Findings from an Evaluation of Network Activities

The National COVID-19 Resiliency Network Impact Report

July 2020 – June 2024

The National COVID-19 Resiliency Network

On March 13, 2020, the U.S. government declared COVID-19 a nationwide emergency. Soon states began to implement shutdowns to prevent the spread of the virus, including closing schools, restaurants, and other public facilities. While much was still unknown about the virus or how to treat it, it was clear from the start that COVID-19 posed a disproportionate burden on racial and ethnic minoritized populations, people with physical and intellectual disabilities, and frontline workers.[1,2] As public health officials grappled with messaging about risk and prevention strategies, misinformation and confusion swelled.

In the absence of a singular national healthcare system, federal, state, and local governments funded multiple efforts to coordinate pandemic responses and mitigate health disparities. In July 2020, the Department of Health and Human Services Office of Minority Health (HHS OMH) partnered with the Morehouse School of Medicine's (MSM's) National Center for Primary Care (NCPC) to launch a three-year, $40 million effort: the National COVID-19 Resiliency Network (NCRN).[i]

Morehouse School of Medicine, a Historically Black Medical School, drew on decades of experience, expertise, and partnerships in community-engaged implementation, disaster response work, and health equity research and programming to form NCRN.

NCRN rapidly developed into a network of national-, state/territorial/tribal- (STT), and community-level organizations. The goal of the network was to disseminate culturally- and linguistically-appropriate information on COVID-19 and other healthcare and social services to mitigate the impact of COVID-19 on racial and ethnic minoritized, rural, and other disproportionately impacted populations, herein referred to as "priority populations." Priority populations also included people with disabilities, migrant and meat-packing workers, justice-involved populations, and immigrant and refugee populations, identities that also intersect with race, ethnicity, and each other.

In doing so, NCRN hoped to:

- **improve the reach** of COVID-19-related public health messaging.
- **increase connections** to healthcare and social services.

[i] This work was supported in whole by a $40 million award from the U.S. Department of Health and Human Services Office of Minority Health as part of the National *Infrastructure for Mitigating the Impact of COVID-19 within Racial and Ethnic Minority Communities* (NIMIC). Grant #: 1CPIMP201187-01-00.

- **decrease disparities** in COVID-19 testing and vaccination rates among disproportionately impacted populations.
- **enhance** STT and community-level **capacity and infrastructure** to support response, recovery, and resilience.

Together, NCRN, its partners, and the diverse communities they served undertook the following activities:[ii]

Partner Engagement: NCRN engaged national, STT, and community level partners in the network and its activities.

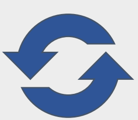
Capacity Building: NCRN enhanced partner capacity through funding (e.g., partner funding, grant programs) and training.

Technology Building and Enhancement: NCRN developed and launched a public-facing, multilingual website and mobile application.

Evidence Building and Research: NCRN and its partners developed a data repository, conducted research, and published findings.

Communications and Dissemination: Both the network and its partners developed and disseminated culturally and linguistically appropriate COVID-19 and other health-related resources. They also engaged in outreach and education with communities.

Provision of COVID-19 and Other Related Services: NCRN partners connected individuals to health and social services, hosted vaccine clinics, and provided personal protective equipment (PPE) to communities.



Sustainability: NCRN developed a sustainability plan to transform into a strategic network focused on closing health gaps and improving outcomes to ensure equitable health for all.

[ii] For the NCRN Logic Model, please see Appendix A.

Network Activities: Years 1 – 3 (July 2020 – June 2023)

This section describes how NCRN implemented each of these activities and the effects of their efforts on advancing health equity among priority populations, drawing on program and evaluation data from Year 3, July 2020 to June 2023.[iii]

[iii] For more information about the NCRN evaluation methods, please see Appendix B.

Partner Engagement

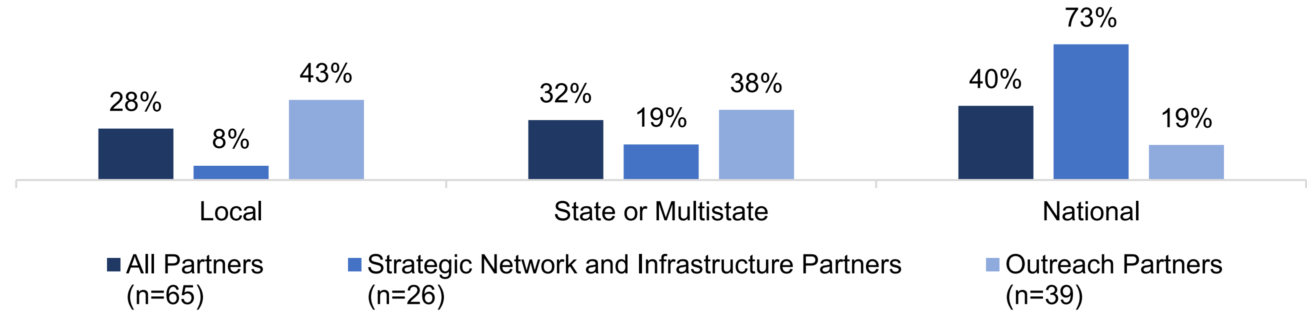
NCRN developed a multi-ethnic/racial and multi-sectoral coalition of 46 strategic network and infrastructure partners and 346 outreach partners.

Three types of partners participated in NCRN: strategic network (26), strategic infrastructure (20), and outreach (346) partners.[iv]

Strategic network partners held formal contracts with MSM to assist with the development and dissemination of culturally and linguistically appropriate materials for priority populations and activate NCRN strategies. **Infrastructure partners** held formal contracts with MSM to assist with the overall design and structure of NCRN, including evaluation, communications, training, web development, and data management. **Outreach partners** did not formally contract with MSM but were organizations and groups that participated in the network and conducted outreach and dissemination to their priority populations.

Partners' geographic scope were at national, state, and local levels.

Partners' Primary Geographic Scope



N=65 Strategic network, infrastructure, and outreach partners

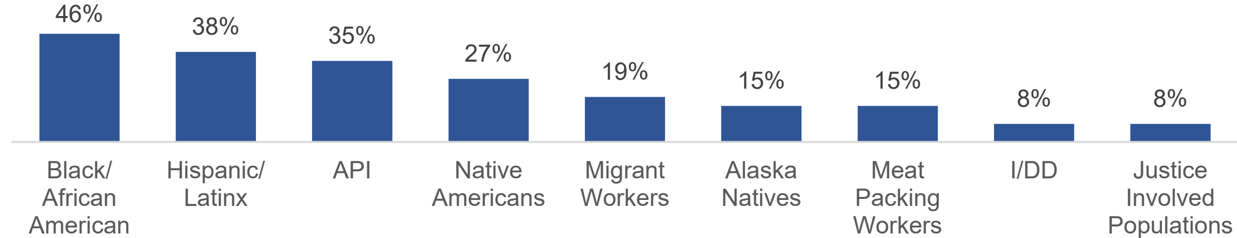
Source: NCRN Collective Community Capacity (C3) Survey, January – March 2022

NORC fielded the C3 Survey with 65 strategic network, infrastructure, and outreach partners from January to March 2022. The survey assessed NCRN's capacity for creating a shared vision, active engagement in community change efforts, and distributed leadership.

[iv] A full list of NCRN strategic network and infrastructure partners and their activities is available in Appendix C.

Over a third of strategic network partners served Black/African American, Hispanic/Latinx, and Asian and Pacific Islander populations.

Priority Populations Served by Strategic Network Partners



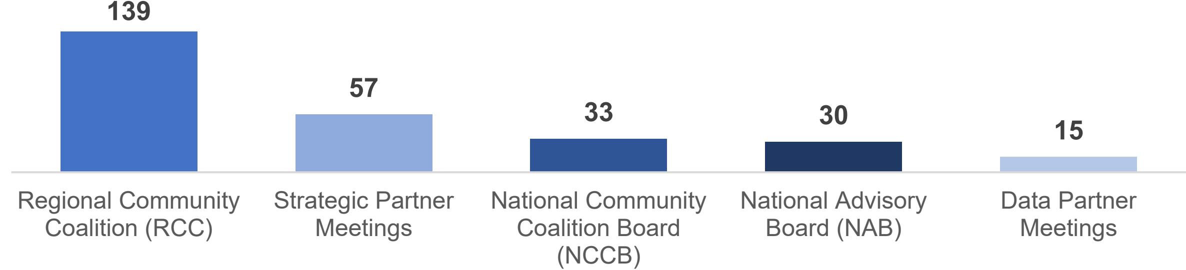
API: Asian/Pacific Islander; I/DD: Individuals with Intellectual and/or Development Disabilities
N=26 Strategic network partners
Source: MSM centralized data management system, March 2023

Partners were involved in NCRN's participatory governance and believed the network established an inclusive structure.

NCRN partners participated in NCRN's advisory boards to inform the direction and activities of the network.

Advisory boards guided the strategic direction and overall activities of NCRN. The **National Advisory Board** informed NCRN's overall strategy, execution, and alignment of activities. The **National Community Coalition Board** shared data on community assets for COVID-19 testing, vaccinations, and other healthcare and social services among network members. The **Regional Community Coalition** ensured partners across geographic areas had an opportunity to network and engage with each other. **Strategic partner and data partners meetings** allowed partners to gather to discuss network updates and activities, epidemiological trends, approaches to analyzing data, and new data platforms. NCRN partners shared that network meetings supported participation, networking, and collective action.

Average Number of Attendees at NCRN Advisory Board Meetings*



* Includes 6 NAB meetings from 2021 to 2023; 6 NCCB meetings from 2021 to 2023; 4 RCC meetings from 2021 to 2023; and 9 strategic partner meetings from 2021 to 2022.
Source: MSM Centralized Data Management System.

Over half of partners believed that NCRN made leadership opportunities available to people in the community.[3]

Partners appreciated MSM for learning to work with diverse partners with intersecting identities (e.g., race/ethnicity, disability, immigration status) given this was the largest and most diverse network that MSM had ever convened. There was no previous national coalition around health equity as diverse as NCRN.

NCRN developed a centralized network of partners. Partners had a shared vision and mission and mutual commitment, trust, and accountability.

NCRN partners saw MSM as a central connector and valued their openness, availability, and willingness to listen and learn.

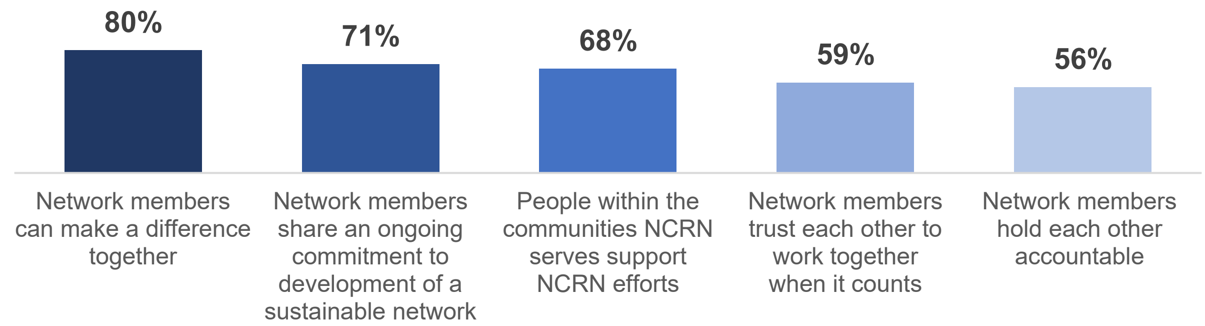
NCRN partners commended MSM on their transparency and approachability, from their willingness to serve as medical subject matter experts for community-facing webinars to their openness in negotiating partners' scope of work in ways that met partners' needs and capacities.

"[NCRN has] done an amazing job. These are unconventional times. It's really, really empowering to know that you have a repository of partners that you wouldn't normally interact with that understand what you're trying to do and that are all working… Just the name in and of itself; there's never been more of a time that we needed COVID resiliency. No one wants to be resilient; it's just something that we have to do."

- NCRN Partner, 2022 Key Informant Interviews

NCRN developed a great deal of capacity for collaboration to create and practice a shared vision.

Most partners trusted each other to work together, believed that network members can make a difference together, and felt that community members supported their efforts. Namely, most partners agreed that NCRN and its partners worked to address social, economic, and cultural barriers related to the disproportionate impact of COVID-19 on priority populations. They also indicated that NCRN members hold each other accountable and have a shared commitment to their joint work. Partners also sought additional opportunities to collaborate with one another.



N=65 Strategic network, infrastructure, and outreach partners
Percent of partners agreeing “completely” or a “great deal” with each statement.
Data Source: NCRN Collective Community Capacity (C3) Survey, January – March 2022

Capacity Building

NCRN funding enhanced partner and community-based organization's capacity and infrastructure to support response, recovery, and resilience.

Twenty-six strategic network partners received over $7.2 million in funding across three years for COVID-19-related activities.

NCRN leadership used funding to engage partners and build capacity, not drive partnerships. NCRN partners appreciated the network's willingness to work with them based on their needs versus imposing restrictive contractual requirements. Funding helped partners hire additional staff to conduct community outreach, education, and dissemination. A few partners also leveraged their participation in NCRN to seek additional funding through other sources.

"Prior to [NCRN], we didn't have a health navigator. We didn't have an outreach coordinator. This contract provided us the funding to be able to hire someone specifically devoted to that, which has been beneficial in increasing awareness but also increasing visibility for the work that we do."

- NCRN Partner, 2022 Key Informant Interviews

However, workforce shortages and insufficient funding remained challenges for partners. Over half of NCRN partners did not know if the network had enough funding and over a quarter did not know if the network had sufficient staff to carry out work related to its vision.[4]

NCRN provided $370,000 to 39 community-based organizations through the Regional Community Coalition (RCC) microgrant initiative to increase awareness and dissemination of COVID-19-related information and services.[v]

These organizations were located in 20 U.S. states, Washington, DC, and Puerto Rico. Microgrant recipients used the funding to educate their communities about COVID-19 vaccines, treatment, and prevention. They also hosted events (e.g., workshops and seminars), developed mobile apps and websites, and used social media platforms and print channels to disseminate information. Community health workers (CHWs) conducted outreach and education on COVID-19 prevention and testing, provided social services and support, held COVID-19 vaccination clinics, and linked people to services.

[v] A full list of RCC microgrant recipients is available in Appendix C.

NCRN Regional Community Coalition Microgrant Funding

Year	Funding per Organization	Total Funding*	Funding Focus	# of Awards
Year 1	$3,000 -$5,000	$75,000	Increasing awareness and disseminating information that will lead to COVID-19-related behavior change	19
Year 2	$5,000 - $10,000	$135,000	Increasing communities' access to COVID-19 vaccines and connecting priority populations to COVID-19 mental health resources and services	21
Year 3	$20,000	$160,000	COVID-19 recovery and resiliency and other community outreach and dissemination efforts	8
Total		**$370,000**		**48****

*Funding for this program came from HHS OMH, Met Life, and Amerigroup.

**Some organizations received funding across multiple years; while there were 48 total awards, the funding included 39 unique organizations.

Source: MSM Central Data Management System

Community organizations, community health liaisons, and CHWs received NCRN funding to mobilize against COVID-19.

NCRN provided $45,000 to 9 organizations in COVID-19 hotspot areas through the Community Bridges Program to develop CHW mobilization plans.[vi]

NCRN provided capacity-building, training, and technical assistance to community-based organizations to support the mobilization of CHWs in local areas. Awardees sought to increase CHW visibility in communities, expand their reach, build capacity, increase community engagement, and obtain more sustainable funding for CHWs. To mobilize CHWs, awardees planned to develop partnerships to reach priority populations, conduct needs assessments, recruit and retain CHWs, provide training and education, and monitor and evaluate their work. In doing so, CHWs could provide health education, link individuals to care and resources, provide telehealth, conduct COVID testing and contact tracing, and build vaccine confidence.

NCRN worked with 31 NCRN Community Health Liaisons to foster cross-organizational collaboration, resource sharing, and workforce development, totaling over $615 thousand in funding.

NCRN hired 12 community health liaisons who were essential to NCRN dissemination efforts and served as "boots on the ground" for outreach and education. Additionally, NCRN worked with 19 young adult mental health volunteers to provide mental health resources to priority populations in the U.S. Virgin Islands. Partner organizations across NCRN also worked with at least 130 CHWs who conducted outreach and education with individuals and families in communities disproportionately impacted by COVID-19.

[vi] A full list of Community Bridges Program recipients is available in Appendix C.

NCRN built partner capacity to develop COVID-19-related messaging and materials.

The University of South Florida (USF), an NCRN infrastructure partner, provided community-based prevention marketing (CBPM) training to 43 participants across 19 CBOs to build organizational capacity for developing messages and strategies to address COVID-19.

USF hosted three cohorts of partners to receive the CBPM training. The six-hour training helped participants co-create culturally and linguistically appropriate public health messages and materials related to COVID-19 testing or vaccine acceptance. In addition, they hosted a culminating in-person workshop to help partners develop a social marketing strategy and workplan based on research. In Year 3, USF continued to provide technical assistance to three community organizations.

Participation in Community-based Prevention Marketing Training

Year 1: Training	Year 2: Training and Research
Cohort 1: January – February 2021, 22 participants representing 6 organizations Cohort 2: March – April 2021, 15 participants representing 9 organizations	Cohort 3: September – October 2021, 6 participants representing 4 organizations

Data Source: USF CBPM Summary Reports and Presentations, including the following: https://ncrn.my.salesforce.com/sfc/p/#3t000002RmWL/a/3t000000I11a/4anGxNxq0WuNbX1Hcpg8CIHoUoG4exQdz8ujIDcbf4A.

Almost half of partners believe they had sufficient training and technical assistance to support their communities.

44% of NCRN partners believe that there is sufficient training and technical assistance available to network members to address the disproportionate impact of COVID-19 on priority populations.

Data Source: NCRN Collective Community Capacity (C3) Survey, January – March 2022

Participation in NCRN increased partners' organizational capacity, knowledge, and ability to address the impact of COVID-19 in their communities.

NCRN helped partners expand their organizational and staff capacity and skills and increase their knowledge about COVID-19.

Some NCRN partners described that their involvement with NCRN allowed them to develop and disseminate culturally and linguistically appropriate educational materials.

In addition to COVID-19, they noted that participation in NCRN increased their own staff's knowledge and understanding about health equity, thereby increasing their ability to educate their community members.

" [NCRN leaders] really have consistently demonstrated and [said], 'Hey, let's help you. Let's build your capacity. Let's hear from you what you need. We're going to give you the buffet, and you take what you need.'"

- NCRN Partner, 2022 Key Informant Interviews

Affiliation with NCRN helped partners develop <u>new partnerships</u> and <u>increase their visibility</u> within their communities.

Some partners described how NCRN helped facilitate relationships among a diverse array of partners, including health providers, subject matter experts, public health professionals, and community organizations. Through these partnerships, organizations were able to share experiences, improve their knowledge and resources, work together to provide services, and increase reach.

"[NCRN] has made us look at health equity [and social determinants of health] differently… we look at how we will address health equity, making sure everybody understands that we have a working definition of it… and what are the strategies we'll use to help resolve or address it in our communities and in the areas that we work."

- NCRN Partner, 2022 Key Informant Interviews

NCRN partners also described that their participation in the network strengthened their credibility and increased their organization's name recognition. Partners also noted that both NCRN and community members have been recognized for their respective contributions in public events and media.

Participation in NCRN built partner <u>capacity for effective, innovative community change</u> programs, policies, and practices.

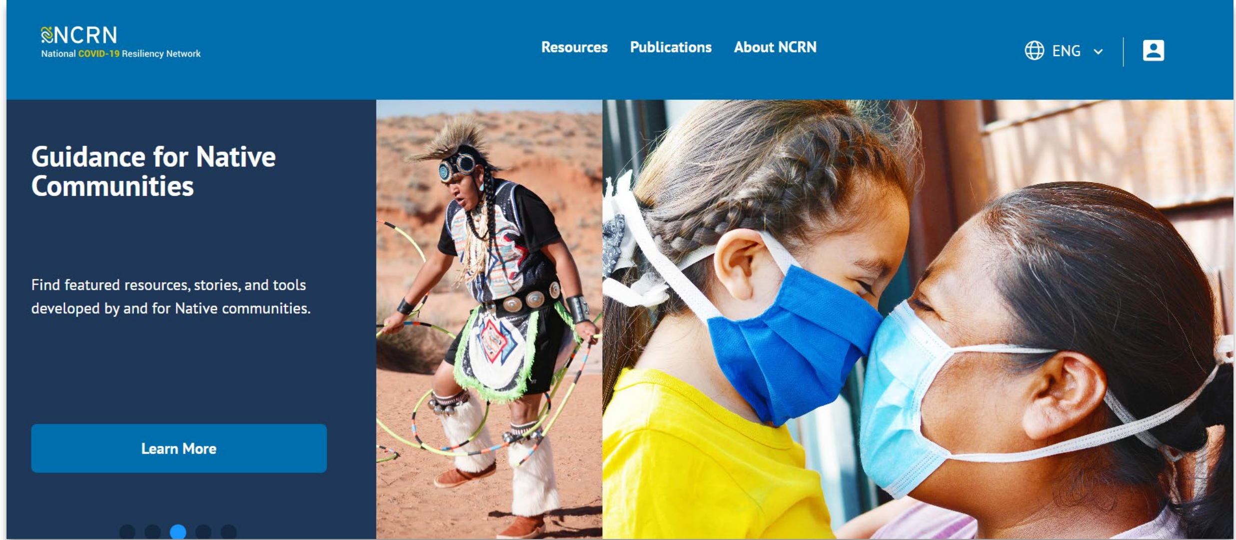
47% of NCRN partners agreed that the network mobilized allies successfully to advocate for policy changes (e.g., rules, legislation) to address the disproportionate impact of COVID-19 on priority populations.

Data Source: NCRN Collective Community Capacity (C3) Survey, January – March 2022

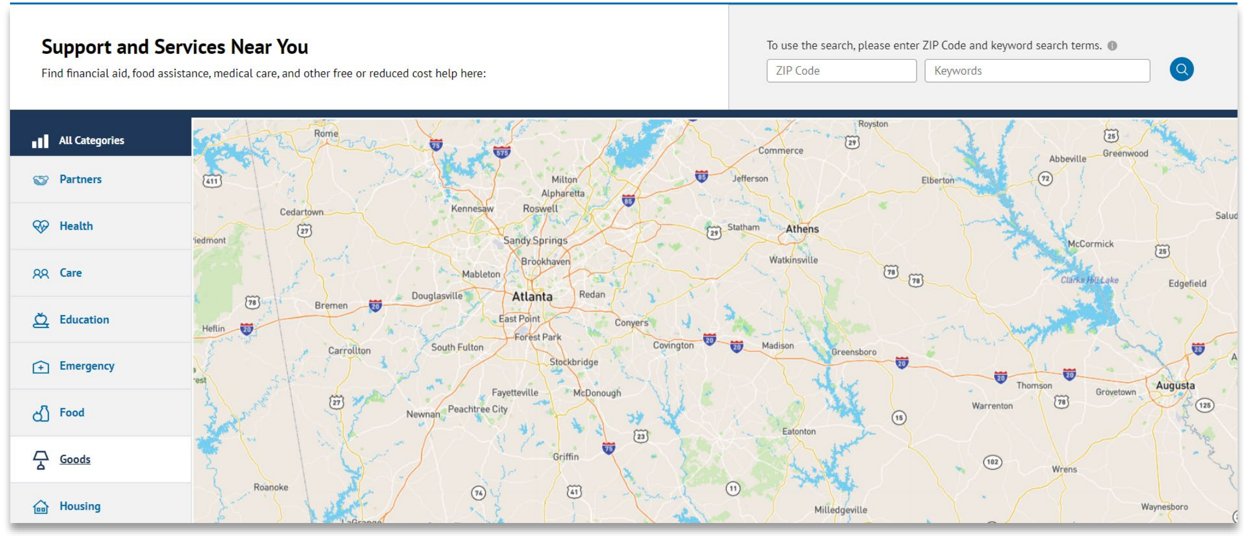
Technology Building and Enhancement

NCRN successfully built a website and mobile application that CHWs and partners used to disseminate resources and connect people to services.

The NCRN website published resources developed by the network, partners, and federal agencies, including podcasts, reports, articles, videos, fact sheets, and other educational resources.



The website and mobile application also allowed individuals to search for COVID-19 testing or vaccination sites, medical facilities, food, transportation, and other services by zip code. The search platform integrates the FindHelp.org database and users may receive support through a live operator Call Center with language line capabilities.



The NCRN website had nearly 105 thousand visitors; its use increased over time.

Number of NCRN Website Visitors, by Year

Number of visitors may contain repeat visitors across years.
Data Sources: Google Analytics, July 1, 2020 to March 31, 2023

Partners and CHWs shared the website and mobile application with communities to disseminate NCRN's resources and connect people to services.

Partners found the website's search engine useful for organizations, CHWs, and healthcare staff. While they saw the NCRN website as essential for dissemination, leaders highlighted that trust and community-building are necessary for communities to engage with the site.

"The platform, and the technology itself, is equally as important as all of the partnerships and the people that are involved… And it takes the partnerships and the people to create the trust that folks will engage with this [platform]. But it's going to take the platform to really scale all of the dissemination and the information out there."

- NCRN Partner, 2022 Key Informant

Evidence Building and Research

NCRN engaged in various research efforts through formative research, surveys, and monitoring key reports, and developed a data platform to track trends.

NCRN's data platform enabled the network and its partners to track trends and disparities among priority populations.

NCRN developed a data platform that aggregated key demographics, COVID-19, and other related measures across multiple data sources. The network used the data platform to track disparities in areas with high concentrations of priority populations. Partners also used the data platform to conduct research studies and develop infographics.

NCRN worked with ICF and USF to conduct formative research to understand information gaps and develop COVID-19 related messaging.

NCRN and its partners conducted an environmental scan of existing health messaging for priority and general populations and existing gaps, and literature reviews on knowledge attitudes and beliefs regarding COVID-19 vaccine hesitancy and testing among priority populations. They also conducted focus groups with 38 individuals and interviews with 37 individuals from priority populations. Findings from these activities informed the development of NCRN's COVID-19 related messaging and materials.[vii] Reports from these formative research efforts can be found here.

NCRN also fielded surveys and monitored key reports and sources to understand community needs and COVID-19-related trends.

NCRN designed and fielded the COVID-19 Health Assessment and Mitigation Planning Survey (CHAMPS) in 2021 and 2022 to learn about individuals' knowledge about and attitudes towards COVID-19, experiences living through the COVID-19 pandemic, and areas of greatest need/support. In 2021, NCRN partners surveyed over 600 individuals from priority populations. In 2022, NCRN and its infrastructure partner NORC at the University of Chicago engaged the AmeriSpeak® panel survey to reach a representative

[vii] Reports from these formative research efforts:

An Environmental Scan to Inform Community Health Worker Strategies within the Morehouse National COVID-19 Resiliency Network.

Literature Review to Support Communication to Priority Populations: Hispanic/Latino/Latinx Hispanic Food Processing (Meat Packing, Farm Work) Employees Alaskan Native/American Indian On the topics of: COVID-19 Testing COVID-19 Vaccine Acceptance.

sample of most priority populations. Further, they engaged partners in purposive sampling of harder to reach populations including migrant farm workers, justice-involved individuals, and individuals with intellectual and/or development disabilities (I/DD). The survey was translated into 10 languages other than English. Altogether, over 3,000 individuals from priority populations participated in CHAMPS in 2022. NORC weighted the representative samples to allow for generalizability and statistical analysis.

Beyond original survey work, NCRN tracked data from the Centers for Disease Control & Prevention (CDC), American Community Survey, Kaiser Family Foundation, the Societal Experts Action Network (SEAN), and other external sources to track trends in public health behaviors and information gaps and COVID-19 testing and vaccination rates. Partners' data sources also informed monitoring of key trends.

NCRN disseminated research through presentations, publications, and webinars.

Across the three years of the initiative, NCRN produced or hosted at least:

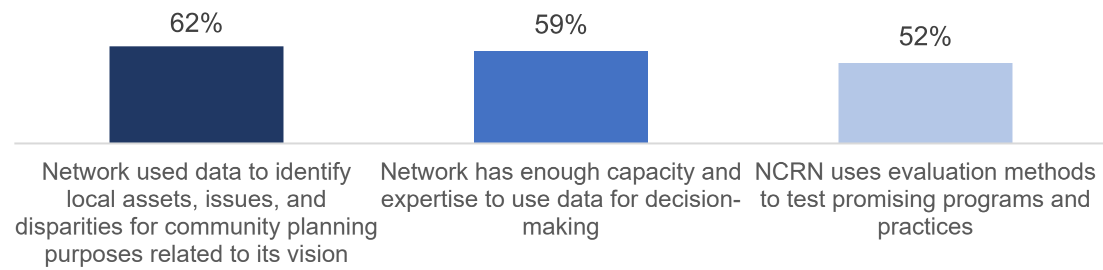
Presentations	Publications	Webinars or virtual events
▪ **13** American Public Health Association (APHA) presentations ▪ **4** Other conference and symposium presentations	▪ **9** peer-reviewed journal articles ▪ **11** reports ▪ **2** white papers ▪ **2** books	**12** including CommUNITY Exchange featuring multiple partners' work

Data Source: MSM centralized data management system, 2020-2023.

More information on NCRN related publications and presentations is available here.

NCRN partners believed that the network had "a great deal" of capacity to <u>use data to guide community change efforts</u>.

Percent of Partners Reporting on NCRN's Capacity



N=65 Strategic network, infrastructure, and outreach partners
Percent of partners agreeing "completely" or a "great deal" with each statement
Data Source: 2022 NCRN Collective Community Capacity Survey

Putting Data into Practice

NCRN applied findings from NORC's implementation of the Collective Community Capacity Survey and interviews with partners to create more opportunities for peer-to-peer learning and improve language access for those who are limited English proficient and hearing impaired or deaf. Recognizing the importance of building collective community capacity of the network, NCRN facilitated meetings between partners and dedicated time for sharing lessons about how partners could collaborate. They also offered Communication Access Realtime Translation (CART) captioning, Remote Simultaneous Language Interpretation (RSI) in Spanish, and American Sign Language (ASL) interpretation for public-facing community meetings and events.

Communications and Dissemination

NCRN developed culturally and linguistically appropriate messages and resources to disseminate to priority populations.

NCRN developed hundreds of public health messages and dozens of culturally and linguistically appropriate resources on COVID-19 information, testing, and vaccination.

In Year 1, NCRN disseminated **700 messages** across e-blast, social media, website, and ads.
Data source: MSM centralized data management system.

This included social media messages, campaigns, videos, podcasts, print and web materials (e.g., factsheets, infographics, palm cards), and policy briefs. NCRN partners shared these resources with community members on their websites, through newsletters, in meetings and presentations, and over social media. However, some noted that not all NCRN resources were well-adapted to the populations they served and described a need for more visual representation of diverse communities.

The NCRN website and its mobile application were available in 13 languages and its call center supported over 200 languages.

The NCRN website and its mobile application were available in Arabic, English, French, Haitian Creole, Hawaiian, Korean, Portuguese, Samoan, Simplified and Traditional Chinese, Spanish, Tagalog, and Vietnamese.

NCRN also developed original education messages and materials in multiple languages.

For example, they translated Two CommUnity Conversations into nine languages (Chinese [Traditional and Simplified], Haitian Creole, Portuguese, Samoan, Vietnamese, Korean, Spanish, French, and Tagalog).

Though NCRN made its website available in multiple languages, some NCRN partners believed that available materials did not meet all their language needs. For example, they noted resources are not available in Indigenous dialects and languages.

In testing, NCRN public health messages elicited positive responses from participants who found them to be believable, relatable, and clear.

NCRN tested materials with priority populations for cultural appropriateness and comprehension, including Black/African American and Hispanic/Latinx populations and

individuals with I/DD. They also used CDC's clear communication index to determine whether materials were readable at a 6th grade reading level or below across languages.

USF used neuromarketing to test public health messaging materials developed by ICF. They found and reported to NCRN that:

- **90%** of Black/African American participants found the messaging around COVID-19 testing to be **believable** and **64%** found messaging to be **clear.**
- **Over two-thirds** of Hispanic/Latinx participants found the messaging **believable** and **93%** found it to be **clear.**
- **91%** of migrant worker participants said the messaging **made them want to get the COVID-19 vaccine**, **95%** found the messaging **clear**, **86%** could **relate** to the messaging, and **95%** found the messaging **believable**.
- **94%** of African American participants with intellectual disabilities **understood** the messaging and **90% liked** the messaging.

NCRN and its partners' resources had broad reach among diverse priority populations.

NCRN communication activities reached over 16 million people.

NCRN shared their public health messages and resources through organic and paid social media platforms (Facebook, Instagram, Twitter), the NCRN website, emails, newsletters, and advertisements (e.g., web banners, video streaming platforms like YouTube, in-clinic waiting rooms). Partners attributed the network's reach to the diversity of NCRN's network and its broad representation from various racial and ethnic minoritized groups.

From August to November 2022, an NCRN advertisement played 218,205 times on the GoodHealth Network, generating **3,823,560** impressions.

Data Sources: Ads Manager Dashboard

<table>
<tr><th colspan="4">NCRN Communication Activities Reach: 16,430,932</th></tr>
<tr><td colspan="2">Website Traffic
104,514 total visitors
15,367 total portal registrants</td><td colspan="2">Social Media
Twitter: 41,377 impressions, 1,065 likes
Facebook: 7,608 people reached, 663 likes
Instagram: 583 people reached, 452 likes
LinkedIn: 106 page views, 340 likes</td></tr>
<tr><td>Media
416 media mentions</td><td>Ads
12,695,839 ad views</td><td>Video Views
3,568,867 video views through social media</td><td>Email
2,300 subscribers</td></tr>
</table>

Data Source: Google Analytics, Nielsen/Melwater and the Media outlet's media kit, Facebook and Twitter Insights/Ads Manager Dashboard

NCRN community engagement activities reached over 1.1 million individuals by March 2023.

NCRN also shared these materials through virtual meetings and webinars, presentations and conferences, and partners. Virtual outreach events were reported as well-received and had positive responses, average knowledge gained, and overall positive comments.

<table>
<tr><th colspan="3">NCRN Community Engagement Reach: 1,130,784</th></tr>
<tr><td>Virtual Events Total Attendance
329,609</td><td>In-Person Events Total Attendance
538,884</td><td>Total Organizations Engaged: 321,302
▪ Local organizations: 313,593
▪ National organizations: 7,880</td></tr>
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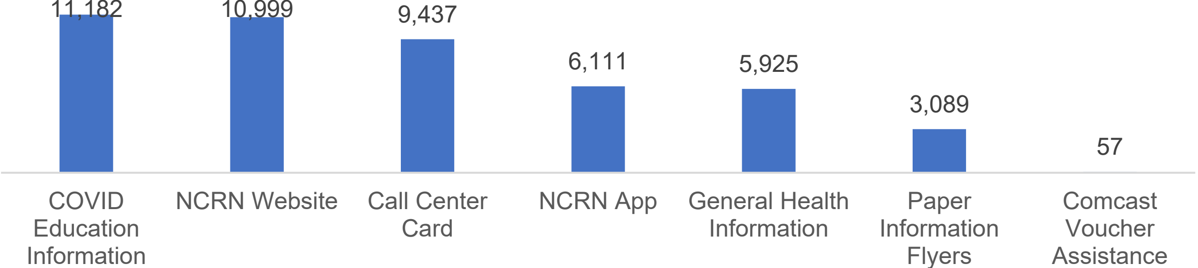
Data Source: MSM centralized data management system

NCRN Community Health Liaisons had over 13,000 encounters with individuals, families, and organizations between May 2021 and March 2023.

Community Health Liaisons shared the NCRN website and mobile application, NCRN Call Center cards, COVID-19 and general health information, and paper information flyers. They also offered supports to employment, housing, and transportation assistance, health services, technology, COVID-19 testing and vaccination, and PPE. Nearly half of Community Health Liaison encounters occurred in person; the other half occurred virtually. Three-quarters of all encounters were new; the remaining quarter were follow up visits.

Information Sharing Results of NCRN Community Health Liaison Encounters



An encounter could have multiple outcomes; therefore, encounter outcomes total over 13,000.
Data Source: NCRN CHW Data Dashboard, May 2021 – April 2023

NCRN partners developed and disseminated their own culturally and linguistically appropriate messages and resources with broad reach to diverse priority populations.

NCRN partners developed their own culturally- and linguistically- appropriate resources.

33% of NCRN partners reported conducting communications and dissemination of new and existing COVID-19-related resources.

Data Source: NCRN Collective Community Capacity (C3) Survey, January – March 2022

Partners tailored their materials to the needs of their populations. These messages and materials, such as infographics, frequently asked questions, one-pagers, newsletters, toolkits, fact sheets, and videos were available in print and virtually. NCRN partners also reported developing materials in multiple languages. Partners described developing and launching communication campaigns through multiple mediums. They noted that COVID-19 enabled them to learn new ways of conducting outreach to their communities (e.g., radio, WhatsApp, virtual and online events and programs, social media, podcasts).

Example Topics

COVID-19 public health practices (e.g., masking, social distancing

COVID-19 and other vaccinations

Other health and social services (e.g., housing, food, transportation)

Mental health

Telehealth

Partners encountered challenges in developing materials in languages spoken by communities. For example, resources, events, webinars, etc. needed to be translated into multiple languages or required interpretation to meet the needs of their communities, and organizations did not always have the capacity, infrastructure, and staff to support all needed translations and language needs of their communities.

"With increased diversity in the U.S., how do we disseminate information to the myriad of communities that are out there with people whose primary language is not English?... then other issues have emerged as well around people who are deaf, hard of hearing… there've been lots of gaps."

- NCRN Partner, 2022, Key Informant Interviews

Partners reported reaching <u>tens of thousands of community members</u> through their community outreach, education, and dissemination efforts.

"A population that we want to serve [is] really getting to know us because [of our NCRN work]. It has also allowed us to have a voice in the public health space."

- NCRN Partner, 2022 Key Informant Interviews

Partners noted that their organizations' community outreach, education, and dissemination efforts had broad reach with priority populations. Partners employed various strategies and best practices to combat challenges due to mis- and dis-information, zoom/virtual fatigue, and limited availability of translated materials. Partners tailored and translated resources and developed resiliency-focused materials using plain language and low reading levels. They were flexible in when and how they engaged community members, employed multi-modal forms of outreach (virtual, in-person), and ensured the physical accessibility of events. Partners also collaborated with trusted community leaders and organizations. In some instances, partners reported that being part of the network allowed their organizations to broaden their reach or engage with priority populations in new ways.

NCRN Partner Communication Reach	
Media Broadcasting: 15,841,376 Viewers/ Listeners Social media: 39,218 Likes, Comments, Shares, Clicks Print Distributed: 381,074	**Other Engagement** Emails Distributed: 266,982 Phone Calls Made: 14,604 Texts Distributed: 922 Other (e.g., surveys): 710
Events Virtual events: 10,542 In-person events: 51,908	**Websites** Webpage views: 5,148

Data source: Community Engagement Tracking Forms

Partner Examples

The National Association of Community Health Centers (NACHC) hosted COVID-19 vaccination booths in Texas, Louisiana, and Florida. NACHC's consistent social media presence and promotion resulted in **24,000 impressions, 164 site visitors,** and **626 engagements**.

Alliant maintains an average of **21,965 contacts for individuals representing 18,161 organization**s in their database. The database includes contacts for mental health facilities, faith-based organizations, social service agencies, prisons/jails, after-school programs, schools, stakeholders, justice-involved, medical associations, and rural health associations.

Microgrant recipients reached their communities through various forms of media, events, and communications campaigns.

Year 2 microgrant recipients distributed over 47,000 mental health-related materials. More generally, microgrant recipients found that consistent and continuous education in a culturally and linguistically appropriate way helped combat misinformation and hesitancy around COVID-19 vaccines. They described that listening to the community and partnering with local organizations and key community members strengthened relationships with the community and increased the reach of resources.

NCRN Microgrant Recipient Communication Reach	
Media Broadcasting: 177,614 Viewers/ Listeners Social media: 39,069 Likes, Comments, Shares, Clicks Print Distributed: 167,015	**Other Engagement** Emails Distributed: 283,753 Phone Calls Made: 8,061 Texts Distributed: 9,828 Other (e.g., one-on-one conversations, food deliveries): 79,257 Misc. Outreach Efforts
Events Virtual events: 15,995 attendees In-person events: 143,894 attendees	**Websites** Webpage views: 9,942

Data source: Microgrant recipient tracking forms, mid-year and final progress reports

Provision of COVID-19, Social Services, and Related Outcomes

NCRN partners and microgrant recipients provided linkages to healthcare and social services, hosted vaccination clinics, disseminated COVID-19 tests, and distributed PPE to priority populations

NCRN and its partners helped increase priority populations' connections to healthcare and social services.

74% of NCRN partners believed that NCRN worked to address social, economic, and cultural barriers related to the disproportionate impact of COVID-19 on priority populations.

Data Source: NCRN Collective Community Capacity (C3) Survey, January – March 2022

Partners noted that while they set out mainly to provide culturally- and linguistically-appropriate information and resources, they realized that COVID-19 created urgent needs for community members around the social drivers of health, including financial assistance, employment supports, housing, food, access to technology and wi-fi, legal supports, and mental health, among other needs. Partners, microgrant recipients, and CHWs linked community members to healthcare and social services through the NCRN website and mobile application, the call center, educational materials, and in-person and virtual outreach.

Connecting People to Services

From May 2021 to June 2023, NCRN Community Health Liaisons referred:

- **4,123** people to COVID-19 testing, and
- **1,598** people to COVID-19 vaccinations.

Data Source: NCRN CHW Data Dashboard, May 2021 – April 2023

Priority populations had mixed adoption of public health practices like masking and social distancing.

Partners and microgrant recipients reported providing community members with supplies, such as masks, PPE, and hand sanitizer. In Year 1, Black/African American and Hispanic/Latinx populations reported high engagement with behavior and adoption of public health practices like masking and social distances in the CHAMPS survey. Partners reported mixed perspectives about whether their work translated to changes in behavior and adoption of public health practices. National trends around adoption of public health practices find that masking and distancing guidelines changed

significantly as the Omicron surge waned and, across the country, social distancing and masking practices were less prevalent overall.[5]

NCRN Survey Results on Adoption of Public Health Practices in 2021

71% of respondents endorsed wearing a mask "always"

- Hispanic/Latinx: 83%
- Black/African American: 71%
- Non-Hispanic White: 35%

48% of CHAMPS respondents endorsed avoiding large crowds of more than 10 people "always"

- Non-Hispanic White: 81%
- Hispanic/Latinx: 76%
- Black/African American: 63%

Data source: Community Member CHAMPS, Year 1

"I would go on these visits with our community health leaders, where I could see some workers had staples on their face mask because they couldn't afford getting other face masks. So to be able to provide them a resource that otherwise they wouldn't be able to have was something I think impactful."

- NCRN Partner, 2022 Key Informant Interviews

NCRN helped increase priority populations' access to COVID-19 tests and vaccinations.

Partners and microgrant recipients hosted vaccination clinics in places where community members gather (e.g., mobile vaccination clinics, community centers, churches). They also supported community members with vaccine registration and getting access to tests. Partners reported that their involvement with NCRN helped to improve COVID-19 outcomes in their communities, including increasing trust, boosting vaccination rates, and providing resources.

Partner and Microgrant Recipient Examples

The **National REACH Coalition (NRC)** helped **over 1,000 community members** receive a COVID-19 vaccine through community engagement efforts at daycares, faith-based food pantries, mosques, and local businesses. They also distributed over **30,000 face coverings and 11,000 testing kits**.

The **Asian Community Development Council** coordinated 10 COVID-19 and flu vaccine clinics throughout Nevada, administering a total of **412 shots**.

The **Philadelphia Chinatown Development Corporation** hosted weekly clinics, vaccinating a total of **223 community members**, mostly from the Chinese American immigrant population, over the course of its grant period.

National trends show that some priority populations have experienced gains in vaccination rates.

As of April 2023, 81% of the US population has received at least one dose of a COVID-19 vaccination; uptake of booster shots is lower with only 17% of the population receiving an updated (bivalent) booster dose of the COVID-19 vaccination.[6] National trends show that disparities in vaccination rates have decreased among some priority populations. For example, in 2022, the Kaiser Family Foundation reported that disparities in vaccination rates have narrowed over time and reversed for Hispanic/Latinx and Black people.[7,8] Among children and adolescents (aged 5 to 17), Asian and Hispanic/Latinx populations have the highest vaccination rates, though coverage remains low overall, according to the CDC.[9]

NCRN Survey Results on Vaccine Uptake In 2022

Over 80% of NCRN's priority populations reported that they had received two primary COVID-19 vaccinations, including **55%** that received a booster.

- The highest rates for the two primary vaccinations were found among Asian American and Pacific Islander (92%), Hispanic/Latinx (82%); and Black/ African American (80%) populations. Most respondents stated that they got the vaccine (or will get it) because they want to protect themselves and their families.

Data source: Community Member CHAMPS, Year 2

Network Activities Year 4: (July 2023 – June 2024)

HHS OMH provided MSM with a no-cost extension to continue work for one more year. In its final year, NCRN focused on sustaining community and partner engagement, emphasizing the achievements of its partner organizations, and enhancing its ongoing support for community-based organizations and their priority populations. Additionally, the network dedicated efforts to developing sustainable strategies that could extend beyond the project period, ensuring lasting impact and continued collaboration of the network.

Partner Engagement

NCRN collaborated with **16 strategic outreach partners** and **7 strategic infrastructure partners** in Year 4 to continue dissemination and outreach efforts.

NCRN renamed the Regional Community Coalition (RCC) to the National Community Accountability Coalition (NCAC) to reaffirm the network's commitment to community-centered efforts and accountability to the populations it serves.

The NCAC continued to conduct activities that focused on NCRN's COVID-19 objectives. They also sought opportunities to expand existing partnerships and to develop new partnerships that focus on Long COVID and other emerging concerns. Based on priorities developed by partners at the end of Year 3, NCRN established workgroups to support and empower network partners in addressing those priorities. The Community Engagement Core worked to foster an engaging and inclusive environment to address health inequities and encourage cross-collaboration.

NCRN hosted several events with partners and community organizations throughout the year.

Partner Meetings

- **1** CommUNITY Exchange Event
- **4** Data Partners Meetings
- **3** Workgroup Roundtable

NCRN maintained strong connections and engagement in addressing health disparities. In Year 4, NCRN strategically streamlined its meeting structure to enhance focus and efficiency within its network. The new format included quarterly NCRN Workgroup Roundtable meetings with strategic partners, replacing prior Strategic Partner Meetings. Additionally, NCRN maintained a quarterly schedule for convening Data Partners and hosted CommUNITY Exchange events, providing an open forum for all NCRN-affiliated partners to engage and collaborate.

Technology Building and Enhancement

The NCRN website served as **a centralized hub and repository of information** but had opportunities to further support engagement across partners.

The NCRN website received more than 38,000 pageviews in Year 4 alone.

NCRN Website Reach

Website Portal Registrations	Total Visitors
751	3,325
New Visitors	**Returning Visitors**
2,436	499
Webpage Views	
38,699	

NCRN championed the website as an invaluable resource for both partners and the communities they serve, serving as a centralized hub to showcase the work of NCRN's partners.

"The NCRN Website was a hub and served as a repository of information."

- NCRN Partner, 2024 NCRN Website Usability Testing

NORC conducted usability testing of the NCRN website to assess user experience. This included an expert review and heuristic evaluation, a listening session with NCRN strategic partners and CBOs, and usability interviews to understand how strategic partners and CBOs utilize the website, identify partner information, pinpoint website features, and integrate the website into their work. NORC found that NCRN partners appreciated NCRN's website, highlighting the Support Finder Tool as a particular strength, but faced challenges in usability such as accessing educational resources and finding new partners. Partners generally expressed appreciation for the NCRN website, rating it an average of 3.9 out of 5 in a listening session. Strengths highlighted by partners included the granularity of the Support Finder Tool, the ability to find new partners, language accessibility, and clean design. However, challenges included limited mobile functionality, an outdated Events page, additional translation needs, and a lack of educational resources for certain audiences. According to the listening sessions, partners accessed the NCRN website infrequently.

Evidence Building and Research

NCRN utilized its data platform and various research initiatives to **enhance understanding and address health disparities among priority populations**.

NCRN leveraged its data platform to monitor and analyze trends among priority populations.

This involved analyzing vaccination rates in areas with high concentrations of these groups and examining social determinants of health (SDOH), such as frequently searched terms in the Support Finder Tool. NCRN also tracked trends in subgroup behaviors concerning public health practices, including their willingness to receive vaccinations. Moreover, NCRN continued to integrate data from a variety of external sources, including the CDC, Health Resources and Services Administration (HRSA), American Community Survey, and Kaiser Family Foundation, to ensure a comprehensive overview of health trends and disparities, which helped with providing a broader context for understanding the challenges faced by NCRN's priority populations.

NCRN made significant contributions to academic research and community outreach by publishing papers for peer review and posting them on its website.

NCRN completed a series of population briefs based on formative research conducted during the first three years and insights gathered from the CHAMPS survey. These briefs focused on various demographic groups, including African American individuals with intellectual disabilities, Native Hawaiian, Haitian Creole, and Filipino populations, the general Hispanic population, and Hispanic migrant communities. Furthermore, in collaboration with the UTEP and NORC, NCRN published a brief on findings from CHAMPS enriched with qualitative interviews from CHWs who serve the migrant and agricultural worker communities.

Publications and Research Briefs

- **3** Peer-reviewed journal articles
- **3** Press
- **10** Research briefs

In its fourth year, NCRN facilitated a series of impactful presentations, continuing its commitment to sharing valuable research findings.

Among these, NCRN reported on insights from the CHAMPS survey and showcased the CHAMPS 2.0 results at the American Public Health Association (APHA) conference. Additionally, NCRN presented results from the microgrant program at the 2023 APHA Annual Meeting.

Evidence Building and Research Example

NCRN collaborated with the National Center for Bioethics in Research and Health Care at Tuskegee University to initiate the Ethics and Social Justice Surveillance System Survey, concerning the public health and healthcare system's response to the COVID-19 pandemic. This survey sought to comprehend the attitudes, beliefs, and experiences of communities disproportionately affected by the pandemic, while also identifying potential ethical and public health breaches to uphold and advocate for democratic healthcare. The survey aligned with various bioethical principles, such as autonomy, beneficence, justice, social justice, benevolence, and community engagement. Tuskegee University launched the survey in the winter of 2024 via the NCRN list-serve, **yielding 137 responses**. Noteworthy findings include:

- **88% of respondents** grasped the concept of "emergency use authorization" for the COVID-19 vaccine.
- **91% of respondents** felt adequately informed to make an informed decision regarding vaccination.
- Only **47% of respondents** reported having a choice of vaccine brand when receiving their COVID-19 vaccination.

Tuskegee University will disseminate these findings among NCRN partners to guide future endeavors and identify avenues to bolster democratic and bioethically sound disaster response and vaccination deployment.

Communications and Dissemination

NCRN's partnership-driven approach effectively amplified its outreach, **engaging nearly 30,000 individuals** through focused events and substantially extending its impact through digital and print media across diverse communities.

The network worked closely with partners to disseminate and amplify culturally and linguistically tailored materials designed specifically for their priority communities.

Key activities included widespread educational campaigns, webinars, and distribution of resources in multiple languages, tailored to meet the specific needs of each community. For instance, NCRN partnered with organizations like the National Council for Urban Indian Health and the Asian & Pacific Islander American Health Forum, conducting events and social media campaigns that collectively reached and engaged substantial numbers. Focused local outreach such as UTEP's successful promotion of the NCRN mobile application, leading to significant app downloads complemented these efforts.

NCRN effectively engaged diverse communities, achieving over 92,000 virtual event attendees and nearly 8,000 social media engagements.

High engagement rates in social media promotions and the active participation of community members in educational and health promotional events further amplified the reach, ensuring that the network's resources penetrated deeply into the communities it served.

NCRN Communication Reach

Social Media 7,938	**Other Engagement** Email Subscribers: 1,986 Newsletter Subscribers: 1,171
Virtual Events 92,334	**Websites** 4,076

Partner Examples

Mixteco/Indígena Community Organizing Project (MICOP) engaged in extensive in-person and virtual outreach, including events at locations like the Mexican Consulate and Moorpark College, and door-to-door visits with their mobile clinics, primarily assisting elderly community members. They broadcasted several programs on Radio Indigena 94.1 FM, covering topics like RSV, COVID-19 vaccinations, and where to find test kits, reaching **12,573 people at in-person events and 17,361 virtually**. Additionally, they distributed **67,117 print materials** related to health resources, and their social media efforts garnered **811 impressions with 71,371 engagements**.

Association of American Indian Physicians (AAIP) collaborated with the University of Oklahoma Health Sciences Center to deliver an educational session on COVID-19 antiviral treatments for non-hospitalized adults during their 51st Annual Meeting, which was transformed into various PSAs and vaccination information targeting the indigenous communities across multiple states including Alaska, Montana, and the Dakotas. They also developed **three printable vaccination brochures** for American Indian and Alaska Native (AI/AN) individuals as part of a toolkit in partnership with ASTHO. The social media promotion of these initiatives achieved **1,200 impressions, reaching 8,444 people with 50,625 engagements**.

Sustainability

NCRN partners see the potential for NCRN to become **a sustainable network** that promotes additional **collaboration and knowledge sharing around health equity**.

NCRN assessed the ways in which it can sustain the network beyond the end of the HHS OMH project period.

NCRN gathered strategic partner input about the network's sustainability. NCRN facilitated discussions with strategic partners to gather strategic partner input on the network's strengths, weaknesses, opportunities, and threats (SWOT) during several Workgroup Roundtable Meetings. NCRN also hosted one-on-one strategic partner meetings in which they gathered information to identify best practices and growth opportunities for the network. NCRN also deployed a brief Pulse Survey to the NCAC to ensure that community voice remains centered in plans for the sustainability of the network moving forward. Fourteen partners responded to the Pulse Survey.

Using findings from these activities and a review of all prior evaluation work, NORC conducted a SWOT analysis to identify gaps and strengths in the network's engagement with partners and communities. Recommendations from the SWOT analysis informed NCRN strategies and sustainability plan for maintaining relationships with partner organizations and engagement with communities comprised of priority populations.

Key Findings from the NCRN SWOT Analysis

Strengths and Opportunities: NCRN successfully cultivated a diverse and impactful network of partners committed to community-driven initiatives and has the potential to be a sustainable coalition that addresses other issues affecting minoritized populations.

The coalition's approach is deeply rooted in cultural sensitivity and community-centered practices, enhancing the way partners interact with the communities and with each other. NCRN funding has significantly bolstered the capacity and infrastructure of partners and communities, aiding their efforts in response, recovery, and resilience. This is complemented by NCRN's strong emphasis on continuous learning and evaluation, enabling both NCRN and its partners to engage in ongoing

improvement and adaptative strategies. Strategic partners highlighted NCRN's ability to adjust approaches based on community feedback and changing circumstances.

> Partners stated that going forward, that can see NCRN *"creating a national group to act as a sounding board for our work to reach priority populations"* and *"keep[ing] the coalition together to have impact across a range of topics/initiatives"*
>
> *- NCRN Partners, 2024 SWOT Analysis*

NCRN partners recognize the value of the network and described how they could leverage it for other key issues that affect priority populations, like chronic conditions, exposure to negative social drivers of health, and behavioral health conditions. With the end of the Public Health Emergency in May 2023, minoritized populations continue to bear the disproportionate burden of related policy changes, such as the elimination of continuous Medicaid enrollment and reduced availability of free testing, vaccination, and access to COVID-19 outpatient treatment.[10] Communities and organizations will need trusted partners and resources to navigate the shifting policy and service environment.

100%	of Pulse Survey respondents expressed interest in staying connected with the network. Data Source: Pulse Survey, February – March 2024

Weakness and Threats: Strategic partners faced various challenges in their work and sustainability remains a critical concern for NCRN, primarily due to its reliance on grant funding.

NCRN partners noted that key materials are not available in all the languages required by community partners, limiting accessibility and engagement. Additionally, collaboration among NCRN partners is infrequent, which hampers the sharing of resources and best practices. The network also lacks a distributed leadership structure, which could enhance decision-making and initiative ownership. Although the NCRN website is a valued resource, partners have identified certain limitations that restrict its effectiveness.

NCRN partners noted that they are not sure that there are sufficient funds to sustain their operations under NCRN post the end of grant funds as they relied on this funding to support their staff involvement.

Additionally, while technology has been pivotal in disseminating findings and facilitating communication, barriers such as access to technology and varying levels of literacy among community members hinder these efforts. At the community level, mistrust and misinformation pose significant challenges in engaging communities effectively in discussions and actions centered on equity issues. Like most coalitions, NCRN is challenged to sustain the network to see and measure changes in health equity in disproportionately affected communities over time. There is a need for ongoing funding to support organizational staff, the website, data infrastructure, and partners, particularly smaller organizations that rely heavily on the funding to support their staff involvement.

70% of Workgroup Roundtable participants advocated for a collaborative model where decisions are shared among partners.

Data Source: Workgroup Roundtable, March 2024

NCRN partners developed a comprehensive health equity toolkit consisting of best practices, lessons learned, and key examples of their work related to language justice and advocating for health equity and SDOH solutions.

NCRN held quarterly Workgroup Roundtable meetings where strategic partners worked together to develop the health equity toolkit. During these meetings, the partners selected two priorities for the network: 1) creating language justice and culturally tailored communication, and 2) advocating for health equity and SDOH policy solutions. During subsequent meetings, strategic partners engaged in thought-provoking dialogue about advocacy, its definition, and its relevance to various priority populations; and reviewed their experiences from the past three years regarding the implementation and completion of work related to NCRN. Through sharing best practices and lessons learned, such as tailoring messages to diverse audiences and sustaining advocacy efforts, partners collaboratively contributed to populating a matrix that NCRN used to then create the health equity toolkit.

What is Next for the Collaborative?

The **National Health Equity Collaborative (NHEC)** has a significant opportunity to foster greater collaboration within the network and with external organizations, enhancing collective impact.

NCRN will transition to become NHEC, a coordinated strategic network dedicated to closing the health gap by improving health outcomes and addressing health inequities to ensure everyone can thrive.

Over four years, NCRN positioned itself to evolve into a sustainable coalition that not only continues its current work but also addresses broader issues affecting minoritized populations. Thus, NCRN will become NHEC, a collaborative dedicated to empowering communities and achieving health equity for all by providing individuals, community leaders, and health outreach workers with the resources and support they need to advance health equity.

Operated within NCPC at MSM, NHEC will optimize and strengthen available resources and expertise. NHEC will be informed by an Advisory Council comprised of legacy members of NCRN, community-based organizations, public health professionals, and community health workers. The Advisory Council will provide strategic guidance and ensure alignment with the collaborative's objectives. This structure demonstrates a commitment to fostering collaboration and maintaining a focus on achieving health equity. Members of the Collaborative will have access to a platform and community that will amplify their voices, resource sharing and engagement opportunities, a directory of collaborative partners, and a comprehensive health equity toolkit.

Conclusion

Individuals with longstanding socioeconomic and racial/ethnic inequities experienced significantly more COVID-19 infections and mortality rates in the United States.[11] NCRN was a critical effort in galvanizing community-level responses to the pandemic and its health and social effects on racial and ethnic minoritized and other disproportionately impacted populations.

"At the outset of the pandemic, we did not have a coordinated federal plan to respond to COVID-19. And it's really been the local work… the community level work, that has made a difference."

- NCRN Partner, 2022 Key Informant Interviews

NCRN built a large, diverse and multi-sectoral network of partners.

The network achieved diversity in terms of the type of partners involved, priority populations served, and geographic reach of the network.

NCRN and its partners' outreach, education, and dissemination efforts had broad reach with priority populations.

NCRN partners engaged in a broad range of activities, with many developing and disseminating culturally and linguistically appropriate COVID-19-related materials and resources through outreach and education. NCRN and its partners used community-tailored approaches, culturally tailored communication strategies, in-person outreach, and virtual platforms and technology for dissemination. They also relied on trusted leaders like CHWs, community leaders, and faith-based organizations to identify and address community needs.

Through funding, education, and training, NCRN built partner capacity to address a national pandemic and its impact on minoritized populations, promoting response, recovery, and resilience.

Funding allowed partners to develop and disseminate COVID-19-related resources and materials; strengthen existing or develop new partnerships; expand organizational and staff capacity; gain new skills (e.g., social marketing and media development); and provide PPE and other direct COVID-19 related and other social services. NCRN also strengthened partner credibility and increased their visibility within their communities.

NCRN showed promise in the ability of a diverse coalition to work together to mitigate inequities.

Evaluation findings show NCRN's growing collective community capacity to address both emergent and long-standing health inequities among racial and ethnic minoritized communities and other populations in the U.S. NCRN members have the capacity to develop a shared vision, a growing interest in multi-sectoral collaboration, and increasing capacity to shape outcomes through health communications. NCRN increased awareness of resources and services among participating partners and the communities they served. They also reached populations through direct provision of COVID-19-related services, including access to COVID-19 testing and vaccination. Though it is hard to disentangle and directly assess the effects of the network on behavior change such as adoption of public health practices and vaccination rates, partners posit that communities' increased access to information and resources among minoritized could translate to changes in behaviors.

Appendix A: NCRN Logic Model

PROBLEM STATEMENT: COVID-19 disproportionately impacts priority populations (minoritized racial/ethnic groups, rural populations, immigrant and refugee populations, individuals with intellectual and developmental disabilities, agricultural and migrant workers), also referred to as "PPs," that lack access to accurate and culturally- and linguistically- appropriate information and resources on COVID-19-related and other health (physical, mental, behavioral) and social services, perpetuating disparities and inequities in health.

Revised 9/30/22

ACTIVITIES (Network Level / Partner Level)

Partner Engagement and Network Management
- Secure funding and establish and manage contracts
- Communicate regularly (e.g., 1-1 and group meetings)
- Convene Community, National, Data, and Strategic Partner Advisory Boards
- Conduct monthly and quarterly reporting

Outputs:
- #, type of partners engaged
- # meetings held, # of participants
- # funders, amount of funding generated
- Partner length of time in NCRN
- # partners reporting monthly metrics
- Perspective on structure of the network

Outcomes:
- A: Strategic and infrastructure partners are identified and engaged
- A: Network for sharing of health & social services information & resources is developed
- A: Network density is increased to foster partner connections to one another & MSM
- I, M: A sustainability strategy for a coordinated network is identified & implemented
- M: NCRN focus & use beyond COVID-testing & vaccination is increased

Capacity Building
- Hire, train, and provide technical assistance to workforce and partners
- Provide tools that enhance communication (e.g., internet vouchers, call center)
- Establish pathways and networks for information sharing, dissemination
- Distribute grants and funding
- Engage partners as advisors to elevate partner voices, activities, and expertise
- Support strategic and sustainability planning (e.g., sustainability groups)

Outputs:
- #, types of trainings conducted
- #, type of workforce trained, deployed
- # partners trained, types of training used
- # mobilization plans generated and used
- # strategic plans generated and used
- Amount of funding distributed to partners
- Perspectives on capacity

Outcomes:
- A, I: Workforce is identified, engaged, trained, and mobilized to support PPs
- E: Voices and expertise of NCRN partners are amplified
- E: Partner capacity & infrastructure are enhanced to support response, recovery, & resilience for PPs

Technology Building and Enhancement
- Develop external-facing user-friendly and equity-focused central platform and other resources (websites, software, surveillance systems)
- Develop dashboards, repositories, and other platforms to facilitate access to data

Outputs:
- #, types of technology platforms developed, enhanced
- #, types of people and partners accessing platforms
- Perspectives on technology

Outcomes:
- I: An infrastructure is developed to support, sustain, & spread community change
- E: Partners, CHWs, & PPs use of NCRN platform and resources is increased
- I: PPs are linked to necessary health & social services

Community Outreach and Education
- Conduct community outreach and education
- Host workshops, town halls, forums, webinars, conversations, and other events

Development and Dissemination of Resources
- Conduct formative research to inform and develop a communication strategy
- Develop culturally-and linguistically appropriate information and resources
- Disseminate materials through various channels and mediums

Outputs:
- #, types of PPs engaged
- # PPs reached by resources
- #, types of resources developed, disseminated
- #, types of partners disseminating resources
- # materials meeting CSAT threshold for cultural sensitivity and readability
- Challenges, facilitators, and lessons learned on outreach and dissemination

Outcomes:
- I, R: PPs are identified and engaged
- I: Culturally & linguistically appropriate messages & resources are developed, disseminated, & comprehended
- R: PPs are reached by culturally-appropriate public health messaging & those messages are comprehended
- E: Population-specific information gaps among PPs populations are reduced
- E: Partners', workforce', & PPs' awareness of NCRN is increased
- E: Awareness & adoption of public health practices is increased among PPs

Research
- Assess community needs, strengths, and priorities
- Build and implement a research agenda for program- and policy-making
- Assess impact through monitoring, evaluation, and quality improvement
- Develop and disseminate briefs, reports, papers, etc.

Outputs:
- # surveys & other assessments
- # health equity policies developed, advocated for
- # metrics identified, measured, used
- # of reports, manuscripts, briefs, etc. published

Outcomes:
- I: Data are used to inform network activities
- I, R: Research is conducted and findings are disseminated
- E: Policies that address health equity are increased

Direct Services
- Provide COVID-19-related and other health and social services

Outputs:
- # individuals linked to health & social services
- Types of services utilized

Outcomes:
- E: PPs receive necessary health and social services
- E: Disparities in COVID-19 testing and vaccination among PPs are decreased in highly impacted areas

R: Reach; E: Effectiveness; A: Adoption; I: Implementation: M: Maintenance

IMPACT
A coordinated and sustainable network of partners using community-level data and sharing culturally- and linguistically appropriate resources and services to reduce disparities

Inputs: Funding; HHS OMH; MSM staff, resources; Participatory governance structure; Partners (national, STT, community); consultants; workforce; community members

Context
- Individual, institutional, and systemic racism
- Longstanding disparities in information access, outcomes
- Evolving and emerging COVID-19-related research, knowledge base, initiatives, and policies
- Political and social determinants of health needs
- Widespread misinformation and disinformation
- Fragmented and uncoordinated health care, public health, government, and other systems
- Disenfranchisement of PPs communities and CBOs
- Lack of sufficient infrastructure, and health equity funding
- Historic, contemporary mistrust of systems, government

Assumptions: Under-resourced communities that have been hardest hit by COVID-19 and primarily service PPs require deliberate investments. Leveraging the PETAL Framework, community engagement model, and PDOH approach, NCRN can produce solutions for mitigating the effects of COVID-19. The RE-AIM model informs outcomes.

Appendix B: Evaluation Methods

NCRN and its evaluation partner NORC at the University of Chicago conducted a mixed methods process and outcome evaluation to understand the activities of the networks and their effects. An Evaluation Advisory Board comprised of nine partners met annually with NORC to inform the direction of the evaluation and interpretation of findings. They also periodically reviewed evaluation materials.

Evaluation Goals. The goals of the evaluation were to:

- Describe the process of forming and implementing NCRN.
- Measure the impact of the network on access to health care and social services among priority populations; disparities in COVID-19-related testing and prevention; and capacity and infrastructure.
- Facilitate continuous quality improvement of the network by using data and findings to inform program implementation.

Data Sources. The evaluation and findings in this report are informed by both primary and secondary data. Primary data sources included tracking and monitoring data, surveys, focus groups and listening sessions, and individual and group key informant interviews. The secondary data sources included program documents, partner data collection forms and reports, grey and peer-review literature, and web analytics.

NCRN Monitoring and Evaluation Data Sources

Data Source	Timing	Organization
Primary Data Source		
Tracking and Monitoring Data*		
MSM Centralized Data Management System	Monthly	MSM
Strategic Partner Community Engagement Tracker (CET) Forms	Monthly, 2021-2023	MSM
NCRN Community Health Liaison Dashboard	May 2021 – March 2023	MSM
CHW Encounter Forms	Monthly, 2021 - 2023	MSM
CHW Census	April 2021	MSM
Web Analytics (e.g., Google Analytics, Nielsen/Melwater and the Media outlet's media kit, Facebook and Twitter Insights/Ads Manager Dashboard)	Monthly, 2020 - 2023	MSM
Surveys		
CHAMPS for Strategic Partners	Years 1 and 2	MSM
CHAMPS for Community Members	Years 2 and 3	MSM, NORC
Collective Community Capacity (C3) Survey of NCRN Partners, including strategic infrastructure and network partners and outreach partners (n=65)	Year 2 (Jan – Mar 2022)	NORC

Data Source	Timing	Organization
Qualitative Data		
Qualitative Analysis of CET Forms	October 2022	NORC
RCC Microgrant CET Form and Progress Reports Analysis	March 2023	NORC
Community Bridges Application and CHW Mobilization Plan Analysis	March 2023	NORC
Formative Focus Groups with CHWs and Community Members	Year 1	USF
Summative Focus Groups with Community Members and CHWs**	March – May 2023	NORC
Key Informant Interviews with Partners	Year 2 (Jan – Mar 2022)	NORC
Secondary Data Sources		
Societal Experts Action Network (SEAN)	Annually	MSM
American Community Survey	2020	MSM
NCRN Data Platform	Weekly	MSM, KPMG

CET: Community Engagement Tracker; CHAMPS: COVID-19 Health Assessment and Mitigation Planning Survey; CHW: Community Health Worker; RCC: Regional Community Coalition

* NCRN provided monitoring reporting initially monthly and ultimately quarterly reporting to HHS OMH to describe the network's impact, identify areas for improvement, summarize the activities and reach of partner organizations, and discuss the use of NCRN resources. MSM compiled and aggregated tracking and monitoring data into these reports.

** Not included in this report due to timing

Measures. Process measures assessed the reach, adoption, and implementation of NCRN efforts, and helped identify best practices and lessons learned throughout implementation of NCRN to facilitate continuous and real-time quality improvement. Outcome measures assessed the effectiveness and impact of the network based on the degree to which NCRN activities contribute to development of a sustainable multi-sector network of partners; reductions in population-specific information gaps; enhanced national, STT, and community-level capacity; and changes in behavior.

Analysis. Analysis of quantitative data involved descriptive and inferential statistics, depending on the data sources. Qualitative analysis included thematic analysis and content analysis to synthesize key themes and findings.

Limitations. Data sources varied in their level of completeness; not all data sources were available throughout the three years of the initiative. In addition, given the rapid launch of the network in the first months of the worldwide pandemic, health outcomes goals were evolving. For example, when NCRN launched, COVID-19 vaccines did not exist, and tests were limited; the primary health intervention was to deliver information about risk reduction behaviors, such as masking and social isolation. As this evolved, so did NCRN messaging and activities. NCRN also launched amid numerous other state and federal programs aimed at similar populations with documented disparities in COVID-19; partners were involved in other parallel initiatives focused on one or more

populations. Therefore, it is difficult to isolate the effects of NCRN on health outcomes and behaviors among priority populations. The evaluation did not employ an experimental design but was purposeful in its collection of data to answer specific questions about its implementation and its perceived outcomes. Finally, we acknowledge the potential for respondent and nonresponse bias. Not all partners submitted regular responses to monitoring and tracking forms. People who did not participate in primary data collection efforts are likely to be different from those who did.

Appendix C: NCRN Partner Profiles and Funding Recipients

Strategic Network Partners

Most strategic partners engaged in NCRN for three years of the initiative (2020-2023), unless indicated otherwise. Strategic partners who continued to engage with the initiative in Year 4 (2023-2024) are marked with an asterisk.

Organization	Service Areas	Description
***100 Black Men of America**	National, US Territories	Developed webinars, radio podcasts, and town hall meetings related to COVID-19 efforts. They primarily serve the Black/African American population.
***Social Current (previously Alliance for Strong Families and Communities)**	National	Provided linkage to network supporting families. They primarily serve Black/African Americans, Alaska Natives, Asian Pacific Islanders, Individuals living with disabilities, Latinx, Meat Packing workers/Migrant Workers, Native Americans, and the Justice-involved populations.
***Asian & Pacific Islander American Health Forum (APIAHF)**	National	Served as an advisory body to bring forward Asian American concerns, provide resources, and connect NCRN with organizations targeting special populations.
^Association of American Indian Physicians	National	Provided linkage to the American Indian population and curated resources for this priority population.
***Association of Asian Pacific Community Health Organizations (AAPCHO)**	National, US territories, freely associated states	Participated in communications strategies and conducting research for priority population, Asian Pacific Islander.
***Association of University Centers on Disabilities (AUCD)**	National	Participated in neuromarketing research, develops and hosts webinars, recruits for CHAMPS, conducts focus group research, publishes blogs, and brings together disability partners into an initiative to include ethnic and racial communities as a part of the disability community.
***Center for Victims of Torture (CVT)**	National	Connected refugees and immigrants to COVID-19 related resources, and they also disseminated information. They also served the Black/African American population.
Charles R. Drew University of Medicine and Science	California	Provided linkage to Black/African American and Latinx communities and research data.
Coastal Family Health Center & Southern Area LINKS, Inc	National	Focuses on five areas, including services to youth, programs around children, arts, health and human services, and national/international trends and services, while also maintaining a legislative focus.

Organization	Service Areas	Description
Common Spirit	National	Provided outreach and education on COVID-19 and vaccinations, conducts research on COVID-19 and vulnerable populations, and ensures access to diverse and representative health providers. They primarily serve Black/African American, Alaska Native, Individuals living with disabilities, Latinx, Meat Packing Workers/Migrant Workers, Native American, and Justice Involved population.
Community Campus Partnerships for Health	National	Provided partnership between communities and academic institutions. They primarily serve Black/African American, Alaska Native, Asian Pacific Islander, Individuals living with disabilities, Latinx, Meat Packing Workers/Migrant Workers, Native American, and Justice Involved populations.
Dream Corps #Cut50	National	Worked with the Justice Involved population. They also primarily served Black/African Americans, and Asian Pacific Islander, Latinx, Native Americans.
***Haitian United Front of the Diaspora**	Georgia	Aimed to bring information about COVID-19 to the Haitian and Haitian American population, including symptoms to look for and precautions to take.
Hoffman and Associates	Washington, DC	Provided community organizing and linkages to community health services. They primarily served the Black/African American, Alaska Native, Asian Pacific Islander, Individuals with disabilities, Latinx, Meat Packing Worker/Migrant Worker, Native American, and Justice-Involved population.
***Institute for eHealth Equity/AME**	Maryland	Set up and operated a platform to assist faith organizations in establishing or enhancing a health ministry, with a focus on COVID-19, while also engaging faith-based and cross-denomination leaders to strengthen health ministries.
Juxtopia Group, Inc.	National	Provided technology and outreach to Black/African American students and families.
***Mixteco/Indígena Community Organizing Project (MICOP)**	California	Offered COVID-19 and antigen testing, collaborates with public health departments for outreach and referrals, provides access to services such as assistance with lost vaccination cards and requesting COVID-19 tests from the government, distributes PPE such as masks and hand sanitizers, and has an employment program that assists individuals with making vaccination appointments and provides reminders and directions. The primarily served the Latinx population.
National Association of Community Health Centers (NACHC)	National	Initially joined as a data partner to absorb information about navigating COVID-19 and applying policies to better support health centers, but in the second year, they collaborated more with others to elevate tools, augment their policy portfolio and disseminate information through data repositories and infographics to provide health centers with the resources and tools needed for advocacy.
National Association of Community Health Workers (NACHW)±	National	Supported an environmental scan of COVID-19 case rates and CHW infrastructure, oversaw a small group of CHWs, and advised on NCRN deliverables. They primarily served the Black/African American, Alaska Native, Asian Pacific Islander, Individuals living with a disability, Latinx, Meat Packing Worker/Migrant Worker, Native American, and Justice-Involved populations.

Organization	Service Areas	Description
***National Council on Urban Indian Health (NCUIH)**	National	Supported evaluation requirements and work plan development and acted as a technical/public health advisor. They primarily served the Native American population.
National Latino Behavioral Health Association (NLBHA)	National	Aimed to create a national strategic effort to communicate with Latinx and Meat Packing Worker/Migrant Worker communities about COVID-19, which includes disseminating NCRN materials.
Omega Psi Phi		Disseminated information to priority populations. C
***Papa Ola Lōkahi**	Hawaii	Aimed to create a national strategic effort to communicate with Asian Pacific Islanders communities about COVID-19, including disseminating NCRN materials.
REACH Beyond Solution/National REACH Foundation	National, US Territories	Provided linkage to resources to multiple priority populations, such as Black/African American, Pacific Islanders, Native American, and Caribbean.
***Tuskegee University**	Alabama	Developed an ethics and social justice surveillance system to engage communities throughout the country and collect issues around COVID-19 and related ethics and social justice issues, with the aim of providing a trusted venue to give feedback and recommendations. They primarily served the Black/African American, Alaska Native, Asian Pacific Islander, Individuals living with a disability, Latinx, Meat Packing Worker/Migrant Worker, Native American, and Justice-Involved populations.
***UNIDOS US**	National, US Territories	Created social media content development and dissemination. They primarily served Black/African Americans, Latinx, and Meat Packing Workers/Migrant Workers.
***University of Alaska Fairbanks' Center for Alaska Native Health Research (CANHR)**	Alaska	Informed and disseminated information to priority populations, more specifically, Alaska Native and American Indian populations.
University of Hawaii (Asian Pacific Islanders)	Hawaii	Provided linkages to research data. They primarily served the Asian Pacific Islanders population.
***University of Texas El Paso (UTEP)**	Texas, New Mexico, and Arizona	Developed and disseminated culturally and linguistically appropriate information. They primarily served the Latinx and Meat Packing Worker/Migrant worker populations.
Wellstar	Georgia	Provided linkages to services and data. They primarily served the Black/African American, Alaska Native, Asian Pacific Islander, Individuals living with a disability, Latinx, Meat Packing Worker/Migrant Worker, Native American, and Justice-Involved populations.

± Did not remain in the network for the entire three-year period.

^ Joined the network in Year 4.

Strategic Infrastructure Partners

Most infrastructure partners engaged in NCRN for three years of the initiative (2020-2023), unless indicated otherwise. Infrastructure partners who continued to engage with the initiative in Year 4 (2023-2024) are marked with an asterisk.

Organization	Description
Acorn Healthcare Credentialing Solutions	Provided linkage to health care systems. Their area of expertise included Quality Improvement.
***Alliant Health Solutions (AHS)/Alliant Quality**	Disseminated NCRN materials to key target audiences including healthcare providers, organizations serving justice-involved individuals, and faith-based organizations.
***Comcast**	Provided access to reduced prices for internet services. Their area of expertise included technology.
Florida State University/FSU Primary Health	Provided linkage to data and information on community engagement. They also served as advisors.
Georgia Institute of Technology	Provided linkages to technological resources. They served as an NCRN advisor.
Hispanic Communications Network	Created marketing campaigns and message development. Their area of expertise included communications/marketing.
ICF Incorporated/ICF Next	Conducted formative research and created marketing campaigns and message development. Their area of expertise included communications/marketing.
***KPMG**	Provided support for technology and data. Their area of expertise included technology.
***NORC at the University of Chicago**	Provided evaluation and monitoring services, including the development of the evaluation plan and logic model, as well as collection and analysis of primary and secondary data. Their area of expertise included evaluation and monitoring.
***Salesforce**	Provided technology for community engagement platforms. Their area of expertise included technology.
The Foundation for AIDS Research (amfAR)±	Provided linkages to research data. Their area of expertise included data collection and analysis methods.
***University of South Florida (USF), College of Public Health (COPH)**	Provided training and technical assistance to groups on the use of Community Based Prevention Marketing (CBPM), including online trainings and neuromarketing of materials, and proposed to expand their work to provide more technical assistance on research, data analysis, and translating research into communication messages and community-based strategies for year two, going beyond minimum obligations. Their area of expertise included communications/marketing.
Venture Leadership Consulting	Conducted on strategic planning, technology, and consulting to help the Morehouse team think about their objectives, use resources effectively, brainstorm solutions to challenges, optimize their online platform, and move data from spreadsheets to repositories for better tracking and access to information. Their area of expertise included quality improvement.

± Did not remain in the network for the entire three-year period.

Regional Community Coalition Microgrant Recipients

Organization	Service Area	Priority Populations	Year		
			1	2	3
A More Excellent Way Ministries	Charleston, West Virginia	Black/African American, Latino/Hispanic, White/Caucasian, Disabled, Rural Area Resident		X	
Adult and Youth United Development Association, Inc (AYUDA)	San Elizario, Texas	Black/African American, Latino/Hispanic, American Indian, Asian American, White/Caucasian, Migrant Worker, Individuals living with disabilities, Rural Area Resident		X	
American Academy of Developmental Medicine and Dentistry	Hamden, Connecticut	Individuals living with disabilities	X		
Asian American Resource Foundation	Duluth, Georgia	Black/African American, Latinx, Pacific Islander, Asian American, White/Caucasian, Individuals living with disabilities		X	
Asian Community Development Council	Las Vegas, Nevada	Native Hawaiian, Pacific Islander, Asian American			X
California Black Health Network	Sacramento, California	Black/African American, Rural Area Resident	X		
CANN-A (COFA Alliance National Network- Arizona)	Goodyear, Arizona	Pacific Islander	X		
Center for Multicultural Wellness and Prevention Center	Winter Park, Florida	Black/African American, Latinx, White/Caucasian, Incarcerated, Justice-Involved, Migrant Worker, Rural Area Resident		X	
Centerville Immigration Forum	Centreville, Virginia	Black/African American, Latinx, White/Caucasian, Incarcerated, Justice-Involved, Migrant Worker, Rural Area Resident	X	X	
Chester Housing Initiatives	Chester, Pennsylvania	Black/African American, Latinx			X
Chicagoland Disabled People of Color Coalition	Chicago, Illinois	Black/African American, Latinx, Individuals living with disabilities			X
Cook County Family Connection	Sparks, Georgia	All populations		X	
DH/Perfil Latino TV, Inc	Millville, New Jersey	Latinx, Migrant Worker, Rural Area Resident		X	X
ElevateHER, Inc.	Silver Spring, Maryland	Black/African American, Latinx		X	
Enhance Asian Community On Health, Inc.	Boston, Massachusetts	Asian American	X	X	
Face to Face Recovery Organization, Inc.	Jesup, Georgia	Black/African American, Latinx, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, Asian American, White/Caucasian, Incarcerated, Justice-Involved, Migrant Worker, Individuals with disabilities, Meat	X	X	

Organization	Service Area	Priority Populations	Year		
			1	2	3
		Packing Worker, Torture Survivor, Rural Area Resident			
Familias Triunfadoras	San Elizario, Texas	Latinx		X	
Florida Community Health Worker Coalition	Tallahassee, Florida	Community Health Workers		X	
Giving Health, Inc.	Atlanta, Georgia	All populations			X
Guiding Right, Inc.	Oklahoma City, Oklahoma	Black/African American, Incarcerated, Black/African Americans at high risk for HIV infection and/or already living with HIV/AIDS and other STIs	X	X	
Institute for the Advancement of Minority Health	Madison, Mississippi	Black/African American, Latinx	X		
Interfaith Health and Hope Coalition	Southfield, Michigan	Black/African American, Latinx, White/Caucasian, Individuals with disabilities, Arab American/Middle Eastern, Elders	X		
Kate's Club	Atlanta, Georgia	Black/African American, Latinx, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, Asian American, White/Caucasian, Bereaved Families		X	
Louisiana Organization for Refugees and Immigrants (LORI)	Baton Rouge, Louisiana	Black/African American, Latino/Hispanic, Asian American, Refugees, Immigrants	X		
Many Languages One Voice (MLOV)	Washington, DC	Black/African American, Latinx, Immigrants, Refugees, English Language Learners (ELLs)	X	X	
Micronesian Islander Community (MIC)	Salem, Oregon	Native Hawaiian, Pacific Islander, Individuals with disabilities, Rural Area Residents, COFA citizens, Micronesian, Youth	X		
Mujeres Ayudando Madres	Carolina, Puerto Rico	Black/African American, Latinx	X		
MYC Institute of Integrative Health	El Paso, Texas	Latinx		X	
Navajo Way, Inc.	Window Rock, Arizona	Native American		X	
Pascua Yaqui Tribe Charitable Organization	Tucson, Arizona	American Indian	X		
Peer Plus Education and Training Advocates	Chicago, Illinois	Black/African American, Latino/Hispanic, White/Caucasian, Disabled, Rural Area Resident, Seniors, Veterans, Disabled, Homeless, LGBTQ		X	
Philadelphia Chinatown Development Corporation (PCDC)	Philadelphia, Pennsylvania	Asian American, Limited-English proficient, Immigrant, Refugee, Low-income population	X	X	X
Razakaar Foundation	San Antonio, Texas	Latino/Hispanic, Asian American, White/Caucasian, Justice-Involved, Meat Packing Worker, Refugees	X		

Organization	Service Area	Priority Populations	Year		
			1	2	3
Root to Crown Counseling & Wellness	Wentzville, Missouri	Black/African American	X		
Sacred Heart RC Church	Cambria Heights, New York	Black/African American, Immigrants, Seniors, Homebound	X	X	
Sibling Leadership Network	Chicago, Illinois	Black/African American, Latinx, Individuals living with disabilities	X	X	
South Central Prevention Coalition	Los Angeles, California	Black/African American, Justice Involved, Individuals living with disabilities			X
Southwest Border AHEC	Eagle Pass, Texas	Black/African American, Latinx, American Indian, White/Caucasian, Migrant Worker, Individuals with disabilities, Rural Area Resident		X	
Synergy Health	Hiawassee, Georgia	All populations			X

Community Bridges Program Recipients

Organization Name	Populations Served	Location
Birthmark Doula	Birthing individuals in New Orleans who are disconnected from support and care, or have unmet health-related needs during pregnancy in real-time	New Orleans, Louisiana
Chris 180	Black/African American	Atlanta, Georgia
Florida Community Health Worker Coalition, Inc.	Latinx, Black/African American, American Indian/Alaska Native, Asian American/Pacific Islander, Foreign-born Individuals, Individuals with limited English proficiency, Youth who are disconnected, Individuals experiencing homelessness, Individuals who live in rural areas, older adults, individuals living close to or below the federal poverty line	Clearwater, Florida
El Sol Neighborhood Educational Center	Hispanic/Latinx, Black/African American, and Asian- Pacific Islanders, Immigrants, Families with mixed-immigration status, Mono-lingual Spanish speakers, Limited English proficiency, English as second language learners, Lower-income individuals, Seniors, Individuals with access and functional needs, Individuals with transportation challenges	Southern California
Familias Triunfadoras, Inc.	Spanish-speaking population living in rural and low-income communities	San Elizario, Texas
Gateway Regional Council	Black/African Americans and other vulnerable communities experiencing OUD/SUD and Mental Health issues	Mableton, Georgia
Kau Rural Health Community Association Inc.	Rural underserved populations	Pahala, Hawaii
Kula no na Po'e Hawaii	Keiki (children) to kupuna (elders) of the Native Hawaiian Homesteads of Papakolea, Kewalo, and Kalawahine	Honolulu, Hawaii
Louisiana Community Health Worker Outreach Network	Members of a coalition of organizations that employ community health workers in New Orleans, Jefferson, and East Baton Rouge, including Louisiana Office of Public Health	New Orleans, Louisiana

References

[1] Cucinotta D, Vanelli M. WHO Declares COVID-19 a Pandemic. Acta Biomed. 2020 Mar 19;91(1):157-160. doi: 10.23750/abm.v91i1.9397. PMID: 32191675; PMCID: PMC7569573.

[2] Akintobi TH. Community engagement of African Americans in the era of COVID-19: considerations, challenges, implications, and recommendations for public health. Prev Chronic Dis. 2020;17. doi:10.5888/pcd17.200255

[3] NORC at the University of Chicago. NCRN Collective Community Capacity (C3) Survey, January – March 2022.

[4] NORC at the University of Chicago. NCRN Collective Community Capacity (C3) Survey, January – March 2022.

[5] Lopes L, Montero A, 2022. KFF COVID-19 Vaccine Monitor: April 2022. KFF. Published May 4, 2022. Accessed April 26, 2023. https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-april-2022/

[6] COVID-19 Vaccinations in the United States. Centers for Disease Control and Prevention. Published March 28, 2020. https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-booster-percent-pop5

[7] Ndugga N, Hill L, Artiga S, Haldar S. Latest Data on COVID-19 Vaccinations by Race/Ethnicity. KFF. Published July 14, 2022. https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-by-race-ethnicity/:~:text=Race/ethnicity%20data%20was%20available,and%200.3%,%20respectively.

[8] Lopes L, Montero A, 2022. KFF COVID-19 Vaccine Monitor: April 2022. KFF. Published May 4, 2022. Accessed April 26, 2023. https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-april-2022/

[9] Valier MR, Elam-Evans LD, Mu Y, et al. Racial and Ethnic Differences in COVID-19 Vaccination Coverage Among Children and Adolescents Aged 5–17 Years and Parental Intent to Vaccinate Their Children — National Immunization Survey–Child COVID Module, United States, December 2020–September 2022. MMWR Morb Mortal Wkly Rep 2023;72:1–8. doi: http://dx.doi.org/10.15585/mmwr.mm7201a1

[10] Cox C, Kates J, Cubanski J, and Tolbert J. The end of the covid-19 public health emergency: details on health coverage and access. KFF. Published February 3, 2023. https://www.kff.org/policy-watch/the-end-of-the-covid-19-public-health-emergency-details-on-health-coverage-and-access/

[11] Bollyky TJ, Castro E, Aravkin AY, et al. Assessing COVID-19 pandemic policies and behaviours and their economic and educational trade-offs across US states from Jan 1, 2020, to July 31, 2022: an observational analysis [published online ahead of print, 2023 Mar 22]. Lancet. 2023;S0140-6736(23)00461-0. doi:10.1016/S0140-6736(23)00461-0