

# Take Charge Of Your Health Today. Be Informed. Be Involved.



CARLOS T. CARTER

## Community Vaccine Collaborative

This month's Take Charge of Your Health Today focuses on a uniquely Pittsburgh initiative: The Community Vaccine Collaborative.

The Collaborative started when four community organizations, including the Urban League of Greater Pittsburgh, joined up with Pitt academics to increase Black and Latinx participation in vaccine trials—and improve trustworthiness of research and healthcare among minoritized communities.

Today, the organization is known as the Community Vitality Collaborative. It's objective and membership has grown to include a broader definition of public health issues, including not only COVID-19, but also, Monkeypox, mental health, gun violence, and much more.

**Carlos, the Urban League of Greater Pittsburgh is a founding partner of the Community Vitality Collaborative. What impact has the CVC had across Pittsburgh in terms of vaccine equity and health equity more broadly?**

The CVC has served as a model for collaboration across our region. Bringing together roughly three dozen community leaders for each meeting, CVC serves as a key idea-sharing and conversation space. Organizations sharing similar goals can share resources with one another and establish working relationships that expand far beyond the CVC itself. It's through the working relationships forged through CVC that vaccine outreach in the greater Pittsburgh region has been so successful.

**We've talked a lot about trust and healing. How do groups like the CVC get at these concepts in a way that is concrete and actionable?**

CVC, as a key place for leaders to discuss topics freely yet safely, establishes trust between its partners. In a region where so much discrimination is still present, spaces like CVC are crucial for our leaders—many of whom are from marginalized communities—to safely interact and share their perspective with others enduring similar challenges.

**The Urban League of Greater Pittsburgh greatly expanded its vaccine efforts last year. Your team worked with a national partner, Get Out the Vaccine! to execute a telephone townhall. You also partnered with CTSI to offer more vaccines than ever at 2023's Annual Thanksgiving Distribution. Can you tell us more about these two interventions? How do they relate to the earlier work of the CVC?**

The National Urban League has partnered with the Center for Disease Control (CDC) and an organization called Get Out the Vaccine (abbreviated as "GOTVax"). GOTVax uses voter outreach tools like phone- and text-banking, door-to-door canvassing, and tele-townhalls to reach communities to educate them about the efficacy of vaccines and direct them to resources in their area.

Locally, the Urban League of Greater Pittsburgh partnered with CTSI to execute a GOTVax tele-townhall on Tuesday, November 28. Hundreds of community members tuned in and listened to and interacted with a panel of medical experts discussing COVID and flu vaccines. I served as host of this radio show-like event.

The Annual Thanksgiving Distribution partnership with Pitt CTSI allowed us to reach more than 900 families. We were able to address food insecurity during the holiday season and ensure our families had access to healthy foods.

We also leveraged these opportunities to provide our community with information and access to vaccines on-site. This was a key step to promoting community health and making sure people have access to resources that help them thrive.

I am very proud of this collaboration with Pitt CTSI and other community partners. More importantly, I am inspired by the impact it continues to have on our communities. At the end of the day, our work is focused on empowering communities and changing lives one person, one block, and one community at time!



## Community Vitality Collaborative tackles inequitable healthcare system during pandemic and beyond

In Pittsburgh in July 2020, Casa San Jose, the Neighborhood Resilience Project (NRP), the Urban League of Greater Pittsburgh, and the Urban-Kind Institute—together with University of Pittsburgh researchers—began co-leading an effort that would tear down COVID-19 pandemic inequities in marginalized communities.

They were later joined by more community organizations, community leaders, healthcare providers, researchers, and public health leaders. The group met virtually each week and called itself the Community Vaccine Collaborative (CVC).

Some of the founding community partners and Pitt academics knew each other. They'd worked together before the pandemic to address other healthcare inequities caused by hundreds of years of structural and systemic racism. They'd built trustworthy relationships, which was important if they were going to work together to ensure Black, Latinx, immigrant/refugee, and LGBTQIA+ people received the same level of care during the COVID-19 healthcare crisis as their affluent, White counterparts.

Not surprisingly, the pandemic wasn't shaping up that way. From the beginning, marginalized people were facing many of the same structural and systemic racial health inequities they've always faced, but with dire consequences.

### Health equity, healing, and atonement

To change this, CVC workgroups set their sights on increasing vaccine access and addressing vaccine mistrust. They focused on making sure people of color and LGBTQIA+ people participated in vaccine clinical trials in greater numbers. They recognized the need to build systems that gave marginalized people equal access to the vaccine, including older adults, people without technology and/or transportation, and those who speak languages other than English.

But instead of relying on an antiquated structure where academics take charge and "educate" community leaders—silencing community voices and experiences—a collaboration occurred between the partners and Pitt academics. Together, they've created a virtual community of people deeply dedicated to health equity, healing,

and atonement in Greater Pittsburgh.

### Trustworthiness and a shift in power

From the start, the CVC took an unconventional approach to creating and sustaining a restorative space, including equitable compensation of partners for their time and expertise.

"The CVC is successful because it disrupts power inequities, prioritizes community voices, builds trustworthiness, and values give-and-take" explains Dr. Maya Ragavan, Pitt assistant professor and co-founding CVC member.

CVC member Dr. Mylynda Massart, Family Medicine Physician at UPMC and Pitt associate professor agrees. "The CVC started as an open, safe space where community partners could challenge the healthcare system, including us—the researchers and healthcare providers."

For example, during the pandemic, community members gave voice to the anger, frustration, and sadness they feel about current and past segregation and racism within the medical profession, which is rarely acknowledged.

In response, academics listened. "As a researcher, it was uncomfortable to hear the hurt the medical profession has caused," says Dr. Massart. "But we sat in our uncomfortable-ness with attention, including answering questions about our motivation for working with marginalized communities. When we were asked, we openly shared our experiences and vulnerabilities, including whether we've considered power inequities in our own work."

### NRP's Community Health Deputies

With a deeper understanding developing between community partners and academics, CVC turned its attention to promoting equitable inclusion in vaccine trials. To help, they relied greatly on NRP's Community Health Deputies (CHDs).

CHDs are trained community health workers recruited by the NRP. The deputies were already working in neighborhoods hit hardest by the pandemic. Now the CHDs' outreach would include additional knowledge about and encouragement for vaccine trial participation. "Using infographics created by the CVC, the CHDs offered their clients information about trials and



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why inclusion is so important," explains Dr. Massart. "They answered questions and connected residents with the city's trial registry unit."

"Before the CHD campaign, only a small percentage of people of color had registered for vaccine trials," adds Dr. Ragavan. "In just five months, the percentage climbed. That was largely due to the credibility and trustworthiness of the CHDs."

### COVID-19 info in six languages

A CVC's speaker's bureau further supported the community by honoring requests for information on COVID-19 vaccinations, testing, and education. Events were hosted by community health workers and/or healthcare providers at school board meetings, high schools, and community events. "So far, the speaker's bureau has made presentations in Arabic, English, Nepali, Spanish, French, and Uzbek," says Dr. Ragavan.

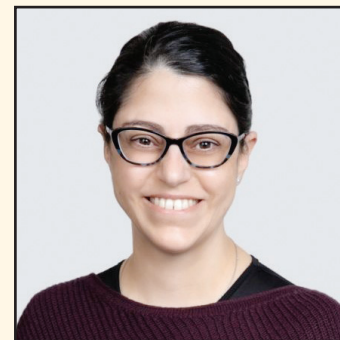
The CVC was also included as part of the strategic planning in Pittsburgh's local and regional vaccine distribution process.

### New equity workgroups

As the pandemic wore on, research, too, became a CVC focus. "A lot of who we've become has happened organically," says Dr. Ragavan. "CVC's guiding principle is that projects align with our core values."

For example, in addition to workgroups that address Trustworthiness and Community Outreach, the CVC formed a Youth Outreach workgroup and an Immigrant and Refugee workgroup to tailor messaging and build relationships with these unique members.

"The Immigrant and Refugee workgroup co-conducted multilingual focus groups on COVID-19 that lift up the vaccination experience of non-English speaking people," Dr. Ragavan explained. "Their focus continues to center on lan-



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guage equity in research and healthcare."

### Measuring their space

Two years after it was founded, CVC measured the effectiveness of their collaboration via surveys to former and current members. They also reviewed attendance records. Out of 115 members, 80 took the survey. Fifty-six percent of them felt "prepared" to share COVID-19-related information; 38 percent felt "moderately prepared;" and 6 percent felt "unprepared." Most importantly, responders considered the CVC to be highly trustworthy, inclusive, equitable, and a space for mutual learning.

### Staying focused on justice

Today, CVC stands for Community Vitality Collaborative. While the group continues to support COVID-19 vaccination efforts, it also addresses public health issues that affect communities in southwest PA. "We've transformed our community partnership response to a health crisis into a community partnership that's sustainable and justice oriented," says Dr. Ragavan.

Indeed, the CVC's community partners and academics are connecting over other issues like Monkeypox, mental health, reproductive justice, gun violence, racism in healthcare, and healthcare barriers for refugees.

What stays steadfast though is the ongoing discussion about the harm the medical and research communities have caused to marginalized people and how to atone and restore their trust.

CVC infrastructure support includes research funds from the University of Pittsburgh as well as The Pittsburgh Study (co-led by CVC members Felicia Savage Friedman and Liz Miller), a collective impact initiative focused on child thriving and racial equity.

## Neighborhood Resilience Project transforms communities defined by trauma into healthy, healing spaces

Rooted in the Gospel and the teachings of the Orthodox Church—and inspired by the Civil Rights Movement—the Neighborhood Resilience Project (NRP) supports neighborhood transformations that turn trauma affected communities into healthy, healing, and vibrant places where residents can thrive.

Using a Trauma Informed Community Development (TICD) method, the NRP and its collaborators, evaluate and address a community's health, wellbeing, and resilience.

NRP programs include a free Healthcare Center, a Trauma Response Team, a



Backpack Feeding Program, a highly successful COVID-19 Vaccination Collaborative, and others.

During the pandemic, for example, Black people made

up an unequal number of COVID-19 hospitalizations in Allegheny County. To change that, the NRP's group of trained volunteer Community Health Directors (CHDs)—who live in the neighborhoods they serve—worked with Pitt researchers as vaccine ambassadors.

CHDs met with their neighbors one-on-one. They supplied resources, answered questions, educated, and registered people for vaccine trials. After vaccines became available, they got their own shots and helped their neighbors get theirs.

NRP's efforts have achieved national attention. The orga-

nization and its collaborators have trained people in Pittsburgh, Allegheny County, other cities in our state, and other cities throughout the country.

The result is a sustainable national learning collaborative with Pittsburgh at the center and a shared vision: To raise up, in unconditional love, people who are suffering from trauma and help them become empowered healers, community builders, and positive change makers.

Learn more about NRP at neighborhoodresilience.org—including stories of resilience.