



# COVID Disparities Grant (CDG): A lesson in radical place-based investment to overcome COVID-19 related health disparities

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## BACKGROUND

- The COVID-19 pandemic highlighted and exacerbated health inequities in New York City experienced by communities of color with lower household income.
- NYC Department of Health and Mental Hygiene (DOHMH) established the Covid Disparities Grant (CDG) partnership with community-based organizations (CBOs) staffed by Community Health Workers (CHWs) in neighborhoods disproportionately impacted by COVID-19.
- From June 2021 – May 2023, CDG operated in **74 zip codes across NYC’s five boroughs, covering an estimated 3,131,196 residents, or 40% of the city’s population.**<sup>4</sup> CDG prioritized zip codes with higher COVID-19 case test positivity, hospitalization, and mortality rates.<sup>5</sup>

## INTERVENTION AND IMPLEMENTATION

### Role of Local Health Department

- Funded 26 CBOs
- Shared real-time COVID data by zip code
- Supported hyperlocal needs assessments
- Provided talking points, COVID-19 test kits, PPE, and vaccination units

### Role of CBOs

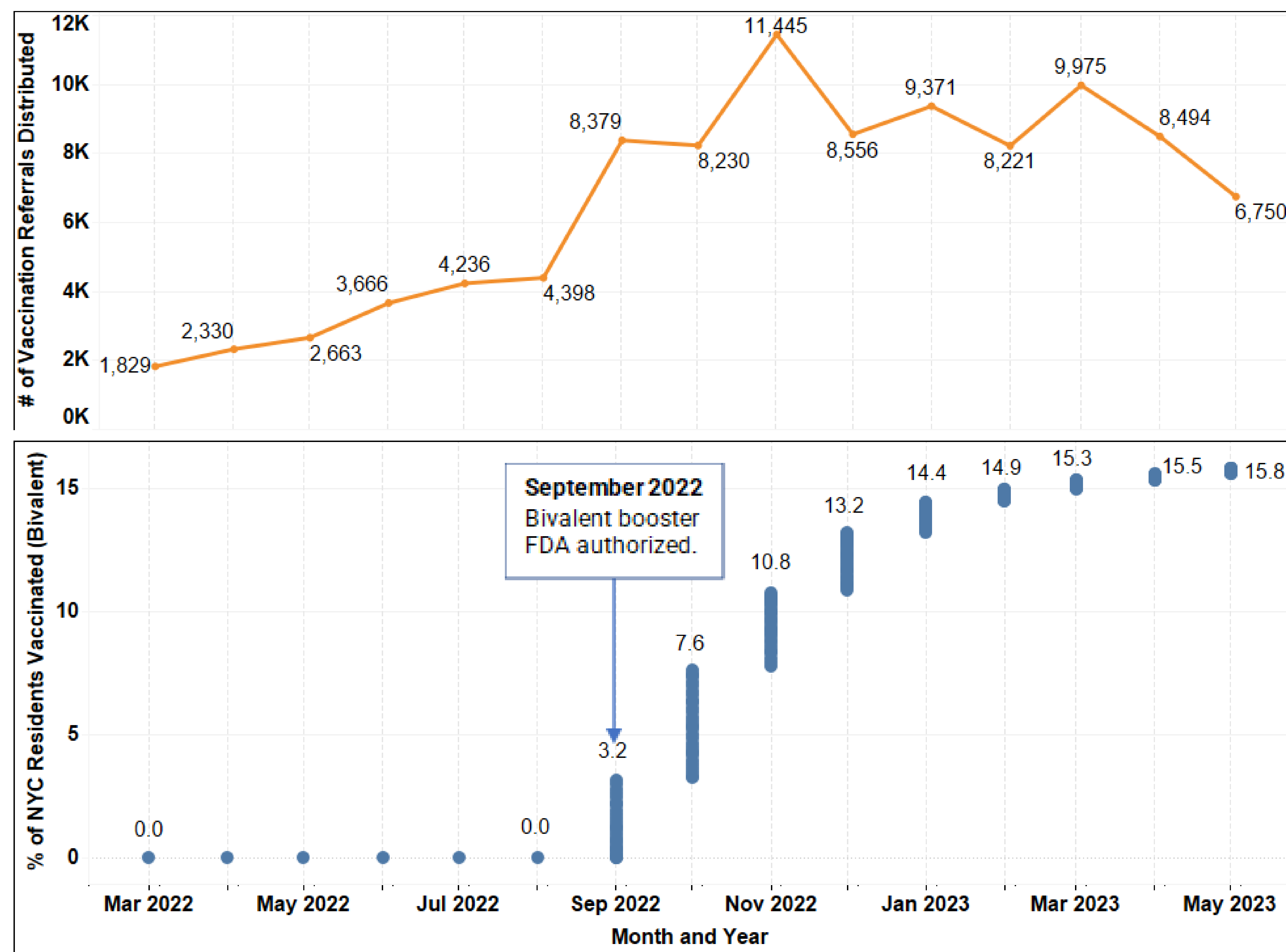
- Hired 220 CHWs
- Hosted outreach events, listening sessions, and educational workshops
- Attended community events including food pantries, resource fairs, community board meetings

## PURPOSE

To reduce vaccine inequity in NYC, DOHMH partnered with CBOs through the Covid Disparities Grant (CDG) to provide community engagement and outreach, support direct service referrals, and lead additional partnership-building activities using trained community health workers (CHWs) hired from within COVID-affected communities.

## EVALUATION

COVID-19 Vaccination Referrals and Uptake (March 2022 - May 2023)



Graph 1. This graph shows COVID-19 vaccination referrals distributed through the CDG program (top chart) and the % of New York City (NYC) residents that received the bivalent COVID-19 vaccine booster (bottom chart) from March 2022 to May 2023. The Food and Drug Administration authorized the bivalent booster for distribution amongst the public in September 2022.

We utilized COVID-19 surveillance data collected by DOHMH and CDG performance data collected by CBOs to determine the communities’ response to the program’s engagement strategies and progress toward vaccine equity. DOHMH monitored distribution trends of COVID-19 vaccination referrals and bivalent COVID-19 vaccine uptake to ensure that programming met the overall objective of reducing vaccine inequities. From March 2022 to May 2023, CDG CHWs provided 399,874 COVID-19-related referrals.

## EVALUATION (CONT.)

As Graph 1 shows, COVID-19 vaccination referral distribution increased over the course of the grant with dramatic peaks between September 2022 and January 2023. These inclines seem to align with the increase in COVID-19 bivalent booster vaccination rates. As the bivalent vaccination rate plateaus around March 2023, the vaccination referral distribution started to decline.

CDG Key Performance Indicators	March 2022 – May 2023
COVID-19 vaccine appointments scheduled	8,794
COVID-19 vaccine referrals distributed	399,874
Referrals distributed	1,256,294
Other COVID-19 related referrals distributed	337,242
Social services referrals distributed	919,052
COVID-19 home test-kits distributed	452,258
Community partnerships built	1,232

Table 1. This table contains the key performance indicators for the CDG program from March 2022 to May 2023. The COVID-19 indicators listed include COVID-19 vaccination, testing, and treatment referrals. Social service referrals consist of housing, healthcare, legal, education, employment, and food assistance services.

## CONCLUSION

- Co-creating tailored educational materials and outreach strategies with CBOs supported increasing COVID vaccine equity in impacted communities through increasing access to information and referrals.
- Despite its success, funding future program models like CDG remains challenging.
- It is critical that CDG strategies such as partnership building, community-centered work, and place-based investments are continuously adopted by local health departments.

## ACKNOWLEDGEMENTS

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