,[7-14] experiences with biased health systems in which some clinicians today may dismiss BIPOC individuals' symptoms and suffering,[18,19] and modern public health programming that deals ineffectively with social determinants of health[20,21] have set the stage for how COVID-19 has affected BIPOC communities. An essential first step to earning the trust of BIPOC community members during the pandemic vaccination campaign, and into the future, is for top leaders publicly to acknowledge this larger context,[7] including past harms in their own cities and states. A second step is to provide concrete examples of programs and strategies, co-created by health professionals and community members, to address and monitor behavior engendering distrust in the system (eg, through training/credentialing mechanisms).

Assemble a durable infrastructure—anchored in your office, shaped by the health department, and connected to community-based organizations—to engage BIPOC communities and engender their trust. The work of engaging BIPOC communities can be achieved only with tangible commitments. These include providing an executive's time for strategic planning; a dedicated equity advisor to steer implementation; multilingual staff, who can navigate skillfully in diverse communities; operational budgets that support regular convenings with community stakeholders, compensation for individual participants, and grants and technical assistance to community- and faith-based organizations (eg, training in grant writing); and a plan for sustainable programs that address the broader needs of the community, rather than a specific disease. However, the current community engagement capabilities for most public health departments are weak; agencies have had to stretch resources, including beleaguered staff, during the prolonged pandemic and in prior years. Executives should allocate additional resources for public health departments to engage in this essential work. They can also marshal staff who can coordinate community engagement capabilities across multiple agencies as well as community- and faith-based organizations. Some overlap is inevitable and even desirable to ensure that existing gaps are filled.

Convene within your jurisdiction small-scale "listen-and-plan" sessions among BIPOC community members to hear respectfully and unconditionally their thoughts on COVID-19 vaccination; plan to act together on those ideas. BIPOC communities, who have been hurt tragically and disproportionately by this pandemic, require a thoughtfully planned forum—one that conveys a genuine tone of respectful interaction—in which to share experiences, impart observations, vent frustrations, express hopes, air skepticism, and relay questions. Leaders must dedicate time to listen and let community members be the guides, not the audience. Acting immediately and at strategic milestones during and after COVID-19 vaccination efforts, jurisdiction leaders should be prepared to hear, sit with, and *act on* community feedback (eg, what we are getting right, where we can do better, what do you think we need to improve), and then circle back to assess whether community members feel that their input has made a difference.[22] If people feel they are heard and that their voices actually make a difference, trust will grow. If their input is not acknowledged or is ignored, then mistrust will persist and potentially worsen. It is crucial to not only have skilled facilitators to do the work but also to have people in leadership positions there to listen. Moreover, this work should be situated in the jurisdiction's seats of power—for example, offices of the county administrator, boards of supervisors, or city manager—where local authority rests. Ideally, these efforts should engage communities to co-create strategies, moving forward with the input and engagement of those living in the community. The empowerment of communities and establishment of linkages to local government are important not only to address the pandemic but also to build trust in systems that may in the past have left the community behind. Involving BIPOC communities in these ways can also provide a rich source of ideas and innovation to upgrade service provision to the broader community at large.

Employ data collection, analysis, and sharing systems that enable public monitoring of effects of the pandemic (and responses to it) for BIPOC communities and that inform individual decision making about vaccination. "Iteration" suggests a process of cyclical refinement, with each advance measured, evaluated, and improved on in specific ways. In the case of COVID-19 vaccination, 3 streams of data are essential for decision making at the individual and community levels:

- First, local and state pandemic impact data must be disaggregated by race, ethnicity, age, gender, and zip code. This evidence can inform resource allocation decisions, demonstrate for unknowing and/or skeptical audiences how systemic racism affects health, and strengthen political courage for leaders to talk about racial equity in their own communities.[23] Improving data quality will require training data collection staff on the value of recording and interpreting accurate data and investing in skilled staff to collect, review, and integrate the data.
- Second, an accountability system is needed that objectively tracks vaccination program outputs and outcomes for BIPOC communities and that feeds back BIPOC individuals' subjective experiences to implementers. For example, questions might include: Did you feel welcome and understood? Were your questions answered in meaningful ways? Were your concerns adequately addressed? Did you feel forced in any way? With evidence in hand, political leaders can truthfully provide an encouraging narrative of incremental but steady gains, and/or candidly identify specific gaps and the jurisdiction's plans to close them. Partnerships with academics and community health workers present an opportunity to conduct this kind of evaluation. One such example of recent data is from the COVID Collaborative,[24] in which data were collected on key predictors of vaccine uptake in Black and Latino/Latinx communities. Taking a person's "social" pulse about the vaccination experience can complement the clinical check-ins the Centers for Disease Control and Prevention (CDC) "v-safe" after-vaccination health checker facilitates.[25]
- Lastly, jurisdictions must consistently release data to BIPOC residents on what impacts the pandemic is having in communities and neighborhoods, how well vaccines are performing, how safety profiles are evolving, when residents can realistically expect vaccines to become available, and how to access vaccine—questions that should not require burdensome research to answer. This information is important for individual decision making about COVID-19 vaccination in BIPOC communities. Local leaders must prioritize their duty to untangle garbled or misleading information about vaccination distribution processes and community access. Community leaders, the media, and government must also work in tandem to actively interpret and communicate the implications of data. It is only through active acknowledgment and dialogue about how to address disparities and concerns that change will happen.

2. Involvement: partnership, joint problem solving, representativeness, and collaboration

> *"It's clear when you talk to people, there's a strong fearfulness that something is being done to them, rather than with their best interests at heart."*
>
> – Key informant interview, December 10, 2020

The principle of *iteration* implies constancy of 2 kinds: a sustained relationship through which BIPOC communities are able to advance their wellbeing, as they define it; and a process of ongoing improvement in which BIPOC community gains and setbacks are objectively measured along the way. The related principle of *involvement* refers to the peer-to-peer dynamic that health authorities should strive to build in their partnerships with BIPOC individuals and BIPOC-led organizations to facilitate COVID-19 vaccination.

Create and regularly update a networking chart to engage your jurisdiction's BIPOC communities, including trusted leaders, influencers, social networks, pillar institutions, and virtual and real venues for 2-way communication. To move forward successfully, leaders must take deliberate steps to map the social landscape of BIPOC communities, striving to identify a cross-section of committed, knowledgeable people who can help. The questions to ask are: Who are the thought leaders? What are the "go to" organizations that can mobilize community members? Where do people go to catch up on the latest community news? Which groups are not in the community "mainstream," and how do they organize themselves? Social service agencies often have connections with underserved BIPOC community members and can help inform this social mapping process. At the same time, it is crucial to involve community organizers who can build community power from within. Jurisdictions can monitor the strength of strategic community alliances by assessing new onboarded groups, the diversity of groups involved, and the durability of partnerships.

Empower and interact with BIPOC individuals and groups as your partners, capable of giving and acting on good information about vaccination, not as audiences to persuade, wards to protect, or subordinates to instruct. To develop a genuine vaccination partnership with BIPOC individuals and organizations, authorities should begin by listening to what people have to say about COVID-19 vaccines and by not having preformed ideas about what priorities should be. When listened to and empowered, communities will weigh evidence and make up their own minds and not feel forced into vaccination. Importantly, authorities should not create an advisory board to just rubber stamp "the plan." Instead, they should work with BIPOC stakeholders to codevelop vaccine delivery and communication strategies that are more likely to be successful in BIPOC communities.[26] Officials must respect BIPOC stakeholders as authorities, who have community-based data and an understanding of community concerns that, along with health department data, can lead the jurisdiction to COVID-19 vaccination success and can lead to the codevelopment of a wide range of other health and wellbeing priorities. BIPOC community members can help solve problems if authorities are willing to share dilemmas, discuss failures, and garner advice on moving forward—that is, to truly collaborate and share power. One such example is the community coalition board that governs the Morehouse School of Medicine Prevention Research Center and gives African American neighborhood residents a consistent platform for collaboration and agenda setting.[27]

Involve BIPOC individuals and community organizations in the COVID-19 vaccination campaign in a way that respects self-determination, strengthens self-reliance, and carries these traits forward. Active BIPOC involvement in COVID-19 vaccination encompasses more than consultation on jurisdictional planning. In the short term, it entails respecting the agency of BIPOC individuals and organizations on COVID-19 vaccine matters; for the long term, it means strengthening organizational capacity to advance BIPOC health and wellbeing in the future. To achieve the first, leaders can encourage agencies to match community leaders and subject matter experts, such as health department retirees, who can provide technical support to trusted community leaders. Moreover, public health and community collaborators, including on-the-ground paid peer ambassadors or community health workers, can encourage BIPOC stakeholders to develop personal or family vaccination plans—concrete actions that also foster a sense of self-efficacy. BIPOC-serving community organizations could also become self-sustaining—if they are not already—over the long run if public health and other government agencies provide them with technical assistance, such as help with grant writing and direct compensation for their time and work.

On both government and community sides of the vaccination planning table, put BIPOC individuals in influential seats, being mindful that BIPOC communities are not homogeneous and that experiences and opinions vary. Leaders should ensure that every task force is representative of community demographics and allow for BIPOC within-group differences (eg, old versus young, working class versus middle class, lay versus professional, immigrant versus native, intersectionality with gender, sexuality, education). BIPOC communities are not monolithic, either across groups or within groups. BIPOC groups include those who want vaccines right away, those who are taking a wait-and-see approach, and those who are highly distrustful of the health system and/or government and currently will not accept vaccines. Jurisdictions should leverage modern communication technologies to lift up more BIPOC voices, being mindful that not all people have access to such technology, particularly in more rural areas and among older adults. A further aim is to create needed infrastructure by providing resources for devices, internet connectivity, and basic digital literacy support. At the same time, more people in positions of authority in medicine, public health, and government—including resource decision makers—need to look like and have cultural roots in the BIPOC communities they serve. Within their own administrations and agencies, government leaders should develop and refine plans to cultivate BIPOC executives, including the next generation of crisis managers.

3. Information: communication, influencers, cultural relevance, and veracity

> *"'Messaging' means 'I'm talking to you,' but not necessarily listening."*
>
> – Key informant interview, November 30, 2020

An immense amount of communication research has focused on vaccine uptake, with newly emerging studies looking at communication with COVID-19 vaccine-hesitant populations, including BIPOC communities. Box 1 summarizes this work (which continues to grow). Here, the *information* principle spotlights a connection with *iteration* and *involvement*. To operationalize these principles takes time—something overburdened public sector leaders may feel they do not have. However, a more inclusive approach to COVID-19 vaccination planning *is* efficient, because it can strengthen the communication infrastructure with which officials can effectively reach the people with whom they most need to communicate and can also avoid investments in ineffective educational materials.

Box 1. Key Communication Principles and Strategies for COVID-19 Vaccination, Including Among BIPOC Communities

Prior work has identified and informed the design of strategies to positively influence vaccine uptake, including those specific to vulnerable communities.[28-31] There is no "one-size-fits-all" approach to vaccine hesitancy or in communication regarding a vaccination campaign: The principles and strategies provided here should be examined holistically and with an eye to adaptability.

- Begin Communicating Immediately—Communication campaigns should develop in advance of vaccine rollout, if possible, or as early as possible otherwise, to shape attitudes around a vaccine/vaccination.
- Use Accurate Messages—Trusted sources should communicate the effectiveness of COVID-19 vaccines.[32,33]
- Use Accessible, Jargon-free Messages—Communication should avoid inaccessible jargon and match the literacy levels of audiences (including health and numeracy literacy).[34,35]
- Be Consistent and Transparent—Transparency and honesty around vaccination side effects and risks are key. So too is candor about vaccine/vaccination unknowns, the vaccine authorization and distribution process, and the availability of new data.[36]
- Avoid Dismissing Concerns Outright—Individuals and communities that feel heard and not dismissed will help a COVID-19 vaccine campaign. Important here is expressing empathy and respect for individuals and their concerns around a vaccine or the vaccine rollout.
- Emphasize Support for Vaccinations Rather Than Focusing on Naysayers—Research indicates that individuals look to those around them for behavior cues; normalizing the visibility of COVID-19 vaccine uptake will encourage vaccine acceptance more broadly.
- Leverage Trusted Vaccine Endorsers—Public figures should be involved in normalizing vaccine uptake via immunization. They should also be involved in promoting reliable and consistent vaccine messaging.[37-39]
- Form Partnerships with Community Organizations—Community organizations can convey community needs, help tailor information, and provide trusted spokespersons.[36,37]
- Meet People Where They Are, and Don't Try to Persuade Everyone—Communication should be developed differently for those who are willing to be vaccinated and are in need of more information as compared to information for those who are hesitant but open to learning more. Resources should not be focused on populations that are entirely opposed to vaccination efforts. Empathy is important.[40-42]
- Adapt Messaging as Circumstances Change—Adaptability in messaging is a vital aspect of communicating during a major outbreak. Local and national contexts will change over time, which in turn influences individual decisions and opinions about vaccines and vaccine rollouts.[36,37]
- Avoid Repeating False Claims—Efforts should be made to correct information, emphasize facts over misinformation, and preemptively explain flawed arguments around vaccination—even though these efforts may be difficult and may risk unintentionally reinforcing false beliefs. To avoid hardening belief in misinformation, do not approach skeptical individuals in an oppositional manner.[43-45]
- Tailor Message to Specific Audiences—Communication should reflect the specific populations in question to best include their concerns and motivations and to understand those who might be considered trusted figures. Use of survey or qualitative data can provide insight regarding existing beliefs and identify content that should be avoided in messaging development.[36]
- Identify Trusted Messengers—Trusted messengers and decision makers, who will vary across groups and populations, can help identify gaps in trust and identify sources that can more effectively communicate public health messages.[36,37]

- Pay Attention to Delivery Details that Also Convey Information—Individual experiences with public health settings can influence opinion and trust in vaccine rollout. Poor experiences during enrollment and vaccination—including reports of technical issues, unclean vaccination sites, long wait times—can undermine trust.
- Respond to Adverse Events in a Transparent, Timely Manner—Individual experiences with a vaccine become more known as vaccination becomes more common. Serious adverse reactions to COVID-19 vaccines are rare, and coincidental medical events may occur after vaccination and therefore be perceived as vaccine related. Information around this should be communicated in a timely and consistently transparent manner. This helps people understand what is known versus unknown, and what should or can be done in such cases.

The following strategies are called out as specific to the most vulnerable communities:[28-31,46-49]

- Elevate the voices and perspectives of trusted messengers who have roots in the community
- Engage across multiple, accessible channels
- Begin or continue working toward racial equity
- Show how the COVID-19 vaccine fits into a larger public health strategy
- Allow and encourage public ownership of COVID-19 vaccination
- Monitor current inequities in vaccine distribution

Identify and support trusted BIPOC individuals and organizations who can effectively relay information and help set community norms around COVID-19 vaccination. Improving vaccine awareness and acceptance in BIPOC communities will require a broad range of advocates: cultural leaders, political leaders, faith leaders, ethnic grocery store owners, family matriarchs, meat packing plant supervisors, community health workers, ethnic radio personalities, recent BIPOC vaccinees, minority-serving institution faculty and students, BIPOC healthcare practitioners and their association leaders, and more.[47] Vaccine confidence is more likely to deepen when BIPOC community members see people who look like them and who already command their respect receive a COVID-19 vaccination. BIPOC community spokespeople—including early adopters who serve as culturally and linguistically proficient vaccine ambassadors—must receive compensation for their time and effort, in the same way as other professionals do, rather than being seen as an auxiliary to the "real," compensated work.[31]

Apply lessons from BIPOC "listen-and-plan" sessions to framing COVID-19 vaccination in the community's own terms—what and who they value and how best to communicate that. Efforts should be made to convey technical information about COVID-19 vaccines—especially on issues of safety and safety monitoring—in an individual's own language, using nonjargon-filled sentences and helpful graphics and illustrations.[34] In addition to communicating the science behind COVID-19 vaccines in an accessible manner, authorities should use the "listen-and-plan" sessions to uncover what value BIPOC community members attach to vaccination and the larger pandemic response. Using input from these sessions and other relevant data, vaccination campaign implementers should make vaccination culturally and socially relevant in a specific BIPOC community. Session participants can best convey what information they need to hear so they can make a best, correct, or informed decision without judgment.

Enlist all allies and explore all avenues to provide BIPOC communities with good information—that is, reliable, meaningful, culturally relevant, and actionable—that drowns out vaccine misinformation. Public health communicators should employ every platform available to them—cable, text, social media, editorial roundtables with ethnic media, radio, Spotify, Pandora, billboards, newspapers, church newsletters, flyers—to reach broad BIPOC audiences. They should also use in-person methods like knocking on doors (done safely with adequate personal protective equipment), employing BIPOC members who have lost their jobs during the pandemic as well as community health workers who are already established in their communities as trusted messengers. Culturally responsive messages must also be actionable, so strategies to increase vaccine access are critical to uptake in BIPOC communities. Authorities should broaden the types of BIPOC collaborators for COVID-19 vaccine communications by drawing on the arts and culture communities. Poets, writers, painters, muralists, actors, and singers who come from BIPOC communities are powerful influencers who can play a role in vaccination promotion. This approach offers the additional benefit of employing people who may be feeling the adverse impacts of the pandemic on the arts sector.

4. Investment: financing, tangible goods, human capital, dividends, and appreciation

> *"Think about the [vaccination] strategy that you will employ in the context of a jobs program."*
>
> – National stakeholder listening session, January 11, 2021

The COVID-19 vaccination campaign is an immense undertaking that now involves private and public sectors. It must, however, more fully involve the community sector. As jurisdictions begin to recover from the health crisis, government executives should envision vaccination, COVID-19 response, and health equity as a way to revitalize local economies and to spur community development. As a public health intervention, the vaccination campaign can enable BIPOC community members to move more safely in and out of the workplace and marketplace. As an economic enterprise, the vaccination campaign can strengthen the financial wellbeing of BIPOC-serving community organizations by enlisting their help and expertise and it can jumpstart the ongoing engagement of more minority-owned firms in public health and safety work. If top leaders consciously work to merge the streams of public, private, and community capital in the COVID-19 vaccination campaign, pandemic response, and health equity movement, then members of BIPOC communities will more likely receive ongoing, multiple benefits as a result of the social, logistical, and contractual connections being made. These benefits will undoubtedly extend past this pandemic and leave a legacy that can help to avert or mitigate future health crises.

Pull together the needed human resources, including a health equity council or taskforce, to make equity a fixed feature of COVID-19 vaccination and any legacy programming. Public works, such as building a bridge, typically involve steel, concrete, asphalt, and other material inputs. In the case of public health, generally—and an equitable COVID-19 vaccination campaign, specifically—the key ingredient is people. If they have not already done so, government executives should create and sustainably resource a health equity council or task force to inform public health policy decisions and implementation. With a health equity council to help steer COVID-19 vaccination, the campaign (and

the larger pandemic response) can become gateway activities for large-scale community and health equity. This action-oriented council should involve co-leaders or champions with practical insights into the life experiences of BIPOC communities, collaborators from all components of the healthcare system, and directors of social service programs (eg, food banks, warming centers) that have regular contact with harder-to-reach populations. A planning session is then needed with the council to answer the question, "Who is missing?" Thinking ahead to enlarging and sustaining a locality's (and state's) workforce to advance health equity, executives should engage the heads of community colleges (a component of local government) and encourage them to develop programs for community health workers and associate degrees in emergency management and in public health fields that can lead to a bachelor's degree.

Creatively finance nonprofit and for-profit entities, with BIPOC community roots, to strengthen COVID-19 vaccination and to evolve a coherent community health sector that serves all constituents well. In addition to any CDC funding explicitly planned to support state, territorial, local, and tribal vaccination activities, government executives should work to identify and re-route other forms of public capital (eg, US Department of Housing and Urban Development Community Development Block Grants,[50] Federal Emergency Management Agency public assistance, US Department of Agriculture COVID-19-related relief [51]). These funds should be applied to a comprehensive pandemic recovery effort, of which COVID-19 vaccination is the start. Leaders should review city, county, and state contracts to determine which minority-owned firms, businesses, and providers are already involved or could become involved in the vaccination enterprise and postpandemic community restoration. Public agencies should employ community navigators at a living wage to give insight and input on and implement BIPOC outreach and also develop compensation mechanisms for community members who may not have bank accounts or may be fearful of government accounting systems. Public sector managers should also apply creative contracting mechanisms, such as securing a fiscal intermediary who can "pass through" funds promptly, to finance the work of community- and faith-based organizations and community health workers who have cultural and linguistic roots in BIPOC communities. With contract scope-of-work adjustments, this will not call for complicated renewals or other burdensome steps. Leaders should incentivize community- and faith-based organizations' coordinated use of funds to avoid duplication and enhance returns on the investment. States, counties, and cities can lead in the development of a coherent and adequately financed community health sector.

Enlist the help of those with private capital in near-term strategies to improve COVID-19 vaccine awareness and access for BIPOC communities and in intermediate policy changes that support BIPOC workers. Government executives should reach out to their counterparts in business to encourage the integration of private and community capital (namely, human resources). Chain drugstores can hire community health workers, and train and deploy them to long-term care facilities that house BIPOC residents, for COVID-19 vaccine and the longer-term pandemic response. Transportation providers (eg, taxicab companies, on-demand driver networks like Uber and Lyft) can provide free rides to vaccination sites and democratize access; similarly, such services can enable underserved BIPOC persons' access to food, social support, and clinic visits for other chronic conditions that have been neglected during the pandemic. Medical equipment companies can donate personal protective equipment to ensure that underresourced BIPOC community members can travel safely to vaccination sites. Supported through business donations, a jurisdiction could, for example, hold a BIPOC youth poster competition on why getting the COVID-19 vaccine is important in their community.

Public sector leaders could encourage local businesses to provide paid personal time off (PTO) for vaccination, co-host vaccination clinics at worksites with a majority BIPOC labor force, and implement longer-term health policy changes—such as PTO and sick leave—that support working people.[23]

5. Integration: big picture, whole person, holism, systems thinking, and wellness

> *"It's not necessarily about how to use education and promotion to get this vaccine into this arm—the 'way in' might be several steps removed."*
>
> – Key informant interview, December 7, 2020

Many leaders have defined COVID-19 vaccination as the way to restart the economy and to get life back to "normal." The yearning for everyday rhythms to return is an understandable and broadly shared feeling. To date, however, the pandemic recovery phase and vaccination's role in it are typically discussed in narrow terms. For instance, "normal" life for many BIPOC communities is what put them—and continues to place them—in greater danger from COVID-19's physical, financial, and psychological effects in the first place. The principle of *integration* helps leaders to view the postpandemic recovery process as an important way to support social transformation that addresses the upstream causes of disease and inequality. Catastrophes such as the pandemic need beyond-conventional recovery efforts. Anchoring community recovery in the years ahead to achieve a more just future can provide all stakeholders with a pathway to reversing past harms and cultivating comprehensive resilience.

Implement a whole-of-government, whole-of-community approach to the recovery process that COVID-19 vaccination jump-starts. Rather than a standalone public health effort, COVID-19 vaccination is a crucial component to supporting communities' postpandemic restorative work. Despite expertise in immunization, infectious disease, and health communication, the public health community cannot and should not perform vaccination and other recovery work alone. Issuing an "all-hands on deck" call, top leaders should establish an integrated COVID-19 task force comprised of many sectors, including public health, mental health, emergency management, public safety, primary care, social services, community health, and education. To apply scarce public resources most effectively, top leaders should encourage cross-agency collaboration and coordination, stressing nimbleness, and they should advance public–private partnerships. For success in BIPOC vaccination and the overall pandemic response, jurisdictions should repurpose people and programs that have existing community relationships and staff who are not yet overwhelmed. For instance, cultural affairs, parks and recreation, and libraries are among the few government entities that BIPOC communities may trust; they can become loci for vaccination promotion.

Align public agencies around a "whole person" model of recovery, to meet BIPOC communities' self-identified needs and to multiply the benefits of a single vaccination encounter. Vaccinations, health, and wellbeing are a human right. Despite the appropriate urgency around vaccination, a singular focus on the COVID-19 vaccine and pandemic response delegitimizes other threats that many BIPOC individuals and communities encounter on a regular basis. Leaders should ensure their agencies treat people's needs holistically, rather than focusing on a single issue. Meeting the BIPOC community

where they are should be a driving principle. With no strings attached, COVID-19 vaccination should be included alongside the organized delivery of other community-identified goods and services that may include food, housing, and income-generating opportunities. Delivered sometimes in a wraparound model (see Sidebar, On-the-Ground Initiatives), these basics meet a person's need for a sense of safety and security. Vaccination sites could serve as "resource centers," with staff to support the whole-person model of recovery. When arranging for a clinical vaccination visit, planners should also work to build reliable links to the health system for BIPOC communities that may not have other access and may suffer disproportionate rates of chronic disease. For example, COVID-19 vaccination staff could, during vaccination screening, also connect BIPOC individuals for chronic disease follow up and to other health and social resources. Community health workers can be an integral part of this support.

Advance trust-building on multiple fronts, knowing that institutional failures around policing, voting rights, and the pandemic are inextricably linked in the life experiences and minds of many BIPOC individuals. Appropriate and sufficient safety data may reduce COVID-19 vaccine hesitancy in BIPOC communities. But to warrant BIPOC communities' faith in them, government and health institutions promoting vaccines will need to demonstrate trustworthiness again and again over a series of projects and across a range of issues. Compelling contemporary and historic examples underscore why members of BIPOC communities have organized time and time again to state that their lives matter.[52] Government executives should engage with BIPOC communities to identify other pressing issues that may impede a successful COVID-19 vaccination campaign and to establish timelines and milestones for addressing them.

Start participatory planning for pandemic recovery now and generate durable opportunities and benefits for BIPOC communities as a priority aim. Even though the country is still in the middle of a health crisis response, jurisdictions should not postpone planning for the COVID-19 recovery phase. To develop a strategy for comprehensive recovery, leaders should convene a cross-sector group of stakeholders—including BIPOC community members and leaders—that can address the compound adverse effects of the pandemic. These effects include psychological trauma, lingering medical needs, economic displacement, housing uncertainty, food insecurity, and disrupted educations. Apart from planning how to reduce lingering pandemic impacts, the recovery group should strategize how to reverse the underlying social and economic inequalities that made some groups more vulnerable to adverse pandemic effects in the first place. A health-in-all-policies approach is needed, coupled with public adoption of health equity as a fundamental goal and principle. In addition, leaders should institute a system of feedback loops (eg, health impact assessments) to gauge how well BIPOC communities, and the larger community as a whole, are rebounding and where further interventions are needed.The pandemic prompted an unprecedented federal disaster declaration for all states, tribes, territories, and the District of Columbia, opening up resources that remain underutilized today.[53] Leaders should work to apply these resources in their jurisdictions including the nation's disaster response and recovery toolkits, policies, statute, and budgets. Community foundations with a broad mandate and commitment to the wellbeing of a specific area can be nonpartisan convenors, should political and social fragmentation be a barrier to effective planning.

Conclusion

> *"Is the headline, 'Let's overcome disparities and work together,' or is the message, "Let's get the vaccine distributed'?"*
>
> – Key informant interview, November 30, 2020

Leading at a time when vaccination will enable their communities to recover from the pandemic, US mayors, governors, county executives, and other top officials need to focus on the long game—while recognizing the broader needs of the full community—to address the emergency at hand. While tracking the progress of the pandemic response by counting vaccines administered in BIPOC communities, government executives should also look toward the future. Despite the complex logistics required for rollout, the COVID-19 vaccination campaign must be seen as more than an operational matter involving novel biotechnology. It is also an enterprise that can facilitate urgently needed social reparations and generate enduring community-level benefits.

Proper benchmarking for these efforts includes questions such as: Are we starting the process of investing sustainably in a sizable and strong community health sector that will adequately serve racial and ethnic minorities? Are we funding a public health infrastructure that will help manifest and measure population- and BIPOC group-level health? Are we retooling health systems so all individuals—especially those from historically underserved BIPOC communities—have a medical home where they can receive both good therapeutic and preventive care? Are we amassing and applying a vaccination labor force in a way that will provide opportunity for individuals and communities, especially BIPOC individuals and communities that have suffered the worst from the pandemic's adverse economic impacts? Are we improving broadband access along equity lines so that BIPOC communities can benefit from telehealth and distance learning? Are pandemic recovery efforts holistic, and do they address risk factors that allowed COVID-19 to so disproportionately harm BIPOC communities?

Vaccinating hundreds of millions of people is an unparalleled undertaking for the country. The COVID-19 vaccination enterprise has already demonstrated impressive technological and operational know-how, as evidenced by the speed with which vaccines have been developed. The country's leaders must likewise harness this historic campaign to the pair of foundational American objectives: to make democratic ideals real and to enable all people to realize their potential. The active pursuit of these aims can propel equity *in* COVID-19 vaccination and equity *through* COVID-19 vaccination.

References

1. US Centers for Disease Control and Prevention. Infographic: COVID-19 cases, hospitalization, and death by race/ethnicity. Updated December 10, 2020. Accessed February 6, 2021. https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/infographic-cases-hospitalization-death.html
2. Martínez ME, Nodora JN, Carvajal-Carmona LG. The dual pandemic of COVID-19 and systemic inequities in US Latino communities. *Cancer*. January 6, 2021. doi:10.1002/cncr.33401
3. Cano RG, Snow A, Anderson B. Vulnerable U.S. Latino communities hard hit by COVID-19. *PBS News Hour*. June 19, 2020. Accessed February 2, 2021. https://www.pbs.org/newshour/health/vulnerable-u-s-latino-communities-hard-hit-by-covid-19
4. Artiga S, Corallo B, Pham O. Racial disparities in COVID-19: key findings from available data and analysis. Kaiser Family Foundation website. Published August 17, 2020. Accessed February 2, 2021. https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-covid-19-key-findings-available-data-analysis/
5. Trust for America's Health, National Medical Association, UnidosUS. *Building Trust in and Access to a COVID-19 Vaccine Among People of Color and Tribal Nations: A Framework for Action Convening*. Accessed February 2, 2021. https://www.tfah.org/wp-content/uploads/2020/12/VaccineConveningPolicyBriefFnl.pdf
6. Kaiser Family Foundation. Vaccine Monitor: nearly half of the public wants to get a COVID-19 vaccine as soon as they can or has already been vaccinated, up across racial and ethnic groups since December. Published January 27, 2021. Accessed February 2, 2021. https://www.kff.org/coronavirus-covid-19/press-release/vaccine-monitor-nearly-half-of-the-public-wants-to-get-covid-19-vaccine-as-soon-as-they-can-or-has-already-been-vaccinated-up-across-racial-and-ethnic-groups-since-december/
7. Lawrence J. The Indian Health Service and the sterilization of Native American women. *Am Indian Q*. 2000;24(3):400-419.
8. Ko L. Unwanted sterilization and eugenics programs in the United States. *Independent Lens*. Posted January 29, 2016. Accessed February 2, 2021. https://www.pbs.org/independentlens/blog/unwanted-sterilization-and-eugenics-programs-in-the-united-states/
9. Gamble VN. Under the shadow of Tuskegee: African Americans and health care. *Am J Public Health*. 1997;87(11):1773-1778.
10. Freimuth VS, Quinn SC, Thomas SB, Cole G, Zook E, Duncan T. African Americans' views on research and the Tuskegee Syphilis Study. *Soc Sci Med*. 2001;52(5):797-808.
11. Mohr JC. *Plague and Fire: Battling Black Death and the 1900 Burning of Honolulu's Chinatown*. Oxford, UK: Oxford University Press; 2004.
12. Risse GB. *Plague, Fear, and Politics in San Francisco's Chinatown*. Baltimore, MD: Johns Hopkins University Press; 2012.
13. Shah N. *Contagious Divides: Epidemics and Race in San Francisco's Chinatown*. Berkeley: University of California Press; 2001.
14. Roberts SK. *Infectious Fear: Politics, Disease, and the Health Effects of Segregation*. Chapel Hill: University of North Carolina Press; 2009.
15. Egede LE, Walker RJ. Structural racism, social risk factors, and Covid-19—a dangerous convergence for Black Americans. *N Engl J Med*. 2020;383(12):e77.
16. McElfish PA, Cleek AB, Willis DE, Purvis RS, James LP. Leveraging community engagement capacity to address COVID-19 disparities among Pacific Islander and Latinx communities in Arkansas. *J Clin Transl Res*. December 7, 2020. doi:10.1017/cts.2020.562
17. The White House. *National Strategy for the COVID-19 Response and Pandemic Preparedness*. Washington, DC: The White House; 2021. Accessed February 2, 2021. https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf
18. Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proc Natl Acad Sci U S A*. 2016;113(16):4296-4301.
19. Bridges KM. Implicit bias and racial disparities in health care. *Hum Rights Mag*. 2020;43(3).

20. Artiga S, Hinton E. Beyond health care: the role of social determinants in promoting health and health equity. Kaiser Family Foundation. Published May 10, 2018. Accessed February 6, 2021. https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/
21. Singu S, Acharya A, Challagundla K, Byrareddy SN. Impact of social determinants of health on the emerging COVID-19 pandemic in the United States. *Front Public Health*. 2020;8:406.
22. Reagan-Udall Foundation for the FDA. COVID-19 Vaccine Confidence Project. Accessed February 6, 2021. https://covid19.reaganudall.org/covid-19-vaccine-confidence-project
23. Robert Wood Johnson Foundation. Health equity principles for state and local leaders in responding to, reopening, and recovering from COVID-19. Published May 2020. Accessed February 5, 2021. https://www.rwjf.org/en/library/research/2020/05/health-equity-principles-for-state-and-local-leaders-in-responding-to-reopening-and-recovering-from-covid-19.html
24. Langer Research Associates. *COVID Collaborative Survey: Coronavirus Vaccine Hesitancy in Black and Latinx Communities*. COVID Collaborative; 2020. Accessed February 5, 2021. https://www.covidcollaborative.us/content/vaccine-treatments/coronavirus-vaccine-hesitancy-in-black-and-latinx-communities
25. US Centers for Disease Control and Prevention. V-safe after vaccination health checker. Updated February 6, 2021. Accessed February 6, 2021. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html
26. Burgess RA, Osborne RH, Yongabi KA, et al. Comment: the COVID-19 vaccines rush: participatory community engagement matters more than ever. *Lancet*. 2021;397(10268):8-10.
27. Akintobi TH, Jacobs T, Sabbs D, et al. Community engagement of African Americans in the era of COVID-19: considerations, challenges, implications, and recommendations for public health. *Prev Chronic Dis*. 2020;17:E83.
28. Schoch-Spana M, Brunson EK; on behalf of the Working Group on Readying Populations for COVID-19 Vaccine. *The Public's Role in COVID-19 Vaccination: Planning Recommendations Informed by Design Thinking and the Social, Behavioral, and Communication Sciences*. Baltimore, MD: Johns Hopkins Center for Health Security; 2000. Accessed February 5, 2021. https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200709-The-Publics-Role-in-COVID-19-Vaccination.pdf
29. National Academies of Sciences, Engineering, and Medicine. *Framework for Equitable Allocation of COVID-19 Vaccine*. Washington, DC: The National Academies Press; 2020. Accessed February 6, 2021. https://doi.org/10.17226/25917
30. Chou W-YS, Burgdorf CE, Gaysynsky A, Hunter CM. C*OVID-19 Vaccination* Communication: Applying Behavioral and Social Science to Address Vaccine Hesitancy and Foster Vaccine Confidence***. Bethesda, MD: National Institutes of Health; 2020. Accessed February 2, 2021. https://obssr.od.nih.gov/wp-content/uploads/2020/12/COVIDReport_Final.pdf
31. National Academies of Sciences, Engineering, and Medicine. *Health Communication with Immigrants, Refugees, and Migrant Workers: Proceedings of a Workshop—in Brief*. Washington, DC: National Academies Press; 2017. Accessed February 6, 2021. https://doi.org/10.17226/24796
32. Fischhoff B. Evaluating science communication. *Proc Natl Acad Sci U S A*. 2019;116(16):7670-7675.
33. Fischhoff B, Brewer NT, Downs JS, eds. *Communicating Risks and Benefits: An Evidence-Based User's Guide*. Washington, DC: US Food and Drug Administration, US Department of Health and Human Services; 2011. Accessed February 5, 2021. https://www.fda.gov/media/81597/download
34. Trevena LJ, Zikmund-Fischer BJ, Edwards A, et al. Presenting quantitative information about decision outcomes: a risk communication primer for patient decision aid developers. *BMC Med Inform Decis Mak*. 2013;13(suppl 2):S7.
35. Trevena LJ, Davey HM, Barratt A, Butow P, Caldwell P. A systematic review on communicating with patients about evidence. *J Eval Clin Pract*. 2006;12(1):13-23.
36. Quinn SC, Jamison AM, Freimuth V. Communicating effectively about emergency use authorization and vaccines in the COVID-19 pandemic. *Am J Public Health*. November 25, 2020. doi:10.2105/PJPH.2020.306036
37. Tumpey AJ, Daigle D, Nowak G. Communicating during an outbreak or public health investigation. In: Rasmussen SA, Goodman RA, eds. *The CDC Field Epidemiology Manual*. Oxford, UK: Oxford University Press; 2018. Accessed January 20, 2021. https://www.cdc.gov/eis/field-epi-manual/chapters/Communicating-Investigation.html
38. Hoffman SJ, Mansoor Y, Natt N, et al. Celebrities' impact on health-related knowledge, attitudes, behaviors, and status outcomes: protocol for a systematic review, meta-analysis, and meta-regression analysis. *Syst Rev*. 2017;6(1):13.
39. Najera RF. Celebrities have influence on vaccination. History of Vaccines website. Published June 16, 2019. Accessed February 2, 2021. https://www.historyofvaccines.org/content/blog/vaccine-celebrities

40. Berkeley Media Studies Group. Communicating about the COVID-19 vaccines: guidance and sample messages for public health practitioners. Published December 8, 2020. Accessed February 6, 2021. http://www.bmsg.org/resources/publications/communicating-covid-19-vaccines-guidance-and-sample-messages-for-public-health-practitioners/
41. Ferreri E. Duke experts: meet vaccine skeptics with empathy, information. Duke Global Health Institute website. Published December 15, 2020. Accessed February 6, 2021. https://globalhealth.duke.edu/news/duke-experts-meet-vaccine-skeptics-empathy-information
42. Martin M. Talking with people in your life hesitant about the coronavirus vaccine. *NPR*. January 12, 2021. Accessed February 2, 2021. https://www.npr.org/2021/01/11/955691117/talking-with-people-in-your-life-hesitant-about-the-coronavirus-vaccine
43. Gagneur A. Motivational interviewing: a powerful tool to address vaccine hesitancy. *Can Commun Dis Rep*. 2020;46(4):93-97.
44. MacFarlane D, Rocha R. Guidelines for communicating about bats to prevent persecution in the time of COVID-19. *Biol Conserv*. 2020;248:108650.
45. Omer SB, Amin AB, Limaye RJ. Communicating about vaccines in a fact-resistant world. *JAMA Pediatr*. 2017;171(10):929-930.
46. Dubé E, Gagnon D, MacDonald NE; Sage Working Group on Vaccine Hesitancy. Strategies intended to address vaccine hesitancy: review of published reviews. *Vaccine*. 2015;33(34):4191-4203.
47. Jarrett C, Wilson R, O'Leary M, Eckersberger E, Larson HJ; SAGE Working Group on Vaccine Hesitancy. Strategies for addressing vaccine hesitancy—a systematic review. *Vaccine*. 2015;33(34):4180-4190.
48. Bay Area Regional Health Inequities Initiative (BARHII), Rise Together. *BARHII-Rise Together COVID-19 Response: Policy Considerations for Health and Economic Equity*. Oakland, CA: BARHII; 2020. Accessed February 6, 2021. https://bd74492d-1deb-4c41-8765-52b2e1753891.filesusr.com/ugd/08bbe4_562f1df0ed72403ca2242c257137d72a.pdf
49. Kritz F. 'Trusted messengers, trusted messages': how to overcome vaccine hesitancy. *NPR*. December 24, 2020. Accessed February 6, 2021. https://www.npr.org/sections/health-shots/2020/12/24/948776228/trusted-messengers-trusted-messages-how-to-overcome-vaccine-hesitancy
50. US Department of Housing and Urban Development. Community development. Last updated September 24, 2020. Accessed February 6, 2021. https://www.hud.gov/program_offices/comm_planning/communitydevelopment
51. US Department of Agriculture. Coronavirus disease (COVID-19). Accessed February 6, 2021. https://www.usda.gov/coronavirus#usda-actions
52. Leitch S, Corbin JH, Boston-Fisher N, et al. Black Lives Matter in health promotion: moving from unspoken to outspoken. *Health Promot Int*. December 10, 2020. doi:10.1093/heapro/daaa121
53. Federal Emergency Management Agency. COVID-19 emergency declaration. Published March 13, 2020. Accessed February 6, 2021. https://www.fema.gov/press-release/20210121/covid-19-emergency-declaration

Appendix:

Action Checklist for Ensuring Equity *In* and *Through* COVID-19 Vaccination

Developed by the CommuniVax Coalition, this checklist is a tool to aid state and local jurisdictions in delivering the systemic benefits of COVID-19 vaccination to communities of color. Specific objectives and sample actions align with the 5 principles of the Action and Accountability Plan. Authorities should strive to reach as many of these objectives as possible through their COVID-19 vaccination programs. Some things may be more appropriate to prioritize in the near term, but the actions that have a longer fuse will have more impact if efforts are initiated now. Other tool uses include assessing technical assistance needs; developing senior staff evaluation processes in concert with standards for the management of compound disasters that occur in the context of social, economic, and health disparities; and socializing new norms among elected and appointed leaders via their professional organizations, such as the League of Cities, National Association of Counties, and the US Conference of Mayors, among others.

Objective	Sample Action	Timeline	
PRINCIPLE 1: Iteration – commitment, constancy, checking in, forward motion, marked advances		**Short Term**	**Long Term**
Reorient jurisdictional efforts to advance COVID-19 vaccine uptake for BIPOC communities beyond a "rescue" approach (ie, short-term assistance) toward a "resilience" approach (ie, systemic benefits that last postpandemic).	☐ Engage in policy reform with an eye to long-term gains that enhance the overall health and wellness of BIPOC communities during the COVID-19 pandemic and well beyond.		X
	☐ Set aside resources to support BIPOC community health and well-being in postpandemic years (eg, budget for specific recovery/ resiliency activities in BIPOC communities, sustainably resource programs to advance BIPOC community health and wellbeing).		X
Publicly present the baseline your jurisdiction will use to measure progress made in building BIPOC confidence in COVID-19 vaccines and the institutions administering them.	☐ Publicly acknowledge the history of BIPOC suffering nationally and reference any past harms in your city or state.	X	X
	☐ Include this acknowledgment in all COVID-19 vaccination communications to demonstrate understanding and integration of these factors into pandemic response and recovery efforts.	X	
	☐ Co-create programs with BIPOC communities to identify, monitor, and address legacy behaviors (eg, racial profiling by the police) that feed distrust within the jurisdiction.		X
	☐ Establish training and credentialing mechanisms that raise awareness about past and present bias and abuse against BIPOC community members, in medical and public health systems.	X	

Objective	Sample Action	Timeline	
Assemble a durable infrastructure—anchored in your office, shaped by the health department, and fastened to community-based organizations—to engage BIPOC communities and foster trust.	☐ Plan for longer-term sustainability of programs that address the broader needs of the community rather than a specific disease.		X
	☐ Appoint an equity advisor, or an equivalent, to inform and assess COVID-19 response and recovery activities. Maintain this office postpandemic to ensure equitable policy and program development and implementation.	X	X
	☐ Marshal staff to coordinate community engagement capabilities across multiple agencies and community- and faith-based organizations to complement efforts and close gaps.	X	X
	☐ Build into budgets resources to strengthen community- and faith-based organization operations and provide technical assistance (eg, grant writing assistance, training).	X	X
	☐ Build into the budget dedicated resources for regular information sharing, consultation, and engagement with community stakeholders.	X	X
	☐ Employ multilingual, multicultural staff (including at the leadership level) to ensure diverse perspectives are included in leadership-level discussions and decisions.	X	X
	☐ Employ all of the major languages spoken in your community when delivering information important to their health and wellbeing.	X	X
Meet regularly with BIPOC community members to gather perspectives on COVID-19 vaccination and recovery needs as well as to better understand other issues or needs affecting the health and wellbeing of BIPOC communities.	☐ Engage BIPOC communities in deliberate, respectful forums to learn about BIPOC experiences, needs, and hopes for COVID-19 vaccination and recovery efforts. Listen carefully; defer to community members as guides during these conversations.	X	
	☐ Seek input/feedback on COVID-19 vaccination and recovery efforts at multiple junctures and through multiple channels. Acknowledge the input received and clearly explain how it will be used to manage expectations and promote transparency.	X	

Objective	Sample Action	Timeline	
	☐ Utilize and act on input from BIPOC communities to the greatest degree possible, and keep BIPOC communities informed about where and how input will be used.	X	X
	☐ Systematically check in with BIPOC communities, assessing whether they feel their input has been used and has made a difference. Be responsive if communities suggest more work is needed.	X	X
Employ data systems that enable public monitoring of the effects of and responses to the pandemic for BIPOC communities and that can inform individual decision making about COVID-19 vaccination.	☐ Disaggregate data by race/ethnicity and in other ways (eg, ZIP codes) that can help index how specific populations are affected by the pandemic and response efforts. Use these data to inform resource allocation and vaccination program activities.	X	
	☐ Track vaccination program outputs and outcomes, particularly in terms of direct BIPOC experiences, to inform ongoing implementation of the vaccination program.	X	
	☐ Gather information to better assess reasons for vaccine hesitancy, delaying, and refusal. Use this information to help inform vaccine outreach efforts.	X	
	☐ Make information about vaccine effectiveness, evolving safety profiles, and availability transparent and public. Ensure the data/information is presented in a comprehensible way and frequently updated.	X	
	☐ Engage community members and leaders when interpreting safety, effectiveness, and uptake data.	X	X
	☐ Provide opportunities for community leaders, government leaders, and the media to work in tandem to interpret the implications of vaccine data, to relate these to others, and to advance participatory decision making around vaccination.	X	X

Objective	Sample Action	Timeline	
PRINCIPLE 2: Involvement – partnership, joint problem solving, representativeness, collaboration		**Short Term**	**Long Term**
Map and regularly update knowledge of BIPOC communities' trusted leaders, influencers, social networks, pillar institutions, and virtual/physical venues to help engage your jurisdiction's BIPOC communities in 2-way communication about the vaccination program and COVID-19 response.	☐ Map the social landscape in the jurisdiction and identify committed, knowledgeable people as well as resources that can be engaged to support 2-way communication (eg, thought leaders, "go to" organizations that can mobilize community members, community news resources).	X	
	☐ Use social service agencies, community organizers, and others with connections to underserved BIPOC community members to inform them about the mapping effort and to solicit input.	X	X
	☐ Engage and train community members to update the map.		X
	☐ Track strategic community alliances by monitoring new groups recruited to vaccination efforts, the diversity of groups involved, and the durability of partnerships established.	X	X
Ensure BIPOC individuals and groups are engaged as peers with agency and a right to self-determination, rather than treated as subordinates or wards to protect.	☐ Listen to BIPOC individuals' and organizations' reactions to COVID-19 vaccination efforts. Use their input to inform future efforts rather than preconceived ideas about what others believe their priorities should be.	X	
	☐ Convene BIPOC community advisory and/or planning groups to discuss and set priorities, share dilemmas, discuss failures, and garner advice on implementing the COVID-19 vaccination program and recovery efforts.	X	
Involve BIPOC individuals and community organizations in the COVID-19 vaccination campaign in ways that strengthen self-reliance and self-direction, for COVID-19 response and beyond.	☐ Match community leaders and subject matter experts who can provide on-demand technical support.	X	
	☐ Engage public health and community partners (eg, paid peer ambassadors, community health workers) to encourage BIPOC individuals to develop personal and family vaccination plans.	X	

Objective	Sample Action	Timeline	
	☐ Provide technical assistance to BIPOC-serving community organizations (eg, grant writing assistance).		X
	☐ Compensate BIPOC community members, leaders, and organizations for their time and work in these and all other capacities mentioned in the checklist/plan.	X	X
On both government and community sides of the vaccination planning table, put BIPOC individuals in influential seats and remain mindful that BIPOC communities are not homogeneous.	☐ Leverage modern communication technology to further amplify BIPOC voices (eg, social media campaigns, webinars, virtual meetings).	X	X
	☐ Use traditional communications channels (eg, newspapers, public service announcements, church newsletters, flyers) to share important information and invite input from those without access to the internet or other technologies.	X	X
	☐ Ensure that enough people in positions of authority have roots in the BIPOC communities they serve.		X
	☐ Develop and refine plans to cultivate BIPOC executives and leaders, including those who will manage future crises.		X
PRINCIPLE 3: Information – communication, influencers, salience, cultural relevance, veracity		**Short Term**	**Long Term**
Put the spotlight on trusted BIPOC individuals and organizations who can effectively relay information and help set community norms around COVID-19 vaccination.	☐ Work with BIPOC communities to identify and connect with influential members who can advocate for the COVID-19 vaccine (eg, cultural leaders, political leaders, faith leaders, ethnic grocery store owners, family matriarchs, meat packing plant supervisors, community health workers, ethnic radio personalities, minority-serving institution faculty and students, BIPOC healthcare practitioners and their associations).	X	X
	☐ Engage early adopters to advocate for vaccination publicly, in their own words, and to disseminate information about vaccination options.	X	X

Objective	Sample Action	Timeline	
Apply lessons from engagement with BIPOC communities to frame COVID-19 vaccination in communities' own terms (eg, what and whom they value).	☐ Convey technical information about COVID-19 vaccines (safety, etc.) in lay language, with graphics/illustrations and other elements to make the information easier to absorb.	X	
	☐ Provide essential information in all major languages spoken in the jurisdiction to maximize accessibility and message penetration.	X	X
	☐ Develop messaging in partnership with individual BIPOC communities to ensure messages about vaccination are culturally and socially relevant in locally significant ways.	X	
Enlist all allies and avenues to fill BIPOC communities with "good" (ie, valid, reliable, culturally relevant, and actionable) information to counteract misinformation.	☐ Begin your communication campaign right away; sustain the flow of information to prevent misinformation and damaging counter-narratives from filling the void during long breaks	X	
	☐ Research and track misinformation circulating locally and work with local BIPOC leaders to develop plans for this misinformation.	X	
	☐ Engage door-to-door and in-person campaigners (with safety in mind) from within the community to spread "good" information and to learn more about the misinformation circulating in the community.	X	
	☐ Engage social media, ethnic media (eg, preferred radio stations), and informal communication channels to spread "good" information.	X	X
	☐ Employ artists (eg, poets, muralists, singers) from within the community to spread "good" information.	X	X
PRINCIPLE 4: Investment – financing, tangible goods, human capital, dividends, appreciation		**Short Term**	**Long Term**
Allocate needed human resources—beginning in the health department and working outward—to make equity a fixed feature of COVID-19 vaccination and future programming.	☐ Convene and provide resources for a health equity council to inform COVID-19 vaccination and recovery efforts and identify opportunities to inform policy decisions and implementation for future health equity issues.	X	X
	☐ Employ BIPOC community members in COVID-19 recovery efforts (both planning and implementation) and award contracts to minority-owned firms.	X	X

Objective	Sample Action	Timeline	
	☐ Consistently assess whose voices are missing from COVID-19 response and recovery efforts and create plans for inviting these voices into the discussion.	X	X
Creatively finance BIPOC nonprofit and for-profit entities to strengthen COVID-19 vaccination uptake and foster a coherent community health sector that serves all constituents.	☐ Use other appropriate forms of public capital (eg, US government community block grants and public assistance) for the COVID-19 vaccination program and other recovery efforts.	X	X
	☐ Review city, county, and state contracts to identify minority-owned firms, businesses, and providers for involvement in the vaccination program and postpandemic community restoration.	X	X
	☐ Apply creative contracting mechanisms (eg, securing a fiscal intermediary who can "pass through" funds promptly) to finance the work of community- and faith-based organizations and community health workers with cultural and linguistic roots in BIPOC communities.	X	X
	☐ Incentivize community- and faith-based organizations to coordinate spending to avoid duplication and enhance returns on the investment.	X	X
	☐ Employ community navigators at a living wage to give insight and input on BIPOC outreach.	X	X
Enlist private capital holders to improve COVID-19 vaccine uptake and in intermediate policy changes that support BIPOC workers.	☐ Engage local businesses in vaccination efforts (eg, vaccinating on site for major employers, engaging small businesses in raising awareness).	X	
	☐ Encourage health-supporting policy changes at workplaces (eg, paid time off to get vaccinated).	X	X
	☐ Encourage private sector investment into the community via employment opportunities.		X
	☐ Encourage local chain drugstores to hire, train, and deploy community health workers in BIPOC communities to assist with COVID-19 vaccination and recovery.	X	X

Objective	Sample Action	Timeline	
	☐ Partner with transportation providers (eg, taxicab companies, on-demand driver networks like Uber and Lyft) to coordinate free rides to vaccination sites.	X	
PRINCIPLE 5: Integration – big picture, whole person, holism, systems thinking, wellness		**Short Term**	**Long Term**
Implement a holistic approach to recovery, jumpstarted by COVID-19 vaccination efforts.	☐ Establish an integrated multisectoral COVID-19 task force to coordinate efforts across agencies and sectors.	X	X
	☐ Engage trusted but underused community agencies and organizations (eg, libraries, parks and recreation, cultural affairs) to assist with COVID-19 vaccination and recovery efforts in BIPOC communities.	X	X
Align public agencies around a "whole person" model of recovery, to meet BIPOC communities' self-identified needs and to multiply the benefits of a single vaccination encounter.	☐ Provide no-strings-attached vaccination alongside delivery of other goods and services to meet community-identified needs that may include food, housing, income-generating opportunities.	X	
	☐ Use vaccination visits and community health workers to link to other aspects of the health and welfare system (eg, chronic disease care, daycare).	X	
Advance trust building on multiple fronts, with an eye to historic experiences and demonstrating trustworthiness recursively, over a series of projects that collectively offer communities resolution.	☐ Engage with BIPOC communities to identify pressing issues (eg, policing, voting rights) that may stand in the way of a successful COVID-19 vaccination campaign.	X	X
	☐ Establish public timelines and milestones for addressing these community concerns, and report progress on a regular basis to demonstrate commitment to addressing these issues.	X	X
Start participatory planning for pandemic recovery now, with durable gains for BIPOC communities as the highest-priority objective.	☐ Convene a cross-sector council of stakeholders to assess the compound adverse effects of the pandemic (eg, trauma, lingering medical needs, economic displacement, disrupted educations) and to develop plans for addressing these issues.	X	X
	☐ Institute a system of feedback loops (eg, health impact assessments) to gauge rebound and pinpoint where further interventions are needed.	X	X

Objective	Sample Action	Timeline	
	☐ If needed, involve community foundations to safeguard against partisan barriers or social fragmentation in COVID-19 vaccination, response, and recovery planning efforts.	X	X

CommuniVax

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