

**CDC Rural Health Disparities Funding to LHDs - Work Plan Guidance
Strategies, Activities, Examples**

PLEASE SUBMIT WORK PLAN PROPOSAL HERE: <https://redcap.link/CDCVR3> BY Tuesday, November 23rd, 2021

Strategy 1

- **Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved**
 - Ensuring equitable access to critical COVID-19 personal protective equipment (PPE), testing, contact tracing, quarantine and isolation, vaccination, and other wrap-around services require deploying focused strategies, resources, and activities to meet the needs of individuals and mitigate the spread of COVID-19 among populations disproportionately impacted.

Priority activities for Strategy 1 should include:

- Expand testing (including home test kits and mobile testing sites) and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority populations and people living in rural communities.

Additional activities for Strategy 1 may also include:

- Vaccine coordination, quarantine and isolation options, and preventive care and disease management among populations that are underserved and at higher risk for COVID-19
- Tailor and adapt evidence-based policies, systems, and environmental strategies to mitigate social and health inequities related to COVID-19
- Identify and establish collaborations with critical partners affiliated with populations at higher risk and that are underserved, including racial and ethnic minority groups at higher risk for COVID-19 to:
 - 1) connect community members to programs, healthcare providers, services and resources (e.g., transportation, housing support, food assistance programs, mental health and substance abuse services, substance abuse) they might need and
 - 2) lessen adverse effects of mitigation strategies
- Expand testing (including home test kits and mobile testing sites) and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority populations and people living in rural communities
- Vaccine coordination, quarantine and isolation options, and preventive care and disease management among populations that are underserved and at higher risk for COVID-19
- Tailor and adapt evidence-based policies, systems, and environmental strategies to mitigate social and health inequities related to COVID-19
- Identify and establish collaborations with critical partners affiliated with populations at higher risk and that are

CDC Rural Health Disparities Funding to LHDs - Work Plan Guidance
Strategies, Activities, Examples

| | |
|--|---|
| | <p>underserved, including racial and ethnic minority groups at higher risk for COVID-19</p> <ul style="list-style-type: none">● Provide referral to wrap-around services for those receiving COVID-19 services <hr/> <p><i>Example Activities proposed in April for Strategy 1 from the recipient LHDs:</i></p> <ul style="list-style-type: none">● Increase transportation options● Purchase gas cards and transportation vouchers● Hire health equity staff expand CHR program to additional localities and hire additional CHR staff● Establish collaborations with partners to establish pathways needed to facilitate access to COVID resources, ie. transport, education, mitigation● Hire an equity coordinator● Dedicate bilingual contact tracers for special populations. Identify community advocates and provide them with the tools to assist in outreach to special populations. In extreme rural areas, mobile testing and vaccination.● Hold community events that provide resources to address a range of needs from COVID-19 vaccine to car seats to food assistance to mental health services.● We would like to partner with our community-based agencies to develop coordinated community outreach events at our LEAP mobile market sites/food pantries etc.● Potential funding would ideally support personnel to conduct focus groups of community members who are vaccine hesitant and then to follow up with action-oriented recommendations and funding to be able to implement those recommendations.● Recommendations may include use of incentives to get vaccinated (e.g., gift cards for grocery stores).● With respect to communication, funding to support language translation carts for interpretation (e.g., Volatia language services) to assist on-site communication about testing, vaccines could be helpful. |
|--|---|

CDC Rural Health Disparities Funding to LHDs - Work Plan Guidance
Strategies, Activities, Examples

- Funding to support staffing/vehicles for a mobile unit could be helpful.
- With respect to testing, funding for home-based testing kits for at-risk populations could facilitate testing.
- Support existing testing team by supplementing National Guard deployments and funding from a private donor both of which will no longer be available by June.
- Build an expanded health team through the Public Health Institute at Virginia State University and a community health advisory that would help inform, identify and establish policies and practices that impact the district and its people.
- Provide emergency funding as needed for COVID recovery to families.
- Expand clinic operations.
- Purchase a mobile unit and add staff to increase clinic services.
- Funding to do some focus groups with community led incentives may be beneficial.
- Our testing has focused entirely on fixed sites. We will be receiving a mobile clinic in May and would like to use this funding to support a mobile testing team to serve our rural communities and underserved neighborhoods where transportation is a barrier to testing.
- We've worked with community partners to ensure access to testing and have tried to coordinate community resources to support isolation and quarantine throughout the pandemic.
- Support clinic services personnel to sustain and grow mitigation efforts within the district to include more community health workers and local health department services.
- Improved access to COVID-19 and other vaccines.
- Provide hand sanitizer and masks to a number of community partners and would love to continue to do this work.

CDC Rural Health Disparities Funding to LHDs - Work Plan Guidance
Strategies, Activities, Examples

| | |
|---|--|
| <p>Strategy 2</p> <ul style="list-style-type: none"> ● Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic <ul style="list-style-type: none"> ○ Improving data systems and the collection, analysis, and use of racial, ethnic, and rural health data for COVID-19 prevention and control will help to better identify populations and communities disproportionately affected, track resource distribution, and evaluate the effectiveness of advancing health equity to address COVID-19-related health disparities among disproportionately affected populations. Collection of data that contextualize racial, ethnic, and rural health data and robust analysis of these data are fundamental activities for improving data collection and reporting. | <p><i>Priority activities for Strategy 2 should include:</i></p> <ul style="list-style-type: none"> ● Improve data collection and reporting for testing and contact tracing for populations at higher risk and that are underserved; |
| | <p><i>Additional activities for Strategy 2 may also include:</i></p> <ul style="list-style-type: none"> ● Build on plans for collecting and reporting timely, complete, representative, and relevant data on testing, incidence, vaccination, and severe outcomes by detailed race and ethnicity categories, taking into account age and sex differences between groups ● Develop strategies to educate providers, community partners, and programs on: 1) the importance of the race and ethnicity data and appropriate strategies to collect it, 2) how to address mistrust/hesitancy about reporting personal information including race and ethnicity, and 3) why this information is important to prevent and control the spread of COVID-19 ● Develop and implement plans to disseminate health equity-related data and related materials tailored to be culturally and linguistically responsive for diverse audiences ● Develop key principles and resources for collecting, analyzing, reporting, and disseminating health equity-related data to inform action during a public health emergency ● Assure adequate resources for data infrastructure and workforce to ensure alignment with data modernization |
| | <p><i>Example Activities proposed in April for Strategy 2 from the recipient LHDs:</i></p> <ul style="list-style-type: none"> ● At the local level, funding to support data training for the Population Health team and the epidemiology team would be very helpful. ● Health educator position to focus specifically on the interpretation and dissemination of data in partnership with community based organizations. ● Develop plans to educate providers, community partners, and program leaders to implement key principles and |

CDC Rural Health Disparities Funding to LHDs - Work Plan Guidance
Strategies, Activities, Examples

| | |
|---|---|
| | <p>resources to collect data. Ensure adequate resources for data infrastructure and workforce development.</p> <ul style="list-style-type: none"> • Hire a population health data manager • Investigation of likely causes for disparities in maternal and neonatal deaths. • Hire an equity/population health data manager to improve data collection and reporting • Contract with the Center for Public Health Practice & Research at VT to create a framework and process for collection data on a deeper level and for assistance in data analysis. |
| <p>Strategy 3</p> <ul style="list-style-type: none"> • Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved <ul style="list-style-type: none"> ○ Sufficient workforce, infrastructure, and capacity are critical to providing equitable access to disproportionately affected populations. Where feasible, this short-term program will build, leverage, and expand the infrastructure and capacity within state, local, US territorial and freely associated state health departments (or their bona fide agents) to ensure and expand equitable access to critical COVID-19 testing and contact tracing, as well as PPE, quarantine and isolation, vaccination, and other wrap-around and supportive services. | <p><i>Priority activities for Strategy 3 should include:</i></p> <ul style="list-style-type: none"> • Expand the infrastructure to improve testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority populations and rural communities; <p><i>Additional activities for Strategy 3 may also include:</i></p> <ul style="list-style-type: none"> • Establish, enhance, or implement leadership-level health equity offices, workgroups, task forces, or positions to guide addressing COVID-19 among communities at higher risk and that are underserved • Convene and facilitate multi-sector coalitions or advisory groups that include members of underserved communities and organizations that serve the community. These groups may provide advice, guidance, and recommendations for addressing COVID-19 and advancing health equity among their communities • Update jurisdictions' COVID-19 plans and health equity plans to support communities most at risk for COVID-19 with the intention of setting up systems that put in place infrastructures and plans that can also support future emergency responses • Build and expand an inclusive public health workforce, including hiring people from the community (e.g., community health workers, social workers, other trusted community members) who are equipped to assess and address the needs of communities disproportionately affected by COVID-19 |

CDC Rural Health Disparities Funding to LHDs - Work Plan Guidance
Strategies, Activities, Examples

Example Activities proposed in April for Strategy 3 from the recipient LHDs:

- We can use funding like this to help our own workers better understand the root causes of inequities that significantly contributed to the inequities we continue to see in COVID-19 outcomes.
- Perhaps this funding opportunity can be used to develop an internal strategy to improve KSA in cultural humility/ community engagement/ collective impact so that we can improve the way we serve the most vulnerable communities in our districts.
- One-time funding to ensure that the built environment of all of our district offices is intentional about addressing health equity (inclusive signage, access, etc...) would be greatly appreciated.
- LHD has an Equity Policy Group which is currently not staffed. This funding would also support a contract staff position to provide administrative support for this policy group.
- Hire health equity staff
- Develop a health equity plan
- Continue educational programming around equity through the Southside Trauma-Informed Community Network, Community Health and clinic operations. Continue work in trauma-informed care for the LHD internally and externally.
- Additional vaccinators and admin personnel for vaccine efforts in the short term. Same team members can be used for other efforts, such as opioid use/death reduction, harm reduction, TB control, baby care, STD outreach, tobacco cessation, community education, etc.
- Expand nursing/health navigators, community health workforce to reach into our diverse ethnic, cultural and religious communities.
- Expand upon existing positions to create a broader team working on this, ensure sustainability of workforce, work closely with Community Health Workers for which we just received funding.

CDC Rural Health Disparities Funding to LHDs - Work Plan Guidance
Strategies, Activities, Examples

| | |
|--|--|
| | |
| <p>Strategy 4</p> <ul style="list-style-type: none"> ● Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved <ul style="list-style-type: none"> ○ Identifying and addressing current gaps and factors that influence COVID-19-related health disparities requires a collaborative approach. Under this strategy, collaborations between the primary applicant and key partners will broadly address health disparities and inequities related to COVID-19. | <p><i>Priority activities for Strategy 4 should include:</i></p> <ul style="list-style-type: none"> ● Build community capacity to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for testing and contact tracing, and quarantine, including racial and ethnic minority populations and rural communities <hr/> <p><i>Additional activities for Strategy 4 may also include:</i></p> <ul style="list-style-type: none"> ● Build and implement cross-sectoral partnerships to align public health, healthcare, and non-health (e.g., housing, transportation, social service) interventions that decrease risk for COVID-19 ● Develop mechanisms such as community advisory groups that include leaders representing racial and ethnic minority groups and rural community leaders and members representing underserved populations to inform COVID-19 and future emergency response activities ● Develop and disseminate culturally and linguistically responsive COVID-19 prevention communications through various channels (e.g., local media, local or community newspapers, radio, TV, trusted communications agents) written in plain language and in formats and languages suitable for diverse audiences—including people with disabilities, limited English proficiency, etc.—addressing and, as necessary, dispelling misinformation and barriers to mitigation practices due to mistrust. ● Build community capacity that includes traditional organizations (e.g., public health, healthcare) and non-traditional partners (e.g., community health workers, churches, transportation providers, social workers) to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for testing, contact tracing, isolating, vaccination, and healthcare strategies ● Identify and establish collaborations with critical partners affiliated with and who provide services to populations that are underserved and at higher risk for COVID-19 to disseminate scientifically accurate, culturally, and linguistically responsive information and facilitate access to health-related services <hr/> <p><i>Example Activities proposed in April for Strategy 4 from the recipient LHDs:</i></p> |

CDC Rural Health Disparities Funding to LHDs - Work Plan Guidance
Strategies, Activities, Examples

- One-time funding to support a conference on collective impact for community partners could help develop a sustainable framework to address the root causes of inequity with an emphasis on solutions (e.g., "Rapid Results") could create a framework for addressing both COVID-19 inequities and build a platform for future equity work to be incorporated into future CHA/CHIPs.
- Building on our success working with our Move2Health Equity Coalition, NAACP and local leadership councils in 5 localities we would fund and participate in communications campaigns developed by community groups most impacted by COVID.
- We would also support (under this strategy or a previous strategy) our community liaison positions which expire in June and expand the number and breadth of their work.
- We would use this funding to hire 4 community health workers to focus specifically on our rural areas.
- Hire Unite Us coordinator
- Hire grants manager
- The use of local media would be implemented
- We would purchase gift cards and meals for community volunteers running equity testing sites and vaccination sites in BIPOC and rural communities.
- We would provide funding via MOUs with community centers to continue to use their facilities for COVID testing and vaccination.
- Additional educational programming and marketing strategies including guest speakers, health related events and targeted marketing.
- Increase our ability to build capacity to reach our underserved and disproportionately affected populations.
- Increase communications through various channels to reach our diverse audiences.
- Continue to establish and support collaborations with our critical partners who serve, work with or are affiliated with our racial and ethnic minority groups, our rural population and those at higher risk.

CDC Rural Health Disparities Funding to LHDs - Work Plan Guidance
Strategies, Activities, Examples

| | |
|--|--|
| | <ul style="list-style-type: none">● Provide accurate and understandable communications that addresses concerns, hesitancy, and lack of knowledge concerning health related services and COVID-19. Due to the population diversity we require many approaches to reaching, educating and building trust within the community. The geographical size of the district and lack of broadband in some areas, requires a strong grassroots effort to increase our outreach.● Augment existing relationships and seek new ones.● Build on the pre-existing relationships with community partners to expand resources and conduct ongoing needs assessments.● Expand upon work currently carried out by 2 Latino Outreach Coordinators and one Outreach Coordinator working with seniors and refugees.● We are working with community partners now, primarily the NAACP to hold vaccination events throughout our district. We would like to expand this effort to more vaccination clinics per week, provide a newsletter to all participants from churches and the NAACP and expand our coalition to include homeless shelters and people that work with the homeless. |
|--|--|