MOREHOUSE SCHOOL OF MEDICINE

NCRN NATIONAL COVID-19 RESILIENCY NETWORK

THE NATIONAL COVID-19 RESILIENCY NETWORK IMPACT REPORT

(JULY 2020 – MARCH 2023):

Findings from an Evaluation of Network Activities

MAY 2023

THE NATIONAL COVID-19 RESILIENCY NETWORK

On March 13, 2020, the U.S. government declared COVID-19 a nationwide emergency. Soon states began to implement shutdowns to prevent the spread of the virus, including closing schools, restaurants, and other public facilities. While much was still unknown about the virus or how to treat it, it was clear from the start that COVID-19 posed a disproportionate burden on racial and ethnic minoritized populations, people with physical and intellectual disabilities, and frontline workers.[1,2] As public health officials grappled with messaging about risk and prevention strategies, misinformation and confusion swelled.

In the absence of a singular, national healthcare system, federal, state, and local governments funded multiple efforts to coordinate pandemic responses and mitigate health disparities. In July 2020, the Department of Health and Human Services Office of Minority Health (HHS OMH) partnered with the Morehouse School of Medicine's (MSM's) National Center for Primary Care to launch a three-year, $40 million effort: the National COVID-19 Resiliency Network (NCRN).[i]

Morehouse School of Medicine, a Historically Black Medical School, drew on decades of experience, expertise, and partnerships in community-engaged implementation, disaster response work, and health equity research and programming to form NCRN.

NCRN rapidly developed into a network of national-, state/territorial/tribal- (STT), and community- level organizations. The goal of the network was to disseminate culturally- and linguistically- appropriate information on COVID-19 and other healthcare and social services to mitigate the impact of COVID-19 on racial and ethnic minoritized, rural, and other disproportionately impacted populations, herein referred to as "priority populations." Priority populations also included people with disabilities, migrant and meat packing workers, justice-involved populations, and immigrant and refugee populations, identities which also intersect with race, ethnicity, and each other.

In doing so, NCRN hoped to:

- **improve the reach** of COVID-19-related public health messaging.
- **increase connections** to healthcare and social services.
- **decrease disparities** in COVID-19 testing and vaccination rates among disproportionately impacted populations.
- **enhance** STT and community-level capacity and infrastructure to support response, recovery, and resilience.

[i] This work was supported in whole by a $40 million award from the U.S. Department of Health and Human Services Office of Minority Health as part of the National *Infrastructure for Mitigating the Impact of COVID-19 within Racial and Ethnic Minority Communities* (NIMIC). Grant #: 1CPIMP201187-01-00.

THE NATIONAL COVID-19 RESILIENCY NETWORK

Together, NCRN, its partners, and the diverse communities they served undertook the following activities:[ii]

Partner Engagement:

NCRN engaged national, STT, and community level partners in the network and its activities.

Capacity Building:

: NCRN enhanced partner capacity through funding (e.g., partner funding, grant programs) and training.

Technology Building and Enhancement:

NCRN developed and launched a public-facing, multilingual website and mobile application.

Evidence Building and Research:

NCRN and its partners developed a data repository, conducted research, and published findings.

Communications and Dissemination: Both the network and its partners developed and disseminated culturally and linguistically appropriate COVID-19 and other health-related resources. They also engaged in outreach and education with communities.

Provision of COVID-19 and Other Related Services:

NCRN partners connected individuals to health and social services, hosted vaccine clinics, and provided personal protective equipment (PPE) to communities.

This report describes how NCRN implemented each of these activities and the effects of their efforts on advancing health equity among priority populations, drawing on program and evaluation data from July 2020 to March 2023.[iii]

[ii] For the NCRN Logic Model, please see Appendix A.
[iii] For more information about the NCRN evaluation methods, please see Appendix B.

PARTNER ENGAGEMENT

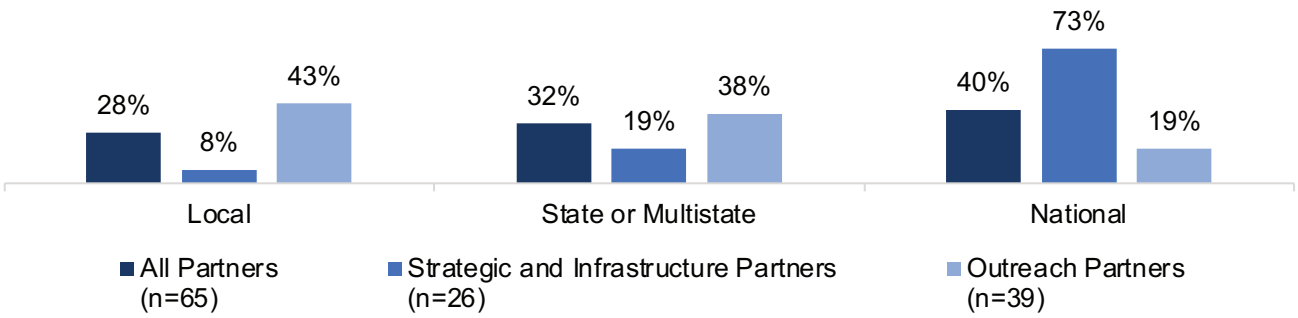
NCRN developed a multi-ethnic/racial and multi-sectoral coalition of 46 strategic network and infrastructure partners and 346 outreach partners.

Three types of partners participated in NCRN: strategic network (26), strategic infrastructure (20), and outreach (346) partners.[iv]

Strategic network partners held formal contracts with MSM to assist with the development and dissemination of culturally and linguistically appropriate materials for priority populations and activate NCRN strategies. **Infrastructure partners** held formal contracts with MSM to assist with the overall design and structure of NCRN, including evaluation, communications, training, web development, and data management. **Outreach partners** did not formally contract with MSM but were organizations and groups that participated in the network and conducted outreach and dissemination to their priority populations.

Partners' geographic scope were at the national, state, and local levels.

Partners' Primary Geographic Scope



N=65 partners

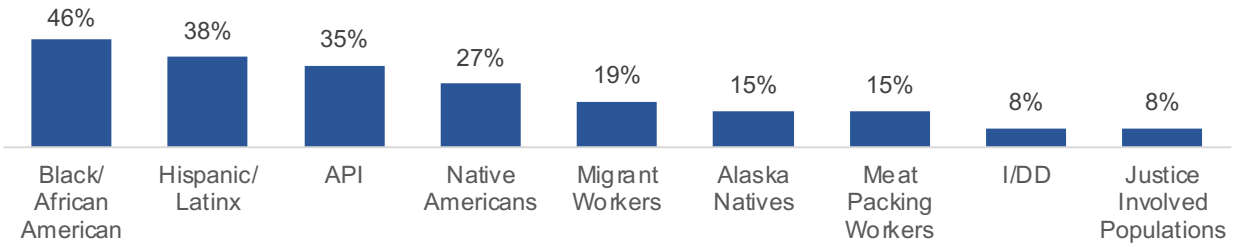
Source: NCRN Collective Community Capacity (C3) Survey, January – March 2022

NORC fielded the C3 Survey with 65 strategic network, infrastructure, and outreach partners from January to March 2022. The survey assessed NCRN's capacity for creating a shared vision, active engagement in community change efforts, and distributed leadership.

[iv] A full list of NCRN strategic network and infrastructure partners and their activities is available in Appendix C.

Over a third of strategic network partners served Black/African American, Hispanic/Latinx, and Asian and Pacific Islander populations.

Priority Populations Served by Strategic Network Partners



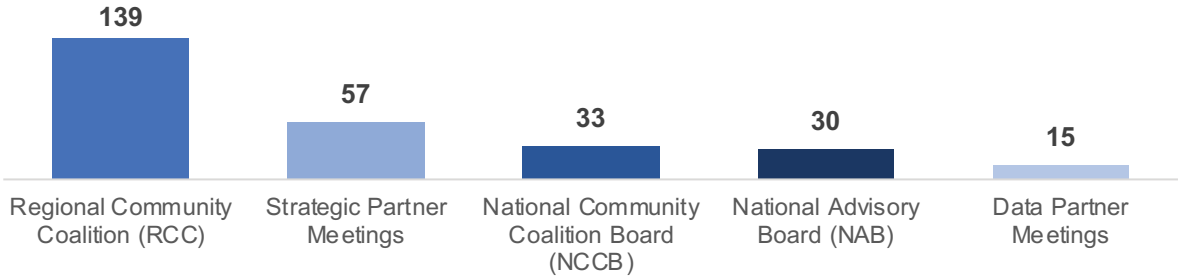
API: Asian/Pacific Islander; I/DD: Individuals with Intellectual and/or Development Disabilities
N=26 Strategic network partners
Source: MSM centralized data management system, March 2023

Partners were involved in NCRN's participatory governance and believed the network established an inclusive structure.

NCRN partners participated in NCRN's advisory boards to inform the direction and activities of the network.

Advisory boards guided the strategic direction and overall activities of NCRN. The **National Advisory Board** informed NCRN's overall strategy, execution, and alignment of activities. The **National Community Coalition Board** shared data on community assets for COVID-19 testing, vaccinations, and other healthcare and social services among network members. The **Regional Community Coalition** ensured partners across geographic areas had an opportunity to network and engage with each other. **Strategic partner and data partners meetings** allowed partners to gather to discuss network updates and activities, epidemiological trends, approaches to analyzing data, and new data platforms. NCRN partners shared that network meetings supported participation, networking, and collective action.

Average Number of Attendees at NCRN Advisory Board Meetings*



* Includes 6 NAB meetings from 2021 to 2023; 6 NCCB meetings from 2021 to 2023; 4 RCC meetings from 2021 to 2023; and 9 strategic partner meetings from 2021 to 2022.

Source: MSM Centralized Data Management System.

Over half of partners believed that NCRN made leadership opportunities available to people in the community.[3]

Partners appreciated MSM for learning to work with diverse partners with intersecting identities (e.g., race/ethnicity, disability, immigration status) given this was the largest and most diverse network that MSM had ever convened. There was no previous national coalition around health equity as diverse as NCRN.

NCRN developed a centralized network of partners. Partners had a shared vision and mission and mutual commitment, trust, and accountability.

NCRN partners saw MSM as a central connector and valued their openness, availability, and willingness to listen and learn.

NCRN partners commended MSM on their transparency and approachability, from their willingness to serve as medical subject matter experts for community-facing webinars to their openness in negotiating partners' scope of work in ways that met partners' needs and capacities.

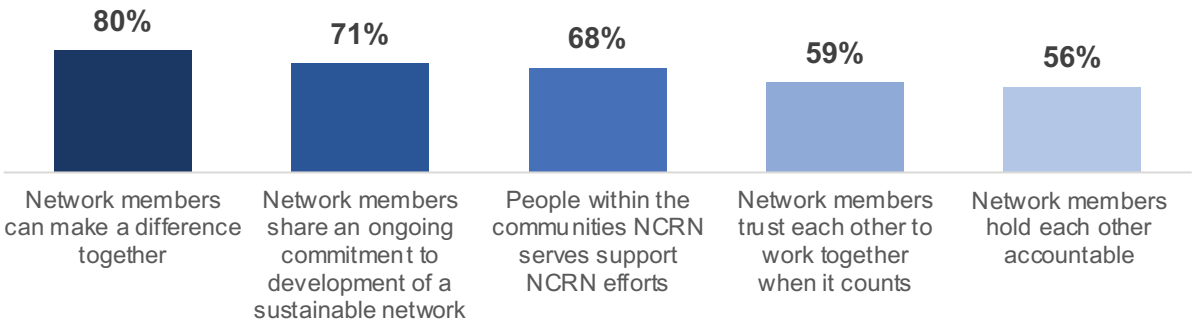
"[NCRN has] done an amazing job. These are unconventional times. It's really, really empowering to know that you have a repository of partners that you wouldn't normally interact with that understand what you're trying to do and that are all working… Just the name in and of itself; there's never been more of a time that we needed COVID resiliency. No one wants to be resilient; it's just something that we have to do."

- NCRN Partner, 2022 Key Informant Interviews

NCRN developed a great deal of capacity for collaboration to create and practice a shared vision.

Most partners trusted each other to work together, believed that network members can make a difference together, and felt that community members supported their efforts. Namely, most partners agreed that NCRN and its partners worked to address social, economic, and cultural barriers related to the disproportionate impact of COVID-19 on priority populations. They also indicated that NCRN members hold each other accountable and have a shared commitment to their joint work. Partners also sought additional opportunities to collaborate with one another.

NCRN Partners Perspectives on Network Capacity for Collaboration



N=65 Strategic network, infrastructure, and outreach partners
Percent of partners agreeing “completely” or a “great deal” with each statement.
Data Source: NCRN Collective Community Capacity (C3) Survey, January – March 2022

CAPACITY BUILDING

NCRN funding enhanced partner and community-based organization capacity and infrastructure to support response, recovery, and resilience.

Twenty-six strategic network partners received over $7.2 million in funding across three years for COVID-19-related activities.

NCRN leadership used funding to engage partners and build capacity, not drive partnerships. NCRN partners appreciated the network's willingness to work with them based on their needs versus imposing restrictive contractual requirements. Funding helped partners hire additional staff to conduct community outreach, education, and dissemination. A few partners also leveraged their participation in NCRN to seek additional funding through other sources.

> *"Prior to [NCRN], we didn't have a health navigator. We didn't have an outreach coordinator. This contract provided us the funding to be able to hire someone specifically devoted to that, which has been beneficial in increasing awareness but also increasing visibility for the work that we do."*
>
> *- NCRN Partner, 2022 Key Informant Interviews*

However, workforce shortages and insufficient funding remained challenges for partners. Over half of NCRN partners did not know if the network had enough funding and over a quarter did not know if the network had sufficient staff to carry out work related to its vision.[4]

NCRN provided $370,000 to 39 community-based organizations through the Regional Community Coalition (RCC) microgrant initiative to increase awareness and dissemination COVID-19-related information and services.[v]

These organizations were located in 20 U.S. states, Washington, DC, and Puerto Rico. Microgrant recipients used the funding to educate their communities about COVID-19 vaccines, treatment, and prevention. They also hosted events (e.g., workshops and seminars), developed mobile apps and websites, and used social media platforms and print channels to disseminate information. Community health workers (CHWs) conducted outreach and education on COVID-19 prevention and testing, provided social services and support, held COVID-19 vaccination clinics, and linked people to services.

[v] A full list of RCC microgrant recipients is available in Appendix C.

NCRN Regional Community Coalition Microgrant Funding

Year	Funding per Organization	Total Funding*	Funding Focus	# of Awards
Year 1	$3,000 -$5,000	$75,000	Increasing awareness and disseminating information that will lead to COVID-19-related behavior change	19
Year 2	$5,000 - $10,000	$135,000	Increasing communities' access to COVID-19 vaccines and connecting priority populations to COVID-19 mental health resources and services	21
Year 3	$20,000	$160,000	COVID-19 recovery and resiliency and other community outreach and dissemination efforts	8
Total		**$370,000**		**48****

*Funding for this program came from HHS OMH, Met Life, and Amerigroup.

**Some organizations received funding across multiple years; while there were 48 total awards, the funding included 39 unique organizations.

Source: MSM Central Data Management System

Community organizations, community health liaisons, and CHWs received NCRN funding to mobilize against COVID-19.

NCRN provided $45,000 to 9 organizations in COVID-19 hotspot areas through the Community Bridges Program to develop CHW mobilization plans.

NCRN provided capacity-building, training, and technical assistance to community-based organizations to support the mobilization of CHWs in local areas. Awardees sought to increase CHW visibility in communities, expand their reach, build capacity, increase community engagement, and obtain more sustainable funding for CHWs. To mobilize CHWs, awardees planned to develop partnerships to reach priority populations, conduct needs assessments, recruit and retain CHWs, provide training and education, and monitor and evaluate their work. In doing so, CHWs could provide health education, link individuals to care and resources, provide telehealth, conduct COVID testing and contact tracing, and build vaccine confidence.

NCRN worked with 31 NCRN Community Health Liaisons to foster cross-organizational collaboration, resource sharing, and workforce development, totaling over $615 thousand in funding.

[vi] A full list of Community Bridges Program recipients is available in Appendix C.

NCRN hired 12 community health liaisons who were essential to NCRN dissemination efforts and served as "boots on the ground" for outreach and education. Additionally, NCRN worked with 19 young adult mental health volunteers to provide mental health resources to priority populations in the U.S. Virgin Islands. Partner organizations across NCRN also worked with at least 130 CHWs who conducted outreach and education with individuals and families in communities disproportionately impacted by COVID-19.

NCRN built partner capacity to develop COVID-19-related messaging and materials.

The University of South Florida (USF), an NCRN infrastructure partner, provided community-based prevention marketing (CBPM) training to 43 participants across 19 CBOs to build organizational capacity for developing messages and strategies to address COVID-19.

USF hosted three cohorts of partners to receive the CBPM training. The six-hour training helped participants co-create culturally and linguistically appropriate public health messages and materials related to COVID-19 testing or vaccine acceptance. In addition, they hosted a culminating in-person workshop to help partners develop a social marketing strategy and workplan based on research. In Year 3, USF continues to provide technical assistance to three community organizations.

Participation in Community-based Prevention Marketing Training

Year 1: Training	Year 2: Training and Research
Cohort 1: January – February 2021, 22 participants representing 6 organizations	**Cohort 3:** September – October 2021, 6 participants representing 4 organizations
Cohort 2: March – April 2021, 15 participants representing 9 organizations	

Data Source: USF CBPM Summary Reports and Presentations, including the following: https://ncrn.my.salesforce.com/sfc/p/#3t000002RmWL/a/3t000000l11a/4anGxNxq0WuNbX1Hcpg8ClHoUoG4exQdz8ujIDcbf4A.

Almost half of partners believe they have sufficient training and technical assistance to support their communities.

44% of NCRN partners believe that there is sufficient training and technical assistance available to network members to address the disproportionate impact of COVID-19 on priority populations.

Data Source: NCRN Collective Community Capacity (C3) Survey, January – March 2022

Participation in NCRN increased partners' organizational capacity, knowledge, and ability to address the impact of COVID-19 in their communities.

NCRN helped partners expand their organizational and staff capacity and skills and increase their knowledge about COVID-19.

Some NCRN partners described that their involvement with NCRN allowed them to develop and disseminate culturally and linguistically appropriate educational materials. In addition to COVID-19, they noted that participation in NCRN increased their own staff's knowledge and understanding about health equity, thereby increasing their ability to educate their community members.

" [NCRN leaders] really have consistently demonstrated and [said], 'Hey, let's help you. Let's build your capacity. Let's hear from you what you need. We're going to give you the buffet, and you take what you need.'"

- NCRN Partner, 2022 Key Informant Interviews

Affiliation with NCRN helped partners develop new partnerships and increase their visibility within their communities.

Some partners described how NCRN helped facilitate relationships among a diverse array of partners, including health providers, subject matter experts, public health professionals, and community organizations. Through these partnerships, organizations were able to share experiences, improve their knowledge and resources, work together to provide services, and increase reach. NCRN partners also described that their participation in the network strengthened their credibility and increased their organization's name recognition. Partners also noted that both NCRN and community members have been recognized for their respective contributions in public events and media.

"[NCRN] has made us look at health equity [and social determinants of health] differently… we look at how we will address health equity, making sure everybody understands that we have a working definition of it… and what are the strategies we'll use to help resolve or address it in our communities and in the areas that we work."

- NCRN Partner, 2022 Key Informant Interviews

Participation in NCRN built partner capacity for effective, innovative community change programs, polices, and practices.

47% of NCRN partners agreed that the network mobilized allies successfully to advocate for policy changes (e.g., rules, legislation) to address the disproportionate impact of COVID-19 on priority populations.

Data Source: NCRN Collective Community Capacity (C3) Survey, January – March 2022

TECHNOLOGY BUILDING AND ENHANCEMENT

NCRN successfully built a website and mobile application that CHWs and partners used to disseminate resources and connect people to services.

The NCRN website published resources developed by the network, partners, and federal agencies, including podcasts, reports, articles, videos, fact sheets, and other educational resources. The website and mobile application also allowed individuals to **search** for COVID-19 testing or vaccination sites, medical facilities, food, transportation, and other services by zip code. The search platform integrates the FindHelp.org database and users may receive support through a live operator Call Center with language line capabilities.

The NCRN website had over 72 thousand visitors; its use increased over time.

Number of NCRN Website Visitors, by Year

Number of visitors may contain repeat visitors across years.
Data Sources: Google Analytics, July 1, 2020 to March 31, 2023

Partners and CHWs shared the website and mobile application with communities to disseminate NCRN's resources and connect people to services.

Partners found the website's search engine useful for organizations, CHWs, and healthcare staff. While they saw the NCRN website as essential for dissemination, leaders highlighted that trust and community-building are necessary for communities to engage with the site.

"The platform, and the technology itself, is equally as important as all of the partnerships and the people that are involved… And it takes the partnerships and the people to create the trust that folks will engage with this [platform]. But it's going to take the platform to really scale all of the dissemination and the information out there."

- NCRN Partner, 2022 Key Informant

EVIDENCE BUILDING AND RESEARCH

NCRN engaged in various research efforts through formative research, surveys, and monitoring key reports, and developed a data platform to track trends.

NCRN's data platform enabled the network and its partners to track trends and disparities among priority populations.

NCRN developed a data platform that aggregates key demographic, COVID-19, and other related measures across multiple data sources. The network used the data platform to track disparities in areas with high concentrations of priority populations. Partners also used the data platform to conduct research studies and develop infographics.

NCRN worked with ICF and USF to conduct formative research to understand information gaps and develop COVID-19 related messaging.

NCRN and its partners conducted an environmental scan of existing health messaging for priority and general populations and existing gaps, and literature reviews on knowledge attitudes and beliefs regarding COVID-19 vaccine hesitancy and testing among priority populations. They also conducted focus groups with 38 individuals and interviews with 37 individuals from priority populations. Findings from these activities informed development of NCRN's COVID-19 related messaging and materials.[vii]

NCRN also fielded surveys and monitored key reports and sources to understand community needs and COVID-19-related trends.

NCRN designed and fielded the COVID-19 Health Assessment and Mitigation Planning Survey (CHAMPS) in 2021 and 2022 to learn about individuals' knowledge about and attitudes towards COVID-19, experiences living through the COVID-19 pandemic, and

[vii] See the following links for reports from these formative research efforts:
https://ncrn.my.salesforce.com/sfc/p/#3t000002RmWL/a/3t000000I11b/ER7DY1Q_B1UnvQnFDY2Kor2wiRV7pR6g7Mkvc2bL16I;
https://ncrn.my.salesforce.com/sfc/p/#3t000002RmWL/a/3t000000I11L/eYdoEZ_aiaUSpGNdw3URt9AjR6pf_21ujAP4aeEp6xM;
https://nachw.org/2020/12/22/full-report-an-environmental-scan-to-inform-chw-strategies-within-the-morehouse-ncrn/;
https://ncrn.my.salesforce.com/sfc/p/#3t000002RmWL/a/3t000000I11b/ER7DY1Q_B1UnvQnFDY2Kor2wiRV7pR6g7Mkvc2bL16I.

areas of greatest need/support. In 2021, NCRN partners surveyed over 600 individuals from priority populations. In 2022, NCRN and its infrastructure partner NORC at the University of Chicago engaged the AmeriSpeak® panel survey to reach a representative sample of most priority populations. Further, they engaged partners in purposive sampling of harder to reach populations including migrant farm workers, justice-involved individuals, and individuals with intellectual and/or development disabilities (I/DD). The survey was translated into 10 languages other than English. Altogether, over 3,000 individuals from priority populations participated in CHAMPS in 2022. NORC weighted the representative samples to allow for generalizability and statistical analysis.

Beyond original survey work, NCRN tracked data from the Centers for Disease Control & Prevention (CDC), American Community Survey, Kaiser Family Foundation, the Societal Experts Action Network (SEAN), and other external sources to track trends on public health behaviors and information gaps and COVID-19 testing and vaccination rates. Partners' data sources also informed monitoring of key trends.

NCRN disseminated research through presentations, publications, and webinars.

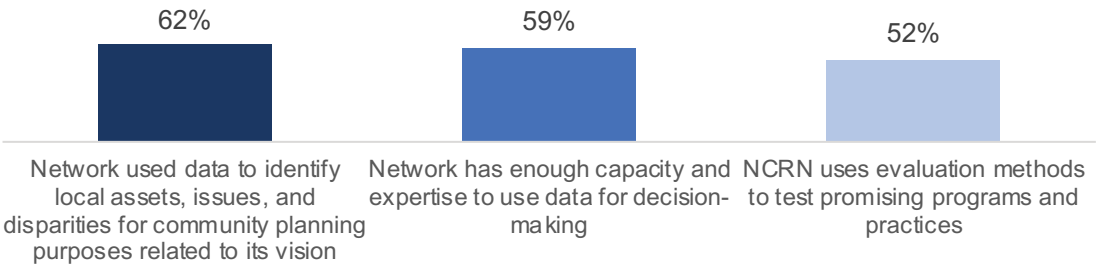
Across the three years of the initiative, NCRN produced or hosted at least:

Presentations	Publications	Webinars or virtual events
· **13** American Public Health Association (APHA) presentations · **3** Other conference and symposium presentations	· **8** peer-reviewed journal articles · **11** reports · **2** white papers · **2** books	· **11** including CommUNITY Exchange featuring multiple partners' work

Data Source: MSM centralized data management system, 2020-2023.

More information on NCRN related publications and presentations is available **here.**

NCRN partners believed that the network had "a great deal" of capacity to use data to guide community change efforts.



N=65 Strategic network, infrastructure, and outreach partners
Percent of partners agreeing "completely" or a "great deal" with each statement
Data Source: 2022 NCRN Collective Community Capacity Survey

PUTTING DATA INTO PRACTICE

NCRN applied findings from NORC's implementation of the Collective Community Capacity Survey and interviews with partners to create more opportunities for peer-to-peer learning and improve language access for those who are limited English proficient and hearing impaired or deaf. Recognizing the importance of building collective community capacity of the network, NCRN facilitated meetings between partners and dedicated time for sharing lessons about how partners could collaborate. They also offered Communication Access Realtime Translation (CART) captioning, Remote Simultaneous Language Interpretation (RSI) in Spanish, and American Sign Language (ASL) interpretation for public-facing community meetings and events.

COMMUNICATIONS AND DISSEMINATION

NCRN developed culturally and linguistically appropriate messages and resources to disseminate to priority populations.

NCRN developed hundreds of public health messages and dozens of culturally and linguistically appropriate resources on COVID-19 information, testing, and vaccination.

This included social media messages, campaigns, videos, podcasts, print and web materials (e.g., factsheets, infographics, palm cards), and policy briefs. NCRN partners shared these resources with community members on their websites, through newsletters, in meetings and presentations, and over social media. However, some noted that not all NCRN resources were well-adapted to the populations they served and described a need for more visual representation of diverse communities.

In Year 1, NCRN disseminated 600 messages across e-blast, social media, website, and ads.

Data source: MSM centralized data management system.

Though NCRN made its website available in multiple languages, some NCRN partners believed that available materials did not meet all their language needs. For example, they noted resources are not available in Indigenous dialects and languages.

The NCRN website and its mobile application were available in 13 languages and its call center supported over 200 languages.

NCRN also developed original education messages and materials in multiple languages. For example, they translated Two CommUnity Conversations into nine languages (Chinese [Traditional and Simplified], Haitian Creole, Portuguese, Samoan, Vietnamese, Korean, Spanish, French, and Tagalog).

The NCRN website and its mobile application were available in Arabic, English, French, Haitian Creole, Hawaiian, Korean, Portuguese, Samoan, Simplified and Traditional Chinese, Spanish, Tagalog, and Vietnamese.

In testing, NCRN public health messages elicited positive responses from participants who found them to be believable, relatable, and clear.

NCRN tested materials with priority populations for cultural appropriateness and comprehension, including Black/African American and Hispanic/Latinx populations and individuals with I/DD. They also used CDC's clear communication index to determine whether materials were readable at a 6th grade reading level or below across languages.

USF used neuromarketing to test public health messaging materials developed by ICF. They found and reported to NCRN that:

· **90%** of Black/African American participations found the messaging around COVID-19 testing to be believable and **64%** found messaging to be **clear**.

· **Over two-thirds** of Hispanic/Latinx participants found the messaging believable and 93% found it to **be clear**.

· **91%** of migrant worker participants said the messaging **made them want to get the COVID-19 vaccine, 95%** found the messaging clear, 86% could relate to the messaging, and 95% found the messaging **believable**.

· **94%** of African American participants with intellectual disabilities **understood** the messaging and 9**0% liked** the messaging.

NCRN developed culturally and linguistically appropriate messages and resources to disseminate to priority populations.

NCRN communication activities reached over 4.2 million people.

NCRN shared their public health messages and resources through organic and paid social media platforms (Facebook, Instagram, Twitter), the NCRN website, emails, newsletters, and advertisements (e.g., web banners, video streaming platforms like YouTube, in-clinic waiting rooms). Partners attributed the network's reach to the diversity of NCRN's network and its broad representation from various racial and ethnic minoritized groups.

From August to November 2022, an NCRN advertisement played 218,205 times on the GoodHealth Network, generating 3,823,560 impressions.

Data Sources: Ads Manager Dashboard

NCRN Communication Activities Reach: 4,244,419

Website Traffic		Social Media	
· 66,051 total visitors · 508 total portal registrants		· Twitter: 41,377 impressions, 744 likes · Facebook: 7,608 people reached, 565 likes · Instagram: 583 people reached, 430 likes · LinkedIn: 106 page views, 300 likes	
Media	**Ads**	**Video Views**	**Email**
405 media mentions	657,621 ad views	3,568,867 video views through social media	1,145 subscribers

Data Source: Google Analytics, Nielsen/Melwater and the Media outlet's media kit, Facebook and Twitter Insights/Ads Manager Dashboard

NCRN community engagement activities reached over 1.1 million individuals by March 2023.

NCRN also shared these materials through virtual meetings and webinars, presentations and conferences and partners. Virtual outreach events were reported as well-received and had positive responses, average knowledge gained and overall positive comments.

NCRN Community Engagement Reach: 1,130,784

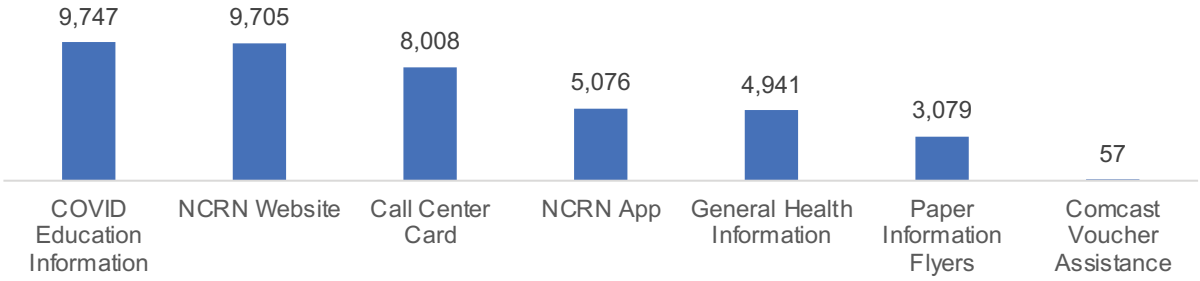
Virtual Events Total Attendance	In-Person Events Total Attendance	**Total Organizations Engaged:** 321,302
325,588	487,853	· Twitter: 41,377 impressions, 744 likes · Facebook: 7,608 people Reached, 565 likes

Data Source: MSM centralized data management system

NCRN Community Health Liaisons had over 13,000 encounters with individuals, families, and organizations between May 2021 and March 2023.

Community Health Liaisons shared the NCRN website and mobile application, NCRN Call Center cards, COVID-19 and general health information, and paper information flyers. They also offered supports to employment, housing, and transportation assistance, health services, technology, COVID-19 testing and vaccination, and PPE. Nearly half of Community Health Liaison encounters occurred in person; the other half occurred virtually. Three quarters of all encounters were new; the remaining quarter were follow up visits.

Information Sharing Results of NCRN Community Health Liaison Encounters



An encounter could have multiple outcomes; therefore, encounter outcomes total over 13,000.
Data Source: NCRN CHW Data Dashboard, May 2021 – April 202

NCRN partners developed and disseminated their own culturally and linguistically appropriate messages and resources with broad reach to diverse priority populations.

NCRN partners developed their own culturally- and linguistically appropriate resources.

33% of NCRN partners reported conducting communications and dissemination of new and existing COVID-19-related resources

Data Source: NCRN Collective Community Capacity (C3) Survey, January – March 2022

Partners tailored their materials to the needs of their populations. These messages and materials, such as infographics, frequently asked questions, one-pagers, newsletters, toolkits, fact sheets, and videos, were available in print and virtually. NCRN partners also reported developing materials in multiple languages. Partners described developing and launching communication campaigns through multiple mediums. They noted that COVID-19 enabled them to learn new ways of conducting outreach to their communities (e.g., radio, WhatsApp, virtual and online events and program, social media, podcasts).

Example Topics

- **COVID-19 public health practices (e.g., masking, social distancing**
- **COVID-19 and other vaccinations**
- **Other health and social services (e.g., housing, food, transportation)**
- **Mental health**
- **Telehealth**

Partners encountered challenges in developing materials in languages spoken by communities. For example, resources, events, webinars, etc. needed to be translated into multiple languages or required interpretation to meet the needs of their communities, and organizations did not always have the capacity, infrastructure, and staff to support all needed translations and language needs of their communities

Partners reported reaching tens of thousands of community members through their community outreach, education, and dissemination efforts.

Partners noted that their organizations' community outreach, education, and dissemination efforts had broad reach with priority populations. Partners employed various strategies and best practices to combat challenges due to mis- and dis-information, zoom/virtual fatigue, and limited availability of translated materials. Partners tailored and translated resources and developed resiliency-focused materials using plain language and low reading levels.

They were flexible in when and how they engaged community members, employed multi-modal forms of outreach (virtually, in-person), and ensured the physical accessibility of events. Partners also collaborated with trusted community leaders and organizations. In some instances, partners reported that being part of the network allowed their organizations to broaden their reach or engage with priority populations in new ways.

"A population that we want to serve [is] really getting to know us because [of our NCRN work]. It has also allowed us to have a voice in the public health space."

- NCRN Partner, 2022 Key Informant Interviews

NCRN Partner Communication Reach

Media	Other Engagement
Broadcasting: 15,841,376 Social media: 7,067 Print: 302,915	Emails: 266,982 Phone Calls: 6,786,036,781 calls Texts: 882 Other (e.g., surveys): 710
Events	**Websites**
Virtual events: 6,521 In-person events: 877	5,148

Data source: Community Engagement Tracking Forms

Partner Examples

The National Association of Community Health Centers (NACHC) hosted COVID-19 vaccination booths in Texas, Louisiana, and Florida. NACHC's consistent social media presence and promotion resulted in **24,000 impressions, 164 site visitors,** and **626 engagements.**

Alliant maintains an average of **21,965 contacts for individuals representing 18,161 organizations** in their database. The database includes contacts for mental health facilities, faith-based organizations, social service agencies, prisons/jails, after-school programs, schools, stakeholders, justice-involved, medical associations, and rural health associations.

Microgrant recipients reached their communities through various forms of media, events, and communications campaigns.

Year 2 microgrant recipients distributed over 47,000 mental health-related materials. More generally, microgrant recipients found that consistent and continuous education in a culturally and linguistically appropriate way can help combat misinformation and hesitancy around COVID-19 vaccines. They described that listening to the community and partnering with local organizations and key community members strengthened relationships with the community and increased the reach of resources.

NCRN Microgrant Recipient Communication Reach

Media	Other Engagement
Broadcasting: 177,614 Viewers/ Listeners Social media: 39,069 Likes, Comments, Shares, Clicks Print: 167,015 Print Materials Distributed	Emails: 283,753 Emails Distributed Phone Calls: 8,061 Phone Calls Made Texts: 9,828 Text Messages Distributed Other (e.g., one-on-one conversations, food deliveries): 79,257 Misc. Outreach Efforts
Events	**Websites**
Virtual events: 15,995 attendees In-person events: 143,894 attendees	Webpage views: 9,942

Data source: Microgrant recipient tracking forms, mid-year and final progress reports

PROVISION OF COVID-19, SOCIAL SERVICES, AND RELATED OUTCOMES

NCRN and its partners helped increase priority populations' connections to healthcare and social services.

74% of NCRN of partners believed that NCRN worked to address social, economic, and cultural barriers related to the disproportionate impact of COVID-19 on priority populations.

Data Source: NCRN Collective Community Capacity (C3) Survey, January – March 2022

The NCRN website published resources developed by the network, partners, and federal agencies, including podcasts, reports, articles, videos, fact sheets, and other educational resources. The website and mobile application also allowed individuals to **search** for COVID-19 testing or vaccination sites, medical facilities, food, transportation, and other services by zip code. The search platform integrates the FindHelp.org database and users may receive support through a live operator Call Center with language line capabilities.

Connecting People to Services

From May 2021 to April 2023, NCRN Community Health Liaisons referred:

· **3,592** people to COVID-19 testing, and
· **1,416** people to COVID-19 vaccinations.

Data Sources: Ads Manager Dashboard

Priority populations had mixed adoption of public health practices like masking and social distancing.

Partners and microgrant recipients reported providing community members with supplies, such as masks, PPE, and hand sanitizer. In Year 1, Black/African American and Hispanic/Latinx populations reported high engagement with behavior and adoption of public health practices like masking and social distances in the CHAMPS survey.

Partners reported mixed perspectives about whether their work translated to changes in behavior and adoption of public health practices. National trends around adoption of public health practices find that masking and distancing guidelines changed significantly as the Omicron surge waned and, across the country, social distancing and masking practices were less prevalent overall.[5]

NCRN Survey Results on Adoption of Public Health Practices in 2021

71% of respondents endorsed wearing a mask "always"

· Hispanic/Latinx: 83%

· Black/African American: 71%

· Non-Hispanic White: 35%

48% of CHAMPS respondents endorsed avoiding large crowds of more than 10 people "always"

· Non-Hispanic White: 81%

· Hispanic/Latinx: 76%

· Black/African American: 63%

Data source: Community Member CHAMPS, Year 1

"I would go on these visits with our community health leaders, where I could see some workers had staples on their face mask because they couldn't afford getting other face masks. So to be able to provide them a resource that otherwise they wouldn't be able to have was something I think impactful."

- NCRN Partner, 2022 Key Informant Interviews

NCRN helped increase priority populations' access to COVID-19 tests and vaccinations.

Partners and microgrant recipients hosted vaccination clinics in places where community members gather (e.g., mobile vaccination clinics, community centers, churches). They also supported community members with vaccine registration and getting access to tests. Partners reported that their involvement with NCRN helped to improve COVID-19 outcomes in their communities, including increasing trust, boosting vaccination rates, and providing resources.

Partner and Microgrant Recipient Examples

The National REACH Coalition (NRC) helped over 1,000 community members receive a COVID-19 vaccine through community engagement efforts at daycares, faith-based food pantries, mosques, and local businesses. They also distributed over 30,000 face coverings and 11,000 testing kits.

The Asian Community Development Council coordinated 10 COVID-19 and flu vaccine clinics throughout Nevada, administering a total of 412 shots.

The Philadelphia Chinatown Development Corporation hosted weekly clinics, vaccinating a total of 223 community members, mostly from the Chinese American immigrant population, over the course of its grant period.

National trends show that some priority populations have experienced gains in vaccination rates.

As of April 2023, 81% of the US population has received at least one dose of a COVID-19 vaccination; uptake of booster shots is lower with only 17% of the population receiving an updated (bivalent) booster dose of the COVID-19 vaccination. National trends show that disparities in vaccination rates have decreased among some priority populations. For example, in 2022 the Kaiser Family Foundation reported that disparities in vaccination rates have narrowed over time and reversed for Hispanic/Latinx and Black people.[7,8] Among children and adolescents (aged 5 to 17), Asian and Hispanic/Latinx populations have the highest vaccination rates, though coverage remains low overall, according to the CDC.[9]

NCRN Survey Results on Vaccine Uptake In 2022

Over 80% of NCRN's priority populations reported that they had received two primary COVID-19 vaccinations, including **55%** that received a booster.

· The highest rates for the two primary vaccinations were found among Asian American and Pacific Islander (92%), Hispanic/Latinx (82%); and Black/ African American (80%) populations. Most respondents stated that they got the vaccine (or will get it) because they want to protect themselves and their families.

Data source: Community Member CHAMPS, Year 2

CONCLUSION

Individuals with longstanding socioeconomic and racial/ethnic inequities experienced significantly more COVID-19 infections and mortality rates in the United States. NCRN was a critical effort in galvanizing community-level responses to the pandemic and its health and social effects on racial and ethnic minoritized and other disproportionately impacted populations.

"At the outset of the pandemic, we did not have a coordinated federal plan to respond to COVID-19. And it's really been the local work… the community level work, that has made a difference."

- NCRN Partner, 2022 Key Informant Interviews

NCRN built a large, multi-racial/ethnic and multi-sectoral network of partners.

The network achieved diversity in terms of type of partners involved, priority populations served, and geographic reach of the network.

NCRN and its partners' outreach, education, and dissemination efforts had broad reach with priority populations.

NCRN partners engaged in a broad range of activities, with many developing and disseminating culturally and linguistically appropriate COVID-19-related materials and resources through outreach and education. NCRN and its partners used community tailored approaches, culturally tailored communication strategies, in-person outreach, and virtual platforms and technology for dissemination. They also relied on trusted leaders like CHWs, community leaders, and faith-based organizations to identify and address community needs.

Through funding, education, and training, NCRN built partner capacity to address a national pandemic and its impact on minoritized populations, promoting response, recovery, and resilience.

Funding allowed partners to develop and disseminate COVID-19-related resources and materials; strengthen existing or develop new partnerships; expand organizational and staff capacity; gain new skills (e.g., social marketing and media development); and provide PPE and other direct COVID-19 related and other social services. NCRN also strengthened partner credibility and increased their visibility within their communities.

NCRN showed promise in the ability of a diverse coalition to work together to mitigate inequities.

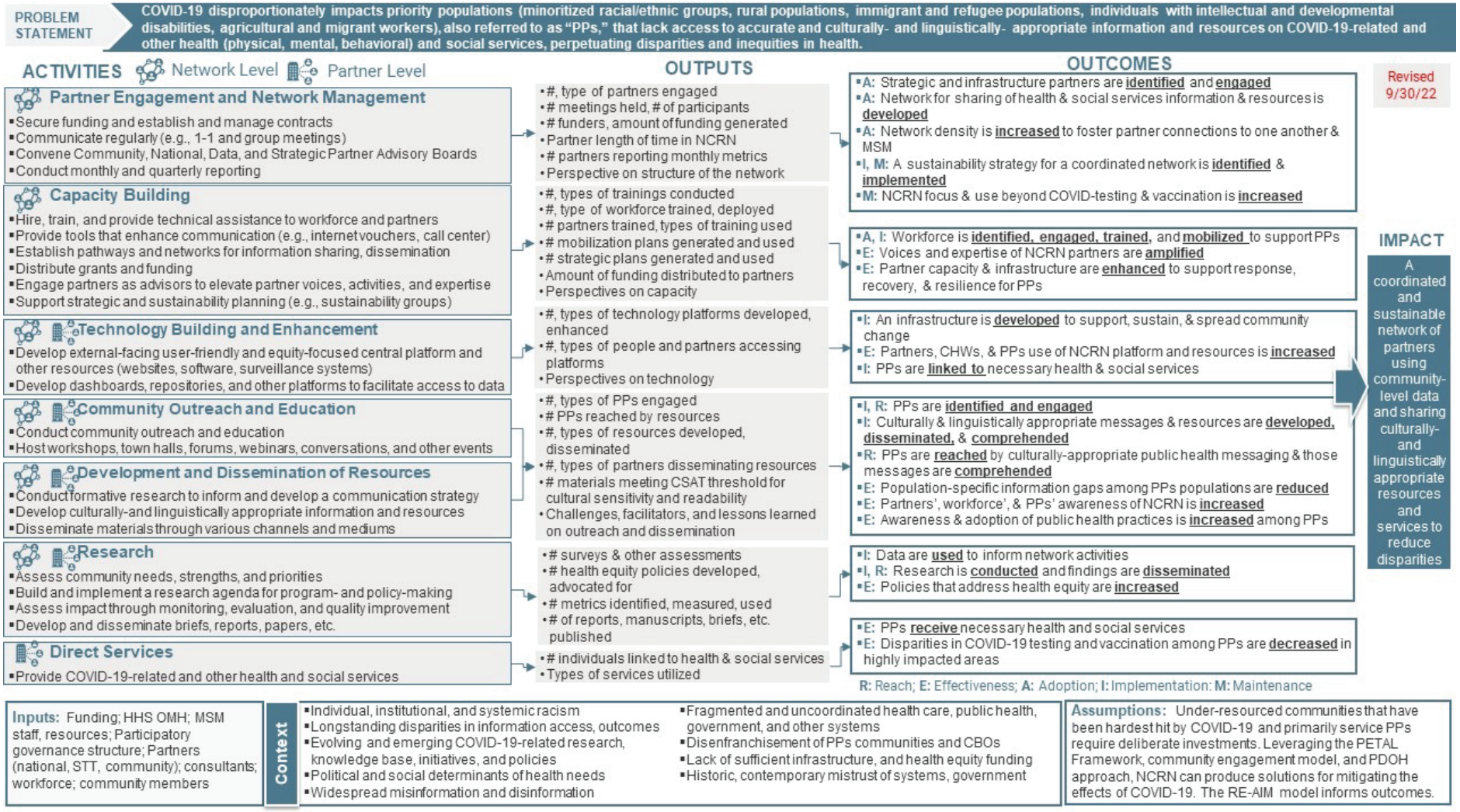
Evaluation findings show NCRN's growing collective community capacity to address both emergent and long-standing health inequities among racial and ethnic minoritized communities and other populations in the U.S. NCRN members have the capacity to develop a shared vision, a growing interest in multi-sectoral collaboration, and increasing capacity to shape outcomes through health communications. NCRN increased awareness of resources and services among participating partners and the communities they served. They also reached populations through direct provision of COVID-19-related services, including access to COVID-19 testing and vaccination. Though it is hard to disentangle and directly assess the effects of the network on behavior change such as adoption of public health practices and vaccination rates, partners posit that communities' increased access to information and resources among minoritized could translate to changes in behaviors.

NCRN has the potential to be a sustainable coalition that addresses other issues affecting minoritized populations.

With the federal government set to end the official Public Health Emergency in May 2023, minoritized populations are expected to continue to bear the disproportionate burden of related policy changes, such as the elimination of continuous Medicaid enrollment and reduced availability of free testing, vaccination, and access to COVID-19 outpatient treatment. Communities and organizations will need trusted partners and resources to navigate the shifting policy and service environment. NCRN partners recognize the value of the network and described how they could leverage it for other key issues that affect priority populations, like chronic conditions, exposure to negative social drivers of health, and behavioral health conditions. However, like most coalitions, NCRN is challenged to sustain the network to see and measure changes in health equity in disproportionately affected communities over time. There is a need for ongoing funding to support organizational staff, the website, data infrastructure, and partners, particularly smaller organizations that rely heavily on the funding to support their staff involvement.

> *"[NCRN] cover[s] the country… every ethnicity… people of color. And [partners] are well known, local and regional. It's quite impressive... I think that we'll be able to continue to use these networks for other pandemics, other outreach efforts, other chronic disease prevention efforts. [NCRN is] building a network that will do multiple things."*
>
> *- NCRN Partner, 2022 Key Informant Interviews*

APPENDIX A: NCRN LOGIC MODEL



NCRN and its evaluation partner NORC at the University of Chicago conducted a mixed methods process and outcome evaluation to understand the activities of the networks and their effects. An Evaluation Advisory Board comprised of nine partners met annually with NORC to inform the direction of the evaluation and interpretation of findings. They also periodically reviewed evaluation materials.

Evaluation Goals. The goals of the evaluation were to:

· Describe the process of forming and implementing NCRN.

· Measure the impact of the network on access to health care and social services among priority populations; disparities in COVID-19-related testing and prevention; and capacity and infrastructure.

· Facilitate continuous quality improvement of the network by using data and findings to inform program implementation.

Data Sources.

The evaluation and findings in this report are informed by both primary and secondary data. Primary data sources included tracking and monitoring data, surveys, focus groups and listening sessions, and individual and group key informant interviews. The secondary data sources included program documents, partner data collection forms and reports, grey and peer review literature, and web analytics.

NCRN Monitoring and Evaluation Data Sources

Data Source	Timing	Organization
Primary Data Source		
Tracking and Monitoring Data*		
MSM Centralized Data Management System	Monthly	MSM
Strategic Partner Community Engagement Tracker (CET) Forms	Monthly, 2021-2023	MSM
NCRN Community Health Liaison Dashboard	May 2021 – March 2023	MSM
CHW Encounter Forms	Monthly, 2021 - 2023	MSM
CHW Census	April 2021	MSM
Web Analytics (e.g., Google Analytics, Nielsen/Melwater and the Media outlet's media kit, Facebook and Twitter Insights/Ads Manager Dashboard)	Monthly, 2020 - 2023	MSM
Surveys		
CHAMPS for Strategic Partners	Years 1 and 2	MSM
CHAMPS for Community Members	Years 2 and 3	MSM, NORC

Data Source	Timing	Organization
Collective Community Capacity (C3) Survey of NCRN Partners, including strategic infrastructure and network partners and outreach partners (n=65)	Year 2 (Jan – Mar 2022)	NORC
Qualitative Data		
Qualitative Analysis of CET Forms	October 2022	NORC
RCC Microgrant CET Form and Progress Reports analysis	March 2023	NORC
Community Bridges Application and CHW Mobilization Plan Analysis	March 2023	NORC
Formative Focus Groups with CHWs and Community Members	Year 1	USF
Summative Focus Groups with Community Members and CHWs**	March – May 2023	NORC
Key informant Interviews with partners	Year 2 (Jan – Mar 2022)	NORC
Secondary Data Sources		
Societal Experts Action Network (SEAN)	Annually	MSM
American Community Survey	2020	MSM
NCRN Data Platform	Weekly	MSM, KPMG

CET: Community Engagement Tracker; CHAMPS: COVID-19 Health Assessment and Mitigation Planning Survey; CHW: Community Health Worker; RCC: Regional Community Coalition

* NCRN provided monitoring reporting initially monthly and ultimately quarterly reporting to HHS OMH to describe the network's impact, identify areas for improvement, summarize the activities and reach of partner organizations, and discuss the use of NCRN resources. MSM compiled and aggregated tracking and monitoring data into these reports.

** Not included in this report due to timing

Measures. Process measures assessed reach, adoption, and implementation of NCRN efforts, and helped identify best practices and lessons learned throughout implementation of NCRN to facilitate continuous and real-time quality improvement. Outcome measures assessed the effectiveness and impact of the network based on the degree to which NCRN activities contribute to development of a sustainable multi-sector network of partners; reductions in population-specific information gaps; enhanced national, STT, and community-level capacity; and changes in behavior.

Analysis. Analysis of quantitative data involved descriptive and inferential statistics, depending on the data sources. Qualitative analysis included thematic analysis and content analysis to synthesize key themes and findings.

Limitations. Data sources varied in their level of completeness; not all data sources were available throughout the three years of the initiative. In addition, given the rapid launch of the network in the first months of the worldwide pandemic, health outcomes goals were evolving. For example, when NCRN launched, COVID-19 vaccines did not exist, and tests were limited; the primary health intervention was to deliver information about risk reduction behaviors, such as masking and social isolation. As this evolved, so did NCRN messaging and activities. NCRN also launched amid numerous other state and federal programs aimed at similar populations with documented disparities in COVID-19; partners were involved in other parallel initiatives focused on one or more populations. Therefore, it is difficult to isolate the effects of NCRN on health outcomes and behaviors among priority populations. The evaluation did not employ an experimental design but was purposeful in its collection of data to answer specific questions about its implementation and its perceived outcomes. Finally, we acknowledge the potential for respondent and nonresponse bias. Not all partners submitted regular responses to monitoring and tracking forms. People who did not participate in primary data collection efforts are likely to be different from those who did.

APPENDIX C: NCRN PARTNER PROFILES AND FUNDING RECIPIENTS

Strategic Network Partners

Strategic partners engaged in NCRN for three years of the initiative (2020-2023), unless indicated otherwise.

Organization	Service Areas	Description
100 Black Men of America	National, US Territories	Developed webinars, radio podcasts, and town hall meetings related to COVID-19 efforts. They primarily serve the Black/African American population.
Social Current (previously Alliance for Strong Families and Communities)	National	Provided linkage to network supporting families. They primarily serve Black/African Americans, Alaska Natives, Asian Pacific Islanders, Individuals living with disabilities, Latinx, Meat Packing workers/Migrant Workers, Native Americans, and the Justice-involved populations.
Asian & Pacific Islander American Health Forum (APIAHF)	National	Served as an advisory body to bring forward Asian American concerns, provide resources, and connect NCRN with organizations targeting special populations.
Association of Asian Pacific Community Health Organizations (AAPCHO)	National, US territories, freely associated states	Participated in communications strategies and conducting research for priority population, Asian Pacific Islander.
Association of University Centers on Disabilities (AUCD)	National	Participated in neuromarketing research, develops and hosts webinars, recruits for CHAMPS, conducts focus group research, publishes blogs, and brings together disability partners into an initiative to include ethnic and racial communities as a part of the disability community.
Center for Victims of Torture (CVT)	National	Connected refugees and immigrants to COVID-19 related resources, and they also disseminated information. They also served the Black/African American population.
Charles R. Drew University of Medicine and Science	California	Provided linkage to Black/African American and Latinx communities and research data.
Coastal Family Health Center & Southern Area LINKS, Inc	National	Focuses on five areas, including services to youth, programs around children, arts, health and human services, and national/international trends and services, while also maintaining a legislative focus.
Common Spirit	National	Provided outreach and education on COVID-19 and vaccinations, conducts research on COVID-19 and vulnerable populations, and ensures access to diverse and representative health providers. They primarily serve Black/African American, Alaska Native, Individuals

Organization	Service Areas	Description
		living with disabilities, Latinx, Meat Packing Workers/Migrant Workers, Native American, and Justice Involved population.
Community Campus Partnerships for Health	National	Provided partnership between communities and academic institutions. They primarily serve Black/African American, Alaska Native, Asian Pacific Islander, Individuals living with disabilities, Latinx, Meat Packing Workers/Migrant Workers, Native American, and Justice Involved populations.
Dream Corps #Cut50	National	Worked with the Justice Involved population. They also primarily served Black/African Americans, and Asian Pacific Islander, Latinx, Native Americans.
Haitian United Front of the Diaspora	Georgia	Aimed to bring information about COVID-19 to the Haitian and Haitian American population, including symptoms to look for and precautions to take.
Hoffman and Associates	Washington, DC	Provided community organizing and linkages to community health services. The primarily served the Black/African American, Alaska Native, Asian Pacific Islander, Individuals with disabilities, Latinx, Meat Packing Worker/Migrant Worker, Native American, and Justice-Involved population.
Institute for eHealth Equity/AME	Maryland	Set up and operated a platform to assist faith organizations in establishing or enhancing a health ministry, with a focus on COVID-19, while also engaging faith-based and cross-denomination leaders to strengthen health ministries.
Juxtopia Group, Inc.	National	Provided technology and outreach to Black/African American students and families.
Mixteco/Indígena Community Organizing Project (MICOP)	California	Offered COVID-19 and antigen testing, collaborates with public health departments for outreach and referrals, provides access to services such as assistance with lost vaccination cards and requesting COVID-19 tests from the government, distributes PPE such as masks and hand sanitizers, and has an employment program that assists individuals with making vaccination appointments and provides reminders and directions. The primarily served the Latinx population.
National Association of Community Health Centers (NACHC)	National	Initially joined as a data partner to absorb information about navigating COVID-19 and applying policies to better support health centers, but in the second year, they collaborated more with others to elevate tools, augment their policy portfolio and disseminate information through data repositories and infographics to provide health centers with the resources and tools needed for advocacy.
National Association of Community Health Workers (NACHW)*	National	Supported an environmental scan of COVID-19 case rates and CHW infrastructure, oversaw a small group of CHWs, and advised on NCRN deliverables. They primarily served the Black/African American, Alaska Native, Asian Pacific Islander, Individuals living with a disability, Latinx, Meat Packing Worker/Migrant Worker, Native American, and Justice-Involved populations.
National Council on Urban Indian Health (NCUIH)	National	Supported evaluation requirements and work plan development and acted as a technical/public health advisor. They primarily served the Native American population.

Organization	Service Areas	Description
National Latino Behavioral Health Association (NLBHA)	National	Aimed to create a national strategic effort to communicate with Latinx and Meat Packing Worker/Migrant Worker communities about COVID-19, which includes disseminating NCRN materials.
Omega Psi Phi		Disseminated information to priority populations. C
Papa Ola Lōkahi	Hawaii	Aimed to create a national strategic effort to communicate with Asian Pacific Islanders communities about COVID-19, including disseminating NCRN materials.
REACH Beyond Solution/National REACH Foundation	National, US Territories	Provided linkage to resources to multiple priority populations, such as Black/African American, Pacific Islanders, Native American, and Caribbean.
Tuskegee University	Alabama	Developed an ethics and social justice surveillance system to engage communities throughout the country and collect issues around COVID-19 and related ethics and social justice issues, with the aim of providing a trusted venue to give feedback and recommendations. They primarily served the Black/African American, Alaska Native, Asian Pacific Islander, Individuals living with a disability, Latinx, Meat Packing Worker/Migrant Worker, Native American, and Justice-Involved populations.
UNIDOS US	National, US Territories	Created social media content development and dissemination. They primarily served Black/African Americans, Latinx, and Meat Packing Workers/Migrant Workers.
University of Alaska Fairbanks' Center for Alaska Native Health Research (CANHR)	Alaska	Informed and disseminated information to priority populations, more specifically, Alaska Native and American Indian populations.
University of Hawaii (Asian Pacific Islanders)	Hawaii	Provided linkages to research data. They primarily served the Asian Pacific Islanders population.
University of Texas El Paso (UTEP)	Texas, New Mexico, and Arizona	Developed and disseminated culturally and linguistically appropriate information. They primarily served the Latinx and Meat Packing Worker/Migrant worker populations.
Wellstar	Georgia	Provided linkages to services and data. They primarily served the Black/African American, Alaska Native, Asian Pacific Islander, Individuals living with a disability, Latinx, Meat Packing Worker/Migrant Worker, Native American, and Justice-Involved populations.

* Did not remain in the network for the entire three-year period.

STRATEGIC INFRASTRUCTURE PARTNERS

Organization	Description
Acorn Healthcare Credentialing Solutions	Provided linkage to health care systems. Their area of expertise included Quality Improvement.
Alliant Health Solutions (AHS)/Alliant Quality	Disseminated NCRN materials to key target audiences including healthcare providers, organizations serving justice-involved individuals, and faith-based organizations.
Comcast	Provided access to reduced prices for internet services. Their area of expertise included technology.
Florida State University/FSU Primary Health	Provided linkage to data and information on community engagement. They also served as advisors.
Georgia Institute of Technology	Provided linkages to technological resources. They served as an NCRN advisor.
Hispanic Communications Network	Created marketing campaigns and message development. Their area of expertise included communications/marketing.
ICF Incorporated/ICF Next	Conducted formative research and created marketing campaigns and message development. Their area of expertise included communications/marketing.
KPMG	Provided support for technology and data. Their area of expertise included technology.
NORC at the University of Chicago	Provided evaluation and monitoring services, including the development of the evaluation plan and logic model, as well as collection and analysis of primary and secondary data. Their area of expertise included evaluation and monitoring.
Salesforce	Provided technology for community engagement platforms. Their area of expertise included technology.
The Foundation for AIDS Research (amfAR)*	Provided linkages to research data. Their area of expertise included data collection and analysis methods.
University of South Florida (USF), College of Public Health (COPH)	Provided training and technical assistance to groups on the use of Community Based Prevention Marketing (CBPM), including online trainings and neuromarketing of materials, and proposed to expand their work to provide more technical assistance on research, data analysis, and translating research into communication messages and community-based strategies for year two, going beyond minimum obligations. Their area of expertise included communications/marketing.
Venture Leadership Consulting	Conducted on strategic planning, technology, and consulting to help the Morehouse team think about their objectives, use resources effectively, brainstorm solutions to challenges, optimize their online platform, and move data from spreadsheets to repositories for better tracking and access to information. Their area of expertise included quality improvement.

* Did not remain in the network for the entire three-year period.

REGIONAL COMMUNITY COALITION MICROGRANT RECIPIENTS

Organization	Service Area	Priority Populations	Year 1	Year 2	Year 3
A More Excellent Way Ministries	Charleston, West Virginia	Black/African American, Latino/Hispanic, White/Caucasian, Disabled, Rural Area Resident		X	
Adult and Youth United Development Association, Inc (AYUDA)	San Elizario, Texas	Black/African American, Latino/Hispanic, American Indian, Asian American, White/Caucasian, Migrant Worker, Individuals living with disabilities, Rural Area Resident		X	
American Academy of Developmental Medicine and Dentistry	Hamden, Connecticut	Individuals living with disabilities	X		
Asian American Resource Foundation	Duluth, Georgia	Black/African American, Latinx, Pacific Islander, Asian American, White/Caucasian, Individuals living with disabilities		X	
Asian Community Development Council	Las Vegas, Nevada	Native Hawaiian, Pacific Islander, Asian American			X
California Black Health Network	Sacramento, California	Black/African American, Rural Area Resident	X		
CANN-A (COFA Alliance National Network- Arizona)	Goodyear, Arizona	Pacific Islander	X		
Center for Multicultural Wellness and Prevention Center	Winter Park, Florida	Black/African American, Latinx, White/Caucasian, Incarcerated, Justice-Involved, Migrant Worker, Rural Area Resident		X	
Centerville Immigration Forum	Centreville, Virginia	Black/African American, Latinx, White/Caucasian, Incarcerated, Justice-Involved, Migrant Worker, Rural Area Resident	X	X	
Chester Housing Initiatives	Chester, Pennsylvania	Black/African American, Latinx			X
Chicagoland Disabled People of Color Coalition	Chicago, Illinois	Black/African American, Latinx, Individuals living with disabilities			X
Cook County Family Connection	Sparks, Georgia	All populations		X	
DH/Perfil Latino TV, Inc	Millville, NJ	Latinx, Migrant Worker, Rural Area Resident		X	X
ElevateHER, Inc.	Silver Spring, Maryland	Black/African American, Latinx		X	
Enhance Asian Community On Health, Inc.	Boston, Massachusetts	Asian American	X	X	
Face to Face Recovery Organization, Inc.	Jesup, Georgia	Black/African American, Latinx, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, Asian American, White/Caucasian, Incarcerated, Justice-Involved, Migrant Worker, Individuals with disabilities, Meat Packing Worker, Torture Survivor, Rural Area Resident	X	X	

Organization	Service Area	Priority Populations	Year 1	Year 2	Year 3
Familias Triunfadoras	San Elizario, Texas	Latinx		X	
Florida Community Health Worker Coalition	Tallahassee, Florida	Community Health Workers		X	
Giving Health, Inc.	Atlanta, Georgia	All populations			X
Guiding Right, Inc.	Oklahoma City, Oklahoma	Black/African American, Incarcerated, Black/African Americans at high risk for HIV infection and/or already living with HIV/AIDS and other STIs	X	X	
Institute for the Advancement of Minority Health	Madison, Mississippi	Black/African American, Latinx	X		
Interfaith Health and Hope Coalition	Southfield, Michigan	Black/African American, Latinx, White/Caucasian, Individuals with disabilities, Arab American/Middle Eastern, Elders	X		
Kate's Club	Atlanta, Georgia	Black/African American, Latinx, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, Asian American, White/Caucasian, Bereaved Families		X	
Louisiana Organization for Refugees and Immigrants (LORI)	Baton Rouge, Louisiana	Black/African American, Latino/Hispanic, Asian American, Refugees, Immigrants	X		
Many Languages One Voice (MLOV)	Washington, DC	Black/African American, Latinx, Immigrants, Refugees, English Language Learners (ELLs)	X	X	
Micronesian Islander Community (MIC)	Salem, Oregon	Native Hawaiian, Pacific Islander, Individuals with disabilities, Rural Area Residents, COFA citizens, Micronesian, Youth	X		
Mujeres Ayudando Madres	Carolina, Puerto Rico	Black/African American, Latinx	X		
MYC Institute of Integrative Health	El Paso, Texas	Latinx		X	
Navajo Way, Inc.	Window Rock, Arizona	Native American		X	
Pascua Yaqui Tribe Charitable Organization	Tucson, Arizona	American Indian	X		
Peer Plus Education and Training Advocates	Chicago, Illinois	Black/African American, Latino/Hispanic, White/Caucasian, Disabled, Rural Area Resident, Seniors, Veterans, Disabled, Homeless, LGBTQ		X	
Philadelphia Chinatown Development Corporation (PCDC)	Philadelphia, Pennsylvania	Asian American, Limited-English proficient, Immigrant, Refugee, Low-income population	X	X	X
Razakaar Foundation	San Antonio, Texas	Latino/Hispanic, Asian American, White/Caucasian, Justice-Involved, Meat Packing Worker, Refugees	X		
Root to Crown Counseling & Wellness	Wentzville, Missouri	Black/African American	X		

Organization	Service Area	Priority Populations	Year 1	Year 2	Year 3
Sacred Heart RC Church	Cambria Heights, New York	Black/African American, Immigrants, Seniors, Homebound	X	X	
Sibling Leadership Network	Chicago, Illinois	Black/African American, Latinx, Individuals living with disabilities	X	X	
South Central Prevention Coalition	Los Angeles, California	Black/African American, Justice Involved, Individuals living with disabilities			X
Southwest Border AHEC	Eagle Pass, Texas	Black/African American, Latinx, American Indian, White/Caucasian, Migrant Worker, Individuals with disabilities, Rural Area Resident		X	
Synergy Health	Hiawassee, Georgia	All populations			X

COMMUNITY BRIDGES PROGRAM RECIPIENTS

Organization Name	Populations Served	Location
Birthmark Doula	Birthing individuals in New Orleans who are disconnected from support and care, or have unmet health-related needs during pregnancy in real-time	New Orleans, Louisiana
Chris 180	Black/African American	Atlanta, Georgia
Florida Community Health Worker Coalition, Inc.	Latinx, Black/African American, American Indian/Alaska Native, Asian American/Pacific Islander, Foreign-born Individuals, Individuals with limited English proficiency, Youth who are disconnected, Individuals experiencing homelessness, Individuals who live in rural areas, older adults, individuals living close to or below the federal poverty line	Clearwater, Florida
El Sol Neighborhood Educational Center	Hispanic/Latinx, Black/African American, and Asian- Pacific Islanders, Immigrants, Families with mixed-immigration status, Mono-lingual Spanish speakers, Limited English proficiency, English as second language learners, Lower-income individuals, Seniors, Individuals with access and functional needs, Individuals with transportation challenges	Southern California
Familias Triunfadoras, Inc.	Spanish-speaking population living in rural and low-income communities	San Elizario, Texas
Gateway Regional Council	Black/African Americans and other vulnerable communities experiencing OUD/SUD and Mental Health issues	Mableton, Georgia
Kau Rural Health Community Association Inc.	Rural underserved populations	Pahala, Hawaii
Kula no na Po'e Hawaii	Keiki (children) to kupuna (elders) of the Native Hawaiian Homesteads of Papakolea, Kewalo, and Kalawahine	Honolulu, Hawaii
Louisiana Community Health Worker Outreach Network	Members of a coalition of organizations that employ community health workers in New Orleans, Jefferson, and East Baton Rouge, including Louisiana Office of Public Health	New Orleans, Louisiana

Organization	Service Areas	Description
National Latino Behavioral Health Association (NLBHA)	National	Aimed to create a national strategic effort to communicate with Latinx and Meat Packing Worker/Migrant Worker communities about COVID-19, which includes disseminating NCRN materials.
Omega Psi Phi		Disseminated information to priority populations. C
Papa Ola Lōkahi	Hawaii	Aimed to create a national strategic effort to communicate with Asian Pacific Islanders communities about COVID-19, including disseminating NCRN materials.
REACH Beyond Solution/National REACH Foundation	National, US Territories	Provided linkage to resources to multiple priority populations, such as Black/African American, Pacific Islanders, Native American, and Caribbean.
Tuskegee University	Alabama	Developed an ethics and social justice surveillance system to engage communities throughout the country and collect issues around COVID-19 and related ethics and social justice issues, with the aim of providing a trusted venue to give feedback and recommendations. They primarily served the Black/African American, Alaska Native, Asian Pacific Islander, Individuals living with a disability, Latinx, Meat Packing Worker/Migrant Worker, Native American, and Justice-Involved populations.
UNIDOS US	National, US Territories	Created social media content development and dissemination. They primarily served Black/African Americans, Latinx, and Meat Packing Workers/Migrant Workers.
University of Alaska Fairbanks' Center for Alaska Native Health Research (CANHR)	Alaska	Informed and disseminated information to priority populations, more specifically, Alaska Native and American Indian populations.
University of Hawaii (Asian Pacific Islanders)	Hawaii	Provided linkages to research data. They primarily served the Asian Pacific Islanders population.
University of Texas El Paso (UTEP)	Texas, New Mexico, and Arizona	Developed and disseminated culturally and linguistically appropriate information. They primarily served the Latinx and Meat Packing Worker/Migrant worker populations.
Wellstar	Georgia	Provided linkages to services and data. They primarily served the Black/African American, Alaska Native, Asian Pacific Islander, Individuals living with a disability, Latinx, Meat Packing Worker/Migrant Worker, Native American, and Justice-Involved populations.

* Did not remain in the network for the entire three-year period.

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