



# A CHW Intervention Project

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Health Services  
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## Project Overview

In this multi-PI project, we **explore the obstacles** to COVID-19 testing and vaccination among **safety-net African American and Latinx patients** in the Los Angeles County Department of Health Services (LACDHS).

The project consists of three aims:

1. **Unsupervised Machine Learning methods** were used to assess whether there were characteristics that define African American and Latinx LACDHS safety-net patients who engage in or refused COVID-19 testing and vaccination
2. We conducted **in-depth interviews** with a small sample of 29 safety-net patients from Aim 1 who either declined or accepted COVID-19 testing and vaccination to explore contextual, behavioral, and attitudinal factors shaping patient choices.
3. From Aims 1 & 2 findings, we are implementing **a CHW intervention using a randomized control design** among the same safety net patients to assess effects of a CHW-hypothesis-driven intervention on trust, self-efficacy, and intent to participate in COVID-19 testing and vaccination

We aim to assess if the intervention **increases intent to get COVID-19 testing and vaccination** for patients who declined testing/vaccination. In the long run, working with our community partner, we hope to **develop a sustained public health presence** in these communities to build trust and preparedness for critical COVID-19 related future need.

## Engaged Partnership Development & Equitable Decision making

LACDHS Community Partner profile:

- **Second largest** publically operated U.S. safety net health care system, serving more than 750,000 patients annually
- Wide **range of racial ethnic safety-net patients** with complex chronic conditions
- **Limited capacity** and bandwidth for research

Establishing an equitable partnership:

- **Challenges:**
  - △ Given vulnerability of safety-net patients, difficult to obtain LACDHS administrator approval to **access confidential patient data**
  - △ Concerns about **burdening LACDHS staff**
  - △ Concerns about further **increasing distrust** of patients
- **Facilitators:**
  - ✓ Ongoing meetings with several key administrator groups to **build trust and increase transparency**
  - ✓ **Identify key clinical goals** for our community partners with regards to vaccination and find ways for the academic partner to support goals
  - ✓ **Identify ways to build capacity** for our community partner that could be retained beyond the research project
  - ✓ **Highlight the alignment of the commitment** of both partners to the importance of patient data protection, particularly from underserved communities

## Ongoing Engagement Throughout the Project Life Cycle

Our academic team at CDU worked closely with **three subgroups from our CP** to ensure CP understanding and ongoing engagement.

LACDHS  
Administrator  
Subgroup

CHW  
Specialists

Intervention  
CHWs

1. **LACDHS administrator subgroup** – doctors, nurses, and other public health officials – engaged in a systematic process of providing feedback/validating results
2. **CHW Specialists** – members from the safety-net patients’ communities – provided recommendations on culturally congruent communication methods
3. **Intervention CHWs** – LACDHS CHWs and community members from the safety net patients’ communities – currently implementing the intervention while providing feedback on patient presentations.

## Engaged Dissemination Approaches

Project Findings Report

- Summary

CHW Curriculum

- Developed by project team to be utilized by the community partner

RADxUP

- DataHub

Traditional Academic Venues

- American Public Health Association
- American Medical Informatics Association

## Advancing COVID-19 Testing & Vaccination In the Community

We explored barriers to COVID-19 testing and vaccination through our interviews with patients who both chose to get tested and those who did not, in order to learn about barriers and facilitators to testing and vaccination in these populations.

Our project provides **COVID-19 specific training to LACDHS CHWs**, to identify and address barriers to COVID-19 testing and vaccination at an individual level, both to improve a public health presence in these communities and **to build trust and preparedness for COVID-19 related future needs**.

## Next Steps for Partnership and Collaboration

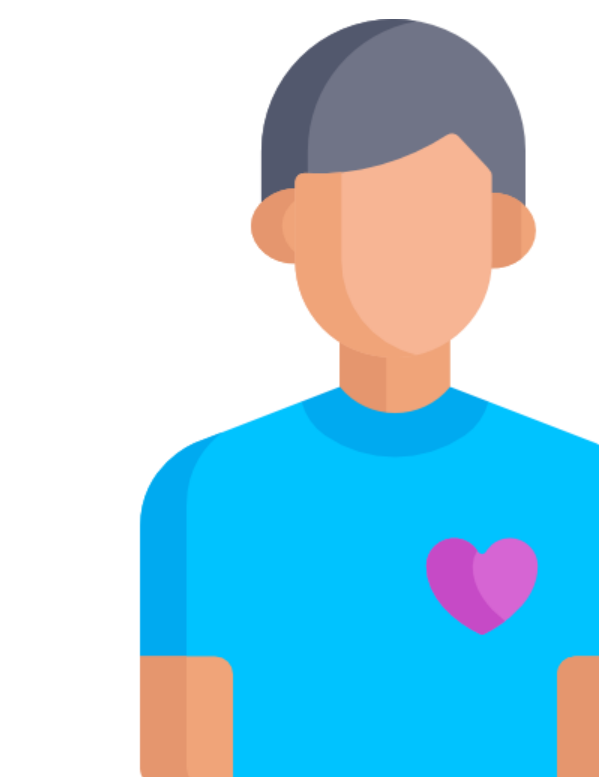
- Continue to maintain community partnership through **collaborations**
- Help address gaps in information-seeking behaviors among **vaccine hesitant African American and Latinx patients**
- Collaborate with our community partner to **learn more** about the challenges empaneled patients are facing
- **Share a training curriculum for CHWs**, the academic team developed, to use with vaccine-hesitant safety net patients to address gaps in health literacy, knowledge, and **to use for any future vaccine related campaign**
- Invest in research support for CHW **training that last beyond single projects**



LACDHS  
Community Partner



Community Health  
Workers



Patients

## Acknowledgements

We would like to acknowledge the Community Health Workers at LACDHS, who provided their feedback and assistance in this research project.





# Adapting Community-Based Task Shifting for the COVID-19 Response Among Underserved Populations in Piedmont NC

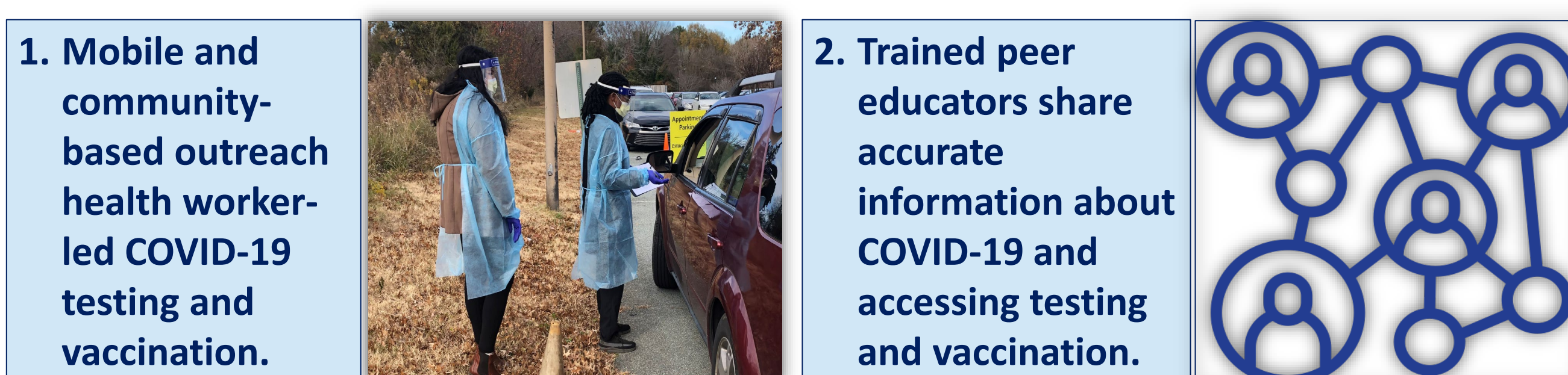
Ilana Dubester, El Vínculo Hispano/Hispanic Liaison; Jan Lee Santos, Piedmont Health Services Inc.;  
Allie Munson, University of North Carolina at Chapel Hill

## Project Overview

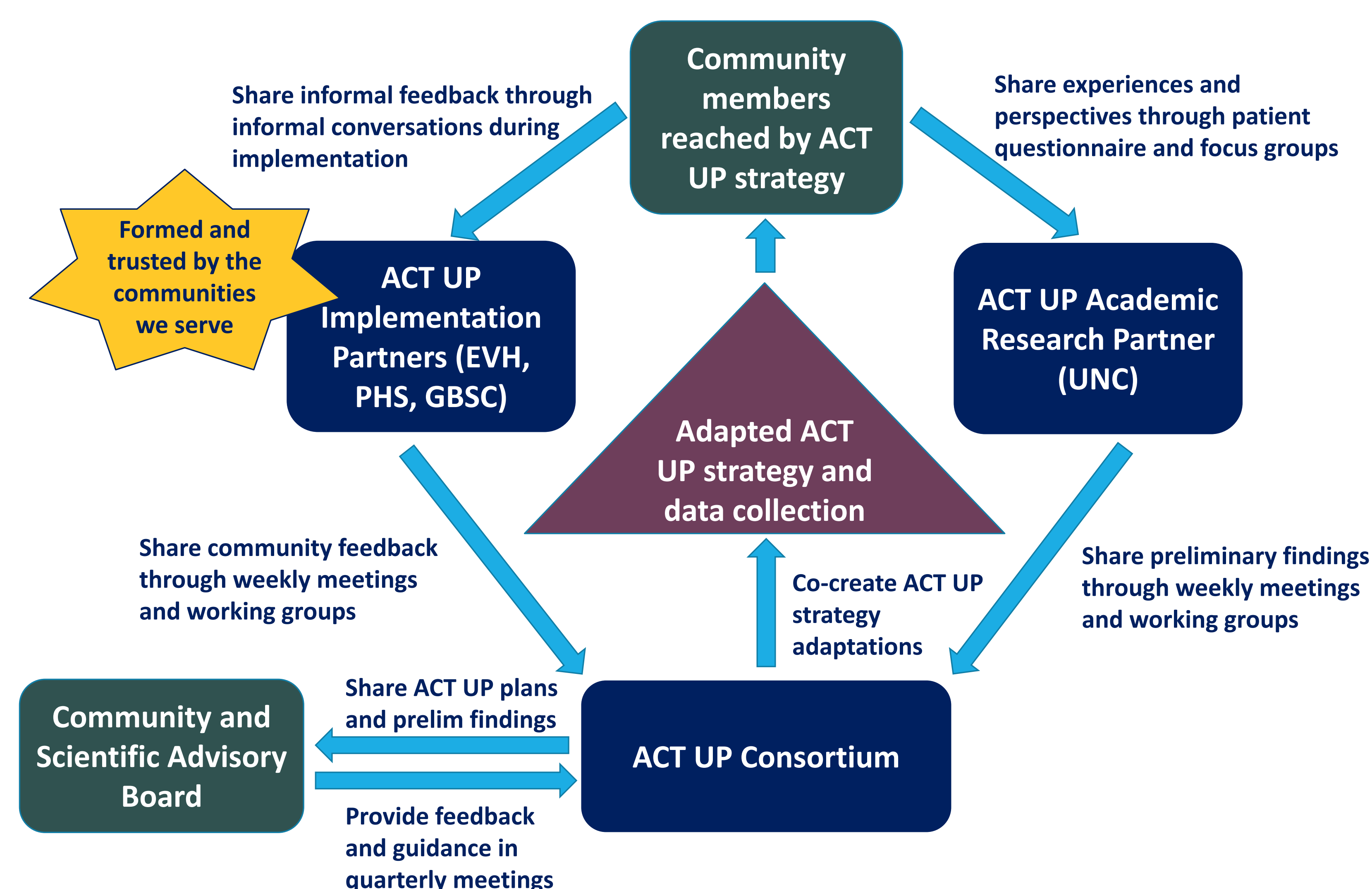


### ACT UP Community-based Task Shifting Strategy:

“Two-Prong” strategy to increase reach and uptake of COVID-19 testing and vaccination among Hispanic/Latinx and African American communities in NC.



## Ongoing Community Engagement Throughout Project Life Cycle

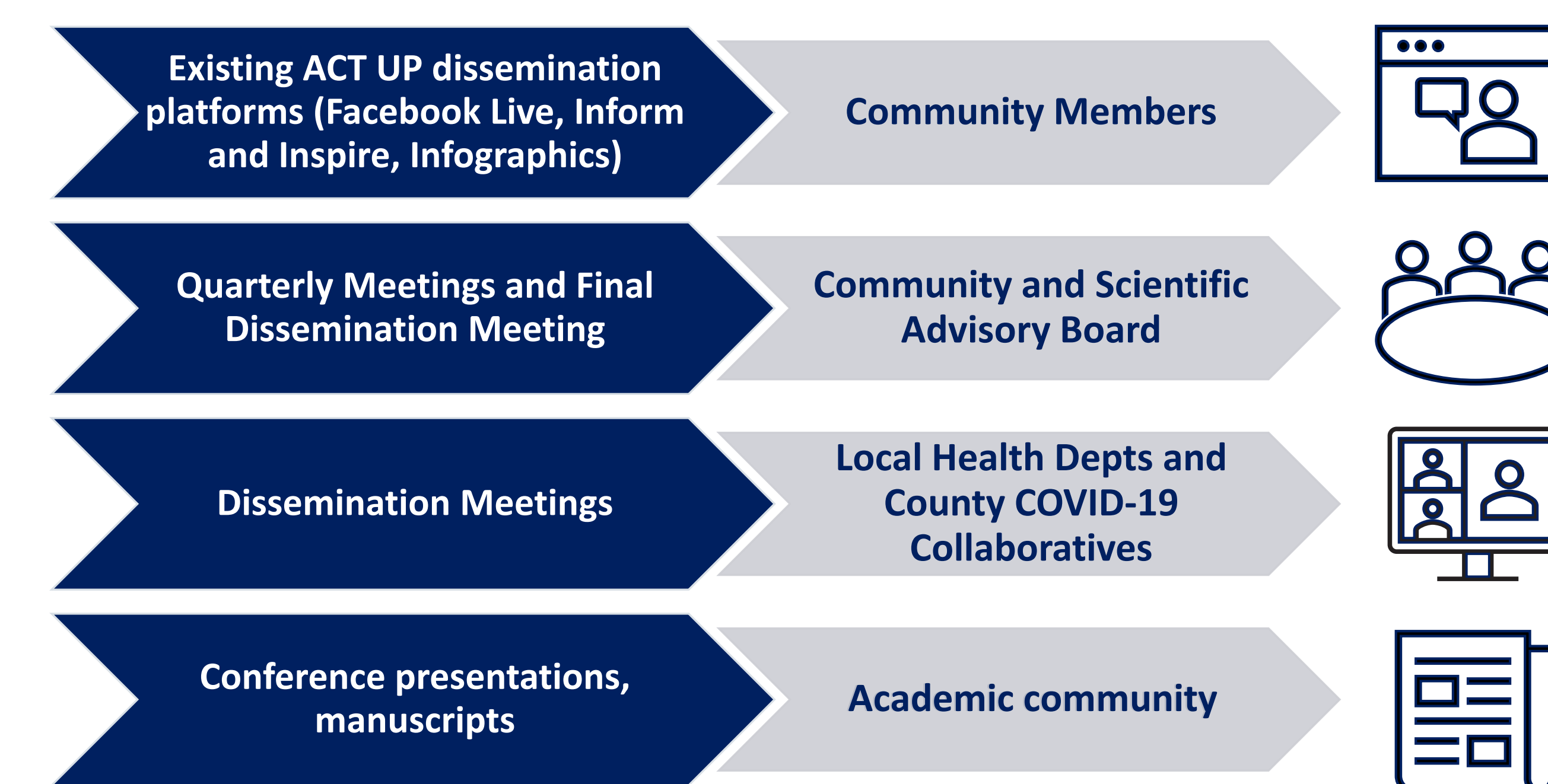


## Advancing COVID-19 Testing In the Community\*

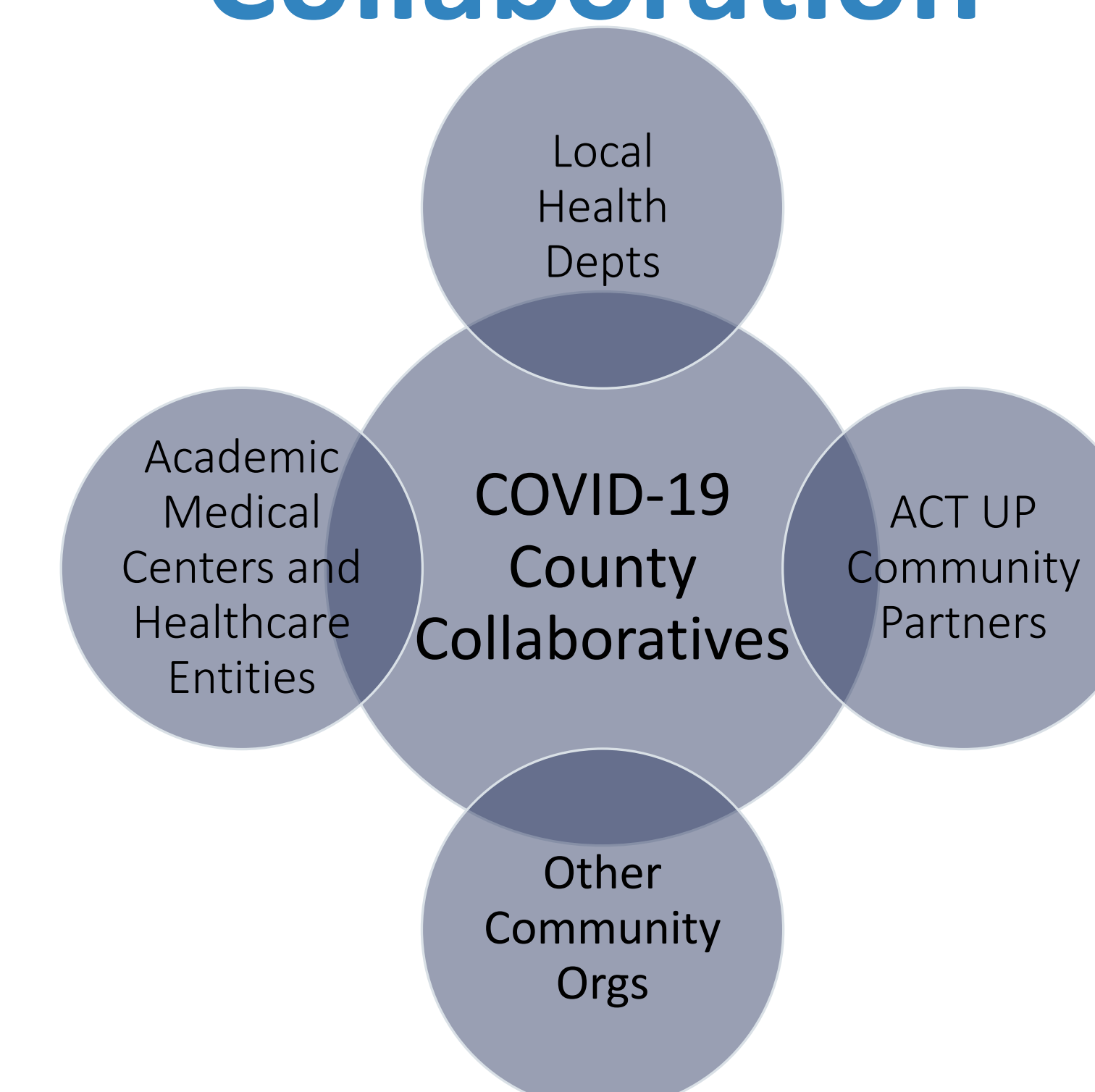


\*As of 7/31/22

## Engaged Dissemination Approaches



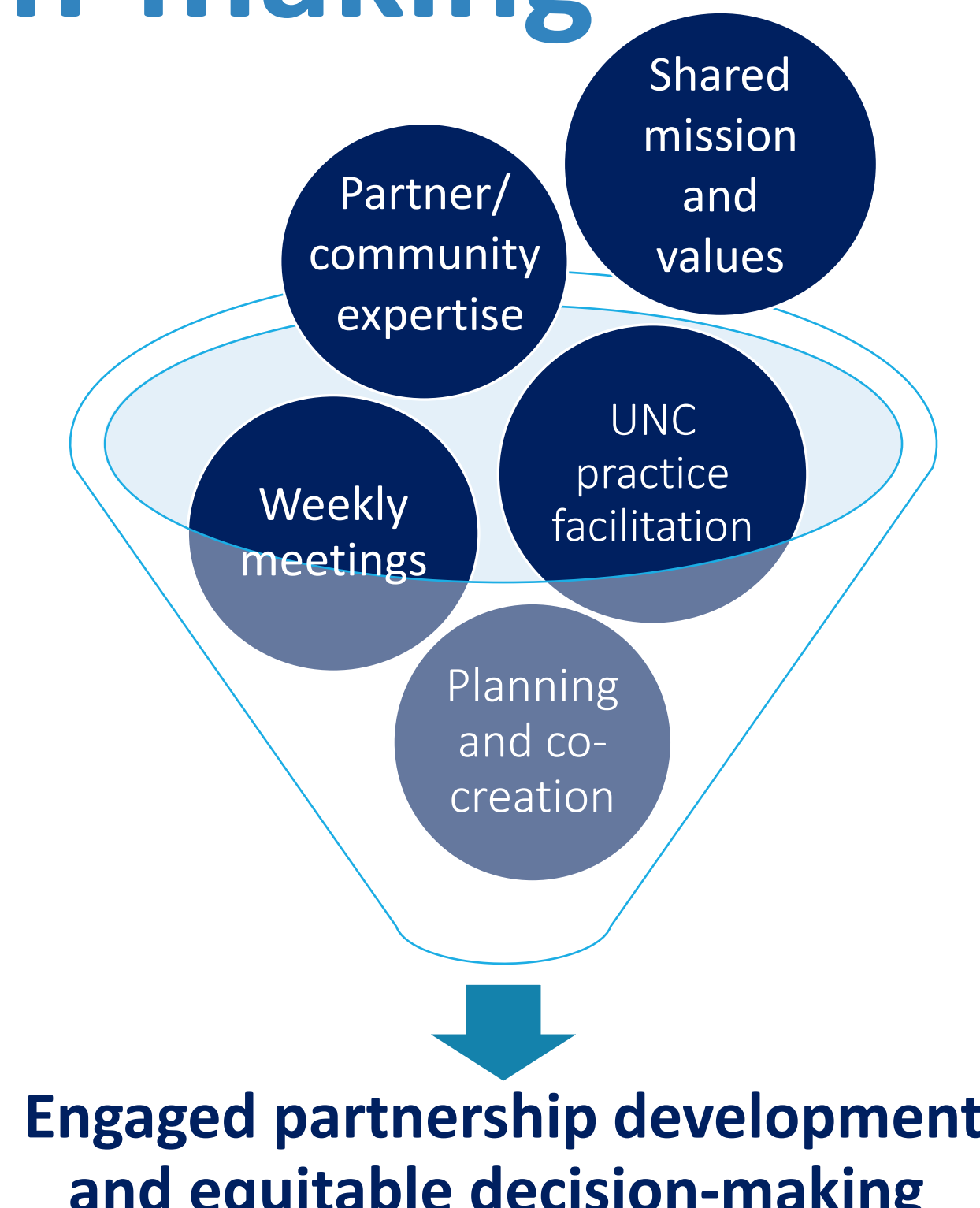
## Next Steps for Partnership and Collaboration



## Acknowledgements

We are immensely grateful to our ACT UP Consortium partners, El Vínculo Hispano, Piedmont Health Services, General Baptist State Convention of NC, and Chatham County Health Department, for their tireless commitment to health equity in their communities; our Community and Scientific Advisory Board for their expert guidance, ACT UP research participants for their time and trust, NC DHHS for data support; and our RADxUP Coordination and Data Collection Center colleagues for their continual support. This RADxUP Underserved Populations work was supported by the National Institutes of Health (3UM1AI069423-16S1).

## Engaged Partnership and Equitable Decision-making







# Capacity Building: Key Component for Community Leaders Facing COVID 19 Pandemic in Puerto Rico

Iris S. Martínez<sup>1,2</sup>, Sor Maria Faustina Rodriguez<sup>2</sup>, Luisa Morales<sup>1,2</sup>, Kamalich Muniz<sup>2</sup>, Eida Castro<sup>2</sup>, Natasha Torres<sup>2</sup>, Julio Jimenez<sup>2</sup>, Laura Domenech<sup>2</sup>, Luis Arroyo<sup>2</sup>, Ruby Serrano<sup>1,2</sup>, Jessica Irizarry<sup>1,2</sup>, Epi-Net Community Leaders<sup>2</sup>, & Melissa Marzan-Rodriguez<sup>1,2</sup>

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## Project Overview

Expanding and providing access to early detection through testing community-based strategies among socially vulnerable communities (SVC) are critical to reducing health disparities related to the COVID-19 pandemic. The Epi-Net community-based intervention aimed at increasing COVID-19 testing uptake and prevention practices among SVC in Puerto Rico. We hypothesized that the integration of lay community leaders trained in COVID-19 prevention technology tools (Epi-Net) will result in increased COVID-19 testing uptake and prevention practices among the targeted SVC in Puerto Rico.

Using a Community Engagement (CE) approach, a total of 30 community leaders from socially vulnerable communities in Puerto Rico have been completed the 4 community workshops. Pre and post assessments were completed as part of the health promoters training program. cultural competence and relevance among communities who experienced health disparities.



## Engaged Partnership Development and Equitable Decision-making

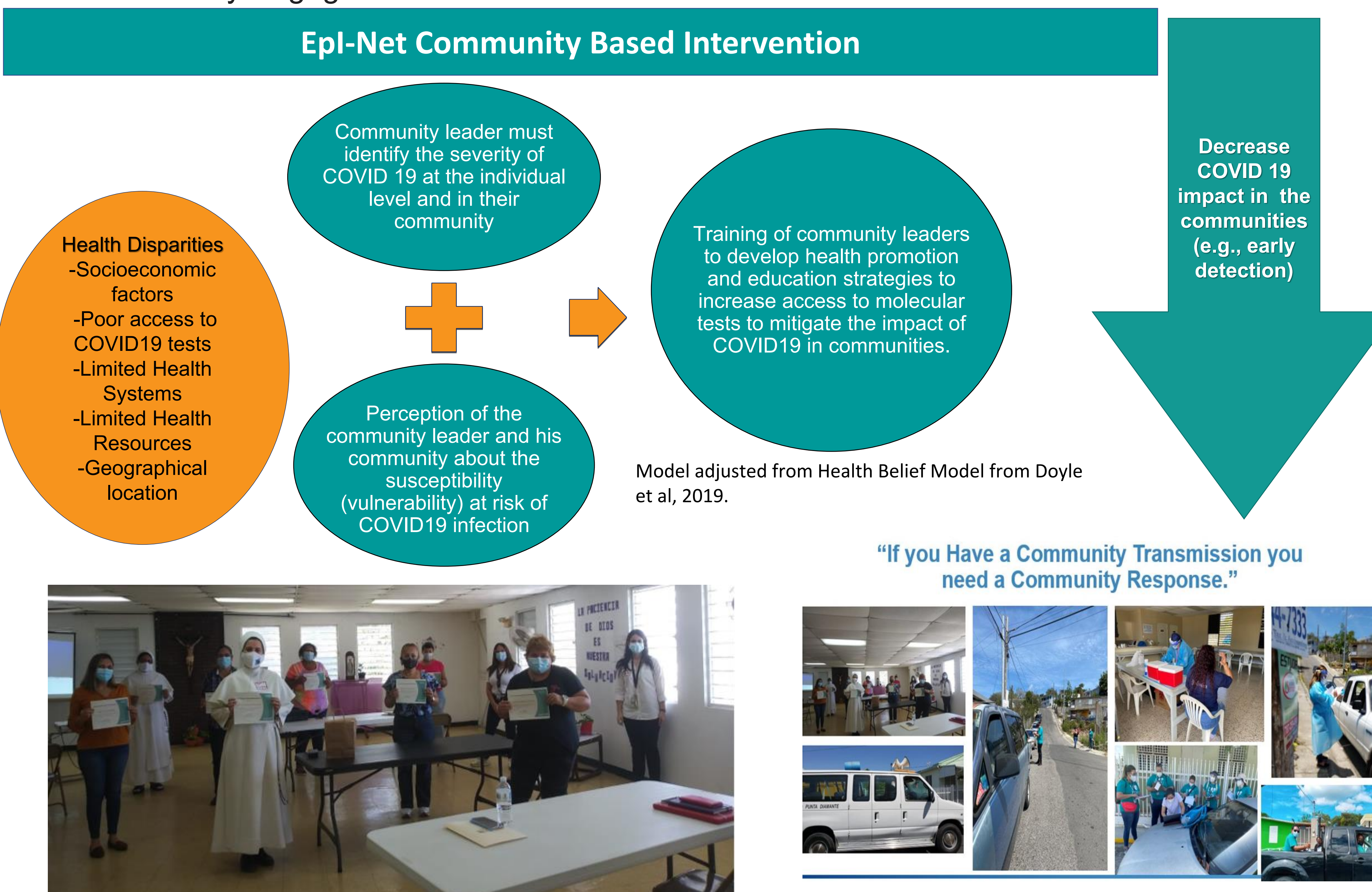
**Figure 1:** Process of Engaged Partnership Development and Equitable Decision Making



## Ongoing Engagement Throughout the Project Life Cycle

By employing a CE approach, members of the affected community will become the main actors of change by taking the leading role as lay health promoters, contributing to enhancing and promoting COVID-19 preventive measures. As a part of the COVID-19 response for PR, an Epidemiological Intelligence Community Network (Epi-Net) intervention was developed to increase COVID-19 testing and prevention practices among SVC in PR. Using the Health Belief Model (HBM) where it is proposed that community leaders adopt health behaviors determined by two factors: the perception of susceptibility to getting sick from covid 19 and the severity they perceive as a consequence of the disease. Through the CE, they allow community leaders and the EpiNet project to develop the alliance and the construction of promotion strategies, health education, empowering leaders to direct efforts to increase access to Covid 19 PCR tests and mitigation impact of COVID 19 in SVC in PR.

**Figure 2:** Perceived Threat in the Model of Health Beliefs, the Training of Community Leaders and Community Engagement



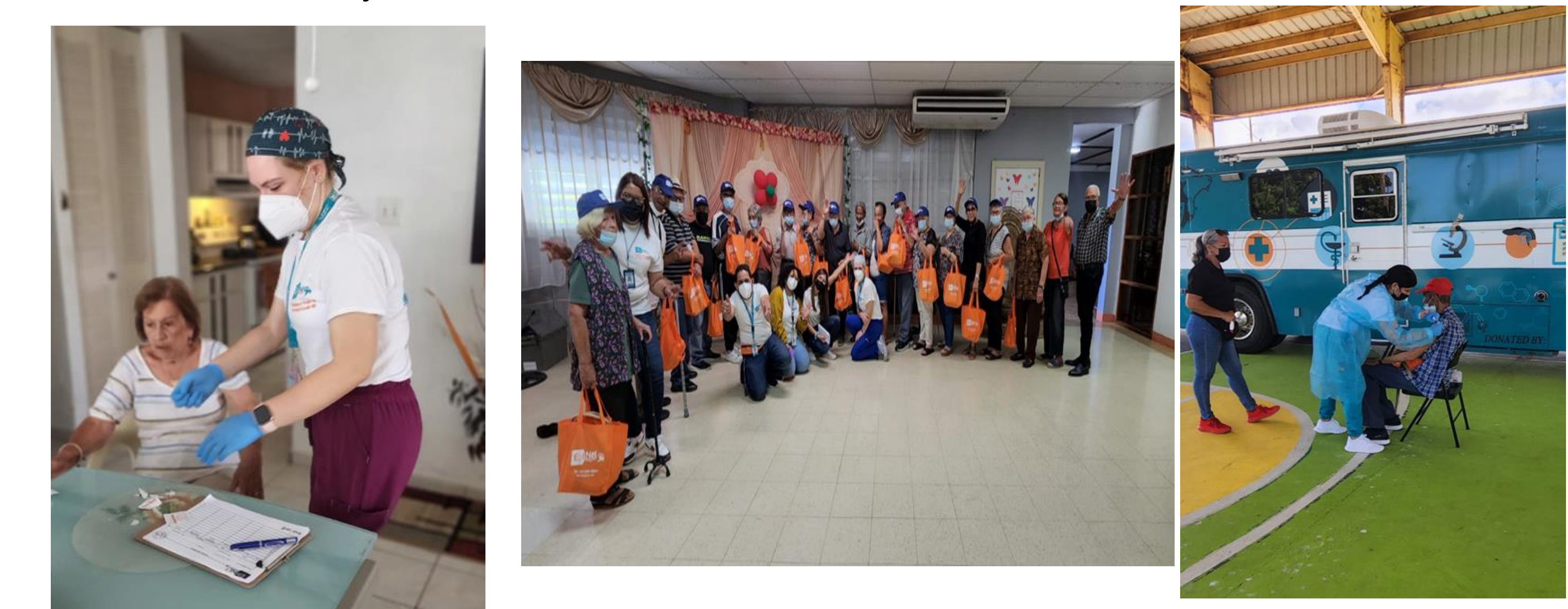
## Engaged Dissemination Approaches

**Figure 3:** Dissemination Plan of the Community and Other Stakeholders



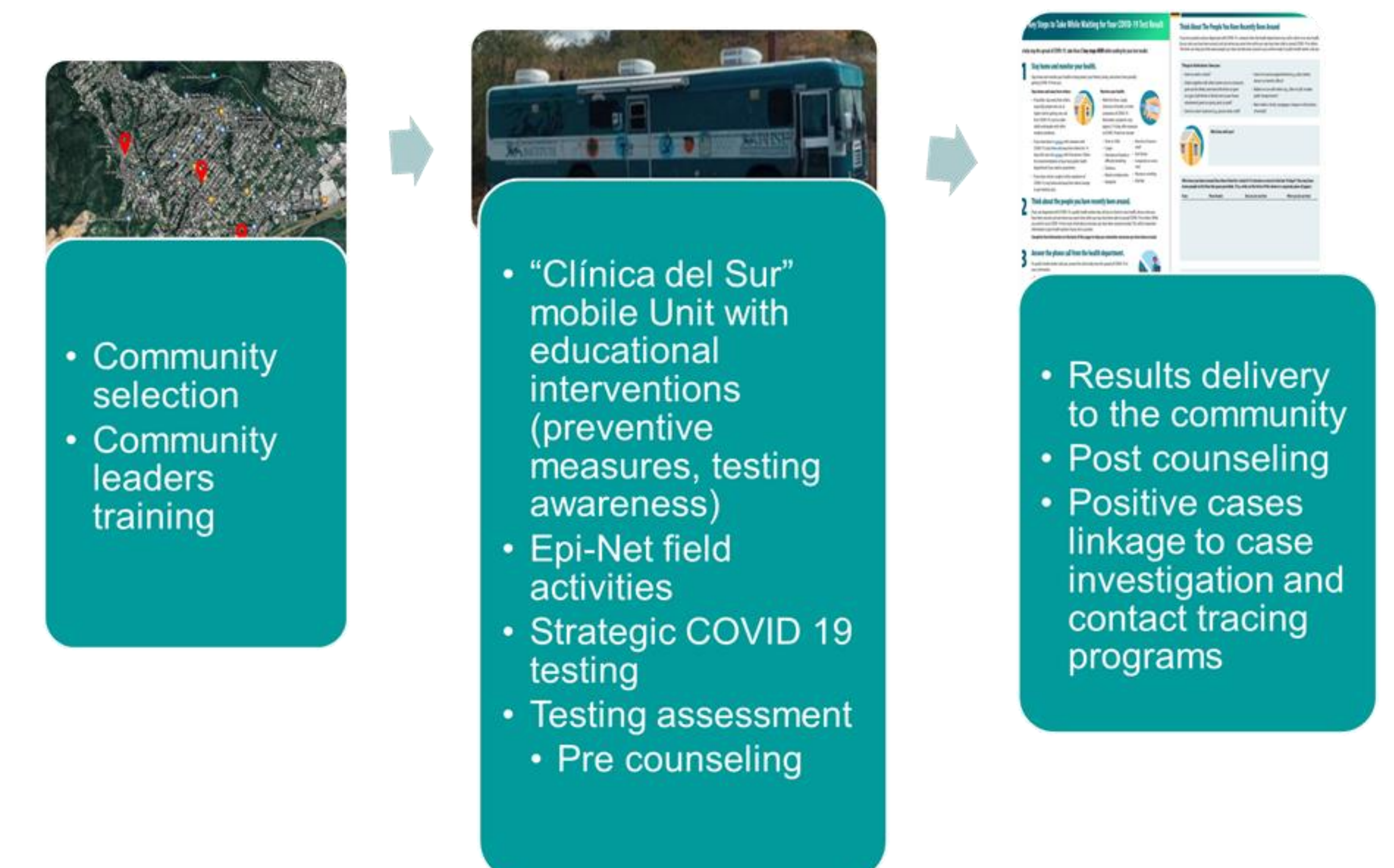
## Next Steps for Partnership and Collaboration

New proposals have been submitted to continue the efforts of EpiNet in the community, including a collaborations with the Puerto Rico Department of Health to continue performing tests and make genomic surveillance in SVC. Additionally, community leaders continue to receive trainings through the Community Engagement Core at Ponce Health Sciences University.



## Advancing COVID-19 Testing in the Community

COVID-19 testing campaign alongside community-based partnerships, "Clínica del Sur" mobile Unit with educational interventions (preventive measures, testing awareness, pre/post counseling) were conducted in selected communities to provide testing access.



## Acknowledgement

This study was supported by NIH RADxUP Project #46: #R21MD013674 02S2. Thanks go to all community leaders, Epi-Net field team and collaborators.





Paula Moreland,<sup>1</sup> Rakale C. Quarells,<sup>2</sup> Taylor W. Smith,<sup>2</sup> Jennifer K. Frediani,<sup>3</sup> Tabia Akintobi,<sup>2</sup> Venkat Narayan,<sup>3</sup>  
<sup>1</sup> Big Miller Grove, <sup>2</sup> Morehouse School of Medicine, <sup>3</sup> Emory University

## Project Overview

Project PEACH aims to understand attitudes, beliefs and infrastructure associated with COVID-19 risk, testing, and prevention in people living with, caring for, or at risk for type 2 diabetes. For this presentation, academic and community partners worked collaboratively to review successes and challenges of their partnerships.

## Engaged Partnership and Equitable Decision-making

Community Investigators are community leaders and stakeholders in the area of health and community development. Community Partners were strategically engaged based on their expertise and geographic locations across Georgia. Community Partners included federally qualified health centers (FQHCs), and community- and faith-based organizations (CBOs).

### Community Investigators

LaShawn Hoffman  
 L. Neicey Johnson, RN, JD  
 Theresa Jacobs, MD

### Community Partners

Albany Area Primary Health Care  
 Big Miller Grove Missionary Baptist Church  
 Elizabeth Baptist Church  
 Family Health Centers of Georgia  
 MedCura Health  
 Mercy Care  
 Rx MTM Consultants

## Ongoing Engagement & Lessons Learned

### Successes

- Important factors associated with successfully building and sustaining community-academic partnerships include trust and rapport.
- Trustworthiness of the academic partner was needed for the initiation of the partnership and rapport between the community & academic teams and determined the level of engagement.
- Community partners expressed that they felt heard and their input valued.
- Providing funding to partners was not always the driving factor in their participation.
- The community-academic partnerships facilitated cross collaborations and the development of new relationships across communities.
- Some partnerships were able to expand through receipt of additional CBPR-guided grants.

### Challenges

- As the pandemic continued to change, so did the nature of the partnerships.
- Competing priorities within the FQHCs and CBOs required flexibility and a willingness to adapt engagement as they responded to the needs of their communities.



## Engaged Dissemination Approaches

- **COVID-19 Dashboard** – A community facing website that provides tracking information for COVID-19 positivity by county
- **Community Partner Meetings** – Include one-on-one and full group meetings to discuss project progress and activities.
- **Community Briefs** – Community facing documents describing research findings.

## Advancing COVID-19 Testing In the Community

Project PEACH teams attended community events like festivals and health fairs in the state of Georgia to recruit participants to take the individual surveys. Results from these surveys will inform action steps to better serve priority communities.

## Next Steps for Partnership and Collaboration

- Engaging community partners during challenging times requires the ability to be flexible and creative to maintain these important relationships.
- The community-academic partnerships will continue beyond Project PEACH to other diabetes related research studies.



## Acknowledgements

We would like to thank the individuals who participated in this research, as well as our community partners for their efforts and support. This work was supported by grant funds from NIH (#P30DK111024-05S1).



## Program Overview

Through community-designed partnerships between below highlighted agencies and Testing Site Partners a collective approach was developed to offer expanded COVID-19 testing, relief and response; while collecting essential information about community and patient-relevant impediments to SARS-CoV-2 diagnostic testing.

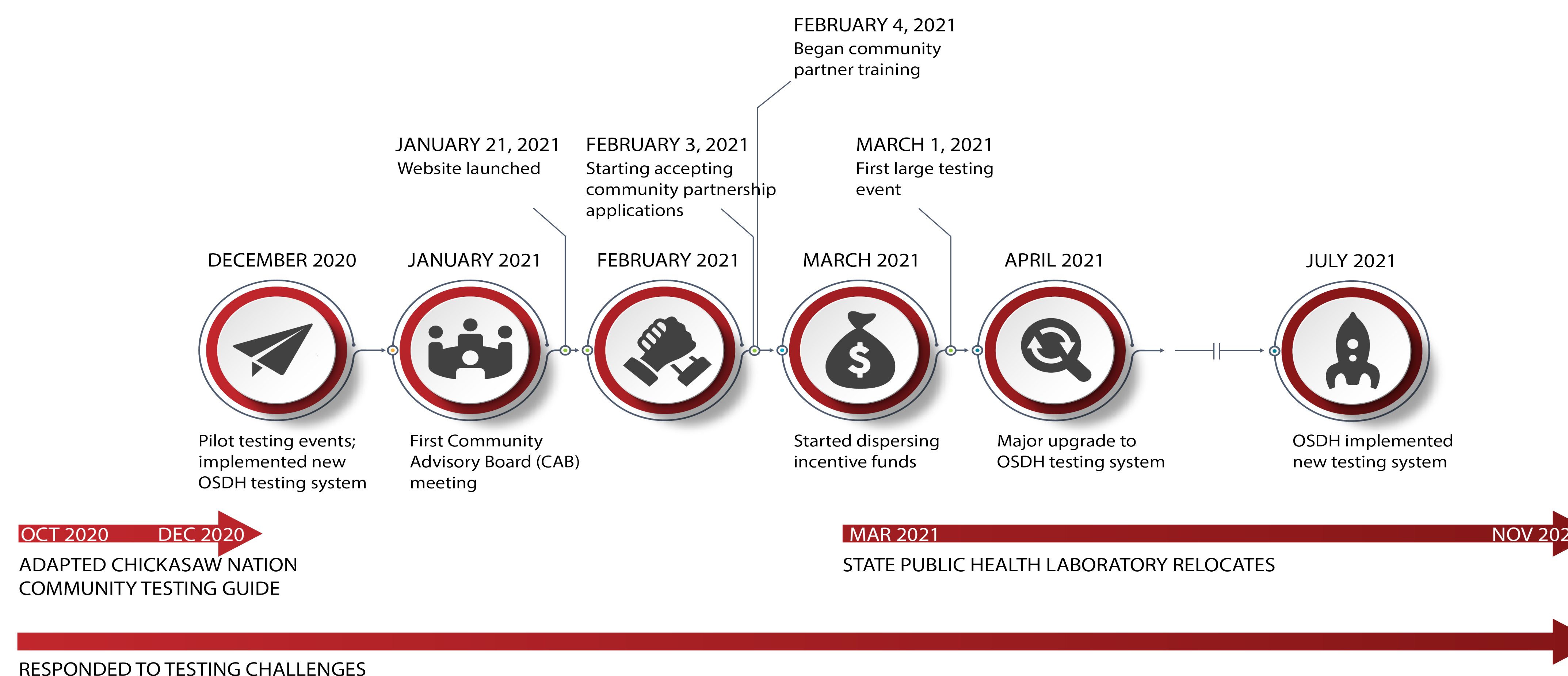


## Dissemination Approach

A Community Advisory Board (CAB) comprised of project leadership, community partners, and local stakeholders was responsible for: identifying testing site partners, community education & outreach, resource development for local relief activities, communication with local organizers & decision-makers, project evaluation, and quality improvement activities.

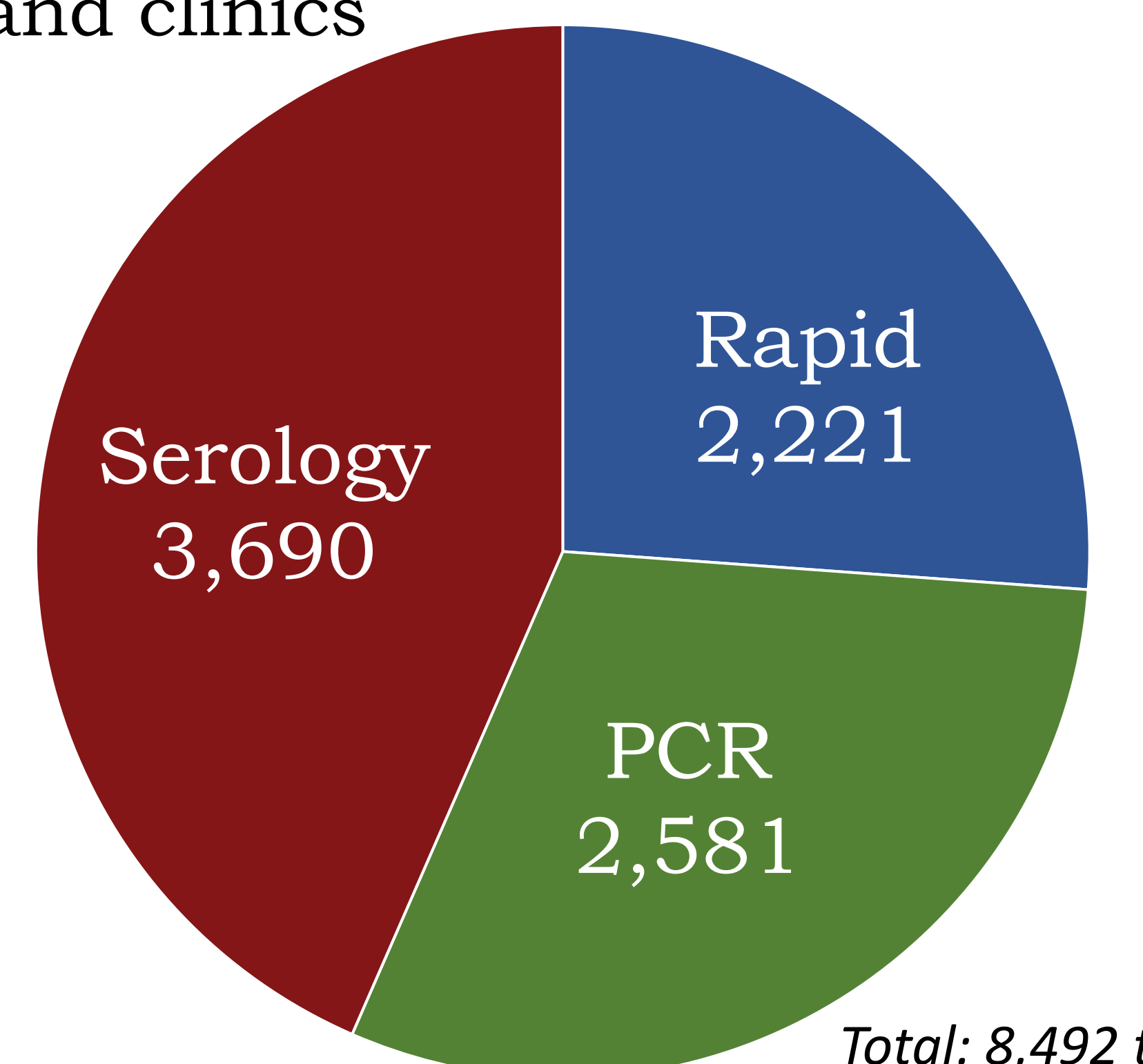


## Implementation Timeline

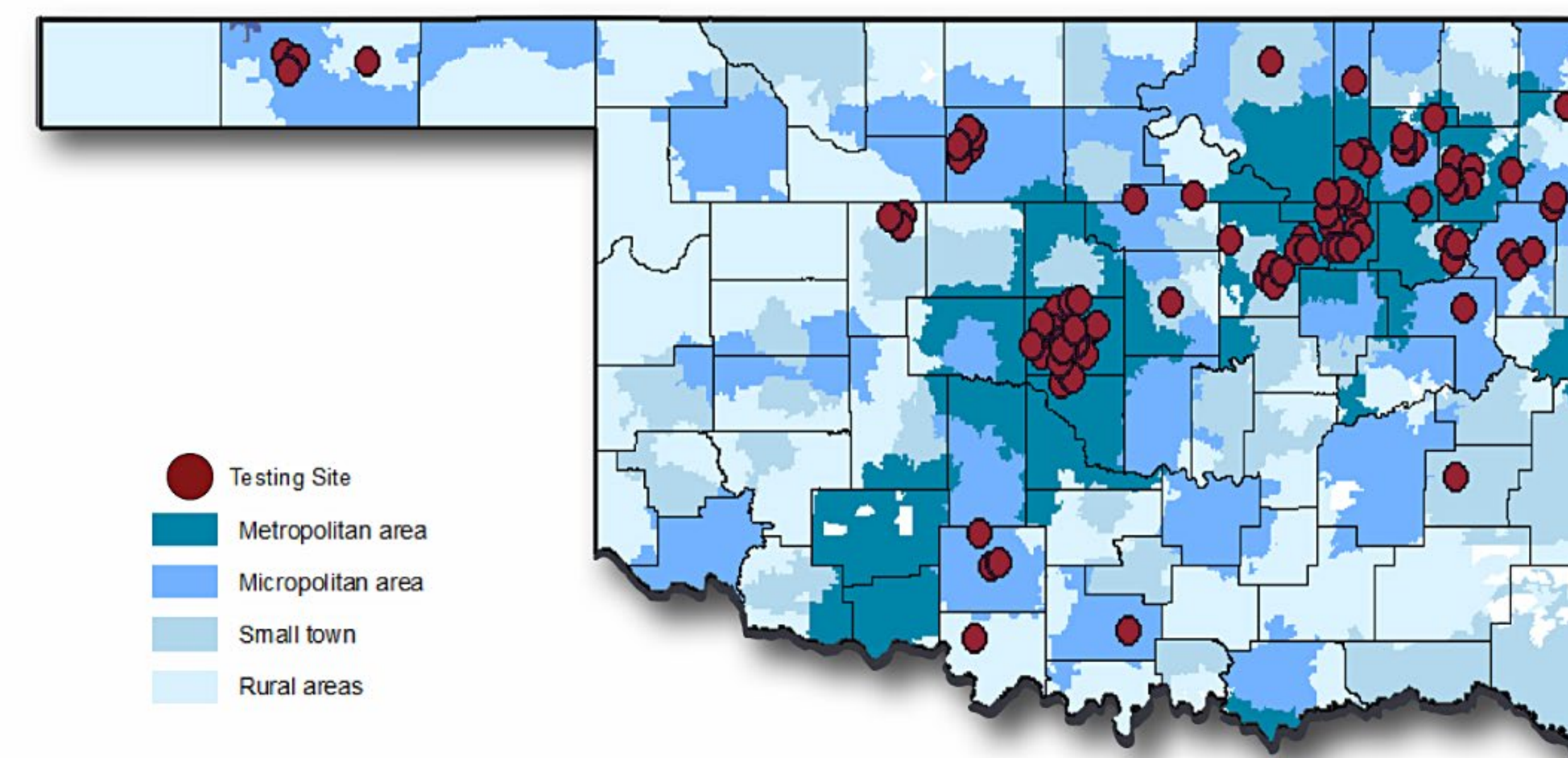


## Project Achievements

Over 450 events were held in rural and underserved urban areas offering PCR, Rapid, and Serology testing. Events were held in diverse locations including, but not limited to, street parties, schools, summer camps, libraries, festivals, veteran events, concert venues, civic organizations, Pride parades, academic institutions and clinics



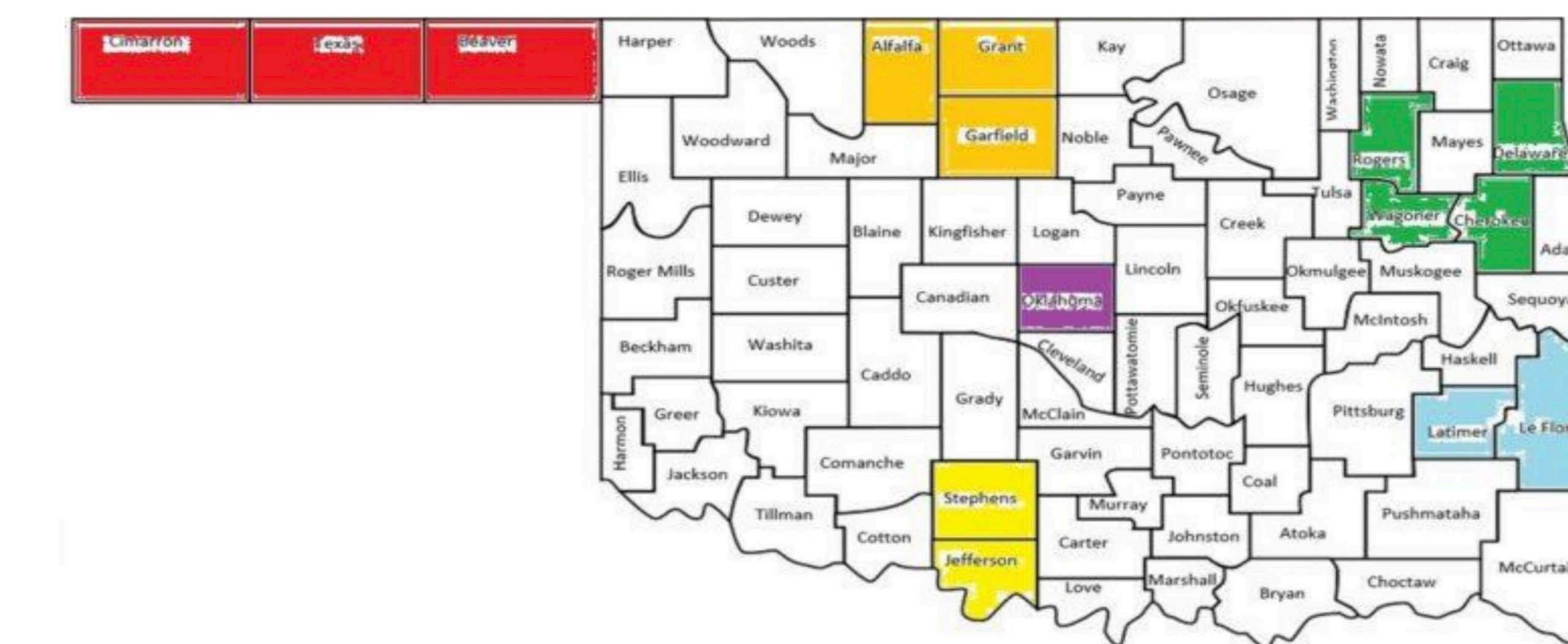
Total: 8,492 tests



## Project Impact, Expansion; Next Steps

Testing Site Partners (TSPs) were provided incentives to support local COVID-19 relief and response activities as a benefit for organizing, staffing, and hosting community events. Nearly \$900,000 was dispersed.

Participating TSPs have established capacity to conduct community-designed programming across the state well beyond COVID-19 relief and response efforts. In September 2022, selected TSPs (15) launched CATCH-UP 2.0- a focused effort to address local early intervention and trauma impacts related to identified COVID-19 social and health disparities.



The success of reaching underserved, underrepresented populations through the project resulted in other states, Tribes, and state agencies considering adoption of the project design. Additionally, the model is being modified to address other public health needs, i.e., monkey pox.

## Acknowledgements

We would like to extend our extreme gratitude to all our community Testing Site Partners & supporting agencies who made our COVID-19 testing and community relief & response efforts possible.



## COVID STUDY



Keeping schools safe for students with multiple complex disabilities and the staff who serve them.

CariolaStudy.URMC.edu



### Project Overview:

Supports a collaborative effort between the University of Rochester's Intellectual and Developmental Disabilities Research Center and the Mary Cariola Center School to learn how COVID-19 spreads in the vulnerable population the agency serves, including over 450 students and 500 staff. **The objective is to keep schools open as the COVID pandemic continues to impact schools across the nation.**

## Equitable Decision Making Throughout the Project Life Cycle

Existing relationship between URM & Mary Cariola

Mary Cariola's leadership focused on the health of the staff and students

Weekly meetings kept pace with continual changes during the pandemic

Research informs program; Program changes prompted and informed the research

## Engaged Dissemination Approaches - Listening & Learning Opportunities

Messaging compiled collaboratively

Vetted by Mary Cariola research committee

Distributed to the community

Feedback provided by stakeholders

New methods implemented

## Advancing COVID-19 Testing in the Community



Offering flexible, on-site, & mobile testing to staff and students



Building trust within the community with an on-site study team



Desensitizing a student's fear of testing

## Advancing Academic & Community Partnerships to Keep the Community Safe

**John Foxe, PhD**, Director-  
Del Monte Institute for  
Neuroscience, University of  
Rochester Medical Center

**Karen Zandi**, President/CEO, Mary  
Cariola Center



- Develop policies based on modeling to mitigate exposures at school
- Determine if these medically fragile children launch a strong antibody response after vaccination and if the level wanes differently than others
- Phenotyping & genotyping the students
- Develop strategies to prepare for future pandemics

*Participant Retention- 75% Staff & 91% Students*

*Funding to the UR-IDDRC provided by the NIH/ NICHD (RADxUP Return to School Program) OT2HD107553*





# Southeast Asians in the US Health Equity & Research to Understand COVID-19 Stories (SEA US, HEAR US)

<sup>1</sup>Melanie Sabado-Liwag, PhD, MPH & <sup>2</sup>Chanchanit Martorell, MA

<sup>1</sup>California State University, Los Angeles; <sup>2</sup>Thai Community Development Center

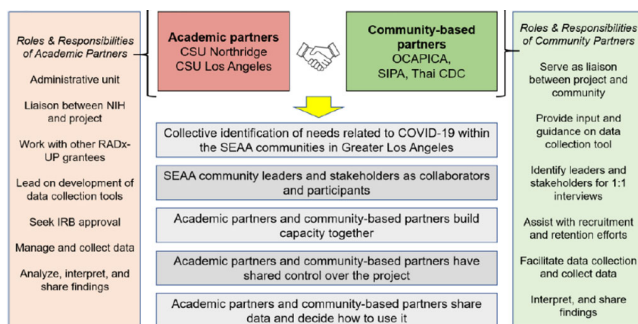


## Project Overview

- Unlike other ethnic minority groups, data on the impacts of COVID-19 on Southeast Asian Americans (SEAAs) are limited, oftentimes aggregated with other Asian American groups, thus limiting targeted assistance efforts.
- The lack of disaggregated data and under-reporting of race/ethnicity data potentially masks the true impacts of COVID-19 on SEAAs and thus exemplifies systemic barriers and structural racism that keep them invisible and hinder targeted assistance.
- The goal of this project, “SEA US, HEAR US” is to make visible the efforts to understand and address multi-level social, ethical, and behavioral implications of COVID-19 testing, vaccination, and its sequelae among Cambodians, Filipinos, Thais, and Vietnamese Americans in Greater Los Angeles through a community-based approach.



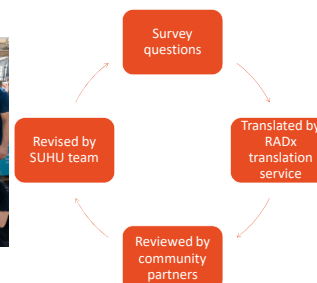
## Engaged Partnership Development & Equitable Decision-making



- Our synergistic approach is based on Community Partner Participatory Research (CPPR) Principles which emphasize genuine partnerships between academic and community partners in community-based efforts that value iterative design, shared ownership, and collaborative dissemination practices, specifically in mixed-methods development (culturally appropriate content for interviews, surveys, & focus groups)
- Although both academic and community partners are collectively responsible for meeting the project’s aims, each group of 4 partners is kept in the loop about different tasks weekly.

## Ongoing Engagement Throughout the Project Life Cycle

- At every stage of the project, communication is initiated by the academic team weekly.
- Weekly correspondence are done to share accomplishments, in-progress deliverables, and tasks needed their facilitation and help.
- We find initial success through this weekly and consistent rapport building activity as a way to maintain open-communication about their roles and to share constructive feedback on all study materials, strategies, protocols, and possible outreach events.
- Community partners also identify and confirm community stakeholders to converse with about project processes prior to implementation and delivery of activities.
- With each modification, we rely on our trusted community partners to validate the in-language materials and relevance of questions that contribute to our shared aims.



## Engaged Dissemination Approaches

- At this time, we are currently collecting data. Our team works in smaller working groups to ensure cultural relevancy and context is interpreted with the facilitation of our community partners and/or stakeholders.
- We work with each of our CBOs to develop strategies that are relevant to the people they serve, such as hosting a town hall, creating reports with visual aids, providing a presentation that will both educate and can be used by CBOs for future presentations, and using interdisciplinary leadership networks. As the work progresses, all partners will also be invited to take part in the manuscript development and writing processes.

## Next Steps for Partnership & Collaboration

- Our study is in the first third of funding (first 9 months).
- We are confident that by the second year, we will be developing stronger rapport for future projects and grants in order to maintain relationships and/or expand our support for one another.
- We aim to fortify our current partnerships and relationships by also include them creating equitable protocols that can be utilized by academic and CBOs partners in the future.
- Building upon the years of rapport our team came into this grant with, we aim to reinforce our collaboration through trust building activities, such as non-work, cultural get-togethers over food and relationship building conversations, quarterly or bi-yearly.
- We also aspire to attend and support more community-events in which CBOs or communities host to build connectedness and morale.

## Advancing COVID-19 Testing In the Community

- We highly invest in our iterative, step-wise approach to include community input throughout the qualitative & quantitative methodologic process, despite the great amount of time and contact required by all partners.
- We find that community investment in in-language materials, training to build their research capacity, including culturally-relevant questions, and developing recruitment and retention strategies are all vital to creating a new norm for COVID-19 testing and vaccination among Southeast Asian Americans.



## Acknowledgements

The authors acknowledge generations of Southeast Asians throughout the diaspora during the COVID-19 pandemic for their dedication, sacrifices, and lived experiences—specifically, families and friends in health care, caregiving, essential, and hospitality work. The authors thank their teams, colleagues and partners, specifically, OCAPICA, SIPA, and UCC. The project receives support from NIMHD/NIH RADx-UP (U01MD017434, mPI: Kwan & Sabado-Liwag)







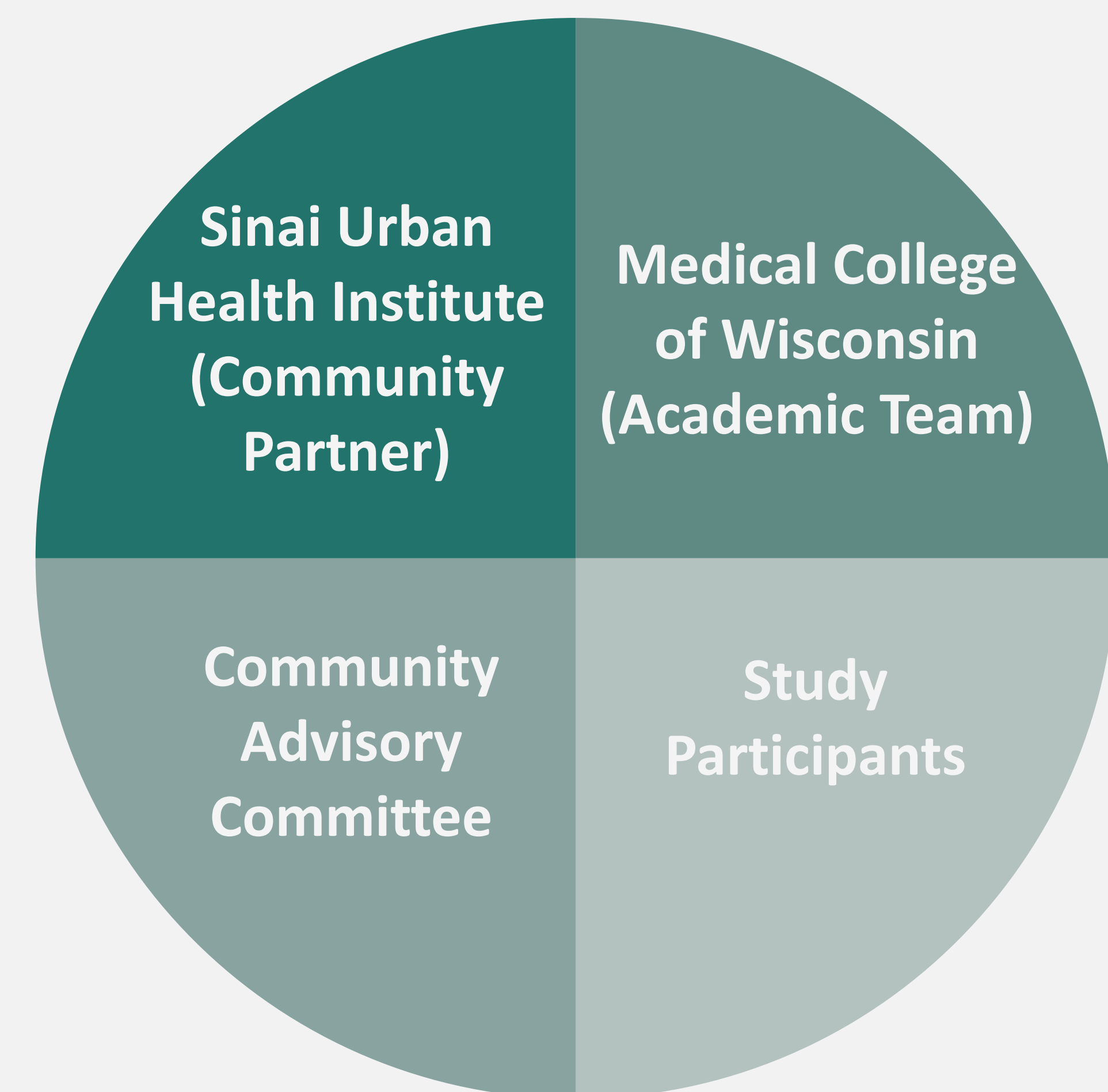
# VOICES: The Violence & COVID Equity Study

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Bijou Hunt, MA,<sup>2</sup> Jaquelyn Jacobs, MPH<sup>2</sup>  
<sup>1</sup> Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, Milwaukee, WI  
<sup>2</sup> Sinai Urban Health Institute, Chicago, IL



## Project Overview

### Study Team



**Study Goal:** Understand how racism, violence, mental health, and other social and structural factors may influence COVID-19 testing disparities in Chicago

“Participants as partners” helped build trust, ownership, and strong relationships and supported recruitment

## Methods

- **In-depth interviews with 50 Black/African American adult residents of Chicago**
  - Topics covered: Lifetime exposure to racism, experiences of violence in Chicago, COVID-19 testing and vaccination experiences, impact of COVID-19 on Black communities
- **Quantitative assessment with 500 Black/African American adult residents of Chicago**
  - Topics covered: Racism, police violence, community violence, COVID-19 diagnosis, testing, and vaccination, family and social connections, resilience and community support, religiosity

## Community Advisory Committee (CAC)

We all have something to learn and something to teach



- 10 members representing faith, public health, social service, and other communities and groups that are part of Black communities in Chicago
- Application & interview process to ensure aligned interests, commitment, and availability
- **CAC Key Accomplishments:**
  - Iterative review and feedback process on the interview guide; significant changes made in response to CAC feedback
  - Iterative review and feedback process on the survey; significant feedback on the CDEs, wording of survey items, and other items to include
  - Recruitment of over 500 participants within 8 months through networks across the city
- Integrative Translational Workshop approach to data analysis
  - Small group discussions on various aspects of data
  - Identification of priorities

## Community-engaged participant recruitment

- **CAC member endorsements and referrals**
- **Community events**
- **Participant referrals:** Snowball sampling was an effective sampling strategy
  - Participants saw themselves as an important part of the research process and study team
  - Effective way to recruit individuals who are hesitant to participate in research or have high levels of “mistrust”

## What’s next?

- Continue collaborative data analysis and interpretation with the CAC
- Identify key findings for dissemination and begin community and scientific dissemination efforts
- Identify strategies, next steps, and potential intervention points to address the racism, violence, and COVID-19 syndemic and related challenges facing Black communities in Chicago

