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Exploring How Public Health Partnerships with Community-Based Organizations (CBOs) can be Leveraged for Health Promotion and Community Health

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Abstract

The Academic Public Health Corps (APHC) works to support local public health in Massachusetts through varying models of collaboration. In the setting of the COVID-19 pandemic, one initiative of the APHC has been to partner with community-based organizations (CBOs) to address vaccine hesitancy and improve overall community health. The purpose of this article is to share how the APHC partnered with CBOs in Massachusetts to address COVID-19 concerns within their respective communities, and present strategies to empower communities, share resources, and increase health promotion. The APHC partnered with 2 CBOs who received the Massachusetts COVID-19 Community Grants distributed by Health Resources in Action (HRiA). These CBOs include the Association of Islamic Charitable Projects Massachusetts (AICP) and the Somali Parents Advocacy Center for Education (SPACE). Culturally relevant educational and promotional materials were created and tailored toward the communities of interest within the CBOs. Additionally, in response to the community's desire for more informational events, the APHC hosted a virtual COVID-19 Q&A panel with Muslim health care professionals that included live Arabic translation. The model of outreach that the APHC has employed illustrates an intentional way of addressing key public health issues within local communities. The success of these partnerships highlights the importance of including CBOs in conversations about public health and health equity.

Keywords

public health, health promotion, community-based participatory research, community-based partnerships, health equity, COVID-19, vaccine hesitancy, community-based organizations, faith-based organizations

What do we already know about this topic?

We know that health inequities exist and partnering with community-based organizations and trusted community leaders is one way to promote public health and reach underserved populations.

How does your research contribute to the field?

Our work demonstrates how local public health organizations can take advantage of virtual modalities to work with the community to educate underserved communities about COVID-19 and promote health equity.

What are your research's implications toward theory, practice, or policy?

Future initiatives that bridge local public health with community leaders may be effective ways to build trust and promote public health in marginalized communities.

Introduction

Background of the Academic Public Health Corps

At the onset of the COVID-19 pandemic, the Academic Public Health Corps (APHC) was established by the Massachusetts Academic Health Department as a service

program focused on supporting the needs of local boards of health (LBOH) throughout the state of Massachusetts. The APHC is a collaboration between the Massachusetts Department of Public Health, the Massachusetts Health Officers Association, and 13 Massachusetts schools and programs of public health. The APHC includes public



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health students and professionals deployed to LBOH to work on a variety of tasks: research and data analysis, translation services, COVID-19 infographics, etc.¹ Several core functional units arose out of the initial efforts to serve the 351 LBOH in Massachusetts, including a unit devoted to promoting health equity—the Health Equity Unit (HEU). The purpose of the HEU is to promote health equity and service minority or under-represented communities. Additionally, the HEU focuses on health education through deliverables such as social media graphics, brochures, and informational events that are specifically curated to address the needs and cultural perspectives of the communities being served.

Over time, the APHC sought to expand beyond LBOH partnerships and interact with communities directly through collaborations with other local service organizations: namely, community-based organizations (CBOs). CBOs are important local health care stakeholders that deliver services and resources to members of their communities, most notably to those part of marginalized populations.² The involvement of CBOs is essential to health promotion and public health outreach because of their strong relationships and knowledge of the needs of their community members.² The APHC utilized the HEU to develop relationships with several CBOs in Massachusetts to provide culturally relevant COVID-19 information, confront vaccine hesitancy, and educate community members on other health issues.

Importance of Establishing Community-Based Partnerships

There is considerable empirical evidence supporting the idea that CBO partnerships are mutually beneficial and effective in improving a community's health. Effective community partnerships have the potential to empower communities and diminish health inequities, through support and resources from public health organizations.³ Affirming this perspective, a case study in Lawrence, Massachusetts, emphasized the necessity of collaborative community involvement in research, as opposed to traditional, unilateral models that are detached from the community and render less successful outcomes.⁴ Similarly, a 2019 evaluation of several community-focused collaborations found that when community groups partnered with other public health organizations that shared a common goal, stronger public health interventions

were implemented.⁵ Research has suggested that engaging with trusted community leaders can increase positive health outcomes by addressing misinformation and promoting healthy lifestyle choices.^{6,7} Overall, the common themes represented in the literature highlight the importance of trust and how forming collaborations between CBOs and public health organizations helps to bridge existing gaps in resources and knowledge.

APHC Case Study in Partnering With CBOs

Given this need for trust, CBO partnerships became especially critical in the context of the COVID-19 pandemic. Specifically, one hurdle in several communities was COVID-19 vaccine hesitancy. Vaccine hesitancy can be understood as the complete refusal or delayed receipt of a vaccine. This sentiment is supported by the long history of the medical mistreatment of marginalized populations in the United States of America.⁸ With respect to the pandemic, communication about the safety and efficacy of the COVID-19 vaccines was of great importance to the APHC's CBO partners. Additionally, the APHC saw an opportunity to expand past COVID-19 and bring awareness to other health topics that were relevant to their CBO partners. This paper will share the strategies the APHC enacted alongside its CBO partners to address various health interests within these communities, as well as present other approaches to empower community members, share resources, and increase health promotion.

Process Overview

Finding Community Partners

In March 2021, through the Massachusetts COVID-19 Vaccine Equity Initiative, grant funding was allocated to CBOs to aid the Massachusetts communities hardest hit by the COVID-19 pandemic.⁹ Health Resources in Action (HRiA), a non-profit public health organization, was responsible for disbursing the MA COVID-19 Community Grants. The APHC worked with HRiA to support the CBOs receiving these grants,⁹ by partnering with the following CBOs:

- The **Association of Islamic Charitable Projects Massachusetts** (AICP) is an Islamic organization operating out of Revere, MA. AICP hosts religious

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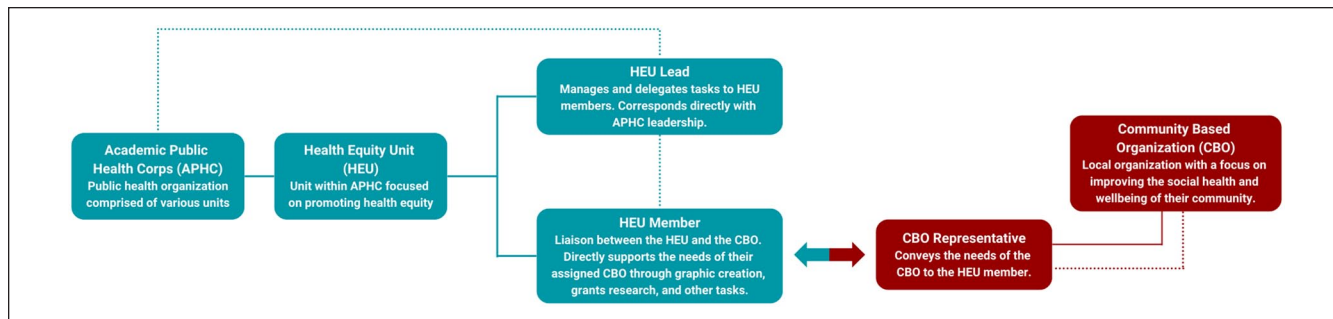


Figure 1. Key players of the APHC-CBO collaboration. The flowchart lays out the process used by the APHC and HEU to collaborate with the community-based organizations (CBOs). Solid lines indicate subdivision within a singular organization; dashed lines indicate direct interaction between members of a singular organization; bidirectional arrow indicates direct interaction between members of different organizations.

events for the Muslim community and a Saturday School for Muslim children.

- The **Somali Parents Advocacy Center for Education (SPACE)** is a community organization that aims to address the systemic barriers that prevent members of the Somali community from finding resources for their children with disabilities.

Workflow

The APHC's HEU members first performed a needs assessment by familiarizing themselves with the past and current efforts of the CBOs through their websites. Then, they met with the CBO representatives to learn more about their HRiA grant aims and how best to support them (Figure 1). For instance, the CBOs expressed a need for public health education materials to supplement existing grant efforts like vaccine clinics. HEU team members then internally assessed their ability to meet the project goals, adapted ideas to fit the APHC's capacity, and met with the CBOs again to strategize. In these strategy meetings, both organizations set clear expectations for teamwork and established deadlines for delegated tasks.

Outcomes

Designing Representative Educational and Promotional Content

After meeting with AICP, the HEU understood the need for more culturally representative health promotion materials. As a result, the HEU created a COVID-19 vaccine brochure in response to community concerns identified by CBO representatives (Figure 2). The brochure featured basic facts on the COVID-19 vaccines, information on where to get vaccinated, and, most importantly, images that reflected the Muslim community and its values, such as families and cultural clothing. The brochure was made available at a yearly religious celebration with ~300 attendees and is available at

weekly Friday prayers attended by ~30 to 40 people. The materials were also shared on WhatsApp® and email lists of ~100 people; therefore, it is estimated that the content has reached over 400 individuals. Verbal community feedback was positive, and CBO representatives continue to request updated COVID-19 educational materials.

The HEU also created culturally representative educational materials for the SPACE, with topics ranging from vaccine recommendations for women who are pregnant to myths about vaccines. These topics were chosen based on direct questions from community members. Since the SPACE wanted to promote its health efforts on its social media pages, the HEU assisted by sharing strategies for virtual engagement, designing event flyers, and creating a newsletter that summarized their prior work and available programs. This content was uploaded to WhatsApp® and Facebook®, reaching around 100 to 150 individuals. Community members engaged with the content with questions and comments, and even referenced them during later conversations with CBO representatives.

Planning Educational Events

Initially, the CBOs requested in-person support to answer questions about COVID-19 and vaccines during their live events. Given pandemic-related restrictions on the APHC's activities, a virtual event was planned in collaboration with the CBO partners as an alternative to in-person meetings. This Zoom® webinar featured a presentation from a Muslim Vaccine Ambassador from the Massachusetts DPH, followed by an open Q&A session with other Muslim health care workers. The session, which was moderated by several HEU members, had live Arabic translation, and a recording is now available online for anyone who could not attend. Community members brought up concerns that may not have been addressed in other settings, such as whether the COVID-19 vaccine was *halal* (permissible under Islamic law). The HEU administered a 2-question anonymous feedback form to participants after the webinar. This protocol was evaluated by

the Tufts Health Sciences IRB and found to be exempt. Twelve out of 20 attendees filled out the survey, and 100% of them responded that the information presented was helpful and that all their questions about COVID-19 were addressed during the webinar. Both CBO representatives reported that the session was informative and directly applicable to their community needs.

Based on the success of this first educational event, the CBOs were eager to plan other educational events with the APHC. The initial needs assessment was revisited, and with the holy month of Ramadan approaching, the APHC presented the idea of hosting another webinar with a Muslim dietician who could provide specific content on nutrition during Ramadan. Both CBOs responded positively and AICP took the lead in hosting the webinar, with the APHC providing consultation and hosting the event over Zoom. The event was attended by over 40 community members and 100% of the attendees polled stated that the event was helpful, they learned something new, and they would attend similar events in the future. Community members also suggested ideas for improving this event, like including information on how to exercise during Ramadan. Feedback from CBO rep-

resentatives emphasized how valuable it was to include religious leaders in conversations about health and wellness.

Discussion

The APHC and CBO collaborations highlight the importance of communication and planning in public health. When embarking on any collaborative effort, both organizations should have clear goals of what resources and services they can offer and in which areas they need support. Having clear expectations and communicating them in advance helps the organizations best utilize their new partner’s workforce and build upon their individual strengths.

There are a few limitations present in this case study that are worth mentioning. As a group of fewer than 10 individuals working less than part-time for the APHC, one limitation was the amount of time the HEU was able to commit to each organization’s needs. Further, COVID-19-related restrictions on in-person gatherings required that HEU members interact with CBO partners exclusively virtually—which was often not ideal when trying to coordinate multi-organizational events. Additionally, feedback from community members

SHOULD I GET THE VACCINE IF I'M PREGNANT/BREASTFEEDING?

The American College of Obstetricians and Gynecologists **recommends that pregnant and breastfeeding individuals get vaccinated** against COVID-19.

COVID-19 infection during pregnancy can **increase the risk** of severe illness and death and may result in an increased risk of poor birth outcomes, such as preterm birth.

If you have further questions or concerns, **consult with your healthcare provider** to see what decision is best for you and your family.

KEEP WEARING MASKS AND TAKING PROPER PRECAUTIONS AGAINST COVID-19.

Find more information at cdc.gov/covid19 & mass.gov/covidvaccine


ACADEMIC PUBLIC HEALTH CORPS

COVID-19 VACCINE INFORMATION

Figure 2. (continued)

FACTS

- COVID-19 vaccines **do not** change or interact with your DNA in any way.
- People who have gotten sick with COVID-19 **should** still be vaccinated since vaccination offers longer protection.
- COVID-19 vaccines are highly effective and safe. **No shortcuts** were taken in development of vaccines.
- Vaccines were developed quickly due to: **increased** government funding, lots of research participants, and global collaboration of scientists.
- The production of the vaccines was done **simultaneously** while they were waiting for the approval unlike the typical vaccine development process.

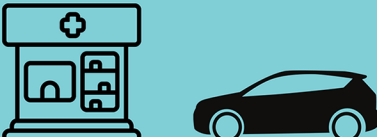


GETTING YOUR VACCINE

- The vaccine is **free** for people ages 12 and up.
- You **do not** need an ID or insurance.
- People ages 12-17 can **only** get the **Comirnaty vaccine (Pfizer & Biotech)**.
- Comirnaty vaccine has **full FDA approval** for those who are 16 and older
- You can get the vaccine at your local pharmacy or health care center.


PREPARING FOR YOUR VACCINE

- Arrive **15 minutes** before your appointment.
- **Plan** your trip.
- Comirnaty and Moderna are **two dose** vaccines; be sure to schedule your second dose after your first appointment.
- Johnson & Johnson (J&J/Janssen) is a **single dose** vaccine.




HOW TO GET VACCINATED


Use vaxfinder.mass.gov to find vaccine locations near you!



If you are unable to schedule an appointment online, call the toll-free number, **211 or 877-211-6277** for help.



Call the Home Vaccination Central Intake Line to make an in-home vaccination appointment. The phone number is **833-983-0485**.



Intake line is open Monday - Friday from 9 am - 5 pm. Interpreters are available if needed.

Figure 2. Representative COVID-19 graphic. This is an example of the culturally representative materials that were created for health education and promotion based on the information our community-based organizations (CBOs) requested.

and CBO representatives was collected informally via short Google forms and email correspondence. Though the feedback provided was appreciated, a more comprehensive evaluation process could be developed to better assess the efficacy of these events and collaborations overall. These considerations must be balanced with appropriately engaging community members and refraining from overburdening them. Another limitation of this work was that most communication was primarily in English—thus excluding feedback from non-English speaking community members.

Despite these limitations, there are several opportunities to improve partnerships with CBOs. Firstly, more staff should be recruited and compensated to provide support to the CBOs’ initiatives. Secondly, graphics, educational events, intake forms, and other communications should be provided in multiple languages—specifically the languages spoken by the CBOs’ communities. Lastly, it is important to provide more technical services for CBO partners like social media management and developing comprehensive surveys to collect feedback from community members.

Conclusion

Overall, the HEU’s partnerships with CBOs have mobilized public health resources, promoted health education, and directly supported meaningful and helpful projects for members of marginalized communities. The work demonstrates the positive impact of bridging the gap between communities and local public health organizations to reach populations more intentionally. The authors highlight the importance of including CBOs in conversations about public health and health equity. Lastly, this work demonstrates how outreach can continue virtually when in-person events are not feasible, thereby addressing some information barriers, such as transportation and literacy. Though the HEU began with the focus of addressing concerns regarding COVID-19 within marginalized communities, the team soon found it was necessary to expand its capacity to support community partners in other aspects of public health. Ideally, the APHC’s HEU plans to continue to grow the organization’s CBO partnerships, connect CBOs with other LBOH, and foster more trust

between members of marginalized communities and public health organizations at large. Ultimately, the authors hope that their work thus far can serve as a model for other public health organizations to integrate community partnerships as a part of their practice and build productive networks of trust that serve the community's needs.

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