




COMMUNITY-LED COVID-19 INFORMATION SHARING PROJECT



A partnership with HealthierHere, Community-Based Organizations, and Public Health-Seattle King County. Funding for this project was provided by Gates Ventures.

June 2021

Report: Community-Led COVID-19 Information Sharing Project

Public Health – Seattle & King County
HealthierHere and Community-Based Organizations in King County, Washington
December 2020 - April 2021

Summary

The Community-Led COVID-19 Information Sharing Project, a collaboration between Public Health – Seattle & King County (PHSKC), HealthierHere, and 32 community partners was designed to improve access to information about COVID-19 testing and safety among Black, Indigenous, and People of Color using a variety of community-grounded information sharing strategies. Evaluation was incorporated into the implementation of the project to understand to what extent and how community-led, rapid information sharing strategies were shared as well as successes and barriers (Aim 1), and whether this partnership was a promising model to rapidly engage communities (Aim 2).

During a four-month period, community partners shared information about COVID-19 safety and testing, including access to free at-home testing through the University of Washington Seattle Coronavirus Assessment Network (SCAN). Information about vaccinations was incorporated after the start of the project in response to community interest. We used formative evaluation that was adaptive to the partner feedback and shifting needs in response to the rapidly evolving pandemic. Aim 1 metrics included reach (# partners engaged), adoption (# people engaged), and effectiveness of partners' strategies to share information (successes and barriers). Aim 2 assessed the value of the partnership, interest in future collaboration among partners, and factors to support sustainability through partner surveys and focus group discussions. Quantitative data were summarized descriptively, and qualitative data were analyzed for themes. Community partners reviewed and contributed to the interpretation of all evaluation findings throughout the project.

We highlight key findings in the figure below.

In summary, the Community-Led COVID-19 Information Sharing Project used a combination of strategies, promoted ongoing engagement, and responded rapidly to community questions. This partnership model was effective in engaging communities in rapid information sharing with potential to adapt for future COVID-19 response efforts and other public health emergencies. Partners valued this model for its rapid, open communication, capacity to respond rapidly to community needs, and trust-building that came from diversity of PHSKC staff reflecting the diversity of community partners. All partners wanted to continue collaborating despite funding uncertainties. More investments in partners' digital and human resources and establishment of two-way communication between PHSKC and partners would support sustainability.

Key Findings

- From December 2020 to April 2021, 32 (100%) community partners shared information with 58,117 people, personal protective equipment (masks) with 23,303 people, and SCAN testing codes with 5,408 people – 13 people used the SCAN project code to access a COVID-19 test kit.
- **Barriers** to testing and safety practices included limited access to transportation, demands of essential and high-exposure work, and pandemic fatigue, among others.
- The use of a **combination of community-designed information strategies**, rather than a single ‘one-size-fits all’ approach, was effective to reach multiple communities most impacted by COVID-19. Community partners reached community members quickly through numerous contact points that were familiar, including social media, trusted messengers, and service delivery events. Clear, concise, and visual tools were used.
- Effective information sharing about COVID-19 was more than a one-time event but a **process of ongoing engagement with community members** to respond to questions, help navigate resources, and offer a safe space for listening to fears and concerns. Community partner organizations played a key role in interpreting information from trusted sources (e.g. PHSKC, WA State Department of Health (DOH), and CDC) in ways that community members could meaningfully receive, considering appropriate language, format, tone, and frequency.
- **The adaptability of this project design** enabled real-time response to the continuously evolving pandemic and information needs of community members. This includes pivoting the work to address community concerns about vaccines through question-and-answer time during community partner meetings and via “FAQs.”
- The partnership was **highly valued and there was interest in continuing partnering** by all partners. This was attributed to potential for impact on inequities, the flexibility of the partnership structure, and the existing relationships and trust built by HealthierHere with community partners.

Background

Washington state had the first confirmed case and King County had the first reported deaths from COVID-19 in the country.^{1,2} Since the beginning of the pandemic in March 2020, the county's COVID-19 epidemic has disproportionately affected immigrants, migrants, and communities of color.³ More than one year later, populations of Black, Indigenous, and People of Color continue to experience disproportionately high rates of COVID-19, and COVID-19 positivity continues to be highest in South King County where testing rates have been low compared to other KC regions.

Early disparities underscored the urgency for Public Health – Seattle & King County (PHSKC) to partner with trusted community entities to rapidly scale and disseminate messaging about when, where, and how to get a COVID-19 test and what to do to stay safe. To address the need to increase COVID-19 testing among the most impacted populations, PHSKC and HealthierHere (HH), a local Accountable Community of Health, designed a community-partnered approach to increase COVID-19 testing and promote COVID-19 safe behaviors (e.g. mask use, social distancing, when and how to isolate and quarantine) among disproportionately affected populations in KC.

In October of 2020, Gates Ventures expressed an interest in supporting community engagement activities to increase COVID-19 testing and safe behaviors among highly impacted communities. There was also interest in evaluating the partnership and community-led approach to understand best practices for rapid outreach and dissemination of health messages to highly impacted communities. Lessons learned from this project will inform community outreach and education for other local programs to address COVID-19.

Between December 2020 and April 2021, PHSKC, HealthierHere – the Accountable Community of Health for the King County Region – and 32 community-based organizations (CBOs) partnered to: 1) rapidly disseminate existing information about COVID-19 testing (including SCAN priority codes) and safe behaviors to Black, Indigenous, and People of Color (including Black/African American/African-born, American Indian/Alaska Native, LatinX, and Native Hawaiian/Pacific Islander communities) and people in South King County, identify barriers to testing and COVID-19 safe behaviors, and 2) evaluate this as a model for community outreach and education, including assessing partnering agencies' interest and ability to sustain this work, and factors that contribute to sustainability.

Methods

For this project, HealthierHere convened 32 CBOs (community partners), with whom they routinely engage for community health work, to rapidly disseminate health messages. These trusted CBOs have long-standing relationships with communities highly impacted by COVID-19, especially in South King County. HealthierHere and PHSKC project team members met weekly to prepare activities to engage community partners throughout the project period. Participating community partners were provided funding to support their ongoing activities to share information about COVID-19 with members of their communities.

The project team worked with an Advisory Group of six CBOs to collaboratively adapt the evaluation approaches that would be used to learn to what extent the messages were shared, how well messages resonated, and identify structural and individual level barriers/facilitators to COVID-19 safe behaviors.

Over the four-month project period, HealthierHere convened five Advisory Group (AG) meetings and four Community Partner (CP) meetings. Advisory Group meetings were typically 90 minutes and CP meetings were three hours. The AG guided the evaluation approach and structure of each community partner meeting and helped interpret findings collected by the PHSKC evaluation team. PHSKC and HH drafted CP meeting agendas, presentation materials, and evaluation questions for AG input prior to each CP meeting. Early in the project period (December 2020), the AG advised the project team to focus on promoting information about COVID-19 safe behaviors and testing options, and not to discuss vaccines. The advice came at a time when no COVID-19 vaccines were authorized for use in the United States and was in response to community concerns and trepidation about the topic. A few weeks into the project, the AG informed the project team that they were ready to talk about vaccines, that community members had burning questions, and that the project needed to shift focus to allow time during CP meetings to address questions and share information from the public health department. Project activities were adapted to meet this need.

To evaluate the rapid outreach work (Aim 1), we used the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework as a guide.⁴ Data from community partner surveys and reports (media buys, SCAN codes) were summarized as frequencies including *Reach* (number of community partners providing information) and *Adoption* (number of community members who received information and PPE, and a priority SCAN code). We coded and analyzed qualitative data, which consisted of community partner meeting minutes, responses in Zoom chats, and open-text responses from surveys.⁵ Community partner meeting notes were reviewed for key themes according to the RE-AIM framework, including *Effectiveness* of outreach events, and *Implementation* barriers and strategies to sharing information about COVID-19 testing and safety (Table 1). Preliminary findings were shared with community partners for co-interpretation after each analysis.

To evaluate the partnership model (Aim 2), PHSKC partnered with a University of Washington Master of Public Health Capstone student to gather perspectives from key partners on the value of the collaboration, CBO interest in continued use of this model of partnership, interest and likelihood of continuing the work, resources needed, and factors that contribute to sustaining this work (e.g. community interest, funding, organizational mission). Between March 2021 and April 2021, data were collected using an online survey with 32 community partners and three focus group discussions with representatives from the AG, HH, and PHSKC by videoconference. Preliminary findings were shared with participants for review and feedback was incorporated accordingly.

Results | Aim 1: Rapid Dissemination of Information and Outreach

Through the partnership structure and approach (Figure 1), government and community partners were able to jointly discuss rapidly changing COVID-19 information, share insights, and adapt evaluation methods. Community partners identified six community-grounded strategies that were most effective for them to engage and share information.

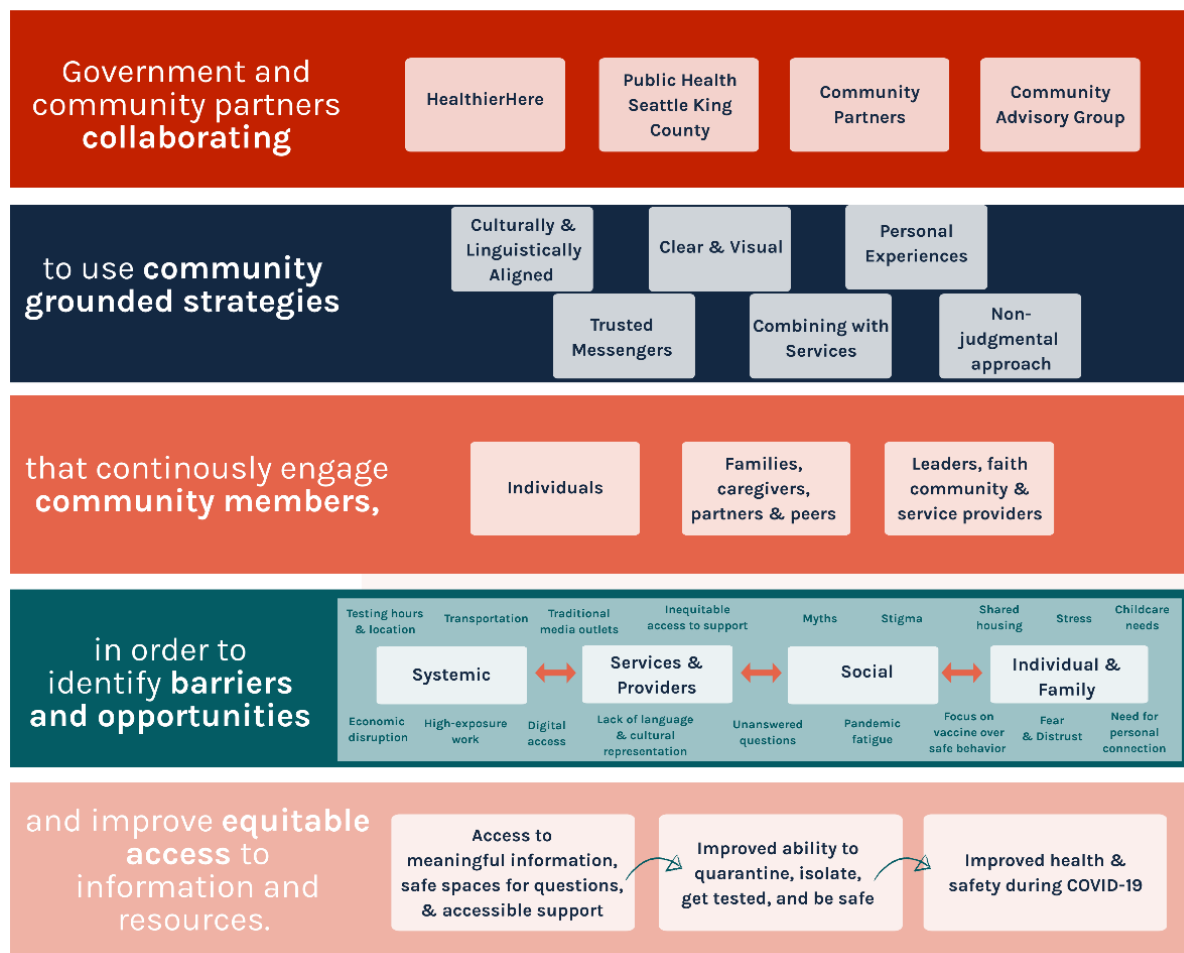


Figure 1. Model of Partnership Structure and Approach

How and Where COVID-19 Information was Shared

Collectively, 32 community partners achieved the following key outcomes (Table 1):

- Over 58,000 people reached with COVID-19 information
- 13 community partners (41%) distributed personal protective equipment (face masks) to over 23,000 people across and outside King County*
- 13 community partners (41%) shared information about SCAN and the SCANCBO priority code to 5,408 people*
- More than 80% of community partners reported working with communities in South King County and South Seattle
- Ethnic media buys focused on Latinx and Native Indigenous populations reached more than 380,000 individuals

* Sharing PPE (face masks) and SCAN codes were optional activities.

Community partners shared information about COVID-19 risks, safety practices, and testing options using technology, outreach events, and direct conversations with community members. This included

social media, video, and email, one-on-one or group activities, storytelling, and events held in person and online. As a result of government restrictions on gathering, virtual outreach strategies were prioritized. The most common formats and platforms that partners reported using were social media, printed materials, and electronic communications such as newsletters and email (Figure 2).

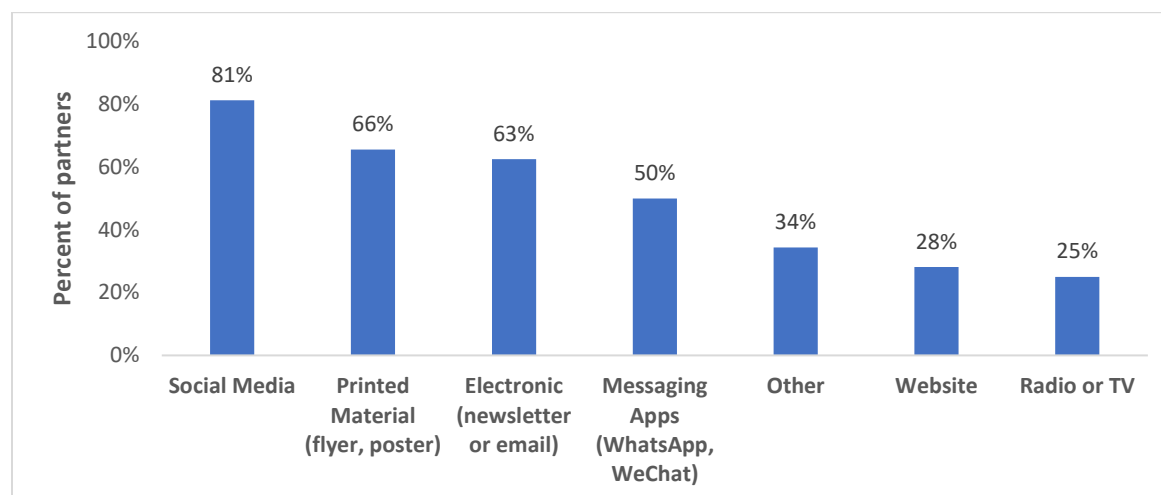


Figure 2. Platforms used by community partners (n=32) to share information about COVID-19

Barriers to Accessing COVID-19 Information & Resources

Partners serving different cultural and geographic communities within and outside of King County reported several common barriers – very few were unique to a specific community. A predominant theme heard from community partners was that COVID-19 messages coming from national and local public health institutions were not reaching many communities at highest risk of COVID-19 exposure, illness, and death. Inequitable access to the internet, complex messages, lack of messages available in appropriate languages and literacy levels, and uncertainty about where to go for trusted information impeded community members’ ability to access the information they needed to make informed decisions about testing and safety. We organized findings by system, service, social, and individual/family levels using an adapted ecological framework .⁶

Systemic barriers

For this project, *system level barriers* were those related to transportation systems, employment, and information systems. Systemic barriers to accessing COVID-19 testing included limited safe and affordable transportation options. Community partners reported that some community members who wanted to get tested could not because they either did not have their own transportation, did not feel comfortable asking friends/family to drive them, or were afraid of COVID-19 exposure from public transportation.

Partners described that many of their community members are essential workers. High exposure jobs and the lack of paid time off contributed to barriers to safe behaviors. The limited operating hours of many testing locations was a challenge.

Accessing information online about testing locations or scheduling appointments was difficult for community members without internet access or limited familiarity with navigating online systems. For example, partners reported that one of the main challenges to sharing information about SCAN testing, especially among older adults, was the lengthy online registration system, the only option for getting the SCAN test.

Service barriers

Service level barriers are those related to provider-client interactions and care coordination. Partners highlighted the lack of culturally and linguistically appropriate services and strategies, as well as fragmented resources as key barriers to accessing information and support. Partners emphasized that information delivered by institutions and individuals from outside the community was less likely to be valued or trusted. In most communities, it was important for messages to be communicated through trusted leaders, elders, or health experts from the community.

A key challenge was the fragmented system of providing resources for community members. Partners noted difficulty connecting families to available resources for isolation and quarantine, such as rental assistance, food delivery, gift cards, home visits, and/or isolation and quarantine centers. This was due in part to confusion about what services exist and how to access them, including answering calls from contact tracers.

Social barriers

Social level barriers refer to broader community and social norms and relationships that influence behavior. Partners highlighted challenges associated with sharing COVID-19 information while managing constantly changing messaging from Public Health. They described the tension of balancing conversations about the consequences of testing positive with the idea of testing as a tool for safety until they were ready to get vaccinated. Community members feared loss of employment or being asked about their immigration status. Some were reluctant to reveal their COVID-19 status to outreach staff, which made it difficult for community partners to identify who in their communities needed support for isolation and quarantine or other resources. For example, some community members were reluctant to engage with contact tracers, who are a primary source of information about supportive resources, because they worried what would happen if their contacts and employers knew. Some also had concerns about the SCAN test— what if a neighbor saw the kit being delivered/picked up?

Community partners described that some community members felt a false sense of safety. They described a sense of safety with family and friends, and so masks and social distancing weren't used. As the pandemic progressed, partners shared that community members were already well-informed about COVID-19 testing and safety practices and weary of hearing these same messages again. They were ready to talk about vaccines. As more people got vaccinated, some community members began to doubt whether they still needed to mask and socially distance. It became a challenge, though important, to find new ways to engage community members with messages about safety behaviors.

“When we talk about SCAN...a lot of the [community] members are not technologically savvy, and the conversation doesn't go [anywhere]. The younger generation might be able to, but not the older generation.”

- Community Partner

“Vaccine talk has replaced any question or concern about prevention, so I feel stuck because we're supposed to respond to the needs of community, ...they think the need is the vaccine and are forgetting the need for prevention.”

- Community Partner

Individual & family barriers

Individual/family level barriers are related to personal context and perceptions, which are tied to historical context. Partners emphasized that families in multi-generational or shared households faced multiple challenges to practicing safe behaviors, including how to isolate when they lacked space and/or the ability to take time away from work or caring for other family members. As schools started to re-open for in-person learning, families faced the challenge that children might come home with COVID-19 and expose vulnerable members of the household.

Community partners raised the persistent concern of fear and distrust of government, health, and research agencies. Community partners shared that historical and ongoing systemic racism has a significant impact on perceptions of health information and health behaviors. This includes hesitancy to seek care or testing, or to trust medical advice, scientific studies, or innovations such as vaccines.

Community members also described the challenge of meeting emotional needs to socially connect, to grieve, gather, and celebrate. Partners noted this was especially challenging for isolated older adults and among young people who were seeking contact with peers.

Effective Strategies for Sharing COVID-19 Information and Engaging Communities

Community partners shared six overall strategies they found to be effective, which were often used in combination to share COVID-19 information in meaningful ways and to engage with community members on an ongoing basis.

Strategies for Sharing Information

Keep messages clear, concise, and visual

Early in the project, members of the project Advisory Group mentioned that messages from Public Health were often too complicated to understand or follow, so partners spent time creating simple messages and tools they could share. Nearly all partners used social media to rapidly reach large audiences with updated information. This was a key approach that enabled partners to adapt to continuously changing information, which sometimes contradicted prior information. Some partners used Facebook and messaging apps such as WhatsApp and WeChat for regular communication, which allowed people to comment and re-share. Many partners shared infographics, maps of new testing sites, and brief summaries that directly answered the questions raised by the community. Community partners also combined social media, flyers, and in-person discussions to disseminate information about COVID-19. A couple of partners provided updated information on their websites.

Ensure messages are culturally and linguistically aligned

Community partners emphasized the importance of involving community-based organizations in the design and delivery of messages and tools to ensure that information was communicated in ways that are appropriate and relevant to community members. The main features of making information culturally and linguistically aligned involved developing, translating, interpreting, and vetting information with the intended audience, as well as responding to concerns being heard. Tools are best disseminated through trusted messengers and in settings where people are comfortable gathering – online or in-person with appropriate safety guidelines. Community partners working with American Indian/Alaska Native/Indigenous communities, for example, often used traditional storytelling to convey messages through online platforms and found safe ways to deliver resource baskets to community members. Some partners held virtual meetings through WhatsApp and Facebook groups or online

cooking classes, while others delivered information through their existing relationships with schools, places of worship, local restaurants, and cultural centers. This work was resource-intensive and presented challenges for organizations with limited outreach staff.

Include personal experiences and model safe behaviors

Having community members share their personal experiences with COVID-19 was especially useful when talking about difficult decisions such as vaccination and/or isolation and quarantine. Whereas simply sharing facts could feel impersonal, partners saw more interest from community members in hearing from someone in their community about their firsthand experience contracting COVID-19 and quarantining, getting tested, or receiving their vaccine. Community partners applied this strategy by conducting radio interviews, creating videos with individuals and families sharing their stories, and hosting small group discussions. Some partners also sought out firsthand experience by ordering their own SCAN test or using COVID-19 testing sites so they could explain the process to others during outreach.

“Having someone who has [been tested] before to talk you through the process is more comforting than blindly going on your own....”

- Community Partner

Strategies for Engaging Communities

Involve trusted messengers

Partners emphasize that testing and safety messages were more likely to be received when delivered by trusted and respected messengers. Trusted messengers are individuals who are viewed as sources of credible information because they have strong and long-standing relationships with community members. Many are religious leaders, elders, youth leaders, community health workers, medical professionals, and radio hosts, among others. Because community partners are deeply embedded in their communities, they are poised to identify and engage trusted messengers to elevate COVID-19 information and address community concerns. These messengers played a key role in distributing concise, culturally appropriate messages and assisting with scheduling appointments for testing and/or vaccination. Because they are community embedded, trusted messengers also played a key role in fostering sustained community engagement and were especially effective in working with community members who shared doubts and fears about the pandemic and response. Importantly, trusted messengers were effective at sharing rapidly changing information. Partners could, for example, share new updates through social media then follow up through trusted messengers with more extended conversations to address on-going questions and concerns.

“For communities that do not rely on the news but rely on word of mouth, messaging needs to be shared with elders, leaders, matriarchs, patriarchs... Otherwise people don’t take it seriously.”

- Community Partner

Communicate with empathy and without judgement

Partners highlighted that effective COVID-19 information sharing went beyond a single brief interaction and required open, ongoing dialogue where community members felt listened to and not judged. This was especially important in conversations with community members who had unanswered questions, fears, doubts, and frustration. When community members voiced concerns about whether to test, vaccinate, or gather with loved ones, partners offered them information and resources needed to make informed decisions while intentionally not pushing them towards one decision or another. Partners who worked with youth also stressed that maintaining an open dialogue was critical to keeping them engaged. Inviting young people to discuss their personal challenges allowed them to come up with solutions for how to connect socially in ways that allowed them to stay safe.

“The question we intentionally do not answer is ‘should I take the vaccine?’ Any challenges [with the vaccine] would irreparably harm the trust relationship we have with the community...”

- Community Partner

Combine information sharing with activities and services

Partners found that an important way to engage community members in COVID-19 information was to integrate it into social events and activities that helped meet needs for personal connection while also providing items that people needed to keep healthy and safe. This approach provided opportunities for community members to connect and uplift one another while taking part in fun activities such as games and raffles with prizes. Some partners described these events as a critical way to connect community members to resources such as food bags, at-home play kits for children, or PPE while also sharing information about testing, safety, and vaccines. Online events were used by some partners to allow people to come together in a safe space to ask questions.

SCAN Testing Barriers and Opportunities

Information about SCAN testing was shared widely. Of the 32 partners organizations engaged through this project, 13 shared SCAN information and a priority code with over 5400 community members to access a SCAN test kit. Among them, 13 people used the code to request a test kit. When asked what may keep people from using SCAN, community partners described lack of awareness among some partners, difficulty with online registration, lack of confidence taking an at-home self-administered test, concerns about sharing personal data (name, address, status), and hesitancy about participating in SCAN as a research study. They recommended strategies such as increasing public awareness using widespread and simple messaging, helping people register, developing clear explanations about all steps in the testing process, and clarifying how personal data are protected and shared. They noted that explanations should de-emphasize participation in research as a benefit of getting a SCAN test and instead promote the importance of knowing one’s status. One partner recommended learning from home-based HIV testing programs, which distribute and collect kits using discrete packaging and clear, concise explanations about the testing process and data privacy.

In Table 1, we summarize relevant results from the narrative section according to the RE-AIM framework, outcomes, and indicators.⁴ Please refer to the text for further description of these results.

Table 1. RE-AIM Table of Primary Results, by Domain from the COVID-19 Information Sharing Project		
Domain	Measures	
Reach	# (%) of CBOs who provided COVID-19 information and PPE	32 (100%) partners provided COVID-19 information
		13 (41%) partner agencies provided PPE (optional activity)
	# (%) of CBOs who distributed priority SCAN code	13 (41%) partner agencies shared priority SCAN code (optional activity)
	# reached by media buys	~380,661 people reached through ethnic media
Effectiveness	Qualitative input from CBOs about successes and challenges of using outreach events to provide COVID-19 information and PPE (masks)	Successful Strategies for Sharing COVID-19 Information
		Use clear and visual tools
		Culturally and linguistically aligned
		Through trusted messengers
		Incorporate personal experiences
		Combined with social events and services
		Non-judgmental
		Challenges Sharing COVID-19 Information
		- information that was too repetitive, not actionable, and not trusted
		Challenges using outreach events
Adoption	# of people who were provided information	58,117 people received COVID-19 information
	# who received PPE (masks)	23,308 people received masks
	# who received a priority SCAN code	5,408 people received priority SCAN code
	# who used a priority SCAN code	13 people used priority SCAN code
Implementation	(1) Qualitative input from CBOs about education messages that did and did not resonate	Message content that resonated
		Include maps of testing sites
		How to talk to children about COVID-19, care for a household member, and practice safe activities
		How to cope with COVID-19, including stigma
		Message content that did not resonate
		Repeated messages about testing and safety
		Isolation & quarantine
		Information about vaccines (initially)*
	(2) Qualitative or quantitative data stratified by CBOs** about structural and individual barriers to all testing mechanisms and safe behaviors	Barriers to testing access included lack of safe transportation, limited internet access, lack of cultural/linguistically appropriate services, privacy concerns
		Barriers to safety behaviors included high-exposure jobs, belief that vaccines reduced need for safety practices, inability to safely isolate and quarantine at home, need for connection
Maintenance	Not assessed for this short-term initiative	

*As the project evolved, CBO partners described a shift in information needs to focus on vaccines once they became authorized for use and community members proposed questions about safety and access.

**Stratification of barriers was not conducted by CBO since common barriers were reported by multiple organizations.

Results | Aim 2: Evaluating this as a Model for Community Outreach and Dissemination

Several themes emerged about the partnership model in this project, described below, along with highlights from a survey of the 32 community partners.

Value of existing positive relationships, open and real-time communication, and meeting project goals

While respondents recognized the history of distrust between some communities and PHSKC in prior research projects, this partnership made progress in strengthening trust. Advisory Group members appreciated the diversity and representation of PHSKC project staff, describing it as an important aspect of creating safe and open communication during project meetings. The pre-existing relationships that CBO partners had with HH, as well as the facilitation skills that HH brought to meetings were described key factors that brought AG members to the table. Project meetings also provided a space for mutual learning and for “community members to say what they needed.” Partners valued the collaboration because they were able to achieve the project goals in a short time. Flexibility and real-time communication to address partners’ needs during meetings were mentioned as key contributors to the success of the project.

“...I was surprised by how much growth opportunity there was for everyone at the table and having that trust and that openness be there, showed that there really was, really was opportunity for everyone to grow, for everyone to learn from the Public Health side to us to the community side and I was surprised by that...”

- HealthierHere member

All 32 community partners completed a brief 26-item partnership survey. Areas rated highly about the partnership were: partners being open and responsive, transparent, culturally centered, having effective dialogue with listening and mutual learning, and addressing community needs.

- 84% (27) of community partners agreed that the partnership enabled PHSKC to include views and priorities of community members
- 84% (27) agreed that it enabled PHSKC to be responsive to community needs and problems
- 82% (26) agreed that resources within the partnership were adequate to share with communities
- 97% (28) reported an organizational commitment to maintaining the partnership

Partners support future collaborative work that builds on the current partnership model

HealthierHere, PHSKC, and community partners expressed interest in future opportunities to collaborate/partner because of the potential to impact inequities, though this would be dependent on funding. Community partners want to see findings applied to make policy and systemic change. Most (93%) partners responded that their organization was committed to maintaining this partnership with funding, and more than half would continue to collaborate even without funding. In the open-ended survey responses, one community partner commented: *“I feel this process worked well after a bit of a learning curve. I would love to continue with this process, especially since we have moved past the learning curve and into more action.”*

Community partner suggestions for sustaining this partnership model

While partners expressed desires to continue collaboration, they felt the main threat to future sustainability was funding. Community partners were asked, “What are some actionable things that would help the community you serve to overcome barriers to isolation among people with COVID-19 and quarantine for people who are exposed?” We also asked partners what supports were needed to

ensure equitable access to testing. Here we summarize what partners shared during those conversations.

Funding areas partners prioritized

- **Translation, interpretation, and navigation.** Community partners provide much needed translating and creating (transcreating) information in ways that community members can meaningfully receive including language, tone, and format. While PHSKC provides COVID-19 materials in over 30 languages, community partners have had to translate documents into languages that are less commonly spoken in King County. Because information sharing is more than language translation and includes a process of ongoing communication, investments are needed to support outreach staff with dedicated time for phone, online, and in-person discussion, interpretation, and navigation. This would expand capacity of outreach staff to connect community members with resources to support safety, testing, and vaccination.
- **Technology platforms and capacity building.** Additional discretionary funds to support partners' online platforms (social media, websites, Zoom) and staff would have multiple benefits. It would expand reach of online information sharing, reduce barriers to online registration for COVID-19 testing and vaccination, and help community members stay connected. Partners highlighted the need to support more people with online registration for testing, a key access barrier identified in this project. Further, partners could expand their activities to promote safe social connections by hosting virtual social events and offering more trainings in how to use Zoom.
- **Direct assistance.** Despite the increase in dedicated resources for COVID-19 affected families in King County (e.g. gift cards, childcare, household products), partners emphasized the need for greater investments to increase the amount of assistance available and to coordinate services efficiently. This was especially important to support individuals and families to safely isolate and quarantine.
- **Mental health supports.** Community partners are uniquely positioned to work with families and connect community members with resources to handle stress, anxiety, and grief from COVID-19. One partner suggested investing in staff training in mental health 'first aid' to expand capacities of front-line workers and case managers to support community members to cope with stress.

Three next steps partners suggested

- **Establish an ongoing two-way communication and feedback channel between PHSKC and community partners.** Rapid, ongoing, and open communication between partner organizations supported the success of this project. PHSKC and community partners could expand this model by establishing a communication channel through designated contacts within the public health department. This would enable partners to access a single pathway for information about COVID-19 (or other public health emergencies) to share with community members, and to provide feedback to PHSKC on how to ensure that information is accessible and responsive to community needs.
- **Create and share a comprehensive, centralized information source of available resources** within the partner network for disproportionately impacted communities. Community partners described challenges with getting information about current resources available to support families, such as isolation and quarantine and cash assistance. Community partners mentioned the importance of developing and disseminating across their network a regularly updated comprehensive list of available services for families affected by COVID-19 and other emergencies.

- **Leverage existing partner network to launch a community-owned emergency preparedness plan.** Community partners identified an opportunity to expand on successes and challenges from COVID-19 and organization-specific preparedness plans to develop a network-wide, community-owned preparedness plan to prevent and mitigate future public health threats.

Limitations

This project was not designed to measure long-term impact or behavior change due to the short project period (four months) and the need to prioritize partners' time to conduct outreach activities. However, we did systematically collect short-term measures as well as rich qualitative information about barriers and successful strategies to overcome barriers to COVID-19 information and safety as well as ideas for sustaining this type of partnership as the pandemic evolves. A second limitation to note is that the 32 community partners who participated in this project are a subset of many community organizations working in and around King County. Findings from this project are not meant to represent experiences of all impacted community members. However, the 32 longstanding and trusted relationships that project partners have with communities allowed the project to successfully accomplish project aims within the four-month period.

Dissemination

Throughout the project, the HealthierHere and Public Health project teams have shared findings from this work with leadership and COVID-19 teams responsible for outreach and communications with both organizations to make sure that the voices and experiences of the community can help guide the COVID-19 response at the county level. Beyond the real-time dissemination work, HealthierHere and PHSKC continue to partner on projects to support COVID-19 community response. Leveraging this partnership model and longstanding professional relationships, HealthierHere and Public Health have submitted proposals to continue funding collaborative communication and engagement activities for COVID-19 response and recovery.

Final Reflections

This community partner-led rapid information sharing model was effective at expanding access to information about testing, safety, and vaccination to communities most impacted by COVID-19 during the 3rd wave and highest peak of the pandemic. The partnership between government and community partners was successful at responding rapidly to a changing pandemic context and information needs. Community partners held trusted relationships with community members and reached them using a combination of strategies (such as non-judgmental conversations, clear and visual messages, personal experiences, combining outreach with services, and being culturally and linguistically aligned) that continuously engaged community members. Project partners valued the partnership because the funding and structure allowed us to achieve project goals through open, ongoing communication, mutual learning, and flexibility needed for a dynamic situation. This led to feelings of a more trusting relationship between community partners and PHSKC.

"I think what we appreciate from the collaboration is for the community to be able to say what they need and not have institutions to come to us and say this is what we want you to do"

- Advisory Group member

This government and community partnership offers a promising model to resource and engage communities experiencing inequities during a public health emergency. To sustain this work and prepare for the post-pandemic recovery period, PHSKC and HH are pursuing several new funding opportunities

through the Centers for Disease Control and Prevention and the Office of the Assistant Secretary for Health/Office of Minority Health (awards of \$2 million to \$17 million) that would leverage the partnership network and experiences from this project to advance toward health equity. Proposed projects would support community-led and owned initiatives, including culturally aligned health literacy strategies and community health worker training to support resource navigation and use.

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Advisory Group Organizations

APICAT	Headwater People
Center for MultiCultural Health (CMCH)	Sisters in Common
Consejo	Unkitawa

Community Partners

APICAT	Lutheran Community
Arms Around You	Mother Africa
AZISWA	Nakani
Center for Human Services	New Traditions
CISC	Pamoja
Civil Survival	Peer Seattle
Center for MultiCultural Health (CMCH)	Sisters In Common
Congolese Integration Network	Soar
Consejo	South Sudanese Kuku Association of North America (SSKANA)
Eastside Baby Corner	Teenagers Plus
Falis Community Services	Tlingit and Haida
Gay City	United Indians of All Tribes Foundation
Headwater People	Unkitawa
Interim-CDA	Upower
Latino Community Fund	Villa Comunitaria
Living Well Kent	ZACUSA

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