CHOOSE HEALTHY LIFE:

Capacity-Building for Health Equity in the COVID-19 Pandemic

February 2022

HESTER ST

United Way
United Way of New York City

CHOOSE HEALTHY LIFE

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1 EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

COVID-19 is a global health crisis like the world has not seen in over a century. In the US, the pandemic has hit hardest in low-income communities of color.

Black, Indigenous and People of Color have been disproportionately impacted by the pandemic due to a long history of discrimination, disinvestment, and systemic racism.

The Choose Healthy Life Black Clergy Action Plan (CHL) launched in January 2021 as a response to the disproportionate impacts of the COVID-19 pandemic on the Black community

In partnership with United Way of New York City (UWNYC), the Hester Street team drew from our extensive experience working with local leaders, community-based organizations, neighborhood institutions, elected officials and city agencies to support CHL. Our goal was to fortify community infrastructure to address the COVID pandemic in the Black community, strengthen local networks, increase long-term community resilience and save lives.

CHL leveraged the power of the Black church – a trusted and respected institution in the Black community – to expand access to COVID-19 testing, contact tracing, vaccines and other health services in underserved communities.

Hester Street provided community engagement and capacity building, as well as data and research support to aid church-based Health Navigators as well as citywide Health Navigator Supervisors in executing this unprecedented decentralized public health organizing campaign.

Project Highlights: **Successes**

1. **Produced responsive engagement tools, resources and trainings** to support CHL outreach efforts within the shifting landscape of the pandemic.

2. **Developed user-friendly means to visualize data collected** to enable CHL partners to track their progress and course-correct as needed.

3. **Provided centralized Resource Website, hosting data tracking tools,** including data tracking tools, messaging materials, how-to-guides, and more, to improve CHL program's ability to support churches.

4. **Built UWNYC's capacity to provide program support to partners** through regular workshops, office hours, facilitated troubleshooting sessions, and training on how to use Hester Street tools.

Project Highlights: **Challenges**

1. **Changing nature of community engagement during an unprecedented public health emergency**
   - The pandemic has taken a steep emotional toll from those on the frontlines of addressing the crisis.
   - The ebbs and flows of case trends, new variants and local and federal guidelines had an incredible impact on day to day functions on Choose Healthy Life partners.

2. **Urgency of the pandemic required to developing key program infrastructure as CHL was rolled out, requiring adjustments along the way.**
   - Meeting the urgency of the crisis required rolling out aspects of the program while key administrative infrastructure and information was being developed.
   - Due to the nature of funding and the administrative challenge of launching this massive effort, CHL priorities also struggled to keep pace with shifts in national pandemic response.

3. **Timeline expectations did not align with the reality of project scale**
   - Though the urgency of the pandemic demanded a swift response, CHL's ambitious agenda required more time to ramp up, bring on implementation partners, and onboard 126 churches across the country.
   - Consistent onboarding presented a challenge and led to uneven access to resources and trainings.

4. **Reporting requirements shifted, leading to inconsistencies with data collection**
   - Expectations data reporting were not clear from the outset,
   - Reporting parameters of the reports shifted even as churches were conducting their outreach.

Project Highlights: **Recommendations**

1. **Leverage the capacity built through the CHL initiative to create lasting community infrastructure for grassroots emergency planning, preparedness and response.**

   Future programs should strengthen existing community-based organizations to serve as anchor institutions for disaster planning and preparedness – not just crisis response.

2. **Secure long-term funding to support a more holistic approach to addressing health inequities in Black communities.**

   Ongoing and future efforts should address comorbidities that exacerbate poor health outcomes in communities of color

3. **Trust and invest in local leadership to anchor and inform outreach efforts for health equity.**

   Future programs should direct resources to existing local leadership in disinvested communities that are most vulnerable in national crises, to build their capacity for long term impact.

4. **Centralize information and resource sharing and reduce administrative burdens for community leaders.**

   Future programs should mitigate administrative burden by centralizing and refining information from the outset of program design.

2 INTRODUCTION

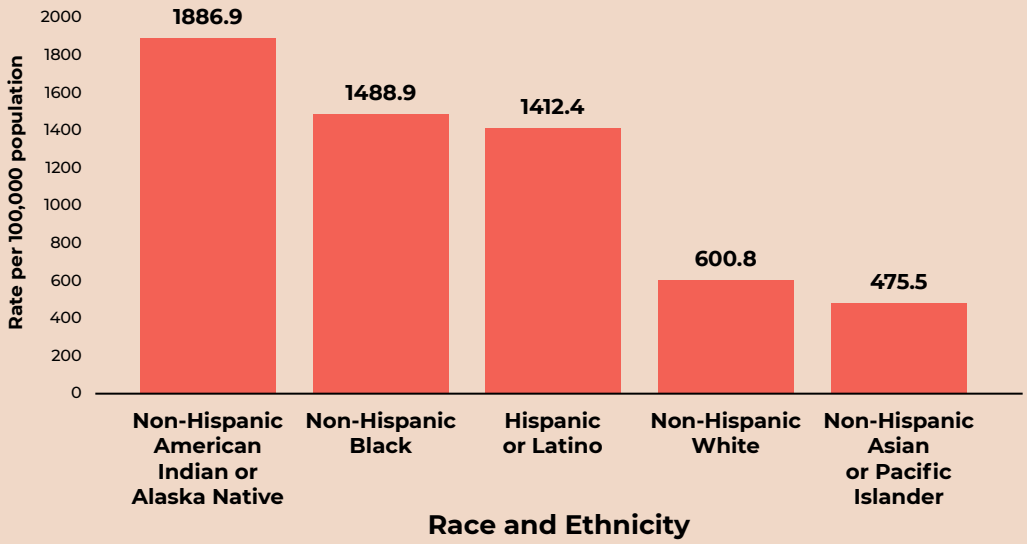
INTRODUCTION
Context

COVID-19 is a global health crisis like the world has not seen in over a century. In the US, the pandemic has hit hardest in low-income communities of color.

Black, Indigenous and People of Color have been disproportionately impacted by the pandemic due to a long history of discrimination, disinvestment, and systemic racism. Nearly half of hospitalized COVID-19 patients are Black, and over a third are Hispanic or Latinx[1], and COVID-19 mortality rates for people of color are up to 3.6 times higher than those of White people[2].

Age-adjusted Laboratory-Confirmed COVID-19-Associated Hospitalization Rates by Race/Ethnicity

March 1, 2020–Janurary 22, 2022, Source: CDC



Low-income communities of color experience higher rates of chronic comorbidities including hypertension, diabetes and obesity – all of which have been associated with worse outcomes for those infected by COVID-19[3]. In addition, racial and ethnic minority populations have poorer access to health care, which may lead to delayed care, exacerbating the risk of illness and mortality.

Risk for Covid-19 Infection, Hospitalization and Death by Race/Ethnicity

Feb 1, 2022, Source: CDC

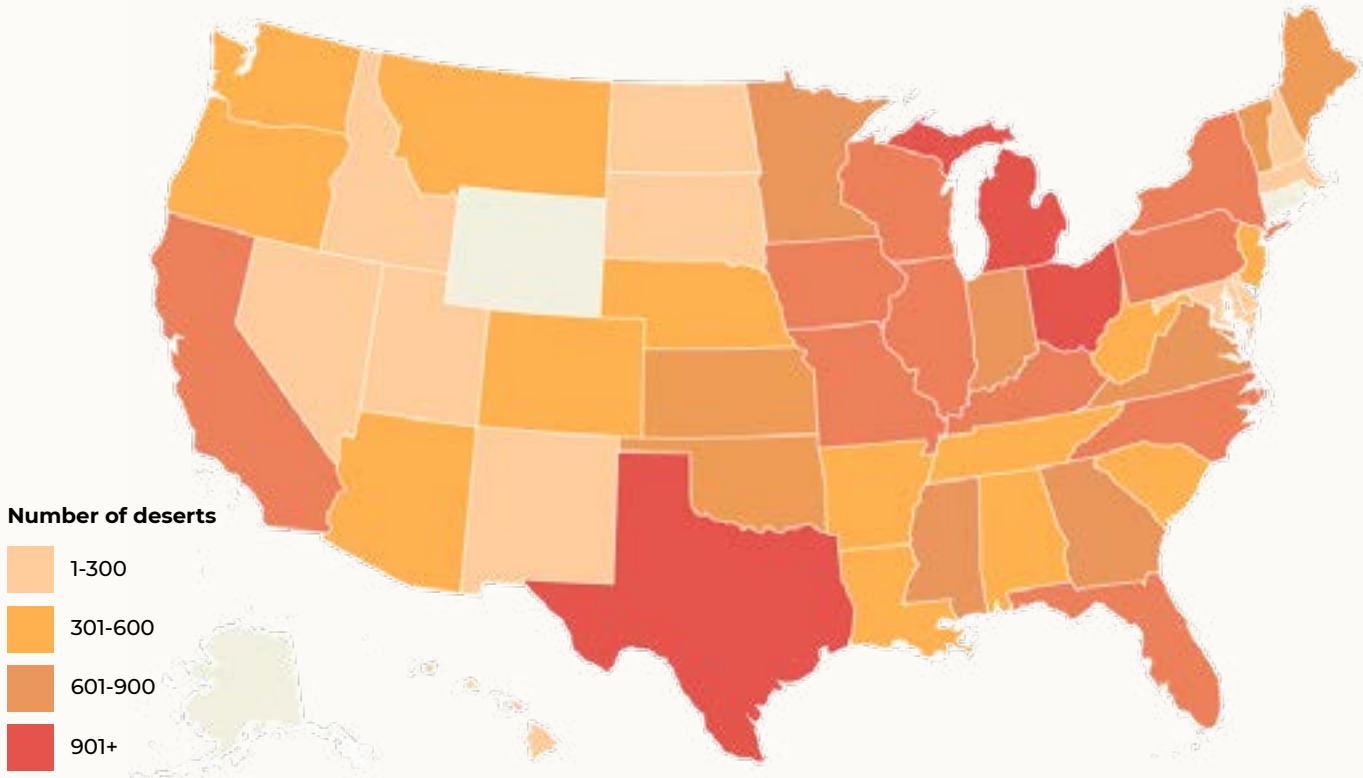
Rate Ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic Persons	Asian, Non-Hispanic Persons	Black or African American, Non-Hispanic Persons	Hispanic or Latino Persons
Cases	1.5x	0.7x	1.0x	1.5x
Hospitalization	3.2x	0.8x	2.5x	2.4x
Death	2.2x	0.8x	1.7x	1.9x

The COVID-19 pandemic has exacerbated existing economic inequalities, including unequal access to healthcare and food, high unemployment rates and job insecurity, and unsafe or challenging living conditions. Those who were deemed "essential workers", including many immigrants and communities of color, remained on the front line, placing themselves and their families further at risk[4]. These same communities are more likely to rely on public transportation. People of color in the US are more likely to live in crowded or multigenerational households, and have jobs that cannot be performed remotely; even for individuals able to shelter at home, they are likely to share a home with an essential worker and face higher risks of exposure[5]. At the same time, many of these same communities have lost their livelihoods; between February and December 2020, the decline in employment for Black and Hispanic workers outgrew that of white workers[6]. While the federal government provided relief packages, undocumented workers have been excluded from receiving assistance.

As communities of color faced high risks of exposure, COVID testing became a crucial tactic in reducing the spread of the virus, especially given that an estimated 40% of COVID-19 cases are asymptomatic[7]. Showing a negative COVID test has also become required in some circumstances, including for travel, work and personal gatherings.

Number of Census Testing Deserts by State

July 15 2021, Source: GoodRX



Throughout the pandemic, communities of color have faced barriers to access to free COVID testing with accurate and quick results, as well as to quality care in the event of a positive COVID test. Studies have shown that in 2020, at the height of the pandemic, people of color faced longer wait and travel times to access a COVID-19 test, and many experienced 'testing deserts', with more limited testing access within their neighborhoods[8]. Additionally, people of color are more likely to be uninsured or underinsured, and the fear of paying out-of-pocket further limits access to testing[9].

As vaccines were made available, racial disparities in vaccination rates emerged.

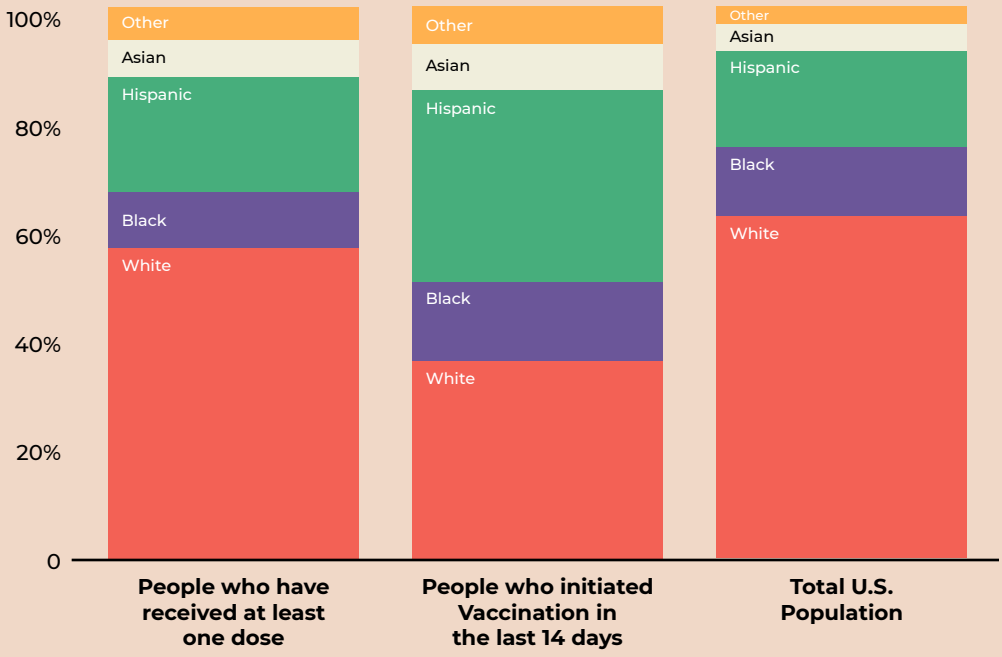
By April 2021, several months after vaccines were made available to priority populations, only 23% of vaccines in the US were going to Black residents[10]. These disparities are linked to barriers to access to health care in communities of color, but also made more complicated by vaccine hesitancy in Black communities, the result of a long history of exploitation, experimentation and exclusion of Black Americans by medical professionals[11].

By January 2022, the racial gap in vaccination rates had decreased, but with lingering disparities

81% of Asian people and 60% of White and Hispanic people had received at least one COVID-19 vaccine dose - still higher than the rate for Black people (54%) by January 2022[12]. In a September 2021 study, Black and Hispanic parents cited concerns including not being able to get the vaccine from a trusted place, fear they may have to pay an out-of-pocket cost, or having difficulty commuting to a vaccination site[13]. Vaccination rates continue to be lower among Black Americans, but a recent study suggests that this disparity is less likely due to vaccine hesitancy than other factors such as access[14].

Race/Ethnicity of People Receiving a COVID-19 Vaccine in the U.S. as of January 31, 2022

Janurary 31, 2022, Source: KFF



Access to reliable public health information, free, accurate testing, and vaccines is each critical to addressing the disparate impacts of COVID in Black communities – the core drive behind the Choose Healthy Life effort.

Choose Healthy Life Overview

CHL leverages the power of Black churches – trusted & respected organizations in the Black community – to expand access to COVID-19 testing, contact tracing, vaccines and other health services in underserved communities.

The Choose Healthy Life Black Clergy Action Plan (CHL) emerged in late 2020 as a response to the disproportionate impacts of the COVID-19 pandemic on the Black community.

Choose Healthy Life builds upon D. Fraser Associates' Choose Healthy Life™ Standard, the successful public health approach implemented to address the HIV/AIDS Epidemic in the Black Community. In the face of the most urgent public health crisis of the past 100 years, the nation's leading local Black church ministers came together to form the National Black Clergy Leadership Health Council co-chaired by Rev. Dr. Calvin O. Butts and Rev. Al Sharpton.

Choose Healthy Life has worked to fortify community infrastructure in order to address the COVID pandemic in the Black community, strengthen local networks, increase long-term community resilience and save lives.

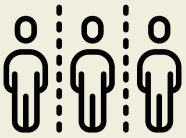
Goals and Objectives

Increased Vaccination

Increase vaccine trust, and therefore vaccine uptake, in the Black community through popular education, community support, and culturally appropriate messaging

Increased Testing Rates

Proactively engage high-risk communities through a COVID-19 testing campaign that includes contact tracing, isolation and quarantine – all with the goal of stopping the spread of the virus and saving lives



Infrastructure for Supportive Isolation and Quarantine

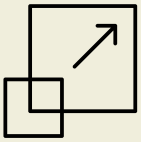
Establish a network of trusted health navigators in the Black church to develop and administer a Community Solutions Action Plan (CSAP)

Awareness and Education

Raise awareness and educate the Black clergy and community about COVID-19 and other health disparities

Resilience

Strengthen existing and foster new local networks that provide resources, address health disparities, and support healthy communities during and beyond the pandemic



Scalability

Establish a sustainable, scalable model that can be expanded to additional cities to address health disparities in other communities

Advocacy

Develop a federal and local advocacy plan for equitable public health

Project Structure

CHL operated as a decentralized national effort that leveraged & resourced existing community institutions and networks of clergy leaders.

CHL's national implementation partner UWNYC, in partnership with local implementation partners, provided clergy leaders with resources and trainings. This enabled them to reach interally within local congregations and externally into the Black community to disseminate accurate information about COVID testing and vaccines, provide access to testing & vaccines through events, and connect community members to ongoing services and support and to each other.

CHL supported a community health workforce in the form of a temporary, full-time Black Church Public Health Navigator (Health Navigator) who anchors the outreach efforts of participating churches. Each city also hosted a Health Navigator Supervisor (HNS) that supports the Health Navigators with establishing and managing medical activities, educating and training on standard contact tracing protocols, and tracking data.

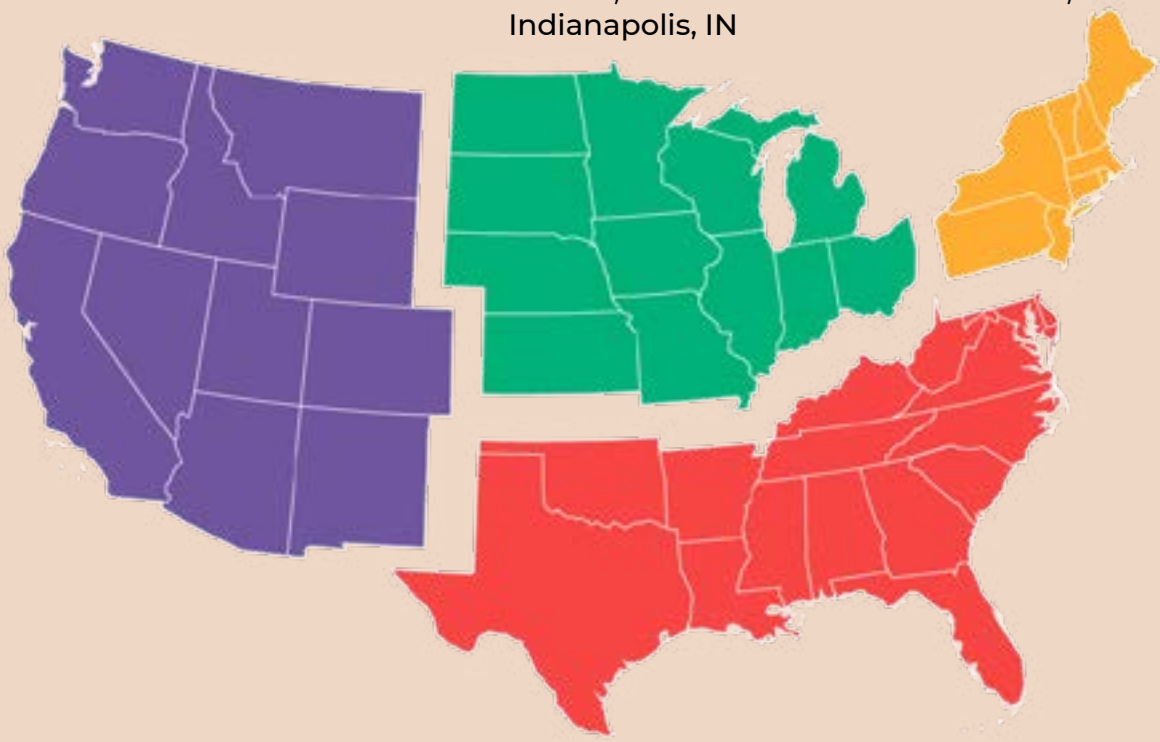
Geographic Reach

Originally launched in early 2021 in five cities – New York, Washington, DC, Newark, Atlanta and Detroit, CHL expanded nationwide in mid-2021, working with churches in cities and counties across 13 states and the District of Columbia that are organized into four distinct regions:

West:
Los Angeles, CA

Midwest:
Chicago, IL
Detroit, MI
Indianapolis, IN

Northeast:
Newark, NJ
New York, NY



CHL Black Clergy Action Plan

Mid-Atlantic & South:
Alabama: Birmingham, Montgomery, Tuskegee, Selma
Delaware
Georgia: Atlanta, Bibb County, Richmond County, Ware County
Maryland: Baltimore, Henry County, Prince George County
Louisiana: New Orleans
South Carolina: Aiken County, Pickens County, Rockhill County;
Washington, DC;
Virginia: Fairfax County, Warsaw County

Results

*as of January 30th, 2022

126 churches

13 states + DC

106,350 events held

16,898, 138 people reached

58,363 vaccinations

26,949 tests

3 ACTIVITIES

ACTIVITIES

Hester Street took a data-driven approach – using both quantitative & qualitative data to support the development of a sustainable, scalable & transformative public health model.

Working with UWNYC and the Choose Healthy Life partners, the Hester Street (HST) team drew from our extensive experience working with local leaders, community-based organizations, neighborhood institutions, elected officials and city agencies to support the Black Clergy Action Plan – to fortify community infrastructure, specifically focused on Black churches, in order to address the COVID pandemic in the Black community, strengthen community networks and increase resilience for future crises.

Planning Tools and Support

Tools for Community Organizers

Workshops and Trainings

Real-Time Data Collection, Management, and Analysis

Planning Tools and Support

Kickoff Convening in January

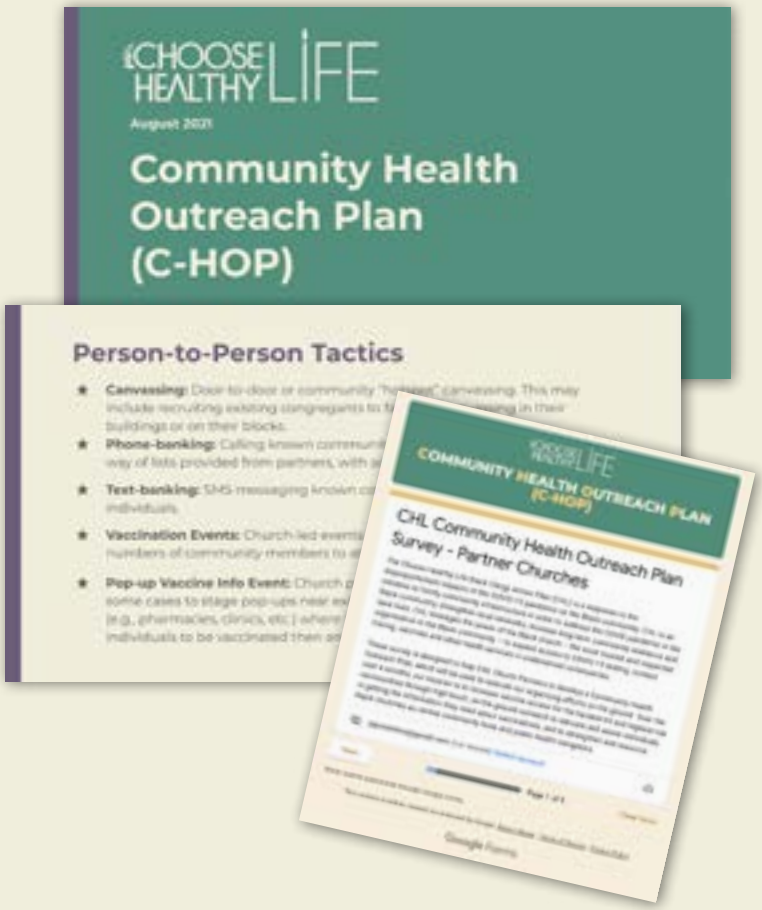
Featuring remarks from then CEO of United Way of NYC, Sheena Wright and from CHL founder, Debra Fraser-Howze, this convening featured a Hester Street workshop on the Community Solutions Action Plan (CSAP) and community engagement 101, followed by an afternoon plenary of virtual panels featuring local clergy leaders and organizers.

Community Solutions Action Plan (C-SAP) and Onboarding Guide

The C-SAP and Onboarding Guide created by Hester Street provided Phase 1 churches with information and resources to support efforts in outreach, testing, education, quarantine assistance, contact tracing and vaccine adoption to the congregation and surrounding community.

Testing Event Guide, Assets and Resources

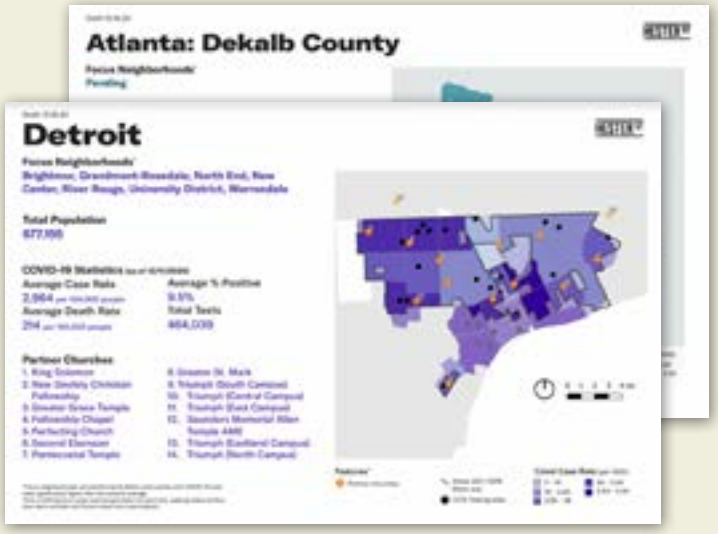
Hester Street developed a toolkit for Phase 1 of CHL to support the church Health Navigator, as well as any community partner that will be planning, hosting, and executing a successful COVID-19 testing event.



Community Health Outreach Plan (C-HOP)

For Phase 2 of CHL, with involved onboarding over 100 new churches as well as a shift from a focus on testing to vaccination, Hester Street worked with UWNYC to develop a C-HOP to help churches estimate which of the outreach tactics they planned to utilize in this unprecedented vaccination effort to vaccinate.

Tools for Community Organiziners



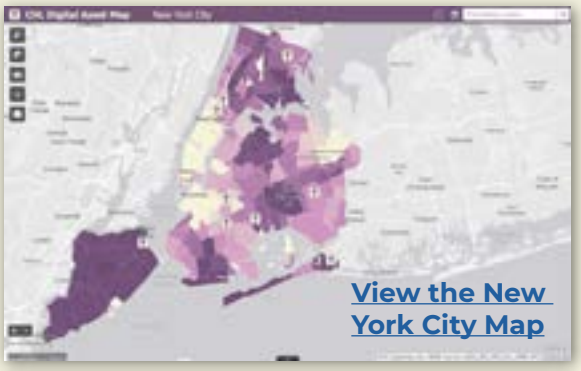
Asset Maps

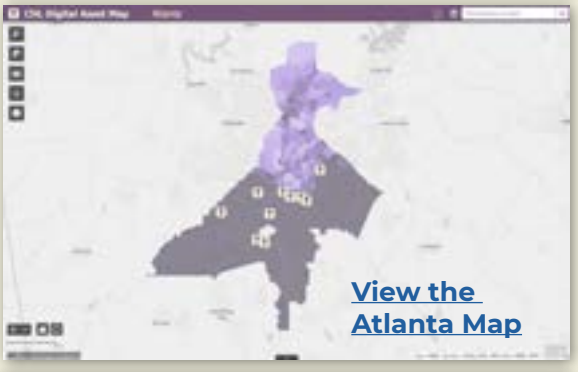
To support organizing efforts for the original five cities, Hester Street produced a series of maps showing COVID mortality rates along with demographic indicators.

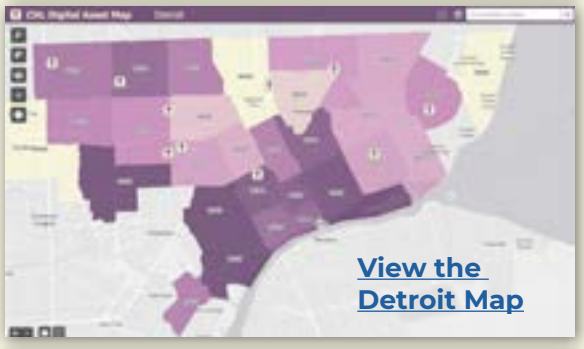
Digital Asset Maps

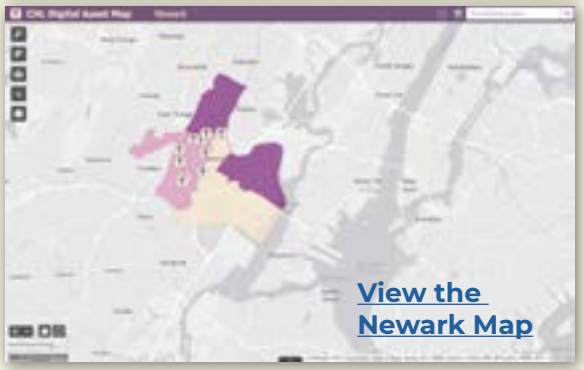
Hester Street produced user-friendly online interactive mapping tools for each of the 5 participating cities in Phase 1 of CHL to identify areas of challenge and opportunity and a community-based, community-driven public health model, including data points about:

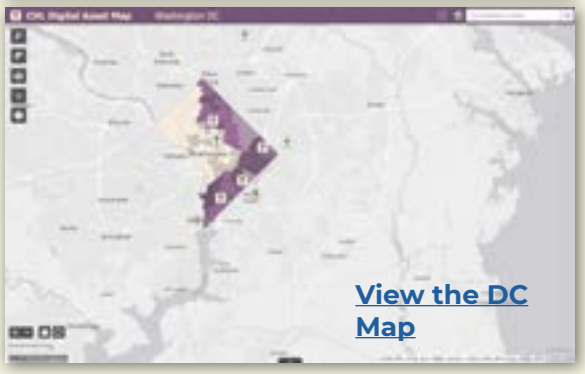
- COVID rates
- Key stakeholders
- Black churches & other community assets
- Relevant public health indicators
- Testing sites











Resource Website

The Choose Healthy Life resources website provided the Health Navigator Supervisors a single location for all digital resources - administrative documents, campaigns and messaging, directory, and the data dashboard.

Social Media Toolkit

Hester Street developed the social media toolkit in response to a lack of partner social media capacity to run a successful vaccination or testing campaign and consisted of social media assets created by Hester Street, sample copy for social media posts, and additional resources in both print and digital formats.

Workshops & Trainings

Hester Street developed a variety of tailored digital convenings to build capacity for both Health Navigators and Health Navigator Supervisors (HNS) to accomplish their work.

User Training for Hester Street Digital Asset Maps

Hester Street guided Health Navigators on how to use the digital asset maps our team developed for their organizing.

Culturally-Sensitive Messaging

Hester Street led focus groups, developed surveys, and facilitated workshops about effective messaging

Public Education Campaign Workshop

Hester Street provided Health Navigators with best practices on sharing resources and information to their communities, and examples of previous and existing campaigns.

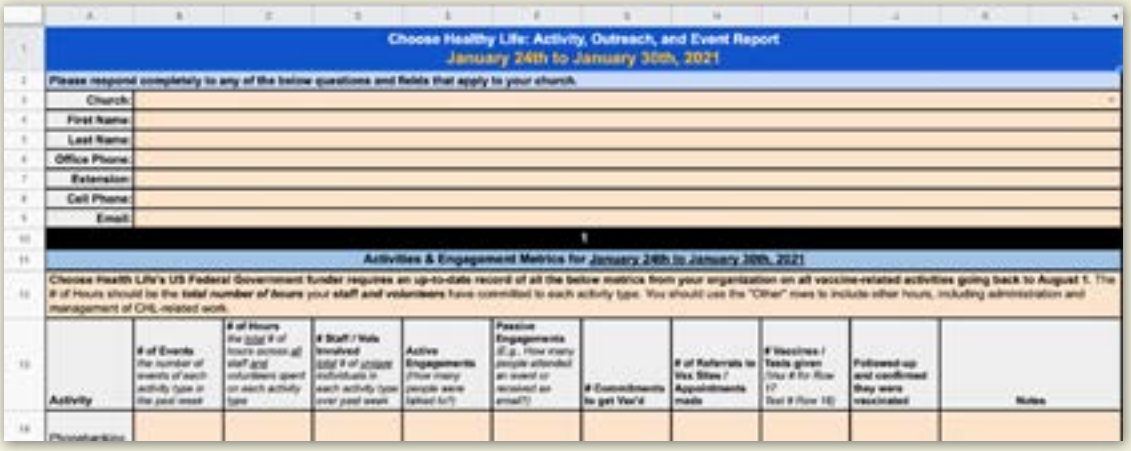
Graphic Design for Community Outreach

Hester Street trained Health Navigators on how to use the free graphic design tool Canva to make flyers.

Best Practices for Health Navigator Supervisors Workshop

Hester Street facilitated a sessions toward the end of 2021 for churches to discuss challenges, brainstorm, and share practical solutions.

Real-Time Data Collection, Management, and Analysis



Choose Healthy Life: Activity, Outreach, and Event Report
January 24th to January 30th, 2021

Please respond completely to any of the below questions and fields that apply to your church.

Church:
First Name:
Last Name:
Office Phone:
Extension:
Cell Phone:
Email:

Activities & Engagement Metrics for January 24th to January 30th, 2021

Choose Health Life's US Federal Government funder requires an up-to-date record of all the below metrics from your organization on all vaccine-related activities going back to August 1. The # of Hours should be the *total number of hours* your **staff and volunteers** have committed to each activity type. You should use the "Other" rows to include other hours, including administration and management of CHL-related work.

Activity	# of Events	# of Hours	# Staff / Vols Involved	Active Engagements	Passive Engagements	# Commitments to get Vax'd	# of Referrals to Vax Sites / Appointments made	# Vaccines / Tests given	Followed-up and confirmed they were vaccinated	Notes
Phonebanking										

Reporting Forms

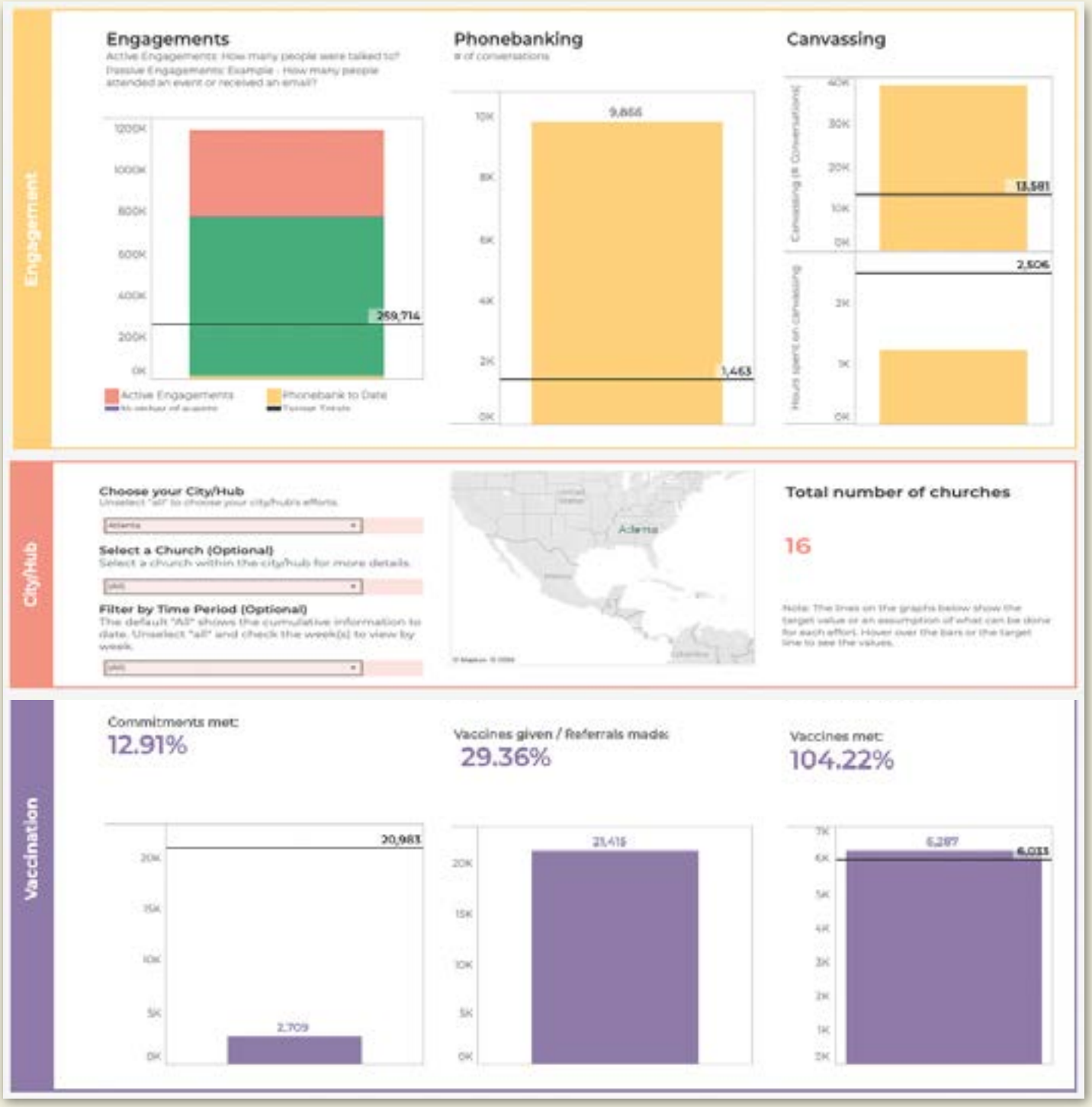
Along with UWNYC, Hester Street's data team generated reports on a weekly basis for churches to record their engagements, testing, and vaccination information. Supervisors were provided with quantitative information collected and displayed via the Progress Dashboard to evaluate their strategies.

Our Process:

1. Hester Street data team generated a weekly report at the beginning of each week using UWNYC's script on Google Sheet, which were then sent to supervisor emails and made available on the Resource Website.
2. Once the supervisor finished entering for the week, the week's reports were pulled and displayed on the Progress Dashboard on the resources dashboard, semi-automated using Tableau, as well as on Google Sheets

Providing 2 Ways to Track Progress:

1. **The Tableau Progress Dashboard** provided an user friendly interface for the Supervisors to collect reports by week if they are missing a report URL.
2. **Google Sheets** enabled HNS to view the "Weekly Reports" and "Report Count" tabs to track completion of weekly reports at a more granular level. It also enabled the data managers to track incompletes, and quality check the system to make sure everything is working properly.



Data/ Progress Dashboard

Hester Street built a data dashboard for the Health Navigator Supervisors to view the progress of the outreach and vaccination numbers in comparison to their goals. Their goals were calculated from the C-HOP information when they first started the program. Supervisors were able to view at a larger scale of the progress of their cities/hubs and guide their churches to different outreach tactics. The Progress Dashboard showed total information from August 2021 to present (as of 1/30/2022) with the exception of a few data points from January 2021 to June 2021 for Quest Diagnostics/ HRSA reporting purposes. The dashboard was broken down into three categories: engagements, testing, and vaccination. It also filtered views by week and by church.

Data Management Support

Providing support to the CHL partners on data management was a key aspect of Hester Street's role. After a quick overview of the dashboard at a Supervisor weekly meeting, for additional support, Hester Street staff scheduled office hours throughout the week. Approximately five HNS signed up to better understand their city's input and navigate the Progress Dashboard. They also used this time to ask questions in regards to definitions, data sources, and next steps for more accurate reporting. Support was also provided via email and from these questions, a quick guide was made to set definitions on the Weekly Reports.

Summary:
Hester Street Technical Assistance for Choose Healthy Life

PHASE	REGIONS	SCOPE	ACTIVITIES
PHASE 1 Nov 2020 - Jun 2021	New York, Washington, DC, Newark, Atlanta and Detroit	• Increase COVID testing in 5 key cities across the country; • Strengthen and resource the role of the Black church as a central community hub; • Expand the reach of Black churches beyond congregations to include the broader community;	• Kick-off Convening • Onboarding Guide • CSAP Development • Testing Event Guide, Assets and Resources • Messaging Guide • Static & Digital Asset Maps for 5 Cities • Social Media Toolkit with branded social media assets • Workshops: (Digital Asset Maps, Messaging (Focus Groups, Survey & Workshop), Public Education Campaign Workshop, Canva 101 Training & Guide)
PHASE 2 Jul 2021 - Feb 2022	Northeast; Mid-Atlantic & South Midwest West	• Increase # of Black people vaccinated against COVID in 4 key cities across the country; • Strengthen and resource Black churches as central community hubs and public health navigators; • Use data and mapping to help Black churches expand their reach beyond their own congregations • Document and analyze learnings for best practices for future and ongoing work.	• C-HOP • Resource Website • Support for weekly HNS meetings • Best Practices Workshop • Data management & reporting tools • Data progress dashboard

4 KEY TAKEAWAYS

* Based on surveys and focus group conversations with Health Navigator Supervisors

Key Takeaways: **Successes**

1. Produced responsive engagement tools, resources and trainings to support CHL outreach efforts within the shifting landscape of the pandemic.

- Receiving ongoing feedback from both the HNS and UWNYC partners helped Hester Street in crafting relevant training and workshops that were responsive to needs of on-the-ground partners.
- HNS expressed that the C-SAP & C-HOP templates provided a useful framework for the outreach and planning efforts for HN.

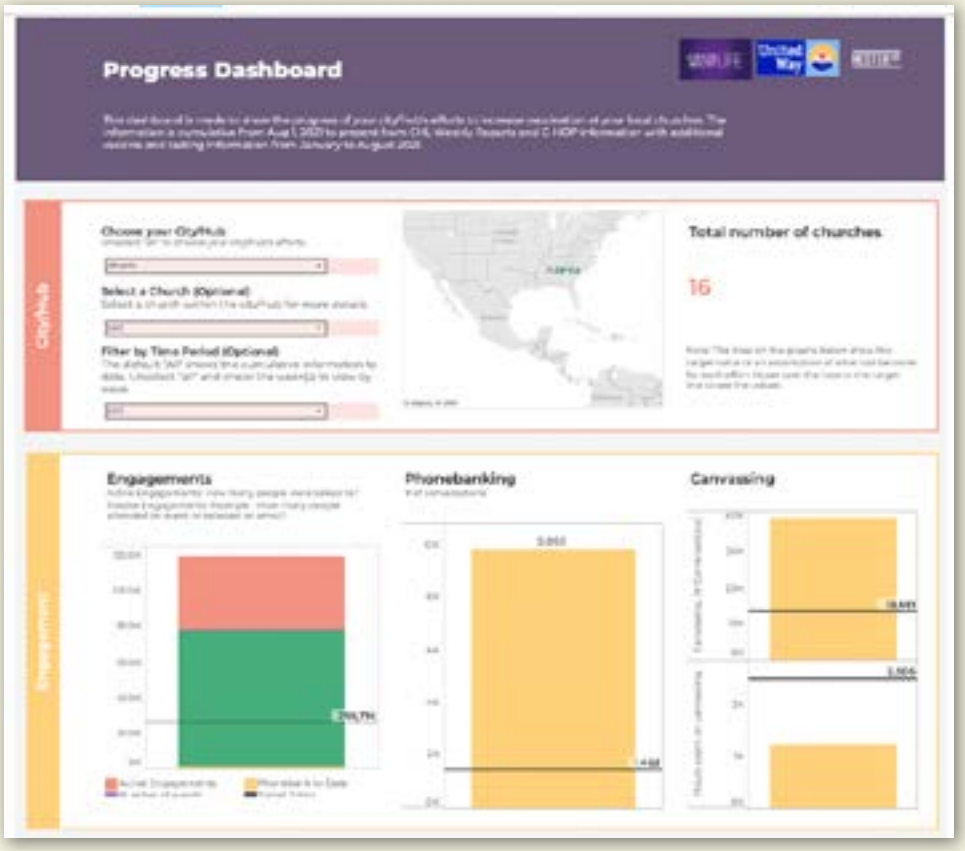
> **"It was like going on a new journey, and they served as a great map to guide us with this Initiative."**

- HNS shared positive feedback regarding the capacity building workshops provided by Hester Street, as well as by the CHL program partners as a whole. In particular, we heard that training on how to use Hester Street tools and resources such as the Data Dashboards and reporting forms aided HNS in their work.
- In addition, we heard positive feedback regarding the Behavioral Health Education Trainings provided by CHL partners, the trainings and resources hosted on Google Classroom.

2. Developed user-friendly means to visualize data collected to enable CHL partners to track their progress and course-correct as needed.

55% of the HNS used the data dashboard weekly or more.

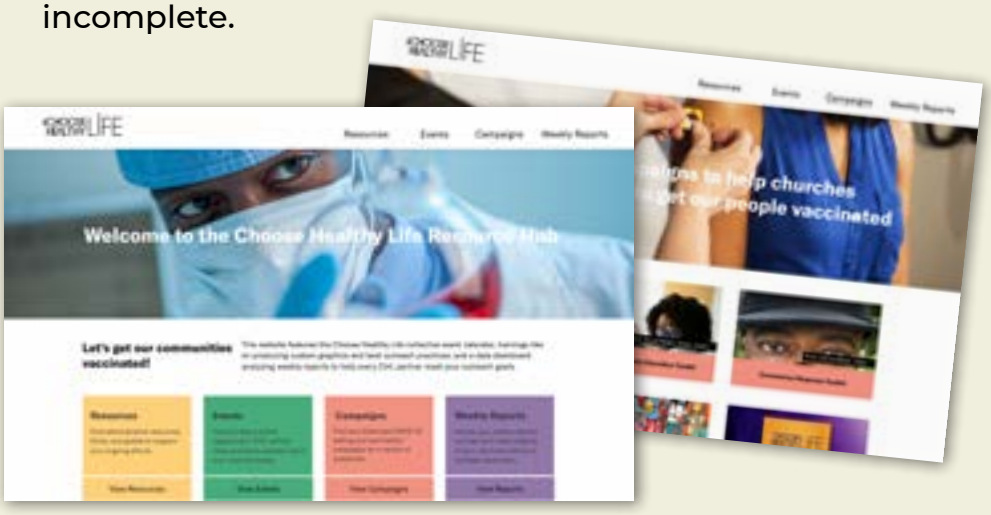
- According to our survey of the HNS, almost 90% supervisors said that the data dashboard was easy to navigate and access as part of the resource website.
- The data dashboard successfully helped HNS compare the progress made with the original goals set in church C-HOPs. However, some survey respondents shared that suggested that the dashboard could be improved if the data could be filtered to show church-level data and illustrate each church's progress and the importance of updating their C-HOP for more accurate benchmarks.



3. Provided centralized Resource Website hosting data tracking tools, messaging materials, how-to-guides, and more, to improve CHL program's ability to support churches.

90% of the Supervisor said they went to the Resource Website to use the Weekly Reports & the Resources page of the website, while about half said they used the events page.

- Given the complexity of the program, rigorous reporting requirements and dynamic nature of the pandemic, having all the CHL resources in a central location supported the Health Navigator Supervisors in finding the information they needed. Our feedback survey found that all the Supervisor used the Resource Website at least once, and over half of the Supervisor used it weekly or more. All respondents agreed that the site was easy to navigate and useful for their work.
- The Supervisor shared that the Resource Site helped to give relevant and timely information for each region; provided easy access to weekly reports; and provided resources needed to provide services for the community.
- Many Supervisor noted that they wished the site had been made available from the outset of the project. The dashboard was a critical tool assisting Supervisor in their weekly meetings with church Health Navigators, especially for course correcting when data provided was incomplete.



4. Built UWNYC's capacity to provide program support to partners through regular workshops, office hours, facilitated troubleshooting sessions, and training on how to use Hester Street tools.

- A decentralized public health action program of this scale requires consistent coordination and touch points with the Supervisor, who are the main point of contact with churches leading on-the-ground efforts.
- Hester Street added capacity to the UWNYC team through Supervisor office hours providing more support in using our tools, collaborating on developing engaging meetings and workshops, and co-anchoring weekly reporting efforts.

Key Takeaways: **Challenges**

1. Changing nature of community engagement during an unprecedented public health emergency

The pandemic has taken a steep emotional toll from those on the frontlines of addressing the crisis.

Black communities suffering from disproportionately high rates of COVID rates were exponentially impacted by additional barriers to support. The usual means by which community institutions provide support to their neighborhoods – gatherings, canvassing, and events – were made more challenging with social distancing measures and uneven access to personal protective equipment. Health Navigators and their volunteers faced immense risks in running testing and vaccination events even as transmission rates soared.

The ebbs and flows of case trends, new variants and local and federal instructions had an incredible impact on day to day functions on Choose Healthy Life partners.

Working virtually was a major transition for most employees, specifically those in the public and non-profit sector, as much of this work provides services and support to communities and requires close engagement with the public. It also made support and services for many of the populations served by the public and non-profit sector incredibly difficult to access.

Working with unpredictable and constantly changing circumstances was incredibly difficult as the professional space regularly crossed into personal health and family responsibilities. All of this contributed to challenges in event management, reporting, and other responsibilities.

2. Urgency of the pandemic led to developing key program infrastructure as CHL was rolled out, requiring adjustments along the way.

Meeting the urgency of the crisis required rolling out aspects of the program while key administrative infrastructure and information was being developed.

CHL ambitiously aimed to rise to the urgency of the pandemic, which required building systems while implementing the program. As a result, Hester Street faced challenges with scoping and developing tools and resources for engagement and data management. For example, both of the planning documents - CSAP for Phase 1 and C-HOP for Phase 2 - were developed before the program metrics were finalized, which presented a challenge when selecting which indicators would be most relevant for churches to know for their communities.

> **"Overall, a general weakness implementing this program has been asking for things before we have really provided all the resources to the church for them to be successful... I think for the most part the C-HOP was a well developed tool, just implemented at the wrong time and hard to encourage churches to continuously update."**
>
> Health Navigator Supervisor

Due to the nature of funding and the administrative challenge of launching this massive effort, CHL priorities also struggled to keep pace with shifts in national pandemic response.

CHL initially focused primarily on testing - an urgent need during the first year of the pandemic; yet the testing-oriented program was fully launched just as COVID-19 vaccines were being made available. Thus as churches began their efforts to hold testing events, the demand for testing went down as the demand for vaccines went up.

The changing landscape around vaccination also required Hester Street to fill in capacity needs around messaging strategies to overcome vaccine hesitancy.

Health Navigators were increasingly asked for information about vaccines, all while information about the vaccines were largely unknown and misinformation was spreading rapidly. While the program infrastructure to support churches running testing events later served as scaffolding for running vaccination events, hurdles emerged in pivoting the programming terms of messaging, outreach strategies, and the planning required for vaccination events vs. testing events.

CHL partners also had to navigate challenges amid the different waves of vaccination.
During Phase 2 efforts to get Black residents their first dose of the vaccine, the church Health Navigators reported that eventually, more and more people sought booster shots. Even with the gradual availability and FDA approval of vaccines for children in the fall and winter of 2022, Health Navigators faced the challenge that those who had not yet been vaccinated were the most hesitant and reluctant to do so, and concerns about the vaccine led to hesitancy around having their children vaccinated as well.

> **"Overall I think all of the tools created were beneficial, just wish they could have been rolled out better so there was more time for fine tuning before actual implementation."**
>
> Health Navigator Supervisor

3. Timeline expectations did not align with the reality of project scale

Though the urgency of the pandemic demanded a swift response, CHL's ambitious agenda required more time to ramp up.

Navigating the challenge of building the program infrastructure while implementing a coordinated COVI-19 action plan led to challenges with onboarding. Identifying and onboarding 120 churches for Phase 2 across the country and identifying and contracting with implementation partners took more time than anticipated. As a result, churches were brought on in a staggered timeframe.

Churches and hubs that joined midway through the program expressed feeling the need to "catch-up" to churches that started earlier on. Many were unaware of training and resources offered earlier on in the program, such as training on the EveryAction platform or how to complete the C-HOP and reporting.

Staggered onboarding led to uneven access to resources and trainings.

In our HNS reflection focus group, we heard that a more comprehensive and consistent onboarding process would have facilitated an easier ramp up; one HNS suggested having a guide that includes all relevant onboarding materials, while another suggested creating 'cohorts' of churches who started at different points in order to provide consistent support.

Though the Resource Website that Hester Street provided in late 2021 helped to centralize resources and information, we heard that the site would have been an ideal resource to have from the beginning of the program.

4. Reporting requirements shifted, leading to inconsistencies with data collection

Reporting progress made by churches in outreach and vaccination efforts was a key component of compliance with federal funding for Phase 2 of CHL. However, the expectations for what data to report were not clear from the outset, and the content of the reports shifted even as churches were onboarded, leading to confusion and inaccurate reporting. The urgency of providing a reporting template to comply with funding constrained Hester Street's ability to collect data that may have told a clearer story of the work on the ground.

Hester Street heard from the Supervisors that there was a lack of clarity on the purpose and parameters for reporting, and that they could benefit from clearer definitions and guidelines on the data reporting tools from the outset. Supervisors also had difficulty explaining the reasoning behind the metrics used to estimate outreach efforts in the church C-HOPs, which led to unrealistic goal setting.

> **"Next time, the program should have very clear operational definitions for each metric and provide data collection tools to properly collect each metric as churches do the work."**
>
> Health Navigator Supervisor

5 RECOMMENDATIONS FOR FUTURE PROGRAMS

Recommendations

1. Leverage the capacity built through the CHL initiative to create lasting community infrastructure for grassroots emergency planning, preparedness and response.

An important outcome of CHL is the network of community leaders cultivated on the ground via the Health Navigators. The program's mission to leverage the power of Black churches as trusted community institutions yielded strong results in terms of vaccination rates and public education outreach because it leveraged a trusted institution with deep historical roots and connection in the Black community.

As seen in many other national crises, it is not until an emergency occurs that resources and funding pour into Black and Brown communities to serve the most impacted and least resourced. Many local institutions and organizations fight to retain resources and funding that increase their capacity to support the health, safety and overall quality of life of residents in their community daily. Future programs should instead strengthen community-based organizations that already exist across Black communities to serve as anchor institutions for disaster planning and preparedness – not just crisis response.

"What would be cool is having a list of potential resources (clinics, pharmacies, etc.) for our cities where we could potentially choose who we'd like to connect with."

Health Navigator Supervisor

2. Secure long-term funding to support a more holistic approach to addressing health inequities in black communities.

Ongoing and future efforts should also seek to address co-morbidities that exacerbate poor health outcomes in communities of color by taking a holistic approach to health equity.

As local health services and community based networks fill the gap in physical, mental and social health services during and beyond crises, it is imperative that sources of long-term funding and resources are identified to nurture this network and sustain organizing through the persistent pandemic, and to increase resiliency for future crises.

Also imperative for local leaders is the cultivation of local autonomy; for example, more resources should be invested to support knowledge development and longer-term capacity building for health ministries at churches.

> **"We would have benefitted from additional staff, more time to complete tasks, contact directories with subject matter experts to support our activities."**
>
> Health Navigator Supervisor

3. Trust and invest in local leadership to anchor and inform outreach efforts for health equity.

Future programs should direct resources to existing local leadership in disinvested communities that are most vulnerable in national crises, to build their capacity for long term impact. Established and trusted local leaders are better able to identify not just short term but long-term issues, so they are able to move beyond addressing the immediate crisis and identify solutions toward systemic change[15].

4. Centralize information and resource sharing and reduce administrative burdens for community leaders.

Fulfilling reporting requirements for a federal grant can require a significant amount of capacity, particularly for under-resourced organizations and churches. Staff capacity is a major hurdle for sustaining local, grassroot efforts that are more connected and effective at supporting their community.

Within CHL, administrative support was provided through Local United Way and Hub partners, as well as the Supervisors, who helped provide support and resources directly to churches leading outreach efforts. Even with this support, many churches still struggled to fulfill data and reporting requirements.

In the future, programs should mitigate administrative burden to the extent possible by centralizing and refining information from the outset of program design, and ensure there are clear roles assigned to maintain clear lines of communication with organizers on the ground.

6 CONCLUSION

CONCLUSION

Amidst administrative hurdles and resource constraints, CHL has cultivated a network of community leaders who rose to meet the challenge of the COVID-19 pandemic by increasing the rates of vaccination and testing in Black communities.

At the time of writing this report, the full toll of the COVID crisis, particularly on communities of color, is ongoing. Yet it is clear that community-based institutions are essential as trusted messengers and anchor institutions to share reliable information and resources in response to crises.

With additional capacity building, investment in local leadership, more streamlined administrative processes, and moving at the speed of trust, continued COVID response programs and future public health programs can help cultivate lasting community-based infrastructure for holistic health systems and health equity across communities of color.

Long-term systemic change determined and built by trusted community partners and leaders leads to more resilient communities that not only respond well in crisis but are well resourced and have the capacity to plan, prepare and respond to potential future crises.

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