



Joint Statement Community Engagement during a Public Health Emergency and Beyond September 15, 2020

Winooski, VT – On May 29, 2020 the City of Winooski was notified that the Vermont Department of Health (VDH) was investigating a potential outbreak of COVID-19 in the City. Local leaders and VDH quickly mobilized to assist in outbreak response and ensure that our neighbors were safe and had the resources they needed. The outbreak, which came to be known as the Winooski/Burlington Outbreak, resulted in 117 cases (77 in Winooski, 22 in Burlington, and 18 in other communities) with cases primarily within two community groups. Fortunately all of our neighbors recovered and the Outbreak was declared over on August 12, 2020.

Following the end of the outbreak, community leaders came together to debrief the shared response and talk about how to best provide services to all Vermonters. Throughout this Outbreak, it was evident that government systems were not set up to best meet the needs of all Vermonters – and especially those who speak a language other than English at home. Together we know we can do better – and we learned a great deal through the process.

Today we release the following recommendations for community engagement during a public health emergency and encourage all facets of government to consider how these recommendations are integrated into day to day services for all Vermonters.

Improve the way we work

- During an emergency, hold daily virtual “huddles” to promote accountability, dialogue, feedback, and process improvement. Town leadership, community partners, public health, and public safety should be convened immediately and regularly in the case of an outbreak.
- Consider tabletop exercises to outline what will happen from one point in the response to another (example: time of individual COVID-19 positive test result through contact tracing) for the various communities served.
- Ensure all staff have baseline training in social determinants of health, implicit bias, and health equity.

Put Vermont communities at the center of the response

- Employ a participatory community engagement model that prioritizes direct engagement, ownership, and commitment of affected communities.
- Consider that people with questions go first to those they feel comfortable and have a trusted relationship with. Decisions about policies, programs and the distribution of resources must be made in partnership with the people they affect and in a timely way, including both informal and formal community leaders.

- Continue our collaborations with community-based partners and agencies that represent populations we serve.
- Seek to build a public health workforce (and a government workforce) that represents the communities we serve. Trusted community partners are essential in advancing the public health response in an emergency, and state and local government should engage and compensate them in a way that meets their needs and recognizes their critical role.
- Ensure access to and funding for interpreters and cultural brokers.
- Exercise cultural humility and sensitivity in acknowledging that socio-cultural norms differ widely community to community.
- Give attention to the specific possible stigma felt community to community regarding positive status, quarantining, and reaching out for help.
- Ensure services are trauma informed and resilience centered.
- When mass clinics are stood up, ensure that access to testing - including knowledge about, transportation to, registration for, and accommodation during – is considered for all priority populations.
- Locate mass clinics, resource distribution, etc. in physically accessible and convenient locations for the populations to be served.
- Ensure that registration for services is supported and set up ahead of time.
- Ensure shared understanding of when and why testing is recommended.
- Prepare pathways for social and economic supports to affected communities.

Invest in effective communication

- Expand modes of outreach and prevention communication beyond printed material. Think audio files, recorded videos, platforms like What's App, and direct outreach by trusted community health workers and local organizations.
- Prepare any public outreach material with an eye to equitable access to information by Vermonters across the state. Messaging and services must be provided to the most vulnerable Vermonters. This includes use of plain language and having translated prevention material (in modalities referenced above) on hand before it is needed.
- Engage community partners in development of educational material rather than review of it.
- Include community partners in emergency response planning, especially around language access. Put this structure in place ahead of time/before needed.
- Focus on youth partners to bring messaging home to families and older adults.

Fund the Work

- Conduct a partnership gap analysis to find opportunities for new partnerships.
- Many communities lack access or have barriers to engagement with state government (such as limited trust or inability to meet minimum insurance coverage requirements).
- Consider employing community workers from direct service agencies as part of your communications/outreach/primary prevention/contact tracing teams.
- Earmark funding for the Multilingual Task Force to mobilize quickly in case of an outbreak in refugee/immigrant communities and disseminate COVID-19 specific information, Governor's orders, and/or information coming out of VDH in a linguistically and culturally appropriate manner.
- Fund community health work at AALV, USCRI Vermont, SASH, and other partner agencies in a sustainable and steady way to allow for advance planning.

Protect Privacy

- Prior to emergency response, discuss information sharing. HIPAA may present barriers in the case of Protected Health Information. Parties can agree to transparently share appropriate information.

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