LESSONS FROM THE FIRST WAVE

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DATA FOR COMMUNITY HEALTH

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New Jersey Health Initiatives A BETTER STATE OF HEALTH

Data Across Sectors for Health

Robert Wood Johnson Foundation

LETTER FROM THE PUBLISHER

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ALL IN

The first mention of the coronavirus in my email was on March 1st. That day, I was reassuring a colleague that she did not have COVID—though it would turn out that she did. At the time, we didn't understand how cataclysmic the outbreak would be for our communities, our work, and our nation.

In the early days of outbreak in the United States, All In Partners created the space and time for our colleagues and grantees to adjust to the new abnormal. Data Across Sectors for Health (DASH), like many of us within All In, supports collaborations made up of public health, community-based social services, and healthcare: the very institutions that make up the front-line response to the pandemic.

We issued a blanket no-cost extension to our grantees, continued to support the ones who were able to move forward, and prepared to release the funds for grantees that would not be able to complete their projects due to the new conditions. The Public Health National Center for Innovation solicited revised workplans for their grantees. The BUILD Health Challenge converted some program support funds to emergency grants. Each Partner reduced or radically revised their expectations of their grantees, without ever suspending their support.

This didn't mean that work stopped on the front lines of community-based data sharing. In fact, All In members' experience with multi-sector collaboration made them particularly well-prepared to step up to the demands of the pandemic. Early in May, All In hosted the first of three COVID listening sessions, loosely structured forums for collaboration leaders to share their experiences of frustration and success, setbacks and challenges, progress and pitfalls. Participants described their efforts to leverage the multi-sector relationships to move quickly together in their communities and build new data sharing tools on top of existing ones. Some of those stories are powerfully told in this publication.

A common thread through these listening sessions and across the All In network was the disproportionate negative impact of the virus and the resulting economic inequities for people of color, poor people and women and others living in disinvested communities. Nationwide, we become aware of how black and brown people, experienced these inequities. All In podcast guest Dr. Rhea Boyd described this as "the epidemic within the pandemic."

These impacts came into much greater relief following the murders of Ahmaud Arbery, Breonna Taylor, and George Floyd. All In members have been building anti-racism and equity into our programming, but the massively disproportionate impacts of the virus and racial injustice call us to more, deeper work together. As we noted in our June statement on George Floyd's Death & Nationwide Protests:

Over the past week, the brutal murder of George Floyd, the police violence in the face of legitimate protest, and the unjust and ongoing oppression of black, indigenous and other people of color (BIPOC) reflect centuries of systemic racism in our country. We treasure our shared community and the opportunity we have to fight together for equity, anti-racism and justice. At All In, over 200 collaborations are working together to promote community health through data, collaboration, and community leadership. Driving this effort is the fight for racial justice and health equity – without which people cannot reach their optimal level of health and communities cannot thrive.

The All In partners have fully embraced our role of supporting and disseminating community stories of resistance and resilience. This publication includes a variety of those stories:

- In March, Sue Grinnell and Dana Pearlman of Public Health Institute (PHI) began collecting innovations in response to COVID at a website they put together: https://www.coronavirus-innovation.com/. They shared their Top 10 on page 12.

- The Network for Public Health Law began helping public health departments sort through the complexities of HIPPA during the global crisis, provided emergency resources, and put together a series of presentations to navigate these legal quagmires. In Section II, page 38, NPHL speaks to data-sharing in Indian Country among Navajo Nation and other tribes who have coordinated with local public health departments.

- NJHI contributed pieces on their community-level work around the fight for tenant protections and more.

- The Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts (Pew), wrote on shifting resources in response to the pandemic to maintain community engagement.

Our intent with this publication is to offer encouragement, insights, ideas, and examples to our network and beyond to showcase how data can be used in times of crisis to provide equitable health solutions. This publication is divided into four parts.

- **Start Small** is a snapshot of low lift changes implemented quickly that have a significant impact. In interviews collected from the field we heard this time and time and time again. Communities told us that they made small adjustments, like The HELLO Project in Reno, NV which focuses on increasing social connectedness and reducing the health and mortality issues associated with loneliness. A challenge under the best of circumstances and, like so many other things, has become more challenging and more important during the crisis.

- **Inequities Exposed** looks at the disparities and social determinants placed in sharp relief as a result of the COVID crisis. From the affordable housing crisis in California that has been accelerated by evictions, unemployment, and the economic fallout from COVID to the momentum gained by the Black Lives Matter movement in the wake of George Floyd's murder. After months of seeing disproportionate rates of COVID diagnoses among people of color, the loss of yet another unarmed black man by the hands of the police forced a long overdue national conversation. We are fortunate to have Minneapolis, literally ground zero on this national discourse, contribute insights of the struggle before and after this most recent uprising declaring racism an

epidemic.

- **Ensuring Community Voice** profiles programs that, even throughout this crisis, prioritize the voice of the community. As the saying goes, it is not about "giving voice to the voiceless," but simply a matter of passing the mic—that is how equity works. In Newark, this manifests in the struggle for tenants' rights; in Virginia it takes the shape of reallocating resources at community direction.

- Finally, in **Toward a New Normal**, we look at the longer horizon of policy and system change work in a post-COVID future. Far from matters of policy, shopping in safe distances and wearing masks, this new normal refers to rebuilding our systems. To paraphrase comments from a health equity activist, everything in the system was built and it can be rebuilt without racism, inequity, injustice, patriarchy, and discrimination.

This volume is meant to encourage communities, provide examples to be shared and adapted, and contribute to our national conversation. It will be housed and expanded online in a digital edition at the All In website and through our Online Community. In addition to more content about the stories in this "print" edition, we will include completely new stories: on housing and health in LA County, about connecting MCO and 211 data in Arizona, and raising and leveraging community voice in California. Those stories we be available at the COVID Publication Site later this fall.

Thanks for your interest in this work. We hope you will share this resource with others, promote it within your networks, and let us know what you were able to do afterwards. As of the end of September 2020, almost 2,500 copies of the publication have been downloaded in the U.S. and internally. Please write to info@dashconnect.org or Peter directly at peter.eckart@iphionline.org about your experience with the lessons. Please return to the home for this publication at allindata.org, which will be updated throughout the Fall of 2020. We are all in this together, for as long as it takes.
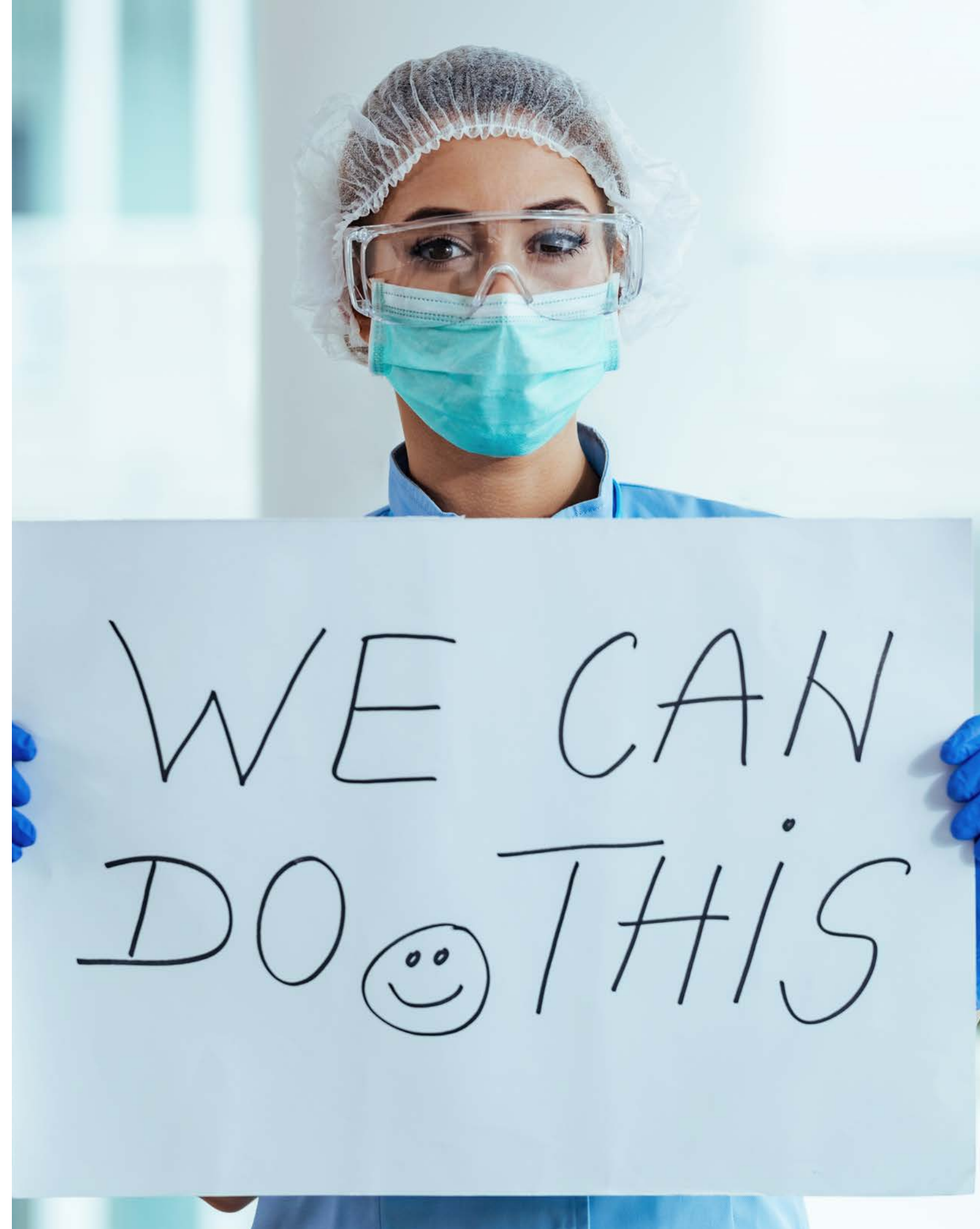
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in partnership with the Michigan Public Health Institute on behalf of the leadership and learning team of All In: Data for Community Health

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SECTION I: START SMALL

COMMUNITY CONNECTIONS

Seniors in Nevada are finding new ways of socializing during COVID

Washoe County, NV, has a suicide rate that is twice the national average for people 65 and older and four times the national average for those 85 and older. The HELLO Project based in Reno, NV, is looking to do something about that.

The HELLO Project is a program focused on increasing social connectedness and reducing the health and mortality issues associated with loneliness. Lonely people have a higher rate of depression, suicide, chronic disease, and a shorter lifespan.

This goal of the HELLO Project is to increase volunteerism, connect with existing and new social service activities and organizations, enhance recreational activities, and foster an awareness of elder health and well-being. By advocating access to transportation, increasing walkability, working with law enforcement and neighborhood groups to improve safety, and providing affordable senior housing in safe places.

COVID 19 dramatically impacted all of the lead partner organizations and many (if not all) of the partner and community organizations. They put most of their initial plans on hold. Previously planned community engagement tactics were suspended, which was a large part of how they planned to reach their goals. Asset mapping and all direct community engagement tactics are no longer possible at this time. Earlier data shows seniors already experienced serious health issues, both mental and physical health, many of which are directly attributed to isolation and loneliness. The HELLO Project team and it professional partners, including behavioral health providers and doctors recognized the onslaught of the COVID pandemic would seriously compound those conditions, creating an even greater need to connect with and engage the senior population.

They had to rethink their project plan due to COVID. Rather than focus on "live and in person" community engagement to build out and inform the program, they have created new programs, fast-tracked projects, moved

some things planned for the near term to a longer-term period. Ironically, COVID has had at least one positive consequence, it has raised awareness of isolation and loneliness among seniors, especially those of color. Many seniors they are connecting with now tell them they were never aware of health concerns related to isolation and loneliness, saying they previously had not recognized nor admitted they were experiencing those conditions.

Given that they can no longer gather in person to conduct their meetings with residents, they had to get creative on how to address social isolation among people 65 and older.

For example, they initiated a community-wide interactive introduction of The HELLO Project, connecting seniors to the community and the community to its seniors. They started a twice-weekly virtual community gathering called: "It Starts with Hello" and an e-newsletter (below). The topics focus on the news (initially covering COVID-19) and have grown to include guest speakers followed by a question and answer (Q&A) session. They stress each time that the Q&A is the essential part of the show, and we have seen a high level of interaction by participants.

Each Thursday, they also host a Renown Health psychologist, Dr. "Buddy" Coard. To date, he has covered topics from anxiety, depression, and harm mitigation to the Duke University "Wheel of Health." Other guests have discussed exercise during quarantine, mindfulness, senior programs, etc. They often have the same people in attendance and have formed relationships that we are making a difference in these people's lives. "These sessions are the highlight of our week! We really look forward to them," shared the husband of a married couple who participates faithfully every week. His wife has limited vision and wheelchair dependent.

They teamed with an esteemed community organization and within three weeks,

engaged nearly 350 seniors to express themselves and create art from their hearts. The seniors became vocal, vivid artists. The team hand-delivered supplies to seniors unable to pick them up. This included outfitting shelter-in-place senior living complexes. The senior artwork will now be displayed through the end of September in downtown Reno, along the river, for anyone to experience safely. Hundreds of residents, including seniors who have not left their homes since mid-March, are now walking by the beautiful display daily. Local businesses requested the "heart art" for display in their places of business after the public exhibition. The collaborative continues to tell the story about local seniors and their accellerated needs during COVID and the recovery.

In addition, they published a Resource Guide that describes ways to cope with stress and anxiety. It offers nearly a dozen ways to self-entertain and fills void times with joy during the COVID SIP and safe distancing requirements. It provides tips and tricks to stay connected and a behavioral health support guide, including national, state, and local resources, as well as dedicated services and shopping hours for seniors. To date, the Resource Guide has been distributed to more than 5,000 community members in need through low-income housing, food banks, Medicaid clinics, and houses of worship. The guide focused on maintaining social connections during isolation.

Recently, the team has launched its website: hellostartsnow.org. Recognizing the restrictions will likely be in place for some time, a virtual presence and platform will be even more critical for the program.

For more information about this project, visit:

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The HELLO Project is one of 18 communities currently working to advance health equity across the US through The BUILD Health Challenge[R].
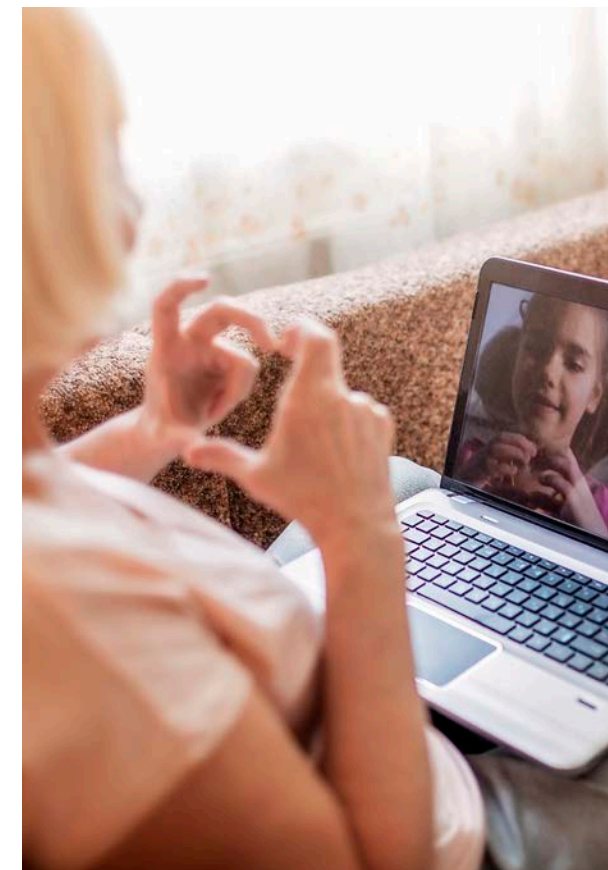
TOP 10 LIST OF BEST INNOVATIONS

PHI has collected innovations in response to COVID since March

IN MARCH, SUE Grinnell and Dana Pearlman of Public Health Institute (PHI) began collecting innovations in response COVID at their site. They have assembled a Top 10 List of the Best Adaptations (below).

Learning quickly across systems to mitigate the impacts of COVID relies on sharing innovations, adaptations, tools, and techniques. Sue, Dana, and PHI were inspired to curate the most creative responses to this great challenge globally.

1. The Awake Network
Free Online Meditation Resources for Times of Social Distancing. A regularly updated list of offerings on mindfulness from teachers and organizations for parents and kids.

2. COVID Health Equity Dashboard
Emory University COVID-19 Health Equity Dashboard, a dynamic and interactive web-based dashboard to visualize the interplay between social determinants and COVID-19 epidemiologic metrics at the county level.

3. Black Experiences
A collective conversation on experiences of COVID-19 in Black communities across America. Material for teaching and learning about the contemporary effects of COVID as it relates to the historical legacy of race in America.

4. Mutual Aid Toolkit - Build Your Own
This toolkit includes step by step instructions for how you can build your own mutual aid network while staying safe from the spread of COVID-19.
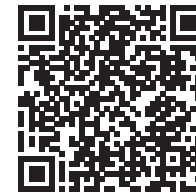
5. Color of Change
The Black Patient's Guide to #COVID19, written with Dr. Ruthie Arumula, covers the best practices and resources for combatting #COVID19 in the Black community.

6. New Zealand has eliminated Coronavirus
Governments worldwide have vacillated on how to respond and ensuing cases of the virus have soared. New Zealand set an uncompromising, science-driven example. They "effectively eliminated" coronavirus. Here's what they did right.

7. Bubble Suit
Production Club, a creative studio that specializes in experiential events and has worked on Skrillex's high-tech stage shows, designed the Micrashell, a piece of protective gear with concerts and music festival in mind. Micrashell is a lightweight-but-airtight wearable PPE has a built-in N95 air filter, a soft helmet and face shield, and a fully integrated internal speaker system.

8. Give a sheet
GIVE-A-SHEET is a worldwide call for the creative community to unite its talents in the battle against COVID-19, leveraging artists from the four corners of the world. Toilet paper has become the new safe haven currency, so there's no reason artists shouldn't make it their new best canvas.

9. Uplifting illustrations
Fine Acts, a nonprofit group that brings together activists and creatives for social good campaigns, has been posting daily, uplifting illustrations to give people a moment of hope in this time of unprecedented uncertainty, anxiety, and shared feelings of powerlessness.

10. "Foldable, Portable" COVID-19 Hospital
MediCAB, the foldable portable hospital developed by Modulus Housing solution by IIT alumni, is composed of four zones including a doctor's room, an isolation room, a medical room/ward and a twin-bed ICU.

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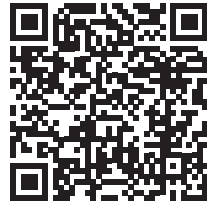
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ALL IN COVID-19 RESOURCES

All In Data

BUILD Health Challenge

Data Across Sectors for Health

Health Impact Project, of The Pew Charitable Trusts

Population Health Innovations

Network for Public Health Law

Public Health National Center for Innovation

New Jersey Health Initiatives

COLLABORATING TO FIGHT COVID

In Gastonia, NC a health collaborative tackles the needs of local people with the help of community partners

Highland Neighborhood Association (HNA) collaborates with community partners to improve health in the neighborhood through obesity reduction. HNA addresses upstream causes of obesity: racism, inequitable food access, lack of power to change community conditions, lack of access to jobs providing living wages and benefits, and a shortage of revenue streams to sustain community change. The goal is to link the healthcare community with the neighborhood in meaningful ways that promote and support good health outside the clinical visit. HNA is strengthening neighbors' capacity to advocate for and sustain change.

In its work with The BUILD-Health Challenge(R) (BUILD), the project led by HealthNet Gaston, CaroMont Health, Gaston County Department of Health and Human Services, Highland Neighborhood Association, Kintegra Health (formerly Gaston Family Health Services), and the City of Gastonia, focused on several initiatives. HNA creates fresh food access in the neigh-

borhood, continuing educational efforts with elementary school students, parents, and church members; and creating a neighborhood enterprise to increase employment opportunities and spur additional economic development. All of this work is through an equity lens. Community voice is the driving force behind all decisions. The power to create change and advocate is held solely by the neighbors.

Neighbors in Highland faced job loss, children at home instead of in school, more food insecurity, and increased risk of testing positive for COVID-19. As of today, Gaston County is a COVID-19 hotspot for NC. On March 29, 2020, North Carolina's Governor, Roy Cooper issued a stay-at-home order due to COVID-19, which lasted through May 8, 2020. North Carolina is now, at the time this piece was written, in Phase 2 of its re-opening plan. Gatherings are restricted to 10 or fewer people, and there are restrictions on many businesses, including food service. HNA had to significantly pull

back on its plans given the restrictions, as it has been challenging to gather resident input on the team's proposed food access enterprise. However, this pause has also given the team more time to think about their implementation plan.

The team also had to act quickly in response to community needs arising from COVID-19 that were time-sensitive. The collaborative benefited from community trust and cross-sector connections cultivated over the years.

For example, when the City of Gastonia wanted to be intentional in ensuring that the most vulnerable people in the community had easy access to COVID-19 testing, they came to HNA partner Kintegra Health due to the existing relationship developed through the BUILD work. This began Kintegra Health's mobile testing program, which continues today. The mobile testing program operates three to four days a week and always does one day a week in Highland. The Gaston County Department of Health and Human Services distributes educational materials and masks at the testing sites. It uses their data on community hot spots to determine other areas of the community to test. This continues to be a great collaboration between these partners.

In addition, COVID-19 greatly accentuated disparities experienced by Highland residents. Food access, in particular, has been a long-standing challenge for residents, with COVID-19 both exacerbating the issue and raising awareness of it. Several faith communities worked with the HNA to bring fresh and healthy foods to the neighborhood. In one instance, CaroMont Health was approached by Dole Foods with an offer to donate salad kits in the community. CaroMont referred Dole to HNA, which then worked with a local church to include the salad kits in their weekly food giveaway. Before the pandemic, the church served 300 families per week, and now serves 2,500-3,000 per week. Dole continues to donate over 600 salad kits a month to the church for distribution to the community. As the pandemic continues, HNA is working with the neighborhood residents to identify and implement the best way to distribute the produce. The team is considering either a mobile, free farmers market, or fixed sites that are in central areas of the neighborhood or a combination of the two.

In another win for the community that was the result of a quick pivot by an HNA partner, the Gaston County Library is now providing kits for parents to help them engage their children in learning activities and reading. With cross-sector collaboration, including input by HNA, the Highland branch of the library expanded the locations where they will be distributing these kits to include neighborhoods with schools that are providing free meals.

Moving forward, HNA plans to work with other community partners in distributing fresh food in the neighborhood, and highlighting the need and success of this with corporate partners, emphasizing the willingness of neighbors to support food access businesses. HNA is taking surveys of residents who receive the fresh food to get input on what type of food access business they would recommend, what price points would work, and what they need -- grocery store? Restaurant? Grab and go food? This input will be vital to developing a food access enterprise in Highland.

To learn more about this project, visit:

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This community-led collaborative is one of the 18 such efforts currently working to advance health equity across the US through The BUILD Health Challenge(R).

SECTION II: INEQUITIES EXPOSED

WHEN DATA IS NEUTRAL GROUND

The Minneapolis Data Squad Finds Footing in Uncertain Times

On **May 25th, 2020,** *at 9:25 pm, the national conversation on race shifted entirely. That was the moment when George Floyd was killed. For many, this shift seemed to have come from nowhere, awakening a slumbering nation already torn apart by the inequities COVID exposed to a reality that black people have been living with for a long time. For one particular group in Minneapolis, ground zero for this national shift, conversations on race, public safety, and public health were the norm well before COVID stopped the world.*

The residents of the high rises in the Minneapolis Public Housing Authority (MPHA) were skeptical. When Mageen Caines, Public Health Data Scientist and Epidemiologist with the Minneapolis Health Department, and her colleague, Kelly Zelenka, Assistant Director of Human Services with MPHA, joined forces with the Minneapolis Highrise Council (MHRC) trust was a barrier. The MHRC is a resident-driven nonprofit comprised of a Board that

oversees individual resident councils made up of more than 100 people with five officers each from 42 high rise buildings. Their goal was to use data to improve lives in the residences.

Caines and Zelenka, along with Barb Harris, Executive Director of the MHRC, Mary McGovern, President of MHRC Board, and Tamir Muhamad, long-time resident and Vice President of the MHRC Board, made up the core of what is affectionately called The Data Squad. The running joke among residents is that they are a would-be superhero team akin to the Avengers or the Justice League, who educated residents on how data could be used for civic efforts in the high rises.

"The fact that people are bringing their creativity and their understanding with the ability to grapple with the issues, that's where the joy is for me from a data perspective," Caines reflected. "The strength of the Data Squad from the beginning was the team being composed of residents and dedicated to the education of residents from the 42 high

rises of the Minneapolis Public Housing Authority."

Data often breaks people down into measurable points of information, but the Squad was determined not only to include residents but to have an impact—to make real change—with that data. These changes covered a broad range from public works to public safety with the Data Squad working to educate and equip the residents with the information they needed to get things done.

"Snow shoveling," Caines said. "I remember one time we explained how snow shoveling reporting works and how the city receives reports, and if it isn't resolved, then the city removes the snow and bills the landlord."

In harsh winter months of Minneapolis, where snow can average around 60–70 inches annually— with a seasonal blizzard dumping between 3–10 inches over a couple of days—walkability can get severely impaired. Removal becomes a health issue, which is especially true for elderly or disabled residents. That small piece of education on data during a resident council convening became a point for the residents to hold their landlord and building managers accountable within their partnership. They began collecting snow-shoveling report data to drive their efforts. What could have been an inflammatory, contentious argument became less emotional and more factual. The residents brought their report to MPHA's management team with a simple line of action, "remove the snow."

And the snow got removed.

Someone's Priority

For Zelenka, after 20-years in the low-income housing sphere, this course of events was unexpected. She joined the Data Squad, with cautious optimism. There had been challenges in the past. Getting the residents to agree on the point of action was about more than clearing snow or shoveling walkways, it was the means of partnership building. It was essential to her that they had followed through for the residents. Low-income residents had long found themselves as "never the first priority for anyone it seems." When the Data Squad answered the residents' concerns about the lack of snow shoveling and walkability with an opportunity to resolve the issue, she finally understood what it took to build resident engagement. By being committed to alleviating their concerns, progress is made and relationships established. The Data Squad brought the residents joy and subsequently gained their trust because they listened and acted. The residents were being heard. They were someone's priority.

"I feel like we were responsive to them," Zelenka said. "Actually, having access to people with public data who can share information and are interested in talking to you is another big thing. I would say that the more you are present to them, the more they trust and give back to you, and that relationship grows."

As that relationship grew, the confidence of the community did as well.

In 2018, the Office of Violence Prevention was created in response to the community demands that they did not want a police-centric model for public safety. The City of Minneapolis asked the health department, who had been working on various approaches to violence prevention, to take the lead on a public safety strategy.

During that time, Caines had been meeting with an officer for months over coffee to discuss what it meant to be an officer in a community of people who have historically been targeted by police. She got the inside look to the hearts of many officers, who "envision themselves to be the kind of people who look after the people who live in public housing clusters or high rises."
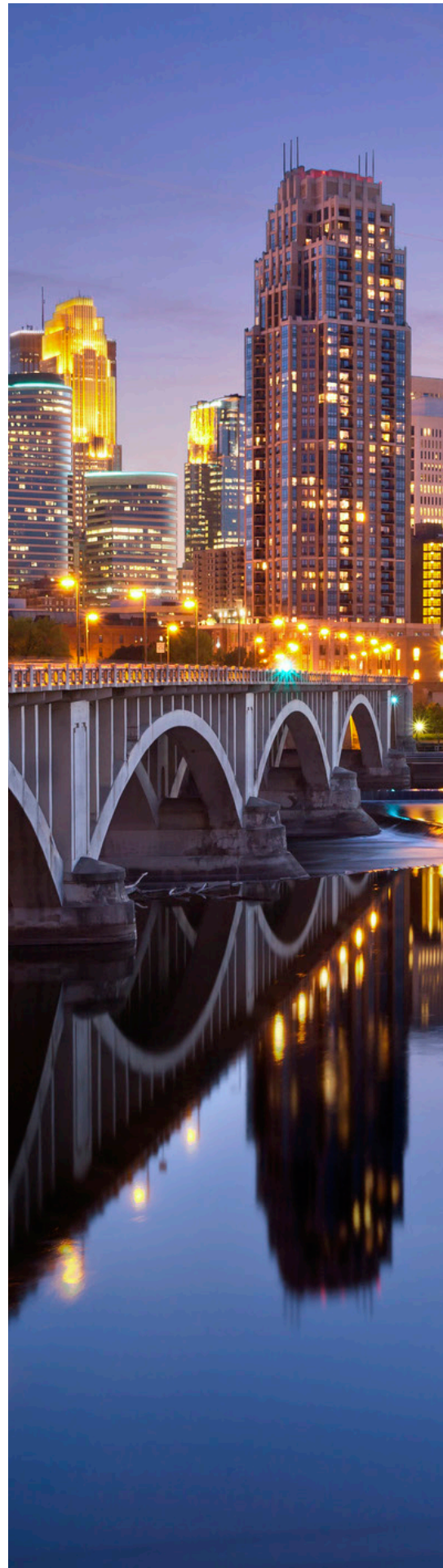
With that sincere gaze and unique perspective as a member of both the Health Department and Data Squad, she explained the other side of the coin to the officer.

Caines is a former Army sergeant who served in Iraq. She is a data scientist focused on relationships rather than managing systems. Most notably, she is an ally to her community, no matter what organization she represents. Maybe that is what fascinated the officers enough to trust her and rely on her word when she said they could make a change together and both represent Minneapolis in an honorable way.

"Let people know it [City of Minneapolis] is not a monolith," Caines stated. "It's a coalition of different departments. You can conduct yourself honorably as a member of organizations or groups that don't always align. You can find a way through if you get to the relationship part."

At that point, the community had been urging the Data Squad to collect public safety data. Finding a way to partner with police officers who have their own systems requirements and perspectives was as much a technical challenge as a systems challenge. Relationships that the Data Squad forged helped bring police, information technology specialists, residents, and public health workers to the table to work together to support the community that both police officers and the health department serve.

A Minor Act of Rebellion & A Few Major Ones

COVID-19 came swiftly, between a grant period, disrupting Data Squad's plans and threatening long built community connections. They had been developing a data dashboard with input from the community when the pandemic hit. The organization was gaining momentum for greater things. All the players were at the table. A significant initiative was set for launch in early March 2020. Then suddenly everything ground to a halt with the global crisis.

"We have been in kind of a slump since the beginning of COVID," Zelenka reflected. "There's a lot of digital equity concerns and issues we have to tackle. I feel like we had such a strong momentum before that."

The firm foundation they had worked hard to build, now felt like unsteady ground. They found stable ground in their relationship with their partners. They stood amid digital equity, public health, and housing concerns due to the inequities COVID exposed. Their process-oriented approach wasn't going to work. So, they pivoted in response, which became a move that unexpectedly launched them forward. What they discovered has happened because of COVID, is that it has accelerated relationships. Partners have stepped up to the task of onsite testing and said, "this is our mission." Where there is a need, the partners work to make sure it is completed. The pandemic has "forced everyone to be action-oriented in a way they have never been before." This approach is the commitment that Zelenka hopes stays fortified for the future.

"We want to maintain that momentum because we're not going to go back to this process-oriented way of being," Zelenka reflected. "I think in a really ironic way, COVID has launched us much further ahead in the process than we might have been otherwise."

As their work was accelerating and coming towards its completion, the world seemed to stop, as we all watched George Floyd suffocate, and ultimately die, with a knee to his throat in broad daylight, at the hands of Minneapolis police.

On May 25th, 2020, at 9:25 pm, the national conversation on race shifted entirely. Criticisms and outcries came swift and hard. For a city, who

had grieved Jamar Clarke, Philando Castile, and countless other black men, conversations on racism in America were long overdue.

"I don't know how you work in Public Health and not know that death at the hands of police is a massive public health issue, a driver of mortality and morbidity and community stress," Caines declared. "Minneapolis recently declared racism a public health emergency, using our authority as a community health board. This is deliberately asking for a level of trust and truth-telling that I think the community has long engaged with, but the institutions of power have not heard adequately."

Many of Caines' colleagues have taken to the streets to protest, provide masks during protests, and help amplify the community voice like never before. Though they understand that they are in a symbolically difficult position, they want their community to feel their humanity during this fight. From the outside looking in, Caines and Zelenka are white women in a mostly white woman organization in a city famous for the gaps between white and black people, something they reckon with all the time. Yet, they don't let this perception take away from their focus on what is right. According to Caines, who is trying like everyone else to find the way forward in these dark and confusing times, data is "a nice place to sit."

"Many of my colleagues have been protesting and volunteering at the homeless encampments, many have been walking the streets at night as part of the mutual aid agreements to keep the community safe, and we struggled with being in that space and juggling multiple roles at once," Caines shared. "There are individuals who worked hard to work with us, whether that was within a full formal initiative, or meeting each other in spaces that are neutral territory like data where we know what we are trying to do is dismantle white suprema-

cy in our data."

Four months into the COVID pandemic, the Data Squad is a lot closer to their goals than they've ever been. The team has regained their momentum. They are turning around within a matter of weeks, something that initially would have taken a year. They have relaunched the initiative they scheduled for March. They have found new ways to be there for their community—even if that means climbing forty floors in the July heat—carrying a box of masks door-to-door to deliver them to residents.

For Caines, what had started as an act of minor rebellion to escape the mundaneness of doing processes and reports became so much more. She was yearning for contact with community members. A bunch of masks and a car ride later, Caines and her colleague from the Health Department were doing education and distribution of masks door to door.

They knocked first on the doors of council members who knew them personally to tell them the plan, and then they knocked on every single door for forty floors in a large high rise building. They reintroduced themselves to people who had seen them before the pandemic, and they talked to people who hadn't seen them in a while. It is a lonely time for many, so they made sure to leave their phone numbers with each person who opened the door for them. In a city unbridled with well-founded mistrust, the Data Squad has continued to find their footing by prioritizing relationships, listening sincerely, and acting when it is needed most.

When the doors opened, Caines always had a message, and she recited it from the heart. Her speeches went something like this, "I'm here to help, and it's okay if you don't want to talk to me, can I just leave some masks? Here's my number, in case you don't know who else to call, at least you know

me."

In a city torn apart by years of racial injustices and recently by the inequities exposed by COVID-19, having a team of people dedicated to making sure you are alright, it's the difference in a pandemic, between being micromanaged from a disinterested remote policy position to being treated like a friend.

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ADDRESSING DISPLACEMENT IN VALLEJO

The BARHII Team shares how they tackle health equity, justice and more

Bay Area Regional Health Inequities Initiative (BARHII), Urban Habitat, Solano County Public Health, and Kaiser Permanente are partnering as part of The BUILD Health Challenge(R). The collaboration aims at addressing a critical social determinant of health impacting low-income, immigrant communities of color in Vallejo, Solano County. Vallejo is stressed by skyrocketing rents and evictions as developers move into the community looking to capitalize on displacement from urban centers, forcing low-income families further out to housing and health-insecure neighborhoods.

Displacement is a regional issue, primarily benefiting white gentrifiers and adversely affecting low-income immigrants of color disproportionately; it is a health equity, racial justice, and climate change issue. San Francisco Bay is an epicenter of displacement in California, and in the Bay Area, Vallejo is a pivot point for displacement. The collaborative is working together to co-invest in a comprehensive housing justice strategy to stabilize Vallejo, a rapidly changing community where lack of philanthropic investment results in low levels of community organizing infrastructure. To fill this gap, the collaborative's focus is on creating resident power to advance housing solutions including a community land trust.

The outbreak has provided a clear and definitive demonstration of the links between stable housing and public health, particularly in overcrowded, substandard housing, and within the houseless or imprisoned community (who lack an ability to shelter in place or self-quarantine). All 9 Bay Area counties now have eviction moratoriums in place, which was unthinkable just 6 months ago.

The pandemic and the resulting social distancing guidelines have hampered the team's ability to conduct community engagement as before--from town halls to direct outreach, everything has had to move online. This has made it more challenging to facilitate the cross-pollination of ideas and discussion that are a centerpiece of the team's community power building. However, the outbreak has also sharpened community focus on the upstream determinants of health, particularly around housing.

Indeed, housing access and protection has been a powerful focus during the ongoing pandemic. Much of the team's energies have been focused on building community power in support of tenant protections, which culminated in a successful community push to enact a county-wide ban on evictions during the shelter in place order.

To succeed, BARHII connected organizers to other communities from around the region who were working on similar bans, provided data and analysis from a public health perspective, and offered support on op-eds published shortly before the county vote. Solano County Public Health wrote the staff report for the county's eviction moratorium policy, provided data to elected officials, and spoke in support of the moratorium in front of the Board of Supervisors. In addition, the Vallejo Housing Justice Coalition focused on spreading the word throughout the community about the moratorium, and what protections and rights tenants have under it – there has been a lot of misinformation coming from landlords about what specifically is protected and how long the ban lasts, so in the short-term, the team has been working to provide accurate information through texts, phone calls, and a new website.

Another facet to this effort has been the work of Urban Habitat, in partnership with Public Advocates, which has begun providing trainings around how to handle illegal evictions and what to do, as well as setting up monthly legal clinics over Zoom for the region.
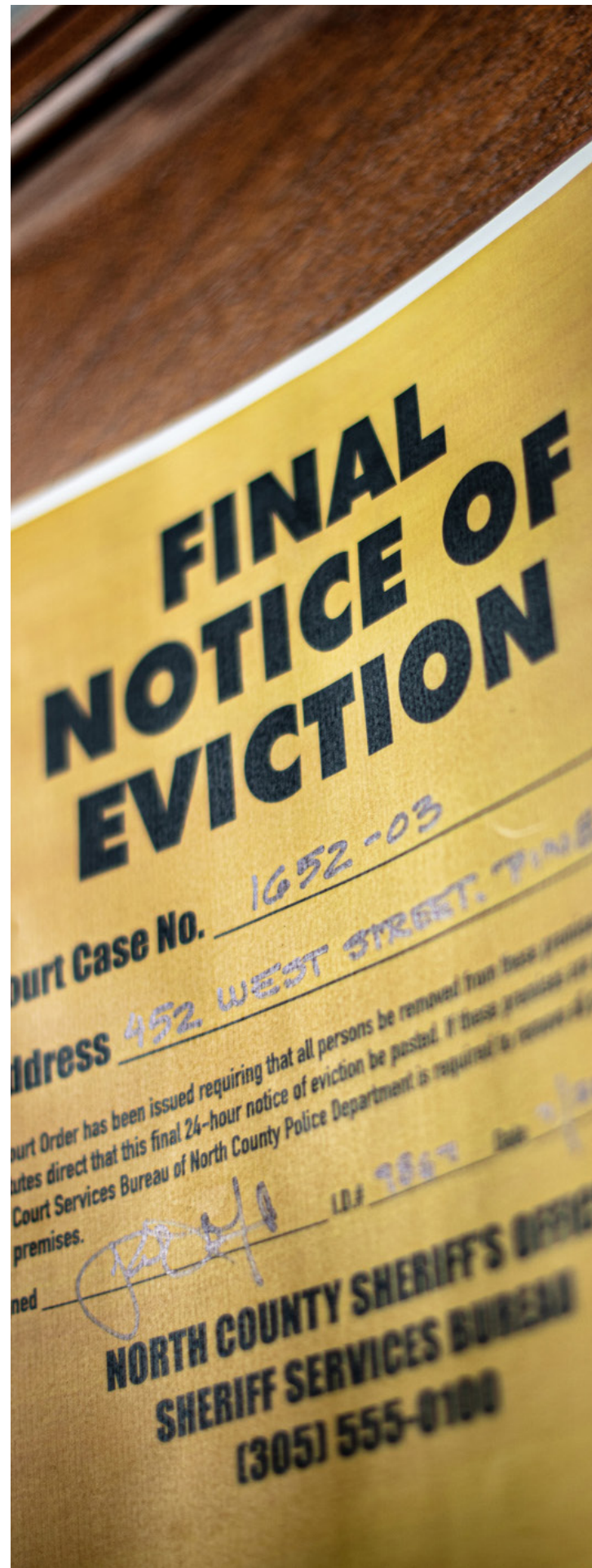
They held the first training at the end of May, which had more than 200 attendees. Other support is provided through a coalition of legal support organizations, including the Regional Tenant Organizing Network, Tenants Together, and Legal Aid.

With these emergency protections in place, the collaborative has pivoted to community outreach. VHJC partnered with Oakland Rising to conduct a text outreach campaign to approximately 2,000 county residents, which had a 20% response rate. They have been involved in the Black Lives Matter protests in Vallejo; these protests have spurred the creation of several new community groups, helping to build out needed organizational infrastructure within the community. VHJC cosponsored a protest and rally in June, which drew over 400 attendees, who have now been looped into the wider organizing work. A second text campaign is planned for the next quarter, with a goal of reaching 15,000 residents.

BARHII has been creating regional pressure for housing protections in support of the local work in Solano county. They created a regional health rationale in support of eviction moratoriums, which was used in Solano county with the health department to make the case for a countywide moratorium based on the one already implemented in Vallejo. They also provided detailed information to support the county health officer statements in support of the moratorium, which was adopted by the Board of Supervisors in April. This was part of the team's BUILD strategy to create region wide momentum to create an economy of scale. The organization also provided similar data and analysis for other counties that were working on emergency eviction moratoriums, focusing on counties that needed more support or which lacked eviction protections prior to the outbreak.

Following the first wave of moratoriums, BARHII hosted a reporter roundtable to shift media coverage from emergency response to medium and long-term protections necessary for the duration of the pandemic and the region's exit from emergency standing. This roundtable leaned on BARHII's 3P model of tenant Protections, housing Preservation, and affordable Production to connect these emergency protections to the longer term housing needs of the region, and to build energy for durable solutions. In early July, the team also hosted a second reporter roundtable with Black-led organizations, including the Vallejo-based youth organizing group Club Stride, to connect these issues to the broader movement for racial and health justice.

An ongoing challenge that the collaborative continues to confront is the fact that many of the residents facing illegal evictions or other loss of housing are undocumented Vallejoans, which bars them from accessing programs that receive federal funding. It is difficult to find legal services in Vallejo in general, so this is an additional barrier for community members to overcome to stay in place. This sort of barrier was an anticipated part of this work, but it remains an ongoing challenge for the foreseeable future.

For more information about this project, visit:

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This community-led collaborative is one of 18 such efforts currently working to advance health equity across the US through The BUILD Health Challenge(R).

STATE-TRIBAL DATA SHARING SUCCESS

Tribal communities in New Mexico work the state government to bring hope to indigenous communities hit by COVID

New Mexico New Mexico is home to twenty-three American Indian tribes, pueblos, and nations, with a total population of over 219,000. Each tribe is a sovereign nation with its government, traditions, and culture. And, like other communities of color in the United States, American Indians have been more significantly impacted by COVID-19.

In New Mexico, 36 percent of COVID-19 cases (as of August 4, 2020) are among American Indians, who represent only 10.5 percent of the State's population. Although New Mexico is not publicly reporting deaths by race and ethnicity, data that have been released show that the death rate per 100,000 population is 252 for American Indians, 12 for Latino/as, and 10 for white people. A successful response to COVID-19 depends on complete, quality data showing how the virus is spreading through tribal communities and recognition of the right of each tribe to inform and lead the response in their communities. Tribes residing within

New Mexico have been swift to control the spread of COVID-19, informed by partnerships with key agencies and organizations in the State.

Tribal communities located in other states have encountered barriers to data sharing, contact tracing, and surveillance, which can be complicated by the fact that more than 70 percent of American Indians live in urban areas. However, there are governance mechanisms to facilitate data sharing, including tribal liaisons, data use agreements or memoranda of understanding, and tribal consultation policies. New Mexico and the tribes located within its geographic boundaries had these components in place to support state data sharing with tribes and tribal serving organizations, such as Tribal Epidemiology Centers, before COVID-19. While the process is always evolving and improving, this infrastructure has been key to response efforts.

The New Mexico Department of Health (NMDOH) was the first state to hire a full-time Tribal Epidemiologist.

Before the pandemic, the role of the Tribal Epidemiologist was to assist tribal communities in accessing data, provide technical assistance (such as in conducting Community Health Assessments), and connect tribes with other Department epidemiologists. Since the pandemic began, the work has shifted to leading an internal American Indian/Alaska Native COVID-19 epi team. The Tribal Epidemiologist also works closely with the NMDOH Tribal Liaison to coordinate with and respond to tribal requests and assist tribal leadership, a relationship that existed before the pandemic.

New Mexico employs Tribal Liaisons in every state agency and, in accordance with New Mexico's State Tribal Collaboration Act of 2009 (STCA), each agency has a State-Tribal Consultation, Collaboration, and Communication Policy. Guided by the principles of the STCA and the communications policy, the NMDOH Tribal Epidemiologist and Tribal Liaison have worked directly with tribal leadership to develop protocols for interacting with each individual tribe related to case investigation, contact tracing, case monitoring, and contact monitoring. This process has helped to establish a structure for the COVID-19 response that recognizes the tribes' authority and political sovereignty.

Partnership and Collaboration

The Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) is a key partner in the COVID-19 response. AASTEC is one of 12 Tribal Epidemiology Centers in the U.S., and it serves 27 American Indian communities residing in the Indian Health Service (IHS) Albuquerque Area. Like other Tribal Epidemiology Centers, AASTEC plays a key role in investigating public health conditions of concern, managing disease prevention and control programs, responding to public health emergencies, and coordinating with other public health authorities. AASTEC has worked to ensure that public health surveillance systems are more inclusive of American Indian populations and has partnered with NMDOH on the New Mexico Youth Risk and Resiliency Survey and other surveys. AASTEC also has been a leader on data sovereignty – holding workshops and trainings for tribal leaders and workgroups on what data sovereignty means.

Tribal Epidemiology Centers are designated public health authorities under the Affordable Care Act (which permanently authorized the Indian Health Care Improvement Act of 1992) for HIPAA compliance. Although often misinterpreted by health departments to restrict data sharing with tribes, the HIPAA Privacy Rule allows for a broader interpretation. The HIPAA Privacy Rule allows for NMDOH as a covered entity and AASTEC as a public health authority to share data for public health purposes, like preventing or controlling disease and conducting public health surveillance, investigations, and interventions. As part of building a partnership, NMDOH and AASTEC had a data-sharing agreement in place before the pandemic to share de-identified data. Since the pandemic began, they have shared record-level data and case information upon approval of tribal leadership.

Data sharing agreements also exist between NMDOH and the IHS Navajo and Albuquerque Service Areas. These agreements are renewed every five years and facilitate the sharing of de-identified data. As part of the COVID-19 response, Navajo Area Public Health Nurses trained to use the Infectious Disease Surveillance System, and they can conduct case investigations and either provide information back to NMDOH or enter it into the system on their own. NMDOH and IHS Navajo and Albuquerque Service Areas also collaboratively troubleshoot on reaching people who are hard to contact.

The New Mexico Indian Affairs Department (IAD) is another key partner. The IAD coordinates across state agencies, including the work of the Tribal Liaisons. IAD leadership maintains weekly calls with tribal leadership and communicates as needed when issues arise. IAD, with a broader role than NMDOH, has a staff member that is part of the Emergency Operations Command at the New Mexico Department of Homeland Security and Emergency Management. This has been integral in response to other needs among tribal communities associated with the pandemic, including access to food and water and personal protective equipment.

A Focus on Data Sovereignty

While some tribes, like Navajo Nation, can collect and analyze their own data, most other tribes rely on data collected by the State. In New Mexico, NMDOH collects most public health data for all jurisdictions within its borders, including data with tribe-specific identifiers. This data, like all data, may be subject to disclosure via the Inspection of Public Records Act (IPRA). Given the unique status that tribes have as sovereign nations, unlike average data requestors, states should identify or, if needed, create legal pathways to enable collaborative tribal data sharing. The pandemic has renewed attention on whether the state has the right to release tribal data and under what circumstances. Respecting data sovereignty means that tribes should control the release of information about and to their communities and should determine the best way to use data to inform their response.

One option to formally address data sovereignty under the STCA is a consultation that could include tribal leadership, state agency leadership, and the Office of the Governor. While it remains to be seen how tribal leaders would like to proceed, a group of community leaders and advocates working with experts within tribal communities have been meeting to learn about best practices and existing models. An important goal is to collaboratively develop data-sharing agreement templates and other tools for the State and tribes to use.

Lessons Learned and Looking to the Future

While there was a lot of problem-solving early in the COVID-19 outbreak, which all communities can likely relate to, relationships between state agencies and tribal leaders have evolved. Now there is more of a routine to the response, and connections have been made and strengthened. By engaging multiple partners in the COVID-19 response, the network and support options have expanded, and protocols have hopefully allowed tribal leadership to respond more quickly to protect their citizens.

There is a renewed emphasis on the STCA as a tool to create more seamless communication and promote meaningful collaboration. As other states look for ways to successfully support tribal leadership in responding to COVID-19 in their jurisdictions, New Mexico may serve as an example of communication and collaboration that promotes equity. Some of the successes from the public health perspective include:

- Use of data to identify testing locations, develop surveillance plans, and promote sensitivity in talking about the outbreak that does not stigmatize tribal nations.
- New protocols for engaging with tribes and tribal serving organizations specific to COVID-19 were developed.
- Interest in the development of data sovereignty agreements.
- Uniform guidance to testing partners on the collection of race and ethnicity data.

One challenge that remains is modernizing data systems. Dr. Robert Redfield, CDC Director, has stated that the CDC's Public Health Data Modernization Initiative is a priority because new and upgraded technologies enable better detection, tracking, and analysis of public health data. New Mexico is not alone in using fax machines for laboratory reporting, other outdated technology, and systems that do not talk to each other. Investing in modernization means investing in a better response to future outbreaks.

> **In New Mexico,**
>
> # 36%
>
> of **COVID-19** cases are among **American Indians.**

New Mexico has served as an example of the successful collection and release of tribal data to support the public health response to COVID-19. As the pandemic evolves, impacting tribal nations in different ways, relationships between tribal leadership, the health department and other state agencies, AASTEC, IHS, and other partners, like the Albuquerque Area Indian Health Board create a fluid and responsive governance infrastructure that enables tribes to use data to lead the response in their jurisdictions.

SECTION III: ENSURING COMMUNITY VOICE

The Fight For Tenant Protections In Newark

Ironbound Community Corporation Shares How it Engaged Residents to Launch the Compassionate NJ Campaign

Before the COVID-19 pandemic disrupted daily life around the world, Ironbound Community Corporation (ICC) had the everyday responsibility to provide support for individuals and families in Newark's East Ward Ironbound community. The East Ward is home to more than 50,000 residents, including many who could be considered the most vulnerable residents in the city.

Through its programs, services, and resources, ICC provided everyday necessities to households in the East Ward. As an example, the Table to Table program provides fresh produce to more than 500 families weekly. ICC's work also encompasses an early childhood education program at a state-of-the-art early learning center, a workforce development program, an urban farming program, and several policy campaigns. These programs, taken together, help the Ironbound community and Newark as a city become a more equitable home for all.

As community organizers, ICC's advocacy work includes a focus on housing policy and preserving affordability in Newark. Over the last five years, an anti-displacement campaign has successfully strengthened Newark's rent control ordinance, capping rent, and stopping vacancy decontrol. This effort ensures individuals and families can remain in their communities without facing rent increases beyond what they can afford.

ICC created the initial draft for what would eventually become the Inclusionary Zoning Ordinance that provides attached affordable units to new development in the city. ICC partnered with the city's administration to become the third major city in the nation to establish a right to counsel for low-income tenants facing eviction in landlord-tenant cases. In addition, the ICC Housing Justice advocacy team successfully helped preserve 275 low-income housing units at the Newark Housing Authority's Millard E. Terrell Homes by engaging the Terrell Homes Tenant Association in conversations regarding redevelopment at the site.

ICC Housing Justice Manager, Daniel Wiley, says that before New Jersey Governor Phil Murphy's stay-at-home orders, most of ICC's everyday work was routine with comfortable gaps between emergency response. He and his colleagues worked with the intention that today's efforts are for tomorrow's generation. Although the organization was prepared for most emergencies that are unique to its community, such as flooding, a global pandemic was something most of them never thought would happen.

The COVID-19 pandemic in an already vulnerable community seemed to amplify the existing issues in the East Ward community. In addition to health concerns, issues of housing affordability, food scarcity, and sustainable income have all become the center of attention, not because ICC didn't know they existed, but because the pandemic exposed how deep the issues are.

"We have a better understanding of how vulnerable our undocumented community is; how forgotten our families and seniors in the public housing community are, and how aggressive some landlords can be when tenants are in an uncontrollable crisis," Wiley said.

The Ironbound community includes low-income families and immigrant households for whom English is a second language. The pandemic exacerbated the community's needs as residents lost their jobs or saw their work hours reduced as rent came due. The cost of living became a source of community distress. With an hourly wage of $29.69/hour required to afford a two-bedroom rental home, one income (and sometimes even two) is not enough for most families, and losing this income can lead to homelessness because of a lack of household savings.

On March 9, 2020, Governor Murphy's issued Executive Order 106, which declared a moratorium on evictions and foreclosures to protect tenants from becoming homeless during the state of emergency. Nearly two weeks later, on April 1, when rent was due, ICC began receiving calls from tenants who were facing eviction because they were unable to pay. Many of the tenants facing eviction had to choose between paying rent or feeding their families and were unaware of their rights under the executive order. Because the tenants were concerned for their rights and ICC's organizational concern about the potential impact of an overwhelming number of eviction cas-

es, ICC began the process of contacting its partners throughout the state. This led to the creation of an advocacy collaborative that is now known as Compassionate NJ.

As a statewide coalition of more than 150 grassroots organizations and policy and legal experts, Compassionate NJ's purpose is to advance policy that shows compassion and fairness to all New Jersey residents, particularly those who are the most vulnerable. The coalition's first goal was to help create a policy that will address the concerns of both tenants and homeowners facing eviction and foreclosure, and push for protections from negative credit reporting and tenant "blacklisting." Initially, the Compassionate NJ partners wanted to see rent and mortgage payments completely forgiven. However, they understood that it was not feasible at the time. They worked closely with New Jersey Assemblywoman Britnee Timberlake and New Jersey State Senator Troy Singleton to craft New Jersey Assembly Bill A4034/New Jersey Senate Bill S2340. The bill provides a fair and just repayment period of six months for each month of missed rental payments. The bill also offers uniform mortgage forbearance that adds missed mortgage payments to the end of the term and consumer protections.

This bill, which Compassionate NJ calls the "People's Bill" because it was created with input from community advocates instead of in a vacuum, was passed by the NJ General Assembly Housing Committee in May. However, it remains on the assembly speaker's desk because of pressure from the landlord, developer, and banker advocacy groups that oppose this bill or any regulation in general. ICC and its Compassionate NJ partners remain committed to their organizing and advocacy campaign. They have been working to keep the bill in the spotlight through a combination of mass calls, emails, social media posts, sign-on letters, compelling art, and graphic design, strategic earned media opportunities, and even economic analysis that forecasts the vast number of evictions coming once the moratorium is lifted. Compassionate NJ pushed for a July 30 vote, so that the bill could be signed into law before August rent is

due, but the partners will continue their work until legislators vote on the measure.

ICC Housing Justice Manager Daniel Wiley says COVID-19 relief and recovery will not be made with the People's Bill alone.

"The pandemic has intensified many issues and needs in our community. And, the impact will be unlike anything we've seen since the 1930s. Compassionate NJ will need to organize and advocate for a recovery that includes a longer-term vision of a more just and equitable future."

For more than 50 years, Ironbound Community Corporation has organized residents and advocated for community needs in Newark's East Ward. Housing Justice Manager Daniel Wiley said the below tactics are essential to ICC's work and partnerships at the community and state levels.

Step 1: Build relationships with the community

"The new normal is here, in terms of community organizing, and technology plays a huge part in the work," said Wiley. However, there is still an opportunity to adapt canvassing efforts and other traditional approaches to community organizing. Organizations should make every effort to be a familiar presence that residents know and trust before a community need arises. Two weeks after Governor Murphy issued the executive order moratorium on evictions and foreclosures, ICC realized there could be a statewide eviction crisis once the public health emergency declaration is lifted. Ironbound Community Corporation reached out to large agencies in addition to policy and legal experts and asked, "who will walk this journey with us?" One hundred and fifty organizations agreed to partner with ICC as the Compassionate NJ coalition.

Step 2: Recognize that the residents are the experts

Position individuals and families with lived experience as experts in the room. When an experiencing an issue firsthand are the voices and faces of the conversation. While nearly 60% of the ICC staff live in the community, they recognize that they might not share the same lived experience as residents who live in public housing or fear eviction because of an inability to pay rent. To encourage tenants to share their stories, the Compassionate NJ partners developed a simple online form that they promoted across social media. Compassionate NJ also developed an art-driven campaign in partnership with a local muralist whose artistic style features imagery that is reflective of Ironbound residents.

Step 3: Follow up at every opportunity

As residents begin to advocate for their community and petition leaders and decision-makers for policy change, stay connected to them. Ironbound Community Corporation pivoted its Know Your Rights tenant workshops according to public health guidelines. The team also developed a virtual Know Your Rights training that uses a town hall format. The first three virtual town halls engaged a total of 20,000 residents, who submitted more than 400 comments and hundreds of questions. The ICC team is responding to each resident privately to ensure they have the information they need. "Underserved communities aren't accustomed to having their voices heard. By staying connected to one resident, that resident could engage two more residents, which can lead to a community driving meaningful change that impacts future generations," Wiley said. On a broader level, ICC and the Compassionate NJ partners virtually meet twice a week to share updates and strategize the next phase of their work.

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HOW PUBLIC HEALTH INITIATIVES CAN ADAPT DURING A PANDEMIC

Organizations offer lessons on shifting resources, maintaining community engagement

During the coronavirus pandemic, the need to improve social determinants of health—the conditions in places where people live, learn, and work, that can affect a wide range of health risks and outcomes—persists. Public health initiatives and organizations are learning how to achieve their objectives while acknowledging the necessary shift in community resources and attention.

The Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts (Pew), works to encourage local, state, and national organizations and governments to identify practices that promote health, and offer technical and financial assistance, trainings, and convenings to help inform them. Working across multiple sectors, such as housing, transportation, and education, the Project engages public health experts and community stakeholders in its mission is to prioritize health in policy decision-making and improve the well-being of underserved populations.

The Project has had to adapt some of its tactics during the pandemic; for example, shifting priorities, adjusting timelines, and thinking strategically about how best to accomplish our goals in a very different environment. The Project and its grant-funded partners switched to virtual peer learning opportunities, such as interactive workshops for cohorts to share challenges and solutions, and seized the immediate opportunity to apply core concepts of initiatives like cross-sector collaborations so that the Project and partners could continue to pursue longer term organizational and systemic change.

The Project has continued to partner with organizations and lead initiatives modeling how to advance health policy goals during the pandemic. Two examples include Enterprise Community Partners, creators of a Health Action Plan criterion to promote health in affordable housing through a green building certification program, and Calling All Sectors, an initiative to forge agency-commu-

nity collaborations in pursuit of cost-effective, evidence-based public health solutions across nine states and Washington, D.C.

Enterprise Community Partners: Continuing Community Engagement and Incorporating Health Data in Affordable Housing Development Initiatives

State regulations typically do not require or incentivize housing developers to use public health data or engage residents about the design of affordable housing units. And, while some affordable housing developers include health-promoting design features in their buildings—such as safe areas for physical activity areas and tobacco-free policies and advanced HVAC filtration systems to improve air quality—these decisions are often made without regard to specific needs of a building's residents.

The Health Action Plan is part of Enterprise's "Building Resilient Futures" national framework and Enterprise Green Communities affordable housing certification program. The Plan provides a process that developers can follow in partnership with public health professionals to prioritize the health needs of the community by analyzing data and engaging residents and stakeholders. Using the findings from these activities, developers can incorporate health-promoting strategies into housing developments to address issues such as cardiovascular disease, asthma, cancer, and unintentional injuries. Enterprise has found that bringing community members, property residents, and other stakeholders together to share health concerns can foster relationships, empowerment, and health by ensuring community members have input.

With support from the Health Impact Project, Enterprise developed a package of policy, communications, and technical assistance materials to strengthen and facilitate application of the Health Action Plan in the Spring of 2020. It included guidance for incorporating health into state Qualified Allocation Plans (QAPs), federally required documents that are updated annually and drive distribution of low-income housing tax credits. The materials will draw attention to research demonstrating the importance of stable, affordable homes on

health outcomes. In 2020, Enterprise planned to host a series of in-person convenings of affordable housing developers and public health professionals to: (1) share the Health Action Plan QAP materials and support their use across the U.S. and (2) cultivate partnerships, peer-to-peer mentoring, and capacity to implement the Health Action Plan criterion by connecting past participants and those who are interested in using this approach in the future.

However, when physical distancing requirements made these meetings no longer possible, Enterprise successfully shifted to virtual convenings, achieving their original goals and exceeding expected participation. The shift to virtual participation allowed for approximately 40 practitioners to join each of the three sessions compared to the original estimated attendance of 10 – 15 practitioners. They used funds originally allocated for meeting and travel costs to produce a suite of materials that support the incorporation of health-related data and strengthened community engagement in the Health Action Plan process. These included a health indicators template and instructional webinar on five common resident health needs (injury and accessibility; asthma and respiratory health; cardiovascular disease, Type 2 diabetes and obesity; cancer and health outcomes related to toxin exposure; and mental health).

Enterprise then developed specific guidance on community engagement during COVID-19 times, including recommendations on conducting focus groups and outreach over video and audio calls and new strategies for information-sharing through recorded videos, online flyers, and surveys. These required stakeholder familiarity with and access to technology.

On the ground in the San Francisco Bay area, there were three Health Action Plans in development in March 2020 targeting the rehabilitation of existing affordable housing units. When the pandemic started there, the practitioners adapted their original approach, which included in-person resident focus groups, and instead solicited feedback via a mailed survey about residents' health priorities and potential solutions in their buildings, among other topics.

The Health Action Plan team will also supplement the survey findings with 3-5 public health and affordable housing stakeholder interviews. These strategies provide opportunities for residents to participate and for public health professionals to make personal connections for additional community context.

Calling All Sectors: Michigan Core Team

Mothers, infants, and their families can be harmed by inequitable public systems that contribute to racial disparities in maternal and infant morbidity and mortality. To address this, the Michigan Department of Health & Human Services created a "Core Team" that includes them, the Department of Housing, and Department of Education, and Focus: HOPE, a non-profit organization in Detroit, Mich. founded in 1968 and focused on youth development, job training, and other advocacy efforts. This collaboration was organized through a two-year grant from Calling All Sectors, an initiative launched in September 2019 supported by the Robert Wood Johnson Foundation and Pew to create and support cross-sector, multi-agency teams that use evidence-based strategies to target drivers of health beyond individual behavior and access to medical care.

The Core Team seeks to reform the government contracting process so that it garners community input, considers racial equity goals, and issues funds equitably. The Team is examining current requirements for programmatic contracts and adding key components, and sets out to achieve this by:

- Training program staff to craft contract language in a manner that considers equity and is inclusive of the families being served;
- Requiring conscious inclusion of families in programming decisions;
- Tracking the distribution of programmatic funding to identify gaps in community involvement embedded in state systems;
- Documenting linkages between housing instability and poor maternal health outcomes; and
- Hearing from families and receiving guidance from Focus: HOPE.

In 2020, the Core Team and Focus: HOPE had planned to conduct several activities, including an in-person team-building and learning all-day meeting and focus group sessions, to further relationship-building, communication, and transparency in decision-making, and to receive guidance from the communities they serve in the city of Detroit. But the pandemic interrupted these plans and created staffing challenges when some members were tasked to lead the COVID-19 response within their agencies. The Core Team, including the team member representing Focus: HOPE, however, remained committed to virtual monthly meetings. These meetings not only continued to address the Michigan Calling All Sectors work, but also identified challenges for families related to the COVID-19 pandemic, some of which included food scarcity, price gouging, lack of personal protective equipment, children struggling with virtual learning, difficulty obtaining needed baby supplies, and issues associated with unsafe home environments. The information gathered in these meetings was relayed by the Core Team to the Michigan Community Health Emergency Coordination Center, charged with leading the Michigan COVID-19 response.

Michigan was one of the first states to report COVID-19 data by race and ethnicity, and as the result of this collected data, the Michigan Coronavirus Task Force on Racial Disparities was created to study the causes of racial disparities in COVID-19 and advise the Governor on how to address inequities. As recommended by the Task Force, the Governor issued an executive order directing the state to develop specific rules for the training, knowledge, and skills necessary to reduce racial biases in the health care system.

Conclusion

COVID-19 has raised numerous challenges including how to maintain community engagement while physically distancing. The pandemic has highlighted existing systemic issues and inequities, exacerbating challenges communities already face. It has also presented opportunities for organizations to be creative and explore virtual and digital engagement

solutions with and for communities. While the Health Impact Project and partners continue to explore how to address health and equity in decision-making, sharing lessons learned as organizational responses to COVID-19 evolve may help other initiatives to more quickly pivot their plans while still lifting community voices during times of crises and uncertainty.

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CROWDSOURCING IDEAS TO IMPROVE MENTAL WELLBEING AND HOUSING

As COVID impacts many aspects of people's lives, innovative solutions are being made to tackle complex issues

Collaboration and alignment efforts are needed now more than ever as organizations in the throes of the COVID-19 pandemic are determining how best to work together, how their systems can and are supporting them, and how to continue to focus on equity. From agencies offering mini-grants directly to community members with ideas and solutions to agencies assisting food banks and restaurants with meal delivery, cross-sector partnerships are especially important now to meet the needs of all communities impacted by the pandemic.

In response to community priorities on mental well-being and housing stability as a result of the COVID-19 crisis, individuals or small teams living in Hennepin County, Minnesota, who had local ideas and solutions in their communities and who needed a small amount of money to carry them out, were invited to apply for mini-grants. The program strongly encouraged people representing communities of color or indigenous popula-

tions to apply. A combination of challenges caused by the pandemic, the recommended protocols of social distancing and isolation, and the closure of many services and business have added stress to the trauma already experienced by many communities, particularly those of color. The Hennepin County Community Health Improvement Partnership (CHIP) crowdsourced ideas from community members, knowing that the best ideas and solutions come from those within the community. Eight projects were chosen through a review process by CHIP community partners including two community members along with representatives from social service agencies, schools, health systems, healthcare quality, and public health. The mini-grant program benefited from the broad backgrounds of reviewers with information and insight about their communities.

Community members living in Hennepin County were invited to apply for a mini-grant of $250 to $500 to address COVID-19

and a total of $2,500 was originally available. Due to the COVID-19 pandemic, projects were required to create a virtual or other creative engagement plan that was safe and protected participants and organizers. Word went out through CHIP partner networks and individuals submitted their applications by e-mail.

After an initial review and independent scoring process of each application, a two-hour meeting was held over video conference for discussion and review of each application. Reviewers then completed a final scoring process for applicants and scores were combined and tallied, resulting in eight projects being funded. The Hennepin County CHIP CSII leadership team approved an increase in total funding to $3,000 to match urgent community needs.

Forty applications were received for the mini-grants and all the ideas, solutions, and social distancing protocols proposed helped inform a second round of funding that just closed. The mini grants total $3,000 and the projects they fund will support diverse communities in Hennepin County, including Native American, African, African American, Asian, low-income renters, youth, elders, East and South Minneapolis, Hopkins, and Brooklyn Park. Many of these communities have been disproportionality affected by the pandemic. It is also important to note that the timing of this funding coincided with George Floyd's murder and the resulting uprisings and large Black Lives Matter protests in the Twin Cities and around the world. This increased the consideration of communities that might benefit most from these grants while also recognizing great ideas, solutions, and people who are passionate about their communities.

The eight projects funded through the mini grants include:

- **Africa, let's talk**: A two-series community podcast with a physician and a psychologist.
- **Asian American Healing Series**: Virtual healing event led by Asian American healers.
- **Intergenerational COVID-19 response from Little Earth:** Mask making sessions for Little Earth youth and elders, and Facebook live sessions about masks.
- **Peace in the valley**: A family event at a housing complex with masks and hotdogs for kids, drawings for adults, and a survey to learn how COVID-19 is affecting residents.
- **Project protect and play**: Info and items to encourage East African families to engage in play.
- **Self-care packages for Dow Tower**: Self-care packages for adults and individuals with disabilities in low-income public housing.
- **Stay at home stay safe bingo**: Bingo games for socially isolated Native American elders.
- **Summer learning kits**: Distribution of summer learning kits at Sabathani Community Center.

Other innovative ideas from applicants included hosting concerts for local Latinx communities and Africans (two separate proposals), playing virtual games in several communities (again, separate proposals), doing a virtual poetry slam, and various youth/adult arts programs.

It is hoped that the impact of these mini-grants will stretch across not only communities impacted by COVID-19, but also those who are affected by and feel the effects of systemic racism every day, which has been made very real by the murder and ensuing protests after George Floyd's murder in Minneapolis.

The review process highlighted a need to revise the application to better determine which projects to fund. And being the first review process of this kind for CHIP, staff learned how to improve that process by sending a brief Qualtrics survey to reviewers on their experience and asking for feedback. Staff have taken that feedback and improved both the equity and efficiency of the process for round 2. Round 2 applications closed August 12, and the review process will begin shortly.

Hennepin County CHIP learned through this first round of mini-grants that

there is a further need for funding in the community – over $19,000 worth of grant money was requested, with only $3,000 available. This process also helped identify needs and solutions in the community that can be met and achieved by community members themselves if they had access to more resources, including grants like this.

The Public Health National Center for Innovations (PHNCI) and the Center for Sharing Public Health Services (CSPHS) have partnered to lead the Cross-sector Innovation Initiative (CSII), which supports 10 collaborations' (including the Hennepin County CHIP) implementation efforts of innovative multi-sector partnerships between governmental public health, healthcare, and social service organizations. Along with the engagement of their communities, the ultimate goal of the CSII is to align the three sectors' work to improve population health, well-being, and equity for all. The CSII continues to collect and share stories of innovative approaches to address needs unearthed by the COVID-19 pandemic in the hopes that other communities can learn from and possibly replicate those efforts.

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SECTION IV: MOVING TO A NEW NORMAL

SAFE PLACES TO ISOLATE

Atlantic City Addresses What Many Preparedness Plans Don't Anticipate -- Needs of People Without Secure Housing

Housing insecurity is a topic Atlantic City has long faced. Before the COVID-19 pandemic, AtlantiCare was identifying and working with partners to gather the necessary information to assess, document, and solve for the impact of housing insecurity. While this might seem elementary, the community did not have a long history of reliable or standard data collection, let alone of collaboratively working to address the issue.

According to Samantha Kiley, Executive Director of the AtlantiCare Foundation, much of this brief history can be attributed to a lack of effective agency-to-agency and agency-to-client communication. It often occurred that agencies serving the community secured their resources, shared a flyer about what they offered, and hoped that those who needed services would contact them. The Atlantic City community did not have a significant record of collaborative work to identify gaps in service, avoid duplication of services, understand root causes, or anticipate needs. Even less had been done to implement a plan to eradicate homelessness, or even demonstrate progress toward that goal.

Then COVID-19 reached the community. These siloed agencies quickly began to respond. Some did so on their own, adjusting their plans and operations. Others waited for guidance from the local, county, and/or state government and/or other community stake-holders or organizations. The individual efforts to safely manage and support individuals and prevent the spread of disease in Atlantic City varied. Some agencies transitioned to offering special operational hours, telephonic or digital services.

Not every organization had an emergency preparedness plan, and many of those that activated their plans discovered that their protocols had not addressed pandemic care for those deemed housing insecure. Indeed, many plans didn't address pandemic preparedness and response at all. Also, many didn't include emergency operations contingency plans for meeting the needs of those who are housing insecure in any emergency.

This vulnerable population had immediate needs. Due to several factors, they already faced an elevated risk of contracting COVID-19 and of suffering complications if they did contract it. These factors included the lack of private and personal spaces that are critical to practicing social distancing or quarantining to protect themselves from getting the virus. They also lacked dedicated, safe places to stay to prevent spread if they had been diagnosed with or had symptoms of COVID-19, whether they didn't need to be hospitalized or were discharged after a hospital stay and directed to practice self-care "at home."

AtlantiCare was in a unique position to foster collaboration among these agencies to

to address the direct needs of this at-risk population and to protect the broader community at large. As a healthcare organization in the throes of battling the pandemic, it had the clinical leadership and expertise critical to addressing the myriad of health and wellness issues the virus caused. It had a comprehensive emergency preparedness plan that specifically addressed pandemic scenarios. This plan and drills the organization held regularly included communicating and collaborating with external partners. Additionally, AtlantiCare routinely focuses on how to transition individuals from care settings safely. Finally, it has long committed to ensuring those who are housing insecure have the health and wellness and community services and support they need and deserve.

AtlantiCare wanted to engage government, healthcare, social service, and other sectors in this important work.

It fostered an effort among the Atlantic City Office of Emergency Management, Atlantic County Government, and Jewish Family Service of Atlantic and Cape May Counties (JFS) to solve these needs. The partners developed a process for using a local motel, which had been closed due to a citywide mandate, to shelter those who required minimal healthcare services and shelter.

Each partner was engaged in ensuring individuals had comprehensive support. AtlantiCare secured grants from private foundations to enhance the collaboration. It distributed funds to the partners to assist them with the continuing or enhancing their services. This was critical, as the partners faced financial and other resource implications due to the pandemic. This funding support contributed to a timely and successful implementation. It also ensured no one partner had to bear the full additional costs and operational challenges of the initiative.

Jewish Family Service of Atlantic and Cape May Counties established a dedicated phone line to coordinate resources for and manage the needs of the housing insecure. Initially, the process began with shelters identifying those at elevated risk for Coronavirus. Or, the hospital care team called the line to

assist those who no longer required inpatient medical care and were safe to continue their isolation on their own "at home," but who had no home. As testing expanded, this also grew to support individuals tested in an outpatient setting.

AtlantiCare provided telehealth services and in-person medical care to these individuals. Jewish Family Service of Atlantic and Cape May Counties led social case management with the goal that upon completion of clients' isolation period, a more permanent housing plan could be established for them. AtlantiCare used grant funds to cover the additional costs of transportation and food. The county supported the plan by committing to an expedited process to review the eligibility of those placed in a motel to receive additional benefits and programming and also paying for deep-cleaning services at the local motel. The city adjusted existing security cameras in the community to ensure the safety of those using the motel. This alleviated the need for on-site security personnel, which was a concern for many.

Weekly case management calls were established to address the unique, complex needs of the population as the impact the virus has had on Atlantic City evolved. The community partners have solved for green card issues, the need for continued outpatient substance use treatment and support, the need for ongoing mental health treatment, nutritional support, and many other issues.

More than 35 individuals have benefited from this program and associated services to date. The partners continue to refine, evaluate, and enhance the initiative. This includes determining whether using a hotel might be an option for housing-insecure individuals who have other health issues or who need a bridge to get them to a more permanent housing arrangement.

Throughout the process, the partners realized and enhanced best practices, including:

- Clear communication and a warm hand-off, which have been essential to a co-ordinated care effort for home-insecure and the broader community;

- Clearly defining a role and responsibilities for each partner to ensure individually specialized assistance or services with the greatest overall impact;
- Having additional partners at the ready, should complementary resources be required;
- Acknowledging that key to caring for those who are housing insecure is overcoming societal bias and prejudice and increasing awareness that homelessness does not discriminate.

A few months ago, the partner organizations barely knew each other. Today, they created a network that has allowed them to better care for those with the greatest needs in our community. AtlantiCare Foundation Executive Director Samantha Kiley says the partners hold each other accountable for taking action and depend on each other for ideas and as thought partners.

"We rely on each other for information and updates. Together we are arranging the pieces to a complex puzzle, which we hope will result in a more permanent solution," said Kiley. "It's a bright spot in our community's COVID-19 journey that offers a beacon of hope for the future."

Samantha Kiley, Executive Director of the AtlantiCare Foundation, and Laura Rodgers, Chief Program Officer at Jewish Family Service of Atlantic and Cape May Counties, share these lessons from their COVID-19 response efforts.

Lesson 1: Stay focused on the immediate work, but don't lose sight of long-term goals
The Atlantic City partners did not allow the pandemic's immediate urgency to shift their focus away from their long-term goals. "Homelessness is an emergency every day," said Rodgers. By establishing a shared vision and maintaining a high level of clear communication, the coalition's COVID-19 response aligned with its broader work to more effectively connect Atlantic City's community members experiencing homelessness with available

Lesson 2: Invest time in building relationships
The pandemic response builds on the Atlantic City community partners' previous work to establish trust and build relationships. "By the time the pandemic reached our community, the trust was already there," said Kiley. As community needs evolve in the face of COVID-19, the partners have relied on the community goals they established through the intensive Boundary Spanning Leadership Institute. The partners continuously refer to those goals as they strategize each phase of their response.

Lesson 3: Establish a clear delineation and transition of duties
The agency partners convened weekly case management calls and established clearly defined responsibilities to leverage each partner's expertise, resources, and specialized services for maximum impact. Through this approach, clients can experience a warm referral and welcome from the partners and receive coordinated services addressing their individual needs.

Lesson 4: Be willing to acknowledge assumptions and prejudice
Kiley said that communities must be willing to overcome societal bias, assumptions, and prejudice to care for community members who are housing insecure. Atlantic City's community partners disproved an assumed need for increased security and other misconceptions about community members who are housing insecure. On a broader level, the partners are working to help the community understand that homelessness does not discriminate.

Lesson 5: Assess along the way
The pandemic has heightened the Atlantic City community's "can do" attitude; organizations are expressing an interest in partnering with the coalition, and opportunities for creativity and innovation exist, said Kiley. In addition to referring to their community goals, Rodgers said the partners continually assess their efforts to ensure they are aligned with the needs of the most vulnerable residents and to identify areas and strategies for improvement.

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PARTNERING WITH COMMUNITY HEALTH AMBASSADORS

The Healthier Middlesex Coalition Leans on Partners and Experts to Maximize Impact Amid COVID-19

Middlesex County is one of the most diverse counties in New Jersey. Many residents in Middlesex County experience unmet basic needs and barriers to access care, especially in urban communities such as New Brunswick and Perth Amboy. Believing in the transformative power of collaboration, Robert Wood Johnson University Hospital (RWJUH) and Saint Peter's University Hospital leveraged their years of community outreach and engagement experience. It brought community partners together to form the Healthier Middlesex coalition. This diverse, multi-sector, community-focused collaborative comprises a wide variety of stakeholders, including community-based organizations, academic institutions, and health departments. Healthier Middlesex began as a collabo-

ration between the two hospitals to engage residents to conduct a community health needs assessment and develop a comprehensive improvement plan for Middlesex County and Franklin Township in Somerset County. The partnership has since grown and expanded its focus on developing a framework for collective action to address the needs of Middlesex County residents.

Over the last decade, the Healthier Middlesex partners have worked together to create a healthy, safe, and supportive community for all who live, learn, work, and play in Greater Middlesex County. Through the partnerships of individuals, groups, and organizations, they explore the interdependence of social, economic, physical, and environmental factors within the community. This partnership will identify strengths

and opportunities, align partners' efforts and resources, and develop structured and sustainable strategies that integrate health and wellness into the work to create healthier, more equitable communities. Recognizing the role of stable, safe housing on health, the Healthier Middlesex partners have worked together to identify and implement robust housing solutions in New Brunswick. They have also advocated for the improvement of housing-related city ordinances and operational efficiencies within local government to stabilize healthy housing for residents. A medical-legal partnership was established to aid in tenant rights disputes and address legal issues that affect residents' physical and mental health. Access to nutritious food, physical activity programming, and safety education are also significant public health challenges for the community. To address these challenges, Healthier Middlesex has worked with the Raritan Valley YMCA and other partners to provide education and outreach, highlighting the importance of policy, system, and environmental changes. They have also promoted evidence-based interventions for healthy food choices and increased Healthy Kids Camp programming to improve the quality of life for the residents.

In March 2020, the spread of the novel Coronavirus, COVID-19, greatly impacted the health and well-being of people around the world. Within Middlesex County, COVID-19 aggravated conditions in communities that were already plagued by health and wealth inequities and health disparities. At the same time, many of the Healthier Middlesex partner organizations realigned their programs and services for the COVID-19 emergency response. In many cases, staff was reassigned, and the partners had less time for Healthier Middlesex initiatives. Some organizations were forced to lay off staff due to economic constraints, and others limited the number of staff hours or their hours of operation. However, most of the collaborative partners joined the COVID-19 Emergency Response Group that formed, and they have met virtually every week to strategize their efforts to address community needs and concerns, and share resources.

While some residents were able to begin working from home to reduce potential exposure to the virus, many local factories and essential businesses remained open to the public, and some residents continued to work outside of the home to support their families. Many of these essential workers are not eligible for government assistance programs due to their undocumented status. Other essential workers who are citizens but ineligible for government assistance also continued to work. Also, some essential businesses do not offer paid sick leave, so these essential workers cannot afford to stop working outside of the home, even when they are sick, potentially exposing themselves or others to COVID-19 and spreading the virus to others. In addition, immigration status and/or negative past experiences have made many residents fearful of government and other institutions, which prevents many residents from seeking assistance on time, says Camilla Comer-Carruthers, Community Health Education Manager at Robert Wood Johnson University Hospital. To compound the situation, many Middlesex County residents live in overcrowded conditions that prevent them from being able to practice social distancing, isolate family members exposed to COVID-19, or quarantine within the home if necessary.

Understanding the challenges that generally face the residents of Middlesex County, the Healthier Middlesex Collaborative partners began a process of identifying emerging community needs relevant to COVID-19 and developed plans and outreach initiatives to address these growing needs. The New Brunswick Healthy Housing Collaborative's Community Health Ambassadors reached out to more than 280 families across New Brunswick to gauge the full impact of COVID-19 on residents. They found that:
1) 82% of households report their job, and economic situation have been impacted a lot (46%) or somewhat (36%) by COVID-19;
2) 83% of households reported that their ability to pay rent would definitely (35%) or possibly (47%) impacted by COVID-19;

3) 79% of households report feeling worried about providing food for themselves and their families very much (29%) or somewhat (50%); and
4) Of those concerned about food, 44% do not know where to find food resources in the city.

However, 79% of the surveyed households have children in the New Brunswick Public Schools, and more than half of them (55%) are picking up free meals that are provided by the school district. In response, RWJUH provided more than 7,000 pounds of fresh produce to community residents and focused on seniors and households where someone has lost their job. Every box or bag of food also included information on COVID-19 and community resources in both English and Spanish.

As a result of the outreach findings and discussions at the weekly COVID-19 Emergency Response Group, RWJUH staff worked with the Rutgers RWJ Medical School's Family and Community Medicine department to develop an "Ask Your Doctor" video on COVID-19 in English and Spanish. The Healthier Middlesex partners used technology and social media to provide health education programs on topics related to COVID-19, physical and mental health and wellness, and nutrition. Also, they developed special programming for vulnerable populations. The East Brunswick Public Library provided access to virtual educational sessions through the Just for the Health of It web portal and posted COVID-19 information, community resources, employment opportunities, and links to other resources on the portal.

Many residents have been unable to afford or access supplies to keep themselves and their families safe from the virus. The Healthier Middlesex partners provided COVID-19 Care and Hygiene Kits containing information and resource materials, soap, hand sanitizer, and masks to residents in New Brunswick,

Perth Amboy, and Bound Brook as well as in the neighboring township of Franklin in Somerset County. The Collaborative staff also distributed these materials and gloves to essential businesses such as grocery stores and takeout restaurants for their employees and patrons. Business owners were asked to give masks, free of charge, to community residents coming into their businesses without a mask. These COVID-19 Care Kits were distributed to community groups for their employees and volunteers, and at places of worship, laundromats and public transportation hubs. Robert Wood Johnson University Hospital provided meats, vegetables, and fresh fruit to Elijah's Promise Soup Kitchen in New Brunswick and other food pantries in the area. The Unity Square and Esperanza neighborhoods in New Brunswick were identified as micro hotspots for residents infected by COVID-19. The partners were already working on a housing-focused initiative in these two neighborhoods through the New Brunswick Healthy Housing Collaborative with support from the BUILD Health Challenge. Robert Wood Johnson University Hospital, Saint Peter's University Hospital, and the City of New Brunswick expanded their efforts in both of these neighborhoods to include activities and outreach related to COVID-19.

More than 9,000 COVID-19 Care and Hygiene Kits and information packets, including 35,000 masks, have been distributed to residents and local businesses. To sustain the programming to meet the community needs and slow the spread of the virus, partners are working with the philanthropic community on various COVID-19 emergency response grant proposals; the RWJUH Foundation has obtained $76,500 in COVID-19 response funding to date.

Camilla Comer-Carruthers, Community Health Education Manager at Robert Wood Johnson University Hospital, said the following strategies were instrumental to the Healthier Middlesex coalition's response to COVID-19:

Step 1: Engage the partners who are already at the table
The Healthier Middlesex partners assessed the social, environmental, and economic impact of the pandemic in Middlesex County because much of the county overlaps with the catchment areas of both Robert Wood Johnson University Hospital and Saint Peter's University Hospital. The coalition, leveraging the expertise of their partners, also assessed the physical and mental health needs of residents.

Step 2: Try to identify the most vulnerable populations
Healthier Middlesex searched for health disparities by geographical location, race, age, and ethnicity, which informed how the coalition targeted its work. The coalition also partnered with Community Health Ambassadors to deploy a community survey because residents had begun asking the ambassadors about available resources. The survey responses informed the coalition's work to address food insecurity by partnering with a farm to provide fresh produce to families.

Step 3: Identify community assets and areas where gaps in services or programs exist
The Healthier Middlesex partners identified a lack of access to testing sites as a community issue. To make testing sites accessible to residents who do not have transportation options, Healthier Middlesex partners, the Middlesex County Office of Health Services, and school district partners collaborated to open walk-up testing sites at schools and community sites throughout the county.

Healthier Middlesex partner, New Brunswick Tomorrow, and the Rutgers Robert Wood Johnson Medical School's Alliance for a Healthier New Brunswick began convening weekly calls to provide the partners an opportunity to share updates and strategize the next phase of their work. Through the weekly calls, the partners identified a need to provide information to residents who have lost their access to technology and can no longer participate in virtual programming. The coalition began to address this issue by distributing information

at laundromats and other essential businesses that were permitted to remain open. The Community Health Ambassadors assisted by assembling more than 8500 COVID-19 information kits that included soap, surgical masks, and hand sanitizer. Partnering with the New Brunswick and Franklin Township school systems' efforts to provide meals to students and their families, the coalition inserted information about food pantry locations and other community resources, in addition to the soap, surgical masks, and hand sanitizer in 1200 bags of food. The Healthier Middlesex partners also leveraged the food distribution work to provide masks, hand sanitizers, and soap to families.

Step 4: Develop an action plan that incorporates the partners' existing work
Comer-Carruthers recommends engaging smaller partner organizations by incorporating their existing programs and services into the community action plan. She explains that community resources might be underutilized. Try to make use of partners' work instead of duplicating efforts. With resources and support from their community partners, smaller organizations' work could be scaled in alignment with coalition initiatives to serve more residents.

Step 5: Realign staff and budgets to address priorities
In the initial weeks of the pandemic, personnel at Robert Wood Johnson University Hospital and Saint Peters University Hospital who possess medical credentials were reassigned from Healthier Middlesex initiatives to the front lines of patient care. After identifying community needs and resources, strategizing initiatives, and developing an action plan, the hospital and other Healthier Middlesex partners realigned their staff and budgets to support COVID-19 response efforts.

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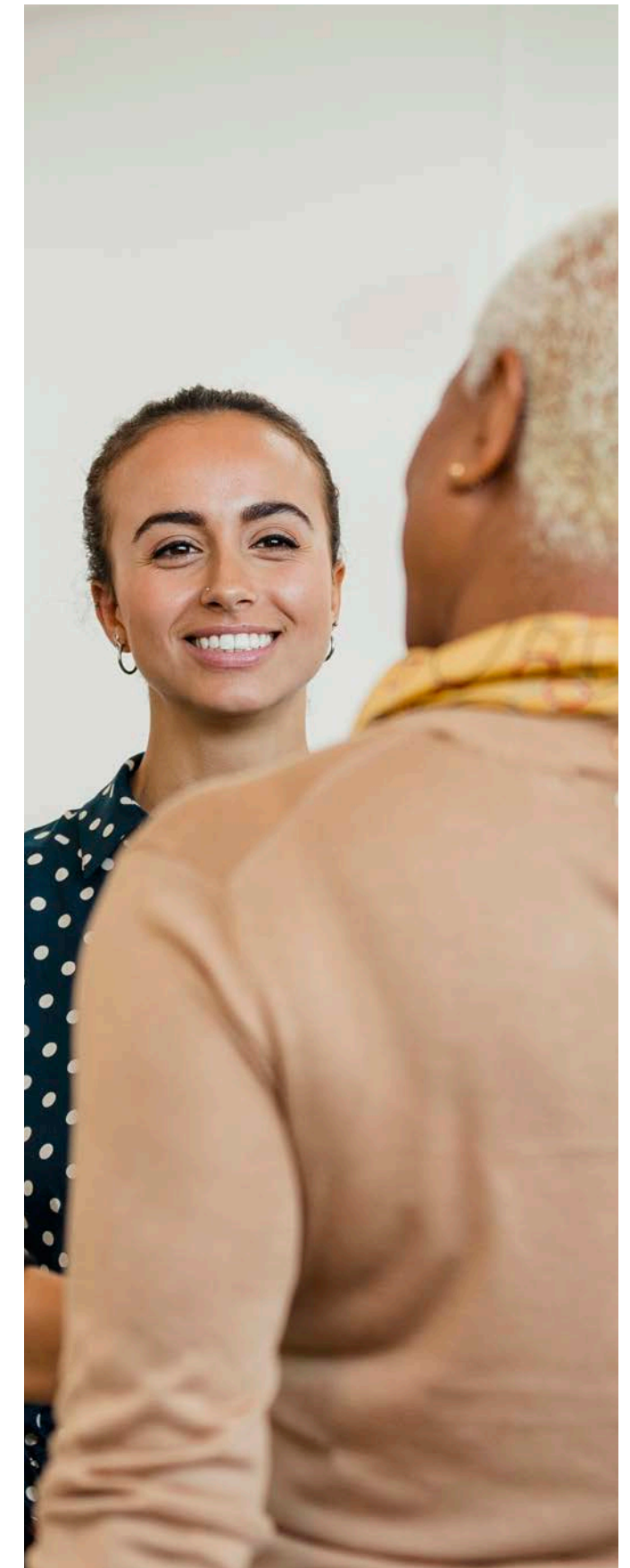
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