

2022

Landscape Survey Analysis and Final Report

PUBLIC HEALTH AMERICORPS IN NEW YORK STATE

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Landscape Survey Overview – Public Health AmeriCorps in New York State

Executive Summary

This narrative is prepared for the following stakeholders: the New York Community Trust; the Commission on National and Community Service, the Grantor for the AmeriCorps grants funding; and the Governor’s Office of Nonprofits. These groups were involved in overseeing a Public Health AmeriCorps pilot initiative and lent expertise throughout the pilot implementation, evaluation, and reporting periods. (New York State Commission on National and Community Service, 2022).

The author of this report was retained as a consultant to assist in building the infrastructure of public health AmeriCorps programming in NYS and to offer assistance to the stakeholders in enlarging the infrastructure to scale.

Section A. of the Consultant’s tasks references a “Landscape Analysis.” The purpose of this landscape analysis was originally to “prepare a formal document outlining a framework for a State Plan for an expanded AmeriCorps Public Health Service Corps beyond the New York State Public Health Corps pilot program, initiated in 2021.” The initial justification for the landscape analysis has been modified in response to additional funding allocated to the NYS Commission (see section [A. Current State of Programming](#)). At the current stage, replication would have the greatest opportunity of maximized impact for communities who need the support most in New York State, ultimately improving New York’s’ standing for overall health outcomes. Allowing for a replication model would scale the innovation more effectively than expansion because of the potentially prohibitive costs of trying to roll out the program just by expanding its reach, versus allowing the model to be adopted and adapted to fit other location’s respective communities.

These programs are funded through AmeriCorps, an independent federal agency which works with nonprofit agencies, state, and local government, including the Commission, to address community challenges through direct service and volunteerism.

The Landscape Analysis outlines the strengths, resources, and needs of a particular community, and provides a framework for designing a service and ensures that it is embedded directly in the needs of the community.

I used a landscape survey community-based approach to explore how this important pilot healthcare innovation can be scaled up through replication when an innovation reaches scale through adoption of a model or service by different organizations. In this case, the Public Health AmeriCorps programs would copy, and in some cases improve the model in various locations, spreading in a decentralized way.

This survey identifies interventions which, when replicated can benefit more people and increase healthcare access through service. As scaling up is the process of taking an innovation to a sizable portion of the intended clients to maximize reach and impact, it is central to public policy. If an innovation doesn’t reach scale, it may be viewed as having failed in a sense to potentially affect change This landscape survey addresses various approaches to using

replication to increase the effectiveness of reaching underserved or affected communities. Adapt, improvise, and meet their needs!

Conclusions

To most effectively replicate the public health corps model to allow greater access to health care services in affected communities, New York State should:

- **Recruit Public Health AmeriCorps members targeted from the underserved or affected communities**
- **Public Health AmeriCorps members recruited from the underserved communities can and should be trained and certified in Motivational Interviewing (MI)**

Acronyms, Abbreviations and Definitions

PHA (Public Health AmeriCorps): The federal AmeriCorps program funded through ARPA by the Centers for Disease Control and Prevention

The Commission: (New York State Commission on National and Community Service): The NYS government entity charged with administering AmeriCorps programs, including the PHA, in New York State

NYSPHC (New York State Public Health Corps): A dedicated program of the NYS Department of Health (non-AmeriCorps funded)

CNCS (Corporation for National and Community Service): the federal entity administering federal national service funding d/b/a AmeriCorps, or AmeriCorps federal agency

AmeriCorps: The federal national service program authorized by the National and Community Service Act of 1990, as amended by the Edward M. Kennedy Serve America Act of 2009

NYCPHC (New York City Public Health Corps): a dedicated program of the City of New York (not to be confused with the New York City Service Public Health AmeriCorps, a program funded through the Commission and PHA)

NYCT (New York Community Trust): a nonprofit foundation funding the work of the consultant

ARPA (American Rescue Plan Act): Legislation enacted in March of 2021 to meet immediate needs created by the COVID-19 pandemic, which included \$1b dollars for special AmeriCorps funding through 2025, including monies to fund PHA.

Scope

The United States spends almost twice as much on healthcare as other developed countries, yet our population consistently has worse outcome. These outcomes were starkly highlighted during the COVID-19 pandemic which revealed a need to **build public health capacity to support COVID-19 vaccination operations and help localities be prepared to respond to future public health emergencies.** AmeriCorps participants in the AmeriCorps pilot served at

organizations on the front lines of the fight against COVID-19 and those building local public health capacity to prepare for future crises:

- The pilot program consisted of one large nonprofit agency operating community health centers statewide (but mostly in New York City) and one smaller nonprofit agency operating in the Southern Tier, a large upstate New York region geographically but relatively small in population.
- The pilot was funded during 2021-2022 through reallocation of annual AmeriCorps funding by the Commission to these pilot sites, each of which had substantial experience in AmeriCorps program operations and was designed to meet the immediate needs resulting from the pandemic, particularly to provide reliable public information and education and to assist with statewide vaccination efforts.

Ultimately, a federal grant competition was devised to allocate federal ARPA funds provided by the Centers for Disease Control and Prevention (CDC) and administered by the Commission to support this initiative more broadly. **The political environment supported initiatives to support access to healthcare during this pandemic crisis period.** These events have opened opportunities for collaborations to address the COVID-19 vaccinations emergency during the past three years. Eventually, the Commission was awarded over \$7 million in PHA funds to be allocated to seven individual programs to continue the work of the pilot, including the two original pilot sites, two large municipal governments, and three agencies new to AmeriCorps.

Two additional public health corps are currently operating in New York State in addition to the seven PHA programs:

- The New York City Public Health Corps, a city-wide effort launched in September 2021 to expand the public health workforce by partnering with community groups and community health workers to eliminate COVID-19 inequities through outreach and education. It is active in over 74 (out of 214) NYC ZIP codes and includes about 80 community groups. <https://www1.nyc.gov/site/doh/health/neighborhood-health/public-health-corps.page>
- New York State Public Health Corps Fellowship Program, the goal of which is to build public capacity, support COVID-19 vaccination operations and work with community organizations across New York State to 1. Bolster the state's public health infrastructure by mobilizing Fellows to provide critical support and services to Local Health Departments (LHDs); 2. ("New York State Public Health Corps") ("New York State Public Health Corps") Effectively communicate with and educate New Yorkers about key strategies that address public health efforts; and 3. Facilitate connections among the community level public health stakeholders required to strengthen and sustain public health learning and partnerships. <https://www.ny.gov/programs/new-york-state-public-health-corps>.

This survey looks to advance practices that advance health care access using a collaborative approach that addresses disparities, lessens redundancies, and strengthens collaborations among these various public health service corps.

The New York Community Trust (NYCT), a stakeholder in these initiatives, provides guidance for this project, based on the mission and priorities outlined on its website:

“...to make the healthcare system more accessible and stronger” improving the health system through creating “partnerships between hospitals and community health centers to help practitioners better address social factors that impact health.” These include promoting “patient-centered, cost-effective, coordinated, and innovative health care benefits for everyone.” NYCT has helped to “provide screenings, early intervention, and referrals for those in need. Strengthen the health safety net for the uninsured and underinsured. Transition health care providers away from a fee-for-service model to the new managed care system.”
<https://www.nycommunitytrust.org/>, “**Supporting Access to Healthcare**”

For the purposes of this study “affected communities” is defined as New Yorkers who may not have the opportunity to obtain healthcare services which can be measured in the “availability, utilization or outcomes of services.” According to the Institute of Medicine, ¹ health care access is defined as “***the degree to which people are able to obtain appropriate care from the health care system in a timely manner.***”

Two key components of health care access are medical insurance and having access to a usual source of health care. Obstacles include living below the federal poverty line which was a 2021 average of 12.7 percent in New York State according to the US Census.
<https://www.census.gov/quickfacts/fact/table/NY/IPE120220>,

Problem and scope underlying the innovation/scaling challenge

The problem is defined as a need to bolster New York State’s public health infrastructure, and local public health capacity. Capacity includes developing sustainable skills, organizational structures, resources, and commitment to health improvement in both the health and other sectors to prolong and multiply health gains. Capacity can be enhanced by providing AmeriCorps support and services to local NYS health providers and networks to prepare for future crises.

The problem impacts medically underserved low-income and uninsured residents mainly in the Mid-Hudson Valley, Capital Region, and the North Country of NYS and geographic pockets in the New York City, Long Island, Central New York, and Buffalo areas.

The causes of disparities in health care are complex. They require innovations with sustainable solutions to address health inequities. The scaling process is similar to the innovation process in that both involve change, but scaling involves taking an innovation that my work for a small group of beneficiaries to a much larger group of beneficiaries and making it work through a larger system. This requires problem diagnosis, crafting solutions, design tests and iterating. Scaling involves direct engagement with the larger system to ask what works at scale.

Reducing disparities involves creating interventions that directly enable and encourage underserved populations to seek care:

- Individuals from underserved or affected communities may be less likely to seek care due to cost, lack of insurance, medical mistrust, and a lack of appropriate healthcare facilities in one’s own area.
- In addition, after treatment is sought, some may receive substandard care at point of care due to racism.

¹ Now known as the National Academy of Medicine, an independent, nonprofit organization, one of three academies that make up the [National Academies of Sciences, Engineering, and Medicine](https://nam.edu/) (the National Academies) in the United States <https://nam.edu/>

- Further complications include other structural barriers, accessing childcare, transportation, and language barriers.

Innovation and Innovation Type

Public Health AmeriCorps members in the pilot and the larger program currently are linking patients to primary care services through their assigned not-for-profit organizations to access support to improve health status for people through evidence-based interventions and address knowledge barriers that limit access to health care services. AmeriCorps interventions in public health existed prior to the beginning of the COVID-19 pandemic but have become more urgent in the current period.

In identifying a solution which is mixture of a technical solution and socio-behavioral /organizational issues, the proposed policy will involve trying new things to result in positive change and involving new stakeholders in new roles.

Intervention

As evidenced during the COVID-19 pandemic. New York State's urban and rural underserved areas lack adequate access to primary and preventive health care services. **The following interventions, some currently underway but needing greater scale, and some proposed but not yet implemented, are needed to help improve health outcomes to benefit more of the state's population:**

- (1) **Recruit Public Health AmeriCorps members targeted from the underserved or affected communities.** The need for a more diverse workforce is documented (Salsberg et al. 2021). Studies have shown that when patients share an identity with their provider, they are more likely to have trust in and greater satisfaction with the services offered. This can in some cases improve a patient's access to care. (2011 study US Department of Health and Human Services).
- (2) **Public Health AmeriCorps members recruited from the underserved communities can be trained and certified in Motivational Interviewing (MI),** an evidenced-based technique used by some health-care providers to help patients change their behaviors through effectively engaging intrinsic motivation within the patient to change behavior. ²When care management services and health education are provided by individuals trained in MI, these interventions have a measurable impact on the treatment of a broad range of health conditions, behavioral, and substance abuse problems and vaccine hesitancy. <https://www.sciencedirect.com/science/article/abs/pii/S0738399112003291>

This counseling method is already used by CHCANYS, a currently operating Public Health AmeriCorps program. Online training in MI can also be a cost-effective way to provide training. (Schechter, 2021)

Trust in one's own personal physician and/or healthcare worker is associated with utilization of preventive health services. The impacts of MI as an intervention include facilitating health care access for uninsured and underinsured populations; increasing access to link individuals to available services; and documenting knowledge, awareness, and changed behaviors that improve health care outcomes.

² Schechter, N. (2021). Evaluation of an online motivational interviewing program for rehabilitation professionals: A pilot study. *Sage Journals*.

What are the benefits of reaching more people with the policy solution(s)?

- This innovation of a Public Health AmeriCorps program based on diversity and a community-based recruitment plan keeps the needs of the recipients at the center of the process and addresses the critical need to expand the public health workforce, create a local community-based trusted workforce ready to respond to public health needs, strengthen a community health infrastructure, update an understanding of existing capacities, and promote health equity for the communities hit hardest by the COVID-19 pandemic.
- Pathways to public health-related careers can be created through onsite experience and training, with a focus on recruiting individuals who reflect the communities in which they will serve and are trusted.

A. Current State of Programming:

- The New York State Commission on National and Community Service currently administers seven inaugural Public Health AmeriCorps programs in New York State, which began operating in the fall of 2022:

City of Rochester, Flower City Public Health Corps
 CHCANYS Public Health Corps
 Concrete Safaris, Inc. Placemaking Corps
 NYC Service Public Health AmeriCorps
 Public Health Solutions
 Ronald McDonald House of New York
 Rural Health Network of South Central New York

The following programs are beyond the scope of this study, but they have a presence in New York State:

- The New York State Department of Health's New York State Public Health Corps Fellowship Program (NYSPHC) has the goal to build public health capacity to support COVID-19 vaccination operations and to increase preparedness for future public health emergencies (non-AmeriCorps funded).
- New York City Public Health Corps <https://www1.nyc.gov/site/doh/health/neighborhood-health/public-health-corps.page>
- Public Health Service Commissioned Corps, <https://www.usphs.gov> (federal branch of the United States uniformed services dedicated to public health)

AmeriCorps has also funded four PHA programs which serve areas nationally in multiple states including New York. These include the American Heart Association, Arizona State University, the National Association of Chronic Disease Directors, and Public Health Solutions. These PHA programs are not directly administered by the Commission or the State of New York.

B. Methodology

Building the Community Service and Healthcare Access Landscape Map entailed a series of interconnected stages: search for initiatives, review of findings, data collection via the Community Service and Healthcare Access Landscape Survey (Appendices A-D), and analysis. The online search was intended to identify potential initiatives to include in support of the proposed intervention. A program data collection survey for the pilot program was completed in

early January 2023 to ensure the accuracy of the information gathered in the search (Addendum).

Objectives. I sought to find effective interventions to increase access to the health care system and preventive health service use among members of underserved communities.

I utilized a multiple initiative search and used the following strategies:

- Google Research Search: Used online search tools to identify health equity initiatives and specific topics. For example, entering phrases such as “increase access to healthcare, along with collaborative, initiative” into Google searches. Followed links to individual initiatives, funding organizations, and libraries of recruitment strategies and outreach to increase access to healthcare to identify project criteria initiatives.
- “Professional contacts and word of mouth:” Outreach to professional contacts through email, and mail describing the project and requesting feedback on leads for initiatives to include. Feedback ranged from individual suggestions by email to shared databases of work funded by other organizations.
- Outreach to academia. Consultation with academics to expand outreach and improve systematic collection and evaluation of suggestions.
- State contact outreach: The Consultant contacted state health program representatives by email and phone to solicit information about initiatives to ensure more complete representation.
- Logged responses in a spreadsheet with information gathered from initiative websites or via informal communication.
- Developed a telephone survey for distribution to Public Health Corps programs with services in affected areas as defined by census records.

I am using Smart Policy Design & Implementation (SPDI) to collaboratively design this policy, bringing together outside researchers with potential organization and New York State implementing agencies to test the recruitment and Motivational Interviewing (MI) solution(s) for five of the seven AmeriCorps Public Health programs:

Results. The New York State Commission on National and Community Service’s two pilot Public Health AmeriCorps programs in New York State, CHCANYS Public Health Corps and Rural Health Network of South Central New York, began operating in the fall of 2022. Their total year to date enrollment as of November 2022, was 44/anticipated 76 members for CHCANYS, 11/anticipated 12 members for the Rural Health Network. actual 11. Both programs reported that their outputs and outcomes were adversely affected by COVID. Members were working with fewer individuals than originally projected. Their host site partners were mainly Federally Qualified Health Centers (FQHCs), community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status.³ .

Pending. Interviews and a post-program survey were conducted in January 2023 to access and evaluate recruitment practices and results for the two pilot programs.

³ The Rural Health Network reported that Binghamton University Community Schools consistently provided support to its program

Hypothesis. Strong empirical evidence that healthcare provider trust is associated with utilization of routine health services such as routine and informal checkups, as evidenced by the studies referenced in Appendix D.

Goals for the mapping process include focusing efforts on a few key areas rather than spreading efforts across a wide range of activities

1. What community needs we are seeking to address?
2. Who are our competitors and collaborators?
3. What do we do better than other systems?
4. What do similar organizations do better than us?

Connecting the actual results and insights to the State Service Plan

https://newyorkersvolunteer.ny.gov/system/files/documents/2021/04/new-york-state-service-plan-formatted-4.21.21_1.pdf, to ensure that the program is embedded directly in the needs of the targeted community:

Advancing Equity

The State Service plan articulates the New York State Commission on National and Community Service (hereafter “the Commission) mission to “improve lives, strengthen communities, and foster civic engagement through service and volunteering in the state of New York. This includes “Advancing racial equity and justice” which requires;

- Developing a common performance measure that demonstrate increased knowledge and progress toward fighting racism and racial equity;
- Engage well-established retired and older adult service groups in Commission programming; and
- Observe and act upon service needs of older adults from populations underserved due to systemic racism, recognizing how service to these older adults can help fight systemic racism in future generations.

New York State should build upon and expand the conclusions from the Landscape survey to scale up and “most effectively replicate the public health corps model to allow greater access to health care services in affected communities to take this innovation to an increased number of clients to maximize reach and impact. New York State Public Health AmeriCorps members recruited and targeted from the underserved or affected communities, trained in Motivational Interviewing (MI) can inspire trust, an important component of service delivery. As stressed in [Scaling up community-delivered mental health support and care: A landscape analysis](#), “key facilitators to scale up included the importance of sustainable financing and human resources, addressing social determinants and stigma, engaging diverse stakeholders, leveraging existing health infrastructure, using sustainable training models, ensuring cultural relevance and appropriateness, and leveraging digital technologies.”

The two 2021-2022 Pilot Programs, CHCANYS Public Health Corps and the Rural Health Network of South Central New York submitted their final progress reports (GPRs) to the Commission in mid-November 2022 for review and subsequent submission to AmeriCorps. These reports are designed to answer specific AmeriCorps questions and requests for data, and do not necessarily coincide with the aims of this grant. However, some of the GPR data is relevant and when analyzed here was drawn from those progress reports.

The GPR Demographic Section does not provide demographic indicators identifying “populations underserved due to systemic racism.” However, Section 8 Demographic Information “contains a list of demographic indicators of interest” to the Commission and its stakeholders along with cumulative totals for the indications that apply to each program.

CHCANYS, an organization that specifically targets members from affected communities, stated that COVID-19 “severely affected their host site and member recruitment,” but it was able to maximize half-year and shorter term Member Service Year’s (MSY’s). Because of the program’s historical data on enrollment and high retention evidence, and supported by member exit interviews, this statement has high credibility. As CHCANYS is a program with experienced member management, member support and “meaningful” and relevant service activities, this somewhat anecdotal data is significant. It should be incorporated by the Commission and the PHA programs in subsequent program designs and evaluations in order to recruit effectively and retain members from affected communities.

Reviewing trends in the field, including collecting and analyzing information about community assets, missing community support structures, gaps that additional services can fill, community resources that can be leveraged, potential threats, and avoiding duplication of efforts.

The AmeriCorps New York Public Health AmeriCorps was launched in 2021 through a collaboration between the Commission, AmeriCorps and the two pilot sites. This pilot project was created to “support COVID-19 recovery efforts and help strengthen the public health workforce in New York State.” Programming will continue at its pilot organizations: Community Health Care Association of New York State (CHCANYS) and the Rural Health Network of South Central New York. As part of the national Public Health AmeriCorps program, five additional organizations have also begun operating public health corps programs in New York State in fall 2022:

City of Rochester, Flower City Public Health Corps
 CHCANYS Public Health Corps
 Concrete Safaris, Inc. Placemaking Corps
 NYC Service Public Health AmeriCorps
 Public Health Solutions
 Ronald McDonald House of New York
 Rural Health Network of South Central New York

This initiative has two main goals:

1. Address the public health needs of local communities by providing support in state and local public health settings and advancing more equitable health outcomes for underserved communities.
2. Create pathways to quality public health careers through onsite experience and training, with a focus on recruiting AmeriCorps members who reflect the communities in which they will serve.

Trends in the Field

I attended the American Public Health Association (APHA) meeting and focused on its 2022 theme, "150 Years of Creating the Healthiest Nation: Leading the Path Toward Equity," and building trust. Many conversations and topics discussed in this Landscape Analysis and report mirror the trends outlined during the APHA meeting. The following is a brief synopsis of these trends. More information on each can be found in Appendix D.

1. Trend/Discussion: *A Citywide Community-Based Approach: Bringing CBOs and Community Voices into Healthcare Transformation.*

The pandemic exacerbated long-standing health disparities and systemic health care delivery issues impacting communities that have been historically underserved. Often lacking equitable community engagement, solutions to such problems originate from health sectors, resulting in policies and practices that fail to meet community needs.

If we are to avoid long standing health disparities, the community engagement model serves as a roadmap for equitable partnerships with communities and CBOs to improve health outcomes and advance health equity.

2. Trend: *Finding the Audience & Getting Their Attention: The Impact of the Social Media as a Communication Tool During COVID-19 Pandemic*

Social media helps to promote discussions and encourage two-way communication between nonprofits, their supporters, people in the organization's target groups, and other stakeholders. Social media provides global opportunities for organizations to engage stakeholders and share information. Tracking social media engagements and sharing an organization's objectives build awareness and legitimacy among diverse groups. While there is no one-size-fits-all strategy for leveraging social media, having an effective plan will position the organization to both communicate effectively and build a strong relationship with stakeholders.

3. Trend: *Collaborative STEM education model drives youth engagement in public health*

The COVID-19 pandemic raised curiosity among youth about disease transmission and behaviors that contribute to health. Teachers and other educators wanting to address this curiosity and answer student questions, turned to STEM (science, technology, engineering, and mathematics) education. In 2021/2022, CDC used a collaborative model to develop and disseminate an innovative and accessible curriculum to incorporate public health content into STEM education. The new curriculum capitalizes on curiosity among youth to teach students about the science behind disease transmission and factors that influence disease trends, while introducing them to public health careers.

4. Trend: *LIVED EXPERIENCES: Community Health Workers' unique delivery of clinical care and self-management in the promotion of health equity*

As Community Health Workers (CHWs) engage in different settings using various strategies to build capacity and form strong relationships with individuals, there is also an opportunity for CHWs to utilize their lived experiences as an asset to support patients' chronic disease management and build capacity towards positive health outcomes.

Through CHWs' shared lived experiences in public health education and promotion, CHWs can build successful connections in the delivery of care and chronic disease management. CHWs can not only create opportunities for greater impact in clinical care service delivery, but their

own lived experience helps to analyze the gaps needed to build capacity in disease self-management, while working hand-in-hand with patients. This trusted relationship facilitates the developing of new pathways of learning to manage and improve patients' health in an equitable approach.

5. Trend: *Community Activation Model: The power of knowledge and its impact on improving COVID-19 vaccine inoculation among health care workers*

Racial, ethnic, and socio-economic health disparities observed during the COVID-19 pandemic are a rude re-awakening, highlighting inequities and failures within our health systems. Most concerning is the mis- and disinformation in communities of color and lower-income communities impacting vaccination uptake and general prevention measures. Despite the workforce COVID-19 vaccination mandate (August 16th, 2021), New York City Health Hospitals overall had approximately 22% of the Harlem Hospital workforce unvaccinated.

Tailored efforts developed by and oriented towards specific under-engaged populations are critical to address disparities related to vaccine hesitancy and other prevention measures. Respectful customized information and trust-building engagement are needed to combat misinformation and allow participants to make well-informed health related decisions.

6. Trend: *Data Harmonization of community-led and community-partnered primary data collection efforts*

There has been a dearth of information regarding how COVID-19 has affected Asian American (AA) and Native Hawaiian and Pacific Islanders (NH/PI) populations in the United States (US). Harmonizing community-engaged survey samples across the US can increase statistical power and provide greater insight to understanding the needs of these understudied populations.

Harmonization requires ongoing communication across projects in aligning survey items. Overlapping domains included COVID-19 and Testing, Health Care Access, COVID-19 Resources and Help, Food and Eating Behaviors, Educational Challenges, and Demographics

7. Trend: *Child Adolescent Health Disparities and Self-Determinants*

Emerging in the 1950s, adolescent health is a relatively young discipline in the United States. While many assume youths' access to healthcare is guaranteed due to public and private insurance availability, significant disparities exist. The Comprehensive Healthcare for Adolescents Initiative (CHAI) works to increase adolescent's access to and improve experience with healthcare.

Significant challenges in youth access to healthcare services exist within the United States. These challenges can be addressed through partnerships and innovative solutions and these findings are crucial to making necessary changes.

8. Trend: *Identify Best Practices for an Online Master of Public Health Program in Response to the COVID-19 Pandemic*

As more non-traditional students seek new career paths, more people are seeking public health as an attractive option for a second career path. With the unexpected COVID-19 pandemic, many universities were forced to offer flexible online curricula options prematurely and are now working diligently to introduce and implement best practices for online education in Master of Public Health Programs. article selection, approval, and for quality standards.

Although the pandemic did identify areas of need at many institutions that were minimally prepared, many institutions became aware of and implemented these best practices to continue successfully serving student while addressing educational needs.

E. Attending community meetings and other community gatherings to better understand the local political and social landscape.

The following is a summary of work conducted since July 2022. (A full listing of community meetings and other gatherings throughout the life of the grant is contained in Appendix A)

- **Field Work**

Interviews of the pilot program personnel were not completed as they were intended to be done at the end of the program year. Both programs just submitted their progress reports in mid-November and one program is still wrapping operations. Interviews of the pilot programs are scheduled for the week of January 4 through 5, 2023.

- **Determined how many AmeriCorps members enrolled in the Cornell University Public Health Essentials training offered by the Cornell University School of Public Health and how many completed the training and received certification.**

Cornell University was instrumental in designing the pilot program and offered to provide the pilot AmeriCorps members their Public Health Essentials training at no charge.⁴ Cornell used the information gained from this pilot AmeriCorps cohort to inform the final course product. This innovation provided a unique opportunity for members to expand their knowledge of health care issues through a highly rated academic institution. Forty-six individuals enrolled in the course. There were no mandates to finish the course. Other self-selecting Cornell cohorts were close to a 90%+ completion rate. Fifty Public Health Essentials (PHE) slots were used for the pilot with the following breakdown:

- ✓ 46 total individuals enrolled (including fellows and staff)⁵
- ✓ 4 repeated the course
- ✓ Of the 46 individuals, 15 people completed the course and received their certificate (33%)
- ✓ Of the 4 individuals who repeated the course, 2 completed the course the second time (50%)
- ✓ Of the 46 individuals, 31 people did not complete the course (67%)⁶

⁴ Cornell estimated the value of the Public Health Essentials course at \$3600.

⁵ In the larger and more recently operational PHA cohort of a projected 275 AmeriCorps members in NYS, as of this writing fifty were enrolled in the Public Health Essentials Course. For this larger cohort, Cornell is providing the course at a 75% discount (\$2700/member); the program grantees are covering 19.5% of the remainder (\$700/member); and the Commission the remaining 5.5% (\$200/member).

⁶ Donna Leong, MPH, MCP, Manager of Workforce Development, Cornell University Master of Public Health Program provided the data (please reformat).

- **Attend the American Public Health Association (APHA) Annual Meeting, Sat, Nov 5 – Wed, Nov 9, 2022, in Boston, MA**

The American Public Health Association (APHA) Annual Meeting brings together the people who make a difference at the global and national levels, including present and past surgeons general and heads of health organizations from around the world, at the state and tribal levels, including leaders from state and local health departments, and in the education of the next leaders in public health, including professors and deans from the leading public health schools and programs. Please see above summary of trends and conclusions as well as full abstracts of meetings and presentations in Appendix D.

C. SWOT analysis

This analysis is designed to guide policymakers on where to invest some scarce resources aimed at improving healthcare access, with the specific goal of increase the percent of increasing individuals from affected communities in New York State receiving healthcare. There may be several criteria for deciding where to spend the money but for purposes of this analysis the only criteria is cost effectiveness. For every dollar the health corps spends, I determined which of the interventions would generate the highest impact on healthcare access and usage by examining existing studies.

Considered the following four interventions:

- Transportation access might encourage more individuals to utilize healthcare services
- Increasing recruitment of AmeriCorps members from affected/underserved communities
- Increased information distribution
- Outreach through community institutions (public offices, schools, faith-based institutions)

The choice of these four possible interventions was originally informed by my context, intuition, prior professional or personal experience, or specialized expertise. My choices were probably influenced strongly by my context as a citizen, a parent, or an educator. However existing recent studies supported recruitment from affected communities as the most feasible option for AmeriCorps service programs.

Strengths/Opportunities

- The Commission represents a statewide network of interested citizens and supporters of service. The Commission oversees AmeriCorps grants in New York State and monitors the grantees. Its oversight role in making grants to nonprofits, faith-based organizations, local governments, and educational institutions can involve creating a consortium of public health corps organizations. The Commission can also act as an intermediary, assisting recruitment and outreach to underrepresented communities targeted for recruitment as public health care workers.
- Having a state service commission with experience in AmeriCorps recruitment from diverse communities oversee the coordination of existing public health corps can allow for scaling up the PHA and using the existing public health corps as feeders from affected communities for public health worker professions.
- Each of the grantees' backgrounds, including their leadership capacity, professional experience, and community relationships combine as a strength of the Public Health Corps model including how it was constructed and implemented. Their familiarity with challenges in the health care system as well as their ability to diagnose and address the problem in a way that serves the needs of the key actors involves builds the foundation for impact.

- Developing a New York State service plan specifically for adults aged 55 and over
- Developing a recruitment plan targeting individuals with disabilities and organizations serving such individuals.
- Developing opportunities to engage with the current stakeholders and additional outside funders directly.

Challenges/Threats

- The inability to recruit people from the most affected communities is an issue that is slowing the progress of the various public health corps to reach the people who need their services the most.
- A lack of trained healthcare workers is still an issue, and a pipeline of potential workers is still needed to meet a growing demand. The AmeriCorps New York pilot offered opportunity to a likely cadre of young people to a preview of career opportunities in the State's growing public health field.
- Willingness of the corps to work together could pose a challenge.
- Public attitudes towards vaccines (COVID and emerging health issues, including monkeypox and polio) could hinder the work of the corps. Mixed branding and communication of the social impact of local recruitment allow with slow recruiting could impede its attractiveness to community partners in different areas of New York State.
- Managing the interests of diverse groups
- Funders are understandably eager to see results quickly to justify the investment of resources; however, the reality of implementation was much more complex than anticipated.

D. Conclusions

This innovation/scaling challenge involves replicating a public health workforce pilot innovation through collaborations with existing public health corps to increase the access to health services to people in New York currently without adequate access, or representation. Scaling up will take this innovation to an increased number of clients to maximize reach and impact:

- Recruiting individuals to healthcare service from the affected communities and engaging members from these communities in public health initiatives including screenings, early interventions and referrals tends to build trust in those communities, which is needed to bolster participation in New York's public health infrastructure, and builds local public health capacity (developing sustainable skills, organizational structures, resources, and commitment to health improvement to prolong and multiply health gains).
- Coordinating existing community health corps to collaboratively work in partnerships will reduce duplication and expand their ability to replicate a plan to recruit targeted individuals from affected communities to meet their goal of increasing access to health services in New York State. Currently operating public health corps and the new PHA programs have the infrastructure in place to be scaled up as individuals from the affected communities are still underrepresented as healthcare workers. Increasing the recruitment/enrollment of individuals from affected communities into the corps can positively affect healthcare delivery to communities without access and/or to those that underutilize healthcare services by increasing the number of individuals served. (Bloomberg Philanthropies, n.d.)

- Leveraging data to support recruitment in various geographic areas is important to build trust with stakeholders and determine what might work at scale. For example, a process innovation will be at scale fully when all participating organizations adapt a policy of recruiting from the affected communities, and effectively use these policies. Scaling up through replication lets the innovation reach scale by having different organizations (the health corps) adopt or copy the practice or service, and often improve the model in various locations.
- Government funding sources currently are the federal PHA program, funded with CRDC ARPA dollars and requiring no match. To sustain these programs and bring them to scale beyond the scope of the ARPA, which runs only through 2025, will require program match provided by local government and privately funded partnerships. These sources will help scale this health care model, enable replication, and reduce costs. AmeriCorps has a record of accomplishment of opening career pathways in service for people, and now more than ever, equity and representation in public health must be a priority.

I forecast that this challenge will get to scale via both the government and the market pathway. A hybrid approach between the government and not-for-profits would be the best option. Robust private support will also be needed to quickly and effectively achieve a scale sufficient for New York State, sustain the innovations, and lay the groundwork for future public-private partnerships.

Appendix A

Health & Hospital Corporation Public Meetings

Consultant, S. Perez attended via streaming platform

NYC Health & Hospitals Monthly Meetings – Meeting Notices, Publications & Reports

<https://www.nychealthandhospitals.org/public-meetings-notice/>

<https://www.nychealthandhospitals.org/publications-reports/reports-to-the-board-of-directors/>

1. Board of Directors Meeting

JULY 28, 2022

<https://www.youtube.com/watch?v=rXAlZuURHbA>

2. Equity, Diversity, and Inclusion Committee

JULY 11, 2022

<https://www.youtube.com/watch?v=9SJFWDXLNoQ>

3. NYC Health & Hospitals Corporation

JUNE 30, 2022

<https://www.youtube.com/watch?v=L6vdhkiuwbE>

4. FY 2022 Virtual Annual Public Meeting ~ Borough of Brooklyn

JUNE 14, 2022

<https://www.youtube.com/watch?v=2ZvCVUtFREE>

Throughout the entire pandemic, NYC Health + Hospitals, in collaboration with our NYC Test & Trace Corps, provided care, treatment, testing, tracing, vaccination, shelter, food and so much more to New Yorkers who needed it most..." 12 Community Health Needs assessments prepared.

5. 2022 Community Health Needs Assessment Strategic Committee Meeting

JUNE 13, 2022

IRS requirement every three years.

<https://www.youtube.com/watch?v=QGCCnw3m9IY>

6. Equity, Diversity, & Inclusion

MAY 9, 2022

https://www.youtube.com/watch?v=CwmkPMcY_Uk

Due to the COVID-19 pandemic these meetings will be held virtually – Virtual Equity, Diversity, & Inclusion Committee Meeting

7. Community Relations Committee

MAY 3, 2022

<https://www.youtube.com/watch?v=C8jjvYBJbC4>

Due to the COVID-19 pandemic these meetings will be held virtually – Virtual Community Relation Committee Meeting

8. Board of Directors Meeting (Public Session)

APRIL 28, 2022

https://www.youtube.com/watch?v=V86BEs6iy_c

9. Community Relations Committee

MARCH 1, 2022,

<https://www.youtube.com/watch?v=fQWzOYPrwB8>

10. Community Relations Committee

NOVEMBER 9, 2021

<https://www.youtube.com/watch?v=6wTTsGFZETI>

Appendix B

BACKGROUND INFORMATION ON COVID-19 IMPACTS, SELECTED READINGS AND MATERIALS

GOVERNMENTAL INITIATIVES:

1. Public Health AmeriCorps
<https://americorps.gov/funded-grants/public-health-ameri-corps>
2. A New Deal During COVID-19: A Million-Person Health Corps?
<https://ash.harvard.edu/event/new-deal-during-covid-19-million-person-health-corps>
3. NYC Establishes Permanent Public Health Corps, Pandemic Response Institute
Published September 29, 2021, • Updated on September 29, 2021, at 3:24 pm
<https://www.nbcnewyork.com/news/local/nyc-establishes-permanent-public-health-corps-pandemic-response-institute/3298352/>
4. US Department of Health and Human Services -Commissioned Corps of the US Public Health Service (“Public Health Service (U.S.) - CRW Flags”) (“Public Health Service (U.S.) - CRW Flags”) <https://www.usphs.gov/about-us>
5. New York State Public Health Corps
<https://www.ny.gov/programs/new-york-state-public-health-corps>
6. -NYS Commission on National and Community Service State Service Plan Focus Group
https://newyorkersvolunteer.ny.gov/system/files/documents/2021/04/new-york-state-service-plan-formatted-4.21.21_1.pdf

APPENDIX C

OTHER STUDIES/ARTICLES

1. *"The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis"* (*"The effectiveness of community engagement in public health ..."*) (*"The effectiveness of community engagement in public health ..."*), Alison O'Mara-Eves^{1*}, Ginny Brunton¹, Sandy Oliver¹, Josephine Kavanagh¹, Farah Jamal² and James Thomas¹

2. *"Evidence-Based Community Health Worker Program Addresses Unmet Social Needs and Generates Positive Return on Investment"* (*"Evidence-Based Community Health Worker Program Addresses Unmet ... - PubMed"*) (*"Evidence-Based Community Health Worker Program Addresses Unmet ... - PubMed"*), Shreya Kangovi, Nandita Mitra, David Grande, Judith A. Long, and David A. Asch (*"By Shreya Kangovi, Nandita Mitra, David Grande, Judith A. Long, and ..."*) (*"By Shreya Kangovi, Nandita Mitra, David Grande, Judith A. Long, and ..."*), <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00981>

3. *A growing number of health care organizations have hired community health workers (trusted individuals from local communities) to provide social support, care coordination, and advocacy for high-risk patients...Integrated Community-Healthcare Diabetes Interventions to Reduce Disparities,*

[Monica E. Peek](#), [Molly Ferguson](#), [Nyahne Bergeron](#), [Debra Maltby](#) & [Marshall H. Chin](#)

<https://link.springer.com/article/10.1007/s11892-013-0467-8>

4. (*"What do we know about community-based health worker programs? A ..."*) (*"(PDF) What do we know about community-based health worker programs? A ..."*)

Kerry Scott, S. W. Beckham, Margaret Gross, George Pariyo, Krishna D Rao, Giorgio Cometto & Henry B. Perry (*"What do we know about community-based health worker programs? A ..."*) (*"What do we know about community-based health worker programs? A ..."*)

Human Resources for Health volume 16, Article number: 39 (2018)

5. *Community Health Workers Can Be a Public Health Force for Change in the United States: Three Actions for a New Paradigm* (*"Community Health Worker Resources | CDC"*) (*"Community health workers can be a public health force for ... - PubMed"*)

Hector Balcazar PhD, E. Lee Rosenthal PhD, J. Nell Brownstein PhD, Carl H. Rush MRP, Sergio Matos Lorenza Hernandez. Author affiliations, information, and correspondence details

Accepted: July 18, 2011, Published Online: November 28, 2011

<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2011.300386>

6. *Mobilizing Community Health Workers to Address Mental Health Disparities for Underserved Populations: A Systematic Review*

Published: 20 July 2017

Miya L. Barnett, Araceli Gonzalez, Jeanne Miranda, Denise A. Chavira & Anna S. Lau
 (“Mobilizing Community Health Workers to Address Mental Health ...”) (“Mobilizing Community Health Workers to Address Mental Health ...”)

7. Administration and Policy in Mental Health and Mental Health Services Research volume 45, pages195–211 (2018) Cite this article

<https://link.springer.com/article/10.1007/s10488-017-0815-0>

Abstract

This systematic review evaluates efforts to date to involve community health workers (CHWs) in delivering evidence-based mental health interventions to underserved communities in the United States and in low- and middle-income countries. Forty-three articles (39 trials) were reviewed to characterize the background characteristics of CHW, their role in intervention delivery, the types of interventions they delivered, and the implementation supports they received. The majority of trials found that CHW-delivered interventions led to symptom reduction. (“Mobilizing Community Health Workers to Address Mental Health ... - PubMed”) (“Mobilizing Community Health Workers to Address Mental Health ... - PubMed”) Training CHWs to support the delivery of evidence-based practices may help to address mental health disparities. Areas for future research as well as clinical and policy implications are discussed.

7. Analyzing the Landscape: Community Service, Volunteers, and Increased Access to Healthcare

This Landscape Assessment was conducted to learn from higher education assessment practitioners about their current practices and perspectives regarding the intersection of equity, diversity, inclusion, and assessment in order to advance and facilitate increased access to healthcare services in New York State.

Survey Design Process and Partners

The landscape survey project is facilitated by a project team comprised of three parts: a leadership team, a survey design and analysis team, and project partners. This structure is designed to model equity-centered practices by intentionally engaging culturally diverse stakeholders. The leadership team recognizes the work that has happened in these spaces for years and seeks to shine a light on these efforts while guiding the initiative with our project partners and design and analysis team.

8. Building Trust and Improving Care in Underserved Communities Partnership with the University of Minnesota Community University Health Care Center brings care closer to underserved communities.

NEWS RELEASE BY ABBOTT

Download multimedia

Northampton, MA | July 23, 2021

<https://newsdirect.com/news/building-trust-and-improving-care-in-underserved-communities-415878664>

9. Communities of color, immigrants and refugees experience myriad socioeconomic, cultural, language and other barriers to care. And consequently, they bear a disproportionate burden of

disease. And ironically, well-intentioned as they may be, some healthcare clinics attempting to address this problem can add more barriers. By entering a community without understanding local contexts or making inaccurate assumptions, residents may see certain actions as intrusive and shy away from these programs.

[Am J Public Health](#). 2009 July; 99(7): 1293–1299.

doi: [10.2105/AJPH.2007.123927](https://doi.org/10.2105/AJPH.2007.123927)

PMCID: PMC2696665

PMID: [18923129](https://pubmed.ncbi.nlm.nih.gov/18923129/)

10. Trust in the Health Care System and the Use of Preventive Health Services by Older Black and White Adults

[Donald Musa](#), DrPH, [Richard Schulz](#), PhD, [Roderick Harris](#), MSPH, [Myrna Silverman](#), PhD, and [Stephen B. Thomas](#), PhD

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2696665/>

11. American Hospital Association (AHA), Ensuring Access in Vulnerable Communities - Taskforce Report and Resources, <https://www.aha.org/issue-landing-page/2016-11-16-ensuring-access-vulnerable-communities-taskforce-report-and-resources>

<https://www.aha.org/case-studies/2018-02-02-hospitals-and-health-systems-ensuring-access-their-communities>

In late 2016, AHA’s Task Force on Ensuring Access for Vulnerable Communities issued a report examining ways in which vulnerable rural and urban communities, and the hospitals that serve them, could safeguard access to health care services.

12. Brandon M. Togioka; Derick Duvivier; Emily Young, (2022) *Diversity and Discrimination in Healthcare*, National Library of Medicine, National Center for Biotechnology Information <https://www.ncbi.nlm.nih.gov/books/NBK568721/>

13. Cleopatra Howard Caldwell, PhD, Dana Thomas, MPH, Hannah Hoelscher, MA. (“Tailoring Recruitment and Outreach Strategies for Underrepresented ...”) (“Tailoring Recruitment and Outreach Strategies for Underrepresented ...”) Tailoring Recruitment and Outreach Strategies for Underrepresented Students in Public Health Pipeline Programs (2021), <https://journals.sagepub.com/doi/full/10.1177/23733799211047517>

14. Cooley, L., & Kohl, R. (2012). Scaling up—from vision to large-scale change: tools and techniques for practitioners. (“Scaling Up – From Vision to Large-Scale Change: Tools and Techniques ...”) Washington DC: Management System International.

Disparities, Healthy People.gov, Office of Disease Prevention and Health Promotion <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

15. Edward Salsberg, MPA1; Chelsea Richwine, PhD1; Sara Westergaard, MD, MPH1; et al *Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce* (2021)

[https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2777977?utm_source=For The Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=033121](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2777977?utm_source=For%20The%20Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=033121)

16. GW Today (2021) *New Study Finds Severe Lack of Diversity in the Health Care Workforce* <https://gwtoday.gwu.edu/new-study-finds-severe-lack-diversity-health-care-workforce>
17. Cohen, A. K., Lopez, A., Malloy, N., & Morello-Frosch, R. (2016). *Surveying for environmental health justice: Community organizing applications of community-based participatory research*. ("Surveying for Environmental Health Justice: Community Organizing ...") ("Surveying for Environmental Health Justice: Community Organizing ...") *Environmental Justice*, 9(5), 129–136. <https://doi.org/10.1089/env.2016.0008>
18. Douglas, J. A., Grills, C. T., Villanueva, S., & Subica, A. M. (2016). *Empowerment praxis: Community organizing to redress systemic health disparities*. *American Journal of Community Psychology*, 58(3–4), 488–498. <https://doi.org/10.1002/ajcp.12101>
19. Fact Sheet: The Need for Diversity in the Health Care Workforce, (2022) Health Professionals for Diversity Coalition <https://www.aapcho.org/wp/wp-content/uploads/2012/11/NeedForDiversityHealthCareWorkforce.pdf>
- Flores, G. (2010). Technical report: *Racial and ethnic disparities in the health and health care of children*. *Pediatrics*, 125(4), e979–e1020. <https://doi.org/10.1542/peds.2010-0188>
20. Goode, Christina A.; Landefeld, Thomas, *The Lack of Diversity in Healthcare: Causes, Consequences, and Solutions* (2019) <http://diversityfirsttoolkit.org/wp-content/uploads/2022/05/The-Lack-of-Diversity-in-Healthcare-Causes-Consequences-and-Solutions.pdf>
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23. *Amid COVID-19 Pandemic, Bloomberg Philanthropies Commits \$100 Million to Help Increase Number of Black Doctors in U.S.* <https://www.bloomberg.org/press/bloomberg-philanthropies-commits-100-million-to-help-increase-number-of-black-doctors-in-us/> ("Amid COVID-19 Pandemic, Bloomberg Philanthropies Commits \$100 Million ...") ("Amid COVID-19 Pandemic, Bloomberg Philanthropies Commits \$100 Million ...")
24. Kangovi, Shreya, Mitra, Nandita,, Grande, David, Long, Judith A., Asch, David A. (2020). "Evidence-Based Community Health Worker Program Addresses Unmet Social Needs and Generates Positive Return on Investment." ("Evidence-Based Community Health Worker Program Addresses Unmet ... - PubMed") ("Evidence-Based Community Health Worker Program Addresses Unmet Social ...")
25. NYC Establishes Permanent Public Health Corps, Pandemic Response Institute (2021) <https://www.nbcnewyork.com/news/local/nyc-establishes-permanent-public-health-corps-pandemic-response-institute/3298352/>
26. New York State Public Health Corps <https://www.ny.gov/programs/new-york-state-public-health-corps>

27. Community health worker interventions for older adults with complex health needs: A systematic review. (“Community health worker interventions for older adults with complex ...”) (“Community health worker interventions for older adults with complex ...”) Journal of the American Geriatrics Society (JAGS) Volume 70, Issue 6 Pages: C1, 1611-1898, E15-E20 (2022) <https://pubmed.ncbi.nlm.nih.gov/33738803/20>

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[29. Schechter, N. \(2021\). Evaluation of an online motivational interviewing program for rehabilitation professionals: A pilot study. Sage Journals.](#)

30. US Department of Health and Human Services -Commissioned Corps of the US Public Health Service <https://www.usphs.gov/about-us>

31. NYC Care Works with Community Based Organizations
<https://www.youtube.com/watch?v=CcBQvcXnoP8>

APPENDIX D

COURSE AND MEETING ABSTRACTS FROM AMERICAN PUBLIC HEALTH ASSOCIATION (APHA) ANNUAL MEETING, BOSTON, MASSACHUSETTS NOVEMBER 5-9, 2022

A Citywide Community-Based Approach: Bringing CBOs and Community Voices into Healthcare Transformation.

Camila Figueroa-Restrepo, MA, Kristelle Pierre, MPH, Faven Araya, MPH The Arthur Ashe Institute for Urban Health

APHA 2022 Annual Meeting and Expo

The pandemic exacerbated long-standing health disparities and systemic health care delivery issues impacting communities that have been historically underserved. Often lacking equitable community engagement, solutions to such problems originate from health sectors, resulting in policies and practices that fail to meet community needs.

Communities Together for Health Equity (CTHE) is a diverse network of 70+ community-based organizations (CBOs) throughout New York City (NYC). CTHE arose in response to the absence of community engagement in NY state's healthcare delivery system transformation process, and the growing demand to prioritize addressing social determinants of health (SDOH). CTHE utilizes a community-based participatory research (CBPR) model to address barriers to care and inform advocacy efforts to bridge equity gaps.

CTHE has established an effective community engagement model to assess SDOH needs, provide education, design community-driven solutions to overcoming barriers, and facilitate linkages to care to people in need. Collectively, these efforts reached almost 1,200 hard-to-reach individuals including people with disabilities, BIPOCs, undocumented, and LGBTQIA+. Assessment findings highlighted an overwhelming percentage (>70%) of individuals who were unable to satisfy their basic needs including employment (38.3%), access to food (20.2%), and mental health (15.8%).

This inclusive community-driven approach demonstrates a path to health equity as it provides nuanced and culturally informed recommendations to the local healthcare planning process that aim to address SDOH and health disparities.

If we are to avoid long standing health disparities, this (sic) community engagement model serves as a roadmap for equitable partnerships with communities and CBOs to improve health outcomes and advance health equity.

Abstract

Access the utility of social media for communication and public health information

Finding the Audience & Getting Their Attention: The Impact of social media as a Communication Tool During COVID-19 Pandemic

Ashley S. Love, DrPH, DHSc, MPH, MS, CPH, CHC, Abigail Chihak, MSW, MPH, Hannah Hardy, PhD, MPA, Keiko Sagamai, EdD (1) The University of the Incarnate Word, (2) Dallas County Health Department - Community Health Administrator, (3) Chronic Disease & Injury Prevention Program, Allegheny County Health Department, (4) New York Department of Health and Mental Hygiene

APHA 2022 Annual Meeting and Expo

Background: Social media helps to promote discussions and encourage two-way communication between nonprofits, their supporters, people in the organizations' target groups, and other stakeholders.

Objective: To explore and compare the reach and the impact of social media use in the Public Health Education and Health Promotion Section (PHEHP) of the American Public Health Association (APHA) before and during the COVID-19 pandemic.

Method: The PHEHP is one of the largest member sections of APHA (5,000+ members) and has a strong presence on social media. The analytics from the PHEHP social media platforms, Facebook, Instagram, and Twitter, were used to identify the demographics and to compare the reach, engagement, and impact from 2017 to 2022.

Results: As of March 2022, PHEHP had 5,496 unique followers on Facebook, 854 followers on Instagram, and 2,689 followers on Twitter. The audience demographics showed that a majority of the followers were female and younger (between 18-45 years old) and from the U.S., Canada, Africa, and Middle East Regions. A significant increase in reach, engagement, and impact was observed during the COVID-19 pandemic compared to before the pandemic on Facebook and Instagram.

Conclusion: Social media provides global opportunities for organizations to engage stakeholders and share information. Tracking social media engagements and sharing an organization's objectives build awareness and legitimacy among diverse groups. While there is no one-size-fits-all strategy for leveraging social media, having an effective plan will position the organization to both communicate effectively and build a strong relationship with stakeholders.

Abstract

Collaborative STEM education model to drive youth engagement in public health

Kelly Cordeira, MPH Centers for Disease Control and Prevention

APHA 2022 Annual Meeting and Expo

The COVID-19 pandemic raised curiosity among youth about disease transmission and behaviors that contribute to health. Teachers and other educators wanting to address this curiosity and answer student questions, turned to STEM (science, technology, engineering, and mathematics) education. In 2021/2022, CDC used a collaborative model to develop and disseminate an innovative and accessible curriculum to incorporate public health content into STEM education. The new curriculum capitalizes on curiosity among youth to teach students about the science behind disease transmission and factors that influence disease trends, while introducing them to public health careers. The curriculum is for teachers and other educators to provide youth with the skills needed to become educated consumers of public health science and to inspire them to be health advocates in their families, schools, and communities.

CDC collaborated with STEM teachers to design the engaging, eight-module public health curriculum for middle and high school STEM classrooms. It includes interactive videos, classroom activities, and detailed instructions for educators. The teachers provided expertise on the content, pedagogy, and format, while CDC ensured technical accuracy.

The free curriculum is downloadable from CDC's website. To reach a range of educators, it is being disseminated through an extensive partner network to reach as many students as possible, including students from racial and ethnic minority groups and under-resourced communities. This network allows for cross-promotion through education and public health partners and broad dissemination through community channels, including state and local health departments.

Lived Experiences: CHWs unique delivery of clinical care and self-management in the promotion of health equity

SILVIA ORTEGA, Alejandra Morales, CCHW, Monique Allen, CCHW, Lily Lee, DrPH, MPH, Pamela Fernandez, MPH (1) San Manuel Gateway College, Loma Linda University, San Bernardino, CA, (2) San Manuel Gateway College, Loma Linda University, San Bernardino, CA, (3) Loma Linda University, San Bernardino, CA

APHA 2022 Annual Meeting and Expo

Issue: As Community Health Workers (CHWs) engage in different settings using various strategies to build capacity and form strong relationships with individuals, there is also an opportunity for CHWs to utilize their lived experiences as an asset to support patients' chronic disease management and build capacity towards positive health outcomes. Three CHWs will be presenting on their experiences of addressing chronic disease care management through the application of CHW-engaged strategies strengthened by their lived experiences.

Description: When CHWs offer public health education and promotion to support clinical care and chronic disease self-management, it is vital to lean on their own shared lived experiences as an asset to deliver a patient-centered care. The presentation will showcase three CHWs whose lived experiences served to connect with patients and community members in community (deaf community), outpatient, and hospital. The presentation will showcase video clips of CHW engagement in these settings along with a talk on the lessons learned collaborating with a multidisciplinary team in more detail.

Lessons Learned: Deaf communities have limited resources along the whole continuum of care and spectrum of prevention. One CHW created a fitness program called Sign and Sweat to bridge the gap between the hearing and deaf community and creating a sense of belonging. The CHW in an outpatient facility was able to bring cultural awareness into an existing diabetes management educational program to engage hard to reach patients and reestablishing trust. The CHW who worked in a hospital setting engaged with vulnerable families through home visitation services to further explore root causes to their chronic illness and ensure continuity of care in a medical home.

Recommendations/Conclusions: Through CHWs™ shared lived experiences in public health education and promotion, CHWs can build successful connections in the delivery of care and chronic disease management. CHWs can not only create opportunities for greater impact in clinical care service delivery, but their own lived experience helps to analyze the gaps needed to

build capacity in disease self-management while working hand-in-hand with patients. This trusted relationship facilitates the developing of new pathways of learning to manage and improve patients' health in an equitable approach.

Abstract

Community Activation Model: The power of knowledge and its impact on improving COVID-19 vaccine inoculation among health care workers at Harlem Hospital.

Christopher Montgomery, MD(c) MPH, Eric Wei, MD, MBA, Christopher Philippou, MPH (1) New York City Health + Hospitals, (2) NYC Health + Hospitals

APHA 2022 Annual Meeting and Expo

Background: Racial, ethnic, and socio-economic health disparities observed during the COVID-19 pandemic are a rude re-awakening, highlighting inequities and failures within our health systems. Most concerning is the mis- and disinformation in communities of color and lower-income communities impacting vaccination uptake and general prevention measures. Despite the workforce COVID-19 vaccination mandate (August 16th, 2021), New York City Health Hospitals (NYC H+H) overall had > 20% and ~22% of the Harlem Hospital workforce unvaccinated. To mitigate the potential loss of healthcare workers (HCWs), education and trust building efforts took place.

Methods: To identify key drivers of staff vaccine hesitancy we conducted qualitative interviews and surveys. Guided by staff feedback, an educational seminar was co-developed. HCWs not yet vaccinated were required to participate. Pre-/post-surveys were collected as were daily vaccination statistics.

Results: Top vaccine hesitancy reasons were COVID-19 no longer being perceived as a threat, lack of trust in the vaccine, and frustration with the lack of personal agency. Over 3 weeks, every unvaccinated employee took part in at least one seminar (N=542). By the September 27th mandate, only 4.4% of staff remained unvaccinated. Pre- and post- survey results (N=35) showed strong improvements for vaccine use intentions, confidence in understanding the COVID-19 pandemic, and perceived benefits of the educational seminar.

Conclusion: Tailored efforts developed by and oriented towards specific under-engaged populations are critical to address disparities related to vaccine hesitancy and other prevention measures. Respectful customized information and trust-building engagement are needed to combat misinformation and allow participants to make well-informed health related decisions.

Abstract

Data Harmonization of community-led and community-partnered primary data collection efforts

Matthew Chin, Lan N. Aoi n, Laura Wyatt, Rienna Russo, Jennifer A. Wong, Dana Duong, Simona C. Kwon, Stella S. Yi. Center for the Study of Asian American Health, Department of Population Health, NYU Langone Health

APHA 2022 Annual Meeting and Expo

Background: There has been a dearth of information regarding how COVID-19 has affected Asian American (AA) and Native Hawaiian and Pacific Islanders (NH/PI) populations in the

United States (US). Quantitative data describing the severity of the pandemic for disaggregated AA and NH/PI subgroups has been particularly sparse. Harmonizing community-engaged survey samples across the US can increase statistical power and provide greater insight to understanding the needs of these understudied populations.

Methods: The NYU Center for the Study of Asian American Health (CSAAH) harmonized three community-engaged health surveys: the Regional Community Health Resources and Needs Assessment conducted in Atlanta, Phoenix, and Salt Lake City by CSAAH; the Rapid COVID Needs Assessment conducted in New York City by CSAAH; and the AA & NH/PI COVID-19 Needs Assessment Study conducted nationally by the Asian American Psychological Association. Survey results were weighted on national estimates of race/ethnicity for each subgroup.

Results: Harmonization required on-going communication across projects in aligning survey items. Overlapping domains included: COVID-19 and Testing, Health Care Access, COVID-19 Resources and Help, Food and Eating Behaviors, Educational Challenges, and Demographics. Discussion around each projects' approach to reporting, particularly around race/ethnicity, was imperative to preventing data discrepancies. Consideration of temporal differences for when surveys were conducted was necessary for data analysis and interpretation. Harmonization may allow for smaller groups which might have otherwise been aggregated under "Other" to be represented in reporting.

Conclusion: This presentation describes the processes, considerations, and benefits of harmonizing community-engaged surveys for AA and NH/PI populations.

[Child and Adolescent Health Disparities and Social Determinants of Child and Adolescent Health](#)

Introduction:

Emerging in the 1950s, adolescent health is a relatively young discipline in the United States. While many assume youth's access to healthcare is guaranteed due to public and private insurance availability, significant disparities exist. The Comprehensive Healthcare for Adolescents Initiative (CHAI) works to increase adolescent's access to and improve experience with healthcare.

Methods: To expand knowledge surrounding access, researchers conducted a qualitative study with medical providers who serve adolescents.

Five focus groups with youth-serving healthcare sites, including a children's hospital, rural and urban federally qualified healthcare clinics, a network of school based health centers, and tele behavioral healthcare provider were conducted, virtually, in fall 2020. Participants (n=26) were physicians, nurses, psychologists, health educators, and administrators. Open ended questions were facilitated by a trained research staff member, which focused on understanding access from a social ecological perspective. Data was summarized using a thematic analysis with an open-coding scheme.

Results: At an individual level, participants noted that adolescents often go without basic health resources (e.g., contraception, prescription medication) and their knowledge of services is limited. Stigma surrounding mental health, substance use, and sexual and reproductive health services are barriers to care. Interpersonal communication conflicts arise when caregivers and adolescents have alternating priorities surrounding care. Participants also reported organizational barriers for service availability, an untrained workforce limit access, and policies

around confidentiality and consent. Furthermore, organizational culture influences youth access to information and their service navigation experience. At the community level, lack of reliable transportation impedes access and policy-level issues related to guardian consent for services continue to persist.

Discussion: Significant challenges in youth access to healthcare services exist within the United States. These challenges can be addressed through partnerships and innovative solutions and these findings are crucial to making necessary changes.

Abstract

A Systematic Review to Identify Best Practices for an Online MPH Program in Response to the COVID-19 Pandemic

Carolyn Rodgers, Ph.D., MPH, MHS, MCHES, NASM-YES & GPTS, Markisha Woodson, PhD, MSPH, MBA, MCHES, Cynthia Armand, MPH, Beverly Antonia, RN, MPH (1) Simmons University, (2) Benedictine University, (3) New Jersey Department of Health, (4) Consultant

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Background: As more non-traditional students seek new career paths, more people are seeking public health as an attractive option for a second career path (Beaulieu and Scutchfield, 2019; Woodhouse et al. 2006). In fact, this movement has prompted universities to come up with more flexible options to meet the needs of learners across life course (Nelson, 2020). However, with the unexpected COVID-19 pandemic, many universities were forced to offer these flexible options prematurely and are now working diligently to introduce and implement best practices for online education in Master of Public Health Programs (MPH) (Nelson, 2020). The purpose of this study was two-fold. First, to identify best practices and approaches to online education for learners across life course. Secondly, to revisit best practices for online MPH programs pre COVID-19 pandemic to identify the most relevant best practices adopted during the COVID-19 pandemic.

Methods: Methodology included a literature search of current universities approaches to the COVID-19 pandemic and a systematic review accessing best practices pre-COVID-19 for online MPH programs using the Joanna-Briggs Institute (JBI) quality assessment and grading system for systematic reviews. Two researchers reviewed abstracts for article selection, approval, and for quality standards.

Results: As a result, of the 90 articles that were retrieved only 14 met the study criteria. Moreover, the results suggest that the 11 best practices identified should be incorporated into these programs pre-COVID-19 and still proved relevant and important during the COVID-19 pandemic.

Conclusions: Although the pandemic did identified areas of need at many institutions that were minimally prepared, many institutions became aware of and implemented these best practices to continue successfully serving student while addressing educational needs.

Abstract

The New York State Public Health Corps Fellowship Program: From Planning to Practice

Laura Trolio, Jacqueline Lawler, Erin Knoerl, Ashley Tate, Donna Leong, Genevieve Meredith (1) New York State Department of Health, (2) Orange County Health Department, (3) Cornell University

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Government public health has been under-resourced, as experienced amidst COVID-19. In response, health departments innovated; New York State envisioned a Public Health Corps (NYSPHC). The innovative workforce development model, launched in 2021, recruits New Yorkers (Fellows) from their communities, and provides just-in-time training and capacity building to support success. Program goals include (1) equipping Fellows to work with/for local health departments (LHDs) to address COVID-19 and public health needs, and (2) developing a pipeline of skilled New Yorkers to enter the public health workforce. Through 2021, the NYSPHC engaged LHDs to develop shared understanding and buy-in, establish funding agreements, and identify mentors.

The NYSPHC Program funds and supports 1,000 Fellow positions in 57 counties for a 1-2 year period. Fellows with diverse backgrounds are encouraged to apply, particularly those with passion to serve their communities and learn. All Fellows are enrolled in mandatory hands-on capacity building trainings related to public health's core functions and essential services, cultural responsiveness, community collaboration, and resilience-building (80 hours over 14-weeks via Cornell's Public Health Essentials (PHE)) and receive year-long mentorship from Program and LHD staff to build foundational public health skills and strong connections.

To launch the program, the NYSPHC invested in inclusive marketing and recruitment strategies with schools and communities, ensuring a diverse pool of applicant Fellows, as measured by education, experience, skills, interests, and demographics. Fellow applications have been robust, and the NYSPHC actively works with LHDs to match applicants, by geography (serving one's community), and by skills (to meet county needs). Fellows are active in PHE, and report statistically significant gains in abilities.

Since late 2021, new Fellows have been hired by counties each week, and the Program is active in all state regions filling needs related to addressing COVID-19, including vaccination, epidemiology, contact tracing, and community health education, as well as other areas impacted during the pandemic. Progressive evaluation will elucidate program impacts, both for community health and workforce replenishment and diversification.

Innovation and collaboration of state, academic, and local public health partners are building a pipeline of public health professionals to advance health equity in NYS.

Abstract

Healthy Davis Together: Lowering the burden of COVID-19 through community-academic partnerships

Brad Pollock, MPH, PhD, Brad Pollock, PhD, MPH, Charlotte Bergheimer, MS, Thomas Nesbitt, MD, MPH, Tod Stoltz, MBA, Sheri Belafsky, MD, MS, Kelly Carey, BA, Miriam Nuato, PhD (1) University of California, Davis, (2) Department of Public Health Sciences, University of California Davis, (3) Office of the Vice Chancellor, Health System, University of California Davis, (4) Center for Health and Technology, University of California Davis, (5) GMMB, Inc.

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Background: When COVID-19 began, college-towns faced unique challenges to safely reintegrate students back into the community. Universities and surrounding multi-sector communities are uniquely interconnected. By partnering with the University of California Davis, the City of Davis and Yolo County, California, the Healthy Davis Together (HDT) program, launched in September 2020, reduced the burden and consequences of COVID-19 in the community.

Methods: HDT used a multimodal approach combining epidemiologic infectious disease control (screening, contact tracing, isolation/quarantine, sub-sewer shed wastewater monitoring) simultaneously with health behavior interventions (education, incentives, and communications). An Advisory Committee including representatives from the university, city, county, and leadership from the local federally qualified health center (FQHC), faith-based organizations, business community, and community-based organizations participated in the creation and oversight of HDT. Precision public health approaches were used with a special emphasis on vulnerable and hard-to-reach underserved populations (e.g., unhoused, elderly residents, and migrant farmworkers).

HDT delivered 15,000 targeted vaccine doses, some by mobile van, fostering increased equity among vulnerable groups such as migrant farmworkers (achieving an 83% full vaccination rate). Program efforts also supported 56 K-12 schools across five public school districts with testing, vaccine campaigns, health education, and improved safety in classrooms (air filters, guidance on ventilation). Regular Advisory Committee meetings provided community feedback for program adjustments.

Results: HDT provided over 1.6M COVID-19 tests to the community and the university, reaching 117,000 individuals across 120 locations including school-based sites and mobile clinics. From 1/2021 to 2/2022, test positivity proportions in Davis were significantly lower compared with Yolo County or with the State of California.

Conclusions: Public-public and public-private partnerships for healthcare projects that align diverse stakeholders can collectively address public health crises. Through strengthened partnerships between the university, the city and county, as well as new partnerships with private and community entities, programs like HDT reflect the type of infrastructure and cooperation that can be pivotal in promoting health in the post-pandemic era.

Abstract

Harnessing the Synergies of Faith Communities and Public Health Partnerships: The GEORGIA CEAL Project

Claudia E Ordóñez, Barbara Baylor, Kaleb Whitfield, Rakale Collins Quarells, Gabrielle Sabben, Kate Winskel, Unjali P Gujral, Wendy K Jefferson, Brittany D Taylor, David Williams, Sedessie Spivey, Robert A Bednarczyk, Tabia Henry Akintobi, John Blevins, GEORGIA CEAL Team (1) Hubert Department of Global Health, Rollins School of Public Health, Emory University, (2) GEORGIA CEAL Project, (3) Graduate Education in Public Health, Morehouse School of Medicine, (4) Cardiovascular Research Institute, Morehouse School of Medicine, and Department of Behavioral, Social, and Health Education Sciences, Rollins School of Public Health, Emory University, (5) Hubert Department of Global Health, Rollins School of Public Health, Emory University, (6) Health Assessment and Promotion Department, DeKalb County Board of Health, (7) Georgia CEAL, Prevention Research Center, Community Health and Preventive Medicine, Morehouse School of Medicine, (8) South Side Medical Center, (9) Health Assessment and Promotion Department, DeKalb County Board of Health, (10) Prevention Research Center, Evaluation and Institutional Assessment, Morehouse School of Medicine, (11) Multiple, GEORGIA CEAL Stakeholders

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Issue: Need to improve effectiveness of public health response to address the disproportionate burden of COVID-19 among Black and Latinx communities and their lack of trust in the health system.

Description: GEORGIA CEAL* seeks to address the disproportionate burden of COVID-19 among Black and Latinx communities in the state of Georgia. Employing CENR, it aims to identify culturally appropriate and locally relevant response strategies to address vaccine misinformation and mistrust and improve COVID-19 vaccine uptake. Phase 2 of GEORGIA CEAL focused on engaging local faith communities. During Phase 2, researchers conducted interviews, focus groups, and online meetings (forums, townhalls, webinars) with clergy and laypeople from Black and Latinx faith communities in Georgia to identify assets and barriers to COVID-19 public health response among faith communities. Framework methodology was identified as an appropriate rapid analysis strategy to organize participants responses into a data matrix and identify themes using an iterative process of consensus.

Lessons Learned: The formative research (Phase 1) of GEORGIA CEAL identified clergy and lay leadership as key and appropriate public health response allies for the local context. GEORGIA CEAL's Community Coalition Board was important in engaging with stakeholders. Fostering continued engagement with clergy and faith communities as partners in addressing COVID-19 builds trust and facilitates effective public health outreach.

Recommendations: Recognizing the value and importance of consistent engagement with faith communities, Phase 3 of GEORGIA CEAL will build on Phase 2 partnerships by developing Congregational Care Teams to address hyper-localized public health needs in Black and Latinx communities.

* Garnering Effective Outreach and Research in Georgia for Impact Alliance (GEORGIA) Community Engagement Alliance Against COVID-19 (CEAL)

Abstract

Strengthening public health systems and services through national partnerships to improve and protect the nation's health: Assessment of state evidence-based policy capacity

Lindsay K Cloud, JD1, Alexandra Hess, JD1, Andy Baker-White, JD, MPH2, Marcus Plescia, MD, MPH 2 (1) Center for Public Health Law Research and Temple University Beasley School of Law, (2) Association of State and Territorial Health Officials

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Evidence-based policymaking is increasingly recognized as an effective tool to improve public health outcomes. Using evidence to craft law and policy has become more feasible with the development of scientific legal mapping methods and tools that produce legal data, which enables researchers to evaluate the impact of legal interventions on health outcomes. Many state health departments (HDs) lack internal legal expertise with few or no lawyers within their policy departments. Yet, oftentimes public health practitioners with no formal legal training are tasked with understanding where and how the law applies and how best to implement and enforce it within their communities.

Our research team conducted a survey of HDs to assess the capacity, experience, and competencies of practitioners to identify core components of evidence-based policy infrastructure for state agencies. The survey went to HD leadership in all 50 states and Washington, D.C. We received 44 responses from 35 HDs. Overall, the responses indicate that many HDs have a centralized policy department (n=21), a dedicated policy lead on staff (n=20), as well as assigned staff dedicated to policy-related efforts (n=29). Despite internal policy-related work across HDs, the technical skills of staff vary widely. Only 13 HDs have a lawyer working within the department, and even fewer (n=12) have access to traditional legal research databases.

This presentation will identify core components of evidence-based policy infrastructure for states based on the analysis of the survey results and demonstrate a framework to support scientific legal mapping capacity in health departments across the nation.

Abstract

Strengthening public health systems and services through national partnerships to improve and protect the nation's health: Assessment of state evidence-based policy capacity

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Abstract

The rapid closure of faith-based institutions in predominantly Black areas: Using a public health framework to tackle this issue to achieve health equity.

Raquel Burgess, MSc; Araceli Lopez, BS; Tamara Taggart, PhD, MPH; Yusuf Ransome, DrPH (1) Department of Social & Behavioral Sciences, Yale School of Public Health (2) Yale College, Yale University (3) Department of Prevention and Community Health, The George Washington University Milken Institute of Public Health

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The Covid-19 pandemic called for infection mitigation strategies that forced religious institutions to temporarily close. Well before the pandemic, however, faith-based organizations were closing at high rates, yet much of the evidence remained anecdotal. To fill this gap in research, we used Arc GIS to map churches using the Standard Industry Classification Codes (SIC) 866107 to identify closures between 2013 and 2019 in Baltimore, MD; New York City, NY; and Philadelphia, PA. We found the majority of institutions that closed were primarily spatially concentrated in low-income, predominantly Black communities where religious organizations have historically served as sites of multidimensional health promotion in times of political crisis and economic stability. What are the population health implications when religious institutions close in communities of color? We document the prevalence of religious institutions closing and discuss implications for health equity integrating perspectives from faith leaders in congregations that remain open within a five meter buffer from where the majority of churches closed in the three cities.

When religious institutions close, there may be higher rates of chronic disease and worsened mental health outcomes. Mechanisms that may contribute to these health outcomes include decline in social cohesion and removal of social determinants of health services such as food pantries and substance use treatment. Participants will learn from this session, the relationships between religious ecology and health, some health promoting mechanisms, the extent of the problem of religious institution closings, and potential policy and actions they can take to help achieve health equity

Abstract

Racial disparity in mental health effects during COVID-19 pandemic

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Background: Existing literature about collective traumatic events provides some insight into the expected mental health effects and disparities of the COVID-19 pandemic. We aimed to identify disparities in the COVID-19 effects on mental health with a focus on social determinants, household composition, and social networks in light of extended periods of economic loss, social isolation, and other disruptions.

Methods: This convenience sample survey (COvid-19 Affecting Children and caregivers in New York: COACH-NY), included questions on socio-demographics and household composition; COVID-19 infection; acute and chronic stressors; perceived stress, anxiety, depression, somatic symptoms, and general health using validated scales (i.e., GAD-7 for anxiety, CES-D-10 for depression, and PHQ-15 for somatic symptoms). The survey was administered through the

Qualtrics electronic survey platform, after eligibility screening (>17 years resident of New York State, and primary caregiver of child aged 5-17 years).

Results: The sample (N=976) was 59% Female, 51% non-Hispanic White (NHW), 23% Hispanic, 13% non-Hispanic Black (NHB) and 13% Asian. There were significant racial and ethnic differences (p

Conclusion: All racial and ethnic groups consistently reported mental health issues in higher proportion compared to non-Hispanic Whites. Further evaluation adjusting for other social determinants (education, household composition, income etc.) and exploration of COVID-19 specific contextual factors to understand mental health problems among Asians is warranted.

APPENDIX E

SURVEY CONTENTS

After the initial survey is distributed and data collected, a follow-up interview with the program manager is conducted for an in-depth assessment of training for community engagement in providing support for New York's healthcare delivery and increasing patient access.

- Which trainings did you attend in preparation for program management? How likely would you be to recommend these trainings to other colleagues?
- How much new information did you receive in this training?
- How has COVID affected your program startup? (required)
- What type of trainings have your members participated in? Have you and/ or your members received Cultural Competency training?
- How useful was the information provided?
- How would you rate the effectiveness of the training in promoting positive program outcomes?

APPENDIX F

NEW YORK STATE DEMOGRAPHIC INFORMATION

AmeriCorps service interventions can have a demonstrated impact in health areas addressing environmental justice, synergizing faith communities and public health partnerships with academic institutions. Of note is the role of faith communities during COVID in addressing “the disproportionate burden of COVID-19 among Black and Latinx communities and their lack of trust in the health system. Strengthening public health systems and services through national partnerships, reimagining mobile health to reach affected communities, and building community-academic and faith-based partnerships can support and widen paths to health equity. These identified strengths, needs and resources are evidence-based.

The United States Census reports New York State’s July 1, 2021, population estimate as 19,835,913.

Age and Sex

Persons under 5 years,	5.50%
Persons under 18 years,	20.70%
Persons 65 years and over	17.50%
Female persons,	51.10%
Race and Hispanic Origin	
White alone,	69.10%
Black or African American alone,	17.60%
American Indian and Alaska Native alone	1.00%
Asian alone, percent(a)	9.30%
Native Hawaiian and Other Pacific Islander alone	0.10%
Two or More Races,	2.80%
Hispanic or Latino, percent(b)	19.50%
White alone, not Hispanic or Latino,	54.70%
Health	
With a disability, under age 65 years, (2017-2021)	7.70%
Persons without health insurance, under age 65 years	6.10%
Income & Poverty	
Median household income (2017-2021)	\$75,157
Per capita income in past 12 months (2017-2021)	\$43,208
Persons in poverty,	13.90%

Appendix D contains full abstracts of meetings, presentations and surveys which address conclusions regarding the strengths, needs, resources and the need for further evaluation of disparities of the COVID-19 high rates periods and the expected health effects, both current and projected for an extended period.

ADDENDUM JANUARY 2023

SURVEY/INTERVIEW PROCESS, SYSTEM MAPPING UPDATE AND RESULTS

Restating the underlying problem for this innovation/scaling:

We are at a specific stage in the innovation/scaling process: Analyzing the pilot project funded by the AmeriCorps grant in preparation for a greatly expanded AmeriCorps effort. New York State started with eight federal funding applications, seven of which were granted funds to support new Public Health Corps projects, enabling a greater AmeriCorps public health service Corps presence in New York State, extending beyond the pilot program. Following the conclusion of the pilot program in December 2022, I conducted a brief exploration with the pilot program directors of the successes and challenges of the pilot.

As the potential members of the collaboration/partners are now identified, each public health corps can now be approached to **formally join a collaboration/partnership of public health corps to increase the access to health services to people in New York State currently without adequate access, or representation.**

Survey Methods

- Conducted two interviews and a post-program survey with the pilot Program Directors, which examined recruitment practices, training, and program results.
- Defined “scaling up” using the World Health Organization (WHO) definition as “deliberate efforts to increase the impact of health services innovations successfully tested in pilot or experimental projects to benefit more people and to foster policy and program development on a lasting basis.”
- Summarized the post-program survey interviews by common characteristics.

Survey Results

The surveys and interviews conducted via the Zoom platform with three program year 2021-2022 Public Health AmeriCorps staff via Zoom identified promising examples of efforts to scale up, highlighted what is working and what is to be done next. Collaborating with other entities is supported by research. Moving forward it will be critical to mobilize community, health agencies, government level stakeholders, beneficiaries, and other key actors to effectively increase healthcare access.

Result One: Coordinating the work of the existing New York state community health corps and network in affected communities, increasing numbers of corps members recruited from groups underrepresented as healthcare workers and implementing specific member and staff training policies builds client trust. Trust is a contributing factor to improving usage. These actions would innovatively expand their abilities to increase access to health services for people currently without adequate access, or representation.

Result Two: This pilot program through AmeriCorps and the Commission, now operating as Public Health AmeriCorps in NYS, represents an innovation which supports sustainability of a holistic community-based health care approach which includes a) a public health corps that keeps the needs of the recipients at the center of the process; b) addresses the need to expand the public health workforce, c) creates a local community-

based trusted workforce ready to respond to local community public health needs; and d)strengthens a community health infrastructure by updating an understanding of existing capacities, and promoting health equity for the communities hit hardest by the COVID-19 pandemic.

Program Manager Survey: An assessment of training for community engagement in providing support for New York’s healthcare delivery and increasing patient access.

	CHCANYS	Rural Health
What trainings did you attend in preparation for program management? How likely would you be to recommend these trainings to other colleagues?	AmeriCorps Project Director training – essential for AmeriCorps staff to learn programmatic, administrative, and financial requirements. In addition, provides training on programmatic aspects such as program start up, recruitment and retention, service year experience, and other essential aspects for a high quality AmeriCorps program.	Along with CHICANYS, I was involved with the Public Health AmeriCorps pilot program, which involved multiple virtual discussions about the launch of the NYS Public Health Corps. Additionally, I have been the AmeriCorps Director at RHN since 2014, and involved with AmeriCorps since 2009. There seemed to be an “overkill” on information once the RFP was released that came from multiple sources.
How much new information did you receive in prior trainings?	A lot	A lot
How has COVID-19 affected your program startup?	Somewhat	Somewhat. It is difficult to say that it is only COVID-19 affecting recruitment.
What type of trainings have your members participated in? Have you, your staff and/ or your members received Cultural Competency training?	A lot	A lot. Our program began in September. Many are currently enrolled in the Cornell Public Health Essentials Course right now. Others are planning to take it. Most members are participating in Mental Health First Aid training next week. Several are also MPH students. RHN offers a Rural Cultural Competency program, but there has not been time to do this because they are on overload right now. Most are 900 hr. (AmeriCorps) members, and the Cornell Course is 60-80 hours. Personally, I have participated in many, many cultural competency trainings. Our agency has

		been involved in yet another DEI assessment.
How useful was the information provided?	Extremely useful	Not sure which info this refers to. If it means to apply for the grant, I'd say it was useful in the sense that it always is. I don't think I participated in the technical assistance call this year. We also didn't know initially what was going to happen with our (then) current AmeriCorps grant.
How would you rate the effectiveness of the training in promoting positive program outcomes?	Extremely effective	I'm not sure which training this refers to!

Interview Summary

- The Commission's experience in AmeriCorps recruitment from diverse communities to oversee the coordination of existing public health corps can allow for scaling up the Public Health AmeriCorps network in NYS, using the existing public health corps as feeders from affected communities for public health worker professions.
- A concern is that this innovation might not represent the views of the stakeholders and end-user communities. Values, expectations, and norms of particular individuals or groups could be unsettling and end up undermining the political support for the change to holistic community-based care.

Training Analysis

The following trainings prepared members for client interaction which increased trust during the critical COVID-19 period. Annual regular training programs were impacted during the height of COVID. Although the pilot programs began service immediately after approval in 2021, in-person training could not resume until recently. The following conclusions are based on my research as well as the best thinking of the pilot program directors as described to me in the post-program interviews and surveys:

- **Motivational Interviewing (MI) is a proven counseling method**, supported by national research and practiced by CHCANYS. This method effectively engages intrinsic motivation within the patient to change behavior. When care management services and health education are provided by individuals trained in MI, these interventions have a measurable impact on the treatment of a broad range of health conditions, behavioral, and substance abuse problems.
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT):** SBIRT is a "comprehensive, integrated, public health approach to the delivery of early intervention

and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Program certification for staff and members assigned to “primary care centers, hospital emergency rooms, trauma centers, and other community settings. SBIRT provides opportunities for early intervention with at-risk substance users before more severe consequences occur.”

- **Cultural Competency Training**
- **Diversity, Equity, and Inclusion Group:** As practiced by CHCANYS throughout the life of the pilot program
- **Trauma-Informed care**
- **Cultural humility in times of emergency and conflict**

Other Comments from post-program surveys and interviews

- **AmeriCorps was responsive, transparent, and shared ways to address a changed environment.** Ran ideas by the programs and created a “web of assurance.” No fear in asking questions. Open to trouble shooting. Their intent was to facilitate things.
- **The way the Commission communicated was great,** while mindful of compliance.
- **Members and staff had the opportunity to enroll in and complete the Cornell Public Health Program.** Some members couldn’t enroll after August 31. Some already had a master’s degree in public health (MPH) or were already enrolled in the Binghamton School of Public Health working toward their MPH. Due to time constraints some members were resistant to taking the Cornell training as it conflicted with time needed for their program.
- **Originally the many public health corps efforts and start-ups in NYS were fighting for the same recruits;** however, results became more effective “when we were sharing information recruitment rather than competing.”

System Mapping

Methodology

- I used a narrative review approach to highlight the connections between key actors:
 - A. Patients/healthcare participants
 - B. NYS Department of Health
 - C. NYS Commission on National and Community Service
 - D. Governor’s Office of the State of New York
 - E. NYC Health and Hospital Corporation
 - F. AmeriCorps and the AmeriCorps federal agency, the Corporation for National and Community Service
 - G. AmeriCorps members assigned to the pilot and subsequent Public Health AmeriCorps programs for service delivery

These groups figure most prominently in this system as part of the authorizing environment or the institutions, groups, and individuals by which the administration agencies/programs can be held accountable. Their relationships are based on their roles as the grantors and partners in monitoring existing health corps which were operating at the pilot level. Individuals we wish to help with the holistic public health corps model innovation/scaling work are at the center of the

map/narrative and reflected the relationships between these actors (e.g., accountability relationships).

Results

Successful interventions involve beneficiaries and other key actors and shows how key actors in this system interact with each other, and how change occurs in a multi-level and intricate system. **The mapping focuses on areas where there may be a need for additional connections between actors and modify and/or change practices currently in place.**

Better understanding the way each component interacts with each other allows for examining an entire system's relationships rather than one interaction by itself.

- **One opportunity for innovation involves all the above organizations and could be a promising positive leverage point. A desire not to duplicate effort could lay the foundation for greater and more streamlined partnerships** to expand their reach in keeping with their goals to increase access to health services in NYS to people currently with inadequate access.
- **One area of resistance within this group is competition which may hamper innovation.** The actors have sometimes functioned in silos which holds back collaboration and communication
- **The Commission could act as a liaison or coordinator between all the organizations,** including the NYC Health and Hospitals Corporation. Once this linkage is accomplished it would greatly enhance the State's capacity to scale up. The nonprofits whose health corps funding commenced in 2022-2023 and other organizations which could be funded in the future will also add new actors.
- **The Commission displayed its ability to effectively manage the disruption of services during the height of COVID** by supporting program creation of service opportunities and listening to program feedback regarding on the ground conditions. New York City was most impacted, and the Commission worked closely with AmeriCorps during this period to have systems in place and provide flexibility including reexamining the allowable rules and procedures for a federal grant:
 - The pilot programs didn't expect such flexibility but received it at a critical time.
 - The panic went away little by little
 - Member position descriptions were changed as needed and allowable
 - Assistance was offered in the vaccine rollout
 - Kudos to the Commission and to AmeriCorps – opening up the rules for a federal grant.

CONCLUSION: The hypotheses proposed in the Final Report and tested by the post-program interviews and surveys are supported and the recommendations in the Final Report and in the Addendum should be accepted as next steps.