Collaboration between state health departments and community partners is essential for reducing health disparities and successfully vaccinating vulnerable communities. Promising practices address equity are continuously emerging from the COVID-19 pandemic; below are some of these practices along with state examples.

1. Go to the community.

Health programs can create a strong organization. In many locations, state vaccination programs are well-established with sufficient staffing and larger budgets as compared to health equity offices. Focusing more emphasis on health equity as a surrounding across all public health programs can create a strong organization.

2. Ensure one-size-fits-all technology.

Ensuring telehealth is available in rural settings and reaching a broad, diverse audience improves health equity. In many states, telehealth was developed at a rapid pace during the pandemic. This practice will likely play a central role in future workforce through programs that recruit underrepresented people into fields not traditionally held by members of historically marginalized groups.

3. Create a physically, emotionally, and intellectually welcoming environment.

Embracing cultural competency and lived experience can contribute to solving public health problems. Continue to embrace non-traditional expertise and lived experience. Our Voices — COVID-19 thinking expansively about expertise, to include lived experience (ND).

4. Be data driven.

Health data is instrumental in investigating patterns, identifying gaps, constructing action-plan roadmaps, and helping to prioritize health outcomes for continued planning. Go beyond numerical data and ensure culturally competent, lived experience reporting.

5. Collaboration between state health departments and community partners is essential for reducing health disparities and successfully vaccinating vulnerable communities. A recent initiative was the Collaborative Care-A-Van Mobile Unit (WA). In March 2021, State launched the Mobile Equity vaccination clinics. This initiative allows for targeted actions to reduce racial and ethnic health disparities.

6. Think beyond traditional, non-traditional partnerships.

Partnerships have been key to vaccination during the COVID-19 pandemic response. Continue to leverage communities from a variety of fields, including faith-based, social services, and non-profit sectors. Ideally, establish partnerships and frameworks to quickly increase public health reach, including vendor expertise for telemedicine hubs, transportation options, access to supply needs, learn and translate, and program organizers.

7. Team with traditional and non-traditional partners.

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8. Move from crisis-born relationships to long-term partnerships in public health.

Throughout the pandemic, partnerships were formed between public health and trusted community-based organizations. Institutionalizing these partnerships into long-term collaborations that persist post-crisis will provide a more equitable public health agenda.


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10. Embrace non-traditional and non-expertise.

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ROADMAPS TO IMPROVE PROFESSIONAL AID AND HELPING NETWORK CENTRAL TO EQUITY-BASED STRATEGIES (MA).

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THINKING EXPANSIVELY ABOUT EXPERTISE, TO INCLUDE LIVED EXPERIENCE (ND).

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