

## PRESS RELEASE

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## **How Federal and State Government Can Improve COVID-19 Vaccine and Testing Equity and Build More Sustainable Public Health Infrastructure**

(October 12, 2022) Communities and organizations across the country have been critical partners for local, state, and national COVID-19 initiatives, working to educate people about [covidtests.gov](https://www.covidtests.gov) and help them order free tests. From January until August, over [70 million households](#) received over 350 million free at-home rapid antigen tests through [covidtests.gov](https://www.covidtests.gov), but now the White House is unable to ship free tests, despite having tests in stock, due to the lack of funding from Congress.

“Our national membership of community health workers, promotoras, community health representatives, peers and our [national partners](#) have been working on the frontlines of our country’s most socially vulnerable neighborhoods during COVID-19 -- extreme rural areas, tribal nations, communities living below the federal poverty level or without healthcare coverage.

The closure of [covidtests.gov](https://www.covidtests.gov) makes their job of helping people get tested to protect their families and places of work, without having to spend the additional money needed for gas, bus fare and utilities, that much more difficult,” said Denise Octavia Smith, Executive Director of the National Association of Community Health Workers.

### **Context**

The authors -- national organizations consisting of community health workers, public health, cultural, advocacy and direct service staff -- came together in January to bring greater awareness to [covidtests.gov](https://www.covidtests.gov) and other options for free and low cost COVID-19 testing. We merged our COVID-19 testing and communications strategies, working together to hold national webinars, translate flyers and websites and quickly innovate in response to misinformation and mistrust. We partnered with thousands of smaller, community-based organizations and Community Health Workers -- each with deep commitment and community trust, speaking the language and understanding the life experiences of the communities where they serve -- to reach as many individuals as possible. Our efforts led to 600,000 test orders and 1.2 million web visits over a span of two days.

The authors and our community partners understand that COVID-19 is not over -- hundreds are still dying of preventable deaths or being hospitalized every day. Clear successes during the COVID-19 response have come from community-based organizational leadership and partnerships with clinical and public health organizations, state agencies and the federal

government. Overall rates of COVID-19 vaccination have been lagging, particularly [among children under 12 years of age](#), with especially [low rates among children 5 and under](#). With a return to school and daycare, and a return of the seasonal flu, states need to engage their residents to increase both COVID-19 and routine vaccination rates and ensure a steady supply of vaccines are available.

Soon it will be the one year anniversary of the [discovery of the Omicron variant](#), which was detected around Thanksgiving of 2021, and led to the largest spike in COVID-19 cases since the beginning of the pandemic. As we prepare to face another flu season and the possibility of a surge in COVID cases this fall, the U.S. must maintain and strengthen programs and investments to make sure that everyone who wants to protect themselves against infection can easily do so through equitable access to vaccinations and tests.

## **Recommendations**

### **Recommendations for COVID-19 Response Funding:**

- We ask that Congress provide funding to reinstate [www.covidtests.gov](http://www.covidtests.gov) to guarantee that test kits are available to order, free of charge, for households across the country and territories.
- We ask that Congress [provides \\$22.4 billion](#) for immediate COVID-19 response efforts as outlined by the Biden Administration.
- We ask that the federal government create pathways to fully fund and advertise the HRSA Community Health Center testing program to help reach patients in underserved communities.
- States must fund community-based organizations (CBOs) across the country to implement culturally aligned, linguistically appropriate campaigns at the hyper local level for both flu and COVID-19 vaccines. Funding must include CBOs who are engaging in educational efforts, and combating misinformation around COVID-19, particularly in high Social Vulnerability Index (SVI) communities.

### **Recommendations for Community Engagement:**

Across the country, [community-led efforts](#) have leveraged their trust, relationships and strategies to make progress in the fight against COVID-19. As states receive funding to strengthen public health infrastructure during emergencies and beyond, we can use these resources to prioritize the reversal of [systemic inequities in CBO funding](#), which hinder their capacity to staff, implement and partner. We recommend that:

- States must engage communities and families to push out information around the benefits of COVID-19 vaccination among children 12 and under, as they are at greater risk of infection and transmission of the virus. We propose implementing the [Vaccine Equity Cooperative's Recommendations to Protect Children Under Age 12, their Families and Communities](#).
- States must take advantage of COVID-19 booster vaccine allotments. States must place orders for the maximum allotment of the recently developed bivalent vaccine to increase protection from infection and serious illness.

- States must coordinate and develop local strategies in partnership with CBOs for education and distribution of vaccines, utilizing, improving, and amplifying already created resources like [wecandothis.hhs.gov](http://wecandothis.hhs.gov).
- States must create systems for pediatric vaccine sites to be easily accessible and linked to pediatrician offices, public health agencies, and schools.
- States must increase access to telehealth test-to-treat providers for patients at high risk for COVID-19 complications.
- States must establish community-based testing sites and make them available on a semi-permanent or permanent basis in high SVI communities, to combat the negative impact of reduced access to free testing.

### **Recommendations for Overall Public Health Policy:**

COVID-19 revealed the fragility of our public health systems in the face of pandemics and their corresponding negative side effects. Our communities suffered in the spheres of food insecurity, homelessness, mental health, access to care, and many other social determinants of health. As we now stare down emerging pandemics of Monkeypox, Polio, and others yet to come, we need public health infrastructure supported by communications that reach across culture, language, and socioeconomic status.

- We urge governors to work with state health departments, Medicaid offices and other related agencies to utilize COVID-19 funds, funds from the CARES Act and American Rescue Plan Act to innovate and be responsive to the shifting environment of public health.
- We urge public health communicators to invoke the successes of historically accepted vaccines like those for Polio and Measles to bring awareness to all communities about emerging viruses such as Monkeypox. This should be done through a linguistically diverse and culturally competent communications campaign actively working to engage CBOs and members of vulnerable communities in the creation of the materials.

**Authors:** [National Association of Community Health Workers](#), [Unidos US](#), [Association of Clinicians for the Underserved](#), [Partners in Health](#), [Vaccine Equity Cooperative](#)



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