Prepared For:

The Equity Now &
Beyond Coalition

Expanding the Health Network:

The Role of Immigrant Community Based Organizations in COVID-19 Vaccine Information and Access

2021 - 2022

Please reach out to kevin@csioboston.org for more information about EN&B and current activities.

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Executive Summary

Equity Now & Beyond is a health equity coalition coordinated by Center to Support Immigrant Organizing (CSIO) and led by grassroots immigrant groups Brazilian Women's Group (BWG), African Community Economic Development of New England (ACEDONE), True Alliance Center/Haitian Americans United (TAC/HAU), and Agencia ALPHA. The EN&B health equity organizing is part of an array of community supports and programs that address the social and structural determinants of health - immigration advocacy, worker rights, youth organizing, women's leadership development, housing advocacy, community economic development, and more.

In October 2019, these groups had begun organizing for flu vaccination clinics. The prevention work, public health education, and COVID vaccine clinics developed over the next several months. The City of Boston's Chief of Health and Human Services, Marty Martinez, was a key figure in local COVID response, holding weekly meetings for a number of community-based organizations with representatives of the largest healthcare providers in the city for discussions about outreach and vaccination strategies.

The purpose of this **community-engaged participatory action research project** was to answer the following questions:

- What roles do immigrant community-based organizations in Boston play in responding to the COVID-19 pandemic?
- How is the coalition building ties among immigrant groups?
- How does the coalition build partnerships with healthcare organizations?
- What are the lessons learned for building health equity for immigrants in Greater Boston beyond the pandemic?

We hired and trained research assistants who speak the same language as the members of each immigrant organization. Over the summer and fall of 2021, researchers recorded observations and informal interviews at 36 vaccination clinics, conducted interviews with four CBO leaders, four healthcare organization leaders, administered 877 qualitative improvement surveys, and analyzed media outreach of organizations.

Equity Now

The EN&B groups took on the following tasks:

- Countering misinformation about the SARS COV-2 virus, COVID-19, and the vaccines using social media, first-language television and radio programs
- Building trusting bonds between themselves and with other immigrant-serving groups
- Forming partnerships with healthcare organizations for education and vaccination; and voicing community medical distrust
- Collectively advocating for vaccine outreach and provision in terms of health equity in the Greater Boston area beyond the pandemic

EN&B accomplishments over the past year:

- Vaccinated over 5,968 community members.
- Produced and distributed an immigrant youth video/PSA on the importance of getting the vaccine – see video here:
- Educated over 60,000 community members in their native languages on COVID and the vaccine via weekly Facebook Live, WhatsApp, radio and television programs, community and congregational presentations, and other venues.
- Distributed over 5,600 PPE kits
- Combined vaccine clinics with education and support around worker rights, housing resources, immigration counseling, on-site voter registration and enrollment in health insurance
- Testified to Boston City Counselors regarding EN&B vaccine clinic organization, an average of 4 clinics per week in different immigrant community neighborhoods. See clinic calendar here.

Lessons learned:

- Coalitions between CBOs build on existing personal connections and a common task. These relationships deepen as the leaders meet regularly; and as their organizations serve each other's populations.
- Consistent presence and visibility of healthcare personnel in familiar community spaces fosters relationships with residents who may lack access to health resources.
- Community-based organization assets include existing communication channels, trusted provision of resources, voicing community concerns, and the ability to convene people in safe, familiar spaces.
- Inadequate insurance, language, distrust of government, and insecure immigration status were key barriers to vaccination.
- Bureaucratic and logistical hurdles for collaboration with healthcare organizations threatened trust, but reliable and responsive action helped to rebuild it

Equity Beyond

Across all four organizations, community focus groups indicated that places of worship/religious institutions and doctors/clinics were a common source of health and well-being. Food, specifically access to good and healthy food, was another important aspect of well-being; and mental health or stress was a primary concern. Increasing the visibility of these health-supporting resources to city and healthcare leaders may enable more creative and coordinated efforts.

Benefits of CBO partnership for healthcare providers.

- Engage community with Primary Care Provider (PCP), insurance coverage, medication
- Access to populations, trusted partners and community venues
- Insight and knowledge of community needs (language, financial, health)
- Access to immigrant media outlets for education and outreach
- Good public relations to gather further resources

Benefits of healthcare partnerships for CBOs.

- Provide the foundational step to connect residents to an ongoing relationship with a PCP and other health and wellness supports.
- Healthcare access for community, especially low income and undocumented, bridging relationships to safety net hospitals
- Healthcare experts to get messages out to community; outreach, education support
- Provide immigration and other socioeconomic supports to vaccine recipients

Recommendations

- Provide community health advocates for CBOs
- Offer wraparound services in community-based mobile clinics - combining vaccines, COVID testing; dental, eye, blood pressure, cholesterol and diabetes screenings, social services and insurance enrollment
- Expand permanently affordable (including supportive) housing
- Disaggregation of racial data, such that organizations serving Haitian, Brazilian, and the diverse communities under the labels of Black and Latinx can discern where the greatest resources and needs are.
- Develop workforce development resources, including fast-track certification of foreign-trained healthcare personnel

Introduction

The first year of the COVID pandemic laid bare existing health disparities, with Black and Latinx communities suffering greater morbidity and mortality. Disease outbreaks were also more severe in lower-income neighborhoods with more crowded housing, like Roxbury, Mattapan, Dorchester, and East Boston, and the city of Chelsea, where large numbers of Black and Latinx recent immigrants reside (Dryden-Peterson et al. 2021). City and state closures resulted in loss of income and widespread food insecurity, as jobs disappeared. Front-line workers in grocery stores and service industries as well as residents who rely primarily on public transportation also risked greater exposure for themselves and their families.

The Pfizer/BioNTech COVID-19 vaccine became available in December 2020, and the Moderna vaccine soon thereafter. State and city officials opened "mass vaccination sites" in large venues, such as Fenway Park and the Hynes Convention Center, later adding the Reggie Lewis Center in Roxbury and the Strand Theater in Dorchester. Many public health experts criticized the prioritization of efficiency and "equal access" over equity in the vaccine rollout, arguing instead for a "place-based" strategy to testing and vaccination, using measures of neighborhood structural vulnerability to determine priority vaccination delivery (Bibbins-Domingo, Petersen, and Havlir 2021). Indeed, some argued that the discourse of "vaccine hesitancy" in Black and brown communities masked the underlying conditions of structural racism. In order to respond "equitably," they advocated "strategies that ensure those who are most in need in historically marginalized communities are given preference and provided support to both access appointments and travel to them. Mobile units and pop-up clinics, preferably cosponsored by trusted local community organizations and/or individuals, are two examples of structural approaches to advance equity in distribution" (Corbie-Smith 2021).

Community-based organizations, including faith-based or immigrant-specific organizations providing mutual aid, social services, education, advocacy and/or grassroots organizing support organizations, are a key part of civil society in the United States. These voluntary non-profit groups often rise to fill gaps in the educational, economic, and social welfare safety-net systems for vulnerable residents of Boston. The Boston Public Health Commission has long recognized the value of these groups for helping to organize influenza vaccinations or violence reduction efforts in the city's neighborhoods. Large non-profit healthcare institutions have a mandate, whether moral or legal, to engage the communities within their "catchment areas". As one healthcare leader commented, the COVID pandemic both made immigrant communities more vulnerable and made engaging community groups more difficult.

One health professional (BMC1) described Boston Medical Center (BMC) as having a long-standing relationship with immigrant communities, because "many folks who are newly arrived are more financially vulnerable, and then end up on MassHealth [Limited]... emergency Medicaid... Basically, anyone with immigration status and vulnerability has their options for healthcare restricted, and BMC is one of the institutions you can pick to go." Such disparities in vulnerability multiplied during the COVID pandemic; she cites a study of foreign born young men dying more, arguably because "we're putting ...young men in vulnerable occupational risk jobs that didn't protect them." The [clinic] is forming a Community Advisory Board of foreign born patients to help set an agenda, but "I think the tricky thing for us is that... all of our patients from Afghanistan are a mess. All of our Haitian patients are [anxious], it's hard to find people who are ... not in extremis right now."

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CSIO supports immigrant grassroots organizations to address the needs of the communities they serve. According to CSIO's co-director Kevin Whalen,

> EN&B formed ... to address the effects of the COVID pandemic in immigrant communities. CSIO formed EN&B with these four [groups] because of prior existing relationships and mainly because these four were the ones to step up amidst the chaos and choose to do something collectively about the pandemic. So CSIO took their "yes" and began to work immediately to address the issues.

In October 2020, these groups had begun organizing for flu vaccination clinics. The prevention work, public health education, and COVID vaccine clinics developed over the next several months. The City of Boston's Chief of Health and Human Services, Marty Martinez, was also a key figure in local COVID response, holding weekly meetings for a number of community-based organizations with representatives of the largest healthcare providers in the city for discussions about outreach and vaccination strategies.

1- In this study, we interviewed two healthcare professionals (providers or administrators) from Boston Medical Center and two from the MassGeneral Brigham network. In order to protect confidentiality, we are using pseudonyms BMC1, BMC2, MGB1, and MGB2.

EN&B organization members and leaders at a vaccine clinic

EN&B brings immigrant communities together to address the COVID crisis now and build greater health equity 'beyond' COVID. Each grassroots community group is led by, serves, and organizes its immigrant constituents in their native language. Groups integrate EN&B health equity organizing into an array of community supports and programs that address the social and structural determinants of health - immigration advocacy, worker rights, youth organizing, women's leadership development, housing advocacy, community economic development, and more.

Because many of the members of the Haitian, Brazilian, Latinx and African communities experience discrimination for their immigration status, race and ethnicity – these groups design COVID and other health equity strategies that are transparent and ensure community safety, trust and confidence.

Research Questions

The purpose of this community-engaged participatory action research project was to answer the following questions:

1. What roles do immigrant community-based organizations in Boston play in responding to the COVID-19 pandemic?
2. How is the coalition building ties among immigrant groups?
3. How does the coalition build partnerships with healthcare organizations?
4. What are the lessons learned for building health equity for immigrants in Greater Boston beyond the pandemic?

Research Methods

The research team began with two medical anthropologists from Boston University School of Medicine. As a community-engaged participatory action research project, we recognized the imperative to hire research assistants who speak the same language as the members of each immigrant organization. Over the summer and fall of 2021, we trained six research assistants (three different people served as RAs for the Brazilian group) on qualitative research methods, including participant observation, writing field notes, and conducting interviews with community members and healthcare providers. The team met weekly to share findings and continue to strengthen these research skills.

Research assistants were tasked with observing and taking field notes on vaccine clinics--often including informal conversations; administering quality improvement surveys at vaccine clinics; collecting vaccine and health related media and communication materials from each organization; recruiting and conducting interviews; and conducting focus groups with members from each immigrant organization. The PI and most of the RAs attended weekly cohort meetings of CBO leaders to evaluate clinics and provider partners, to share resources, and to discuss strategies for improving outreach and the logistics of upcoming clinics. We compiled notes on these meetings for analysis. Each RA conducted interviews with CBO leaders and members of their community, using semi-structured interview guides that covered pre-COVID and COVID-related health concerns, sources of information, and experiences with healthcare provider organizations.

What roles do immigrant community-based organizations in Boston play in responding to the COVID-19 pandemic?

The PI and research manager conducted interviews with healthcare providers who participated in mobile outreach clinics. Focus groups used a modified version of the Participatory Inquiry into Religious Health Assets, Networks, and Agency workshop, designed by the African Religious Health Assets Programme (de Gruchy et al. 2007). The focus group used five different exercises that invited participants to define key elements of health and well-being, to identify threats to health, to identify the resources already present to strengthen what supports health and to manage what does not.

We compiled data from quality improvement surveys at clinics in Excel spreadsheets to share with leaders of each CBO. An RA summarized each set twice during the summer months. All media, communication materials, meeting notes, interview transcriptions or translations, and focus group materials were translated and uploaded to Dedoose for qualitative coding. Each RA coded field notes and one media sample from another RA in order to identify initial grounded codes. The research team met to discuss codes and to develop a consensus codebook. All researchers then divided the remaining data for independent coding. The research manager followed up with each RA to evaluate quality and to refine coding practices. The PI and research manager then reviewed all coding to identify major themes in each data set, to draw comparisons across each CBO constituency, develop a narrative of change over time, and to evaluate key elements of partnerships between CBOs and between CBOs, healthcare organizations and other community partners.

Post-It notes defining Health/Sante/Bienetre from focus group with TAC/HAU in Mattapan, November 12, 2021

Limitations

This report draws heavily on interviews with CBO and healthcare leaders. The quality improvement surveys at clinic sites are selectively biased toward those who were already willing to receive the vaccine. The research team was much less successful in recruiting community members who were "vaccine hesitant" to participate in formal interviews. We relied on informal conversations during occasional street outreach or festivals, but most of the community education events where we planned to recruit were conducted online. We thus examined these forms of outreach and communication to understand important community concerns about the vaccine. The focus group process included two online small groups, with opportunities for greater participation and discussion between participants; and two large group discussions with less exchange of perspectives and focus on tasks at hand. The triangulation of these data sources, however, has allowed us to compare health concerns and health assets between each of the communities and to chronicle the development of relationships between key stakeholders in health promotion during and beyond the COVID pandemic.

Research Results

Researchers interviewed all four leaders of the community-based organizations; four healthcare leaders (two each from Boston Medical Center and two from Mass General Brigham clinics); and held two formal interviews with community members. Recruitment for formal interviews was quite difficult, though our 36 sets of field notes from community clinics provided a number of informal interviews, along with observations of healthcare providers, volunteers, and vaccine recipients. We gathered 877 quality improvement surveys over the course of six months at mobile clinics. In addition, we analyzed weekly meeting notes over the course of twelve months and gathered dozens of media samples, from simple clinic flyers to radio and Facebook live events.

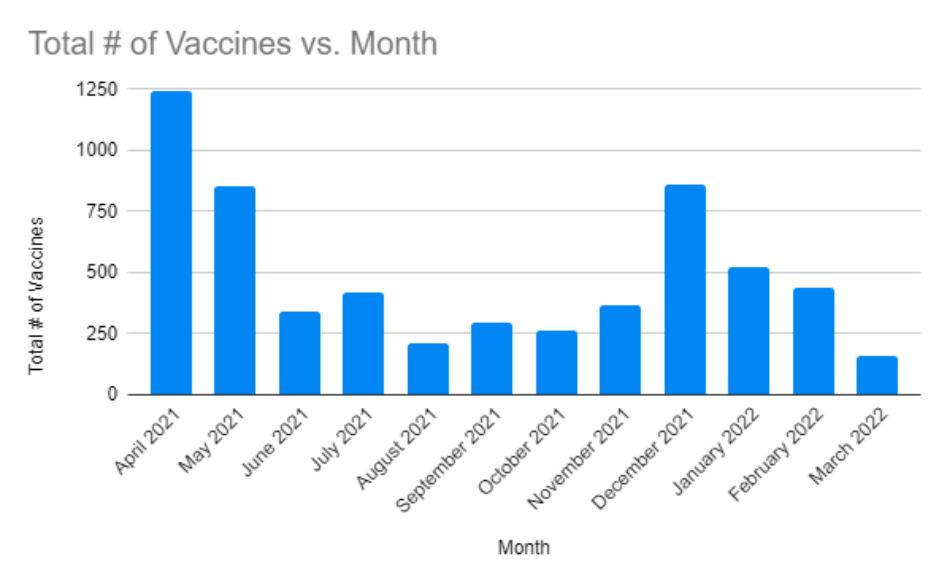
EN&B members at a vaccine clinic

EN&B Accomplishments over the past year

- **Vaccinated** over **5,968** community members.
- Produced and distributed an **immigrant youth video/PSA** on the importance of getting the vaccine – see video here.
- Educated over **60,000 community members** in their **native languages** on COVID and the vaccine via weekly Facebook Live, WhatsApp, radio and television programs, community and congregational presentations, and other venues.
- Distributed over **5,600 PPE kits**
- Combined **vaccine clinics** with **education and support** around worker rights, housing resources, immigration counseling, on-site voter registration and enrollment in health insurance
- Testified to Boston City Counselors regarding EN&B vaccine clinic organization, an average of **4 clinics per week** in different immigrant community neighborhoods. See clinic calendar here.

Total Vaccines Delivered by EN&B

May 2021 - March 2022



5,968

Total Vaccines Delivered

EN&B Organizations

The core mission of the EN&B organizations is not direct health services, but rather to address the social and structural determinants of immigrant health. They provide supports such as immigration counseling and advocacy, immigrant rights advocacy and organizing, housing, food and financial security, voter registration, youth development, worker rights organizing, among many others. The COVID-19 pandemic pushed these organizations to provide focused health support, as they realized the disproportionate effect of the virus on immigrant and other communities of color were disproportionately affected by the virus.

Agencia ALPHA Program Director Damaris Velasquez noted that prior to Equity Now & Beyond, people would call ALPHA "for immigration issues. But if [healthcare] would come out in the conversation, we will just refer them to Health Care For All. We will say OK, the 1-800 number they have, you know people who speak in Spanish. That was pretty much everything we did." During the pandemic, she describes how ALPHA shifted from immigration services, then to cash assistance, to food assistance and disease prevention, then to vaccines.

In a similar vein, ACEDONE Chief Operations Officer Clare Louise Okalany noted the limited capacity of ACEDONE to deal with the multitude of needs in the African immigrant community:

> "With ACEDONE you can see the problems with capacity to run a program, an entirely different program. Especially the social services section; you would need a full-fledged team to do that. So capacity has been the major problem. It's not like we [are] immune to mental health issues, community health issues, homelessness, unemployment. There's just a lot of ... the school to prison pipeline system ... We'll get to families that have significant trauma, the parents don't know how to deal with them. We have to navigate the BPS [school] system ... So we're dealing with a lot of the systemic issues!"

EN&B Organizations cont...

True Alliance Center/Haitian Americans United (TAC/HAU)

Mission

TAC: is a faith-based charitable organization that seeks to promote advocacy in the Haitian community related to education, housing, immigration, health and economic development

HAU: Improving the quality of life for Haitians and Haitian-Americans through education, Community Empowerment, and cultural development using an approach where participation and unity are strongly favored.

Major Programs and initiatives

- Community organizing support
- Health education & care
- Education
- Immigration
- Housing

Brazilian Women's Group

Mission

To promote political and cultural awareness and contribute to the development of the Brazilian community, open to all interested women.

Major Programs and initiatives

- Immigrant rights
- Community Organizing
- Civic engagement
- Women's Empowerment

Agencia Alpha

Mission

To improve the quality of life of immigrants in Massachusetts by empowering our community members to become leaders, overcome social challenges, and fight against xenophobia.

Major Programs and initiatives

- Community organizing,
- Legalization
- Citizenship services

ACEDONE

Mission

To partner with families to help African refugees and immigrants in Boston develop a self-sufficient and vital community by providing our youth with the education and life experience to thrive socially, professionally, and economically.

Major Programs and initiatives

- Youth programs
- Small business assistance
- Health equity
- Housing assistance

The four immigrant community-based organizations took on additional roles to support their constituents:

In early 2021, when vaccines were starting to become available to the public, it was clear that the Greater Boston area needed more than just the large state-sponsored vaccine clinic sites. BWG Executive Director Heloisa Galvão recalled that, early in the pandemic, she insisted on holding mobile clinics:

> "Every meeting that I went to, I said, I want to do this. This is a need in the community. We have to do this... Some people will not get vaccinated in a place that they don't know. They don't trust the people. They don't speak the language. I knew that since the beginning!"

The four immigrant organizations took on the responsibility of holding vaccine clinics at local, familiar locations (such as churches, mosques, parks, organization offices, schools), which were easier for community members to access. These clinics operated at times that were convenient, including after typical work and school hours. The CBOs provided staff and volunteer translators to overcome language barriers.

"While we sat under the observation tent toward the end of the day, we talked about the people who had come because they heard Pastor Keke [Rev. Dieufort Fleurissant, Executive Director, HAU/TAC] on the radio this morning and brought a wife, a friend, or themselves to the clinic. A couple of people who had come early brought friends or relatives later. The tireless word of mouth from Pastor Keke's phone seems key to the success of this clinic. ... Pastor Keke raised the question, "What was their plan for reaching our community if we did not do this? Who is going to come to these mass vaccination sites? Clare, we said this at the beginning, didn't we? [Okalany nods] You have to go where the people are! (Field notes, BINCA, 8.24.21)"

Research assistants noted the inviting, fun atmosphere of the clinics, seemingly designed to overcome community members' wariness of the vaccine. For example, HAU/TAC hosted clinics that supplied local, culturally appropriate food trucks, dancing, and music while volunteers greeted people, creating a welcoming atmosphere.

Pastor Keke and I continued our way to go further inside after having our temperature checked, where the most amazing snack buffet, ... and it was still being perfected by two nice ladies that welcomed us and guided us with a big smile. They gave us a table close to theirs to display our kind of treats as well--which were the vaccination kits, face masks, sanitizer wipes. (Field Notes, 5.22.21)

Equity Now: Increasing COVID-19 Vaccine Access

Countering misinformation

Vaccine Hesitancy

Through surveys conducted while people stood in line at the vaccine clinics or sat during the 15-minute post-vaccination waiting period, we learned about vaccine-related fears, hesitancies, and motivators.

Fear was a common response among all community members in the four groups. One of the recurring fears we observed at clinics was fear of needles. At one clinic, a daughter in her 20s held her mother's hand, while her mother whined and flailed before receiving the shot.

At Agencia ALPHA clinics, people reported fears that the vaccine would give them COVID, that they would have an adverse reaction, and that the pandemic was a political sham. Early concerns about computer chip implants or the "mark of the Beast" disappeared quickly, according to Velasquez, but many resisted any government attempts to command or control them. Distrust in the government and health officials was evident from the many responses citing fear. The ever-shifting messages from health officials made communication confusing.

This resonates with what BMC1 acknowledged, "As the evidence has changed, what I have felt from my patients is that there is not a sense that 'Yep, the evidence has changed. This is an evolving pandemic.' What they have heard and felt was, 'Why isn't this certain?' And that evokes lack of trust, because you're not certain!"

Among ACEDONE survey respondents, people expressed concerns about how quickly the vaccine went through drug trials. This also sparked questions about which vaccine may be better to get (e.g., Pfizer and Moderna over J&J). People were also very concerned about side effects of the vaccine. Some thought it could sterilize women or negatively affect their menstrual cycles. Members of the Brazilian community expressed similar concerns about side effects from the vaccine. Others cited 'fake news,' conspiracies, and fear of getting a chip through which the government could track their movements.

The ever-shifting messages from health officials made communication confusing.

Vaccine Hesitancy Continued...

Responses from the TAC/HAU community and through conversations at clinics suggest that the mis/disinformation might take four forms. The first group are those who are skeptical and/or fearful of the vaccine because of the various messages and information shared through social media channels (primarily WhatsApp). One particular video that circulated among this community showed a self-proclaimed doctor who claimed that the vaccine caused his arm to become magnetic. In the video, he places a spoon on his upper arm and shows that it 'sticks' there. Another prevalent rumor among this group was that the vaccine caused people to have "the mark of the beast".

A second group did not believe in the reality of COVID-19 or the vaccine. Rather, fueled by mistrust of the government, some people believe that COVID-19 is a scheme to control people through fear, to manipulate them, or to eradicate Black people. A sense of powerlessness fuels disbelief or detachment from the issue.

A third group articulated hesitancy through religious belief. Specifically, some people responded that their trust in God or in Jesus was much higher than their trust in this vaccine. The fourth group took a "wait and watch" approach. Perhaps influenced by the myths and rumors circulating, many people decided to delay getting the vaccine until they could see potential side effects in others. They did not want to be the test group. This perspective was more common among parents of children when the pediatric vaccine was authorized for emergency use. Some parents who had taken the vaccine themselves did not want to get their children vaccinated until they were absolutely certain of the side effects.

We do not suggest that people fall into *only* these distinct categories. Refusal and hesitancy to get the vaccine is complex and multifactorial. People take in and comprehend information from a variety of local and transnational sources, some of which may hold more weight than others.

Multilingual vaccination clinic sign

Media Outreach

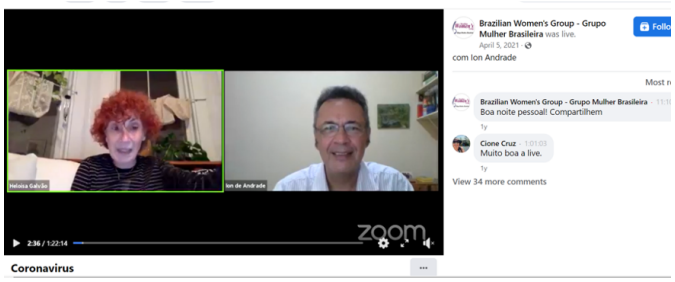
CBO leaders attempted to address the fears, myths, and misinformation in their community through TV, radio, word of mouth, social media, and hundreds of conversations in person. Pastor Keke touts the value of the EN&B coalition:

> The fact that we come together as a coalition we are able to have access to different scenarios, different funding opportunities to allow us to do the education that we need to know. We know our community well, where it gets its information, how best they could be educated. So we were able to use media, our ethnic media. And being able to compensate those media to do the work that makes it much easier for them to take the ownership of it and invite the experts to continue to educate our communities.

In many of the radio and TV programs for example, both BWG and TAC/HAU bring medical professionals onto the radio and television shows, Facebook Live and WhatsApp presentations to discuss and counter misinformation.

TAC/HAU and Pastor Keke also reach a large audience through TV programs and radio shows. Similar to BWG, they keep their audiences updated about the pandemic and the importance of proper hygiene practices and getting vaccinated. Pastor Keke identified his role:

> "Well, understand that ... to be involved greatly in the spiritual, social, economic aspects of my community for many, many, many years, this is an obligation. That's my duty, just to find the correct information by listening to health experts, and also participating in all the different gatherings regarding the virus from the state of Massachusetts, from the city. We had a gathering with all the clergy from all over Massachusetts, to talk about the spread of the virus; to get some more information, basically, so that we can convey and share [that information] with our community, with our congregants, to let them know how deadly this virus is. Okay. And then also to find out what are the right channels that we can use to not only have access to the right information, but also use the right channels to disseminate the right information to our people."



BWG Live Event about COVID-19

Media Outreach continued..

He clearly sees his role as one of finding, vetting, and sharing the "correct" information to actively counter some of the prevailing myths and rumors about the vaccine. Like most other telecasts related to COVID-19, Pastor Keke also invited other medical professionals who were part of the Haitian community. Dr. Marie Jacques Toussaint, a doctor from Haiti and currently working with TAC/HAU, spoke about the difference between the three types of vaccine offered and the importance of not skipping a 2nd dose if you had already gotten the 1st dose. She actively countered misinformation by providing knowledge about the vaccine in an understandable manner to community members. This was important for both accessibility (speaking and responding in Haitian Creole), credibility (role as a medical professional), and trust (someone from their community; relatable).

Once the US State Department announced changes to Haitians' Temporary Protected Status (TPS), TAC/HAU shifted focus. The messages from TV programs and radio shows included extensive conversations on TPS. Oftentimes, TAC/HAU promoted a joint TPS and vaccine clinic – where an immigration advisor would assist with TPS information and nurses would administer the vaccine to community members and work to address all aspects of health, rather than just COVID-19.

THCM TV COVID 19
Vaccine Education 21

Messaging through these media channels consistently reflected real-time events (including the assassination of the Haitian president and the earthquake in summer 2021), as expected. This community is still very much connected with Haiti. Messages about the vaccine and about the pandemic continued to be prevalent throughout these crisis points.

Pastor Keke also takes this broadcast time to inform listeners and viewers about legal services, immigration policies, housing services, job fairs, and food opportunities. CBO leaders are constantly aware of the breadth of social support needed by their community members and work to address all aspects of health, rather than just COVID-19.

Brazilian Women's Group

The Brazilian Women's Group has an active social media presence. Each week, BWG members host Facebook live sessions and talks on the radio show, Estação Mulher, to reach their audience. Since the pandemic began, BWG has used this platform to share information on various topics.

At the start of the pandemic, social media discussions included information about COVID-19 and health, where to find COVID testing sites, food distribution programs, and several talks about financial support during uncertain times. The group shared general info about who is covered for COVID 19 testing and treatment: "We are ALL covered for COVID19 testing and treatment, without worries, even if you're undocumented or uninsured." The fall and winter of 2020 continued several of these topics, but also shifted to include new information about vaccination. With the new year in 2021, the BWG included information about variants in their live talks and increased announcements about vaccination and testing locations. The conversations began to include discussions of the pandemic, not only in the US, but also in Brazil--including commentary about politics and deaths from COVID in Brazil. In the summer of 2021, the group hosted lives about vaccine hesitancy and more information about masking, while another covered the pandemic and politics in Brazil.

The fall 2021 saw a shift to include explanations of the child tax credit and stimulus checks. Discussions also began about voting in the upcoming Brazilian presidential elections. In November 2021, with news about vaccine approval for children ages 5-11, the group hosted several live events to share this information. This content continued through the end of 2021 and into the start of 2022. In late 2021 and in 2022, BWG posted more photos of vaccination sites and community members being vaccinated. Several photos showed community members at these events receiving hygiene kits of soap, hand sanitizer, and masks after getting the vaccine. In March 2022, there was a live talk about COVID being finished.

CBO leaders are constantly aware of the breadth of social support needed by their community members and work to address all aspects of health.

Outreach by other means

ACEDONE and ALPHA took a different approach to reaching and informing their communities about COVID-19 vaccine. They were not as prevalent in radio, TV, and social media, but relied primarily on word of mouth and individual connection with their clients. ACEDONE held one session over Zoom with Dr. Mirza who addressed uncertainties, myths, and questions on the vaccine and the COVID-19 virus. Though they only hosted him once, ACEDONE set up a referral process where they would connect community members with Dr. Mirza in case they had any other questions or concerns. In this way, ACEDONE continued its primary mission of serving as a resource connector - though for a slightly different issue than its usual focus.

Messaging on WhatsApp served an important role in outreach as well. This platform is widely used among ACEDONE's clientele (and many other immigrant communities) so staff members would use it as another way of communicating important information about the vaccine and clinics. Over two days in the summer, this group had also taken on 40 interns from a local university who helped distribute flyers and key information about future vaccine clinics in the area and how to get health insurance.

Another key player in ACEDONE's informational outreach were the Muslim religious leaders. Local imams would also address some myths about the vaccine during their Friday sermons (khutbahs) and would hand out flyers & information sheets about future vaccine clinics on behalf of ACEDONE.

ALPHA, similar to ACEDONE, had a few Facebook Live/Zoom sessions where they focused specifically on addressing myths and misconceptions of COVID-19 and disseminating factual information on the pandemic and the vaccine. They too invited a local physician to one of their Facebook Live events so that they could answer questions and quell some fears on the vaccine. They discussed the Delta variant and emphasized that it was natural and expected for the virus to change, without diving into science jargon. Velasquez began the session with a saying, "If you have any new information, [it's] like bread fresh out of the oven." She used language that inspires collectivism and sense of responsibility as a whole to encourage the whole community to get vaccinated:

> **"We must take care of each other.**
> **LET'S get vaccinated.**
> **LET'S take care of each other."**

Velasquez emphasized the value of keeping up the same message and not trying to convince everyone: "Not that I give up on them, but I just feel like, OK, I'm not gonna waste my energy. Especially being such a small agency, the resources that we have, we're going to focus on those who actually want it or are in the gray lane ... that we might be able to convince them." BMC1 echoed this sentiment during Fall 2021: "I feel like we've gotten to everybody who's easy. And who's the kind where the mass messaging worked. And now it's got to be an individualized: 'what is your concern?'"

Outreach by other means continued…

Most of ALPHA's outreach and discussion about the vaccine was through one-on-one conversations with people who came into the office. Though these people would come for different forms of social support, ALPHA staff would also ask about their vaccination needs, talk about the pandemic, and direct them to resources accordingly.

Velasquez further used word-of-mouth outreach during external meetings. In a weekly meeting with Hispanic pastors in the COPAHNI confraternity, Velasquez provides vaccine and pandemic information, which pastors bring back to their church members. ALPHA leverages its faith-based social connections to disseminate information to its community members.

> "We [planned] a Zoom meeting with the pastors where we will bring doctors and they talk about the vaccine. And it was really nice to see that some of these pastors were able to ask their questions, and I can say that a big number of these pastors felt comfortable with the vaccine."

Three churches agreed to hold clinics, and two continue to do so monthly.

An ALPHA vaccine clinic featured in an *El Mundo* News Cast (March 24, 2021). Velasquez is seen smiling and welcoming guests to the church. She motivates people by emphasizing that getting the vaccine is not just for one's own safety, but the safety of their community. This emphasis on community safety, rather than just personal safety, is seen throughout all the EN&B groups.

The different approaches to reaching community members, providing vaccine and pandemic knowledge, and countering mis/dis-information highlight the importance of collaborating with community-based organizations early on during a public health response. These four groups already know how to reach their communities (and through what media), and have already served as resource-connectors and distributors of information on a variety of social services. They use that same infrastructure and understanding to continue this role of resource mobilization and information sharing in the context of COVID-19 and the vaccine.

How is the coalition building ties among immigrant groups?

It Starts with a Connection

Common interests and services tie immigrant centered groups together. They all want to offer the best support to their community that they can. Leaders connect with other organizations that hold similar values but may offer different services. Velasquez, for instance, attends MIRA (Massachusetts Immigrant and Refugee Advocacy) coalition meetings to get to know people. She believed relationships "grow organically. I never believe in pushing on our relationships, it just grows."

Galvão recalled the beginnings of BWG, gathering with six families in a Somerville library and talking about "what it was like to be Brazilian, to be a woman and an immigrant in the United States. The long[ing] for our families in Brazil, and some of the issues that we had here. … The mothers were complaining that … there was a bilingual education program, but the teachers were not Brazilians. They were Cape-Verdean Portuguese, and the kids didn't understand. [It] was a different language … They needed something, and they couldn't get it, because they didn't have documents or something." She listed concerns among Brazilian women as hunger, rent, homelessness, and then mental health.

These immigrant CBOs continued their primary missions throughout the pandemic. As Pastor Keke reminded,

> "We are part of the driver license coalition making sure our people get access to driver licenses, so they can get anywhere they want to go to find resources, and to find quality jobs, also to find affordable housing. To make it accessible for our people to have access, definitely, just to all the resources that are available for them, which is not easy, because it requires a lot of education around that. It requires policies to be changed at the city and change policies at the State House. And also federal policies that need to be changed, until our people can get access to the most needed resources …We are fighting for … affordable housing. People have been gentrified; they can't remain indefinitely in Boston, where their family members are, where their churches are… disconnect them to the community they love so much and preventing them from getting the right resources for their children."

Similarly, Galvão kept the doors open at BWG during the pandemic to provide cash assistance, food, and listening ears.

> We still try to raise money, because people are still, you know, in need of cash. But that was the first reform. We really made the decision that we had to raise money was the first thing that I thought; because food, it wasn't difficult to find food. And, you know, later on, we distributed food. But in the beginning, we decided not to run after food, because we saw money was more important. And we didn't close the office during the whole pandemic. The staff went home. We had only two people here. I was the third person I stayed every day. But they went home, they worked from home until … October, I don't know, when the numbers went down. And Baker said we could open. We started coming, everybody was tired of being home. But I kept the office open because I thought it was important that people had somewhere to go. We told people when they came here, we asked them to wait at the door and we gave masks away. But, at least they had you know, somebody, a person, a face that they could talk to.

Clare Okalany and Faizo Tahlil (ACEDONE) at St. Mary's Church, Waltham, MA; July 23, 2021

Pastor Keke discussed the similar issues that different ethnic groups face. When CSIO brought them together, they gained "leverage for our issues to be heard… to find … the best solution moving forward." He recognized "so many disparities when it comes to health care, immigration, housing, jobs, education, so all types of issues that we as ethnic communities are facing. And then the fact that we are not financially equipped as organizations to fight for ourselves." By sharing resources and connections, the groups could educate and inform their communities and seek common solutions.

From Connection to Relationship

Mutual trust is a key component of a lasting partnership between organizations. Just because a group may have the same goals and mission as another, does not mean the two groups will automatically form a partnership. The common interest serves as a means of introduction rather than immediate connection. Referral to another organization may start the foundation of a partnership, but community leaders still needed to see if they could trust the organization. How is this trust established?

The four core groups of Equity Now & Beyond share a deep level of trust and understanding. Before the pandemic, they worked together in various initiatives (including a collaborative flu vaccine clinic series) because of their shared goals of supporting immigrant families, but they had not worked together in a deep capacity. The trust and friendship between CBO leaders came from seeing how each group treated those from other groups. CBO leaders feel responsible for the people they serve, and will not easily refer them to places that they have not vetted themselves. During this pandemic response however, CBO leaders would happily send community members to other clinics or organizations that offered services their own organization did not. Velasquez offers an example of collaboration with other community groups:

> "For example, the Brazilian Workers Center [allied with BWG]... that they do such a good job with our workers' rights. And you know, I have seen it. I don't have the capacity to offer that to my community. But then I feel comfortable saying 'Here! Go there! And then you know my clients will come back because they will follow their immigration issue and they'll be like oh thank you so much. They were so nice they did help me, you know. So, you develop trust by doing that and vice versa."

Leaders need to know that their community members will be provided for and cared for in the same manner as when they go to their own community organization. In the early days of providing vaccine services, supplies were limited. Occasionally, CBO leaders had to turn people away, which they despised doing. When they brought up this issue during EN&B meetings, other CBO leaders would immediately jump in and offer time slots at their clinics. For example, Velasquez welcomed Somali immigrants at a vaccine clinic when there were no slots left at ACEDONE's clinic.

EN&B Volunteers

Relationship

Friendship between community leaders translates to an expanded sense of the word 'community' itself. In one of our interviews with Pastor Keke, he starts off by describing his community as the Haitian people. A few sentences later, his definition of community includes all those within the EN&B coalition. Their organizations serve people from other EN&B groups in the same manner as they would their own people. These actions lead to a deepened trust.

Personal connection and relationships are also a key component to the trust shared between organization leaders. It is important to remember that organizations themselves do not forge relationships with one another, but that those relationships and connections are formed between specific individuals that may represent an organization. During the beginning of Monday EN&B meetings, the facilitator would start with an icebreaker where all introduced themselves and answered a fun question.

These were a great way to find common interests and laugh together when we were all physically apart. As meetings continued, conversation between people got easier. Through emails, people would feel comfortable enough to share aspects about their or their families' health and everyone would respond with kind words, thoughts, and prayers. Meeting face-to-face just solidified some of these relationships. CBO leaders attended vaccine clinics together and got more chances to talk not just about work, but about life. This again points towards the strong connection between the four EN&B groups and contributes to how well they work together and support each other.

Collective advocacy

This sense of extended community is most apparent when the four groups advocate for themselves and each other. They were quick to sign petitions that support one another's causes and especially take part in events that promote rights and wellbeing of other immigrants. The EN&B coalition's efforts in promoting vaccine coverage attracted positive attention. In October 2022, they hosted an online forum regarding health equity with mayoral candidates Michelle Wu and Anissa Essaibi-George to discuss their policy proposals concerning affordable housing, engaging with immigrant communities, supporting undocumented immigrants, immigrant women's rights and advancement.

2- Fatima, Sahar. 2021. "Immigrant Groups Coalition Shares Concerns over Wu." Boston Globe, October 29, 2021, B5.

Collective advocacy continued...

The group followed up with letters to each candidate, requesting meetings with them within the first 100 days of their election. When candidate Wu snubbed another immigrant forum sponsored by a Somali-American city council candidate, EN&B shared a strongly worded letter with the Boston Globe demanding that Wu's campaign (and administration) treat Black and brown immigrant communities with respect and listen to their concerns (2). Recognizing the power of their collective voice, CBO leaders have continued to pursue an advocacy agenda alongside continuing mobile clinics. The coalition has subsequently developed a clear list of priorities in its meetings with Mayor Wu's Boston Public Health Commissioner Dr. Ojikutu (see policy recommendations summary below and in Appendix).

How does the coalition build partnerships with healthcare organizations?

Building on existing partnerships

The EN&B coalition combined already established relationships with healthcare providers, city and state government offices, and other immigrant service organizations. For instance, TAC/HAU had established relationships with a number of hospitals and clinics during the AIDS crisis in the 1990s; with the Mattapan Community Health Center through the Healthcare Revival for many years; and through annual health fairs in Haitian churches. They also mobilized a group of Haitian healthcare workers in many of the Greater Boston health centers, people who "understand the barriers, the disparities, also facing those families in terms of from a context of social and economic aspects" and who could "inform the community about their health, just how to best care for themselves also to stay healthy." Interestingly, BMC's "lead for infectious diseases is a Haitian American woman... She did a lot of going on local Haitian TV and just talking about the vaccine" (BMC1).

Similarly, Boston Medical Center's Immigrant and Refugee Health Center and newly launched Center for Health Equity have existing partnerships with ALPHA through referral or formal collaboration, as with RIAN, to serve immigrant patients' legal and social service needs. Immigrant serving health professionals often saw CBO roles in vaccine outreach as complementary to their own. BMC1 remarked, "there's a subset of patients who wanted to talk to their doctor, but there's a bigger subset of patients who wanted to hear from community members who they trust ... [that's] such an important part of the partnership." Similarly, MGB1 commented, "COVID has put us into more of a working relationship with organizations." MGB2 drew on previous infectious disease and harm reduction for substance users approach to work with community partners "where they are."

The EN&B coalition intentionally broadened its network, drawing in a wide array of providers from multiple health systems, government officials, and allies into regular dialogues (dubbed "larger EN&B meetings" each month). Such meetings attracted more resources, shared strategies, and developed ongoing collaborations. This larger network amplified EN&B's efforts, forming stronger relationships with providers interested in community outreach and leading to funding opportunities. [See Appendix for list of attendees]

Addressing (and voicing) medical mistrust

Healthcare partners of EN&B spoke about what these community clinics did to address access barriers. MGB2 noted the significance of more culturally and linguistically concordant care: "I think what's so important is to have staff that look...like people, speak their language, and come from the same community. So I have three Haitians who are Haitian Creole speakers, we have Spanish and Cape Verdean Creole... We've gotten feedback from patients, 'Oh, I actually feel really comfortable because the person giving me vaccine actually speaks to me in my native language.'" MGB2 would like to see the clinic-based CHWs out in the community more of the time, helping people in real time, rather than referring out. She goes further, saying that doing these mobile clinics has made her "wish that our entire health care system could get out into the community more... I wish for a world where there were more flexible care provision models."

As BMC2 learned from these mobile vaccine clinics, "there's a lot of mistrust in the healthcare system, generational mistrust, because of ... things that may have happened to their grandparents or their parents, or even them." She excitedly recounted a story about an older Haitian couple who made tie-dye t-shirts at one of the outdoor clinics. "And they were so nervous about the vaccine, but [our multilingual team] convinced them. And, at the end, the woman was so happy, she was in tears." This woman told the nurse leader her biggest fear was "mistrust of the government and just past bad health experiences." She later returned to a second clinic wearing the tie-dye shirt and got her photo with the nurse. "And I feel like that's one step in rebuilding trust that was lost ... from an individual and healthcare system." BMC2 repeated, **"There needs to be more outreach engagement and not just ... letting things be as they are."**

One young woman who reluctantly received a vaccine expressed her general distrust of "American medicine," saying, "it is not genuinely concerned about our health, but about money." She called for universal access to "appropriate healthcare and food." A vaccine recipient at a school-based clinic added another dimension; she would like to see "more people advocating for minorities in healthcare," referencing her own difficult story of giving birth during the pandemic. Echoing this sentiment, pediatric resident volunteers at one clinic suggested that CBOs and healthcare professionals "join together in advocacy for policy changes, for example, Medicaid expansion and insurance for all children regardless of immigration status."

Vaccination Clinic Flyer
for Brazilian community

Addressing (and voicing) medical mistrust continued…

While some CBO leaders had worked with various healthcare professionals in the past, and despite their own public health prevention and promotion activities during the pandemic, they echoed many of the suspicions of their constituents about healthcare institutions and insurance companies. Galvão names disappointments and suspicions, as she evaluates partnerships with clinical providers during COVID: "I think of course some are very good some individuals, nurses. We have seen the clinic, some nurses that are very caring, very interested, that would help and sit and talk. But this system, the system responds to the way they are taught … to respond. They need the numbers; they need the money. And … every individual that they vaccinate means money … and numbers to put in their report. … There is no human concern." She added, "Sometimes I think the doctors prescribe a lot just because they probably have some association with pharmacy."

Okalany similarly railed against private insurers, "these mighty corporations that are masquerading as healthcare providers. If the entire collective can pay for everybody, then we can start demanding accountability from insurance companies. … We have to get to a level where healthcare is manageable. And if all of us [pay into a public option]—I know Americans are very individualistic, 'How can I pay for somebody else?' And I'm like, 'One day, you will need somebody else to pay for you!'"

Addressing Inadequate Insurance

Several vaccine recipients indicated that they did not have or did not know whether they had health insurance coverage. Okalany spoke about this as a barrier to COVID testing in the pandemic: "if they have insurance at all, or some people saying I don't have insurance. I don't want to be charged. People [are] not testing because they know that they're going to get charged for those tests." Even with insurance, CBO leaders explained that many immigrants are often confused about coverage limits, co-pays, deductibles, and claim filing. Pastor Keke noted that "some of them also do not have any legal illegal immigration status [and] would not qualify for any healthcare assistance at all. So we're able to meet those people where they are to help them get the flu shot for protection, because they are all over the place." Even with insurance through the healthcare connector, "there are different fears … And then the bar's set so high, sometimes you cannot have access to some resources, … even though you're paying five to six hundred dollars, … still you have barriers accessing the right healthcare resources." This barrier prevented some from getting vaccinated early in the rollout, he explained: "How [do they know] to pick a dose [they] were eligible to take? First, the vaccine [criteria] are not criteria that our communities really understand, because they didn't have any primary care physician to determine exactly if they fit the different comorbidities."

Bureaucratic hurdles

Even when vaccines are free, barriers remain. Pastor Keke talked about learning from these clinics that offering vaccines without testing is not enough. "We didn't realize until we turned three people away" who wanted tests. "Why are people so focused on testing? Because they're traveling … back to see their families." They would rather get tests at a trusted community organization, "because Walgreens is going to make you fill out a long form!"

At the beginning of the vaccine clinics EN&B worked with several different providers. Whittier St. Health Center (WSHC) was the first to provide vaccines to mobile clinics, because they received a federal grant to begin before the City of Boston program was in full swing. Over the course of 2021-2022, Boston Medical Center (BMC), Boston EMS, and Mass General Brigham (MGB) clinics became the most consistent partners, with occasional use of Harvard St (HSNHC) and CIC over the summer of 2021.

After an initial success with an ALPHA clinic in March 2021, EN&B's partnership with WSHC was rocky. As early as April, EN&B leaders complained that nurses didn't wear PPE properly, arrived extraordinarily late (Minutes, 4.5.21), miscommunicated dates and locations for second doses, and treated patients disrespectfully. By June, the coalition decided that Whittier was a provider of "last resort."

Friction and miscommunication between different organizers and the host site was one frustration.

As late as December, however, Whittier was invited to ALPHA for a clinic, at which similar issues persisted, in addition to broken promises for flu vaccines, health and dental screenings. ALPHA continues to work with Whittier's mobile clinic: "Gotta go on faith!" February and March clinics have seen a significant improvement in staff attitudes: "they are now sweethearts!" (3.7.22).

Working with additional groups outside the EN&B coalition proved more difficult. One early multi-group collaboration in Waltham was particularly aggravating. Friction and miscommunication between different organizers and the host site was one frustration. The provider, in this case HSNHC, also brought too few vaccines, had to refresh their supply twice, and refused to open new bottles without a guarantee of enough arms to jab. Early in the vaccine rollout, concerns about vaccine wastage were high because of "supply chain" and "cold chain issues"; and clinic policies were strict. Nevertheless, when pre-registered Brazilians were turned away, EN&B organizers were angry: Galvao exclaimed, "They care more about the vaccine than the people!" Okalany read the provider as culturally unaware; if you do outreach and finally convince reluctant people to take a vaccine, "the last thing you should be telling them is 'we don't have any more vaccines." Pre-registration was also a barrier: "it's a collective thing of ethnic people. We do not understand the RSVP… you gave me an invitation. I will show up. So add me and maybe two of my offspring to the guest list, because we're going to be there." Issues with clinics ignoring registered patients, refusal to share vaccine recipients' names for follow-up, and asking for ID or insurance created additional barriers for CBOs accustomed to serving undocumented immigrants.

Bureaucratic hurdles cont...

EN&B's first vaccine clinic with MGB's Brookside Community Health Center in June fell through, because the Memorandum of Understanding lacked a signature. Soon, however, TAC/HAU developed a consistent Friday vaccine clinic at IFSI in Mattapan that lasted several months. Through the Boston Black COVID coalition, TAC/HAU also formed a partnership with Boston EMS for Friday afternoons. In January 2022, EMS informed TAC/HAU that they could not continue. TAC/HAU began a new partnership with Purple Health through the State's DPH contacts. They have also engaged WSHC and Harvard St. NHC to provide additional services.

In late summer 2021, EN&B leaders began holding collaborative clinics, organized primarily by TAC/HAU or BWG, at various churches, community centers, and school sites in Dorchester, Mattapan, Somerville, Randolph, Brockton, and Everett; and Boston Medical Center became a reliable partner for many of these; though some cancellations occurred during late winter and spring 2022. Nurses on BMC's vaccine team expressed appreciation for EN&B leaders' ability to recruit and bring people to these clinics. Further, nurses administering the vaccine remarked often that they enjoyed delivering care out in their own neighborhoods rather than in the hospital. Pediatric resident physicians occasionally joined them to answer questions and allay concerns about the vaccine.

Partnerships with specific mobile clinic teams mostly occurred through the City of Boston's weekly coordination meetings with Chief Martinez. As the vaccination efforts expanded, the City developed a process for choosing clinic dates and matching partners. As clinical leaders became more familiar to EN&B leaders, they developed stronger relationships and preferred partnerships. Particularly important was reliability, providing promised services, professionalism, and an alignment of healthcare provider leadership with broader values of community well-being and respect for the work of the CBOs.

Nurses at a vaccine clinic

Equity Beyond COVID

Lessons Learned - healthy communities beyond the pandemic

Trusted community leaders are a public health asset. As BMC2 remarked, "We've really recognized that we need to be engaging every Community leader, every Community organizer from all walks of life. And … we need to be strategic and aligned, so I don't see any real risks." She argues that blood sugar and blood pressure checks need to be combined with immigration help and insurance enrollment, as well as wellness education. The value of CBOs is that "they bring just the insight and knowledge that you know healthcare organizations need in order to get access to these people."

CBO leaders acutely understand the need to address multiple aspects of their community members' health and well-being…not just COVID-19. While external partnerships were formed specifically due to the pandemic (and therefore only primed to address COVID related issues) CBO leaders continued to provide a wide range of social supports -- deemed just as much of a priority as vaccines--now (in 2022) even more so.

Okalany admitted that she, like many in her community, had a lot to learn about public health, though she called on Americans to learn lessons from community health workers in Africa. "I still have a lot of learning to do. The community even has a lot of learning to do when it comes to public health. Like, we take for granted small things, like when they said, 'wash your hands.' … That's the basic of hygiene and sanitation … But people were shocked about … the basic way to prevent COVID droplets; wash your hands! How much have we lost in education?"

> **"They bring just the insight and knowledge that you know healthcare organizations need in order to get access to these people."**

Okalany advocated a "fast-track program" for medical providers from other countries to be licensed here. Outreach workers in parts of Africa, she recalls, do not wait for people to become deathly ill; they knock on doors and "check everything, from their teeth, to how they're breathing, their feet, everything!" Like the Nigerian National Youth Service, US medical students could provide basic care to neighborhoods. In Uganda, if "your neighbor is not doing well, you are not doing well." This sense of community is integral to her vision of public health.

MGB1 recalled a successful partnership with other CBOs in the past to change transportation system policy in underserved neighborhoods for more equitable access to healthcare. "For us to work on policy, … we now go out to people that are doing the work and try to have it have an impact on health in that kind of really broad way." He had also worked with a Latinx organization, taking his healthcare staff "to visit them and getting to know what they do, and vice versa," then finding concrete ways to serve the community. As MGB2 remarked, "we're in the healthcare business. We know how important food and housing are, but we're not the experts in that, right, and so we should really be partnering with organizations like these immigrant organizations who really have that expertise."

At the same time, healthcare institutions have to cultivate trust between each other. MGB2 recalled,

> "I also reached out to the nearest Community Health Center to say, 'Look, [the community organization] invited us. I'm happy to partner with you. Or you know, I just want you to know like we're not here to poach patients. In fact we'll certainly refer them to you if they need primary care. And that's really gone a long way."

BMC1 explained that it is often difficult to decide "who owns fixing the problem, when the problems are pretty unfixable." She laments, "our society has basically decided to abandon people. And so when it shows up, … when someone is hospitalized and they're undocumented and have an alcohol use disorder and are homeless, and in a wheelchair … we've already failed, and it kind of lands in healthcare's lap." This leader is concerned about partnerships with community organizations, because the latter may be disappointed: "Healthcare is broken and segregated and expensive and harmful for people at the margins in many ways," and some of these problems are beyond the power of clinical partners to fix. Partnerships require transparency about money and responsibilities: "how you … cost share and, and also be honest about the scope of what you can and can't do."

The following represent the benefits of CBO-healthcare partnerships that our interview participants identified:

Benefits for healthcare providers.

- Insight and knowledge of community needs (language, financial, health)
- Engage community with Primary Care Provider, insurance coverage, medication
- Good public relations to gather further resources
- Access to populations, trusted partners and community venues
- Access to immigrant media outlets for education and outreach

Benefits for Community Based Organizations.

- Provide immigration and other socioeconomic supports to vaccine recipients
- Healthcare access for community, especially low income and undocumented, bridging relationships to safety net hospitals
- Healthcare experts to get messages out to community; outreach, education support
- Potential of providing the foundational step to connect residents previously disconnected from the health care system to an ongoing relationship with a PCP and other health and wellness supports.

Vaccine Clinics with the Brazilian Women's Group

Perceived obstacles to smooth partnerships.

The following is a summary list of issues that caused frustration or embarrassment for the CBO leadership team in their partnerships with healthcare providers. Since CBO leaders are often the "trusted voices" who advocate and provide resources to their respective communities, their trustworthiness and reliability is at risk when they rely on others to fulfill their agreements. Broken promises or poor treatment of their clients reflects poorly on them.

- Scheduling issues:
  - Clinic personnel arriving late or leaving early
  - Miscommunication about who the provider of the day was
  - CBO recruited patients and scheduled appointments, but lists and appointments disregarded by provider

- Logistics issues:
  - Limited vaccine supply
  - Lack of incentives provided by health care providers
  - Legal/bureaucratic hurdles for large Healthcare organizations
    - Memoranda of Understanding and Legal releases
    - HIPAA regulations prevent sharing patient lists and contact information for follow-up
  - Lack of PPE supplies for vaccine recipients
  - Overpromising: e.g., flu vaccines, additional services; after publicizing these services, the provider arrives with only the COVID vaccine.
  - Asking for IDs or insurance information from undocumented immigrants
  - Turning people away
  - Lack of language translation available

- Trust and relational issues:
  - Rude, unprofessional, or stressed out personnel
  - Perceptions of preferential vaccination for white people

Focus Groups and Priorities for Health Equity

The goals of the coalition's efforts extended beyond the immediate, ongoing COVID-19 pandemic. In order to address health equity and to encourage flourishing in immigrant communities, CBOs must have a voice in shaping the public health agenda, without being co- opted for healthcare institutional or public relations agendas. We conducted focus groups with all four organizations in order to understand what makes for health in each community and to identify the existing resources that meet the community's needs. Knowing where community members go for health and well-being could help city officials and potential partners bolster those existing resources. This is also a way for us to understand gaps in support.

The research assistants led each focus group in the languages preferred by the participants, with support from the PI and research manager. Each focus group was a different experience. We conducted two in-person (TAC/HAU and ACEDONE) and two via Zoom (ALPHA and BWG), based on which mode each organization preferred.

We started the focus group by asking what health & well-being meant for everyone and where people may find these aspects of health & well-being. In our focus group with TAC/HAU, we found, for instance, that home/family, church, and connection with Haiti were the three top sources of well-being; and that participants prioritized "mental health" (happiness, depression/sadness, stress), seeking support for this through a variety of means: job, entertainment, socializing with friends, therapy and church. Many sought these resources through IFSI and TAC/HAU.

Similarly, the BWG focus group participants emphasized mental health, finding support through a variety of hospital, clinic, and therapy centers with Portuguese speaking clinicians; as well as from BWG and religious institutions. They also indicated that they relied on BWG for assistance with housing, financial stability, and basic respect.

In the ALPHA focus group, respect, access to health and social service resources, and the reduction of fear and stress for undocumented immigrants were priorities for health. ALPHA, WhatsApp groups, and churches are key connectors for identifying trusted clinics and services.

In ACEDONE, participants did not specifically state 'mental health' but rather 'stress' and the absence of stress as important factors for well-being. Participants identified the gym, friends, Allah, mosque, and parks as places where they could find no stress.

Focus Groups and Priorities for Health Equity Cont...

Across all four groups, places of worship/religious institutions and doctors/clinics were a common source of health and well-being. Food, specifically access to good and healthy food, was another important aspect of well-being across all four focus groups. Increasing the visibility of these health-supporting resources to city and healthcare leaders may enable more creative and coordinated efforts.

The EN&B coalition's experience and this research project confirm once again that health and its structural and social determinants; and well-being and flourishing are multidimensional for human beings. In simpler terms, BMC2 observed,

> "what I've seen be really helpful is ... when they had different resource tables ... immigration help or insurance signups. That attracts people to one location where you can partner with health things."

A Haitian youth dance group performs at an outdoor TAC/HAU clinic in Mattapan

Policy Recommendations

One of the issues that came to the forefront during the COVID pandemic was that immigrant communities have an untapped professionally trained workforce, with professional education and work experience in healthcare but without the language skills or finances to attain professional licenses to practice in the US. The Mayor's Office of Immigrant Advancement partnered with the African Bridge Network to pilot a fellowship program that would help immigrant physicians, nurses, and research scientists transition to the US healthcare system. The initial curriculum focused on employment readiness and familiarity with U.S. institutions and employers, employment practices, etc. This initial effort was not adequate to move people in their profession (e.g. nurse, internist, etc.) along the path to certification here in the U.S. BMC2 described this as an "integration" process, bridging healthcare organizations and community organizations. Nevertheless, CBOs often engaged these health professionals without US credentials to do health education on COVID prevention, to answer questions about vaccine safety, and to promote vaccine clinics.

As mentioned above, the EN&B coalition has developed an advocacy agenda for improving health equity beyond COVID. The full document is included in the Appendix to this report, but the key points are:

1. Provide community health advocates for CBOs
2. Offer wraparound services in community-based mobile clinics - combining vaccines, COVID testing; dental, eye, blood pressure, cholesterol and diabetes screenings, social services and insurance enrollment
3. Expand permanently affordable (including supportive) housing
4. Disaggregation racial data, such that organizations serving Haitian, Brazilian, and the diverse communities under the labels of Black and Latinx can discern where the greatest resources and needs are.
5. Develop workforce resources, including fast-track certification of foreign-trained healthcare personnel

EN&B has taken various action steps to advocate for these issues, including organizing a Mattapan community meeting that identified the proposed Shattuck Housing development as a potential critical resource for Mattapan and other Black and brown communities. EN&B submitted written testimony for the Boston City Council in April 2022 for improvements in the City's Inclusionary Development Program that will increase affordable housing resources for Boston's lowest income residents and make affordable housing units permanently affordable. Finally, EN&B submitted testimony and provided oral testimony at a City Council hearing to promote its advocacy agenda, as the City decides how to spend state and federal COVID resources. EN&B meets regularly with Chief Dr. Bisola Ojikutu, who steers the public health policies for the Mayor.

Establishing mutual trust and reliable partners

The issue of trust and trustworthiness emerged early in the pandemic, as immigrants, like everyone else, questioned sources of information, advice, policy, and care. While healthcare providers want reliable partners, the EN&B coalition efforts have shown how significant trust and reliability of healthcare partners are. Healthcare organizations may offer special events and services, but CBOs risk their own reputation as trusted sources of care when they partner with healthcare providers.

In this regard, MGB1's example of sending healthcare providers to observe how a CBO does their work--and manifests their values--provides a positive model for personal engagement between organizations. After such observation, the healthcare organization and CBO can have a more structured conversation about what each can provide and how. CBOs need to have a role in training healthcare workers to provide services to their community, help to plan and design health communication necessary to allay fears of undocumented community members.

For instance, CBO leaders sought to avoid asking for IDs or insurance coverage and had advice about the presence or absence of law enforcement or National Guard personnel on clinic sites. With dedicated community health advocates as liaisons with healthcare providers, EN&B and other immigrant CBOs could conduct "outreach" to the public health commission and public health organizations. Rather than becoming "tools'' of public health in instrumental relationships, they could become two-way collaborators, translators, agenda setters, and decision makers.

Providers all had some caveats for establishing partnerships. First, community health centers are the public health arm of healthcare organizations, but the power, policy, and control of financial resources are in the hands of the hospital administrators. EN&B leaders are well aware and critical of the profits made by health care institutions, the enormous salaries of administrators, and the push to develop real estate into profitable specialities that typically do not meet the needs of low-income immigrant populations.

Establishing mutual trust and reliable partners cont...

EN&B aligns strongly with the many doctors, nurses, social workers and public health workers of the health care institutions who work with them on the ground. They have noted that, even when local community health centers want to provide services that staff recognize are critical, their affiliate hospitals will not allocate resources. EN&B leaders demand that hospitals re-direct profits to ensure that all greater Boston's immigrant populations, regardless of income, have access to appropriate care and support.

Second, large healthcare organizations have structural flaws that may disappoint or disturb community partners. Several emphasize that CBOs need to find trusted allies within healthcare organizations who understand the politics and priorities of their institutions. EN&B for several months has requested that clinicians provide wrap around health and wellness supports listed above. The challenge for CBOs and their partners is how to strategically frame and shape these priorities so that they also engage with other community priorities – like those listed above, including mental health.

Imagining possible futures

The following are recommendations from various participants for future collaborations between immigrant CBOs and healthcare providers. As MGB1, who had been active in community partnerships for decades, reminded us, though, we need to recognize that these relationships are cyclical and have a natural ebb and flow.

- Sharing funding and resources through a combination of billing, philanthropy, and government programs
- BPHC provide opportunities for connection and coordination of efforts
- Several providers have indicated that their hospitals and health centers were strategizing how to use CBO vaccine clinic networks as sites for diabetes and blood pressure screening, annual flu vaccine campaigns, COVID testing, eye and dental exams and on-site health insurance enrollment.

Vaccine Clinic with ACEDONE

Imagining possible futures cont...

- Cultivate ongoing relationships with community engagement directors at hospitals and Community Health Centers
    - Cultivate allies/connections in HC orgs, especially CHCs, people with knowledge of HC resources and the politics and economics of orgs; build on COVID partnerships
    - Hospitals are required to provide "community benefits" – tap into this obligation;
    - Get involved in community needs assessment of hospitals/BPHC and hold hospitals accountable to sharing back the results of the assessment:
        - Develop collaborative plans to address needs identified by sharing draft proposals
        - Learn how to promote shared "ownership" of health problems
        - Earmark resources to address the social determinants and structural issues that create them: promote affordable housing, transportation access, food security, worker rights, etc. in order to prevent illnesses and injuries that emerge from socioeconomic forces.
    - Involve CBO leaders in Community Advisory Boards, Community Health Center boards
    - Formalize partnerships with clear expectations and roles
    - Combine clinical and social services through partnerships:
        - Build on loose affiliations through referral from healthcare orgs to CBOs; or
        - Embed CBOs at a hospital/clinic; or
        - Hold regular medical staff consults or clinics in CBOs.

Conclusion

There has been a critical gap in healthcare for underserved and marginalized populations. They are seldom able to access the quality healthcare that they need and deserve. In addition, many groups have a historically founded mistrust in the healthcare system. Equity Now & Beyond brought together four grassroots immigrant groups to address the COVID-19 crisis and these health inequities that the pandemic both highlighted and exacerbated. This coalition's experiences and accomplishments call attention to the importance of timely, strategic, and true partnerships between healthcare providers and community-based organizations (CBO) to bridge that gap. CBOs already know the best strategies to reach their community members and they applied these strategies to the COVID-19 public health emergency. Since the pandemic began, EN&B provided tailored outreach and vaccination clinics to community members. Their collaboration helped counter misinformation, strengthen ties among immigrant groups and fostered new partnerships with health care organizations. The combined efforts for vaccination, education, and distribution of PPE and essential items led to the inclusion of other social service provisions beyond the scope of infection prevention. Not only were these groups able to support their communities during the pandemic, they advocated for efforts to augment health equity for their people. EN&B leaders leveraged key community, city, and healthcare relationships to support one another and become an ongoing, trustworthy presence across their immigrant communities. Partnerships and collaborations between the EN&B groups and external health and social service organizations will further address health inequity among Boston's immigrant groups. We must continue to work towards eliminating this healthcare gap so that all people can access the healthcare they need.

EN&B Group Meeting on Zoom

Appendix

A. *Larger EN&B Network Participants*

Organization	Name	Position
African Bridge Network	Emmanuel Owusu	Director
African Community Economic Development of New England	Abdulkadir Hussein	Director
African Community Economic Development of New England	Clare Louise	Director of Operations
African Community Economic Development of New England	Faizo Tahlil	Organizer
African Community Economic Development of New England	Ayatt El-Awad	Director of Health Equity
Agencia ALPHA	Damaris Velasquez	Director of Programs
Beth Israel Deconess Medical Center	Kim Dukes	Diversity, Equity and Inclusion
Blue Cross Blue Shield Massachusetts	Katie Hamilton	
Blue Cross Blue Shield Massachusetts	Yvonne Tang	
Blue Cross Blue Shield Massachusetts	Lucy Darragh	
Boston Children's Hospital	Julia Koehler	Doctor
Boston Medical Center	Ashley Francois	
Boston Medical Center	Alicia Peterson	Director of Operations
Boston Medical Center	Chimere McBrayer	
Boston Medical Center Immigrant & Refugee Health Center	Sarah Kimball	Co-Director
Boston Medical Center Immigrant & Refugee Health Center	Claire Oppenheim	Director of Operations
Boston Public Health Commission	Caitlin McLaughlin	
Boston Public Health Commission	Sarimer Sanchez	Doctor
Boston Public Health Commission	Nancy Paladino	
Boston Public Health Commission	Gerry Thomas	
Boston Public Health Commission	Stacey Kokaram	
Boston Public Health Commission	Margaret Reid	
Boston University	Kamini Mallick	Researcher coordinator
Boston University	Ashley Scott	Research assistant, BWG
Boston University School of Medicine	Lance Laird	Professor
Brazilian Women's Group	Heloisa Maria Galvão	Director
Brazilian Women's Group	Lucimara	Organizer
Brazilian Women's Group	Luiza Souza	Research assistant
Brigham and Womens Faulkner Hospital	Tracy Sylven	Director, Community Health & Wellness
Cambridge Health Alliance	Jamila Xible	Director, Health Edu & Access Programs
Council of Brazilian Citizens/ Cambridge Health Alliance	Elisa Tristan-Cheever	Infection Prevention Clinical Liaison
Cape Verdean Community Association	Paulo DeBarros	Director
Center to Support Immigrant Organizing	Kevin Whalen	Co-Director
Center to Support Immigrant Organizing	Laetitia Pierre-Louis	Intern
Center to Support Immigrant Organizing	Dina Hernandez	Intern
Center to Support Immigrant Organizing	Aderonke Lipede	Intern
Center to Support Immigrant Organizing	Maria Castaneda	Intern
Center to Support Immigrant Organizing	Andres de Arco	Intern
Charles River Community Health	Beatriz Lopes	Community Health Worker
City of Boston	Krystal Garcia	
City of Boston	Casey Brock-Wilson	
City of Boston	Marta Rivera	

Larger EN&B Network Participants continued

Community Caring Clinic	Abdifatah Ahmed	
Community Caring Clinic	Mohamed Abdulahi	
Day Health Strategies	Emily George	
Fenway CDC	Anar Kansara	Community Health Services Coordinator
Fenway CDC	Kris Anderson	
Haitian-Americans United	Marie Jacques Toussaint	Organizer
Haitian-Americans United	Rev. Dieufort Fleurissaint	Director
Haitian-Americans United	Stephanie Jean	Organizer
Harvard Street Neighborhood Health Center	Cyril Ubiem	Doctor
Immigrant Family Services Institute	Geralde Gabeau	Director
Mass Department of Public Health	Nassira Nicola	
MassCOSH	Brenda Quintana	Organizer
MassCOSH	Milagros Barreto	Organizer
Maverick Landing Community Services	Rita Lara	Director
Maverick Landing Community Services	Kaylee	
Mayor's Office of Immigrant Advancement	Luidgi Lalanne	Director of Community Outreach
Mayor's Office of Immigrant Advancement	Carol León	Outreach and Community Engagement
MGB (Saugus and Salem)	Christine Vales	Doctor
MGB Brookside Health Center	Dr. Christin Price	Doctor
Southern Jamaica Plain Community Health Center	Amelia Gerrard	Intern
Southern Jamaica Plain Community Health Center	Tyler Haaren	Director of Behavioral Health
Southern Jamaica Plain Community Health Center	Dina Hernandez	Intern
Southern Jamaica Plain Community Health Center	Betsaida Gutierrez	Community Advisory Board
Southern Jamaica Plain Community Health Center	Abigail Ortíz	Director of Community Health
Southern Jamaica Plain Community Health Center	Pivel Morton	Director
Tufts Health Insurance	Chrismaldi Casado	
Whittier Street Health Center	Christine Pajarillo	
Whittier Street Health Center	Robert Edwards	
	Dr. Ren Barreau	
	Uchenna Nwangwu	Researcher

Dear Dr. Ojikutu and Dr. Sanchez,

We at Equity Now & Beyond are writing to request a meeting with you to discuss City immigrant health equity strategies, especially as they relate to preventing and addressing the spread of Covid-19. We also asked for a follow up meeting with Mayor Wu about these strategies, and are waiting to hear back from her.

Given the crises facing us from this current wave of Omicron, we wanted to meet soon to discuss how together we can make Boston a safer City for immigrants and all residents during the pandemic.

We are very thankful for all the support that the Boston Public Health Commission has provided to develop strategies that address the challenges facing immigrants relating to Covid and other areas of health inequities. We laud so many of the City's efforts to address the pandemic and we hope to continue to grow our partnership with the BPHC and the City.
As you know, with your support, EN&B has been very successful in reaching thousands of immigrants with Covid-19 education, vaccine supports, PPE, and other health equity resources. Lately, our clinics, in Boston's least vaccinated communities, have been attracting several dozen if not hundreds of people for vaccines – people who otherwise would go unvaccinated.

We are concerned that insufficient Covid and other related health equity resources are being directed to our communities to stave off the pandemic. We continue to be very successful in identifying community partners, who are highly trusted in immigrant communities, to host vaccine clinics that EN&B organizes. Yet because of insufficient resources directed our way, we have been unable to optimize these opportunities. In particular, what we need is:

1) Providers who can administer both Covid and flu vaccines at the same clinic. This is a medically sound strategy by all accounts, but no provider or government agency has stepped forward to combine both vaccines at our clinics.

2) Combined vaccine and testing sites. Many people now in our communities are coming to us looking for tests along with vaccines. Sometimes, the best opportunity to convince an unvaccinated person get a vaccine is when they seek a test to see if they have been exposed. We know that medically we would need to place a testing facility apart from the vaccine clinic (next door, etc.) so that those seeking tests would not potentially exposes those seeking vaccines to the virus. We are able to accommodate the need for separation of space, but so far no provider or government agency has come forward to offer these combined resources.

3) Provide on-site health insurance enrollment and if feasible enrollment into programs such as WIC, SNAP and other essential resources for low-income residents. According to a Kaiser News December 2021 report, uninsured people are among those with the lowest rates of vaccination – with only 56% reporting having received at least one
vaccine dose. We know that locally in our communities the mistrust of the vaccine often comes from lack of an ongoing relationship with a PCP and medical practice. Those who come to our clinics for vaccines are a high percentage of the uninsured – as many of our community members with a PCP access the vaccine via a referral from their family provider.

4) EN&B groups need more providers who can cover our clinics. We have been frustrated in that we have organized clinics and providers have been unable to come. Some have told us the day of or the day before a clinic was scheduled that they could not arrive, which meant we had to cancel the clinic. EMS, referred to us by the City, had been providing very successful weekly clinics in Mattapan in 2021 but now tell us that they need to stop providing these clinics in order to re-evaluate. This is very frustrating as our current clinics have been highly successful in reaching people who cannot access regular clinics (many of which require on-line registration, a huge barrier to many in our communities for language, technology and work challenges). We need the City to help us identify another provider who can replace EMS and provide regular clinics for us.

5) Provide EN&B groups with more testing kits. We were very appreciative of receiving hundreds of testing kits via the BPHC, but we have been providing them to desperate community members and have run out. We need a regular supply to stave off contagion. We need a combination of testing clinics at our sites and kits to provide people who drop into our offices fearing exposure and wanting to know if they should quarantine or not.
6) Provide us with resources such as gift cards or grocery cards which can be an incentive for people hesitant to get the vaccine to come in. City and state-organized clinics often provide these gift card incentives and many people come to our clinics expecting them.

7) Social and economic supports that help prevent the spread of Covid are critical for our communities. Efforts to prohibit evictions, guarantee workers paid time off if they become sick with Covid, increase public transportation resources so people can be socially distant as they go to and from work or school, etc. will keep Covid from spreading in our communities.
8) Support the fast-track certification of immigrants who were health care professionals in their home countries but do not have the resources to access certification programs here in the U.S. We see this as a critical strategy to increase the resources of Covid vaccine providers and hospitals, who are over-stretched and cannot respond adequately to the crisis. Also, it's a critical workforce development strategy for thousands of immigrants in greater Boston.

We would like to set up a meeting with you to discuss concrete strategies that can address the challenges outlined above. You can follow up with CSIO Co-Director Kevin Whalen at kwhalen@tsne.org or 617-529-0563 to arrange a meeting time. Thank you for your consideration and we look forward to developing strategies together that build a more equitable Boston.

For Equity Now & Beyond,

- Rev. Dieufort Fleurissaint, Director, Haitian Americans United
- Damaris Velásquez, Program Director, Agencia ALPHA
- Heloisa Galvão, Director, Brazilian Women's Group
- Clare Louise Okalany, Chief Operating Officer, African Community Economic Development of New England
- Kevin Whalen, Co-Director, Center to Support Immigrant Organizing

C *Draft Op-Ed with BPHC-April 2022*

Over 1 in 6 Massachusetts residents are not native born. Most of them are people of color who have been disproportionately impacted by Covid. Yet we have no idea about Covid vaccination or morbidity rates for each population.

Boston community groups in Equity Now & Beyond have been partnering with the Boston Public Health Commission to help Haitian, Brazilian, Latinx and African immigrant populations access Covid vaccines and related resources. Our efforts have been extremely hampered by state data collection policies. The Massachusetts Data Equity Bill (H.3115) would go a long way to provide these groups, government agencies and health care providers the data needed to reduce the harm of Covid.

It's no secret that Covid-19 disproportionately impacts immigrants and other people of color. According to a recent BU School of Public Health analysis, among those age 20-49, Blacks died at rates 2.5 times higher than whites; and Latino death rates tripled those of whites. In Boston at the end of March, over 70% of Boston's white children ages 5-11 had at least one dose of the Covid Vaccine. Yet only 39.9% of Latino children and 31.3% of Black children had been vaccinated.

EN&B grassroots groups True Alliance Center/Haitian Americans United, Brazilian Women's Group, Agencia ALPHA, African Community Economic Development of New England and Center to Support Immigrant Organizing have been educating communities about Covid in their own languages and communication networks since December 2020. Since July 2021, we have hosted over 120 community-based vaccination clinics at trusted immigrant community sites and religious congregations where health care providers vaccinated over 3,400 people.
Our efforts have been hampered because our communities are statistically invisible. Because community vaccination rates are reported only by race and ethnicity, not country of origin, we cannot access community specific data. We don't know, for instance, the rates of Covid vaccinations or deaths among Massachusetts' Haitian, Somali or Brazilian residents. Our community groups, health care providers, and City and State officials are thus unable to identify or steer resources to immigrant populations facing the greatest need for Covid and other health resources.

Furthermore, asking people who lived in other countries to identify by standardized racial/ethnic Covid vaccine categories is unintentionally insulting and leads to undercounting. As an example, when Brazilians from Brighton get vaccinated, they can identify as white, Black, white Hispanic or Black Hispanic. Yet Brazilians (who speak Portuguese) do not identify as Hispanic. And the polar categories Black and white are, to say the least, confusing to them.
How can we direct resources to where they're needed if we don't know the vaccination rates of Brazilians in Brighton, Haitians in Mattapan, El Salvadorans in East Boston, Somalis in Roxbury? We need to pass H.3115 so we have the data we need to make Boston and other Massachusetts communities safe from Covid.

For Equity Now & Beyond,
-Rev. Dieufort Fleurissaint (Director, True Alliance Center/Haitian Americans United) and Heloisa Maria Galvão (Director, Brazilian Women's Group)
For the Boston Public Health Commission,
-Dr. Bisola Ojikutu, Executive Director

D *Focus Group Matrices*

ACEDONE	Places that support well-being										
Positive Aspects of Well-being	911	Gym	Friends	Doctor	Allah	Ktichen	Grocery	Landlord	City	Mosque	Parks
Healthy food						x	x				
Safe/clean neighborhoods	x							x	x		
Good neighborhoods								x			
Walking/exercise		x									x
No stress		x	x		x					x	x
No sickness				x	x						

AGENCIA ALPHA	Places that support well-being							
Positive Aspects of Well-being	Agencia Alpha	Clinics	Church	Home	Library	Social Media	Public schools & community centers	Social workers
Nutrition & hydration	x	x	x	x	x		x	x
Good sleep								
Mental health	x	x	x	x	x	x	x	x
Kids' safety	x	x	x	x	x	x	x	x
Exercise	x	x	x	x	x	x	x	x
Spirituality	x		x	x		x	x	x
Prioritization of community voice	x	x	x	x	x	x	x	x
Emotional state	x	x	x	x	x	x	x	x
Healthy church*	x		x			x		
Basic living needs	x	x	x	x	x	x	x	x
Resources accesible language	x	x	x	x	x	x	x	x
Easily accessible resources	x	x	x	x	x	x	x	x

Brazilian Women's Group	Places that support well-being										
Positive Aspects of Well-being	BWG/Face book Live	Cambridge Health Alliance	Grocery stores Allston/B righton	Brazilian personal trainers	Primary care doc	Housing programs	Church/ prayer	Rental assistance programs	City of Boston (pandemic assistance)	BMC	MAPS
Mental health care	X	X			X		x		X	X	
Housing	X					X			X		
Financial stability	X								X		X
Respect for immigrants	X										X
Food (healthy)			X				X				
Spirituality											
Physical activity				X							

Haitian American United	Places that support well-being																	
Positive Aspects of Well-being	Home	Haiti	Shopping	Beauty studio	Nature	Market	Job	God	Therapy	Youtube	Church	IFSI	School	Technology	Family	Movies	Traveling	Social life
Education												X	X	X	X			
Immigration status/good job												X						
Being with family		X													x			
Happiness					X						X					X	X	X
Safety		X																
Praying		X						X			X							
Good environment											X							
Hygiene	X			X											X			
Exercise/sex	X																	
Music	X				X					X	X							
Good food	X					X												
Negative Aspects of Well-being																		
Stress			X	X			X		X									
Depression									X		X							
Bad eating																		