# The Power of Partnerships:
# COMBATING COVID-19 INEQUITIES
## Through Trust and Collaboration

Riverside University HEALTH SYSTEM

Public Health

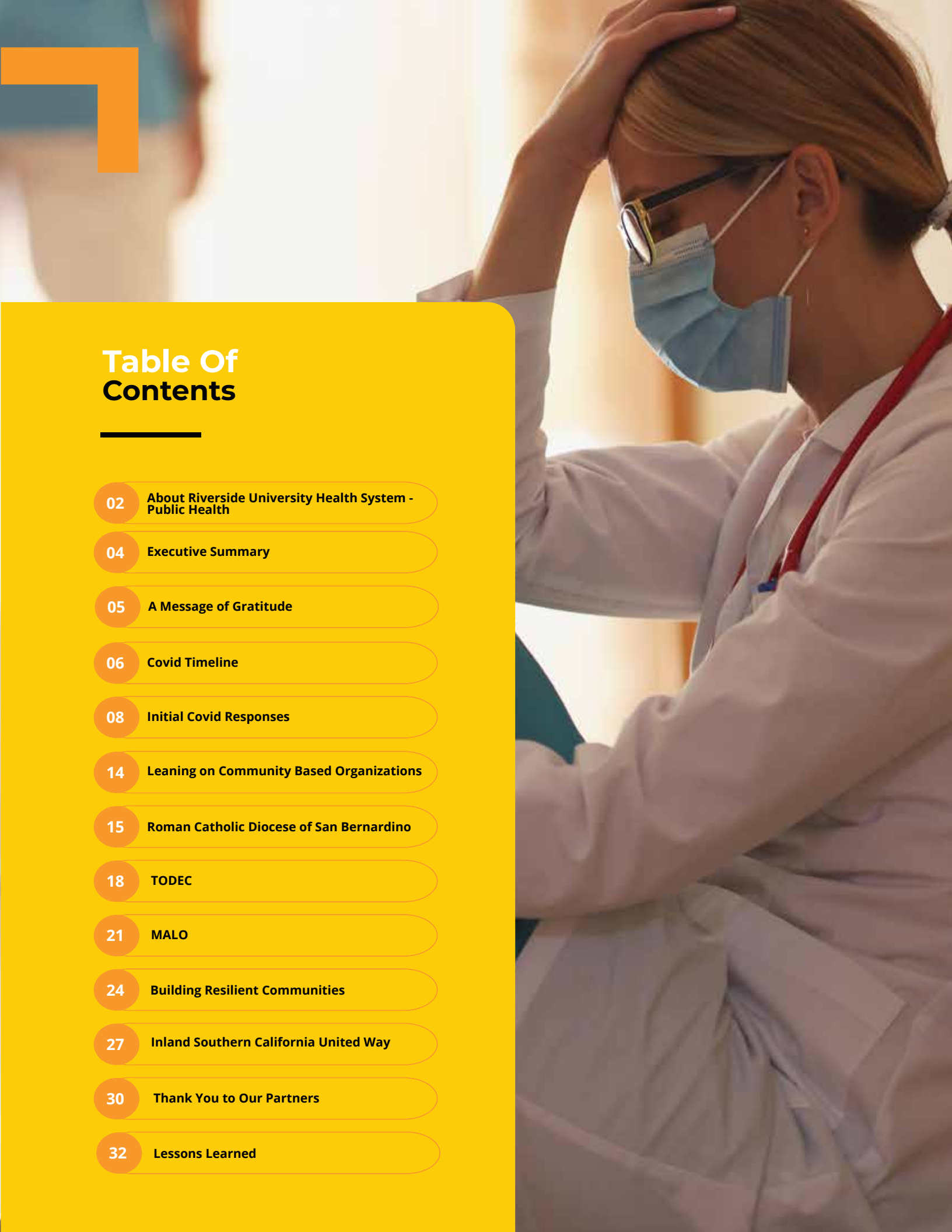
# About
# Riverside University Health System - Public Health

**Mission**
Riverside University Health System - Public Health promotes and protects the health of all county residents and visitors in service of the well-being of the community.

Established in 1926, the Riverside University Health System-Public Health (RUHS-PH) is the local public agency responsible for ensuring the health and well-being of county residents and visitors. RUHS-PH's values of respect, integrity, service, and excellence are demonstrated through their strong partnerships with community-based organizations, academic institutions, tribal organizations, faith-based organizations, local governmental agencies and community leaders, local businesses, social service providers, nongovernmental organizations, and other relevant partners necessary to improving the health of Riverside County's community.

**Riverside County Health Equity Program**
Housed under the Epidemiology and Program Evaluation Branch of RUHS-PH, the Health Equity Program has a mission to advance health equity, champion social justice, and eliminate health disparities to cultivate a vibrant community where all individuals have fair access to live, learn, work, play, worship, and pursue personal well-being. The program focuses on building and strengthening partnerships with various local organizations to bring relevant and accessible services to residents, with an emphasis on racial and ethnic minority groups, communities with unique needs, and people living in rural communities.

COVID-19 Pandemic



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# Executive Summary

Riverside County, the fourth largest county in California, is home to one of the most diverse populations in the state, including many communities that have historically experienced health disparities and poor health outcomes. The advent of the COVID-19 pandemic exacerbated these disparities and brought them into sharper focus, as it became clear that the most vulnerable groups experienced higher rates of infection and death. Addressing COVID-19 disparities required an innovative and deeply collaborative approach by Riverside University Health System – Public Health (RUHS-PH), community-based, faith based, governmental and non-governmental partners.

Following the first few cases of the novel coronavirus in Riverside County and the declaration of a local health emergency, RUHS-PH recognized the need for community partnerships. By partnering with local government and community-based organizations, county-wide efforts were better positioned to distribute tests and Personal Protective Equipment (PPE), as well as to effectively disseminate factual, science-based information as it became available.

As the data revealed that certain communities, including Black/African American, Latinx, Indigenous, and Native Hawaiian/Pacific Islander communities, were disproportionately affected by the virus, a Vaccine Equity Taskforce (VET) was created. The VET brought together partners who were trusted voices within these populations and their culturally distinct subgroups to create opportunities for information sharing, on-the-ground interventions, and potential solutions to COVID-19 challenges that were community specific. This included addressing a deep-rooted distrust of the government and a skepticism of health systems that pointed to the need for local organizations to have the latitude to serve their communities directly.

As vaccines became available and misinformation about them ran rampant, the importance of community-based organizations as trusted messengers increased. By directing funds directly to partners and allowing them the autonomy to create culturally relevant vaccination clinics and information sharing opportunities, the Vaccine Equity Taskforce was able to increase services and vaccination numbers, saving thousands of lives.

The stories within this report highlight the Roman Catholic Diocese of San Bernardino, Building Resilient Communities, Training Occupational Development Educating Communities (TODEC) Legal Center, Motivating Action Leadership Opportunity (MALO), and Inland Southern California 211. Each of these organizations provided examples of their targeted approaches, the hurdles they faced, and the incredible collaborative spirit of Riverside County. Their successes demonstrate the importance of community engagement, data-driven approaches, engaging trusted messengers, and collaboration in making progress toward equitable health outcomes.

Partnerships that were built during the pandemic continue to flourish, resulting in sustained and growing efforts to address health disparities throughout the county. The success and tremendous potential for future achievements in health equity using this collaborative model also resulted in the creation of the Riverside County Health Equity Program. The program focuses on building and strengthening partnerships with various local organizations to bring relevant and accessible services to residents, with an emphasis on racial and ethnic minority groups, communities with unique needs, and people living in rural communities.

# A Message of Gratitude

Humanity has faced deadly pandemics throughout recorded history, yet each one requires unique response to the nature of the infectious disease and the times. In 2020, we could not have predicted the full scope of challenges the community would face with the arrival of a novel coronavirus and the ensuing global pandemic. Unlike during pandemics of the past, our modern advanced technological landscape proved to be both an asset and a liability during the COVID-19 response. Science-based discoveries and directives evolved rapidly and were shared widely and instantly through social media and digital communications. However, misinformation and rumors could also spread just as quickly—often taking on a life of their own online.


As health practitioners, Riverside University Health System - Public Health (RUHS-PH) focused on the facts and data of COVID-19 as a roadmap out of the pandemic. As the data accumulated, undeniable health disparities between populations became increasingly evident. The need to address disparities in the infection and mortality rates among Latinx, Black/African American, Native American/Indigenous, and Native Hawaiian/Pacific Islander populations became paramount. As we set out to do so, we were met by the sobering reality that we were not viewed by these communities as the trusted health messengers we had hoped to be, requiring us to come up with new strategies to reach our communities with vital information and resources. The solution came through partnerships with faith and community-based organizations who had proven to be trusted messengers and service providers to bridge the gap. Providing these partners with the necessary financial support enabled them to take immediate action.

The partnerships and collaborations that followed were unprecedented in Riverside County. RUHS-PH staff and partners faced long hours and heartbreaking losses of community members and staff while constantly pivoting to support county residents. Reflecting on these years means revisiting deep emotional pain, but these reflections also brim with successes, lessons learned, and possibilities for future equitable efforts. This report tells that story, and the unflagging determination of the Vaccine Equity Task Force partners. We are so grateful for the response of RUHS-PH's leadership and their willingness to trust the data and the process of equity to allocate resources where they were most needed. We are deeply grateful to our partners for trusting us, championing their communities, and continuing the pursuit of health equity.

# Riverside County COVID-19 Timeline

**January 29, 2020**
The first chartered aircraft carrying individuals from Wuhan arrived at March Air Reserve Base

**March 4, 2020**
Riverside County activates Department Operations Center in response to COVID-19 outbreak

**March 7, 2020**
First locally acquired case of COVID-19 reported in Riverside County

**March 8, 2020**
Riverside County Health Officer declares local health emergency

**March 20, 2020**
Governor Gavin Newsom issues a stay at home order in California

**August 4, 2020**
Riverside County Board of Supervisors declares racism a public health crisis

**January 14, 2021**
RUHS-PH opens first mass vaccine clinics at locations throughout the County

**Jan 21, 2021**
RUHS-PH holds first equity vaccine clinic for Agricultural workers at Coachella Date Farm

# The Emergence of COVID-19

On January 29, 2020, an aircraft carrying individuals from the COVID-19 epicenter in Wuhan, China, landed at March Air Reserve Base in Moreno Valley with the intention of repatriation to the United States. Public health experts around the world were closely watching the burgeoning outbreak of the novel virus, but no one knew exactly what to expect. Riverside University Heath System teams were deployed to assist in the organization of a comprehensive clinic to provide medical care and further health screening of the quarantined patients, and to keep them comfortable until they could be cleared to return to their homes.

The call to RUHS to support the arrival of the first repatriates eliminated any doubt that this was an unusual medical situation with the potential to become a public health crisis. The RUHS Medical Center team treated acute and chronic medical issues on site, preventing public exposure to the novel COVID-19 virus to minimize its impact on the health care system at large. This was only the beginning of the constantly moving target of rapidly changing information and medical response needs that would continue to evolve throughout the pandemic.

Riverside County reported its first locally acquired case of COVID-19 on March 7, 2020. At that time, securing reliable and accessible COVID-19 testing for the public became imperative. RUHS addressed the need by quickly rolling out mobile testing sites and teams throughout the county. However, the tests were in short supply for public health service providers. Working with the drive-through mobile clinics positioned early by RUHS, partners gave the clinic thousands of tests, putting RUHS at the forefront of public testing in the region. Under RUHS's leadership and with the support of partners, more than 300,000 people in Riverside County were tested. The effectiveness of distributing information using trusted voices and partnering with local community organizations to implement hands-on initiatives became a theme that would carry through the most effective COVID-19 response efforts.

# Initial COVID-19 Responses

Riverside County health officials activated a Medical Health Department Operations Center (DOC) to coordinate public messaging and planning among community partners prior to the first confirmed case in the county. Jointly operated by RUHS-PH and Riverside County Emergency Management Department, the operations center's initial response was a blanketed one, tracking trends, evaluating available resources, and working to save as many lives as possible.

As the number of positive tests rose, Riverside County DOC, Center for Disease Control and Prevention (CDC) and federal entities tried to disseminate the most current information available as quickly as possible. Direct media messages recorded by local health officers were constantly updated in an effort to prevent inequitable outcomes in the community. The Riverside County Emergency Operations Center focused on the most pressing issues of medical staffing and increasing the capacity of hospitals to ensure there were enough beds in the right places as infection rates rose.

It was essential that the public had easily accessible and trusted resources for the most current science-based facts about the novel coronavirus. This was challenging in a time of rapid new discoveries about the virus, its rate of infection, and its means of spreading.

The media frenzy over a previously unknown coronavirus complicated the public's relationship with the most recent science-based understanding of the virus and precautions to avoid contracting it. In fact, misinformation and speculation were rampant and easily accessible through social media, a problem that would continue throughout the pandemic. This included Anti-Asian rhetoric, an early issue indicating the need for all aspects of coronavirus responses to be carefully crafted with equity in mind.

However, as the data revealed trends in which communities had the highest rates of infection, a larger issue of inequities in infection rates, hospitalization rates, and fatal cases came to light. There were alarming disparities in health outcomes that could be easily tracked by race and ethnicity.


# Acknowledging Inherent Inequities

It would be another nine months before the roll out of the first vaccines, and growing data continued to demonstrate that a single approach to protecting the community was not going to be enough. COVID-19 exacerbated harms that stemmed from current inequitable policies and practices, as well as from historic discrimination that has been negatively impacting communities for centuries. Black/African American, Latinx, Indigenous, and Native Hawaiian and Pacific Islander families were disproportionately at risk of infection and death from the virus. In addition, "essential workers," who lacked the same support and protections afforded those who could "shelter in place," were also disproportionately people of color.

As RUHS-PH transitioned from emergency operations managing testing and medical infrastructure to an incident management team focused solely on vaccinations, leadership looked beyond the plans for mass vaccination clinics. RUHS-PH recognized that attending mass vaccination clinics may simply be impossible for certain communities due to language barriers, lack of transportation, inability to access technology to schedule appointments, or simply just not being able to leave their place of employment during the day. The team also understood that these were challenges they could not address alone.

In December 2020, before vaccines became available, RUHS-PH created a Vaccine Equity Taskforce, inviting community-based organizations serving those who were at the greatest risk and would not be well-served by mass vaccination sites. This taskforce initially included representatives from the health jurisdiction, and the Office on Aging. The taskforce quickly grew, meeting every week in December to coordinate messaging around the most recent and accurate information as well as to strategize how best to reach the people they serve.

> *Our main goal was to make sure we had collective representation from all sectors (especially those who would be highest impacted) at the table to really talk and have regular communication about vaccine dissemination. We wanted a connection through dialogue rather than one way information sharing.*
>
> ~ Salomeh Wagaw, Director of Health Equity and Epidemiologist, RUHS-PH

## Embedding Equity into Emergency Operations

Integrating the Vaccine Equity Task Force into vaccination strategies required the liaison officer position within the command structure to communicate between and amongst the many teams preparing to roll out vaccinations. Research and subsequent reports prepared by organizations such as the Public Health Alliance of Southern California demonstrated a strong case for creating an equity officer position within emergency operation command structures. The importance of proactively addressing disparities gained further attention when Riverside County Board of Supervisors declared racism a public health crisis on August 4, 2020.

Salomeh Wagaw moved into the position of Liaison Officer to build out teams that would focus on the agricultural community in East Riverside County, as well as Native Americans, Native Hawaiian and Pacific Islanders, and the Black/African American community. By using constantly updated county-wide data, teams continued to pinpoint additional geographical and demographic populations experiencing disparities in infection, hospitalization, and vaccination rates. While this focus is not typical for a Liaison Officer, the insights gained from this process led to the creation of an Equity Officer position. A dedicated equity role in the organization would ensure that public health resources could reach communities based on data-driven evidence of their needs and of the effectiveness of specific interventions. By April 2021, RUHS-PH created an equity officer position and integrated it into the incident command structure.

**On January 19, 2021, the FDA gave emergency use authorization to two mRNA COVID-19 vaccines, the Pfizer-BioNTech and the Moderna COVID-19 vaccines. This was followed by emergency use authorization of the Janssen/Johnson & Johnson COVID-19 vaccine on May 27, 2021.**

In California, the COVID-19 vaccines were distributed in a phased approach to reach populations with the highest risk of acquiring the disease or at the highest risk of developing severe illness soonest. Healthcare workers, staff at skilled nursing facilities and in similar settings, essential workers, and people with a higher risk of severe illness, including the elderly, could obtain a vaccine before the general adult population. By the time Riverside County received the vaccines, the number of doses allocated to each jurisdiction was limited, requiring the Vaccine Equity Taskforce to be very strategic in the dissemination of the vaccine. It was agreed that one of the priorities would need to be the county's agricultural workers who would fall under the category of first responders.

## CALIFORNIA COVID-19 DISPARITIES from March 2020-July 2020

- Latinx individuals experienced the greatest number of infections with 56% of cases, while only comprising 39% of the state's population.
- Working-age Black/African American (ages 18-49) died nearly two and a half times as often as their share of the state's population.
- The infection rate among Pacific Islanders was three times higher than that of white individuals, while their death rate was nearly 60% higher than that of whites.
- Latinx workers were 57% more likely to be employed in front-line "essential" jobs than white workers. Black/African American workers were 37% more likely to be in these jobs than whites.

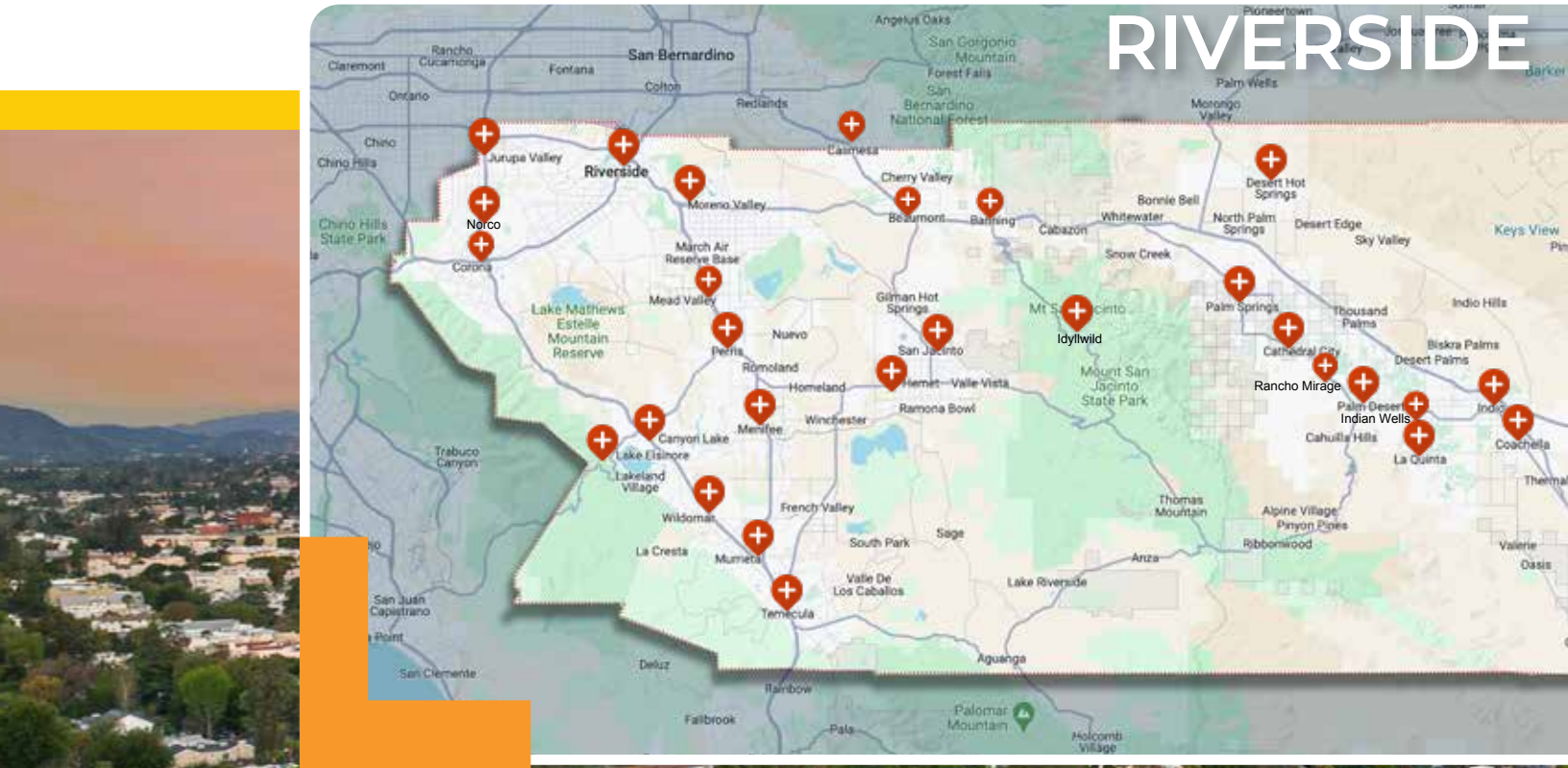
# Serving Riverside County

**Riverside County is the fourth-most populous county in California and the tenth-most populous in the United States, with a 2020 estimate of 2,418,182 residents according to the United States Census Bureau. The county covers 7,303 square miles with distinct regions shaped by their geography and by their major centers of employment. Stretching from the Arizona border to Orange County on the coast, it is also bordered by San Bernardino County, San Diego County, Los Angeles County, and Imperial County.**

The Riverside County's landscape is diverse, ranging from deserts to mountains. Seasonally challenging weather conditions include heavy snowfalls in some regions and extreme summer heat in others, each creating its own challenges to providing community services.

The population of the county is a diverse mix of races and ethnicities that includes distinct subcultures beyond the categories tracked by the U.S. Census Bureau. There is no one-size-fits-all approach to serving a county with such varying characteristics. For this reason, an effective COVID-19 response required mobile testing sites and vaccination clinics to target specific communities based on strategies that best served their individual needs.

**The largest racial/ethnic group in Riverside County is Latinx (45.6%), followed by White (36.6%), Asian American/Asian (7.4%), Black/African American (6.2%), and "other" (4.3%).**



On March 6, 2020, the President signed into law the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123). This act provided funding to prevent, prepare for, and respond to COVID-19 and was distributed by the CDC.

Riverside County was especially impacted by the COVID-19 pandemic. As of April 29, 2021, Riverside County reported 298,366 cases and 4,568 deaths. COVID-19 had disproportionately impacted the most vulnerable populations with a death rate that was more than double in the most disadvantaged communities compared to the least disadvantaged communities (269/100,000 vs 128/100,000). In addition, the Latinx, Black/African American, and Native Hawaiian/Pacific Islander populations had experienced the highest COVID-19 case and death rates. Through multi-sectoral community driven partnership, Riverside County aimed to address COVID-19 health disparities by supporting efforts to build sustainable infrastructure and advance health equity for underserved populations.

Funds earmarked for community efforts were distributed to partners utilizing Desert Healthcare District in East Riverside County and Reach Out in the west as fiduciaries. The fiduciary organizations received a scope of work from community-based organizations (CBO) and contracted with them to expedite funding and support their work. Funding from the CDC offered each organization the latitude to develop programming culturally relevant to the populations served by each CBO and to work with RUHS-PH to deploy mobile clinics to locations best suited to reach the most impacted populations.


# Leaning on Community Based Organizatons

Even as the vaccine was approved by the FDA and waiting for approval at the state and county levels, misinformation was rampant. There was a deep distrust of the government based on historical injustices in many communities and it was apparent that information would be best received through trusted messengers. In order to establish these effective communication channels, Community Health Workers were trained and employed by partner CBOs with funding through the CDC. These individuals, many of whom were already known and trusted in their local neighborhoods, were out in their communities from morning to night, advocating for and providing education on the vaccine. RUHS-PH provided the most recent information on the vaccine, its distribution, and eligibility, and the CBOs created their own messaging for the people they served.

When the COVID-19 vaccine was first available in limited quantities, the first disadvantaged group to receive a targeted approach to vaccinations was the community of agricultural workers who migrate into East Riverside County for the winter harvest and continue on to the agricultural regions of the Central Valley, following the availability of work. Despite periods of lockdown, migrant farm workers remained on the job and at risk, most without insurance or access to health services. Serving this population required addressing numerous barriers.

The most immediate challenge was a requirement for documentation or identification in order to receive the vaccine. In 2021, political rhetoric heightened the fears in immigrant communities, so migrant agricultural workers were unlikely to participate in mass vaccination drives if they were required to provide identification to strangers. There was also the challenge of translating materials and having translators at vaccination locations. While farm workers are primarily Latinx and many are Spanish speaking, there are also many indigenous people of the Mexican state of Michoacán who speak Purépecha, an isolate language unrelated to other local languages. Vaccination clinics would also have to accommodate the sunrise to sunset hours of agricultural workers, so clinics needed to coordinate with the growers who employed them. All of these challenges could only be addressed with the help of CBOs who were known entities and trusted in their communities.

# THE ROMAN CATHOLIC
# Diocese of San Bernardino

The Roman Catholic Diocese of San Bernardino was established in 1978. Carved out of the northern territory of the Diocese of San Diego, the newly formed diocese was created to serve San Bernardino and Riverside Counties, which it continues to serve today.

On December 2, 2019, Pope Francis appointed Bishop Alberto Rojas as the Coadjutor Bishop of San Bernardino. On December 28, 2020, Bishop Rojas became the Third Ordinary Bishop of the Diocese of San Bernardino and would play an important role in communicating the vaccination efforts to one of the most underserved populations in Riverside County.

There are nearly 900,000 Catholics in Riverside County and 74% of church members are Black, Indigenous, or People of Color (BIPOC). The Diocese of San Bernardino is one of the largest organizations connecting with the Latinx community in the region. More than 65% of those served are uninsured, underinsured, or under-served with respect to access to healthcare and public health services.

The Catholic church has been present in California since the 1600s and has grown steadfast with the many communities it serves. The local Diocese operates 30 schools within

its boundaries, including preschools, elementary, and high schools, as well as nearly 100 parishes that include large facilities and full-service parish halls. These facilities were conducive to serving as testing and vaccination sites. The Diocese was a natural partner to address the needs of some of the most vulnerable communities in the COVID-19 pandemic.

The Diocese understood through its work in the region, especially in East Coachella Valley, that the best way to combat misinformation about the pandemic was through trusted partners. Early in the pandemic, the Diocese provided locations and support for testing sites, making sites available for underserved communities in areas such as East Coachella Valley, Hemet, San Jacinto, and Perris. The Diocese was involved from the very beginning of the plans RUHS-PH made for how to disseminate the COVID-19 vaccine once it became available.

On January 14, 2021, Pope Francis and Pope Emeritus Benedict XVI received their first doses of the COVID-19 vaccine. Their vaccinations followed official approval of the Moderna and Pfizer vaccines by the Vatican in December, which addressed the question of whether using cell lines created from fetal cells in a lab testing was appropriate for Catholic church members.

This approval allowed the Diocese to provide its assistance in reaching one of the most vulnerable populations in Riverside County, agricultural workers and their families. This population is primarily Latinx and more than 80% identify as Roman Catholic.

The first challenge was communicating to these communities the message that the church was encouraging and supporting vaccinations. Funds from the CDC directed to the Diocese were first used for radio announcements from Bishop Rojas early in the mornings, when workers began their day in the fields, vineyards, and farms. These were aired throughout the day, at key hours when listeners were known to access the local radio news. Because Bishop Rojas was a trusted voice among Catholics, these messages became important communication links to these under-served, under-insured communities. In addition, priests, deacons, and religious sisters used every method of sharing information at their disposal, including going in-person to reach farmworker families, as well as under-resourced and unhoused individuals.

> *"Pop up clinics were key to our success, in that we were able to deliver this much needed public health emergency vaccination at trusted locations, with no risk to these populations."*

Vaccination clinics were set up at churches, providing a trusted place for agricultural workers concerned about documentation and deportation. They trusted their clergy, and by registering at the church, they could be confident that Immigration and Customs Enforcement (ICE) would not be there or be given their personal information.

However, some agriculture workers were unable to access the vaccination sites. To address this challenge, the Diocese worked with RUHS-PH mobile clinics. When workers could not leave their jobs to be vaccinated, the mobile clinics came to the fields, with the teams sometimes slogging through the mud to get to those being vaccinated. Those who did not have transportation were bussed in by volunteers.


"Our geolocations were essential target areas for COVID-19 vaccinations due to the underserved and under-vaccinated status within the demographics within these areas," the director of the Emergency Operations Collaborative for the San Bernardino Diocese, Ann Marie Gallant said. The ability to operate de-centralized clinics was critical. Because the Diocese could provide trusted representatives and a familiar location, public health professionals were able to ensure widespread access to their services.

"Pop up clinics were key to our success, in that we were able to deliver this much needed public health emergency vaccination at trusted locations, with no risk to these populations," Gallant said.

Like the community they served, clergy were hit hard by COVID-19 and many lost their lives as a result of the virus. At times, the Diocese could not perform burials fast enough to meet the need. Yet the efforts continued, and the Diocese assisted in the vaccination of more than 20,000 people.

The partnerships built during the roll-out of vaccinations and the ongoing efforts to vaccinate vulnerable and overlooked populations have built ongoing relationships between the Church and non-Catholics. Today, the Diocese continues to look ahead, and has created more aggressive programs for other potential public emergencies.

> *"We are all engaged in a proactive, community-based, human service network now," Gallant said. "We are committed to leveraging the COVID-19 successes into successes in other areas of human need."*

Carrying forward lessons learned from its COVID-19 equity grant programs, the Diocese, with the support of its Bishop and Diocesan leadership, will be pursing extended opportunities for civic engagement. This includes health and socio-economic concerns such as human trafficking, mental health interventions, prenatal care, and long-COVID health clinics. The work will be done in collaboration with local and regional elected officials, community based organizations, non-profit organizations, and other faith-based organizations serving Riverside County.

# TODEC
## Legal Center

Founded in the early 1980's by Luz Maria and Antonio Ayala, TODEC Legal Center was formed to help fellow recent immigrants learn English, secure citizenship, and create new connections in their chosen community. TODEC has since become a critical support system for the immigrant community in Riverside County by offering free legal clinics, classes, and civic engagement programs while remaining nimble to address arising challenges. This includes organizing and lobbying for legislation that represents the perspectives of TODEC's clients.

TODEC stepped in to make sure the voices of farm workers were heard in the early days of the pandemic.They recognized that the shutdowns and the lack of information risked harming many people. TODEC has run a 24/7 hotline for 30 years to respond to the needs of farm workers. What TODEC staff heard from their callers quickly gave shape to the community's fears and challenges.

One of the biggest concerns TODEC heard from clients was that if they got sick, they lacked access to healthcare, had no way to self-isolate for 15 days, and could not afford the loss of income during that time.

The fear was amplified for those who were undocumented, because they were concerned they may face legal consequences if they tried accessing public healthcare.

*"It was very personal to us because we lost a lot of lives. Not only family, but farm workers who gave their lives to feed the rest of the country. And we needed to prioritize them."*


"Their hopes and dreams are to someday have a pathway to a green card, and they didn't want to lose their chances. But if you are not alive you can't get a green card," TODEC's Executive Director, Luz Gallegos said.

In April 2020, TODEC received a call from a young girl requesting to talk directly to Gallegos, who was out of the office. When Gallegos returned her call, the girl was distraught. Her father had all of the symptoms of COVID-19, was struggling to breathe, but refused to stop working. She had called her grandmother in Mexico, but even she was able to convince her son not to work. Since TODEC was well known to the family and they admired the services they provided the community, the girl was hoping Gallegos would be able to convince him to stop working and get medical attention.

Gallegos did her best, even sending an ambulance and assuring him that TODEC would take care of all the expenses. She could hear him talking to the ambulance drivers, his breathing so labored that he could barely speak, yet he still refused medical care. He didn't want to go to the hospital. He wanted to be able to earn money to feed his family. Gallegos offered the only other thing she could, which was over-the-counter medicine. Two nights later, he passed away in his bed.

"For me, that moment became my conscience," Gallegos said. "I promised her family that we were going to do everything we could to change the laws and bring the community the resources in his honor."

Gallegos told this story with tears in her eyes even though she has shared it hundreds of times in the last four years. "We aren't in their shoes, but we were living their pain with them. If they don't work, they can't eat," she said.

> *"We lost so many lives, but we saved many more. Things are looking a little bit brighter, but there is still a lot to do."*

TODEC understood that they needed to be on the ground because farm workers were too concerned with potential consequences to proactively go to access services. The organization started working with RUHS-PH at the very start of the pandemic. As data brought sharp clarity to the disparities in whose lives were lost

and the inequities at the heart of this problem, the organization advocated for change. TODEC started locally, but advocated for the issues at the state and federal level as well. They brought awareness to the plight of farm workers, reminding representatives that agriculture is the backbone of the community and that without farm workers, the region and the country faced food shortages and a potentially catastrophic financial loss. TODEC's advocacy efforts were the basis for long-term medical care expansion for undocumented immigrants, as well as for bringing more funds to the region to impacted workers to get the food from the fields to empty store shelves.

"It was very personal to us because we lost a lot of lives. Not only family, but farm workers who gave their lives to feed the rest of the country. And we needed to prioritize them," Gallegos said.


Riverside County categorized farm workers in the A-1 tier with first responders to put them at the front of the line for vaccinations, and TODEC worked on the ground to educate farm workers on why they should get vaccinated. As in every other community, myths surrounding the vaccine were rampant. False stories spread that the vaccine included a chip that would allow immigration authorities to find those who were undocumented. The myths became even more outlandish as the rollout of the vaccine neared. But TODEC had already established integrity with the community and was there to share accurate information from the Vaccine Equity Taskforce.

Just as they had done to encourage COVID-19 testing prior to the vaccine rollout, TODEC staff translated and shared science-based information on vaccines into Spanish as well as indigenous languages spoken by farm workers, like Purépecha and Mixteco. Their goal was to ensure their clients received accurate information from a trusted voice who could explain and answer their questions in their own language.

By January 2020, when the vaccine became available, TODEC had already done the groundwork. Understanding that most farm workers may be unable to leave their job site to get vaccinated, TODEC was there with Public Health partners to bring the vaccine to them via mobile clinics in the fields.

TODEC has nearly forty years of experience communicating with the agricultural worker community at a grassroots level, and has learned to shift quickly to meet urgent, unforeseen needs. The pandemic exacerbated challenges that had always been there, but Gallegos pointed out that the crisis also revealed the strength of the amazing alliances the organization has across the state. When emergencies happen, the diverse populations of entire regions can come together, bridging different points of view, different cultures, and different religions to create a community consciousness that is concerned for the plight of others.

"We're very proud of our county for listening, pivoting, and shifting with us," Gallegos said. "We lost so many lives but we saved many more. Things are looking a little bit brighter, but there is still a lot to do."

# MALO

## MOTIVATING ACTION LEADERSHIP OPPORTUNITY

Founded in 2017, The Tongan-led, Tongan and Pacific Islander-serving organization MALO (Motivating Action Leadership Opportunity), became a cornerstone of support during the COVID-19 pandemic for the Tongan community. MALO, which means "thank you" in the Tongan language, was created to share the rich culture of Tonga and to formally connect and support community members.

After the United States passed the Immigration and Nationality Act of 1965, many more Tongans were able to immigrate and establish new lives for themselves. However, there were and still are many systemic barriers against Tongans, like language access and citizenship status. Within the Inland Empire, established families have often hosted people recently immigrated from Tonga and supported them until they could get on their feet. This included the family of MALO's founder, Lolofi Soakai, who started out by hosting events to help would-be-citizens fill out their immigration paperwork.

In the early days of the COVID-19 pandemic, the community's need for this kind of one-on-one support became more urgent. It started with the elders calling to ask how they could get masks. MALO got to work sewing masks when they were scarce,

and then locating them and distributing them to the community as medical-grade PPE became more widely available.


As the pandemic continued, the outcomes for Native Hawaiians/Pacific Islanders were alarming. While this group only accounted for 1% of the population, they had the highest rate of contracting COVID-19. At the height of the pandemic, the Tongan community in the Inland Empire was attending three funerals a week. As the only organization in the region specifically serving Tongan people, MALO became the hub for information in their community. The organization combated misinformation by sharing science-based recommendations in line with public health guidance on social media and by word of mouth.

MALO hosted programming over Zoom meetings and worked to address the challenges families and youth were facing. The organization packed 300 backpacks of school supplies for 100 families, providing contactless delivery for these as well as culturally appropriate food and care packages.

"We saw our kids unable to function in school because their grandmas and aunties were dying," Soakai said. "We were all losing people, but we still had to get up and get food to someone's door."

As the region anticipated the arrival of vaccines, MALO joined the Vaccine Equity Taskforce, sharing distribution information with Tongans and the larger Native Hawaiian/Pacific Islander community. The disparities faced by this group and the need to reach them with vaccines was evident because Riverside County was the first county to separate out the COVID data for Native Hawaiian/Pacific Islanders and place it on the public dashboard. Soakai would have to call other counties and ask them to look up the data.

The Tongan community struggled with health disparities prior to the pandemic. Because they were unsure of the vaccine's safety, many were hesitant to get vaccinated. MALO disseminated information and set up clinics with RUHS-PH. The community was invited to the vaccination events whether they were ready to get the vaccine or not.

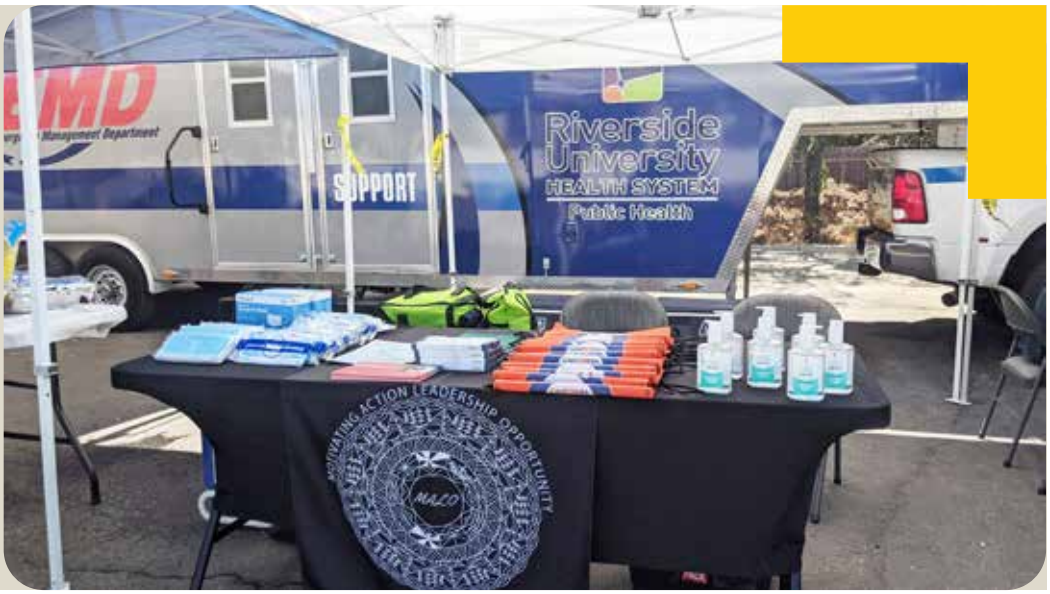
> *"The number of our infections and deaths moved up and they did not stop when everyone else's numbers did. Whether there was funding or not, we were fighting for our lives."*

At the clinics, MALO provided Tongan food as well as translation and materials designed to help their community make informed vaccination decisions. Each of the clinics served as a hub for connection, with MALO members passing out water and masks. This created a welcoming environment for the Tongan people, especially the elders. MALO also created the first Tongan-speaking Community Health Worker team, so people would see familiar faces and know there was someone there to serve as a translator.

MALO, based in Ontario and serving both Riverside and San Bernardino counties, has long served as a safe space for the Tongan community. MALO's presence at clinic locations added to the success of these vaccination events because they felt like home to the Tongan community. MALO welcomed them, sharing resources, and making themselves available for translation. While some individuals were not ready to be vaccinated, MALO let them know they would be there for them when they were ready.

This level of support was key. Without these deeply established connections, it would have been a challenge to even get people through the door. For some members of the community, just driving to the vaccination clinic was an act of bravery. Yet, when they arrived they found themselves afraid to go inside. Some people stayed in their cars in the parking lot. But when they recognized someone from the MALO team, they waved them over and were able to ask them to accompany them inside and translate for them. This was the support they needed to overcome their fear. Having a familiar face to sit with them through the whole process was something they wouldn't have had at a mass vaccination clinic.

"We had a mom who had four kids, who were being home schooled, and she couldn't leave them," Soakai said. "My daughter, who is one of the youth leaders, sat in the car with her kids while she got vaccinated. We had to meet our people where they were at to help."




Today, MALO is returning to its heart of celebrating Tongan culture and sharing it with neighbors. This is a joyful component of the organization's work, but one of its main focuses remains addressing the health disparities the community faces through education and services. What Soakai discovered during the pandemic was how important it is to be at the table.

*"I've been in meetings where our data is celebrated," she said. "Then in the next meeting we aren't included. We have to find our voice. I don't know if I trusted my own voice before this, but people won't know about us if we don't share."*

By sharing knowledge of their community's needs and their unique capacity to connect with their members, MALO built partnerships Soakai is certain will be long-term because these partners now know the Tongan people better. They have created trust along with their successes.

*"I want to make sure people honor that we were part of this fight, and that we still are a part of this fight. We continue to honor those we lost by keeping MALO alive to share our culture and create opportunities for our people."*

# Building Resilient Communities



When Debra J. Williams wrote a 39-page e-book on disaster preparedness in 2011, offering it to her church congregation for free, she wasn't expecting to start a nonprofit organization. Yet, Building Resilient Communities (BRC) was born. Through BRC, Williams worked to become an integral part of disaster preparedness throughout the Inland Empire, focusing specifically on the Black/African American community. While she was passionate in her conviction that this work was critical to supporting her community, she could not have known that she was positioning herself to assist in the largest health crisis of our time.

When COVID-19 reached California in February of 2020, BRC kept a close watch on its progression and its impact on Black/African Americans. Having worked so closely with the faith-based community, one of the first actions the organization took was assisting churches in transition to remote services and online communication. Offering a daily Zoom meeting called "Faith Over Fear," the organization gave community members a place to receive words of encouragement from a variety of leaders from all faiths. All the while, BRC was working to provide the most up-to-date, science-based information for these trusted messengers to share, as well

*"I believe we have a responsibility to help, and that is what I carry with me at all times. Collaboration is key and all things are possible, no matter what the challenges look like."*

~ Debra Williams, Founder and Executive Director of Building Resilient Communities

as practical resources like personal protective equipment (PPE). BRC helped to distribute masks, hand sanitizer, face shields, and gloves through places of worship and schools.

In early 2021, RUHS-PH invited BRC to join their efforts to serve the needs of the Black/African American community in the pandemic. While this effort was larger than anything BRC had tackled to date and incredibly daunting, they knew they had to rise to the challenge.

Of the weekly calls for the Vaccine Equity Taskforce, Williams said, "Everyone had the same mission and the same passion. The BIPOC community came together to work toward equity in distribution and access. I've never seen anything like what we did in Riverside County."

The regional data clearly showed the vulnerability of Black/African Americans. This group had worse health outcomes as well as lower vaccination rates. The reasons for this disparity were generational and overlooked. "First of all, we had the past trauma of being experimented on," Williams said. "Many of us wondered if we could even trust the vaccine." In the faith-based community there was a divide between those who wanted to be vaccinated and those whose preference was to avoid medical intervention, using homeopathic remedies, or relying on prayer and trust in God to protect and heal them. The amount of quickly spreading misinformation only added to division.

*"Everyone had the same mission and the same passion. The BIPOC community came together to work toward equity in distribution and access. I've never seen anything like what we did in Riverside County."*

Williams's first step was to visit a Public Health vaccination clinic and see how it was set up. She could immediately see why the Black/African American community would be unlikely to attend. The clinic looked and felt like visiting a doctor's office, which much of the community would associate with negative experiences. This setting wasn't culturally relevant, and was therefore uninviting.

BRC felt the first step was to make clinics feel more like a community event with trusted voices and familiar faces. Clinics were set up at churches and decorated to look festive and welcoming.

Community members could go to their church to get their vaccination in a place they were already comfortable, surrounded by people they trusted. There, they could create an environment of community support.

Williams remembers a woman trembling with the fear of getting her vaccine and stopping to pray with her. Then when it came time for the vaccination, Williams was able to leave the waiting room to go hold her hands for support. The two exchanged information, and when it came time for the woman's second vaccine dose, Williams was able to be there to hold her hands again. Being able to lean on one another and offer support in a way that wasn't available at the mass vaccination clinics was a crucial aspect of reaching the Black/African American community.

In addition to clergy members, hairstylists and barbers are also trusted messengers in Black/African American communities. They are so trusted, in fact, that clients have deep connections with them, opening up about their challenges and fears like they would with a therapist, and valuing their advice. Knowing that the voices of barbers and hairstylists carry weight, it was important to get them information about COVID resources and the most recent data. The Riverside Black Chamber of Commerce reached these key members of the community, ensuring they had the most recent information and resources from BRC.

The data-driven and culturally informed work done by BRC with these partners saw the vaccination rate of the Black/African American community in their area of operation increase from a 9% vaccination rate in March 2021 to 51% in May 2022.

The work continues for BRC. The organization is still distributing PPE. Building on the success and trusted partnerships created by their early COVID-19 equity efforts, government and community-based partners combined forces with BRC to start the African American Health Collaborative of the Inland Region.

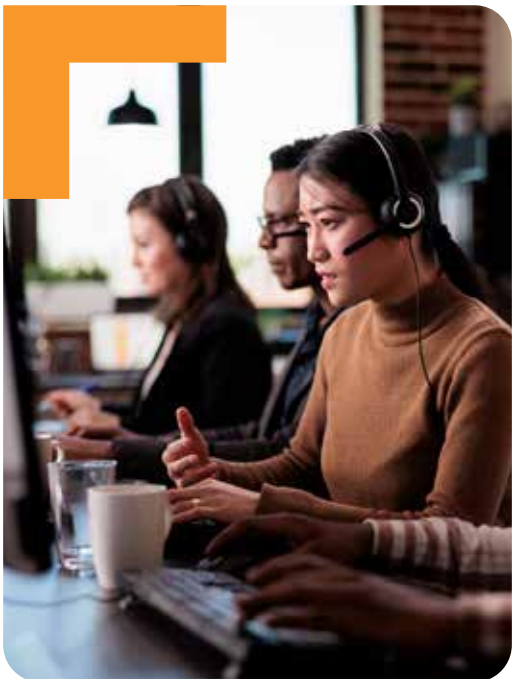
Recognizing during the pandemic that men were being vaccinated at a much lower rate than women, BRC uncovered underlying disparities that were much bigger than access to vaccinations. The organization is now launching a Brother2Brother peer-to-peer program addressing mental and emotional health as well as building leadership skills. "We still need to address all the barriers to resilience and look below the surface," Williams said. "There is still much work to do."

# Inland Southern California United Way

United Way has been serving the Inland Empire since 1931 through multiple region-specific United Way organizations. In prior years, Inland Empire United Way, United Way of the Inland Valleys, United Way of the Desert, 211 San Bernardino County, and 211 Riverside/Community Connect merged to form Inland Southern California United Way (ISCUW). The merger combined the talents and resources of all the organizations, creating a singular point of contact for community-based organizations.

United Ways and other nonprofit organizations manage 211 local contact centers throughout the United States. Across the nation, 211 is a number anyone can call to reach a live person on the phone for social service assistance, including health services, housing referrals, and crisis care.

ISCUW took responsibility for 211 Riverside/Community Connect in 2019 and San Bernardino 211 the following year. The two contact centers became Inland Southern California 211+ (ISC211), serving both counties by offering expert, 24/7, multi-lingual, omni-channel information, referrals, and services. As the COVID-19 pandemic took a foothold in the United States, the public's need for information and



resources quickly escalated the importance of the 211 contact centers.

"We knew that the entire community counted on us," said ISCUW and ISC211 CEO Kimberly Starrs. "We were the only ones who had the infrastructure and the team rose to the challenge in so many extraordinary ways."

211 Inland Southern California 211+

Anticipating the importance of utilizing 211 to disseminate information, county partners reached out to ISCUW to help strategize. Convening multiple times a week with partners such as the Emergency Management Department, Public Health, and the Office on Aging, participants shared information, discussed current needs, and brainstormed possible solutions while preparing for potential pivots. New partners joined the discussion as the need for their input was identified, and as information sharing became more critical across government agencies and community-based organizations.

As the County of Riverside activated its emergency response, 211 was there to provide the most recent accurate health information, helping to combat rampant misinformation. RUHS-PH had a COVID-19 information line, but demand on that line was pulling public health workers away from their primary responsibility of responding directly to the public health crisis. As more and more people sought information about how to protect themselves from the pandemic but were unable to get through on the information line, they started calling 911 to ask their questions.

To address this issue, Riverside County 211 took over the initial calls to the COVID-19 information line, answering general questions and providing up-to-date recommendations. Individuals who had more in-depth public health questions were forwarded on to the RUHS-PH information line. By filtering the calls, 211 was able to greatly reduce the volume of calls fielded by RUHS-PH, freeing public health workers to focus on managing the pandemic.

> *"We were the only ones who had the infrastructure and the team rose to the challenge in so many extraordinary ways."*

"As a nonprofit organization, we are able to make transitions on the spot," Starrs said. "Because of how quickly we were deployed in the dissemination of information and resource management, we alleviated this burden from falling on any single organization."

Throughout the pandemic, the public need for information shifted as the challenges the community faced continued to grow. As testing sites became available, 211 provided information on their locations and how to schedule tests, as well as information on how the public could get PPE. As senior meal programs, community services, and many nonprofit organizations shut down, 211 tracked closures and currently

available resources to connect with their callers. Requests for resources came in waves, first with concerns about food insecurity, then support for rent and utilities for those who lost their jobs due to pandemic closures, and ultimately concerns about vaccines as their roll out began. ISCUW grew with the call volume, increasing the number of contact center employees from 42 to 450 to meet this demand.

“Folks knew there would always be someone there to answer your call,” Starrs said. “It would put their hearts and minds at ease. It felt like everything had disappeared, but we remained a consistent presence.”

As isolation continued, some people just needed to talk to a real person to alleviate their fears. ISCUW saw an increase in calls to the Inland SoCal Crisis Helpline for crisis intervention and to the suicide prevention hotline, which it also manages. Callers were frequently in distress. They faced sudden unemployment, school closures, emotionally stressed children, fears about the coronavirus itself and about the safety of vaccines. Many lost family members or personally suffered hospitalization or disability due to COVID-19. Both 211 and the Crisis Helpline played an important role in stabilizing the community.

ISCUW was involved early on in developing the strategies for the first roll out of the vaccine. Anticipating that seniors and other individuals with comorbidities may not be able to use the technology to make online appointments for vaccination, ISC211 acted as an intermediary to ensure all appointments were not immediately filled only by those who could easily book them online. RUHS-PH reserved vaccination times for eligible populations who needed to make appointments by phone. Then ISC211 took calls and worked with the Office on Aging to fill these slots and create a waitlist to fill the next available appointments.

> *“It felt like everything had disappeared, but we remained a consistent presence”*

It took a tremendous effort to pivot and grow to meet the changing needs of the community during the COVID-19 pandemic, but looking back, the ISCUW team sees these efforts as an example of what is possible.

“It became well-coordinated,” Starrs said. “It was a great example of what partnership can look like.” These efforts not only expanded access to public health information, but also provided jobs at the contact centers for over 400 people during an employment downturn. ISCUW was also there to distribute federal Emergency Rental Assistance funds, administering crucial relief that kept more than 27,000 families from losing their homes.

Today, ISCUW and ISC211 serve more than 460,000 households and 1 million people via more than 40 programs under the banners of Financial Stability, Housing, Education, and Health. While the 211 program is not currently facing the same high intensity of need created by the pandemic, ISCUW continues to build a stronger infrastructure to support the community in times of crisis.

“I cannot imagine doing the work that is being done today if it were not for the partnerships we built during the pandemic,” Starrs said. “It proved that we are capable of extraordinary things and that we are a community able to persevere.”


Twenty-Nine Palms Band of Mission Indians
Building Resilient Communities
CAIR California
Council on American-Islamic Relations
Greater Los Angeles Area Chapter
CFF
California Farmworker Foundation
CODiE
The Church of Scientology
Desert Healthcare District & Foundation
El Sol
Neighborhood Educational Center
EMD
Emergency Management Department
Galilee Center
Growing
Coachella Valley
211
Inland Southern California 211+
Inland Southern California United Way
Líderes Campesinas
Morongo Band of Mission Indians
A Sovereign Nation
NAACP
Rainbow Pride Youth Alliance
Reach Out
Strengthening Communities
Riverside County Black Chamber of Commerce
Riverside County Office on Aging
Diocese of San Bernardino
Riverside University Health System
Behavioral Health
Riverside University Health System
Environmental Health
SBX
Youth & Family Services
ssg
Special Service for Groups, Inc.
TODEC
Protect • Defend • Engage
TrueEvolution
Health & Justice
yli
Youth Leadership Institute
Use Your Voice

# Thank You to Our Partners

Addressing COVID-19 disparities in the Latinx, Black/African American, and Native Hawaiian/ Pacific Islander populations could not have been accomplished without multi-sectoral community driven partnerships. At the height of addressing the disparities, there were 60-70 people on the weekly calls receiving the most recent and pertinent information and sharing the challenges in their communities. All of the CBOs working so hard to save lives in their communities did so while also having to balance their own losses and fears over long and emotionally strenuous days. What they accomplished was incredible, and all of their efforts have continued as they look to eliminate the disparities that have always affected their communities, but that were brought into sharp focus during the COVID-19 pandemic. The work done to educate and vaccinate the people of Riverside County could not have been accomplished without them, and neither can the work to come.

## Vaccine Equity Taskforce (VET) Partners:

29 Palms Band of Mission Indians

Building Resilient Communities

CAIR LA

California Farmworker Foundation

Center on Deafness Inland Empire (CODIE)

Church of Scientology

Desert HealthCare District & Foundation

El Sol

Emergency Management Department (EMD)

Galilee Center

Growing Coachella Valley

Inland Southern California 211+

Inland Southern California United Way

Lideras Campesinas

MALO

Morongo Band of Mission Indians

NAACP Riverside

Pechanga Band of Indians

Rainbow Pride Youth Alliance

Reach Out

Riverside County Black Chamber of Commerce

Riverside County Office on Aging

Roman Catholic Diocese of San Bernardino

RUHS-Behavioral Health

RUHS-Environmental Health

SBX Youth & Family Services

Sikh Temples

Special Service for Groups (SSG)

TODEC Legal Center

Torres Martinez Desert Cahuilla Indians

TruEvolution

Youth Leadership Institute

# Lessons Learned

The COVID-19 pandemic shed light on challenges tied to health equity that have long existed. However, the barriers creating these inequities in specific communities were not readily apparent. As geographically mapped health data brought health disparities in the underserved populations of Riverside County into sharp relief, it became urgent to try novel solutions to support the most vulnerable communities. No one understands the barriers their communities face better than the people active in established organizations and those who are already involved with grassroots humanitarian support efforts on the ground.

Trust has a tremendous impact on the success of efforts to improve community health. Yet, RUHS-PH quickly discovered that distrust of the government is deep-rooted in some communities. These perceptions are based on personal experiences, historical injustices, generational trauma based systemic impacts on families, as well as social media misinformation and heightened political rhetoric. RUHS-PH found that building trust by respecting cultural context was of dire importance when interacting with the community. It is not enough to just acknowledge community perspectives. The work to cross these divides is most effectively accomplished by building consistent, genuine relationships with community partners.

Though public health officials and government agencies hold the authority to create and administer public health policies and to distribute funding and other resources for these efforts, it is in fact community-based organizations have the greatest power to create change in communities. When provided the necessary tools and support, communities are remarkably adept at developing solutions, advocating for and driving the implementation of regional, state-wide and national changes.

There are tremendous returns on the investment of time and effort in listening to the community, creating safe spaces for communication, and engaging in true dialogue with local partners. Empowering community leaders and trusted messengers to guide public health efforts is essential to reaching underserved, under-resourced, historically marginalized communities. Public Health may hold the data that drives the recommendations and response efforts, but it is community partners who understand the lived experiences of the people they serve.

Community-based organizations have an intimate knowledge of the disparities in their service areas and the day-to-day challenges these disparities create. These organizations are so well-acquainted with their communities' needs, they are uniquely positioned to advocate for change and identify meaningful solutions. When emergencies arise, they embrace the spirit of collaboration required to accomplish great things with few resources. If these groups are well-resourced, we can accomplish even more together. Inviting these partners to participate in addressing health challenges and creating solutions allows for the expedient dissemination of factual information and the effective delivery of life-saving services.

We cannot know what would have happened if the leadership of RUHS-PH had chosen a different approach and not integrated an Equity Officer into their command structure or created a Vaccine Equity Taskforce for the region. However, if health equity efforts had not been incorporated into the

COVID-19 response, we may have seen increased numbers in coronavirus cases and deaths in those communities that have been historically under resourced and inadequately serviced. Because an equity lens was applied in Riverside County from the outset of the COVID-19 response, it's likely those disparities were minimized rather than exacerbated.

There is still work to do in addressing the aftermath of the pandemic. Even as the coronavirus continues to circulate, many still suffer from long COVID, and we have not fully addressed the needs of disproportionately impacted and burdened communities. There is much to do to honor the lives lost and to document and memorialize the efforts of those who did all they could to limit the negative impacts of this world-changing event.

Continuing to have a health equity lens when it comes to the distribution of testing, vaccines, and other public health resources is of utmost importance. RUHS-PH will continue to promote vaccination, surveil COVID variants, and focus on public health infrastructure with the goal of becoming better prepared for future public health crises. We can honor the incredible resiliency of our community by not forgetting the challenges that we faced, incorporating what has been learned into ongoing and future operations, and ensuring that we do not start from scratch when the next public health crisis arises.

Different communities within the wider population each have unique needs, and so Public Health must continue the work to address disparities and injustices. Acknowledging this responsibility, RUHS-PH has created the Riverside County Health Equity Program, which addresses the social determinants of health, disparities and health inequities by expanding the health department's capacity to serve under-

resourced and traditionally under-served communities across Riverside County. The program is supported by funds from the CDC that have been committed to this ongoing work, beyond the support earmarked for the COVID-19 response. The program focuses on building and strengthening partnerships with various local organizations to bring relevant and accessible services to residents, with an emphasis on racial and ethnic minority groups, communities with unique needs, and people living in rural communities.

Guided by the 2023-2028 Health Equity Strategic plan, the Health Equity Program has five initial key priority areas. These include: increasing internal capacity and equity infrastructure while creating a diverse workforce with a culture of inclusivity; external power-sharing and power-building through engaging the community in decision-making processes; implementing data practices that prioritize transparency and equity in collection and analysis; and integrating equity and justice principles into all policies in an effort to dismantle systemic barriers.

RUHS-PH is the public health authority for all of Riverside County, but unfortunately the health department wields little control over certain aspects of life in our region that contribute to health and well-being, such as housing, education, and broader government policy. Public Health has historically been underfunded. Although government funds are sometimes allocated to support additional efforts in improved public health outcomes, they are typically short-term and often defunded when budget cuts occur. Despite these challenges, the lesson is clear. Individuals, families, and organizations in the community are all in this together, and when we work as partners, we can support each other to accomplish so much more.

Returning to the status quo prior to the COVID-19 pandemic would be a catastrophic path, taking in vain all the community efforts and lives lost. We must learn better and do better, not only to be prepared and respond effectively to the next emergency, but to review antiquated policies and ways of doing business and implement systemic changes in service of real equity. We can build long-term connections and community trust by investing in existing and new partnerships. By cultivating grant opportunities for local partners, we can more effectively and efficiently distribute services and resources to those who need them most. By empowering those whose communities have been harmed by inequitable health outcomes and integrating understanding of their lived experiences into our planning for the future, we can ensure the improved outcomes that can come from a community-centered approach in public health efforts.

## Please Visit Us At:

https://www.ruhealth.org/public-health/health-equity-program

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# The Power of Partnerships:
# COMBATING COVID-19 INEQUITIES
## Through Trust and Collaboration

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