

# Vaccine Equity: What Does It Mean and How Can We Achieve It?

Wednesday, December 6, 2023



Association of  
Immunization  
Managers

# Agenda

- Vaccine Equity
  - Susan Farrall, National Vaccine Program  
Office of Infectious Disease and HIV/AIDS Policy  
U.S. Department of Health and Human Services
- Vaccinate Your Family
  - Amy Pisani, CEO Vaccinate Your Family
- Lessons Learned: Building Vaccine Equity for COVID-19 and Flu Vaccination in REACH communities
  - Dr. Yabo Beysolow, MD, MPH, iREACH Subject Matter Expert
- Vaccine Equity Coordinators Council (VECC) Needs Assessment Findings
  - Purnima Unni, MPH CHES, AIM Health Equity and Member Services Director

# Vaccine Equity

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Susan Farrall  
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**OASH**

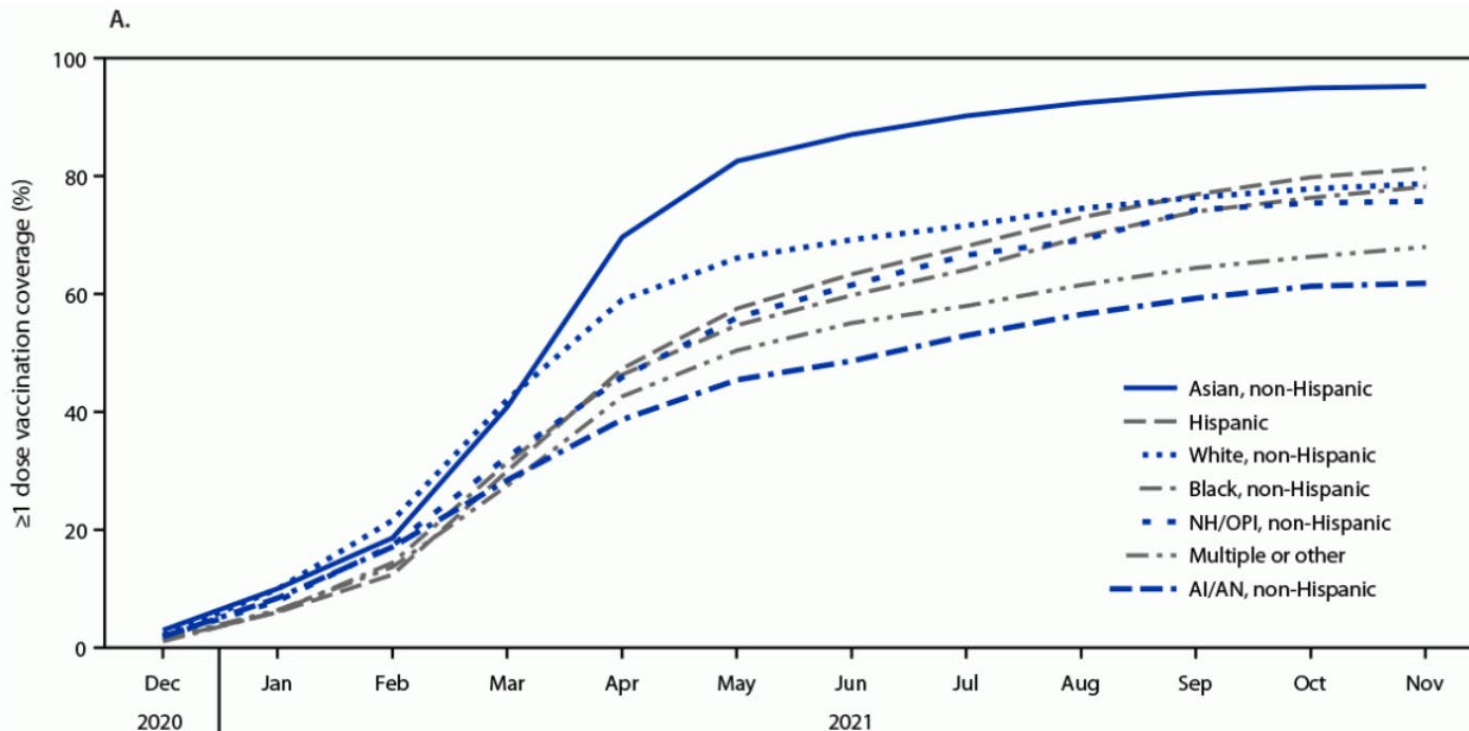
Office of the  
Assistant Secretary  
for Health

# What Does Vaccine Equity Really Mean?

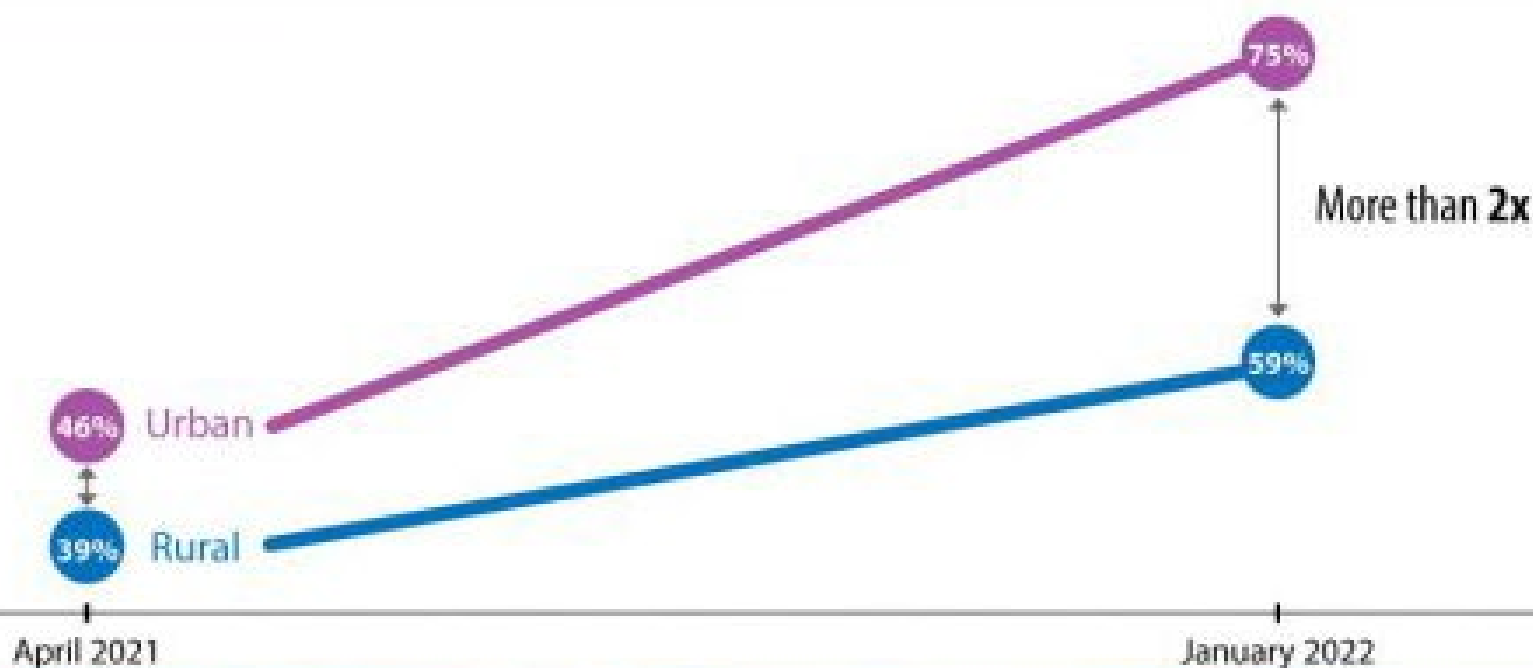


# Good News: Disparities Can Be Narrowed

FIGURE. COVID-19 vaccination ( $\geq 1$  dose) coverage estimates (A)\* among adults aged  $\geq 18$  years, by race and ethnicity and differences in coverage from White, non-Hispanic adults, and by race and ethnicity (B)<sup>†,§,¶</sup> — National Immunization Survey Adult COVID Module, United States, December 2020–November 2021



# The gap in COVID-19 vaccination coverage between urban and rural areas\* has **more than doubled** since April 2021



Addressing barriers to vaccination in rural areas can help achieve vaccine equity and decrease COVID-19 illness and death

\* Among people aged 5 years and older who received a dose of a COVID-19 vaccine during December 14, 2020–January 31, 2022

[bit.ly/MMWR7109a2](https://bit.ly/MMWR7109a2)

# Vaccines for Children

Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.

CDC estimates that vaccination of children born between 1994 and 2021 will:

prevent **472 million** illnesses  
*(29.8 million hospitalizations)*



more than the current population of the entire U.S.A.

help avoid **1,052,000** deaths



greater than the population of Seattle, WA

save nearly **\$2.2 trillion** in total societal costs  
*(that includes \$479 billion in direct costs)*



more than \$5,000 for each American

Updated 2021 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1994-2021."



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

[www.cdc.gov/vaccines/vfcprogram/](http://www.cdc.gov/vaccines/vfcprogram/)

# MONKEYPOX

## Monkeypox Vaccine Equity Pilot Program



**Learn more:** [www.cdc.gov/monkeypox](http://www.cdc.gov/monkeypox)





# Vaccine Equity Programs

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- Vaccines for Children
- Partnering for Vaccine Equity
- Other CDC programs
- NIH Community Engagement Alliance
- Indian Health Service 3 E's
- COVID Bridge Program

Proposed: Vaccines for Adults

Juanta J. Gordon gets a Moderna coronavirus vaccination shot from her daughter, nurse Zyra D. Gordon Smith, at Trinity United Church of Christ in Chicago on Saturday. Kamil Krzaczynski / Reuters

## Other Steps Forward

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**What does  
vaccine  
equity look  
like in your  
state?**





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**Thank you.**

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[Susan.Farrall@hhs.gov](mailto:Susan.Farrall@hhs.gov)

# Lessons Learned: Building Vaccine Equity for COVID-19 and Flu Vaccination in REACH Communities

Wednesday, December 6, 2023

*Vaccine equity acknowledges that no nation, state, or individual's life is more important or more deserving than another's.*

[Save the Children](#)

iREACH

resource. engage. connect.



Association of  
Immunization  
Managers

# About iREACH

- Racial and Ethnic Approaches to Community Health (REACH) is a national program administered by the Centers for Disease Control and Prevention (CDC) to reduce racial and ethnic health disparities.
- AIM has partnered with CDC to engage and support participating REACH organizations in their efforts to address racial and ethnic disparities related to COVID-19 and flu vaccination coverage.
- Through this partnership—known as iREACH—recipients plan and carry out local, culturally appropriate programs to address racial and ethnic disparities in immunization coverage among Black/African American, Latino, Asian, American Indian, and Pacific Islander, Alaska Native communities.



# AIM Leadership and Staff



**Emily Messerli, DNP, APRN, FNP-C** **Purnima Unni, MPH, CHES**

Chief Programmatic Officer

Health Equity and Member  
Services Director

**Addi Vaz**

Health Equity Coordinator

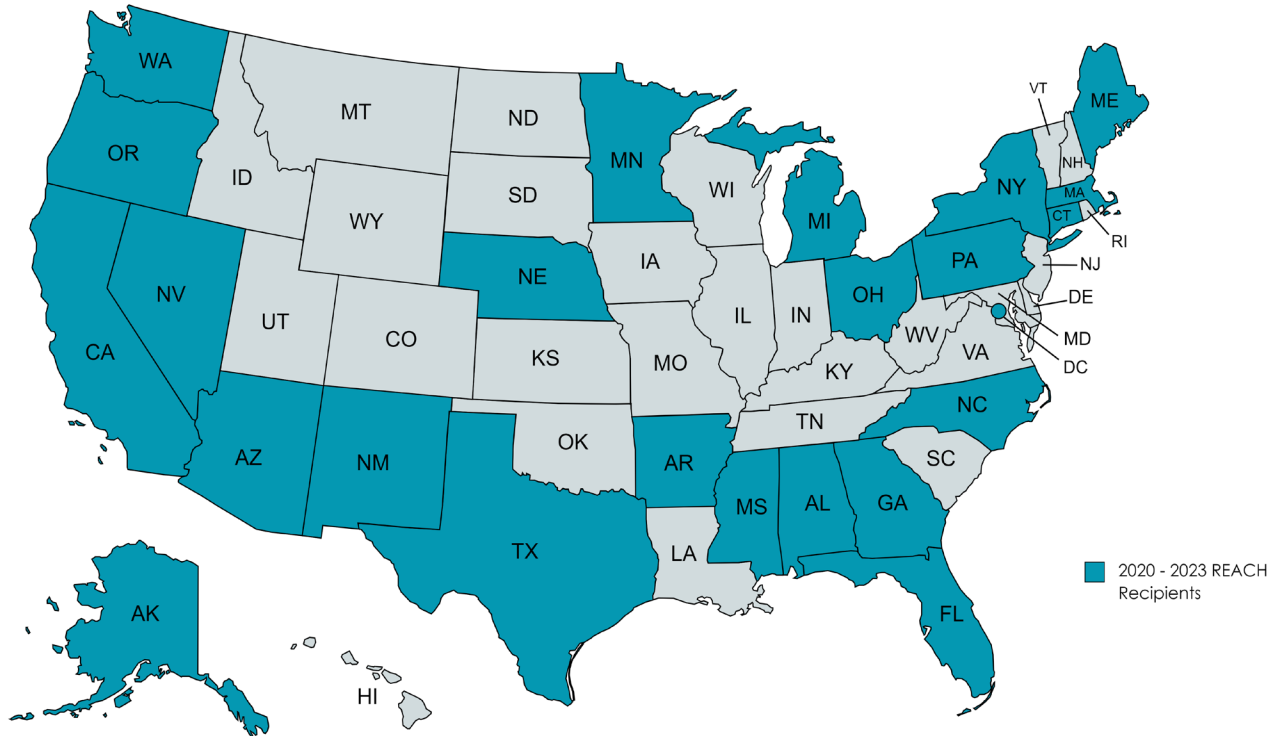
**Becca Lawson**

Public Health Associate



# 2020-2023 REACH Recipients

From October 2020 through September 2023, iREACH provided support to 38 REACH recipients.





# Project Overview

- AIM Lessons Learned project included:
  - A national-level environmental scan
  - One-on-one interviews and
  - Online Virtual Roundtable (VRT) discussions

The goal was to capture insights, successes, and challenges of REACH organizations working in communities to educate about and increase flu and COVID-19 vaccination coverage rates and to explore ways to strengthen and sustain the partnerships and activities developed over the last few years in REACH communities.



# REACH Virtual Roundtable & Key Informant Interviews: Summary Findings

# Methodology: Key Informant Interviews

- **Eight (8) in-depth interviews, each lasting 30 minutes** were conducted via Zoom in September 2023 with REACH recipients supported by AIM.
- **Informed consent obtained** from participants.
- Interviewees work for organizations representing a range of geographic and demographic populations in the United States:
  - Georgia, Massachusetts, Michigan, Mississippi, New Mexico, New York, and Pennsylvania
  - African American, Hispanic American, Asian American, Alaska Native, American Indian, Arabic-speaking, and refugee African communities



# Methodology: Virtual Roundtables

- **Three Online (Virtual) Roundtable Discussions (VRT)** facilitated on the Advanced Strategy Lab Converge Platform
- **34 total participants** across three sessions, representing 24 REACH organizations
  - **Session 1:** September 5, 2023 – (15) African American/Black populations
  - **Session 2:** September 5, 2023 – (8) American Indian, Asian American, Pacific Islander, Alaska Native and Native Hawaiian populations
  - **Session 3:** September 12, 2023 – (11) Hispanic/LatinX populations

**Informed consent obtained** from participants\*

*\*32 participants submitted informed consent. Respondent feedback from participants who did not provide informed consent has been excluded from this report.*





# Acknowledging and Applying Community Strengths

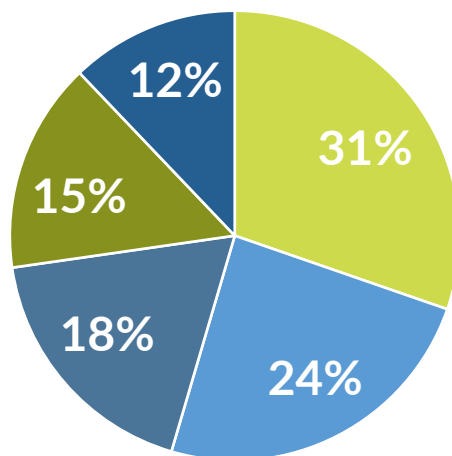
# Community Strengths - VRTs

Community strengths reported during the virtual roundtable sessions fit within common themes across the three groups and were aligned with key informant interview input.

**“Many community members are passionate about improving the health of the community.”**  
—SESSION 1

**“My community is resilient and hopeful.”**  
—SESSION 3

**“The sense of family unity and respect.”**  
—SESSION 3



- Existing coalitions
- Support from community-based orgs
- Trustworthy spokespersons
- Faith-based organization partnerships

Q: What are some of the strengths of your community that enabled your COVID-19 and flu outreach efforts?



# Findings Key Informant Interviews

## Community Strengths

- Communal mindset
- Understanding nuances and embracing lifestyles, rather than trying to change them

*“The strengths of these communities are that they huddle together and they work together. Not only are they working with each other 24/7...they also work very weird hours where they might work 4 hours on, 4 hours off,.. So, they work and then rest, and some work different shifts... their families are together as well. Being migrant farm workers, they tend to move with each other too. Their strength comes in that family dynamic. What we found in our Hispanic and Latino communities in **Central PA** is that they trust each other.”*

# Findings Key Informant Interviews

## Understanding Community Conditions

- Diversity: race, ethnicity, immigrant status
- Urban vs. rural
- Income level
- Health status
- Awareness of and overcoming stereotypes
- Acknowledging historical trauma, mistrust
- Barriers to 'navigating' the U.S. health care system

Members of the priority populations for COVID-19 and flu outreach often had several intersecting identities including race and ethnicity, gender, immigrant, migrant, or undocumented status – and currently live with one or more comorbidities or are at risk for chronic diseases.

*“Asian Americans are considered model minorities. But that includes so many races and ethnicities and can be detrimental – there are groups that need additional resources but it’s often a group that is not prioritized”*





# Applying Community Strengths: KIIs

- Community Engagement Strategies
  - Communication strategies
  - Leading from the ‘inside out’
  - Cultural competence of trusted messengers

“We weren’t prepared for COVID, but we were prepared for a social change. We didn’t have to start new relationships – we had those relationships and cultural competency already. We spend a lot of time working in these communities on 7 or 8 of these determinants. We had our African American Equity task force. Those relationships were there going into the crisis [of the pandemic]. That enabled us to pivot quickly.”

“This team effort was really successful because we had such a dedicated team both within the Kidney Foundation of Michigan and through our partners who knew their own community *and knew how to talk to folks* and really cared.”



# Applying Community Strengths - VRTs

**“Obtaining community feedback to inform the creation of messaging.”**

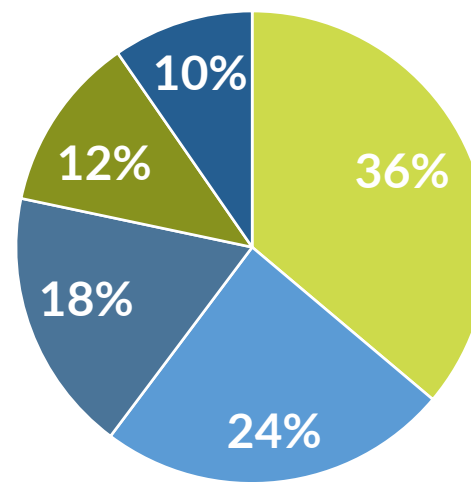
–SESSION 3

**“Employing graphic artists of color.”**

–SESSION 1

**“Use of images that represent the community; bilingual outreach; partnering with Hispanic/Latino organizations.”**


–SESSION 3



- Using language that the community would understand
- Focus groups and listening sessions
- Leveraging trusted messengers and champions within the community

*Q: Many of your organizations created COVID-19 and flu outreach resources such as videos, PSAs, flyers, social media posts, etc. How were you able to APPLY your community strengths in your COVID-19 and flu outreach efforts with these resources for your community? What has enabled your outreach success?*





# Acknowledging and Overcoming Challenges

## VRT SESSION VERBATIM INSIGHTS

# Challenges evolved through the beginning, middle, and currently, during the pandemic.

Beginning

“Stigma of vaccinations, addressing history of medical mistreatment/trauma with the African American and Latino communities.” –SESSION 1

“Trust of community members and organizations with local government.”  
–SESSION 3

PADEMIC

“Constantly changing guidance on vaccination and promises made upfront that the vaccine would be more of a silver bullet than it was.” –SESSION 2

“Why are people still getting sick after getting the vaccine?” –SESSION 1

End

“People are tired of hearing about COVID.” –SESSION 1

*Q: What were some of the challenges you were faced with to increase vaccination rates in your community?*



## Most Effective Approaches

Taking an active role in the community and participating in events were the most successful approaches shared by VRT participants.

- “**Listening** to the concerns of the community” had a relatively high average success rating even though it was not implemented by all participants.
- “**Mobile clinics**” had more varied results than other approaches, suggesting that the effectiveness of this strategy varied among participants.

## Least Effective Approaches

- **Communication techniques:** Social media was found to be “white noise” at times, as well as difficult to be creative with and capture the attention of audiences. Many found it only useful with younger audiences.
- Other forms of digital engagement (webinars, Spotify ads, etc.) had varying effectiveness — not all have access to smart phones.
- The **message matters** — telling people they have to get vaccinated was not successful, it was better to frame vaccination as a choice.



# Overcoming Challenges



- **Language:** “I knew by looking at data that we had a neighborhood that was largely inhabited by folks that were Puerto Rican, then I would have made everything in Puerto Rican Spanish. If I knew a neighborhood had a lot of Dominicans, I would have made it in Dominican Spanish. Only because when they see it, they’re like, ‘That’s my language.’ But we just didn’t get there.”



## Key Informant Interview Insights – Integrating Total Health

“Combining vaccine outreach with general health promotion was very successful. Talking about health in general and reducing risks for chronic disease is what we want to do at the Kidney Foundation. But we also know that that has an impact on people's health and whether they might get hospitalized or have severe complications from COVID and flu too. So, we can talk about those types of messages at the same time and why it's important to eat healthy and exercise and take medications, and then include getting vaccinated as part of that.”

– REACH RECIPIENT

“We have started using a more well-rounded approach from the standpoint of talking about vaccination. We try to help increase understanding that there is a crisis when it comes to health in general in Buffalo. We have to start there before even talking about vaccines. We created a palm card for an event... encouraging people to have healthy habits. Number 4 was staying up-to-date with vaccinations. We are starting with – let's talk about health. Do you have a [primary care provider]? Are you aware of what is important for your diet, exercise, sleep? People don't want to be approached to be told to be vaccinated.”

– REACH RECIPIENT

*Q: Of the strategies you used to engage communities, is there one that was new to your organization, or something you'd describe as innovative?*



# Lessons Learned - KIIs



“One thing that stood out we did almost all the time was the church initiative. Churches have always been involved but this was different in terms of the COVID message integrated in something people needed. People might be more worried about the dentist, you couldn’t go because of the risk of COVID. If they weren’t receptive right away [to vaccination], we ask, ‘What are your health needs?’ If they mention it and you help them solve their other health needs, they were more open to talking about COVID.”



“In our listening sessions with the Native population, we realized that students – especially during the height of COVID-19 – had more credibility in communicating about the vaccine because they were learning about it in real time...from their peers, school, social media. So, we recruited them to start sharing with their community elders and leaders about the science of the vaccine and its efficacy. This was a big shift. Typically, the elders hold the wisdom.”





# Recommendations

# Recommendations

- **Begin and cultivate relationships with the community before a crisis.**
  - REACH recipients who had embedded themselves in the community through networking and cultivating relationships were seen as trusted and were able to pivot their message and outreach quickly during the pandemic.
- **Successful communications and outreach have defined outcomes.**
  - Being clear about the content, audience, and communications needs is critical so communities can take the necessary actions for their health.



# Recommendations continued

- **Input from communities helps with relationships and content development.**
  - Community member input about communications content and visuals, as well as including community members as part of campaigns, helped to establish trust and relationships.
  - These feedback loops enabled the identification of trusted messengers and identified language and outreach needs among community members.
- **A focus on total wellness, with flu and COVID-19 vaccinations as a component, can help future engagement strategies.**
  - Including information about chronic conditions and other whole-person wellness needs (i.e., mental health, nutrition, regular check-ups) in communication and as part of outreach is essential for continuing the conversation about the importance of flu and COVID-19 vaccinations.



# Recommendations continued

- **Focus on Sustainability**
  - Leaving the community better than when you first encountered the community
  - Community-led activities that the community can sustain



# Disclaimer

- Despite this abundance of information gathered from REACH recipient communities across the U.S., the findings can not be generalized to all communities across the country.
- This report summarized what was learned in these specific communities.
- Always perform a listening session and a community needs assessment with the community you plan to engage. Tenet of Trust Building.



# From Health Equality to Health Equity



*“Health equality can resolve some health disparities, especially when the disparity stems from lower quality treatment, deliberate discrimination, or lack of adequate screening.*”



*Equity-minded medical professionals must consider how social determinants of health such as access to a healthy diet, stress, and trauma affect outcomes. They must also consider how apparently equal systems lead to inequitable and unjust outcomes.*



*An equity lens moves health systems closer to removing disparities. It also encourages policymakers to think about the myriad ways social environments affect health.”*



# Thank you! Hear from REACH Recipients! Tomorrow's Panelists



**Irene Nayanuba,**  
Worcester Department of  
Public Health



**Marolyn Valenzuela,**  
National Kidney  
Foundation of Michigan



**Jackson Higginbottom,**  
MPH Yale School of Public  
Health



**Bernard Macklin, PhD**  
Southern Connecticut State  
University

This project [*Racial and Ethnic Approaches to Community Health (REACH) Lessons Learned and Promising Practices in the Field of Immunization from the COVID-19 Pandemic*] was supported by the Center for Disease Control and Prevention (CDC) of the U.S Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$3,250,000 with 100 percent funded by CDC. The contents of this [*Racial and Ethnic Approaches to Community Health (REACH) Lessons Learned and Promising Practices in the Field of Immunization from the COVID-19 Pandemic*] reflect the views of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC, or the U.S. Government



# Vaccine Equity Coordinators Council (VECC) Needs Assessment Findings

Purnima Unni, MPH, CHES



# Vaccine Equity Coordinators Council (VECC)

## Started in June 2023:

A community of awardee vaccine equity staff convened by AIM to share information and learn from each other

## Goals:

- Foster a safe and consistent platform for vaccine equity program officers to collaborate
- Share best practice efforts across jurisdictions
- Discuss challenges within the vaccine equity space
- Promote ideas that advance program/jurisdiction grant goals and objectives
- Support vaccine equity efforts across jurisdictions

## Council accomplishments and initiatives include:

- A completed needs assessment
- Refined Council goals
- A Partner Spotlight series

## Meetings Held:

- June 14, 2023- 24 participants
- August 30, 2023 – 13 participants
- October 25, 2023 – 29 participants

## Current members and those invited to join include:

- Program managers
- Vaccine/Health Equity Coordinators
- Adult Coordinators

**Chair:** Jennifer Crooker (MI) Vaccine Equity Official and Communications Analyst

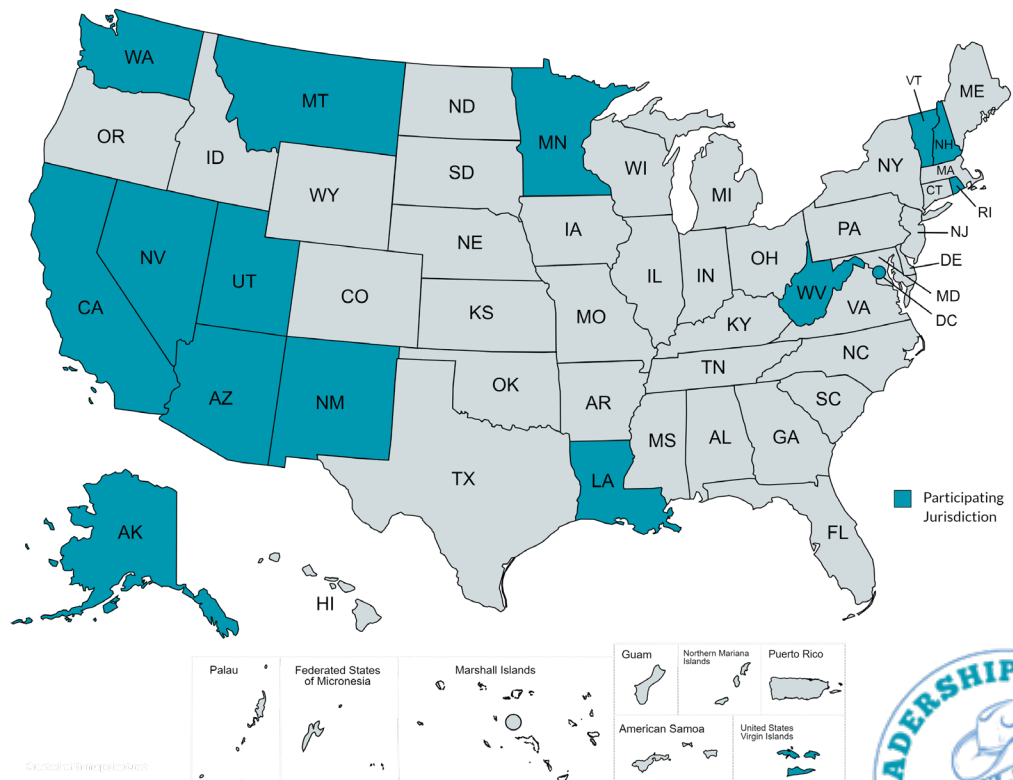
**Vice Chair:** Thang Song (Phila) Immunization Equity Advisor



# VECC Needs Assessment Participation

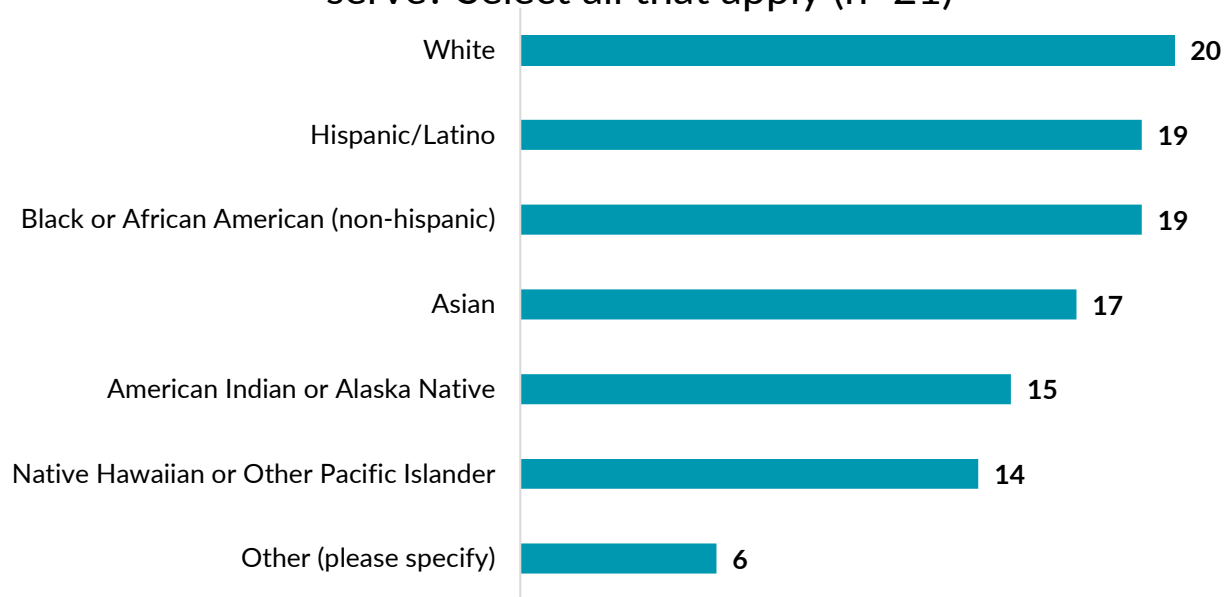
The survey was conducted between October 12-25, 2023, with the purpose of determining how VECC can be best utilized by jurisdictions. There were 21 responses from 16 jurisdictions:

- Alaska
- Arizona
- California
- District of Columbia
- Louisiana
- Minnesota
- Montana
- Nevada
- New Hampshire
- New Mexico
- Rhode Island
- Utah
- Vermont
- U.S. Virgin Islands
- Washington
- West Virginia



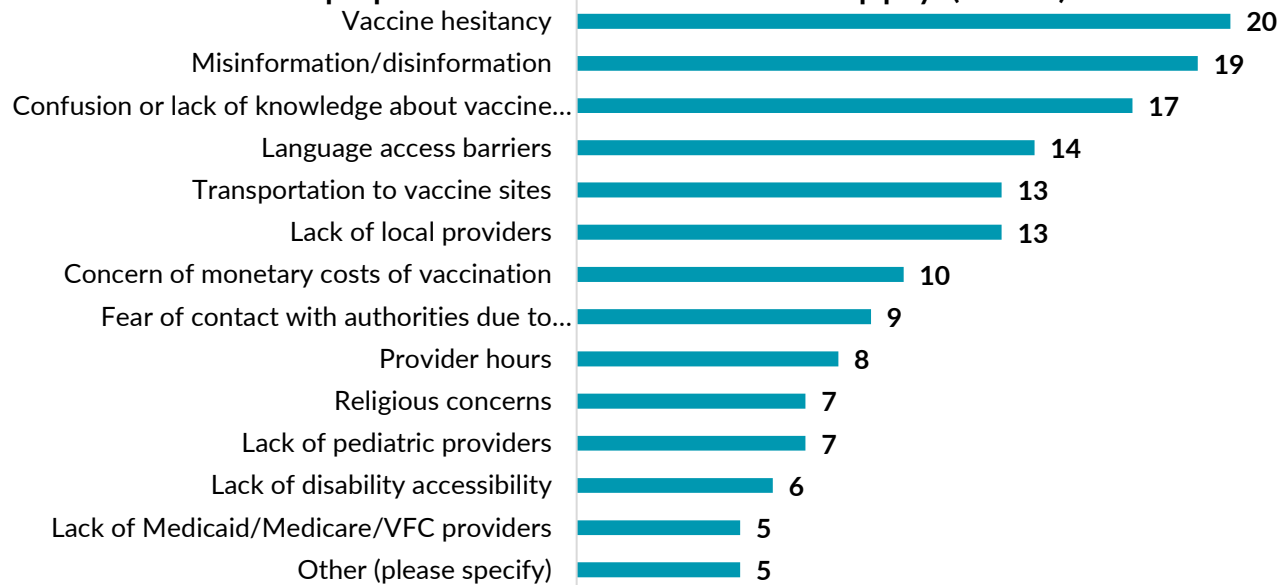
# Population Demographics

What is the demographic of the current population you serve? Select all that apply (n=21)



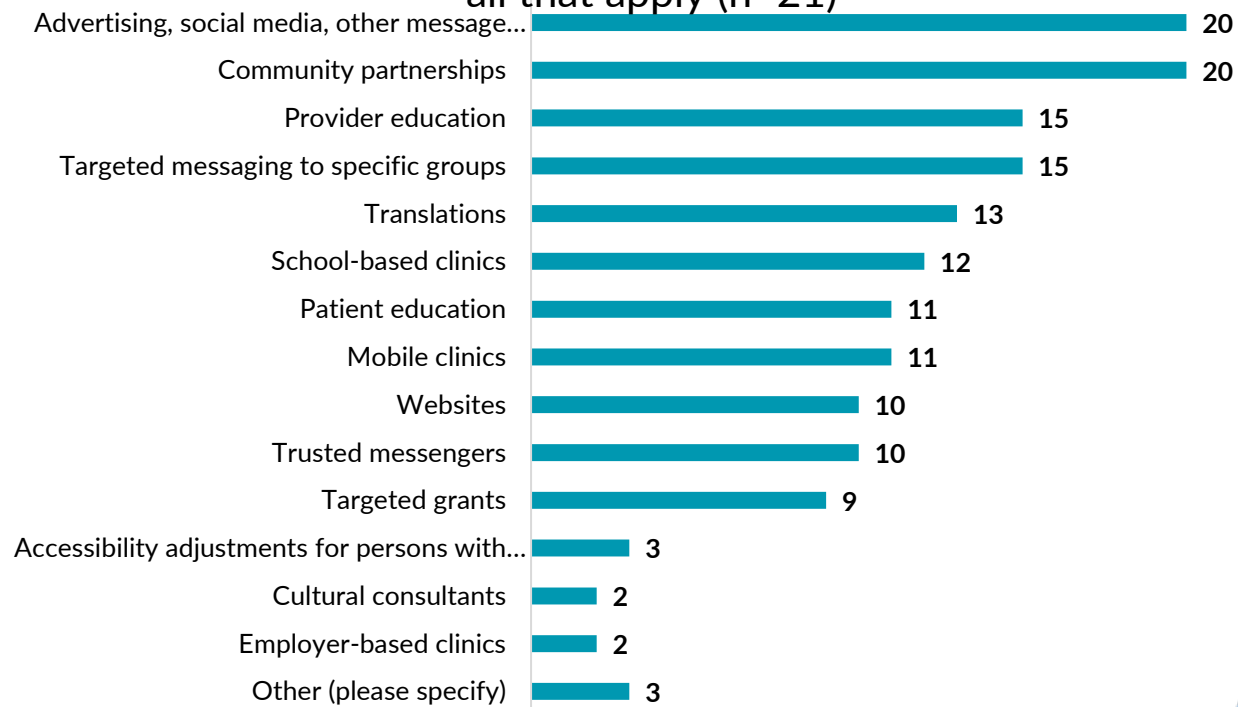
# Key Issues

What are some of the key issues you are noticing with these populations? Select all that apply (n=21)



# Addressing Issues

How has your organization addressed these issues? Select all that apply (n=21)



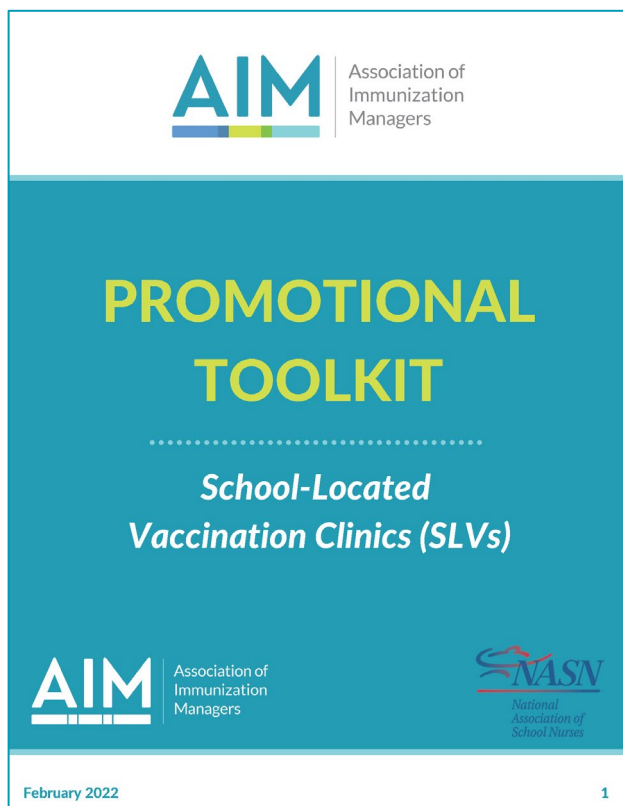
# Summary of Next Steps

- Outreach to Midwest and SE states
  - Please consider promoting attendance from your state
- Plans to determine a health equity/vaccine equity project beneficial to jurisdictions



# Resources

# School-Located Vaccination Clinics Toolkit



[www.immunizationmanagers.org](http://www.immunizationmanagers.org)

Tips and tools to support school-located vaccination clinics in your jurisdiction



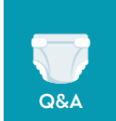


# Partnering with Diaper Banks Q&A


Information to identify and promote non-traditional partnerships between immunization programs and diaper banks



[www.immunizationmanagers.org](http://www.immunizationmanagers.org)



Q&A



## Partnering with Diaper Banks to Increase Childhood Vaccination Rates and Improve Access

### Improving Vaccine Confidence from the Bottom Up

The Association of Immunization Managers (AIM) partnered with the National Diaper Bank Network (NDBN) to identify and promote promising practices to foster non-traditional partnerships between immunization programs and diaper banks.

This resource provides answers to commonly asked questions regarding immunization stakeholder and partnership strategies to improve immunization rates.

#### What are diaper banks and who is the National Diaper Bank Network?

- Diaper banks collect, store, and distribute donated diapers, period supplies, and other basic necessities to individuals, children, and families in need.
- The NDBN is composed of more than 300 basic need banks that serve urban, suburban, and rural communities across all 50 states, Puerto Rico, and the District of Columbia.
- The NDBN acts as a membership organization that connects and supports the network of diaper banks across the U.S.
- Community-based diaper banks directly serve populations struggling against economic marginalization, including Asian American, Native Hawaiian, Pacific Islander, Black and African American, American Indian, Alaska Native, Latinx, and rural communities.

The NDBN's member directory can be used to find nearby diaper banks:  
[nationaldiaperbanknetwork.org/member-directory](http://nationaldiaperbanknetwork.org/member-directory)

#### How can diaper banks improve access to vaccinations and increase immunization rates?

- Immunization programs can partner with diaper banks to provide diapers and vaccines through community events, pop-ups, mobile clinics, or community clinics.
- Nashville Diaper Connection, an NDBN member in Tennessee, has developed and tested a model program called *Connections* that can be implemented in any community with a diaper bank, pediatric health care provider/community clinic/federally qualified health center (FQHC), managed care organization (MCO), and a supportive department of health.
- [Learn more](#) from the Association of Maternal & Child Health Programs (AMCHP) Innovation Hub, a repository of practices and policies in the maternal and child health field.

#### How can diaper banks increase confidence in vaccines?

- Diaper bank staff and volunteers are trusted messengers that interact directly with the communities in which they serve.
- Diaper banks can promote research-based information about routine and respiratory virus (influenza, COVID-19, and RSV) vaccines for children and adolescents. They can distribute both printed and social media messages to clients to help raise public awareness and acceptance of vaccines.

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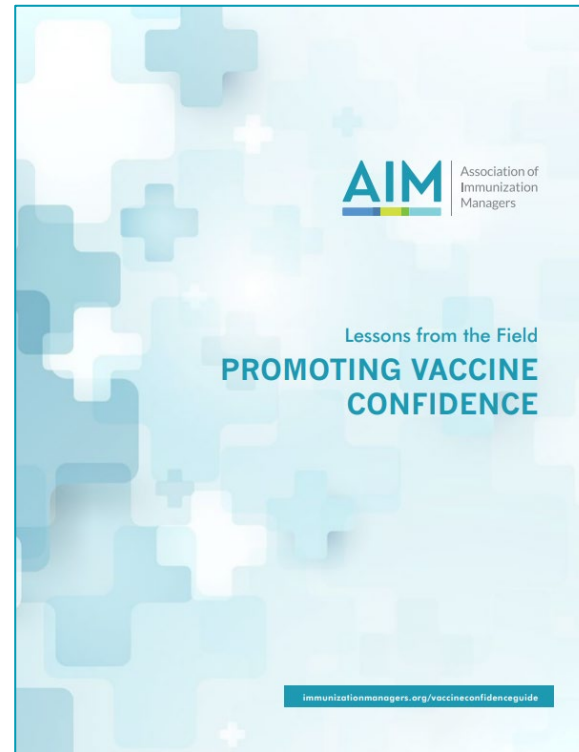


# Vaccine Confidence Toolkit

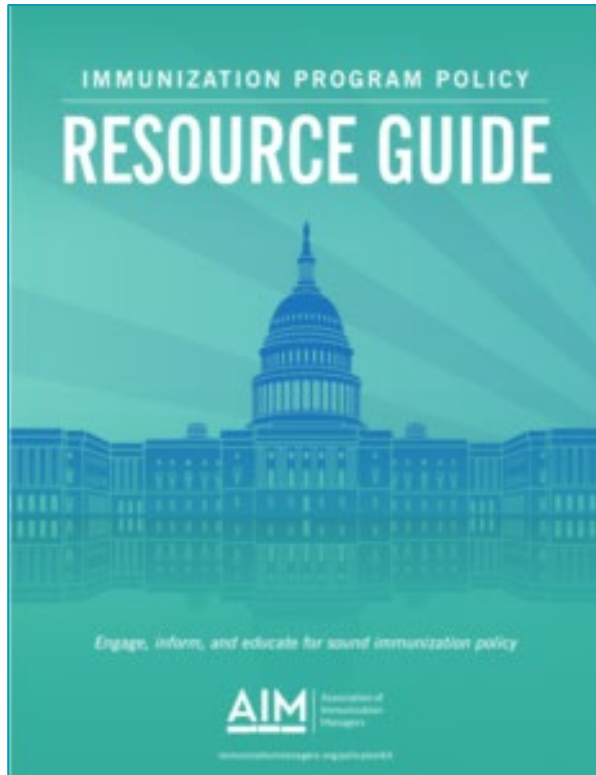
Resources for promoting vaccine confidence during the legislative session, addressing incorrect information, and considerations for cultural competency



[www.immunizationmanagers.org](http://www.immunizationmanagers.org)



# Immunization Program Policy Toolkit



[www.immunizationmanagers.org](http://www.immunizationmanagers.org)

Learn about advocacy rules, navigating the legislative process, and educating policy makers

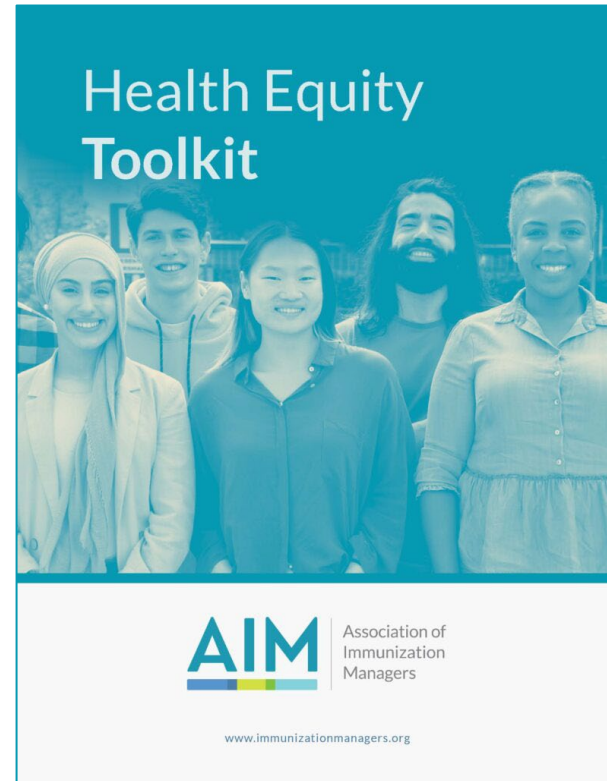


# MAP Health Equity Resource Guide

Find programmatic lessons learned and resources on seven strategies to increase health equity



[www.immunizationmanagers.org](http://www.immunizationmanagers.org)



# Podcasts

## AIMing to Inform

This series of conversations with immunization managers hopes to motivate and inspire public sector leaders while helping them feel supported in their role. These short episodes hosted by Brent Ewig, AIM's Chief Policy and Government Relations Officer.



## REACHing for Vaccine Equity

This series of informative episodes discusses how individuals living with chronic health conditions, including heart disease, diabetes, clinical depression, and more, can continue to thrive with the preventative power of getting vaccinated and adopting healthy behaviors. The podcast's hosts are AIM iREACH project Public Health Consultants Yabo Beysolow, MD, MPH and Lisa Jacques-Carroll, MSW.



# Thank you!



[immunizationmanagers.org](https://immunizationmanagers.org)



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