



Commentary

The importance of community engagement on COVID-19 vaccination strategy: Lessons from two California pilot programs

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As the United States struggles to contain COVID-19, policymakers face a contentious debate around mass vaccination strategies. While fears have been buoyed by two highly efficacious vaccines [1], containment of the virus will require a sizable percentage of the population to be vaccinated. Though COVID-19 disproportionately affects communities of color [2], decades of medical racism and health inequities have eroded trust towards government-sanctioned medical programs in these communities. To tame the pandemic, policymakers must craft careful vaccination strategies that recognize the heinous role that medical racism has played in vulnerable communities. Interventions should be led by community advocates in a multilingual, interdisciplinary fashion. A successful vaccination program will therefore require biological effectiveness, streamlined logistics, and comprehensive community engagement to ensure maximal vaccine uptake.

Two recent pilot programs in California offer compelling lessons in successful community engagement. The first, United in Health, aims to understand and respond to the disparities driving COVID-19 transmission among Latinx communities in San Francisco. The UCSF-led program partnered with various community-based health organizations to expand access to low-barrier COVID-19 testing, disseminate information on the importance of public safety protocols, and collect data to better understand disparities. The program has been extremely successful: over 14,000 individuals have been tested since its inception, many of whom received financial support to self-isolate following COVID-19 exposure [3]. Traditionally, public health interventions can suffer from community pushback and lack of adherence. United in Health's success was rooted in a multifaceted, multilingual approach which engaged numerous community leaders and organizations. The city's Latino Task Force on COVID-19, for example, set up mobile testing sites at transit hubs across the city to encourage commuters to get tested regularly. Multilingual signage and volunteers

ensured a safe and inclusive environment for those wanting tests and information. Bringing together a diverse team of policymakers, epidemiologists, and local activists, United in Health offers glimpses into principles of community-centric public health.

Another longitudinal cohort study led by Berkeley investigators studied the effects of the pandemic on farmworkers across California's Central Valley. California's farm workers are responsible for over 13% of the country's total agricultural output [4]. Estimates suggest that over 50% California's farm workers are undocumented, speaking a combination of Spanish and seven indigenous languages [5]. The CHAMACOS study started in 1999 initially to examine the health effects of pesticide usage on California's farm workers and their families. CHAMACOS quickly shifted to investigating COVID-19 at the beginning of 2020. In its latest report, researchers found that as of October, 20% were SARS-CoV-2 antibody positive. Additionally, a staggering 57% reported having gone to work with COVID-19 symptoms, indicating that they did not have the necessary support to miss work. Half of the respondents stated their reluctance to accept a COVID-19 vaccine, as they did not trust the government [6]. Their report also recommended that companies and local governments implement culturally sensitive training on the importance of health protocols, provide low barrier testing, and offer income support to those needing to isolate. One aspect of the study that drove its success was its multilingual, youth-focused programs. Investigators quickly realized that building trust in health interventions among the cohort would require inclusive community participation. Over the course of the study, community youth contributed to scientific presentations, artwork, and even radio announcements outlining the benefits of various interventions under study. Vaccinating this population is critical to both ensuring a robust food supply for the country and addressing the deep health disparities among this population. The CHAMACOS study is one of the finest examples of effective community engagement in public health, and its lessons cannot be ignored in designing COVID-19 vaccination uptake strategies among communities of color in the United States.

Distributing COVID-19 vaccines will undoubtedly be one of the most ambitious and far-reaching public health interventions in recent American history. Policymakers must confront the nuanced issue of maximizing vaccine uptake while recognizing many communities' distrust toward government-led medical programs. One need look no further than Tuskegee [7], Guatemala [8], or Arizona [9] to understand that the country's history of medical racism has left communities of color both dangerously susceptible to the pandemic and

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skeptical of government intervention. Fortunately, policymakers can learn valuable lessons in community engagement from United in Health and CHAMACOS to craft COVID-19 vaccination strategies. Transparency, empowerment of community leaders, and multilingual education are all vital in ensuring the success of an intervention. While ending the pandemic will be complex, community engagement is a proven strategy to both maximize participation and begin to address the profound disparities in American healthcare.

Declaration of Competing Interest

The author declares no conflict of interest.

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