



The Challenge and Opportunity

Following years of disinvestment in U.S. public health and social services, the Coronavirus pandemic and economic crisis have exposed mounting systemic racial inequality, poverty, and mental and physical illness. Black and Brown individuals, immigrants, low-income older adults—those often at the highest risk of contracting and dying from COVID-19—are receiving the vaccine at much lower rates than wealthy, white Americans. These connected societal issues—a syndemic—have negative impacts beyond physical health that can be addressed through public health response. While the country is making strides toward recovery, our public health system is stretched beyond its capacity after over a year of ongoing surge demands which have compounded to create symptoms of burnout in 66% of the public health workforce.¹

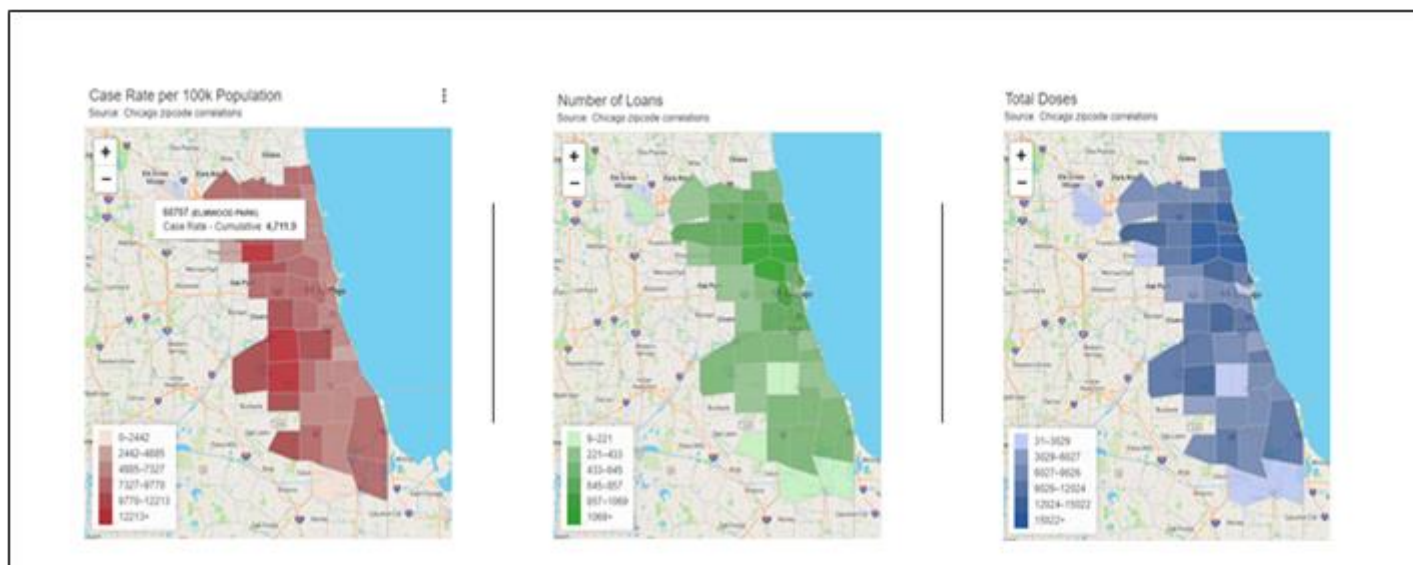


Figure I COVID Cases, Paycheck Protection Program Loans, and Vaccinations in Chicago

Misinformation, historic and systemic racism, and personal experiences of discrimination all contribute to mistrust of medical professionals, public health professionals and to **vaccine reticence**. Without an equity-focused response, we will inadvertently reinforce redlining maps of the past century that will increase racial inequities and death rates, impacting generations to come. Figure I, for example, shows that the areas of Chicago hardest hit by COVID-19 (dark red) are the opposite of where Paycheck Protection Program Loan funds (dark green) and vaccines (dark blue) were initially distributed. While this example emphasizes the need to be intentional about overinvesting in the communities that are disproportionately impacted, the public health infrastructure was lacking in many of these communities prior to the pandemic. In addition, the current response lacks the systems and support to help those closest to the challenges receive resources to address issues effectively. We have an opportunity now to change the path ahead.

Our response must repair historic harm, build trust, ensure equitable access to resources, and transform systems, rather than increasing inequity. We can use this moment in history as a turning point by **successfully vaccinating historically underserved populations and communities**, providing holistic support, and amplifying a vision of collective health and economic security. In meeting immediate, short-term needs, we will also build the infrastructure to advance long-term equity, resilience, and transformation for vulnerable, disenfranchised communities.



Key Elements & Principles for a More Equitable Response

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

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

In this roadmap, we offer guidance for public health leaders on strategies to develop a strategic, equitable, and trustworthy response that assures the safety of communities experiencing inequities today and builds civic capacity for resilience for future pandemics. The roadmap charts a path toward long-term change in the policies, infrastructures, and systems that have left so many communities unusually vulnerable to the “COVID syndemic.” This tool builds from the Pathways to Public Health Equity framework, developed with the Centers for Disease Control and Prevention and the Association of State and Territorial Health Officials.



Purpose

This Roadmap supports public health departments to deepen health equity efforts around COVID using the [Pathways to Population Health Equity](#) framework. While it looks linear, health departments and communities are encouraged to identify where they are on the journey and start there. This journey is an expanding spiral of transformation in which, with every turn, you expand and deepen the partnerships and work. This roadmap aligns closely with the [2022 Public Health Accreditation Board standards](#) and can help meet them.

Step 1: Form your COVID health equity team

- ☐ Gain leadership buy-in from key community partners and public health practitioners
- ☐ Form your COVID health equity team if you don't have one already. Include community residents with lived experiences of inequities, trusted, connected leaders from the community, and leaders across sectors (e.g., leaders from public health, hospitals and community health centers who are mediating a response, business and faith leaders, senior centers, Area Agencies on Aging, etc)



Step 2: Get in relationship with your community

- ☐ Learn about the history of structural inequities and cultural change which has shaped your community's structure and narrative around vaccinations and public health
- ☐ Show up in community forums in-person and virtually and engage in listening and dialogue
 - ☐ Listen to community residents' concerns and acknowledge the underlying reasons for their mistrust
 - ☐ Advance solutions proposed by the community in a way that invites and resources them to lead
- ☐ Review your data with an equity lens to understand who might be at greatest and rising risk of not thriving
 - ☐ Review existing disaggregated population health data by race, place, wealth, and other equity factors and risk stratify the population in terms of who is at greatest risk and rising risk of health inequities
 - ☐ Use tools like [Well-being In the Nation measures](#) or [County Health Rankings and Roadmaps](#) or [MAPP assessment](#) to identify underlying conditions and root causes
 - ☐ Collect information to understand and connect people to needs related to their overall mental, physical, social, and spiritual wellbeing in the context of a contact tracing and vaccine outreach with race, place, other equity factors



Step 3: Develop a balanced strategy with community residents experiencing inequities and key partners across sectors in a community

Portfolio 1 (Urgent Response, Mental and Physical Health) - Downstream

- ☐ Assure sufficient access and easy flow for testing and treatment for everyone, but especially in communities which are disproportionately affected

Portfolio 2 (Prevention, Social and Spiritual Well-being) - Midstream

- ☐ Advance equitable vaccination through trusted community messengers (and pay them a living wage)
- ☐ Assess and address social and spiritual well-being needs during contact tracing and vaccine outreach

Portfolio 3 (Community Conditions) - Upstream

- ☐ Map your community's COVID response to date against places which experience inequities—is your response disproportionately directed toward communities which experience inequities? If not, reallocate resources
- ☐ Map community assets to needs that emerge—and realign resources
- ☐ Work to address underlying community conditions (e.g., housing density, conditions in factories/plants, water/sanitation) that led some populations to be more vulnerable

Portfolio 4 (Root Causes) – Groundwater

- ☐ Grow community power
- ☐ Invest in long-term strategies for truth telling, reconciliation
- ☐ Invest in policy and investment change to support real-time strategies around equitable recovery, resilience and renewal, using tools like the [Springboard for Equitable Recovery and Resilience](#) and the [Build Healthy Places Network Healthy Neighborhood Investments Policy Scan](#)



Step 4: Take action to advance equity – evaluate, learn, change, and sustain

- ☐ Identify areas for immediate action ([Impact/Effort grid](#)) and areas for sustained long-term strategic effort. Implement immediate “low permission” actions right away together with community residents
- ☐ Develop and implement a series of 90-day equity action labs with weekly check-ins and review of data
- ☐ Together with community residents, evaluate your progress in real-time and adapt as you learn
- ☐ Regularly engage additional community leaders as a stewardship group to assess and shift strategies as needed
- ☐ As things emerge that work, ensure they are sustained by making them a new norm through policy and practice

