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# **RESETTING THE US COVID-19 RESPONSE:**

## **LESSONS FROM NORTHERN NEW ENGLAND**

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## Executive Summary

A year into a pandemic that may claim more than 400,000 American lives<sup>1</sup> before a presidential transition in 2021, a Biden Administration will confront uncontrolled epidemics across most of the US, fragmented state and local responses, political polarization, and widespread fatigue with public health measures and their impacts. Resetting the national COVID-19 response will require robust public health and policy strategies as well as plans for implementing them across diverse state and local contexts. As much of the country has faltered, the Northern New England region has consistently led the country in its pandemic performance. Notably, Vermont has sustained the country's lowest infection rates for several months and has only registered only 59 deaths to date.<sup>2</sup> The state's success is testament to a robust public health response facilitated by strong political leadership, enabling policies and practices, and effective engagement of populations at state and community level to implement these measures. Drawing on ongoing research on COVID-19 and rural health equity in Northern New England led by a team from the Dartmouth Center for Global Health Equity, this brief describes strategies from the region that can inform the response to these key challenges.

## Introduction

Rural Northern New England entered the COVID-19 pandemic with significant underlying vulnerability. The region's three states – Maine, New Hampshire, and Vermont – have the oldest median population age in the US.<sup>3</sup> Significant health and social disparities confront the region's rural populations. Rural communities benefit from greater geographic dispersion of their population; however, dense social networks, the presence of prisons and factories, and the concentration of commercial activities in a small number of regional centers represent rural risks. In addition, housing insecurity and homelessness manifest in a high concentration of vulnerable populations in precarious living settings.<sup>4,5</sup> The region's health systems also entered the pandemic with significant fiscal, workforce, and capacity shortages, and many feared that the health system would be unable to respond to a surge in cases of COVID-19.<sup>6</sup> Adding to concern, many feared the importation of cases by second home owners and COVID-19 "refugees" from New York and Massachusetts.<sup>7</sup>

Despite these underlying challenges, the region succeeded in averting a surge of COVID-19 cases despite bordering the largest global outbreak in the spring and has sustained low infection rates through the

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<sup>1</sup> Institute for Health Metrics and Evaluation. "IHME | COVID-19 Projections." Accessed October 25, 2020. <https://covid19.healthdata.org/>.

<sup>2</sup> The New York Times. "Vermont Covid Map and Case Count." Accessed October 25, 2020. <https://www.nytimes.com/interactive/2020/us/vermont-coronavirus-cases.html>.

<sup>3</sup> Johnson, David. "These Are the Youngest States in America." *Time*, November 6, 2017. <https://time.com/5000792/youngest-oldest-us-states/>.

<sup>4</sup> "The State of Homelessness in New Hampshire." NH Coalition to End Homelessness, 2019.

<sup>5</sup> Housing Data Vermont. "Homelessness Estimates." *Housing Data*. [www.housingdata.org/profile/population-household/homelessness](http://www.housingdata.org/profile/population-household/homelessness).

<sup>6</sup> O'Connor, Kevin. "Small Vermont Hospitals Struggling Financially to Survive." *VTDigger*, April 14, 2020. <https://vtdigger.org/2020/04/14/small-vermont-hospitals-struggling-financially-to-survive/>.

<sup>7</sup> Ropeik, Annie. "Locals Bristle As Out-of-Towners Fleeing Virus Hunker Down In New Hampshire Homes." *WBUR News*, April 10, 2020. <https://www.wbur.org/news/2020/04/10/new-hampshire-flee-coronavirus-covid-19-spread>.



summer and into the fall. Notably, Vermont has led the nation on several indicators, including infection rates, for several months, and the state has contained sporadic outbreaks and avoided the resurgence of infections seen in many settings.<sup>8</sup> In early fall, Vermont reopened college campuses and schools without experiencing significant campus or community outbreaks.<sup>9</sup>

Many observers credit the early institution of public health measures by state leadership and compliance with these measures for the state's pandemic performance. Some accounts cite rurality, bipartisan state leadership, and perceived political and socio-economic homogeneity as explanatory factors for the region's early and sustained success. This research, as well as emerging evidence from other settings, suggests that these explanations do not fully account for the demographics of the region or reflect epidemiology from other rural settings experiencing growing outbreaks.<sup>10</sup>

Since early March, a team of researchers at Dartmouth's Center for Global Health Equity has led research on COVID-19 and rural health equity in Northern New England (New Hampshire and Vermont). In the first phase of this research, the team conducted 50 interviews with key informants from the region's health systems, social service organizations, public health entities, and community-based organizations. The research team has also conducted ongoing reviews of scientific literature, journalistic accounts, and publicly available discourse from state leadership (e.g., press conferences) in an effort to prospectively document pandemic responses in the region. A full report detailing the first phase of this research can be found at [hereruralequity.com](http://hereruralequity.com).

This research revealed a range of regional strengths within Northern New England that facilitated a robust response, including a high level of integration of the region's health systems, public health entities, social services, and communities; a culture of equity, high levels of community and civic engagement, and a rural ethos centered on pragmatism, solidarity and compassion. Many lessons from the region's response, however, have broad relevance to the national response and other contexts. This research revealed a range of enabling state policies, strategies and approaches that offer translatable lessons for other regions.

Drawing on this ongoing research, this brief highlights five key lessons from Northern New England's success that can inform a reset of the national response to COVID-19. This brief primarily focuses on the experience of Vermont; however, key examples from New Hampshire are also highlighted.

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<sup>8</sup> The New York Times. "Covid in the U.S.: Latest Map and Case Count," October 24, 2020. <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>.

<sup>9</sup> "Tracking the Coronavirus at U.S. Colleges and Universities." *The New York Times*, October 22, 2020, sec. U.S. <https://www.nytimes.com/interactive/2020/us/covid-college-cases-tracker.html>.

<sup>10</sup> Leatherby, Lauren. "Why The Worst Coronavirus Outbreaks Are Now in the Rural U.S. - The New York Times." *The New York Times*, October 22, 2020. <https://www.nytimes.com/interactive/2020/10/22/us/covid-rural-us.html?action=click&module=Top%20Stories&pgtype=Homepage>.

## Summary of Lessons

### Define a Phased Approach to Managing the Pandemic

### Pandemic Messaging: Enlist the Population to Respond to the Pandemic

### Pair Public Health Measures with Policy Responses

### Prioritize Immediate Protections for Medically and Socially Vulnerable Populations

### Localize Responses to Address Persistent Challenges

### Define a Phased Approach to Managing the Pandemic

Many plans for a reset of the American pandemic response call for national or targeted lockdowns to curb uncontrolled epidemics. Vermont's experience highlights the need to define a coherent approach to the second phase of the pandemic in advance of the institution of shutdowns or other public health countermeasures to suppress transmission.

Many regions of the US experienced early success in stemming transmission in spring only to see resurgences of infection in subsequent months. A key element of Vermont's success has been a clear, phased approach to managing the pandemic consisting of an initial phase to suppress transmission followed by a second ongoing phase to sustain low rates of infection. Vermont's state leaders took early and decisive action to avert a surge of cases in mid-March and protect the region's rural health systems. Vermont closed schools on March 15 and subsequently instituted a comprehensive stay-at-home order (Stay Home, Stay Safe order effective March 25, 2020).<sup>11</sup> The state actively monitored the arrival of out of state residents at borders and instituted a 14 day quarantine. The state response was supported by robust efforts by health systems, town and city governments, social services, and community-led initiatives. During this time, the state worked to build its public health capacity to conduct testing and contact tracing.

Most importantly, the state has defined a coherent strategy to sustain low infection rates beyond the initial shutdown period. Many in the region initially believed that the state's reopening signaled an end to the pandemic given its early success, rather than the start of a prolonged phase to suppress infection until a vaccine became available. The state's conservative, stepwise process of reopening sectors of its economy, including restaurants and tourism, helped to maintain very low infection rates amid low perceptions of threat. Meanwhile, it was able to demonstrate the ongoing importance of non-pharmaceutical interventions, including travel restrictions, quarantines, and a statewide mask mandate, in response to regional and national epidemiology.

### Pandemic Messaging: Enlist the Population to Respond to the Pandemic

Several accounts have highlighted the corrosive influence of messaging that has undermined both scientific evidence and public confidence. Vermont's communication strategy highlights the need for communication that effectively conveys scientific evidence to the public and applies it to specific social contexts.

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<sup>11</sup> Treisman, Rachel. "Northeast: Coronavirus-Related Restrictions By State." NPR, August 31, 2020. <https://www.npr.org/2020/05/01/847331283/northeast-coronavirus-related-restrictions-by-state>.



Communication from both its political and public health leadership provide examples of both content and strategies that can inform the crafting of messaging for a national reset of the pandemic response.

### **Develop a pandemic narrative that clearly conveys goals, rather than a set of scattered interventions**

This research highlights the need for a pandemic narrative that clearly conveys the collective exercise and goals of the pandemic response, rather than isolated messaging around individual interventions such as masking. Many Americans understood the need to stay home to flatten the curve; however, this research suggests that few understand the public health goal of suppressing transmission until a vaccine becomes widely available. Communities need a new narrative, or a “pandemic plot” that transparently describes the overarching goals of each phase of the pandemic as well as the set of actions required to achieve these goals.

### **Describe public health measures as tools to achieve shared goals and priorities**

Vermont has consistently framed public health measures, including its mask mandate, as tools to safeguard gains and achieve common goals, including keeping businesses functioning and reopening schools. This has helped to shift the focus from politicized national debates around masking and other measures to shared local priorities of economic, educational, and social continuity.

### **Empower the population**

This research suggests that communities that have done well feel a dual sense of hope and agency in responding to the pandemic. They believe that it is possible to shape the trajectory of the pandemic and see their own actions as critical to the overall success of the response. Messaging should clearly convey that communities can avoid a resurgence of infection or curb transmission through their actions. Additionally, messaging should enlist them as leaders in the effort through specific action.

**“But we do not expect a large increase and it’s in our hands to keep our numbers down.”**

**Governor Phil Scott 10/13<sup>12</sup>**

### **Describe and present choices with transparency**

National messaging has tended to reframe reopening as a process of resuming most, if not all, activities. Many do not understand the need to make choices between competing priorities. Vermont’s leadership has framed decisions to limit certain activities as choices – “We need to wait to open the economy fully if we want to reopen schools safely.” This approach has helped to avoid the perception of restrictions on some activities as punitive actions targeting one group or sector of the economy and increase public tolerance for otherwise unpopular restrictions. This is yet another way to make the actions and efforts necessary to suppress infections transparent and understandable for all.

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<sup>12</sup> Facebook. “Governor Phil Scott - Posts.” Accessed October 25, 2020.  
<https://www.facebook.com/GovPhilScott/posts/3436076643138112>.

**“By doing things a little differently and being smart, we can stay open, continue to send our kids to school and see family over the holidays. And we’ll keep ourselves in a position to come through this pandemic faster and on better economic footing than states who have lost countless lives, seen their healthcare systems pushed to the brink and who had to roll back their re-openings.”**

**Governor Phil Scott 10/16<sup>13</sup>**

### **Craft messages rooted in empathy and solidarity versus shame and stigma**

Many media sources have promoted messages of shame for failure to comply with social distancing, masking, and other measures. This amplifies divisiveness rather than promoting awareness of shared challenges in the context of the pandemic. By contrast, messages from Vermont leadership have consistently recognized the social, economic, and psychological impacts of the pandemic on the lives of Vermonters and expressed appreciation for their ongoing compliance with public health measures. Vermont’s governor explicitly called upon Vermonters to reject shame in announcing a mask mandate and instead appealed upon residents to adopt the measure the “Vermont Way,” or with empathy and compassion towards fellow Vermonters. Similarly, state health leaders have consistently focused on the need to avoid stigmatizing cases associated with schools.

### **Make data meaningful**

Vermont’s leaders have faced the challenge of countering the low perception of threat amid low case counts in the state. At weekly state conferences, state leaders provide regular updates on national and regional trends using visually accessible maps. The clear description of national trends, graphic illustration of regional trends, and presentation of accessible local data helps to situate both the local success and need for ongoing measures within a broader context. This has been helpful in maintaining vigilance even as local numbers remain low.

### **Name activities associated with risk versus case counts**

Most Americans understand the basics of social distancing and wearing masks; however, many have a poor ability to assess risk, particularly within their social networks and activities. Naming specific activities that represent higher risk activities (e.g., indoor dinner parties or carpooling for athletics) is another important step for translating abstract public health measures into readily understandable actions for suppressing infections.

### **Rely on existing versus future tools**

A core strength of the messaging from Vermont has been the emphasis of its leaders on existing resources tools, namely non-pharmaceutical interventions (NPI), over interventions that may become available in the future. Leaders have consistently communicated the importance of NPI as central to controlling the spread.

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<sup>13</sup> Facebook. “Governor Phil Scott - Posts.” Accessed October 25, 2020.  
<https://www.facebook.com/GovPhilScott/posts/3436076643138112>.



State leaders have also focused on existing testing strategies versus those not available in the state or scientifically validated. This consistent focus on current resources has contributed to an idea that the pandemic can be managed with available resource constraints.

### **Pair Public Health Measures with Policy Responses**

Many settings across the US confront eroding public support for public health measures in part due to their economic and social impacts. This research suggests that pairing public health measures with policy interventions and programs to mitigate these impacts has played a key role in Vermont's success. State leadership has consistently rejected the "lives versus livelihoods" dichotomy that has characterized public debate and instead framed public health measures as tools for protecting the economy and safeguarding other gains. This research documented efforts by the state to link public health measures with policy interventions to offset their secondary social and economic impacts, and sustain public support for rigid restrictions.

### **Policy to Protect Vulnerable Sectors of the Economy and Sustain Support for Restrictions**

State leadership in Vermont and New Hampshire has recognized the need for rapid economic support to blunt the immediate impacts of public health measures. Both New Hampshire and Vermont's economies are highly reliant on tourism and the service sector. Stringent public health measures, including capacity limits at tourist venues and restaurants and mandatory 14 day quarantines threaten the viability of these key sectors of the economy. Leadership in both states has explicitly and repeatedly recognized the impacts of these measures on these sectors and their workforces and targeted economic assistance to them. Vermont has established a portfolio of programs to aid businesses in the states, and New Hampshire has invested economic support in hard-hit sectors as well as in main street businesses.

**"We know businesses continue to feel the negative impacts of this pandemic, and we must do all we can to help them survive while we work to keep Vermonters safe. That's why we're launching an additional \$76 million in economic recovery grants for businesses, non-profits, and sole proprietors."**

**Gov. Phil Scott, 10/21<sup>14</sup>**

These short-term policy responses and investments have not fully offset the significant economic and social impacts of the pandemic and few see them as a solution to the region's underlying challenges. Many accounts have highlighted gaps in policies and programs, including insufficient funding for the state's businesses as well as challenges in their implementation. However, analysis of interviews with regional leaders, polling data, and public commentary points to high levels of support for the state's leadership in addressing these impacts as part of its approach to the pandemic. Communities across the region have high levels of trust in the NH state government's ability to control COVID-19--reflected in recent polling data showing 87%<sup>15</sup> confidence in NH state government'- and 83% approval rating of Gov. Scott's handling of

<sup>14</sup> Facebook. "Governor Phil Scott - Posts." Accessed October 25, 2020. <https://www.facebook.com/GovPhilScott/posts/3436076643138112>.

<sup>15</sup> UNH Survey Center. "Majority in NH Know Someone Who Has Had COVID-19 But Less Than Half Would Be Willing to Get Vaccine Now 10/2/2020." *All UNH Survey Center Polls*, no. 614 (October 2, 2020). [https://scholars.unh.edu/survey\\_center\\_polls/614](https://scholars.unh.edu/survey_center_polls/614).



the pandemic as of July.<sup>16</sup> Some health systems leaders interviewed as part of this research have noted the importance of these measures in protecting the rural economy even as they have reflected on concerns on the sufficiency of support for the region's health systems.

### **Address Workforce Challenges**

From the outset of the pandemic, state and local responses in Vermont have proactively sought to address impacts to the state's workforce. Vermont established childcare centers for healthcare workers and first responders at the time that it closed schools. It subsequently established virtual learning hubs for schools that have not returned to full-time in person instruction.<sup>17</sup> Carried out in partnership with social service agencies and childcare, these efforts have played a key role in mitigating both the short term impacts of the pandemic but also in protecting the state's fragile childcare sector. In addition, the state also established hazard pay for healthcare providers, essential workers and others engaged in the COVID-19 response.<sup>18</sup>

### **Prioritize Immediate Protections for Medically and Socially Vulnerable Populations**

Data from the first months of the pandemic consistently find increased burden of infection and death among populations in multigenerational households, dense housing settings, congregate living facilities, essential workers and highlights the need for protections that go beyond basic public health recommendations.<sup>19</sup> Many have highlighted the need for systemic reforms to address the underlying inequities in these settings. This research highlights that enhancing immediate protection for both medically and socially vulnerable populations in settings with significant underlying deficiencies, including nursing homes and congregate living facilities, can reduce the high rates of infection and mortality seen in these settings. Moreover, many stakeholders in this research spoke to opportunities to leverage attention to short-term protective efforts to catalyze action to address long standing social, economic, and health challenges.

### **Targeted Protection for Vulnerable Populations**

This research documented early and consistent prioritization of the state's vulnerable populations in both state and local responses through a combination of policy interventions, program supports, and community action. State governments, social service agencies, and communities focused early attention on protecting groups most vulnerable to infection and to severe COVID-19, including elderly populations in congregate living facilities, homeless populations, prisoners, and essential workers. Vermont responded rapidly to protect homeless populations by allocating state funds to house people in motels.<sup>20</sup> This strategy helped

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<sup>16</sup> Davis, Mark. "July 2020 VPR-Vermont PBS Poll: Big Support For Gov. Scott, Black Lives Matter And Masks." *VPR News*, August 4, 2020. <https://www.vpr.org/post/july-2020-vpr-vermont-pbs-poll-big-support-gov-scott-black-lives-matter-and-masks>.

<sup>17</sup> Morehouse, Holly. "Child Care Hubs Fill in the Gaps for Youth and Families." *VTDigger*, October 20, 2020, sec. Commentary. <https://vtdigger.org/2020/10/20/holly-morehouse-child-care-hubs-fill-in-the-gaps-for-youth-and-families/>.

<sup>18</sup> KFF. "State Data and Policy Actions to Address Coronavirus," October 23, 2020. <https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus/>.

<sup>19</sup> Gold, Jeremy A. W., Lauren Rossen, Farida Ahmad, and Paul Sutton. "Race, Ethnicity, and Age Trends in Persons Who Died from COVID-19 — United States, May–August 2020." *CDC Morbidity and Mortality Weekly Report* 69 (October 23, 2020). <https://doi.org/10.15585/mmwr.mm6942e1>.

<sup>20</sup> Scott, Philip, and Brittney Wilson. "Addendum to Executive Order 01-20." State of Vermont, April 3, 2020. <https://governor.vermont.gov/sites/scott/files/documents/ADDENDUM%208%20TO%20EXECUTIVE%20ORDER%2001-20.pdf>.

to avert the high rates of infection documented elsewhere among homeless populations.<sup>21</sup> The state modified protocols early to address challenges revealed in early outbreaks in skilled nursing, congregate living facilities and prisons and targeted resources and support to these settings. Rigorous analysis is needed to understand the impact of these interventions on transmission at state level; however, preliminary data suggest that investments in practical measures to protect both medically and socially vulnerable populations and settings played a key role in mitigating the disparities seen in highly vulnerable populations seen in other settings.

**“Protecting the vulnerable in our long-term care and other facilities has been a top priority during the pandemic. Unfortunately, this required a lot of sacrifice from seniors and their families.”**

**Gov. Phil Scott, 10/13**

### **Rapidly Mobilize Resources to Address Structural Challenges**

The state has also acted quickly to identify structural challenges revealed by outbreaks, including those in immigrant communities and in seasonal laborers, and mobilize resources to support these communities. Following an outbreak in immigrant communities, state leaders worked closely with community partners to identify needs and enhance support.<sup>22</sup> Recently, the state provided food assistance in response to an outbreak among seasonal laborers. Many stakeholders interviewed through this research highlighted that attention to specific needs not only helped to contain these outbreaks quickly but also helped to foster trust among vulnerable communities.

Prioritizing investments to enhance protections for vulnerable populations in other settings can also mitigate the disparities in COVID-19 infection and mortality rates seen during shutdowns. Many have described the need for access to safe housing for populations experiencing homelessness or housing insecurity, isolation and quarantine shelter for individuals in dense housing or multigenerational housing, access to nutritional support, and sick pay for exposed and infected workers. Other populations may have additional needs outside of conventional public health and social supports.

### **Enhance Community Engagement**

Central to the success of state efforts was engagement of community actors in the protection of vulnerable populations, particularly outside of institutional settings. At the local level, health systems, social services, and community groups worked collaboratively to identify and support members of vulnerable populations. Use of existing networks and infrastructure, as well as the financial support of large health systems, facilitated the rapid deployment of resources to rural areas and populations most in need, including transportation, food assistance, and housing support.

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<sup>21</sup> CDC. "Assessment of SARS-CoV-2 Infection Prevalence in Homeless Shelters - Four U.S. Cities, March 27–April 15, 2020." *Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report April 30, 2020*. (October 24, 2020.) <https://www.cdc.gov/mmwr/volumes/69/wr/mm6917e1.htm>.

<sup>22</sup> Rathke, Lisa, and Wilson Ring. "Virus spike in Vermont city hits immigrant communities." *AP News*. <https://apnews.com/article/6a30ad1a653040bfca2157e6abbdcc38>



## **Localize Responses to Address Persistent Challenges**

Many calls have highlighted the need for robust national leadership and a coherent plan to reset the pandemic response. The Northern New England region's experience highlights the critical intersection between governmental response and community action, illuminating the potential for sustaining success with the alignment of informed policies, allocation of resources, and mobilization across local public health, health systems, and community sectors. Furthermore, the experience in Northern New England underscores the importance of adapting public health, policy, and protection strategies and plans to the diversity of contexts across the country. In calling upon people to make the daily sacrifices necessary to stem infection, it is imperative to link these efforts to what matters within local communities and subpopulations: what are the needs, priorities, and values from the perspective of community members?

### **Identify and Focus on Local Priorities**

Vermont's national reputation as a left-leaning state belies the state's political and socioeconomic diversity. The state's leadership transcended the deep divisions that politicized pandemic responses elsewhere by focusing on common, achievable goals and shared values. Vermont's leadership has articulated clear, shared public priorities--reopening schools and campuses and protecting fragile sectors of the state's economy--and linked its public health and policy strategies to these goals. This approach has helped to foster solidarity and social cohesion.

### **Target Sub-Populations**

Localizing pandemic responses involves becoming aware of the diversity within regions and communities. This diversity exists along multiple axes (race/ethnicity, socioeconomic status, age, education, disability, housing, religion etc.). Rather than "one-size-fits-all" approaches to implementing public health measures, it is crucial to identify and respond to the specific needs of subpopulations. For example, elders may need food and medication delivered; low-income families may need childcare subsidies; migrant workers may need access to isolation housing in the event of an outbreak. Efforts to engage subpopulations should leverage existing groups and infrastructure to build trusted partnerships, promote effective collaboration and compliance with public health measures, and deploy resources to address immediate needs.

### **Enlist Key Sectors and Leaders as Public Health Messengers**

Contrary to perceptions of fragile rural institutions, this research found that rural hospitals, colleges, and schools are key anchor institutions within communities that were effectively leveraged in the pandemic response. Leaders from rural health, social service, and education sectors played a key role as trusted community institutions in delivering public health messages early in the pandemic. Many health systems and service providers deployed community health workers to ensure that vulnerable patients had access to medications, basic needs, and social support. The public responded to their calls to support healthcare workers, many of whom were their neighbors. As priorities have shifted, other community leaders have come to occupy a central role in the pandemic response. Notably, school leaders across the state of Vermont called upon communities to redouble their efforts to maintain low community transmission and protect educators and children as schools reopened. Vermont's experience highlights the key role of identifying and partnering with leadership from other sectors, including education, business, and religious communities to engage populations in the public health response. These partnerships can help to reinforce and personalize messages.

**“Many MRPS educators and staff feel they are putting their life on the line so they can teach children in-person. In doing so, we need you, members of our community, to keep us safe. We need you to abide by every safety rule, to make your kids and family members abide by every safety rule, to not cut corners. We need to trust that every single person in our community will do their part to keep our lives, and our children’s lives, safe. We need to trust that every single person in our community will do their part to keep our lives, and our children’s lives, safe.”**

**Bonesteel, Murphy, 8/28<sup>23</sup>**

### **Engage Constituencies of Concern**

In many contexts, it will be critical to identify opportunities and strategies to engage constituencies that resist public health measures or engage in high-risk activities. Partnering directly with resistant communities to codesign harm reduction strategies to adapt some set of activities of concern, such as religious services or athletic events, to continue under safer conditions may also help to overcome resistance in some contexts. Enlisting recovered patients as spokespersons may also be a useful strategy for addressing key barriers to resistance.

### **Invest in Research to Address Key Barriers**

Developing more refined strategies targeted to a diverse range of communities and constituencies will require additional knowledge and insight into key barriers and strategies to address them. Investments in applied, community-based research and implementation research can help to design public health and policy strategies that are acceptable and relevant to particular communities and populations. This will be especially important not only to address resistance to non-pharmaceutical interventions to control the pandemic but also to increase vaccine acceptance among hesitant populations. There is a need to create infrastructures for continued learning to identify emerging needs, priorities and link to rapid action.

### **Conclusion**

The Biden Administration faces a historic challenge in resetting the US response to the COVID-19 pandemic. The experience in Northern New England offers a counterargument, however, to the perception that the trajectory of the pandemic cannot be changed and provides important lessons that can inform its reset.

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<sup>23</sup> Bonesteel, Libby. “School Year Beginning.” *Times Argus*, August 28, 2020.

[https://www.timesargus.com/opinion/commentary/bonesteel-murphy-school-year-beginning/article\\_70274f2d-fdf5-56d9-b0bc-e7afa2744954.html](https://www.timesargus.com/opinion/commentary/bonesteel-murphy-school-year-beginning/article_70274f2d-fdf5-56d9-b0bc-e7afa2744954.html).