


An Equity Response to COVID-19 in Allegheny County, Pennsylvania: The Development and Work of the Black Equity Coalition

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From the onset of the pandemic in the United States, racial disparities in COVID-19 outcomes have been evident. In April 2020, several events prompted a concerned group of colleagues to form the Black Equity Coalition (BEC), a Black-led coalition in Allegheny County, Pennsylvania, which brings together professionals from multiple sectors who aim to ensure an equitable response to the COVID-19 pandemic. Several significant milestones have been achieved, and this article describes the development, functioning, and outcomes of the Coalition in the first 15 months of operation (April 2020–June 2021). COVID-19 was the reason for such an

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unprecedented effort, but this BEC infrastructure will be needed long after COVID-19 is controlled. In addition to short-term activities and reactive measures to prevent and mitigate COVID-19 in Black populations, the BEC is serving as a crucial link between government, health care stakeholders, and communities to produce long-term systemic change.

Keywords: health equity; COVID-19; community; Black/African American; social determinants of health

From the onset of the COVID-19 pandemic in the United States, racial disparities in COVID-19 outcomes, particularly for Black populations, were evident. In April 2020, the COVID Tracking Project (The Atlantic Monthly Group, 2021) and the Boston University Center for Antiracist Research (2021) launched the COVID Racial Data Tracker to examine COVID-19 outcomes by race and ethnicity data from all available states (The Covid Tracking Project, 2021). Initial data showed that across the country, Black people were at higher risk of being infected with the COVID-19 virus than their White counterparts, and moreover, more likely to be hospitalized or die once infected (Bassett et al., 2020). While the White–Black disparity in infection rates has slowly come down to a point of near parity, with Black Americans only 1.1 times more likely to contract COVID-19 than White Americans (as of March 1, 2022) (Centers for Disease Control and Prevention, 2022), other inequities persist. For instance, Black Americans are still 2.5 times more likely to be hospitalized from COVID-19, and 1.7 times more likely to die from COVID-19 than White Americans (Centers for Disease Control and Prevention, 2022). The COVID-19 infection rate among Black people in Allegheny County (Pittsburgh, PA, and vicinity) reached as high as 3 times the rate of White people. Likewise, hospitalizations among Black people have been as high as 7 times the rate of White people (Black Equity Coalition, 2021a). This article describes the development, functioning, and outcomes of the Black Equity Coalition (BEC) in Allegheny, Pennsylvania, that was developed to respond to the inequities of the COVID-19 pandemic.

These findings are regrettably consistent with persistent inequities in health and other social factors for Black populations that existed before the pandemic (Cyrus et al., 2020; Office of Minority Health, 2021). The spread of COVID-19 is increased by structural and social determinants of health with preexisting racial

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disparities in social conditions such as poverty, quality housing, and occupation (with racial and ethnic minorities more likely to work in essential work settings in which they are exposed to the public or other workers; McNicholas & Poydock, 2021; Miller et al., 2021). Furthermore, the severity of illness from COVID-19 has been recognized to be exacerbated by comorbidities such as diabetes, kidney disease, and obesity, all conditions that disproportionately affect Black Americans (Centers for Disease Control and Prevention, 2021a; Gu et al., 2020; Thorpe et al., 2021).

In addition to these preexisting health and social conditions as contributors to a higher risk of COVID-19 in Black communities, governments and health systems have failed to respond to the pandemic with an approach that considers equity. Early reports from cities including New York and Philadelphia showed that testing resources were concentrated in affluent and more predominantly White neighborhoods (Bilal et al., 2021; Lieberman-Cribbin et al., 2020; Vann et al., 2021). This inequitable response has been further reflected in the roll-out of the COVID-19 vaccines beginning in December 2020 (McClung et al., 2020).

In early 2021, the Commonwealth of Pennsylvania (hereafter referred to as the State of Pennsylvania) began to release data showing the race of vaccinated and partially vaccinated residents. While data reliability presented a serious concern—with more than a quarter of vaccine recipients being reported as “race unknown” and a disproportionately high percentage of those with race report falling outside of the largest racial and ethnic groups—disparities were immediately apparent. Black residents represented a disproportionately low percentage of vaccine recipients (8.6% as of March 2021) for whom race was known, compared with the percentage of the vaccine-eligible population made up of Black residents who, based on age and workforce demographics, we would estimate to have been between 11% and 13%. In March 2021, the BEC Data Working Group published a report entitled, *Missing our Shot: COVID-19 Vaccine Equity in Allegheny County* (Beery et al., 2021), which

articulated these issues and advocated for improved data and a more equitable vaccine rollout. Despite significant remaining issues with data access and reliability, the overall disparity in vaccination locally has since decreased, but it has not disappeared. As of March 2022 (note: updated data closer to the date of publication is included), only 8.9% of fully vaccinated residents for whom race was reported in Allegheny County were Black, despite Black people making up 13.1% of the total population; in contrast, 73.4% of vaccine recipients for whom race was reported were White, while White people make up 75.7% of the total population (Pennsylvania Department of Health, 2022).

► **COMMUNITY CONTEXT: PITTSBURGH AND ALLEGHENY COUNTY**

Like many other cities in the Northeast and Midwest United States, Pittsburgh's Black population grew substantially during the first few decades of the Great Migration, creating vibrant, culturally rich neighborhoods. In the decades following the Second World War, redlining, urban redevelopment, and limited work opportunities destroyed some Black neighborhoods and devastated others during a period of overall regional decline. By the 1990s, the vast majority of Black residents of the City of Pittsburgh lived in only a few neighborhoods of a city with 90 distinct neighborhoods. As the city and region have attempted to reinvent themselves over the last two decades following the departure of the steel industry, the closing of public and affordable housing units, gentrification, and limited decent work opportunities have renovated many historically Black neighborhoods and pushed long-term Black residents into less connected and less-resourced areas of the city and county (Dieterich-Ward, 2017; Lubove, 1996; McCollester, 2008).

Based on this history, several key moments stand out as having galvanized people and efforts in the region to begin to work collectively, across sectors and disciplines, to address racial inequities (see Figure 2). In 2015, then PolicyLink president Angela Glover Blackwell (PolicyLink is a national research and action institute advancing racial and economic equity by Lifting Up What Works) delivered a powerful challenge to business and political leaders in the region to address inequities and injustices by including and investing in Pittsburgh's Black communities (Equitable & Just Greater Pittsburgh, 2021a). This launched the All-In Pittsburgh initiative (Treuhaff, 2016) which, in turn, evolved into the development of the Equitable and Just Greater Pittsburgh initiative that considers how we can best address inequities by working across silos and municipalities (Equitable & Just Greater Pittsburgh,

2021b). In 2018, 17-year-old Antwon Rose was killed by East Pittsburgh Police prompting local and national protests. Subsequently, in 2018, UrbanKind Institute began to convene the Black Environmental Collective, a network of Black people who work at the intersection of health, environment, food, and climate change (UrbanKind Institute, 2021). This network formed the basis of working relationships between many of the individuals who went on to establish the BEC. The 2019 report, *Pittsburgh's Inequality across Gender and Race*, demonstrated how substantially different health, poverty/income, employment, and education outcomes were between Black and White residents of the city (Howell et al., 2019) and that the voices of Black women were left out (Fapohunda et al., 2019; Rihl, 2019). Finally, in December 2019, the City of Pittsburgh passed three declarations related to racism as a public health issue (The City of Pittsburgh, 2019a, 2019b, 2019c), and Allegheny County passed a similar declaration in April 2020 (Allegheny County Council, 2020; Mendez et al., 2021).

With respect to health outcomes, Black populations in Allegheny County are more likely to be diagnosed with chronic diseases at younger ages and have higher disease mortality rates for heart disease and diabetes, as described in Table 1 (Allegheny County Health Department, 2017, 2022; Centers for Disease Control and Prevention, 2021b). An examination published in 2020 determined that, between 2009 and 2015, there were improvements in outcomes linked with racial disparities between Black and White residents in asthma, stroke, and cholesterol rates. However, Black-White disparities persisted for both diabetes and hypertension (Devaraj et al., 2020).

For the past 20 years, the researchers on our team have worked locally and nationally to increase efforts to reduce racial disparities in chronic disease from a community-based approach. With some collaboration and participation from the Allegheny County Health Department (ACHD) and community-based organizations, important milestones in this journey began with the County Community Health Improvement Plan and culminated in executing a multiyear, collective action coalition to address racial health disparities based on a Centers for Disease Control and Prevention (CDC)-funded Racial and Ethnic Approaches to Community Health (REACH) award in 2018 (Live Well Allegheny, 2022). The REACH coalition is focused on alleviating health burdens in African American communities by focusing on nutrition, physical activity, and community-clinical linkages. The infrastructure built by REACH has allowed us to benefit from it to disseminate COVID information, testing, and vaccine resources.

TABLE 1
Age-Adjusted Mortality Rates Per 100,000 for Allegheny County, PA, and the United States

<i>Disease/ Condition</i>	<i>Black or African Americans</i>			<i>Total population</i>		
	<i>Allegheny</i>	<i>United States</i>	<i>Difference</i>	<i>Allegheny</i>	<i>United States</i>	<i>Difference</i>
Heart Disease	265.7	200.0	+65.7	187.5	161.5	+26
Stroke	53.1	50.9	+2.2	33.8	37.0	-3.2
Cancer	187.7	165.9	+21.8	158.1	146.2	+11.9
Diabetes	33.9	37.1	-3.2	17.1	21.6	-4.5

Source. Centers for Disease Control and Prevention WONDER, Underlying Cause of Death, 2019.

The foundations and development of the BEC were the result of an immediate response to support the health needs of Black communities disproportionately affected by the pandemic. “Centering on the margins,” or centering those closest to the problem in the design and engineering of the solution, is a tenet of Critical Race Theory (Delgado & Stefancic, 2013). Prior to the pandemic, different organizations in the region, including the RAND Corporation, City of Pittsburgh, and the city’s Gender Equity Commission, focused on measuring disparities and benchmarking Black communities against others. The process of public input and community engagement in preparing these reports involved a degree of community consultation but did not move beyond the middle rungs of Arnstein’s Ladder of Citizen Participation (Arnstein, 1969). The Black community did not have power over ownership or control of this work, and Black researchers were largely not involved in the development of the research and reports themselves.

Public Health Critical Race Praxis (Ford & Airhihenbuwa, 2010a, 2010b) argues that merely documenting racial inequities in health is not sufficient but must be followed by actions that center racial equity and justice. Members of the BEC have been involved and engaged in community-partnered research through initiatives such as REACH, The Pittsburgh Study, All-In Pittsburgh, and housing justice initiatives. The principles and practices adopted by these members in their work are drawn from research (e.g., community-based participatory research) and participation in communities of practice that emphasize the importance of community-centered work, shared ownership of research, data democratization, mutual benefits, and the importance of building trusted relationships. This history is reflected in the work of the BEC, and the community-centered, trust-based, participatory approach of the data working group. The BEC’s work has included data advocacy and documentation while uplifting the lived

experiences of Black communities to address the larger structural and social determinants of health through our hub-and-spoke approach, described below. Thus, the scope of work for the BEC falls outside traditional research methods and practice.

► DEVELOPMENT OF THE COALITION

By March 2020, COVID-19 was officially named a pandemic by the World Health Organization (Ghebreyesus, 2020). Although stakeholders around Pittsburgh were aware of the impact COVID-19 was having on Black communities across the country, the Allegheny County Health Department, which covers the City of Pittsburgh and its suburbs, was not yet reporting COVID-19 data by race, nor was the State of Pennsylvania. Thus, in early April 2020, a group of concerned colleagues came together to discuss issues relevant to Black communities in Allegheny County, advocate for access to comprehensive reporting of COVID-19 data by race/ethnicity, and understand whether the impact on Black communities observed at the national level was present for this region.

The Pittsburgh Black Elected Officials Coalition (PBEOC), with consultation from content experts in public health and medicine from the Black community, initiated conversations with the major local health plans in the region about bringing testing resources to Black communities. Furthermore, the PBEOC proposed the idea of providing testing in the Federally Qualified Health Centers (FQHCs) in Allegheny County and establishing a regional COVID-19 equity task force. In addition, a data working group, formed by then program officer Karen Abrams of The Heinz Endowments (a local philanthropic foundation), was composed of data scientists, social scientists, and community leaders with the aim of reviewing and understanding disparities and trends in the local data for Black populations.

Two other initiatives also happened around this time: Hood Media, UrbanKind Institute, and Black Women Wise Women initiated a weekly Facebook Live series, “What Black Pittsburgh Needs to Know About COVID-19,” to discuss critical issues impacting the Black population, including data, misinformation, and myths. Simultaneously, leaders of small business support organizations as well as owners of small Black businesses came together to discuss the pandemic’s impact on them. This group worked with Black businesses to prepare them to apply for federal Paycheck Protection Program (PPP) loans and other state grant programs.

To create synergy and connectivity among the participants of these organic efforts addressing the disparate impact of the COVID-19 pandemic on Allegheny County’s Black community, the BEC was formed in the spring of 2020. The BEC is Black-led and brings together physicians, researchers, epidemiologists, public health and health care practitioners, social scientists, community funders, and government officials concerned about addressing COVID-19 in vulnerable populations. A quasi-formal membership structure exists within the Coalition. New members seeking to participate must be invited by a current member. Members aim to ensure an equitable response to the pandemic based on socio-economic and culturally relevant data to reduce health inequities and improve general health and well-being. Despite efforts related to racism as a public health crisis legislation, the County leadership did not move forward with a COVID-19 equity task force, providing another reason for the development of the BEC to provide a community-oriented, primary, and preventive health care infrastructure that will be better able to respond to and meet the emerging health needs of underserved, vulnerable, and particularly Black communities. This article describes the development, functioning, and outcomes of the Coalition in the first 15 months of operation (April 2020–June 2021).

► **METHOD**

Structure of the BEC and Working Groups

The founding members of the BEC were able to build on their history of working together on equity-related issues, and each member brought a unique set of strengths and competencies to the table. As there was no model or playbook in place to respond to a crisis like the one that confronted us, members of the group built a model from the ground up.

The work of the BEC engages the community at the infrastructure level by partnering with community agencies and establishing a presence in conveniently located

community staples such as barber shops, churches, and schools. Additional educational activities include engagements at local coffee shops and “Ask a Black Doctor” sessions, which support COVID messaging specifically for Black communities locally and regionally.

The core of the BEC approach is a “hub-and-spoke” model centered on the FQHCs. The model is based on James K. Elrod and John L. Fortenberry’s work on health care service delivery networks (Devarakonda, 2016; Elrod & Fortenberry, 2017; McKinley et al., 2002). In their design, one site within a health system serves as an anchor establishment (hub) in which patients can receive comprehensive health care services; auxiliary sites (spokes) provide more limited but more accessible services. The BEC has adapted this framework so that an FQHC serves as a hub to both provide medical care and link patients to nonprofit services, that is, the spokes, to address broader patient needs. This model creates a health ecosystem for Black communities that ensures that social determinants such as economic stability, education, health and health care, neighborhood and built environment, and social and community context are addressed and supported to provide a path to the elimination of disparities and improved outcomes. As Elrod and Fortenberry’s model allows for greater agility in delivering medical services, the BEC hub-and-spoke model (more explanation later) improves efficiency and effectiveness in addressing a range of individual and community needs.

The structure of the BEC includes the Huddle Working Group, which serves as the leadership core, and seven working groups/task forces in different content areas. The development of the working groups grew out of the need for a multifaceted, multidisciplinary approach to tackle the massive undertaking of addressing health equity. The BEC’s work groups (Data, Community Health, Black Business, Policy, Education, and Community Engagement) are in alignment with social determinants of health (SDoH) and are committed to providing valuable resources to the community; for instance, relevant COVID-19 statistics (Data), updated regulatory information (Policy), and COVID-19 vaccine clinics (Community Engagement). A brief description of the goals and activities of each of the working groups is described below (see Figure 1):

The Huddle Working Group is a cross-sector group of physicians, social scientists, researchers, epidemiologists, civic community leaders, and philanthropists that work to coordinate the working groups of the coalition, build viable connections, and fundraise to meet community needs. At least one representative of the Huddle Working Group is an active member of each of the other Coalition working groups.

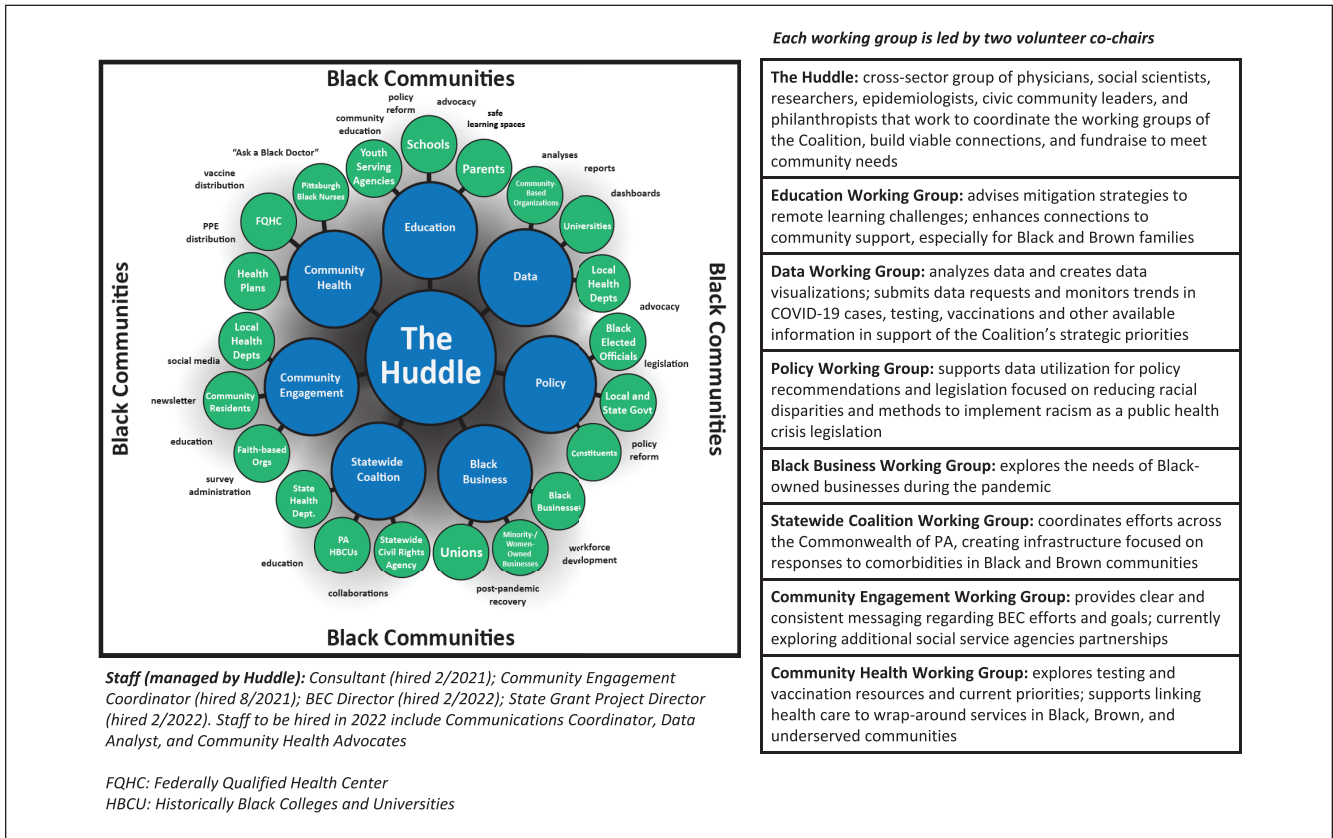


FIGURE 1 The Hub and Spokes—Black Equity Coalition (BEC) Working Groups
Note. FQHC = Federally Qualified Health Center; HBCU = Historically Black Colleges and Universities; PPE = Personal Protective Equipment.

The Data Working Group brings together experts involved in public health, medicine, nursing, philanthropy, business development, data access, and visualization to acquire, work with, and find meaning in data that applies to the goals and strategic priorities of the BEC. The members have affiliations to and experience with a range of organizations, including the University of Pittsburgh, the University of Pittsburgh Medical Center (UPMC), Carnegie Mellon University, Gateway Medical Society, the UrbanKind Institute, and a number of local philanthropies. While the group’s initial response involved cobbling together what limited data was made available, as the Data Working Group moved deeper into 2020, the response became less focused on crisis and more strategic, researching what is possible with existing data systems. By leveraging existing open data infrastructure, data sharing agreements, and the personal connections with colleagues in public agencies, the BEC began to build a whole new infrastructure for addressing health disparities and broader equity challenges. The group’s activities include the creation of

data visualizations, such as the COVID Race Data Portal (Black Equity Coalition, 2021a) which is updated daily and presents data on topics such as per-capita COVID disparities by race and location over time in Allegheny County. This group also provides critical information to the Huddle Working Group to advocate for better data policies and processes for state and local health departments.

The Community Health Working Group, formerly the Testing Working Group, was initially focused on exploring the current testing priorities for communities and testing tools necessary to support Black community needs. Objectives include identifying COVID “hot spots” and testing techniques that support the sector as well as recommending isolation and quarantining. The name was changed to the Community Health Working Group to reflect the evolving purpose to also focus on equitable vaccine distribution as well as support systems through social services in these communities. The Community Health Working Group is also responsible for coordination and collaboration with FQHC activity, messaging,

mobile testing sites, testing support, comorbidity assessment, prevention, and intervention activity.

Moving forward, it will work to coordinate efforts of the FQHCs pertaining to addressing services related to the SDoH. The nine local FQHCs have formed an alliance, the Three Rivers Association of Community Health Centers (TRACHC), and have agreed to partner with ACHD and serve as the hub for the continuity of care model for the BEC as it reflects its direct community engagement, prevention, contact tracing, intervention, isolation coordination, and quarantine direction.

The Community Engagement Working Group is focused on providing clear and consistent messaging related to the BEC's efforts, goals, and objectives. Communication strategies include direct community engagement, newsletters, coordinated messaging, capturing community experiences through multimedia platforms, and using social media to create real-time messaging to the communities at risk. The Community Engagement Working Group is also charged with coordinating the outputs from each working group/task force to ensure message continuity within the Coalition and the Coalition's external messaging. As an example, the group partnered with our local PBS station (WQED) to produce a series of videos about COVID-19 vaccines called "A Matter of Trust" (WQED, 2021).

The Black Business Working Group was created to focus on the impact that COVID-19 had on Small Black Businesses and how best to connect them to resources to offset the impacts of the pandemic. Post-pandemic, its purpose will be to create a resilient system to support and build Black businesses in and around Pittsburgh.

The Education Working Group is focused on linking emerging educational opportunities to resilient community stakeholders through a "preconception through a career" continuum and on linking learning to the region's emerging new economies. Optimizing the SDoH framework, the Education Working Group uses traditional and non-traditional approaches to foster learning through an education designed to recruit and engage participants who are members from two different generations (e.g., teens and seniors, caregivers, and their children). Increasing alignment with three emerging fields (technology, education, and health care), we seek to expose Black youth and families to educational opportunities that are scaffolded by internships, hands-on learning, and technology integration.

The Policy Working Group is working directly with the PBEOC, county representatives, and state leadership to identify specific needs for the region that require policy support and/or advocacy. This partnership seeks to

co-design prevention, intervention, and statewide "Just Practices" that reduce duplication and increase the effectiveness of services.

The Statewide Coalition Working Group is a coordinated effort across the Pennsylvania cities of Pittsburgh, Harrisburg, Philadelphia, and Erie. This coalition seeks to share emerging trends and facts through a robust infrastructure of existing organizations that desire to mitigate COVID-19 devastation on Black communities. The coalition gathers information from each members' emerging practices that have shown promise to mitigate COVID-19 exposures and share learnings that guide the region collaboratively.

Timeline of Major Milestone Activities

Several milestones in the development of the Coalition were achieved from April 2020 to June 2021. Below are selected representative highlights in Figure 2.

1. In April 2020, the Data Working Group was formed to advocate for COVID-19 data accuracy and transparency. The group also urged agencies to improve the reporting of data by race, place, and ethnicity, creating its own local dashboard that focuses on monitoring disparities over time.
2. Using maps and data stories created by the Data Working Group, locations for testing resources in Black communities were identified, juxtaposed with data on demographics and workforce information for populations most likely to be considered to be essential workers. These data were used to advocate to ACHD to *expand access to testing facilities and services to over nine underserved communities where the FQHCs were located*, which were implemented starting the week of May 18, 2020.
3. The BEC explored data showing that participation in contact tracing efforts was lower for Black communities. The BEC then advocated for contact tracers within the FQHCs, which resulted in additional contact tracers and a coordinator to work collaboratively with ACHD's contact tracers to provide better access and ability for Black residents.
4. Advocacy by the BEC resulted in ACHD publishing data by race/ethnicity on their public dashboard and linking COVID-19 data with other local data sources to reduce the missing data by race.
5. As the Coalition conducted early interviews with the media, the group's visibility increased. The Community Engagement Working Group was formed in summer 2020 to accommodate new members and to respond to the pandemic by getting messages out

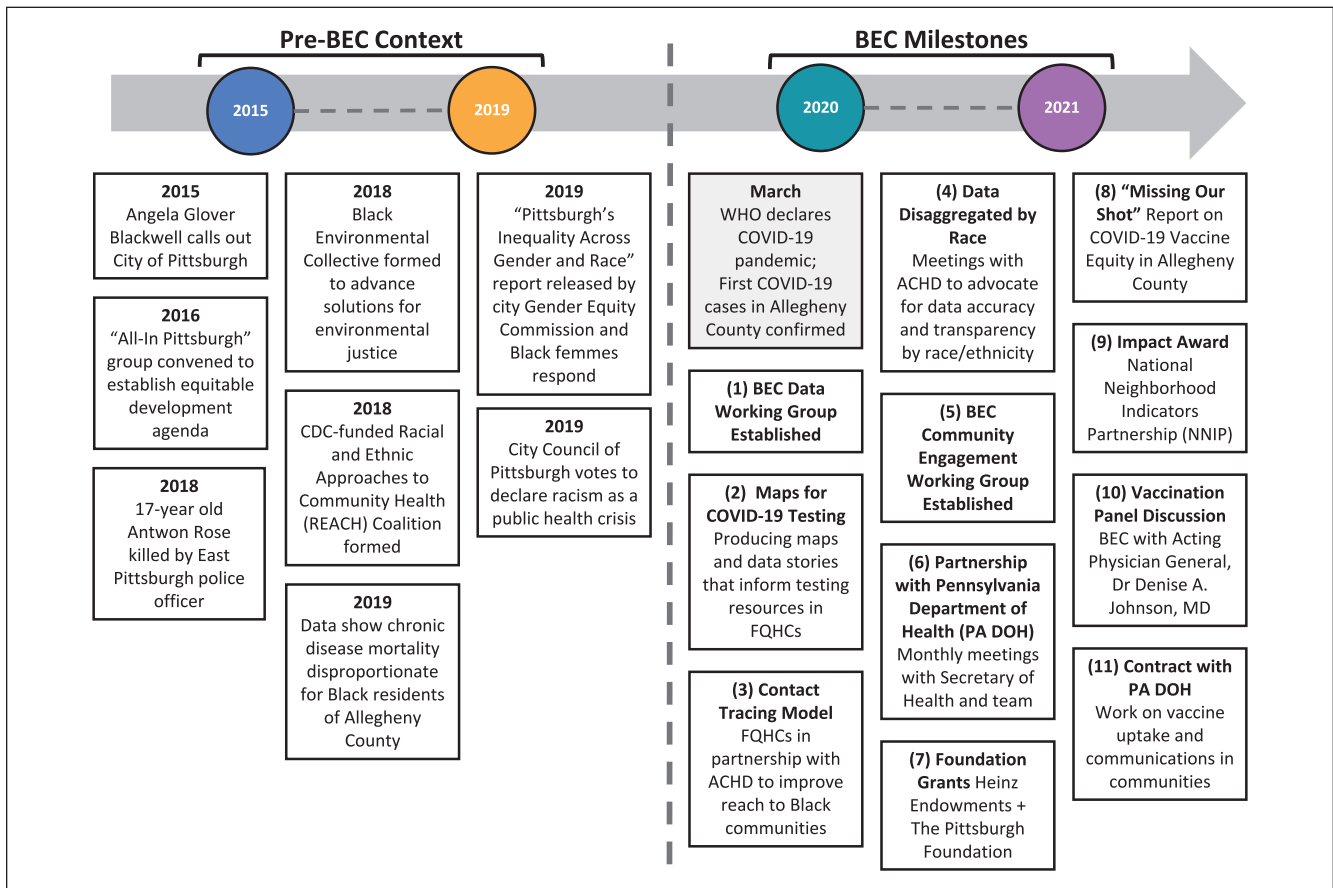


FIGURE 2 Contextual Timeline and BEC Milestones

Note. BEC = Black Equity Coalition; CDC = Centers for Disease Control and Prevention; FQHCs = Federally Qualified Health Centers; ACHD = Allegheny County Health Department.

to the community. The Community Engagement Group disseminates messages related to the current COVID-19 trends and spikes with community-friendly posts on social media platforms (Twitter, Facebook, LinkedIn, and Instagram), email listservs, and our website.

- Meetings with the PA Department of Health (PA DOH) Office of Health Equity led to monthly meetings with Dr. Rachel Levine (then-Secretary of Health for PA) and her leadership team, and subsequently, Acting Secretary Allison Beam and Acting Physician General, Dr. Denise Johnson. These meetings with state leadership focused on contact tracing and disease surveillance, and they led to the BEC building connections with other cities, including Philadelphia, Harrisburg, and Erie.
- In the Fall of 2020, the BEC received two local foundation grants (from The Heinz Endowments and The Pittsburgh Foundation) to develop coordination and infrastructure for the group. POISE Foundation was

selected by the BEC to act as the fiscal sponsor for the Coalition.

- In the Spring of 2021, the BEC published the report, "Missing Our Shot: COVID-19 Vaccine Equity in Allegheny County" (Beery et al., 2021). The BEC also received two grants from the CDC and The University of Pittsburgh Clinical and Translational Science Institute (CTSI) to work on community vaccine events and evaluation activities, along with conducting surveys and coordinating focus groups on vaccine hesitancy.
- In May 2021, the work of the BEC Data Working Group was acknowledged by the National Neighborhood Indicators Partnership (NNIP), a learning network for civic data intermediaries. Data Working Group member Western Pennsylvania Regional Data Center (WPRDC) serves as NNIP's Pittsburgh partner. The G. Thomas Kingsley Impact Award recognized the WPRDC and the BEC for demonstrating impact by using neighborhood data to

improve local policy and practice to benefit people with low incomes or communities of color (Pettit & Gradeck, 2021).

10. In June 2021, newly appointed Pennsylvania Acting Physician General, Dr. Denise A. Johnson, M.D., participated in the *BEC's Panel Discussion* on COVID-19 impact and inequities in COVID-19 vaccinations located at a community-based organization in Pittsburgh (BEC, 2021b).
11. Also, in summer 2021, PA DOH approved a contract for the BEC to lead communications work on vaccine uptake and COVID-19 mitigation strategies across the Commonwealth. To our knowledge, the BEC is the only Black-led group to have received a COVID-19 contract from the PA DOH.

► **OUTCOMES**

The outcomes of the BEC continue to evolve. Overall metrics to achieve based on the first 15 months of operation (April 2020–June 2021) and our foundation infrastructure grants are as follows. A brief summary of the metrics is described below and presented in detail in Supplemental Table 1.

Metric 1. Leverage the Collective Access, Trust, and Assets Within Black-Led Nonprofits to Meet Coalition Goals

- Goal: Engage a minimum of 25 Black-led non-profits

More than 25 Black-led nonprofit organizations were engaged in the Coalition either with representatives serving as members of the working groups or as partners. Five of the Coalition working groups (Data, Huddle, Community Engagement, Community Health, and Education) had frequent meetings, including the Data Working Group, which meets twice per week, and the Huddle Working Group, which meets weekly. These five working groups have had a total of 207 meetings over 15 months. The Black Business and Policy working groups have had several meetings and agreed on a monthly schedule moving forward. The Statewide Coalition Working Group is in the relationship-building phase, and several Black researchers from across the state have been gathering since summer 2021 to form a research consortium.

Metric 2. Increase Cohesion and Synergy of the Coalition Working Groups

- Goal: Conduct quarterly retreats to engage the Coalition as a whole

To foster cross-collaboration across the working groups, the BEC has implemented quarterly strategic and operations retreats. Thus far, retreats have been held in October 2020, January 2021, April 2021, August 2021, October 2021, and February 2022. Up to 69 participants have been present at each retreat, and working groups provide substantive updates on their respective activities to the entire Coalition. Each retreat also includes breakout discussions on themes such as asset mapping, cross-working group collaborations, vaccines, and how to tell the BEC story. A survey of BEC members indicated that some members are participating in 2-3 working groups and spending, on average, 16 to 18 hours per month on BEC activities. Most of this work is being contributed as an in-kind effort (over time staff are being hired to help volunteers). This shows the strong commitment of the team and, unfortunately, is typical of the excess burden placed on Black communities and professionals to do the work without adequate support.

Metric 3. Increase the Activities and Products of Each of the Coalition Working Groups

- Goal: Hold a minimum of 20 working group meetings (6 workgroup meetings per year, 4 workgroups)

As presented in Metric 1, the working groups have far exceeded the goal for meetings. In addition, the activities and products of the working groups have been prolific. A sample of these include advocacy for data accuracy and transparency to local stakeholders; grant awards; publications; community outreach events; educational video series; website and social media educational posts; assessment of vaccine and testing in areas of need; and partnerships with health plans and community organizations for vaccine distributions. To support these activities, the BEC has hired staff, including a managing director (summer 2020) and a consultant (January 2021). Through our contract with the PA DOH, we have hired a project director and are currently interviewing a data coordinator, communications coordinator, and community coordinator (see Figure 1). These positions will assist in expanding the COVID-19 communications and messaging to reach Black communities throughout the state of Pennsylvania.

Metric 4. Provide Culturally Appropriate Resources to Communities Regarding Access to Information, Mitigation Strategies, and Testing and Vaccination Resources

- Goal: Conduct activities such as linkages to health services and health education; community forums;

commercial messages; targeted testing sites; tailored resource materials; and communications shared via the website and social media

The work of the Community Engagement and Community Health working groups has been instrumental in reaching goals for this metric. These groups have worked closely together to assure that specific educational content pushed to communities is based on feedback from testing and vaccination outreach activities. Furthermore, they advise our communications consultant on platforms (such as social media) and formats (such as brochures) needed to ensure targeted education for specific age groups and populations. The Huddle Working Group has worked to disseminate key BEC and educational messages in the media. In the first 15 months, there were a total of 24 media interviews, including TV, print, web, and other outlets. The accessibility and diversity of the media platforms were excellent, ranging from Black news and TV media to PBS, local print media, and the *Pittsburgh Business Times*.

Metric 5. Develop Strategic Partnerships Outside of BEC Entities

- Goal: Develop at least two new strategic partnerships in the first calendar year

Strategic partnerships developed by the BEC have also exceeded the goal. One of the early strategic partnerships included the FQHCs, which has shown to be fruitful, particularly with respect to testing and vaccination efforts. Monthly meetings with local and state health departments facilitate problem-solving and allow for sharing of best practices. Finally, engaged in our Community Health Working Group are leaders representing the region's major (and competing) health plans, which is a pivotal step in achieving cooperation and coordination for improving outcomes for Black populations in the County.

► IMPLICATIONS FOR PUBLIC HEALTH

At the beginning of 2021, the BEC started to focus on tracking COVID-19 vaccine distribution and vaccinations by race, age, ethnicity, and geographic area. Because of the disparate impact reflected in the cases, hospitalizations, and deaths for Black populations in Allegheny County, the BEC anticipated seeing disparities in vaccine distribution and uptake. Indeed, Black-white disparities in vaccine distribution have persisted since the initial rollout, nationally and locally.

Initially, there was much media discussion regarding the presumed vaccine hesitancy of Black populations. Recognizing the historic and current harm, trauma, and distrust caused by public health officials and practitioners, medical researchers, pharmaceutical companies, and the federal government, the hesitancy is rooted in distrust; not of the science of vaccinations, but of the institutions and scientists. Members of the BEC have been actively engaged in activities to work with these institutions on practices to increase their trustworthiness. As a result, we have designed several avenues to reach Black communities and work on building a reciprocal relationship of transparency and trust. Our hub-and-spoke model (see Figure 1) connects the BEC (hub) to community agencies, churches, public schools, and businesses that have a long-standing reputation of trust and familiarity with community residents and leaders (spokes). We staffed the Community Engagement Group with two Community Engagement Coordinators (one for Allegheny County and one for Pennsylvania), several Community Health Advocates, and a "Street Team" to saturate our communities with resources, COVID-19 data and vaccine clinics, and partnerships. In January 2022, the BEC Community Engagement Group added an advisory board to oversee practices, allocation of funds, and community messaging. In addition, the Huddle members themselves are highly respected leaders in their fields and in their communities and, as such, add credibility and trustworthiness to the Coalition and, in turn, to the institutions with which the Coalition works.

In addition, the BEC has engaged in many strategies to improve vaccine uptake in Allegheny County. For example, in March 2021, the BEC contributed to successful community-led vaccination events in two predominantly Black neighborhoods, affirming the essential value of the BEC and other community-based expertise to move the needle on vaccine uptake. Contrasting this with an unsuccessful vaccine distribution event, in which a local health plan did not have the advanced assistance of community-based expertise, underscores the importance of having long-standing, trusted relationships with residents as a proven formula for success. Thus, the BEC is serving as a crucial link between the government, health care stakeholders, and communities.

COVID-19 was the reason for such an unprecedented effort, but this BEC infrastructure will be needed long after COVID-19 is controlled. Unfortunately, due to structural and institutional racism, inequities between Blacks and Whites exist in every aspect of life. Accordingly, the BEC has adopted a framework based on SDoH to ensure that a holistic approach and view exist to address inequities. In addition to short-term activities and reactive measures to prevent and mitigate COVID-19 in Black

populations, the BEC is developing several models that will benefit Black communities in the long term. It is not our intention to execute the programs and practices needed to address the inequities but to build and connect the network of both current and future providers necessary to build equity.

First, the core of the BEC approach is the FQHC hub-and-spoke model, adapted from Elrod and Fortenberry. Our version of this model encompasses the use of targeted, nonprofit, informal mediating, and formal service delivery units and focuses on fostering a safety net for resilient community residents within an SDoH framework. The hub-and-spoke model seeks to link nonprofit and health care services around families to ensure medical services are not disrupted due to other underlying needs for the family. The use of FQHCs within the hub-and-spoke model has also allowed for improved COVID-19 testing and contact tracing within Black communities.

Second, a BEC research consortium dedicated to Black and Brown communities is currently being developed with other researchers across Pennsylvania. The goal is to provide real-time state trends, analysis, and mitigation activities that curb infection rates, increase salient testing, and foster whole-family response practices to ensure the application of an SDoH response. Together, these activities will serve as a catalyst to address equity issues for years to come.

Moreover, the Coalition is thriving and producing a lasting effect on the Western PA region as well as on the state. The BEC has already brought about systemic change for public health services delivery in Allegheny County in several ways. First, the inclusion and utilization of FQHCs by ACHD and health systems in a coordinated and collaborative context to provide testing and contact tracing services was a pivotal turn in providing access to these services in disadvantaged communities. Furthermore, at the urging of the BEC, the nine local FQHCs established themselves as a formal alliance with regular meetings and collaborative activities, as mentioned previously.

The BEC is comprised of individuals that are diverse demographically (age, gender, race) and with respect to agency/organization/private–public sector connections; the BEC's membership encompasses a myriad of disciplines with high-level expertise and executive-level experience as well as local, regional, state, national, and international recognition. As discussed, the BEC meets regularly with stakeholders in Allegheny County and statewide to provide an equity lens to issues of data and health care infrastructure, programmatic activities, and policy. The Coalition's expertise is highly regarded, and several opportunities to create synergy with existing community-based health promotion initiatives have developed, such as the CDC-funded REACH COVID-19

supplement funding, which has worked on vaccine uptake, education, and research and evaluation since March 2021.

Finally, statewide efforts are underway, including collaborative activities with the PA Acting Physician General, a funded contract from the PA DOH to lead communications activities for communities of color across the state, and the development of a consortium of Black health researchers to track outcomes in different cities and regions of the state.

The BEC has achieved many successes since its inception, but one of the challenges moving forward is maintaining commitment and cohesiveness as communities reopen and develop long-term strategies to deal with COVID-19. In June 2021, the leadership group initiated a strategic planning process to assure that Coalition functioning is proactive for the remainder of the pandemic and in a post-COVID-19 context. As case counts continue to rise and fall, the BEC will follow the data that our Data Working Group gathers to determine our response. Recent data have indicated that there are still great inequities between Black and White communities. Although vaccination rates in Allegheny County have approached 70%, as of March 2022, that number is only 46% for Black residents (Black Equity Coalition, 2021a). Accordingly, our efforts to educate, vaccinate, and build trust in our communities have not changed. Furthermore, given the well-known disproportionate rates of adverse health outcomes and SDoH indicators for communities of color, for example, infant/maternal mortality, the work of the Coalition will be needed long beyond the pandemic. Our strategic planning process outlined a roadmap to focus on prevention, continuity of care, and providing a counternarrative to misinformation.

Critical to continue the work is securing funding on multiple levels. Currently, the Coalition has initial funding to develop an administrative/coordination infrastructure, along with some communications and research activities. The Coalition will need to maintain and expand funding mechanisms to support this important endeavor over time. Based on interactions and activities over the past year, the BEC has concluded that an equity lens in policy formulation at public sector agencies and health systems is essential to an effective COVID-19 response.

Thus, the BEC recommends strategies for mitigation, communication, and long-term planning that is Black- and community-led and directs resources directly to Black communities. To achieve this, a regional expert equity advisory panel should be established that will utilize expertise in the practice of health equity, which can improve the effectiveness of existing efforts. Furthermore, the regional panel's additional advantage

(compared with a state-level advisory group, which already exists) is that it will practice service delivery and policy implementation relevant to local situations. The BEC is primed to lead and serve in this role.

► OVERALL IMPACT

The BEC was created because of a limited response and lack of action by Allegheny County health agencies to center Black and other excluded and vulnerable sub-populations at the outset of the pandemic. This article affirms that until institutional racism is eradicated and decision-makers at public sector health agencies employ a health equity lens in policy formulation and health services delivery, the BEC and coalitions like it are essential to ensure the advancement of health equity. The BEC has demonstrated its value and impact through its cross-sector collaboration, successful (and ongoing) advocacy for the public collection, sharing of COVID-19-related data along race, ethnicity, gender, age, and geographic lines, and support of community-based vaccine clinics. This work is about eliminating inequities—not just reducing disparities. Most importantly, this work demonstrates that democratic, Black-led interracial coalitions that are insistent on transparency, accountability, and equity in public health are vital to improving health outcomes, especially in areas where public health agencies have not yet integrated a health equity framework into their work.

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Supplemental Material

Supplemental material for this article is available at <https://journals.sagepub.com/home/hpp>.

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