

Results Report Back: Developing planning and implementation strategies to promote community-based organizations as public health liaisons and critical service providers in the era of COVID-19

This study was jointly conducted by the University of Washington and Front and Centered. The purpose of our study was to: a) understand the role of CBOs in serving frontline communities of needs related to COVID-19 and the overall environmental health/public health infrastructure, b) evaluate facilitators and barriers to accessing culturally relevant information for COVID-19 disease control, such as testing and forthcoming vaccines, and c) recommend data indicators to guide public health planning and implementation strategies to promote equity in the COVID-19 vaccination campaign. This project was funded by the University of Washington Population Health Initiative COVID-19 Equity Grant.

Methods

We created a semi-structured interview guide with 11 questions around themes of impact of COVID, gaps and barriers in the pandemic, and preparedness for public health crises. The joint UW and Front and Centered research team conducted key informant interviews with community leaders at community-based organizations (CBOs). We interviewed 8 CBOs who serve communities in Central and Eastern Washington, out of 17 CBOs we reached out to. Interviews ranged from 40-90 minutes. Interviews were recorded, transcribed, and coded in Atlas.ti.

We prepared a 20-question survey for community members in English and Spanish. We launched an online survey tool for members of the community the first week of November 2021 until the last week of December 2021. We received 64 complete survey responses (25 incomplete responses were excluded due to no survey responses recorded). This study was considered to be exempt by the University of Washington IRB.

Results

Interviews

We interviewed community leaders from Radio KDNA/El Proyecto Bienestar, Nuestra Casa, La Casa Hogar, APIC Chapter of Yakima, OneAmerica, Northwest Immigrant Rights Project, Friends of Toppenish Creek, and Wenatchee Cafe. These organizations serve a diverse network of frontline communities including the communities in the lower Yakima Valley, Hispanic/Latino communities, Spanish-speaking individuals, immigrant families, rural communities in Washington State, farmworkers/agricultural workers, and undocumented individuals. Combined, these organizations serve over 250,000 people of Washington State.

CBO leaders discussed the impacts of COVID-19 on their communities, and how their organizations were filling the gaps. For example, in these communities, already existing disparities and barriers to accessing resources were exacerbated in the pandemic. One CBO leader stated the access to worker protection or resources, "There's always been an issue before [the pandemic] to have access to [personal protective equipment] ... to reduce pesticide exposure, to prevent safety ladder issues,[and] heat related illnesses. With COVID, ...It's a bigger barrier now." Another leader discussed the digital gap between rural and urban communities. "There are places that don't have cable internet. So they're relying on satellite

[internet] and those are the kinds of technologies that someone over 60 or 70 more likely won't even begin to embrace because that is a very steep learning curve.”

CBO leaders discussed accessibility to information as a prominent issue highlighted by the pandemic. One leader noted that “all the [COVID-19] information that was being shared, was mainly shared in English and through ...mediums that we know that our community doesn't have access to.” Another leader shared the frustration with information that was not culturally appropriate. “Right away the largest concern was, the language is correct, but the words are inappropriate. So when you're in a business industrial community, you're not going to have the same verbiage that you would in a world less educated.” Often, many CBO leaders found themselves leveraging their own staff, resources, and time to provide feedback on creating culturally appropriate messages and the culturally relevant communication channels to their community without compensation or support for this work. “We were ...editing [the draft of COVID-19 messages] and that was really frustrating because ...[the process] was taking resources and time. It was just really time consuming to create that campaign.” Many organizations were finding creative and different approaches to disseminating information by multiple channels of communication including airing information on public radio stations, live streaming on social media platforms, wellness check phone calls, and outreach newsletters.

Several CBO leaders identified the current infrastructure of the healthcare system as a big barrier for their communities. One leader discussed that when the Stay at Home Order went into effect, “everyone who's doing community outreach or community engagement” who were furloughed or laid off first, which was “...a big [problem] when we don't see community engagement or our promotoras as one of the primary sources of prevention.” Another stated “...the deficiencies in funding for public health...” is contributing to worsened impacts of COVID-19 in their communities.

To address these gaps, CBOs leveraged their resources, networks, and staff time to disseminate facemasks to those in need, provide food through food drives or in their organization's office, offered financial assistance, provided training for technology such as accessing email or Zoom. CBO leaders and staff assisted community members in applying for relief programs like the Washington COVID-19 Immigrant Relief Fund. Throughout the pandemic, CBOs mobilized formal and informal networks to collaborate on distributing resources masks and food distribution events and provide COVID-19 testing to the community.

Survey

Out of 64 participants, 84.4% identified as Hispanic, Latino, or Spanish origin. Most respondents resided in Yakima County (55), and remaining respondents were from King County (5), Snohomish County (2), Grant County (1), and Franklin County (1).

All participants experienced at least one challenge during the pandemic including rent, job, food, worrying about COVID-19 for themselves or family, schools, or accessing healthcare. Details of challenges are shown in Table 1. In addition, approximately 44.4% (28 out of 63 people) were not able to obtain assistance for basic necessities such as food, utilities, rent/mortgage.

	n=64	%
I am worried about getting COVID-19.	53	82.8%

I am worried about caring for a loved one with COVID-19.	39	60.9%
School closure has affected me or my family.	32	50.0%
I am worried about not being able to pay my bills.	27	42.2%
I am worried about seeking healthcare.	27	42.2%
I am worried about losing my job or am currently looking for a job.	24	37.5%
I am worried food would run out before I got money to buy more.	21	32.8%

Table 1. Challenges faced by 64 survey respondents in December 2020.

Many community members sought information from CBOs in their community during different public health crises such as COVID-19 (36/53, 67.9%) and wildfire events (25/51, 49.0%). In particular, people used CBOs that provide educational services when seeking COVID-19 information (20/53, 37.7%) or during wildfire events (25/53, 47.2%). In addition to CBOs, people used state and local government to seek COVID-19 related information (37/57, 64.9%) and during wildfire events (32/57, 56.1%) more than national and federal government agencies like CDC or EPA for COVID (25/55) compared to wildfire information (22/55). In the pandemic, more people used doctors/health care facilities for information on COVID (40/55) , but less used doctors/health care facilities for information on wildfire (25/53).

Recommendations

CBOs should be engaged in the vaccination campaign to ensure equitable access and distribution of the vaccination. With lack of governmental coordination and support for communities, CBOs are leveraging their services and existing resources to fill in gaps and address barriers that need to be urgently addressed. In addition, CBOs are already an integral part of the public health infrastructure in their communities including information/resource distribution and partnering with clinics, other CBOs, and local health jurisdictions to provide COVID-19 testing to the community. These CBOs can continue to reduce barriers and promote equitable distribution and access to the COVID-19 vaccine, assist in sign-ups for vaccination appointments, partner with health clinics and local health jurisdictions to provide vaccines to their communities.

Public health crises like the COVID-19 pandemic are inextricably linked to broader community health and economic impacts. Therefore, planning efforts around COVID vaccination and recovery plans should be accompanied by long term capacity building and infrastructure support for community organizations to create permanently organized and resilient communities. For example, Puget Sound Sage and partners have created South Communities Organizing for Racial & Regional Equity (SouthCORE) as a growing network of community and CBOs. Together, they work towards building community power in communities to building equitable solutions for communities.

In addition, there needs to be support for local communities to create a community resilience plan and CBO-public health action networks to respond to health, economic, and environmental crises. Once established, the network could be mobilized as public health messengers and provide a communication infrastructure to rapidly disseminate pertinent information.

There are examples that can be adopted for these CBO-public health action networks.

One example is Northwest Immigrant Rights Project (NWIRP). NWIRP is a nonprofit legal advocacy group of lawyers and has consistently led the immigration issues and has an extensive network of connections with other community-based immigrant groups, as well as governmental agencies. With their network, NWIRP often serves as a key CBO in the response, interconnecting other CBOs to the key issues for immigration reform. When the Executive Order 13769, also known as the “Muslim ban,” went into effect under Trump, NWIRP responded quickly to lead the early cases at SeaTac.

A second example is the Northwest Justice Project. In the foreclosure crisis, Northwest Justice Project was a major provider for foreclosure legal services, and served a similar anchor community organization with offices spread in many different counties in Washington State. Each office was already connected with different CBOs working on providing affordable housing with low income people facing eviction or foreclosure or foreclosure related issues. They were also connected with government agencies that can provide further support.

The CBOs working to provide relief in immigration and foreclosure crisis experienced similar strengths and challenges for CBOs currently responding to the pandemic. In both examples, the coordinating and convening has been key, and there are ongoing relationships to maintain the network. The network of CBOs includes faith communities and informal groups as well as legal nonprofit organizations. The network needed access to educate their communities and provide accurate information for communities to make informed decisions and obtain the legal relief (legalization of immigration status, or prevention of foreclosure or securing other legal remedies). The issue of trust - where to turn and ask for help - also an issue. Those that were more vulnerable to the immigration or foreclosure crisis faced compounding barriers and the pressures on their capacity or resiliency such as an undocumented immigrant who was a domestic violence survivor mother facing eviction.

Partnerships between CBOs who have the infrastructure, expertise, and established networks of trust in the community and with other CBOs, governmental organizations, and other stakeholder parties were key to rapid response of information and provision of services. The flow of network communication for dissemination of information between providers and recipients was bolstered by additional resources and leveraging resources between the CBOs. A coordinating organization which had the trust and expertise, served as an anchor to convene other providers. Ultimately, equitable governance approaches to developing a resilience plan through collective assessment and supporting a CBO public health action network will be critical in creating this infrastructure.

In preparation for future public health crises, there is a strong need to provide resources to key CBOs in such a way that encourages collaboration and allows them to have the capacity to diversify and share their resources with other smaller or informal CBOs in the various networks. In addition, location resources, places of gathering, and where communities turn to in the harder-to-reach communities should be identified and utilized, while barriers to access should also be identified and addressed during emerging crises.