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**LESSONS LEARNED FROM COMMUNITY-DRIVEN
RESPONSIVENESS DURING COVID-19**

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ABSTRACT

People of color are suffering and dying from COVID-19 at greater rates than the general population. Additionally, population-level health interventions can worsen health disparities by failing to reach already underserved populations. In response, PrepareSTL, a collaborative, community-led campaign, aims to reach communities of color in St. Louis with accessible

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information and resources to stop the spread of the coronavirus among the target audiences and help these communities survive the virus's adverse social and economic impacts. This study (1) analyzes factors contributing to the success of PrepareSTL as a community-led and equity-centered response to COVID-19 and (2) identifies lessons from the campaign that could apply to other public health initiatives. Semi-structured qualitative interviews and focus groups were conducted with thirty-five individuals, including campaign volunteers, canvassers, organizers, and executive leaders. Through a combination of content and narrative analysis, the research team identified several key strategies that led to the success of the campaign. These methods included pairing broad media messaging with personal outreach, engaging community champions as campaign messengers, centering relationships and trusting Black and Brown leadership at all campaign levels, and creating a highly responsive, community-driven management structure. Combined, these factors allowed the campaign to not only respond to urgent COVID-19-related needs, but also to build community outreach infrastructure to address ongoing needs for communities of color in the St. Louis region.

I. INTRODUCTION

National and regional data demonstrate that people of color suffer from COVID-19 and its multidimensional consequences at greater rates than the general population.¹ These pandemic-related health disparities compound on a history of existing health disparities, as communities of color have long experienced disproportionate morbidity and mortality from a variety of health conditions. St. Louis, Missouri, is a metropolitan area in which both novel and longstanding racial health disparities are particularly acute.² Therefore, it is vital that the St. Louis public health response to COVID-19 prioritize the unique pandemic-related needs of communities of color, while situating the response in the larger goal of promoting racial equity.

PrepareSTL, a campaign spearheaded by community voice, recognizes the urgency of prioritizing communities of color and other at-risk populations through a COVID-19 public health response.³ The campaign is a collaborative effort of the City of St. Louis Health Department and St. Louis County Department of Public Health, together with the St. Louis Regional Health Commission, St. Louis Integrated Health Network, St. Louis Community Health Worker Coalition, Alive and Well Communities, and the St. Louis Mental Health Board.⁴ Through a unified communications and outreach campaign, PrepareSTL provides vital information and resources to disproportionately impacted community members, specifically low-to-moderate income Black residents and other people of color living in St. Louis City and County.⁵ The campaign utilizes grassroots canvassing, under the leadership of community advocates, to deliver accurate and culturally responsive information and

1. *Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity*, CTNS. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html> (last updated Feb. 18, 2021) [hereinafter *Risk by Race/Ethnicity*].

2. Max Lyon, *Reflection: Health Disparities in St. Louis*, WASH. UNIV. PROSPER (June 19, 2019), <https://sites.wustl.edu/prosper/reflection-health-disparities-in-st-louis/>.

3. *About*, PREPARESTL, <https://www.preparestl.com/about/> (last visited Apr. 21, 2021).

4. *Id.*; “Community Health Workers (CHW) are members of the communities they serve. CHWs empower people to engage in healthy behaviors that increase overall community wellbeing...CHWs in St. Louis see their work as a movement to improve health and human services, helping to transform policy and practice to be more receptive and responsive to community needs.” CMTY. HEALTH WORKER COAL., ST. LOUIS REGIONAL STRATEGY TO VALUE THE COMMUNITY HEALTH WORKER WORKFORCE: POLICY AND PRACTICE RECOMMENDATIONS (Sept. 30, 2019) (on file with authors).

5. The Pulse of St. Louis, *Interview with Angela Fleming Brown, CEO of St. Louis Regional Health Commission*, YOUTUBE (July 14, 2020), <https://www.youtube.com/watch?v=cCcb1svjnl0&t=207s>.

resources.⁶ Canvassers are also deeply engaged to do more than share information and resources: they listen and drive the direction of the work.

During a pandemic, urgent community needs emerge, while systemic, long-term issues grow.⁷ In response to this unique combination of needs, PrepareSTL seeks to use its community engagement infrastructure to rapidly respond to COVID-19, while simultaneously addressing potential long-term consequences from the pandemic.⁸ Canvassers, representing larger community voices, have identified specific resources and knowledge that would positively impact communities of color in the wake of COVID-19.⁹ This community-driven process offers immense learning opportunities for future grassroots advocacy and public health work moving forward.

Before evaluating the PrepareSTL campaign in this Article, we provide additional background and context. Part II outlines COVID-19 racial disparities in the St. Louis region and explicitly connects the disparities to social determinants of health. It also looks at how structural racism reveals itself in the St. Louis health care system. Part III outlines best practices for equity-centered public health campaigns to provide a foundation for evaluating the PrepareSTL campaign. Part IV describes the PrepareSTL campaign—from origin to execution. Part V describes the results of our qualitative research study, highlighting the strategies utilized to reach communities of color with public health education and resources.

II. THE COMPOUNDING ROLES OF RACIAL DISPARITIES, SOCIAL DETERMINANTS OF HEALTH, AND STRUCTURAL RACISM

A. COVID-19 Racial Disparities and Social Determinants of Health

At a national level, people of color are disproportionately likely to experience severe or fatal cases of COVID-19. In July 2020, six months after the first reported COVID-19 case in the country, the age-adjusted COVID-19 hospitalization rate among non-Hispanic Native American and Black people was five times that of non-Hispanic White people, while the rate among Hispanic/Latinx people was four times that of non-Hispanic White people.¹⁰

6. See Mark Schlinkmann, *New Publicity Effort on Coronavirus Aims at Black Residents in St. Louis, St. Louis County*, STL TODAY (Apr. 9, 2020), https://www.stltoday.com/...navirus-aims-at-black-residents-in-st-louis-st-louis-county/article_095e54e4-e416-5231-a3f3-ed8b703e18dc.html.

7. See *COVID-19 Pandemic Highlights Longstanding Health Inequities in the U.S.*, HARV. T.H. CHAN SCH. OF PUB. HEALTH, <https://www.hsph.harvard.edu/news/hsph-in-the-news/covid-19-pandemic-highlights-longstanding-health-inequities-in-u-s/> (last visited Apr. 21, 2021).

8. The Pulse of St. Louis, *supra* note 5.

9. *Id.*

10. *Laboratory Confirmed COVID-19-Associated Hospitalization*, CTRS. FOR DISEASE CONTROL & PREVENTION COVID-NET, https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html

Later, in February 2021, non-Hispanic Black people were 1.1 times more likely to be infected and 2.9 times more likely to be hospitalized with COVID-19 than non-Hispanic, White people.¹¹ Black people have also been more likely to die from COVID-19 than the general population, with Black Americans accounting for twenty-three percent of COVID-19 deaths in the United States in July 2020, despite being only twelve percent of the population.¹² In February 2021, Black, non-Hispanic Americans represented fifteen percent of the deaths.¹³

These national disparities are mirrored at the local level. St. Louis has been a hotspot of the epidemic in Missouri. St. Louis City and St. Louis County, in which twenty-one percent of Missouri's population reside, accounted for twenty-nine percent of statewide cases in July 2020 and fourteen percent of the cases in February 2021.¹⁴ In July 2020, Black people experienced rates of COVID-19 infection two and three times greater than their White counterparts in St. Louis City and County, respectively.¹⁵ In St. Louis City, this rate dropped to 1.3 in February 2021.¹⁶ Coinciding with their disproportionate rate of infection, Black St. Louisans were twice as likely as their White counterparts to die from COVID-19 in July 2020.¹⁷ In 2021, Black people were 1.2 and 1.6 times more likely than their White counterparts to die from COVID-19 in St. Louis City and County, respectively.¹⁸ From the two sets of data points, taken in July 2020 and February 2021, the rate of racial disparity in COVID-19 infection and fatality has decreased both nationally and regionally, but still remains significant.

(from the "View Rates by" dropdown menu, select "Race/Ethnicity") (last visited Apr. 21, 2021) [hereinafter COVID-NET].

11. *Risk by Race/Ethnicity*, *supra* note 1.

12. *Weekly Updates by Select Demographic and Geographic Characteristics*, CTRS. FOR DISEASE CONTROL & PREVENTION fig.1, https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Race_Hispanic (last visited Apr. 21, 2021).

13. *Id.* at tbl.1.

14. *Metrics by Test Date*, MO. DEP'T OF HEALTH & SENIOR SERVS., <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/data-download.php> (click the "Metrics by Test Date by County" tab on the data table, and on the "Metrics by Test Date" tab to see county data and state data by date, respectively) (last visited June 4, 2021); *Quick Facts: Missouri*, U.S. CENSUS BUREAU, <https://www.census.gov/quickfacts/MO> (last visited July 3, 2021).

15. *See COVID-19 Demographic Data*, CITY OF ST. LOUIS, MO., <https://web.archive.org/web/20200706232230/https://www.stlouis-mo.gov/covid-19/data/demographics.cfm> (last visited July 6, 2020) [hereinafter COVID-19 Data, July 6, 2020]; ST. LOUIS CNTY. PUB. HEALTH, COVID-19 TRENDS IN ST. LOUIS COUNTY 7 (July 23, 2020).

16. *See COVID-19 Demographic Data*, CITY OF ST. LOUIS, MO., <https://web.archive.org/web/20210222235823/https://www.stlouis-mo.gov/covid-19/data/demographics.cfm> (last visited Feb. 22, 2021) [hereinafter COVID-19 Data, Feb. 22, 2021].

17. COVID-19 Data, July 6, 2020, *supra* note 15.

18. *See COVID-19 Data*, Feb. 22, 2021, *supra* note 16; *COVID-19 Statistics*, ST. LOUIS CNTY. CARES, <https://stlcorona.com/resources/covid-19-statistics/> (last visited Apr. 21, 2021).

One factor that contributes to these higher rates of illness and death from COVID-19 in communities of color is disparities in chronic diseases. Disproportionately elevated rates of chronic diseases, like asthma and heart disease, among Black St. Louisans mean that those infected with the virus are more likely to experience severe illness.¹⁹ In St. Louis County, Black residents are two times as likely as White residents to have obesity, 1.75 times as likely to have been diagnosed with diabetes, and 1.5 times as likely to die from heart disease²⁰—all conditions strongly associated with increased risk of COVID-19 hospitalization or death.²¹

To understand disparities in COVID-19 outcomes, we must look beyond health conditions and look deeper into racial disparities throughout society. In Missouri and at the national level, Black Americans are disproportionately likely to work in the front-line businesses of grocery and drug stores, public transit, shipping, janitorial services, health care, and social services.²² Black households also own fewer vehicles per household than White households,²³ and Black adults are three times as likely as White adults to take public transit regularly.²⁴ These socioeconomic factors—also called social determinants of health due to their direct impact on individual and population health²⁵—combine to make social distancing more difficult, thereby putting people of color at greater risk during a pandemic.

Furthermore, social determinants of health limit access to health and health care. To understand the link between social disparities and poor health outcomes, consider the example of access to housing. Black St. Louisans today are disproportionately likely to live in neighborhoods with concentrated poverty, limited access to grocery stores, and higher rates of pollutants.²⁶ In the City of St. Louis, due to limited access to grocery stores and transportation, Black

19. See *People with Certain Medical Conditions*, CTRS. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html> (last updated Mar. 29, 2021).

20. JASON PURNELL ET AL., WASH. UNIV. IN ST. LOUIS & ST. LOUIS UNIV., FOR THE SAKE OF ALL 48–49 (2014).

21. *People with Certain Medical Conditions*, *supra* note 19.

22. HYE J. RHO ET AL., A BASIC DEMOGRAPHIC PROFILE OF WORKERS IN FRONTLINE INDUSTRIES 3–4 (2020).

23. U.S. DEP'T OF TRANSP., FED. HIGHWAY ADMIN., *Household Travel in America, in 2010 STATUS OF THE NATION'S HIGHWAYS, BRIDGES, AND TRANSIT: CONDITIONS AND PERFORMANCE* 4 (2010).

24. Monica Anderson, *Who Relies on Public Transit in the U.S.*, PEW RSCH. CTR. (Apr. 7, 2016), <https://www.pewresearch.org/fact-tank/2016/04/07/who-relies-on-public-transit-in-the-u-s/>.

25. *NCHHSTP Social Determinants of Health*, CTRS. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/nchhstp/socialdeterminants/index.html> (last visited Apr. 22, 2021).

26. CITY OF ST. LOUIS, EQUITY INDICATORS: TOWARD A ST. LOUIS REGION THAT WORKS FOR US ALL 109, 137, 146 (2018).

residents are almost twice as likely as White residents to have limited access to healthy food.²⁷ Additionally, due to inadequate housing, higher rates of air pollutants, and building demolitions in Black neighborhoods, Black children in St. Louis City are 2.4 times more likely than White children to test positive for lead in their blood.²⁸ Furthermore, higher rates of mold and pollutants help explain why Black children in St. Louis visit the emergency room for asthma approximately ten times more each year than White children.²⁹ As illustrated in these examples, housing is not just a place to live. It also directly impacts a person's access to resources, such as grocery stores, health care, and exercise opportunities, as well as one's exposure to harm, such as pollution and violent crime.³⁰ These social and environmental factors combine to put Black individuals at greater risk of disease and illness.

B. Structural Racism in the St. Louis Health Care System

While the concept of social determinants of health can help explain the disparate COVID-19 outcomes, structural racism explains the way society systemically creates, maintains, and exacerbates these racial disparities. Structural racism is defined by social epidemiologist Nancy Krieger as “the totality of ways in which societies foster discrimination, via mutually reinforcing systems of discrimination (e.g., in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc.) that in turn reinforce discriminatory beliefs, values, and distribution of resources.”³¹

To better understand this concept, let us reconsider our example of housing as a social determinant of health. Black St. Louisans did not arbitrarily end up in poverty-stricken neighborhoods; rather, policies and systems intentionally segregated the population. Segregation contributes to poverty by lowering home values, limiting access to jobs and education, and decreasing investment in local businesses.³² The racial segregation that characterizes St. Louis today is a product of racially restrictive property deeds through the 1940s, redlining through the 1960s, and private contracts among homeowners through the 1970s.³³ In St. Louis, where majority Black and majority White zip codes differ

27. *Id.* at 146.

28. RHONDA BARTOW, CITY OF ST. LOUIS DEP'T OF HEALTH, CHILDHOOD LEAD POISONING IN ST. LOUIS CITY 12 (2018).

29. CITY OF ST. LOUIS, *supra* note 26, at 37.

30. *Id.* at 149.

31. Nancy Krieger, *Discrimination and Health Inequities*, 44 INT'L J. HEALTH SERVS. 643, 650 (2014).

32. Jason Q. Purnell et al., *For the Sake of All: Civic Education on the Social Determinants of Health Disparities in St. Louis*, 53 URB. EDUC. 711, 723–24 (2018).

33. NANCY CAMBRIA ET AL., SEGREGATION IN ST. LOUIS: DISMANTLING THE DIVIDE 22–23 (2018). Redlining describes a practice in which Black neighborhoods were barred from receiving federal housing aid on the basis of race. *Id.*

in life expectancy by up to eighteen years,³⁴ dramatic health disparities have no single cause; rather, they are the result of multiple generations of structural racism throughout different aspects of society.

As public health campaigns succeed or fail based on their ability to earn community trust, a critical step in analyzing the success of a campaign is to understand how it addresses barriers to trust.³⁵ At a national level, well-documented distrust of health institutions within the Black community exists in the context of structural racism and horrific examples of medical abuse.³⁶ In the 1800s, enslaved men and women were used without consent in medical experimentation ranging from gynecological surgery to vaccine development to heat tolerance experiments.³⁷ In the infamous Tuskegee Syphilis Trial, the United States Public Health Service recruited Black men into a natural history syphilis study by falsely stating that they would receive treatment.³⁸ Subjects were then denied treatment for twenty years following the discovery of curative penicillin.³⁹ In light of this history, Black people today are disproportionately reluctant to enroll in clinical trials, citing in part the fear of being treated like “guinea pigs.”⁴⁰ Furthermore, perceptions of present-day medical mistreatment are supported by findings that Black patients are less likely to receive appropriate treatments including cardiac medication, coronary artery bypass surgery, hemodialysis, and kidney transplantation.⁴¹ These disparities persist even after controlling for income, insurance status, and comorbidities.⁴² Black

34. Purnell et al., *supra* note 32, at 730.

35. See, e.g., Sean Cahill et al., *Stigma, Medical Mistrust, and Perceived Racism May Affect PrEP Awareness and Uptake in Black Compared to White Gay and Bisexual Men in Jackson, Mississippi and Boston, Massachusetts*, 29 AIDS CARE 1351, 1357 (2017).

36. See, e.g., M.W. Wachterman et al., *Mistrust, Misperceptions, and Miscommunication: A Qualitative Study of Preferences About Kidney Transplantation Among African Americans*, 47 TRANSPLANTATION PROC. 240, 245 (2015); Leslie B. Adams et al., *Medical Mistrust and Colorectal Cancer Screening Among African Americans*, 42 J. CMTY. HEALTH 1044, 1058 (2017); Derek M. Griffith et al., *Social and Cultural Factors Influence African American Men’s Medical Help Seeking*, 21 RSCH. ON SOC. WORK PRAC. 337, 343 (2011).

37. See, e.g., Diana E. Axelsen, *Women as Victims of Medical Experimentation: J. Marion Sims’ Surgery on Slave Women, 1845-1850*, SAGE, Fall 1985, at 10, 10; Annette Dula, *African American Suspicion of the Healthcare System Is Justified: What Do We Do About It?*, 3 CAMBRIDGE Q. HEALTHCARE ETHICS 347, 347–48 (1994).

38. Allan M. Brandt, *The Case of the Tuskegee Syphilis Study*, THE HASTINGS CTR. REP., Dec. 1978, at 21, 24.

39. *Id.* at 21.

40. Yvonne Harris et al., *Why African Americans May Not Be Participating in Clinical Trials*, 88 J. NAT’L MED. ASS’N 630, 632 (1996).

41. INST. OF MED. OF THE NAT’L ACADS., *UNEQUAL TREATMENT: CONFRONTING RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE 2–3* (Brian D. Smedley et al. eds., 2003).

42. *Id.*

patients face a history of medical mistreatment, difficulty accessing the health care system, and difficulty obtaining satisfactory treatment within it.⁴³

St. Louis shares the nation's bleak history perpetuating structural racism. In St. Louis, unequal health care treatment on the basis of race is illustrated throughout the segregated history of the city's safety net. In the 1920s–30s, Black patients were treated at City Hospital #2, a substandard facility suffering from overcrowding, underfunding, and a racial hierarchy in which an all-White physician team treated the Black patient population.⁴⁴ In contrast, impoverished White patients were treated at City Hospital #1, a facility with double the per-patient spending as City Hospital #2.⁴⁵ From the 1940s–70s, conditions improved for Black patients following the opening of Black-managed Homer G. Phillips Hospital in North St. Louis.⁴⁶ Health outcomes, however, still lagged behind the White population.⁴⁷ This was attributed to a combination of social factors and funding disparities. Homer G. Phillips Hospital spending was thirty percent less per patient than its White counterpart City Hospital #1.⁴⁸ Private hospitals at the time were inaccessible or unwelcoming to Black patients.⁴⁹

Despite its high regard and success providing culturally sensitive care, Homer G. Phillips Hospital suffered financial strain in the 1960s due to a changing social landscape.⁵⁰ The City of St. Louis closed Homer G. Phillips Hospital in 1979 despite community protests.⁵¹ The closure of the hospital led to a dearth of culturally competent medical care in Black neighborhoods, and many patients fell through the cracks of the new system. In the twenty years following the closure of Homer G. Phillips Hospital, Black patients were treated at a series of financially insolvent hospitals staffed primarily by White physicians, leading to concerns about quality of care.⁵²

When the final safety net hospital closed in 1997, low-income patients, many of whom were Black, were directed to a combination of Federally Qualified Health Centers for primary care needs and private hospitals for inpatient care.⁵³ While this system has enabled access to care for some, for those

43. *Id.* at 131–32.

44. Daniel R. Berg, *A History of Health Care for the Indigent in St. Louis: 1904-2001*, 48 ST. LOUIS U. L.J. 191, 194 (2003).

45. *Id.*

46. *Id.* at 196–97.

47. *Id.* at 197.

48. *Id.* at 197–98.

49. Blythe Bernhard, *Medical Researchers Work to Build Trust with African-Americans to Take Part in Clinical Trials*, STL TODAY (Mar. 17, 2018), https://www.stltoday.com/news/local/metro/medical-researchers-work-to-build-trust-with-african-americans-to-take-part-in-clinical-trials/article_a41e7732-ed82-5d6b-b600-8482ad943bc8.html.

50. Berg, *supra* note 44, at 198–99.

51. *Id.* at 201.

52. *Id.* at 214–15.

53. *Id.* at 216–17.

without health insurance, medical care frequently came—and still comes—at the cost of financial ruin.⁵⁴ Furthermore, specialty care services often have long wait times for the disproportionately Black low-income population, and inter-provider care has often been disjointed.⁵⁵ These problems persist in present-day St. Louis, with twenty-nine percent of working-age Black adults lacking health insurance and few primary care providers located in majority Black neighborhoods.⁵⁶ This local and national history of structural racism within the health care system sheds light on the immense barriers public health campaigns face to reach communities of color.

III. BEST PRACTICES FOR PUBLIC HEALTH CAMPAIGNS

Despite having good intentions, population-level health interventions sometimes worsen existing health disparities by failing to reach already underserved populations. Several interventions to promote cancer screening, infant survival, and smoking cessation not only failed to improve existing disparities but exacerbated them.⁵⁷

To prevent worsening health disparities, public health campaigns should utilize an equity framework when selecting their target population, paying special attention to which populations suffer from a condition or health problem disproportionately. Furthermore, campaigns targeting low-income populations of color need to consider the unique needs of their target population. In this section, we review past campaigns targeting Black communities and describe some of the common factors that helped them earn the trust of their target populations.

Successful campaigns seek input from their target communities in the earliest stages of campaign design. In a nationwide breastfeeding promotion campaign focused on Black women, focus groups provided key insights to refine both messaging and target population.⁵⁸ As nearly all participants endorsed the belief that breastfeeding was “ideal,” but that formula was “good enough,” campaign directors determined that messaging focused on the virtues of breastfeeding would be insufficient and that it would be more effective to correct

54. *Id.* at 217.

55. Berg, *supra* note 44, at 217.

56. PURNELL ET AL., *supra* note 20, at 56–57.

57. See e.g., Steven J. Katz & Timothy P. Hofer, *Socioeconomic Disparities in Preventive Care Persist Despite Universal Coverage: Breast and Cervical Cancer Screening in Ontario and the United States*, 272 JAMA 530 (1994); DANA SCHULTZ ET AL., RAND CORP., EXAMINING INTERVENTIONS TO ADDRESS INFANT MORTALITY IN ALLEGHENY COUNTY, PENNSYLVANIA 2–3 (2020); Tiffany C. Veinot et al., *Good Intentions Are Not Enough: How Informatics Interventions Can Worsen Inequality*, 25 J. AM. INFORMATICS ASS'N 1080, 1081 (2018).

58. Anne Merewood & Jane Heinig, *Efforts to Promote Breastfeeding in the United States: Development of a National Breastfeeding Awareness Campaign*, 20 J. HUM. LACTATION 140, 140 (2004).

misconceptions about formula.⁵⁹ The focus groups also refined the intended audience: while mothers were the primary decision-makers, they described breastfeeding limitations imposed by employers, hospital staff, and daycare providers; therefore, the general community was determined to be an appropriate campaign audience.⁶⁰ In another study, researchers used focus groups among Black men who have sex with men to identify knowledge gaps and barriers to obtaining HIV pre-exposure prophylaxis (PrEP).⁶¹ The majority of participants had never heard of PrEP and many expressed concerns about side effects, highlighting clear educational objectives for a future prevention campaign.⁶² As these examples show, campaigns targeting Black populations should ensure appropriate messaging by seeking community input on the needs, decision-makers, and baseline knowledge of the community.

Health campaigns must also select an appropriate medium in which to convey messages. Helpfully, media consumption patterns unique to the Black community provide an opportunity for successful health messaging. Radio is one such medium: one market research study found that ninety-two percent of Black consumers over the age of twelve listen to the radio each week.⁶³ In a population of low-income Black women in Georgia, radio messaging alone increased mammography rates by twenty percent, while radio combined with print media increased mammography by forty-six percent.⁶⁴ A study on recruiting techniques for smoking cessation among Black people had the greatest numerical success with radio recruitment out of a mixed campaign including radio, television, newspaper, and face-to-face recruiting methods.⁶⁵ However, subjects recruited via radio reported higher incomes and greater readiness to quit smoking compared to subjects recruited face-to-face, and so multiple approaches may be necessary to reach the widest possible audience.⁶⁶

Furthermore, mass media campaigns tend to be more effective at education than at behavioral change, a finding that highlights a complementary role for more personalized campaigns.⁶⁷ One such grassroots campaign involved door-

59. *Id.* at 141, 142.

60. *Id.* at 141.

61. Cahill et al., *supra* note 35, at 1352.

62. *Id.* at 1353.

63. ARBITRON, BLACK RADIO TODAY 2013: HOW AMERICA LISTENS TO RADIO EXECUTIVE SUMMARY 2 (2013).

64. Ingrid J. Hall et al., *The African American Women and Mass Media (AAMM) Campaign in Georgia: Quantifying Community Response to a CDC Pilot Campaign*, 26 *CANCER CAUSES & CONTROL* 787, 791 (2015).

65. Monica S. Webb et al., *Recruiting African Americans Smokers into Prevention Research: Relationships Between Recruitment Strategies and Participant Characteristics*, 32 *RSCH. NURSING & HEALTH* 86, 90–91 (2009).

66. *Id.* at 91.

67. Nick Cavill & Adrian Bauman, *Changing the Way People Think About Health-Enhancing Physical Activity: Do Mass Media Campaigns Have a Role?*, 22 *J. SPORTS SCI.* 771, 787 (2004).

to-door recruiting for neighborhood walking groups in a low-income Black neighborhood.⁶⁸ Peer leaders recruited attendees from their social and professional networks, and first-time participants were given promotional materials to hang on their front doors.⁶⁹ The use of community members as recruiters was identified as crucial to the success of the campaign.⁷⁰

Another recurring theme throughout successful campaigns was the need to prominently feature Black voices. This served the dual purpose of increasing perceived accessibility of the health care system and of portraying healthy behaviors as an internal rather than external cultural norm. In focus groups evaluating breast cancer messaging, participants consistently described the importance of hearing stories of “women like us”—i.e., relatable, non-celebrity Black women who had survived breast cancer.⁷¹ Another campaign promoting walking groups gave first-time participants calendars featuring photographs of members of their community engaging in walks, a strategy to address the lack of cultural norms around this form of exercise.⁷² Similarly, Black survivors of intimate partner violence strongly endorsed the option of a community health navigator who had personally experienced violence, drug use, poverty, or depression, expressing a trust of personal experience over formal credentials.⁷³ In light of these findings, campaigns featuring the words of doctors or public health officials should also consider featuring Black patient voices.

A point of note: extra care should be taken to show positive depictions of historically marginalized groups. Stigma around conditions such as mental illness and HIV is a powerful deterrent to seeking needed health care, and it can be particularly acute in Black communities, where patients live at the intersection of racial and medical marginalization.⁷⁴ Campaigns targeted at marginalized populations risk reinforcing negative stereotypes, as in the case of an HIV prevention campaign featuring sexually explicit depictions of Black

68. Dawn K. Wilson et al., *Qualitative Developmental Research Among Low Income African American Adults to Inform a Social Marketing Campaign for Walking*, INT’L J. BEHAV. NUTRITION & PHYSICAL ACTIVITY, 2013, at 1, 12.

69. *Id.* at 13.

70. *Id.* at 2, 14.

71. Kimberly D. Leeks et al., *Formative Development of a Culturally Appropriate Mammography Screening Campaign for Low-Income African-American Women*, 5 J. HEALTH DISPARITIES RSCH. & PRAC., no. 3, 2012, at 42, 53.

72. Wilson et al., *supra* note 68, at 2, 12.

73. Christina Nicolaidis et al., “*You Don’t Go Tell White People Nothing*”: African American Women’s Perspectives on the Influence of Violence and Race on Depression and Depression Care, 100 AM. J. PUB. HEALTH 1470, 1473 (2010).

74. Katherine Quinn et al., *Multiple Dimensions of Stigma and Health Related Factors Among Young Black Men Who Have Sex with Men*, 21 AIDS & BEHAV. 207, 208, 213 (2017). *See also* Jennifer Alvidrez et al., *The Relationship Between Stigma and Other Treatment Concerns and Subsequent Treatment Among Black Mental Health Clients*, 31 ISSUES MENTAL HEALTH NURSING 257, 258 (2010).

models, which was criticized for the implication that Hispanic and Black people “are the only ones having unprotected sex.”⁷⁵ In a separate HIV testing campaign, messages intended to empower Black women were generally well-received; however, the exclusive use of Black models led to concerns about racial stereotyping.⁷⁶ For campaigns addressing stigmatized medical conditions, racially diverse images seem preferable to mitigate the risks of perpetuating harmful stereotypes.

Finally, public health campaigns targeting Black people should take advantage of the unique strengths of this community. Several campaigns have drawn on the resource of Black religious communities to communicate messaging in a culturally acceptable manner.⁷⁷ Another campaign took advantage of positive images of Black women as “strong sisters” to promote health responsibility.⁷⁸ Black communities are essential resources at every stage of a campaign: a source of input in planning, a grassroots network for sharing information, and a wealth of personal experience navigating the health care system. In the face of the significant racial health disparities that exist in the United States today, public health campaigns should direct culturally appropriate programming towards the larger goal of promoting racial health equity.

IV. PREPARESTL: A COMMUNITY-DRIVEN, EQUITY-CENTERED PUBLIC HEALTH CAMPAIGN

A. *Conception of PrepareSTL*

According to Rebecca Bennett, Founder and Principal of Emerging Wisdom, PrepareSTL was created between March 19 and March 21, 2020. Earlier in March, Ciarra Walker, Steve Parish, and other members of the St. Louis Community Health Worker Coalition discussed the need for information on COVID-19 to be shared with Black residents and others who would likely be disproportionately impacted by its adverse effects.

The St Louis Community Health Worker Coalition is a regional asset positioned at the crossroad of community health and community advocacy. Members provide specialized expertise on the local community and “lived

75. Lance C. Keene et al., *#PrEP4Love: Success and Stigma Following Release of the First Sex-Positive PrEP Public Health Campaign*, 23 *CULTURE, HEALTH & SEXUALITY* 1, 1–2, 3, 4 (2021).

76. Jennifer D. Uhrig et al., *Perceived Message Effectiveness to Evaluate Updated Concepts for a National HIV Testing Campaign for African American Women*, 10 *J. COMM’N HEALTHCARE* 205, 209–10 (2017).

77. See e.g., Wilson et al., *supra* note 68; Floyd Thompkins Jr. et al., *A Culturally Specific Mental Health and Spirituality Approach for African Americans Facing the COVID-19 Pandemic*, 12 *PSYCH. TRAUMA: THEORY, RSCH., PRAC., & POL’Y* 455, 456 (2020).

78. Uhrig et al., *supra* note 76, at 207.

experience” to develop community interventions that address structural determinants resulting in violence, poverty, and racism.⁷⁹ The pandemic proved, unwaveringly, the need for this group to center its neighbors, as they are skilled at presenting culturally responsive, innovative solutions through collective visioning. Seeing an opportunity to build trust within their local communities, Coalition members encouraged one another to take the conversations from their meetings to harness greater support for COVID-19 response efforts in the region.

On March 19, 2020, Steve reached out to Rebecca and Bethany Johnson-Javois, CEO of the Saint Louis Integrated Network, to discuss the possibility of community-wide action. Bethany and Rebecca spoke later that day about robust community engagement and outreach, and they both contacted Laurna Godwin, President of Vector Communications, before the evening’s end regarding communications. That same night, Dr. Jason Purnell, at the time Director of Washington University’s Health Equity Works, called Rebecca about helping to coordinate action among the City and County Health Departments. A flurry of additional calls ensued over the next twenty-four hours. Rebecca took what she heard from these initial conversations and developed a draft campaign strategy to launch the collaborative work, which she presented at the first team meeting the morning of Saturday, March 21, 2020.

At the meeting on March 21, all of the campaign’s sponsoring organizations were at the table except the City of St. Louis Health Department (which was kept in the loop by Angela Brown, CEO of the St. Louis Regional Health Commission) and the St. Louis Mental Health Board (which joined the team later in the spring). During this meeting, the campaign clarified their target audiences: primarily low-to-moderate income Black and foreign-born community members. Participants also established that the campaign would have two goals: 1) stop the spread of the coronavirus among the target audiences and 2) help these communities survive the virus’s adverse social and economic impacts.

The campaign also assigned consultants and staff from the sponsoring organizations to plan and undertake immediate public health information and engagement actions. The operational model was still in development, but leaders agreed that the campaign needed strong communications and robust on-the-ground community engagement. Furthermore, they decided to begin working in North St. Louis City and County—where the convergence of racism, poverty, and viral infections would amplify disparity and hardship.

PrepareSTL did not begin with contracts or memoranda of understanding. There were no dedicated budgets or external community mandates. Even dedicated attention was lacking from public health partners, who were scrambling to respond to the emerging pandemic. The campaign rose out of

79. See *CHW Workforce Partnership*, ST. LOUIS INTEGRATED HEALTH NETWORK, <https://stlouisihn.org/chw-workforce-partnership/> (last visited Aug. 25, 2021).

unwavering commitment from non-profit leaders, public health practitioners, community health workers, community organizers, and community members (referenced by the campaign team as community champions), who collectively directed resources and energy to the most impacted residents in the region.

B. Organizational Structure of PrepareSTL

PrepareSTL's organizational backbone consists of seven sponsoring agencies (St. Louis Regional Health Commission, St. Louis Integrated Health Network, St. Louis Community Health Worker Coalition, Alive & Well Communities, St. Louis Mental Health Board, City of St. Louis Department of Health, and St. Louis County Department of Public Health Department), two consultants (Emerging Wisdom and Vector Communications), and one operating partner (The T).⁸⁰

The campaign leadership is composed of mostly women and majority Black, Brown, and indigenous individuals.⁸¹ PrepareSTL is organized around three primary working groups: the large, overall campaign group; a subset communications team; and a subset community organizing team.⁸² The large group consists of approximately thirty participants, who represent sponsoring agency representatives, consultants, and team leaders from the campaign's operating partner. This team initially set the direction for the campaign, though it later came to occupy a more passive role as its sub-committees planned and executed bodies of work.

Additionally, the communications team develops and manages messaging, collateral materials, public relations, and social media platforms. The organizing team includes eight sponsoring agency representatives (from the City and County Health Departments, Alive & Well Communities, Saint Louis Integrated Health Network, and Community Health Worker Coalition) and four engagement consultants, who provide expert knowledge and skills in strategy, community organizing, and medicine. Of note, the representatives of the sponsoring agencies are community consultants and community health workers, who represent the communities and neighborhoods they serve. The organizing team conducts community outreach, as well as generates and implements community solutions in response to emerging on-the-ground needs and requests. These efforts include the management of canvassers and the strategic planning for neighborhood outreach.

The meeting structure has varied, but from March to October 2020, PrepareSTL teams met daily to respond to the urgent needs of the community

80. Annex 1, List of Sponsoring Organizations, Funders, and Partners for PrepareSTL [hereinafter List of Sponsors] (on file with authors).

81. The Pulse of St. Louis, *supra* note 5.

82. See generally PREPARESTL, COMMUNITY OUTREACH & ENGAGEMENT EARLY MAY UPDATE 1 (2020) [hereinafter COMMUNITY OUTREACH].

and constantly shifting landscape. Only in November 2020, did the organizing team adjust its meeting structure to be weekly.

C. Partnerships and Funders of PrepareSTL

Ten funders, including foundations, hospital systems, and other coalitions, contributed a total of \$1,352,900 to PrepareSTL.⁸³ Twelve additional donors, including departments of health, hospital systems, and other organizations, provided in-kind donations of personal protective equipment (PPE) including 244,000 masks, 14,000 gloves, and 380 bottles of hand sanitizer.⁸⁴

PrepareSTL also worked with 160 community partners to execute its community engagement and outreach efforts.⁸⁵ Partners have come from the public, non-profit, faith, grassroots, and private sectors; they include a wide range of organizations, efforts, and interests. The following types of partners contributed to the campaign: grassroots community groups and organizations, early childhood education groups, immigrant service providers, government agencies, churches, social service providers, health care providers, public school districts, area businesses, voter and census engagement efforts, youth development organizations, and advocates for people who are unhoused.⁸⁶

D. A Review of PrepareSTL's Evolving Community Outreach Model

PrepareSTL's community outreach model consists of three main components: "public health education, community action, and economic relief."⁸⁷ The model provides reliable and accessible information about the virus, distributes PPE to prevent community spread, and offers financial support to canvassers involved in the campaign.⁸⁸ Together, these strategies heighten public awareness about preventing the spread of COVID-19 and help community members navigate the multidimensional hardships related to the pandemic.⁸⁹ This model adopts a "triple bottom line of positive impacts that simultaneously advances heightened public awareness, community protection, and income support."⁹⁰

1. Public Health Education

Communications efforts fell into three categories with specific actions planned and executed in each category: public relations (TV features and

83. List of Sponsors, *supra* note 80.

84. *Id.*

85. *Id.*

86. *Id.*

87. COMMUNITY OUTREACH, *supra* note 82.

88. *Id.*

89. *Id.*

90. *Id.*

advertising, print features, donated advertising, radio blitzes, radio features, and radio spots), electronic and social media (Facebook page, YouTube channel, and a campaign website available in ten languages), and hardcopy materials (including the dissemination of 50,000 direct mailers, collateral materials such as educational flyers in nine language translations, laminated posters, 1000 yard signs, twenty sandwich boards, and banners for community events). The communications team engaged with the following outlets to amplify the message: KSDK, KPLR, Bounce TV, KTVI, KMOV (television), Premion (over the top advertising), St. Louis American, NorthSider, Southsider, La Tremenda, Red Latina, Bosnian Media Group, iHeart Radio, Radio One, RealSTL News, Own Your Now Show, and The Pascal Show.⁹¹

2. Community Action

PrepareSTL's community action has relied on street canvassing to reach residents at a neighborhood-level. Conventional canvassing includes "direct contact with individuals around issues and topics of interest."⁹² The pandemic necessitated a new way of canvassing; PrepareSTL developed a public presence in targeted neighborhoods while respecting social distancing requirements.⁹³ PrepareSTL canvassers, trained community champions "who reflect, live, and work in the communities being canvassed," distributed public health information to community hot spots (highly trafficked neighborhood locals).⁹⁴ They posted flyers, distributed collateral, answered questions from residents and business owners, and gave out PPE kits, which included "some combination of cloth and/or surgical masks, mask instruction cards, paper bags for decontamination, alcohol wipes, fever strips, vitamin C chewables, and PrepareSTL flyers."⁹⁵ Canvassers, many of whom faced financial hardship during the pandemic, received compensation for their contributions in the form of a \$360 Visa gift card.⁹⁶

The community action campaign consisted of three main phases: COVID outbreak (March–May 2020), immigration outreach and regional shutdown and reopening amid summer protests (June–July 2020), and the cloth mask campaign (August–December 2020).⁹⁷ Across the three phases, PrepareSTL distributed

91. List of Sponsors, *supra* note 80.

92. COMMUNITY OUTREACH, *supra* note 82.

93. *Id.*; *PrepareSTL Tries to Slow the Spread of COVID-19 in High-Poverty Zip Codes*, ST. LOUIS AM. (Apr. 15, 2020), http://www.stlamerican.com/your_health_matters/covid_19/prepare-stl-tries-to-slow-the-spread-of-covid-19-in-high-poverty-zip-codes/article_5ed2e5a8-7a6b-11ea-95f6-87135fe58947.html.

94. COMMUNITY OUTREACH, *supra* note 82.

95. *Id.*; *Outreach*, PREPARESTL, <https://www.preparestl.com/campaign/> (last visited Apr. 20, 2021) [hereinafter *Outreach*].

96. COMMUNITY OUTREACH, *supra* note 82.

97. *Id.*

approximately 300,000 cloth and surgical masks. Approximately 183 canvassers distributed masks in 70 street and mobile canvasses, reaching 683 community hot spots. Additionally, 31 of the street team canvassers were either foreign born or served immigrant and refugee communities. Hot spots included heavy foot traffic and high visibility locations, such as grocery stores, gas stations, beauty supply stores, convenience stores, pharmacies, health centers, laundromats, liquor stores, check cashing stores, schools, early childhood education centers, and public and senior housing complexes.⁹⁸ The campaign hosted four mask give-away events, which brought in 891 attendees and provided tests to 116 people, while also supporting 41 community-led mask give-away events. In addition to canvassing, hosting, and supporting community events, PrepareSTL also carried out bulk, targeted PPE distribution to municipalities, neighborhood hubs, and other social service partnerships.⁹⁹ In total, PrepareSTL assembled and distributed 100,000 PPE kits.

3. Economic Relief

PrepareSTL paid community champions (also referenced as canvassers) to canvass target zip codes and community hot spots, provide unhoused outreach, and assemble PPE kits. From April through December 2020, PrepareSTL partnered with 213 community champions and dispensed \$150,000 in direct financial support, which included not only the standard canvasser honoraria,¹⁰⁰ but also hardship fund distributions for champions who suffered economic crises and needed immediate, personal assistance.

The value of the financial support provided was confirmed early in the initiative through a survey of champions. Sixty-four percent of those who responded reported that they had experienced a loss in employment, reduction in earnings, and economic instability as a result of the COVID-19 pandemic.¹⁰¹

V. EVALUATING PREPARESTL

This study does not comprehensively measure the success of PrepareSTL on activating behavior change. The interviews with canvassers and volunteers highlight knowledge increase and behavior change around preventative public health measures, but residents in targeted neighborhoods were not surveyed at large. Analyzing the success of PrepareSTL from a lens of measured behavior change, such as increased mask usage or physical distancing, is an area deserving of further investigation. While this study does not measure widespread

98. *Id.*

99. *See Outreach, supra* note 95.

100. Honoraria are payments made for a person's professional services. *Honorarium*, Oxford Learner's Dictionaries, <https://www.oxfordlearnersdictionaries.com/definition/english/honorarium> (last visited July 7, 2021).

101. COMMUNITY OUTREACH, *supra* note 82.

adoption of public health practices, the regional rates of COVID-19 support the equity-centered work of PrepareSTL. As explained in Part II of this Article in greater detail, between July 2020 and February 2021, the St. Louis region saw a decrease in racial disparities in rates of COVID-19 infection and fatality.¹⁰² While no direct causation can be proven, PrepareSTL likely contributed to the significant decline in racial disparity through its targeted, robust media and outreach efforts.

This study aimed to understand the factors that contributed to the success of PrepareSTL as a community-led and equity-centered response to COVID-19 to leverage learnings for other public health initiatives. The interview questions focused on the unique characteristics of PrepareSTL from the perspective of those intimately involved with the campaign.¹⁰³ All questions were optional to answer.

We conducted six semi-structured interviews and three semi-structured focused groups, two with canvassers and one with executive leaders and campaign organizers.

We conducted interviews and focus groups over Zoom with video.¹⁰⁴ Interviews lasted approximately one hour, and focus groups lasted two hours.¹⁰⁵ All three focus groups were conducted in December 2020, and interviews occurred in December 2020 and January 2021.

The research team represents three organizations closely involved with the PrepareSTL campaign: the St. Louis Regional Health Commission (two researchers), Saint Louis Integrated Health Network, and Emerging Wisdom.¹⁰⁶ Two members of the research team also serve on the organizing team in volunteer and consulting capacities. All four members of the research team were present at focus groups and were involved in some interviews. The research team prefaced each interview with a request for full transparency and an explanation of the research's confidentiality.¹⁰⁷

102. *See infra* Part II, at p. 4.

103. List of Sponsors, *supra* note 80.

104. Sidney Watson, Protocol: Lessons Learned from Community-Driven Responsiveness during COVID-19 (unpublished IRB document) (on file with author).

105. *Id.*

106. *Id.*

107. *Id.*

Interviewees included the following groups:

<i>Interview group</i>	<i>Number of interviewees</i>	<i>Description of interview group</i>
PrepareSTL volunteers	2	Those involved with the campaign who did not receive compensation and were not directly involved in the planning or organizing of the campaign.
PrepareSTL canvassers	13	Community champions who distributed PPE and educational supplies to hot spots (businesses and community centers in the targeted zip codes). Canvassers participated in one of two focus groups.
PrepareSTL organizers	9	Those who lead the planning of the PrepareSTL community outreach. Organizers represent sponsoring organizations and consultants. Seven organizers participated in a focus group, and two additional organizers were individually interviewed.
Executive leaders	11	Leaders of the sponsoring organizations who, as of August 2021, continue to help advise the campaign and secure funding. Eleven leaders participated in one focus group; two of these participants were also interviewed individually.
Total number of interviewees	35	

We intended to interview an additional group of participants—owners of community hot spots.¹⁰⁸ This perspective would have enabled the study to speak to observed behavior change within targeted business hot spots and represent a perspective less intimately involved with the operations of the campaign. We reached out to multiple individuals and businesses but did not secure interviews due to the study’s tight timeline and a lack of responsiveness from prospective participants, likely stemming from competing priorities during a pandemic.

108. *Id.*

We used a combination of content analysis and narrative analysis to interpret the qualitative data.¹⁰⁹ Researchers coded and categorized responses based on the specific aims of the study.¹¹⁰

These interviews and focus groups allowed us to 1) analyze how the PrepareSTL campaign expanded and tailored public health campaign best practices to fit the needs of its target audience, 2) highlight distinguishing characteristics of the campaign developed outside of the stated best practices, 3) project long-term impacts of the campaign, and 4) identify campaign challenges.

A. *Expanding and Tailoring Public Health Campaign Best Practices*

1. Targeted Campaign Focus

The PrepareSTL campaign has a clear focus to “[help] St. Louisans of color prepare and prevail.”¹¹¹ This clear, equitable prioritization of resources is noteworthy and helped contribute to the campaign’s ability to reach its target audiences. One organizer mentioned that one of the campaign’s biggest impacts “is the fearlessness of this group to center Black lives . . . I don’t think that is always done. And even if we want to do it as people of color, sometimes we get nervous and concerned that folks might not fund us, folks might not understand.”¹¹²

The campaign’s focus on people of color led to targeted strategies, such as outreach in specific zip codes, formation of new partnerships to uplift pre-existing relationships with immigrant and foreign-born communities, and proper translation of select campaign materials into ten languages. One canvasser commented on the importance of having materials in various languages: “When we went to the south side, we had the different nationalities, where we were passing out the [materials] in the different languages. That was cool, too, because we were able to reach, you know, that set of people. They didn’t feel ostracized, alienated, or feel compelled to have to conform to the English language, especially during these stressful times.”¹¹³ The campaign’s clear commitment to equitable outreach should not be assumed or overlooked; it was a critical factor to reach Black and foreign-born community members.

2. Multifold, Racially Responsive Communication Strategies

The PrepareSTL campaign used a multitude of communication strategies to reach a broad yet targeted audience. As discussed in the background section, the campaign employed a variety of outreach methods, including radio, television,

109. Watson, *supra* note 104.

110. *Id.*

111. *About*, *supra* note 3.

112. Interview (Dec. 9, 2020).

113. Interview (Dec. 17, 2020).

newspaper, and face-to-face recruitment. Combining diverse mass media strategies with direct outreach has been shown by other campaigns to lead to broad educational reach with a higher rate of behavioral change.¹¹⁴ PrepareSTL followed these campaign best practices, and multiple stakeholder groups noticed.

An executive leader involved in the media campaign highlighted the successful combination of using “direct person-to-person strategies and indirect strategies (marketing and communications). One could not succeed really without the other.”¹¹⁵ Furthermore, the media materials followed another best practice discussed in the background section: using racially diverse images and positively depicting marginalized groups. When describing the media graphics, one canvasser explained, “It was put out in a way that it *was* community.”¹¹⁶ She further explained how the engaging, clear graphics allowed for broad adoption: “It was very good to see that it was done in a very tasteful and engaging way It was always communicated [for] community high-risk groups, but it was for anyone and everyone who wanted the information and . . . different demographics. It wasn’t just Black people sharing it. I saw other people, other races sharing it.”¹¹⁷

3. Engaging Community Champions

All stakeholder groups commented on the engagement of community champions, particularly Black community leaders, to deploy information and resources during outreach efforts. The background section elaborates on other successful campaigns relying on community members as recruiters and featuring Black voices as messengers of the information. To describe PrepareSTL’s successful community outreach, one campaign volunteer described the effort as “community educating the community.”¹¹⁸ An executive leader added, “It’s a different, different position . . . when it’s *our* people, right? And so, coming with that posture of respect allows us to be able to listen and actually engage and activate based on what we hear, rather than feeling as if we are the purveyors of all truth”¹¹⁹

The PrepareSTL outreach model for information-sharing and PPE-distribution was highlighted and highly regarded by all volunteer respondents. One canvasser responded, “helping people get information and making sure people’s lives are saved”¹²⁰ was her most meaningful contribution to the

114. See GWENN KUBECK, OR. STATE UNIV., PUBLIC OUTREACH AND BEHAVIOR CHANGE 3, 8, 9, 16 (2007).

115. Interview, *supra* note 112.

116. Interview, *supra* note 113.

117. *Id.*

118. Interview (Dec. 16, 2020).

119. *Id.*

120. Interview (Dec. 15, 2020).

campaign. PrepareSTL demonstrated the ability to get information into the community at the neighborhood level. “Collectively we were able to get resources in the hands of under-resourced demographics and under-resourced areas, you know, one could downplay you know the access to gloves and masks, but . . . the fact that we were able to readily and easily get these into the hands of people was huge,”¹²¹ said a respondent.

During a focus group interview, canvassers reflected and applauded themselves on the “necessary and meaningful” work they made in their *own* communities.¹²² “I see those posters everywhere. We canvassed . . . I still go to a place like oh . . . they were here,” said a campaign canvasser.¹²³ “People who I hadn’t even, like, talked about the campaign with . . . knew what the campaign was when they saw . . . my yard sign or something,” confirmed another respondent.¹²⁴ “I think that that left a big emotional, big psychological impact to show that, hey, *we got us*,” another respondent followed.¹²⁵ The PrepareSTL model relies on neighbors helping neighbors; the community serves as the campaign’s heartbeat.

4. Use of Plain Language

The campaign’s choice of language, graphics, and content mattered, too. When the campaign launched, there was a high level of uncertainty about COVID-19. Canvassers noticed how the campaign communicated science in empowering, accessible ways, especially against the backdrop of confusion. One canvasser explained, “Especially early on with the first outbreaks in St. Louis, there’s a lot of . . . misinformation surrounding the novel coronavirus, and a lot of that misinformation was also like racially charged . . . [PrepareSTL] really kind of helped just simplify a lot of this uncertainty and crazy information coming over from every angle.”¹²⁶

Four out of thirteen canvassers specifically called the communication materials easy to understand. One canvasser explained, “[The PrepareSTL materials were] very much in language that was understandable, easy to read. Again, accessible is the word I keep using.”¹²⁷ A volunteer also commented on the accessibility of the language: “[The communication] was written extremely well for communities to help people understand.”¹²⁸ A simple example of “choice language” highlights PrepareSTL’s intentionality with communications. Instead of using the phrase “social distance,” PrepareSTL has always defined

121. Interview (Dec. 18, 2020).

122. *Id.*

123. *Id.*

124. Interview, *supra* note 113.

125. Interview, *supra* note 121.

126. Interview, *supra* note 113.

127. *Id.*

128. Interview, *supra* note 118.

specific behaviors that reduce the spread of disease, such as, “[stay] at least six feet from any people outside your household. That’s about two arms’ length.”¹²⁹ The clarity of this language more easily promotes behavior change.

B. *PrepareSTL’s Distinguishing Campaign Characteristics*

1. Campaign’s Emphasis on Community Care

A canvasser expounded on the benefits from recruiting canvassers who “were for and of the people” they served.¹³⁰ He mentioned that “what makes PrepareSTL unique is knowing the commitment and a level of love that some of the key contact folks have for people of African descent and other, you know, people of color, marginalized populations.”¹³¹ “And that authenticity . . . that commitment, that love, trickled down, or was reflected in the canvassers.”¹³² Furthermore, he explained:

[PrepareSTL] didn’t have this White savior feel to it. It was actually people that are connected to the community, in some way, shape, form, or fashion. They have a deep love for the community and love for their people. And I think that those relational things . . . allow us to connect with the community deeper than somebody from outside the community, that doesn’t really know about the people, the culture, doesn’t have a vested interest in the community . . .¹³³

Several canvassers and executives pointed to this notion of communal care as a strong tool for continued engagement of community champions and a critical factor for the campaign’s success. One canvasser succinctly summarized this approach: “You know, a lot of us . . . [are] the people that do it from the heart.”¹³⁴ Beyond the public health implications of the PrepareSTL campaign, individuals shared a feeling of connectedness to community, with one canvasser stating, “just the opportunity to share important resources in the space that I grew up [in] and love was a great opportunity for me.”¹³⁵ Many other canvassers and volunteers shared similar sentiments. One canvasser reported that the campaign “help[ed] my children see that our communities do matter . . . and that we could be out here spreading the word and taking care of our communities and making sure they have the information that they needed.”¹³⁶

129. *Social Distancing*, PREPARESTL, <https://www.preparestl.com/distancing/> (last visited June 6, 2021).

130. Interview, *supra* note 121.

131. *Id.*

132. *Id.*

133. *Id.*

134. Interview, *supra* note 113.

135. *Id.*

136. *Id.*

2. Economic Component of Community Care

While the campaign had an outward focus on community care for the most vulnerable, it also employed that same care internally, as illustrated by the economic support of canvassers. Campaigns traditionally rely on two primary forms of human capital: a small number of paid long-term employees and a large number of unpaid short-term volunteers. PrepareSTL took a unique approach: the campaign engaged community members as short-term paid canvassers, instead of as unpaid volunteers. This meant that people were well compensated for their time, especially compared to the more common model of relying on volunteer labor from community residents. “[T]hey took care of us, as well as the community,” said a canvasser.¹³⁷ Another one continued, “so many people were furloughed, losing their jobs.”¹³⁸ The difficult circumstances made the economic compensation even more critical.

Additionally, canvassers were further supported with an emergency fund, which could be accessed at any time for hardships. A canvasser stated that “PrepareSTL also provided just resources for us, like as the canvassers, if we needed something, if we needed to get a test, if we were struggling to pay our rent, mortgage, utilities.”¹³⁹ The importance of this economic component of the campaign was emphasized nearly a dozen times by executives, organizers, and canvassers. This type of wrap-around economic support is largely a foreign concept in traditional campaign organizing, but it is significant because it provided a type of care for the canvassers emblematic of the collective community care of the campaign.

Also mentioned was the need for organizational leaders to be compensated for their invaluable contributions to the campaign. “I don’t think any of the organizational table [members] are compensated for their time or their staff’s time that they have provided to this initiative They need to be compensated for this work,” stated an executive leader.¹⁴⁰ This can become an area of growth as the campaign evolves and matures.

3. Relational Resourcing

The campaign’s strong network of organizations was mentioned by every stakeholder group—executives, canvassers, volunteers, and organizers. One executive leader explained, “This is an exceedingly well-networked group . . . from on-the-street engagement of our unhoused neighbors . . . to foundation presidents”¹⁴¹ The campaign’s leadership has a “vast network of

137. *Id.*

138. *Id.*

139. Interview, *supra* note 113.

140. Interview, *supra* note 120.

141. Interview, *supra* note 121.

relationships that reach into nearly every aspect of civic and community life.”¹⁴² This strong network aided the campaign in its ability to bring on additional community partners, acquire seed money and sustain funding sources, and build rapport in the community.

Six canvassers mentioned their desire to join the campaign because of the organizations and leaders at the table. A volunteer also mentioned her relationship with the sponsoring organizations as a key reason for trusting the campaign: “Everyone that was involved were people that we had either worked with, knew of, had, you know, great relationships with, and really trusted their commitment and their work in the community.”¹⁴³ Executive leaders and organizers also spoke to how pre-existing relationships with other sponsoring organizations allowed the campaign to rapidly foster deep trust and commitment to collaboration. One executive leader explained, “I don’t think it’s just competence here, but I think it’s strong pre-existing and reinforcing of relationships.”¹⁴⁴

4. Strong and Black Leadership

The strength of the campaign’s leadership team was more than its broad network; the specific leaders at the table were critical. As previously explained, PrepareSTL did not begin with contracts or a mandate. Community leaders, including organizational executives and community health workers, conceived of and launched PrepareSTL to ensure an equitable response to a devastating pandemic. In describing the PrepareSTL leadership, one executive leader noted,

What we did have . . . is extraordinary talent with deep competency and community credibility; an unrivaled leadership bench comprised of Black women with institutional and organizational authority; . . . a willingness to act with agility and urgency; an unwavering commitment to community/Black folks’ well-being; and an absence of egos intent upon credit claiming and political posturing.¹⁴⁵

These leadership characteristics helped guide the campaign’s success by creating a culture of community responsiveness and collaboration. An organizer explained, “I personally cannot envision doing this work without this team.”¹⁴⁶

Canvassers also spoke to the specific characteristics of the campaign’s leadership. During a focus group, canvassers were asked: “How did having a doctor present the information upfront impact the campaign?”¹⁴⁷ Five out of six

142. Memorandum from Rebecca Bennett to Amanda Harris and Brittini Gray, Background for PrepareSTL 2 (Jan. 5, 2021) (on file with author).

143. Interview, *supra* note 118.

144. Interview, *supra* note 112.

145. Memorandum, *supra* note 142.

146. Interview, *supra* note 112.

147. Interview, *supra* note 113.

respondents spoke to the specific traits of the doctor (who helped prepare canvassers to practice safety while doing outreach). One explained,

I really just want to emphasize the individuality of this particular doctor . . . it goes again to like the right people. [This doctor] was exactly the right physician [This doctor has] dedicated themselves and immerse[d] themselves in the community, [and is] extremely passionate about this specific group, vulnerable population You can't just throw any 'ole person in this position and expect people to be responsive.¹⁴⁸

Another canvasser explained how having a Black doctor present the information mattered:

I have to see somebody that looks like me or . . . I can't always trust it. Like, I just can't because you don't have the same experiences [as] me . . . if you haven't been through what I've been through. So, um, I was just happy to see . . . they're invested in the community. They're knowledgeable, and . . . Black.¹⁴⁹

The canvassers' responses illustrate how the leadership team's unique blend of characteristics, including demonstrated commitment to community, helped lead to the campaign's success.

5. Organizing Team's Radical Leadership and Management Style

Aside from the executive leadership of the campaign, the day-to-day work of the campaign was managed by the organizing team. It was also the space where relationships were built that reverberated throughout the campaign. The love, the commitment, and the drive of the campaign rests in the radical leadership structure of the organizing team. "Like I feel affirmed and I feel uplifted when I leave the PrepareSTL table," said an organizer.¹⁵⁰ Separately, a canvasser stated that "building the capacity and the, I think, confidence of some of the people on this team who are absolutely fabulous, in terms of folks who, you know, had some, had passion, but hadn't necessarily executed in this way before" was an additional and unexpected opportunity provided by the campaign.¹⁵¹ In other words, the organizing team, with its expertise and passion, tapped into the expertise and passion of all those it encountered, and the campaign was better for it. An executive shared best the true authenticity of the organizing team and its ability to reach the community, "[the] organizing team has been all community leaders . . . leading the way, having the input, making the decisions."¹⁵²

148. *Id.*

149. *Id.*

150. Interview (Jan. 14, 2021).

151. Interview, *supra* note 112.

152. Interview, *supra* note 120.

PrepareSTL took an assets-based approach to understand and harness the strengths of the community to match the urgency necessitated by the pandemic. PrepareSTL challenged the conventional way of working to match the unprecedented circumstances that were affecting the region. Campaign organizers committed to “go outside [the box] to change policies, I think, to not stick with the attitude of we haven’t done it this way before.”¹⁵³ Partnership and collaboration have been illustrated as core components to the PrepareSTL campaign. “Here in St. Louis, you know, we organized and brought together the community and I was a part of it. That makes me feel, like, really good,” said a community canvasser.¹⁵⁴

Another key factor of success was the campaign’s management approach, which combined flexibility with intense planning. Five of the twelve executives interviewed commented on the fluidity of the campaign’s planning and implementation. One executive leader stated, “having that willingness to be organic and flexible has really helped this initiative to be able to be responsive.”¹⁵⁵ This idea of flexibility and fluidity was expressed in several ways by executive leaders, including the campaign’s willingness to listen, adapt, and respond to community need and input. The canvassers more frequently spoke to the high-level of organization of the campaign. Six out of the thirteen canvassers specifically commented on the impressive organization of the campaign when referencing the planning of the outreach efforts. While the executive leaders mentioned the intense preparation needed to protect the health of canvassers, they did not often comment on the organized nature of the campaign. Combining the various stakeholders’ perspectives, a balance of preparedness and adaptability appeared to lead the campaign to its successes.

6. Establishing a Highly Sensitive Feedback Loop

The strategy, co-developed by campaign executives and organizers, provided a roadmap for the campaign. The organizing team then developed the tactics and designed a process to meet the campaign’s strategic goals. The organizing team subsequently trained and deployed canvassers (local community members) to assist in carrying out the outlined tactics and specific tasks. In addition to tracking the success of their work, the campaign facilitated debrief sessions with canvassers on their activities within three days of their deployment. This tight timeline allowed for relevant insights from the debrief to be incorporated into the next activity of the campaign immediately, even in time for the next canvass. This meant, if needed, the organizing team could refine the tactics or realign the strategy with true community need. “After the first time I went out and canvassed, you know, having a follow-up call, where we were able

153. *Id.*

154. Interview, *supra* note 121.

155. Interview, *supra* note 120.

to give feedback/suggestions made me feel like I was able to add my voice to the space,” said a canvasser.¹⁵⁶ Another stated, “I think they took some of those [suggestions] in account because they started going out in the vans and doing different things I think they listened and heard everything we were saying in those breakout rooms and incorporated them.”¹⁵⁷

The work of PrepareSTL has challenged practitioners and organizers to reimagine community partnerships and what it means to work together. “It’s like an exemplar of what real radical collaboration can do to an organization,” said a respondent.¹⁵⁸ The structure of the campaign “models how community leaders can make effective decisions,” said a volunteer.¹⁵⁹ “The larger health systems [need to] understand you need to partner with and listen to grassroots organizations that have their ear to the ground, that have the trust in the community,” said an executive leader.¹⁶⁰ “People are now valuing, respecting the input, seeking it out, and looking to use it in a way that’s beneficial for community change,” a stakeholder of the PrepareSTL campaign shared excitedly.¹⁶¹ The campaign’s pattern of defying traditional leadership and organizational roles allowed it to amplify voices from the community.

C. *Projected Long-Term Impacts*

1. Personal Knowledge Increase Through Campaign Efforts

PrepareSTL not only increased widespread awareness, but it also promoted learning and behavior change among the canvassing team. Every canvasser and volunteer interviewed shared the personal tensions they experienced navigating the onset and evolution of the COVID-19 pandemic. Many respondents shared their appreciation of PrepareSTL, and the way it has influenced and impacted their personal behaviors. “Teaching me how to protect myself or how to protect others around me, the hand washing, the hand sanitizer, wiping everything down; just those little . . . things helped me,” said a canvasser.¹⁶²

Canvassers and volunteers spoke transparently about the hesitations and mistrust they witnessed amongst family as well as the overwhelming amount of misinformation that circulated in their networks. One canvasser demonstrated how her engagement with the campaign promoted change in her own life and her interactions with others. She shared how her knowledge from participating in the campaign helped her explain the efficacy of the public health measures: “being able to explain to a person why I have my mask on, why . . . me being

156. Interview, *supra* note 125.

157. *Id.*

158. Interview, *supra* note 150.

159. Interview, *supra* note 120.

160. Interview, *supra* note 118.

161. Interview, *supra* note 120.

162. Interview, *supra* note 121.

six feet apart from them shouldn't offend them. Because I'm trying to protect them.”¹⁶³ PrepareSTL created space for canvassers to be educated about COVID-19 and work to adapt their behaviors. The campaign also gave space for the community to be receptive. A communications expert for the campaign shared this perspective: “You may not be able to change someone's mind. But if you introduce enough disruption to the existing narrative to make people think, you might have a chance of allowing them to change their mind.”¹⁶⁴ Members of the community who were once resistant to the suggested preventive measures, like wearing a mask, might even become willing to reconsider their behaviors with enough personal outreach.

2. Development of Community Infrastructure

The model of PrepareSTL stands as proof of concept. Community members highlighted the need for the type of community organizing exemplified by PrepareSTL, and COVID-19 supplied the urgency and singularity of circumstances to permit the implementation of such a model. “I'd like to see [PrepareSTL] in more places than just medical because I think they could benefit from the way you guys run things and do things and you know conquer a problem and move on to the next,” said a respondent.¹⁶⁵

The PrepareSTL model includes a diverse collaborative that has built a foundation of practice to span well beyond public health. PrepareSTL was “able to use our resourcing to help build up more community-based infrastructure, specifically at The T,” said a respondent.¹⁶⁶ “What else are things that we need to be prepared for and how can we conquer those as a community, and I think that's where the longevity will come from, I think there will be new things for St. Louis to be prepared for,” said a respondent.¹⁶⁷ Stakeholders mentioned social issues like community safety, gun violence, education, economic development, public policy and more, all as areas that could benefit from a model like that of PrepareSTL. “Oh, I think [PrepareSTL] doesn't go away. I think that, you know, it moves into another phase,” said a respondent.¹⁶⁸

PrepareSTL also provided tools and experience to activate a group of community champions. Canvassers and campaign organizers spoke to their personal and professional development participating in the campaign. “It encourages me to want to go out, and do more education, community health, education and kind of go from there,” said a canvasser.¹⁶⁹ A campaign organizer said:

163. *Id.*

164. Interview (Jan. 20, 2021).

165. Interview, *supra* note 121.

166. Interview, *supra* note 112.

167. Interview, *supra* note 121.

168. Interview (Jan. 21, 2021).

169. Interview, *supra* note 121.

This has been an opportunity to be able to learn how those tables work. To be able to sit down and be around powerful people, with powerful voices, who make impacts in ways that I'm just learning how to do Now, me having an opportunity to sit at some of these tables where some of these decisions [are made]. These decisions affect the people that I live with and care for. It has been a transition.¹⁷⁰

Multiple canvassers expressed their eagerness and preparedness to stay involved in community action.

Furthermore, several interview respondents noted that relationships grew out of this campaign, encouraging and enabling opportunities for future collaboration. "The relationships that have been developed from this work . . . [are] also extremely, extremely heartening for me."¹⁷¹ Both personally and professionally, PrepareSTL centered people. "When my community is healthy, I can be healthy. When my family is healthy, I can be healthy," was a mindset shared by the people doing the work.¹⁷² The common mission and vision seemed to nourish relationship-building. "Now you know somebody who works for this specific organization. And you've developed that rapport with them. So, if you see the potential for collaboration in the future, I have a trusted partner that I can work with and bring into a project and have more collaboration. It was a great way to just connect with people and reinforce that we're here for community," said a campaign organizer.¹⁷³ Statements such as this highlight the personal and professional development of participants in the campaign, but also the propensity for capacity-building demonstrated by PrepareSTL.

Lastly, the campaign intentionally wove other advocacy efforts into its outreach platform. For example, at neighborhood events, the campaign had voter registration as well as resources about the 2020 Census and Medicaid expansion. One campaign organizer explained, "For everything, we had voter registration and more information about the census or different things like that It's things that are important to community, that have direct impact on community."¹⁷⁴ There is significant opportunity for PrepareSTL to expand advocacy efforts through its established community infrastructure.

D. Campaign Challenges

In many ways, the PrepareSTL campaign has had to contend with the same forces that have historically entrenched inequity in the Black community and other communities of color. For example, one respondent stated, "We saw testing sites open in more affluent places versus some of our low-income

170. Interview (Jan. 18, 2021).

171. Interview, *supra* note 112.

172. Interview, *supra* note 150.

173. *Id.*

174. *Id.*

places,” as she described accessibility of diagnostic testing as a major prevention and mitigation effort in underserved neighborhoods.¹⁷⁵ The first testing site opening in Chesterfield, Missouri on March 14, 2020,¹⁷⁶ where the population is eighty percent White and only 6.6% combined Black and non-White Hispanic; the median home value is \$379,800.¹⁷⁷ The first testing site within St. Louis City limits did not open until almost a month later, on April 2, 2020.¹⁷⁸ The lack of testing available in Black and Brown communities foreshadowed the pandemic-related challenges these communities would face.

The disproportionate access to early testing further sowed doubt within the campaign’s target communities about the regional and local government’s commitment to the well-being of communities of color and low-income residents in St. Louis. Campaign organizers described hesitancy from community members, stating, “sometimes people are wary of government-run initiatives or government things because of [the] complicated history.”¹⁷⁹ This reflection highlights both the importance of community-led and community-developed initiative and elucidates the challenge of gaining public trust with governmental organizations at the helm of such initiatives.

Community hesitancy was further bolstered by the inconsistency in messaging from federal and regional organizations about COVID-19.¹⁸⁰ Public health groups and health care workers around the world reeled from the rapidly evolving advice as scientists researched this emerging infectious disease. However, in the United States, messaging was perhaps particularly inconsistent as the response to the pandemic was politicized. Several respondents expressed frustration towards “combatting some very serious inaction and some poorly executed politics” at the regional level.¹⁸¹ This challenge was reflected in delays accessing PPE and delays setting up testing sites in low-income neighborhoods of the St. Louis Metro region.¹⁸²

175. Interview, *supra* note 120.

176. SLM Staff, *Mercy Will Open a Drive Through Coronavirus (COVID-19) Testing Site in Chesterfield*, ST. LOUIS MAG. (Mar. 13, 2020, 11:53 AM), <https://www.stlmag.com/health/news/mercy-will-open-coronavirus-testing-site-chesterfield/>.

177. *QuickFacts: Chesterfield City, Missouri*, U.S. CENSUS BUREAU, <https://www.census.gov/quickfacts/fact/table/chesterfieldcitymissouri/PST120219> (last visited Apr. 18, 2021).

178. *St. Louis Opens First Mobile COVID-19 Testing Site in North City*, ST. LOUIS AM. (Mar. 31, 2020), http://www.stlamerican.com/news/local_news/st-louis-opens-first-mobile-covid-19-testing-site-in-north-city/article_a536ecd0-735c-11ea-aced-2b64fc3ccda7.html.

179. Interview, *supra* note 150.

180. See David Blake & Kristina Arianina, *Potential Federal vs. State Conflicts Due to COVID-19*, LAW360 (Apr. 9, 2020, 2:21 PM), <https://www.law360.com/articles/1262048/potential-federal-vs-state-conflicts-due-to-covid-19>.

181. Interview, *supra* note 112.

182. Compare SLM Staff, *supra* note 113 (noting the early opening of a COVID-19 testing site in Chesterfield), with ST. LOUIS AM., *supra* note 115 (noting the May opening of a COVID-19 testing site in North City).

An additional barrier to achieving the campaign's objectives was the reported inaccuracy of civil information, as canvassing businesses was a principal outreach strategy for the campaign. One canvasser reported, "I had addresses that didn't exist or just things weren't there that they thought [were] there."¹⁸³ Responses from canvassing identified the need for an updated and verified business database for this campaign and others with similar approaches to community outreach.

Additionally, some executive leaders reported that one challenge presented to organizers of a coalition-based campaign such as PrepareSTL was the decentralization of decisions and decision-makers. One leader stated, "sometimes it was difficult to ascertain . . . where [a] decision should be made."¹⁸⁴ While the coordination of multiple organizations and public health entities was identified as a strength of the campaign, some respondents stated that not centralizing leadership could be a hindrance to coordinating a rapid response in times of crisis, if not handled correctly. The team continues to evaluate effective ways to practice shared decision-making amongst community members and organizers while enhancing the ability to respond quickly to an evolving situation.

Executive leaders also cited legal and institutional policies as challenges to the goals of PrepareSTL. For instance, some organizational policies barred the use of donated funds toward gift cards to compensate campaign workers. In another case, human resource professionals warned against encouraging in-person community engagement due to liability of injury or illness to volunteers. These executive leaders highlight a clear need for organizations to be intentional about setting policies and outlining protocols that support the organizations' ultimate mission.

The greatest concern among campaign organizers was, and continues to be, limiting the spread of COVID-19 and mitigating the harm caused by this disease. The team faced skepticism from community members and health officials about the campaign's ability to send volunteers into the community without causing further spread of the disease, either to the communities or among volunteers. One executive leader cited not wanting "to send people out without the appropriate protections" as a primary consideration for organizers.¹⁸⁵ A major component of organizing this campaign was developing rigorous safety protocols and securing sufficient PPE for volunteers to safely perform all campaign activities. This campaign would not have been possible to execute safely without the safety equipment provided by organizational partners and tailored safety consulting from partners and a physician consultant.

183. Interview, *supra* note 113.

184. Interview, *supra* note 112.

185. Interview, *supra* note 120.

VI. CONCLUSION

This Article outlines lessons learned from the unique approach of the PrepareSTL campaign—a regional campaign spearheaded by community voice—that formed out of urgency and prioritization of at-risk populations amid the COVID-19 pandemic. In March 2020, when the novel coronavirus was still new and largely not understood, the campaign committed to focusing outreach towards communities of color, primarily low-to-moderate income Black and foreign-born community members. The distinct emphasis placed on such populations by PrepareSTL has also magnified health barriers and social constraints exacerbated by the COVID-19 pandemic. PrepareSTL leaders combatted these challenges in an asset-based approach, building relationships across sectors and experience, and relying on a team of majority Black women.

The PrepareSTL campaign did its due diligence of tailoring and expanding known public health campaign best practices, specifically those intended to engage communities of color, like the audience of PrepareSTL. The campaign also implemented unique strategies that propelled its reach, flexibility, and impact. Ultimately, a strong network of relationships—bolstered by a genuine sense of community care—served as the necessary groundwork for securing external and internal commitment, trust, and collaboration. The collaborative team of sponsoring organizations and consultants was well-resourced in the community, with ties to funders, community partners, and St. Louis residents. Strong relationships also grew out of the collaborative efforts.

PrepareSTL became a trusted messenger in the region. Residents, public health leaders, and organizational leaders were willing to listen. Multiple approaches were necessary to reach the widest possible audience within the campaign's target demographic. The combination of mass media strategies with personalized outreach ensured the campaign had a broad educational reach with a higher likelihood of behavioral change. Furthermore, engaging community champions as campaign messengers was critical in outreach efforts. Through communications and outreach, PrepareSTL identified community needs and responded to them.

The organizing team, responsible for the outputs of the campaign, developed an organic and well-designed structure that kept all layers of the campaign engaged. The team's processes incorporated input from all stakeholders, including community champions, on an ongoing basis. Furthermore, the organizing team compensated its canvassers. Together, these strategies helped promote successful outreach strategies with broad reach at the neighborhood-level. One member of the campaign team spoke to the collaborative structure of the organizing team:

Coming from a little bit of an outsider's perspective, you know, not being a person of color, not being a person who is involved in some of these circles directly . . . it was very unique and very awesome to witness seeing everyone

coming from different areas within and having different voices and perspectives, but still very much committed to moving it forward. And I think that's part of why [we were] able to do a lot, rather than just say we're going to do a lot, which I think, again, has made us unique, at least within like the Missouri space.¹⁸⁶

The PrepareSTL campaign aims to elevate and emphasize communities often overlooked, like those of Black and Brown, unhoused, or foreign-born populations. Within the PrepareSTL campaign, community members were able to connect and find ownership in a regional public health initiative that directly impacted their daily lives. PrepareSTL demonstrates that leaders can be found in all neighborhoods. "There is value in having Black and Brown people in certain positions," said a respondent.¹⁸⁷ Another organizer emphatically stated, "trust Black women."¹⁸⁸ Other community organizers, public health campaigns, and general collaboratives can glean points of reference from the PrepareSTL model. The PrepareSTL campaign team hopes to encourage public health leadership and practitioners to embrace a new way of working with community stakeholders, building and sharing power across levels.

The PrepareSTL campaign remains active at the time of this writing. Over the past several months, the campaign has been engaging and listening to partners to better understand community needs. Amid the announcement of the COVID-19 vaccine, people want access to factual information from a neutral source: a source that will not tell them what to do, but instead support their personal decision to make the right choice for them and their families. Centering people of color and foreign-born communities while respecting individual agency, PrepareSTL has positioned itself as a trusted source for information sharing and learning. Thus, in addition to the continuation of PPE distribution, the PrepareSTL campaign prepares to lean into an education series centered around *Living Well in the Era of Covid*, covering topics such as informed choice about the COVID-19 vaccines, overall well-being, holistic health and wellness, and healing.

PrepareSTL has challenged the comfort of traditional collaboration and established authentic, bidirectional community problem solving. "You can't be afraid to lose when you're talking about changing a culture that existed for decades at this point," said a campaign respondent.¹⁸⁹ The unique, collaborative origin of this campaign, born out of mission and not a mandate, exemplifies the commitment, urgency, and fluidity of the campaign's leadership. Furthermore, the campaign's community-centered design and management structure

186. Interview, *supra* note 164.

187. Interview, *supra* note 113.

188. Interview, *supra* note 150.

189. Interview, *supra* note 170.

underscores its ability to address the pandemic while building community infrastructure to “[help] St. Louisans of color prepare and prevail.”¹⁹⁰

In closing, we leave you with one final quote from a campaign respondent, “If you want to see . . . similar successes, then you assemble a great group of people; you give them a bunch of money; [you trust them] and you let them go.”¹⁹¹

190. *About*, *supra* note 3.

191. Interview, *supra* note 164.