Policy Framework Exercise for Community-Based COVID-19 Testing

BACKGROUND

The RADx-UP CDCC conducted a policy analysis and developed a policy framework to help health leaders to facilitate the scaling-up of solutions that emerged to address challenges during the pandemic. The policy framework identifies five key policy levers for addressing health inequities in COVID-19 and beyond—access, resource allocation, data, communication and messaging, and payment—and three foundational components—community engagement, cross-sector partnerships, and regulatory guidance. Read our full policy paper here (link), the executive brief here (link), or the community summary in English (link) or Spanish (here).

INTENDED AUDIENCE

An internal document for RADx-UP Working Groups, RADx-UP Awardees partnering with Community-Based Organizations and COVID-19 Coalitions that are familiar with RADx-UP.

PURPOSE

This exercise is a template that can be used to record activities your project, group, or organization is doing to support policy change for community-based COVID-19 testing. View this exercise as a chance to think about current strategies and opportunities to partner with other groups to change policy related to community-based COVID-19 testing.

GOAL

Provide a guide to help your team develop policy change strategies. Completing this exercise template can serve as a first step for RADx-UP Working Groups and Community Collaborative Mini Grant (C2G) participants wishing to pursue policy related goals. This document is meant to be dynamic and a working document that you can either make a copy or print this document. This will allow you to adapt this framework to your organization's operational framework as needed.

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Glossary

Table 1 defines policy terms and academic language that is used throughout this exercise in alphabetical order.
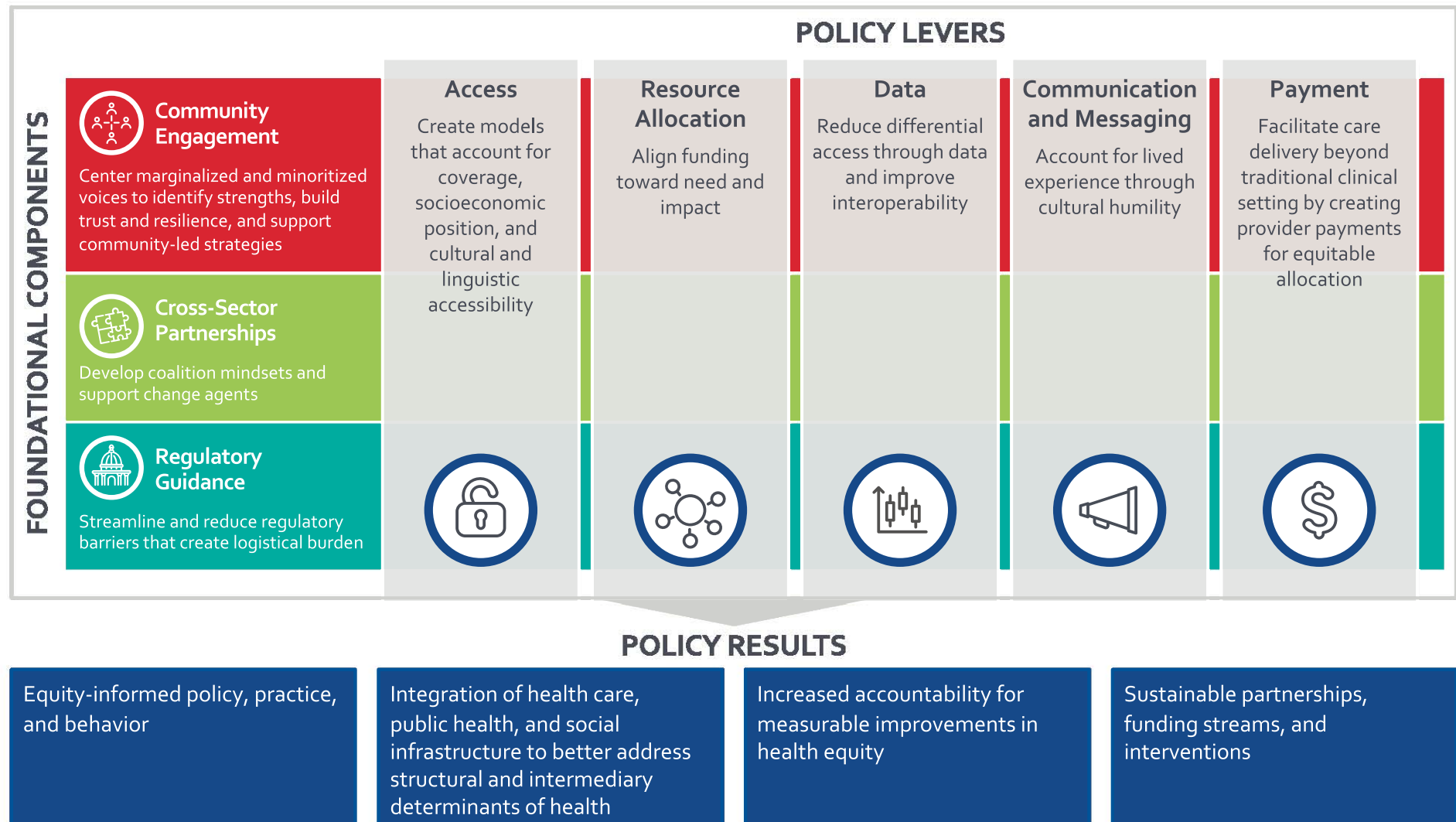
Please feel free to refer back to this glossary when you come across these terms.

TABLE 1: DEFINITIONS OF POLICY TERMS

Term	Definition	Examples
Access	The ability or inability to get to or receive COVID-19 testing, resources, treatment, or vaccines.	Host testing sites at faith organizations or provide testing after work hours to make it easier for people to get tested in their community after their shift
Communication	Language, words, and approaches that connect with the community with whom you are working	Communicating the value of family in messages by saying: *Regular testing can help catch COVID-19 early so it doesn't spread in your family.*
Data	Information, statistics, and real-world evidence that informs policy changes	Identify COVID-19 testing priority areas by using geographic information system data.
Differential Access	Ability for some people to get what they need while others are not able to get what they need.	Transportation or insurance barriers that impact ability for marginalized and minoritized communities to get tested or receive medical care
Foundational Components	The things needed for community-based COVID-19 efforts to work.	Cross-sector partnerships, community engagement, and regulatory guidance
Geographic Information System (GIS)	A system used to gather, store, analyze, manage, and showcase all types of place based data. Some part of the data must be spatial.	Using zip codes and block-level data to determine which neighborhoods and communities are and are not close to primary care providers.
Interoperability	The ability for different systems or organizations to exchange information and share resources.	A non-profit learning what data the health department collects so they can share information and collect data in a similar way (make the data "talk to each other")
Payment	Transfer of one form of goods, services, or money in exchange for services provided.	Pay community partners on a bi-weekly schedule instead of one lump sum at the end of a 6-month project to increase equity.
Policy Levers	Areas or grouping of policies that can be used to make change.	Access, payment, resource allocation, communication and messaging, and data
Policy Results	Things that happen as a result of new guidelines, laws, plans, or governmental goals.	Rules that say funders have to create opportunities for community-based projects that extend beyond the lifespan of a disaster or health emergency.
Regulatory Guidance	Strategies that make things simple, keep health data safe, and reduce paperwork or repeated work. Help ensure there is a common standard for people and programs.	Change regulations so Medicaid beneficiaries can been seen at home (telehealth) instead of only in clinics.
Resource Allocation	The process that determines where money, items, testing, food, goods, etc. are distributed	Increase the number of tests to counties with higher COVID-19 rates.
Relevant Partners	A person or an organization that can either make change or can help implement change	Local politicians, thought-leaders, community members and leaders, nonprofit CEOs. This term has been intentionally chosen to replace the term "stakeholder," which can have harmful connotations.
Task Shifting	Task sharing strategies involve redistributing clinical roles and tasks to different health workers in an effort to deliver timely and quality resources to patients where personnel resources and bandwidth is limited	A network of non-clinical health workers are trained to deliver health education and provide referrals for COVID-19 testing and vaccination

Policy Framework for Community-Based COVID-19 Testing and Video Link

FRAMEWORK FOR COMMUNITY-BASED COVID-19 TESTING

POLICY LEVERS

FOUNDATIONAL COMPONENTS	Access	Resource Allocation	Data	Communication and Messaging	Payment
Community Engagement — Center marginalized and minoritized voices to identify strengths, build trust and resilience, and support community-led strategies	Create models that account for coverage, socioeconomic position, and cultural and linguistic accessibility	Align funding toward need and impact	Reduce differential access through data and improve interoperability	Account for lived experience through cultural humility	Facilitate care delivery beyond traditional clinical setting by creating provider payments for equitable allocation
Cross-Sector Partnerships — Develop coalition mindsets and support change agents					
Regulatory Guidance — Streamline and reduce regulatory barriers that create logistical burden					

POLICY RESULTS

Equity-informed policy, practice, and behavior	Integration of health care, public health, and social infrastructure to better address structural and intermediary determinants of health	Increased accountability for measurable improvements in health equity	Sustainable partnerships, funding streams, and interventions

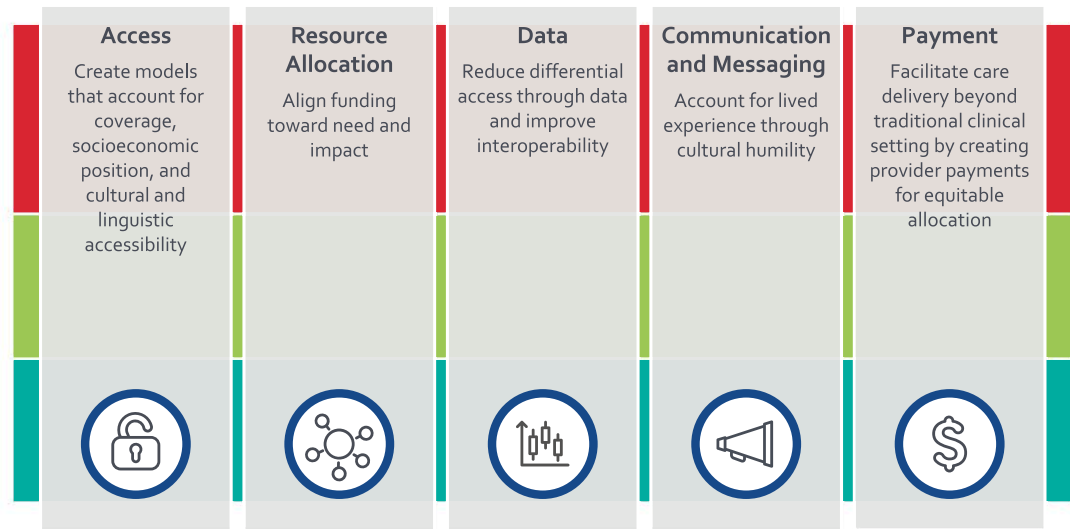Also see RADx-UP Policy Framework for Community-Based COVID-19 Testing Video Compilation

Part 1—Policy Levers

First, we will discuss activities that are not necessarily policy. Use the figure to the right to determine activities that are in alignment with 2 to 3 of the levers. Provide 1-2 concrete examples of how your efforts address that specific lever.

FILL OUT THE TABLE BELOW:

Policy Lever	Concrete Examples
Access *(EXAMPLE)*	Provide testing in local strip malls with large numbers of essential workers Provide testing at local strip malls after typical work hours (5pm)

POLICY LEVERS

Access	Resource Allocation	Data	Communication and Messaging	Payment
Create models that account for coverage, socioeconomic position, and cultural and linguistic accessibility	Align funding toward need and impact	Reduce differential access through data and improve interoperability	Account for lived experience through cultural humility	Facilitate care delivery beyond traditional clinical setting by creating provider payments for equitable allocation

Part 2—Foundational Components

Use the figure to the right to identify which foundational components your project/effort addresses as well as concrete examples of how your project is addressing these components.

FILL OUT THE TABLE BELOW:

EXAMPLE

Foundational Components addressed in your work (list all in this box):	Concrete Examples
Cross-Sector Partnerships Community Engagement Regulatory Guidance	Working with doctors and pastors to provide accurate COVID-19 information during church services Hosting a monthly town hall with community members to share results and get feedback on our COVID-19 messaging and makes changes to posters and flyers based on that feedback Working to CITI certify pastors serving locally to participate in future studies

FOUNDATIONAL COMPONENTS

Community Engagement
Center marginalized and minoritized voices to identify strengths, build trust and resilience, and support community-led strategies

Cross-Sector Partnerships
Develop coalition mindsets and support change agents

Regulatory Guidance
Streamline and reduce regulatory barriers that create logistical burden

Part 3—Policy & Results

Policy activities can look different in different contexts, though can be law, regulation, procedure, administrative action, incentive, or voluntary practices of governments and other institutions. For a resource from the CDC about to define policy and the "policy-public health connection," check out this link.

Before thinking about what the policy needs to be, ask yourself: ***What problem are we trying to solve?*** Use that information to draft a policy, and then what the policy result would be for your community.

POLICY RESULTS

| Equity-informed policy, practice, and behavior | Integration of health care, public health, and social infrastructure to better address structural and intermediary determinants of health | Increased accountability for measurable improvements in health equity | Sustainable partnerships, funding streams, and interventions |

FILL OUT THE TABLE BELOW, referring to page 3's illustration of the policy levers and foundational components:

What problem are we trying to solve?	Potential Policies	Policy Results from the Policies you Listed
EXAMPLE → Rural communities don't have enough doctors and doctors are the only ones that can administer the COVID-19 vaccine. There are other clinical providers (e.g., community pharmacists, nurse practitioners) in these communities but they aren't allowed to give shots without a doctor being present in the State of North Carolina.	Identify alternative payment models that support task shifting from doctors to other clinical providers to increase providers that can vaccinate people	Help decrease the issues with doctor shortages in low-income, rural communities by allowing other clinical providers to administer important vaccinations Get more people vaccinated

Part 4—Relevant Partner Groups

Using the policies and policy results you wrote down in Part 3 to determine which relevant partners need to be involved in making these changes. Use the table below to identify the relevant partner groups that need to be addressed, their level (this is important because this may change what they can do), their role (what they do), any assets or strengths they have, and if you do, or do not, already have a relationship with this group or person.

FILL OUT THE TABLE BELOW:

Relevant Partner Group (name)	Level (local, regional, state, and/or national—can be more than one)	Role (what this person or group needs to do)	Assets or Strengths Embedded in this Relevant Partner Group / Community	Relationship (existing or no relationship, and contact information)
EXAMPLE Medicaid Health Care Transformation office	State	Meet with Medicaid Health Care Transformation team to identify strategies in current payment reform efforts to incorporate payments that extend the delivery of care through other clinical providers		No relationship

Part 5—Putting it All Together

Take a moment to review and celebrate all of the work you have already done in Parts 1-4. The last two steps of this exercise are creating a strategy and next steps. This last part is integral to make sure your group/organization can succinctly express what you have learned through this exercise to others. It is also important to help you reach your policy change goals.

EXAMPLE TABLE

POLICY LEVER What objective are you aiming to achieve?	KEY ACTION STEP What will you do?	RELEVANT PARTNERS INVOLVED Who else is involved?	TIMELINE
Access Increase access to vaccination boosters	Partner with coalition groups and faith-based organizations in the Triangle in North Carolina, local and state policy makers, and RADxUP projects to hold vaccination and testing clinics as well as conduct community outreach	Coalition groups (e.g., AACT+, LATIN-19); local and state policymakers	Done by 6 months
Resource Allocation Increased funding (resource allocation) to clinical providers in rural communities	Present at NCDHHS Historically Marginalized Populations Working Group to show evidence that community events lead to increased vaccinations	NCDHHS Historically Marginalized Populations Working Group	August 15th, 2022
Data Use available data to understand access gaps	Work with local community groups to identify testing priority sites based on geographic mapping system and asset mapping data	Community-based organizations; local public health practitioners	Done by 6 months
Communication and Messaging Develop culturally and linguistically responsive COVID-19 communications and messages	Identify and collaborate with trusted community messengers to disseminate key information and host community town halls with NCDHHS	Community-based organizations; NCDHHS	Date of next community town hall
Payment Align provider payments for other clinical providers	Meet with NCDHHS Medicaid Health Care Transformation team to identify ongoing Medicaid payment reforms to extend provider payments to other clinical providers	NCDHHS Medicaid Health Care Transformation Group	3 months

AACT+: African American COVID-19 Taskforce
LATIN-19: Latinx Advocacy Team & Interdisciplinary Network for COVID-19
NCDHHS: North Carolina Department of Health and Human Services

FILL OUT THE TABLE BELOW:

POLICY LEVER What objective are you aiming to achieve?	KEY ACTION STEP What will you do?	RELEVANT PARTNERS INVOLVED Who else is involved?	TIMELINE
Access			
Resource Allocation			
Data			
Communication and Messaging			
Payment			

Extra Notes