

The national response to the COVID-19 pandemic has been immense and has undoubtedly saved millions of lives. In total, the federal government reported spending nearly \$4.8 trillion on a wide range of programs to ensure people and businesses could survive not only COVID, but also the massive economic impacts caused by a pandemic. Of that nearly \$5 trillion, at least \$120 billion was spent on public health measures including development and distribution of vaccines. This report examines whether that money was spent to support the number one driver of vaccination rates in vulnerable communities: community-based organizations (CBOs).





The Problem: *Vaccine Hesitancy and a Weakened Infrastructure*

It became clear early in the pandemic that the only way to save lives would be through a large-scale vaccination campaign surpassing any to-date, including that against polio in the 1950s. The key challenge to that goal was not in fact developing the vaccine. mRNA COVID-19 vaccines were quickly developed using technology that has been evolving since the 1980s. They also were not the first coronavirus vaccines ever made. Scientists have been working on vaccines for the COVID-19 virus' cousins, SARS and MERS, for nearly two decades. These two viruses gave scientists a head start on understanding how to combat COVID-19. mRNA technology also allows us to manufacture vaccines more quickly. No steps were skipped, it was simply a new technology that moved more quickly, like moving from dial-up internet to fiber optic cable.

The real hurdle was delivering those vaccines where they were needed and convincing people vaccines have the power to save their lives. As lockdowns

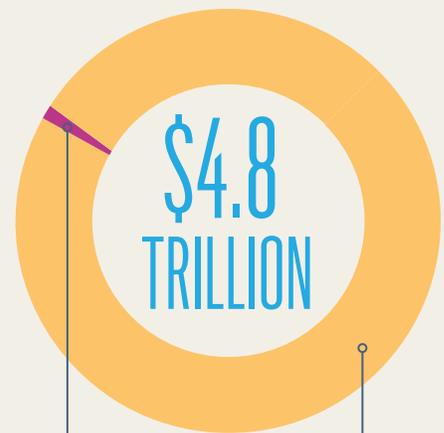
across the country lifted, people's desire for a vaccination dropped as they believed we might be able to return to our lives without a vaccine that was developed, according to the federal government, at "warp speed."ⁱ

The Solution: *Equipping CBOs to Help*

Since the 1990s, research has shown that involving CBOs in public health campaigns from their development to their launches and evaluations can dramatically increase the effectiveness of the campaigns.ⁱⁱ The Department of Health and Human Services (HHS) therefore launched a nationwide effort called "We Can Do This" with dozens of partners including faith, business, union, rural, sports, Black, Indigenous, Hispanic, Latino, and LGBTQ+ organizations and leaders.ⁱⁱⁱ

It is not yet clear how much money was spent on the "We Can Do This" campaign, but nearly \$1 billion was authorized under Section 2302 of the American Rescue Plan Act, and at least some of that funding went to the Office

The federal government spent nearly \$5 trillion on programs to help people and business survive COVID.



\$120 BILLION
for public health measures

\$500 MILLION
reserved for community efforts





1%

was identified by Congress specifically for community-based vaccination efforts.

of the Assistant Secretary for Public Affairs for this effort. Furthermore, it is not known whether any of the funding for “We Can Do This” went directly to CBOs working to educate people on, and connecting them with, vaccinations.

What can be evaluated is the nearly \$500 million identified by Congress specifically for community efforts. In the Appendices, we have included comprehensive lists of the organizations who received those funds. It is not the intention of this report to judge the impact of any one of those organizations or their programs. Instead, we will examine whether the way government agencies developed their grantmaking protocols supported CBOs efforts to take an active role in their communities in building both confidence in and infrastructure for COVID-19 vaccinations.

We will judge those grants based on:



Response Time: Did the government’s Requests for Proposals (RFPs) allow organizations sufficient time to submit a response, given the often complex and time-consuming process required to fulfill the requirements for federal grant opportunities?



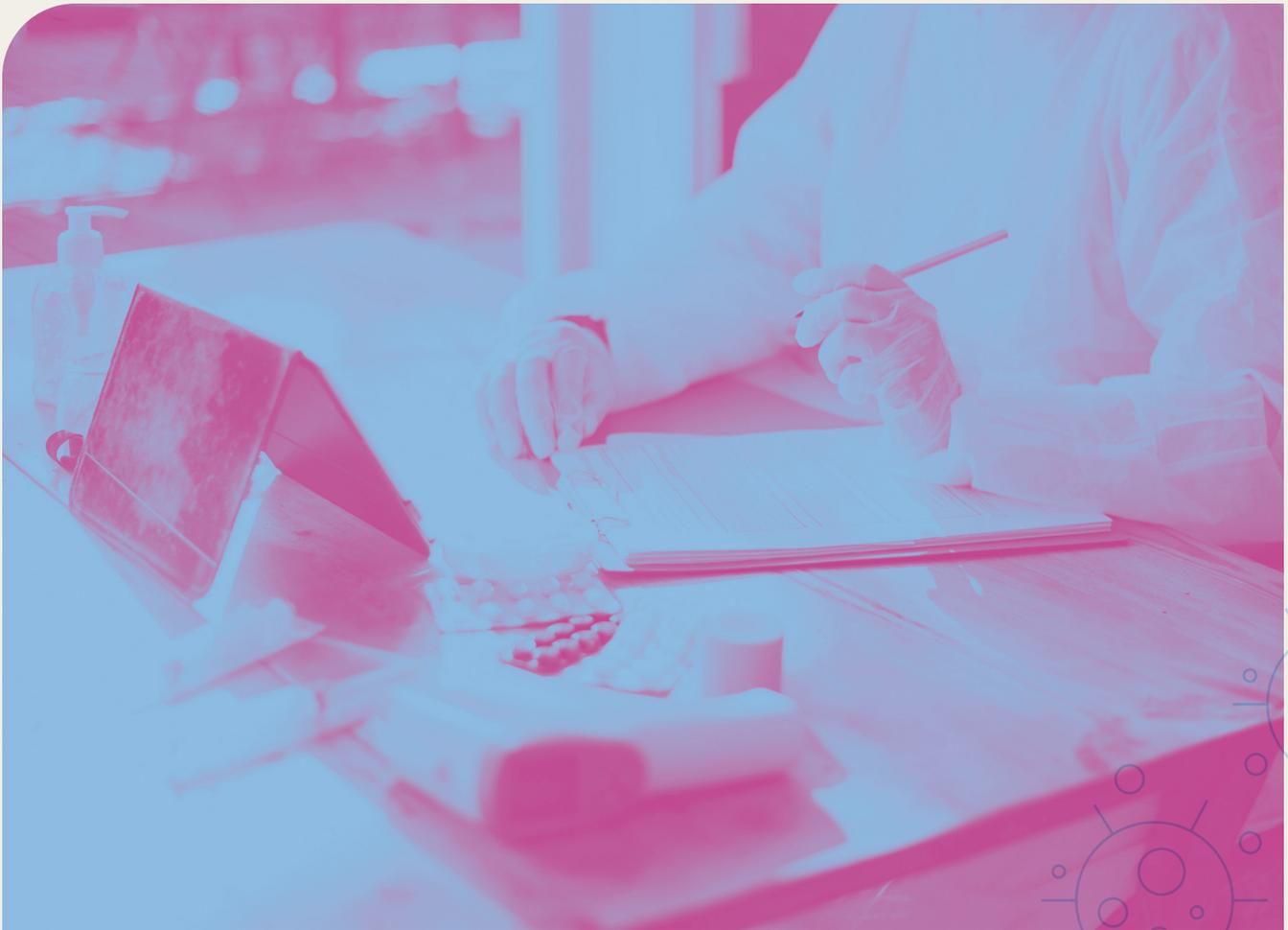
Project Length: Was the proposed project length sufficient for CBOs and other grantees to build capacity and infrastructure within their communities?



Conditions: Did the conditions of who could apply for the grant preclude local CBOs from applying in favor of larger organizations and institutions less familiar with the community but more equipped to complete and qualify for federal grant applications?



THOUGH GRASSROOTS ORGANIZATIONS WERE INVALUABLE IN CLOSING VACCINE GAPS IN COMMUNITIES OF COLOR, BARRIERS TO COMPENSATION MAY THREATEN PARTICIPATION IN FUTURE PROGRAMMING AND POSE RISKS FOR PUBLIC HEALTH INITIATIVES.



As this report reveals, the federal government was working hard to manage one of the worst pandemics in our country's history but, in their haste, often sacrificed the potential to make a lasting impact on how communities work together to improve public health. All of us—government, private funders, and nonprofit organizations—can make changes to better support CBOs as we all work toward our ultimate goal of saving lives.