



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

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Association of
Immunization
Managers

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Lessons Learned Project Background

REACH Overview

REACH (Racial & Ethnic Approaches to Community Health) is a national program administered by the Centers for Disease Control and Prevention (CDC) to reduce racial and ethnic health disparities. Since 2020, 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. The project initially focused on influenza vaccinations but was later expanded to include COVID-19 vaccinations after COVID-19 vaccines became available. Through this partnership—known as iREACH—recipients plan and carry out local, culturally appropriate programs to address racial and ethnic disparities in immunization coverage and promote vaccine equity among Black or African American, Hispanic or Latino, Asian, American Indian, Native Hawaiian, Pacific Islander, and Alaska Native communities. The Association of Immunization Managers (AIM) provides a platform for REACH recipients to store and share materials, as well as facilitate communication with and between organizations. AIM also provides technical support and educational opportunities related to vaccines, opportunities for support and collaboration among REACH recipients, coaching, learning focused on navigating implementation challenges, and forums for sharing successes and promising practices.



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AIM Overview

AIM is a 501(c)(3), membership association that was founded in 1999 and is dedicated to establishing a nation free of vaccine-preventable disease. AIM members direct the immunization programs in the 64 federally funded state, territorial, and local public health agencies (50 states, 8 territories/federated states, 6 large cities). Membership is limited to these 64 state, local, and territorial public health immunization programs and association activities are focused on the success of the 64 program managers and their program staff. AIM also represents its members in national forums, advisory committees, and research projects to provide a collective voice for immunization program interests. AIM's iREACH project is funded through a federal cooperative agreement with the CDC.



Since 2020, AIM subject matter experts (SMEs) and engagement specialists at Urban Strategies have provided support to the REACH recipients including:

Technical Support

- Co-creation of infographics by SMEs and REACH recipients for use in communities
- Development of talking points for use by trusted community members
- Education on the basics of vaccines
- E-modules and podcasts
- Guidance and teaching on COVID-19 and flu diseases and vaccines
- Presenting webinars for recipient communities
- Technical review of products developed by recipients
- Weekly hot topics sessions and webinars (immunization and chronic disease topics)



Collaboration and Strategy Support

- Monthly 1:1 support from Urban Strategies
- Organizing and moderating monthly affinity groups (stratified by racial/ethnic communities served) for REACH recipients

Project Overview

As a part of AIM's Lessons Learned Project: COVID-19 and Flu Vaccination Best Practices in REACH Communities, a [national environmental scan](#) was conducted and confidential, one-on-one interviews and online Virtual Roundtable discussions were completed with REACH recipients. This effort documented the successes and challenges of working in communities to increase flu and COVID-19 vaccination rates and explored ways to strengthen and sustain the partnerships and activities developed over the last few years to create meaningful change in REACH communities.

The report summarizes the findings from the one-on-one interviews and Virtual Roundtable discussions, and provides recommendations that are a compilation of the national environmental scan and the direct experiences of REACH recipients shared through interviews and virtual roundtables.

If you are in need of accommodations to use this resource, please contact info@immunizationmanagers.org. For optimal accessibility of this resource, it is recommended that users use the Google Chrome browser.



REACH Key Informant Interviews Summary Findings

As a part of AIM's Lessons Learned Project: COVID-19 and Flu Vaccination Best Practices in REACH communities, Neimand Collaborative conducted confidential interviews with key informants to document the successes and challenges of working in REACH communities to increase flu and COVID-19 vaccination rates. The key informant interviews also explored ways to strengthen and sustain the partnerships and activities developed over the last few years to create meaningful change in REACH recipients' communities.

Methodology

- Ten 30-minute, in-depth interviews were conducted via Zoom in September 2023 with REACH recipients supported by AIM.
- Informed consent was obtained from participants.
- Interviewees work for organizations representing a range of geographic and demographic populations in the United States:
 - Southeast, Northeast, and Southwest regions
 - Black or African American, Hispanic or Latino, Asian, American Indian, Native Hawaiian, Pacific Islander, Alaska Native persons, communities with English as a second language, and refugees and immigrants of African descent.

Findings

Community Conditions

- REACH recipient communities and priority populations are racially, ethnically, and immigrant status diverse—requiring the activation of a range of flu and COVID-19 outreach tactics and strategies that are tailored to the needs of these communities.
- Communities span the range of urban to rural geographies as well as resource availability—including low-income populations and communities that do not have access to running water—evoking the need for a variety of approaches to ensure that outreach met these communities where they are.
- 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.
 - Many of these priority populations were identified through clinical and zip code health disparities data, but other times through community health workers and community-based organizations with intimate knowledge of the communities and their health challenges and needs.
 - Longstanding and persistent social determinants of health indicators and access challenges to health and nutrition services and primary care providers were prominent in these communities. This is associated with poverty concentration and the intentional racial residential segregation of communities.

- While often marginalized, many of these communities consist of essential workers that are the backbone of their local or state’s economy. Their safety and well-being are not only critical to that of their families and loved ones, but to the continued operations of the community as a whole.
- Awareness of and overcoming stereotypes—those that reinforce positive and negative traits—was critical to elevating the needs and opportunities for increasing COVID-19 and flu vaccination rates in communities.

“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.”

—REACH RECIPIENT

- Historical trauma and mistrust created barriers in early interactions. Relationship-building and community presence prior to the pandemic helped with establishing and strengthening trust. Consistency and reciprocity throughout the pandemic helped reinforce and sustain it.
- Understanding how to navigate the U.S. healthcare system couldn’t be overlooked—particularly for immigrant populations. This was a challenge further exacerbated by the pandemic.
 - Often, mass vaccination sites, a strategy by the government to address vaccine access, were viewed as being a military presence and were scary for immigrant populations.
 - Some members of Asian communities felt that the degree of convincing and explaining about the COVID-19 vaccine that was done was off-putting—they didn’t need to be convinced but needed help navigating the health system to get vaccinated.

“Back home, the government just does all of this and there are no questions. It’s weird that you have to go to a pharmacy or doctor and they are leaving it up to me. We want it but can’t get an appointment because we can’t navigate the system.”

—REACH RECIPIENT

Community Strengths

- A communal mindset, on-the-ground networks, and willingness and propensity to help each other through existing community activism, volunteerism, and engagement are community strengths that enabled REACH organizations in their outreach efforts.
- Understanding specific nuances of communities and embracing lifestyles, rather than trying to change them, led to forming successful connections. For example, one grantee spoke of organizing outreach that considered migrant community culture as an opportunity to build on their trust of one another.

“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, 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 our area is that they trust each other.”

—REACH RECIPIENT

Strategies To Engage Communities

- Leaning into community strengths helped elevate the importance of the vaccines, reduced stigma, and established access points within the community.
- Commonly used communications strategies included, but were not limited to:
 - Billboards
 - Church bulletins
 - Email
 - Local ads—online and print
 - Newsletters
 - Radio ads to reach audiences who don’t use/have smart phones
 - Social media
 - Surveys or listening sessions to obtain feedback on materials or messages
 - Word of mouth—at events or door-to-door
- Credibly navigating the unique qualities of populations due to country of origin, neighborhood, and community culture required leading flu and COVID-19 outreach from the inside out and collaborating with community leaders (formal and informal), and trusted messengers from within the community. People were more receptive to hearing messages from those in their community, rather than outsiders.
 - Culturally competent staff that know the community

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

–REACH RECIPIENT

“We weren’t prepared for COVID, but we were prepared for a 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 social 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.”

–REACH RECIPIENT

- Training of trusted messengers

“I’d say some more successful strategies would be the trusted messenger trainings that we’ve done. We’re successful because people really enjoyed having the up-to-date information and they were community leaders in their own right, and just to have an opportunity to speak honestly and get information clarified and learn new communication techniques.”

–REACH RECIPIENT

“We were able to engage up to 80 community members who became Community Health Advocates. They came from a variety of walks of life, working in all kinds of jobs. We drew upon their networks and relationships and communities. They were able to recognize the leadership and voices that were already a part of them. They were motivated by their love for the community.”

–REACH RECIPIENT

“We have our Q&A vaccine champion training program. It was developed after our initial community assessments at the end of 2021. We trained individuals who have a background in community work but not necessarily in how to have an informal conversation about vaccination. Our team really focused on motivational interviewing techniques that could happen at community events, with family members, and on how to have those discussions in a non-judgmental way.”

–REACH RECIPIENT

- o Featuring trusting messengers that people know at the local level in creative ads and outreach materials was viewed as more effective than featuring celebrities and helped create awareness and local conversations about vaccines.

“A couple of our community members, we put them on billboards. This was so cool. A lot of them said to me, ‘Do you know how many people came up to me and said, I saw your billboard, I saw you got your flu shot. I never got my flu shot. Why did you get your flu shot?’ And it created that conversation.”

–REACH RECIPIENT

“When we did our needs assessment, we were asking folks who they really listened to for advice, especially about flu and COVID. Although folks like doctors were also important, really what came about was peers. People’s social networks, so their friends and family and those folks that are connected in the community. That’s who we really tapped into as opposed to celebrities or doctors—we tapped into those community mavens and peers.”

–REACH RECIPIENT

“Our most effective outreach involved bringing vaccines to where people are. One organization that received a grant from us went to a local homecoming event. They had created a commercial with local people talking about why it’s important to be vaccinated and they played it on the jumbotron during the game. People in the stands knew the people in the commercial. It created conversations. People got vaccinated.”

–REACH RECIPIENT

- o Establishing a feedback loop where community members’ attitudes and perspectives about vaccines were consistently heard and responded to helped build trust and ensure that outreach materials reflected the real-time concerns and questions of community members.

“We were going to community members to get real, live updates. What is going on? What’s being said? You might have seen some of our infographics. We did not have them planned. We would make one based upon the recommendation of our stakeholder board. We would show it to them. We reproduce it. You would get it out in the community and then we’d say, ‘OK, now what’s the topic that’s going on now? And then what’s the topic?’ We didn’t pick those topics. We picked the topics that they needed to hear about now.”

–REACH RECIPIENT

“What we learned from our Hispanic and Latino community is a lot of things, like...the reason why they didn’t get their flu shots is because they thought it gave them the flu when really it was the side effects. So that’s why we created that infographic that talked about side effects.”

–REACH RECIPIENT

“We wanted to hear about some of the unique concerns for individuals with chronic kidney disease. And those peer mentors were a great way for us to troubleshoot some messaging and develop new communication strategies.”

–REACH RECIPIENT

“I remember that we created a specific infographic about additional doses versus booster shots specifically for individuals who are immunocompromised. We tapped into that peer mentor network again and shared some of this infographic. We got some audience feedback on what they liked about this, asked what we could tweak.”

–REACH RECIPIENT

“We got the title ‘Vax Facts and FAQs’ from one of those conversations, from the feedback session. We heard from some of our surveying when we did our needs assessment that some folks who were afraid of needles were getting freaked out by the news by seeing all these needles and syringe pictures over and over again. They’re like, ‘I don’t want to get a shot!’ So, we didn’t include needles in a lot of our communications products.”

–REACH RECIPIENT

“I remember some other feedback that we got was really hearing about motivations, like why people were getting their shot and thinking about their family. So, we picked some photos that would really emphasize family, emphasize the community itself and people that look like them.”

–REACH RECIPIENT

- Partnering with faith-based communities was viewed by the majority as critical to outreach and trust building.

“We had success working with religious organizations, we worked with mosques. We worked with organizations in the community that were safe spaces for people, and then worked with a vaccine provider to come to that place.”

–REACH RECIPIENT

- Understanding common ground and how to elevate the mutual benefit of the impact of vaccinating workers made employer partnerships unconventional, but effective.
 - Helping employers through their very real logistical and operational capacity concerns made the case for on-site vaccination clinics more agreeable to employers. Employers were able to stagger schedules and realized that giving an employee one day to recover from potential side effects of the vaccine was a lot better than giving them 14 days off to recover from COVID-19 and complete quarantine.

“You have to take into consideration people’s working hours. We went to employers and said to them, ‘Hey guys, can we bring our mobile units to your employees to get them vaccinated?’ However, a lot of these employers were like, ‘You know what? We want them to get vaccinated, but we cannot afford for these folks have a day off because they’re having side effects from the vaccine.’ So I put on my thinking cap and I said how do we get around this? It was a lot of work with these employers. Trust me, they didn’t really like it at first. But I was like, ‘You either do this or you have your whole plant shut down for a week.’”

–REACH RECIPIENT

Challenges and Lessons Learned

Recipients shared that challenges evolved over time and in many instances became easier to manage.

“I think some of those challenges kind of changed and evolved over time. Early on, with COVID, they were like, ‘What is this new thing?’ They were just trying to learn about who’s eligible, who’s not eligible, all of the changing guidance. Keeping a hold on that changing guidance was a big challenge early on.”

–REACH RECIPIENT

- Fear and mistrust were challenges, particularly early on in the pandemic.

“Based on atrocities that never should have happened, there is a valid reason [for mistrust]. How do we accept that this has happened and make the best decision in our current environment for ourselves and our families? Vaccine, the formulation, the safety—were all obstacles we had to address and have conversations around.”

—REACH RECIPIENT

- The spread of misinformation in the public, and the perception of frequent changes to the medical guidance proved problematic from the onset of the pandemic and led to vaccine hesitancy.
 - The charged political climate during the beginning of the pandemic seemed to intensify the misinformation that recipients had to combat in communities.
 - Referring to the vaccine as “new” also created challenges. People in communities questioned, “If this vaccine is new, what were the other ones?”

“How we translate and communicate the science is important.”

—REACH RECIPIENT

- At times, strategies to combat access and misinformation challenges, such as mass vaccination sites in communities or explaining that vaccines were being ‘set aside’ for specific communities, made people more distrustful.

“When we were saying that the government was ‘setting aside’ vaccines people were skeptical of this. We had to explain that vaccines were being allocated for equity—not that the vaccine was different.”

—REACH RECIPIENT

“The mass vaccine sites and the way those appeared during the initial vaccine roll out were these large sites—seemingly like a military presence. People in the community, especially immigrants questioned, ‘Where am I really going? Is this a trap?’ Not to mention they had difficulty navigating these large sites.”

—REACH RECIPIENT

- During the middle of the pandemic, challenges included getting people to accept the vaccine and creating understanding and clarity about the vaccine. Recipients shared that consistent messaging was critical.
- By the end of the public health emergency, people were exhausted and didn’t want to talk about COVID-19 anymore. The messaging became much more future-focused.

“People have become really reflective. They are asking, ‘How do we accept what has happened, and what are some of the things we can do at this point to be more proactive. How can we look at our overall health—including our emotional state—to live our best lives? We are looking towards the future with a more proactive stance about overall health and wellness.”

–REACH RECIPIENT

Other challenges were tactical and involved how to go about communicating and reaching community members.

- Applying consistent language in messaging

“People would fight about how something should be said, even thinking about how to say ‘mask’. I even saw different words at Walmart and Rite Aid and CVS, the different pharmacies were using different names for masks. I said, everything is going to be the same on our stuff because I think it was important to show unity. If we were creating these materials, we were giving them to our community organizations to use, we were saying to our community folks that they didn’t need to make anything on their own, to leave it up to us. We’ll give you this, you can cobrand it with us because you are the people that approve it. And then we now have everybody talking the same language. But we’ve had meetings where we were debating one word for forty-five minutes.”

–REACH RECIPIENT

- Ensuring native language accessibility, translations, and local dialect were accurate and culturally inclusive was a challenge. Recipients often did not have the resources or capacity to manage this need.

“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.”

–REACH RECIPIENT

“Everything that was published, there was maybe a gap for that information to be translated into Spanish. Platforms where you’d have to sign up for appointments would be in English, so that would be a big gap and challenge early on.”

–REACH RECIPIENT

- Measuring effectiveness and understanding if specific strategies and tactics were working proved difficult.

“Different types of efforts had different types of measurement. For trusted messengers who we engaged in our trainings, we would have surveys afterwards to get their feedback to see whether they liked them or not, what kind of questions they still had afterwards, how could the format have been better. And then tracking the numbers of trusted messengers and some demographic type of information to make sure that they were representative of the community. I would say that was our thorough, strategic tracking. And then general numbers for social media ads or some of the videos, seeing how many views and engagements they got.”

–REACH RECIPIENT

- Measuring the effectiveness of partnerships based on whether the partnering organization was willing to collaborate on future events or the length of that partnership was common, rather than measuring vaccine uptake.
- Identifying medical professionals that reflected the communities—particularly for Black and African American populations—was a challenge. Recipients reported that finding medical professionals with a shared racial and ethnic identity who could help with trust and credibility amongst this community was a challenge, especially in areas of the country with smaller populations of Black and African Americans.

Lessons Learned and Innovations

Being clear about expectations, such as event promotion or logistical responsibilities, from the outset strengthened partner relationships.

“Setting partner expectations that the partnership is two ways. We bring the resources, but they need to bring the people [to our vaccine events].”

–REACH RECIPIENT

The messenger was just as important as the message and critical in either combatting or fueling the spread of information. To build trust in messengers, recipients ensured that messengers were representative of the community.

“When we did our needs assessment, we were asking folks who they really listened to for advice, especially about flu and COVID. Although folks like doctors and stuff was also important, really what came about was peers—that’s who they trust.”

–REACH RECIPIENT

People want to feel a sense of choice, but are motivated by protecting their loved ones more than themselves.

“We got a lot of feedback that people didn’t want to be TOLD they had to get the vaccine. If it wasn’t work-mandated, make sure people know it’s a choice. We learned that individuals were motivated by protecting their loved ones more than themselves.”

–REACH RECIPIENT

Combining vaccine outreach with general health promotions was considered a “must do” moving forward and a way to continue the conversation about vaccines beyond the pandemic.

“Combining vaccine outreach with general health promotion was very successful. We would talk about sugar and sugar-sweetened beverages and have a display at some of our tables alongside with vaccination information. Talking about health in general and reducing risks for chronic disease is what we want to do at our organization. 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

“People in the community now are much more focused on wellness and are paying more attention to what they are putting in their bodies. It’s something they used to trust healthcare to do, but now they see their [health and wellness] as being more in their own hands.”

–REACH RECIPIENT

“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.”

–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 our city. We have to start there before even talking about vaccines. We created a palm card for an event. It was just 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

Innovations and out-of-the-box thinking took many different forms.

“We developed a game to...demonstrate what were some severe, moderate, and low-risk ways of spreading COVID, in terms of ventilation or masking. We created some games and stuff that demonstrated that. Playing some of these games was a way to open up the conversation a little bit and then be able to dig into some concerns or some questions that they might have. So those games I think were really innovative and successful.”

–REACH RECIPIENT

“Our community-based clinics will begin using students as vaccinators. They need hours, we need volunteers.”

–REACH RECIPIENT

“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.”

–REACH RECIPIENT

“We just launched a program with hair stylists. We’re training 13 to be vaccine champions.”

–REACH RECIPIENT



REACH Virtual Roundtable Summary Findings

Methodology

- **3 online (Virtual) Roundtable Discussions** facilitated on the Advanced Strategy Lab Converge platform
 - The Virtual Roundtables were group discussions with a moderator who led the group through both verbal and typed discussion questions/topics. Lasting 60 minutes, participants anonymously shared their perspectives and learned from peer organizations. Participants responded to questions and also reacted to others' responses, providing qualitative and quantitative insights on the discussion topics.
- **34 total participants** across three sessions, representing 24 REACH organizations
- **Each session included REACH recipients** who primarily served a respective racial/ethnic community. For those who served multiple communities, they were asked to attend either multiple sessions or choose one community-based session to join.
 - **Session 1:** Sept. 5, 2023 – (15 participants) African American/Black populations
 - **Session 2:** Sept. 5, 2023 – (8 participants) American Indian, Alaska Native, Asian American, and Native Hawaiian or other Pacific Islander populations
 - **Session 3:** Sept. 12, 2023 – (11 participants) Hispanic/LatinX populations
- **Informed consent obtained** from participants*

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

Session Takeaways | Lessons Learned

- Engaging trusted messengers, leveraging unified and existing networks/coalitions, utilizing door-to-door and community events, and partnering with faith-based organizations are critical best practices for successful community outreach.
- Using local context, language, and demographic inclusivity in messages and visuals are key.
- Feedback-gathering and including community input in the process to inform messages, dialect, and imagery are important for building trust.
- Emphasizing the importance, safety, and effectiveness of vaccines – as well as clarifying dosing guidance and frequency – in messages is essential.

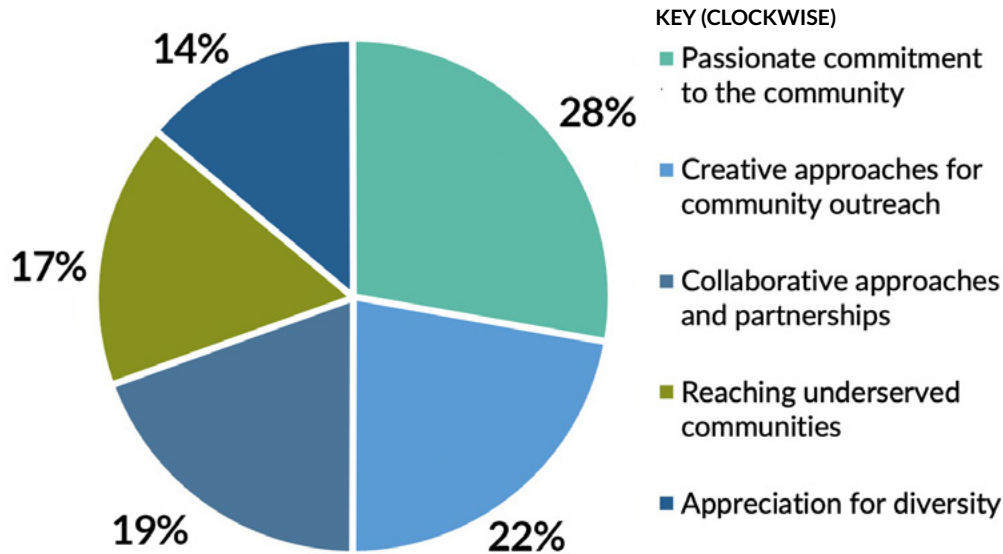
The session takeaways and lessons learned identified by participating organizations reflect their opinions and what they view as effective strategies for outreach in their communities.

Community Strengths

Community strengths are the foundation for effective outreach.

AIM REACH recipients point to a myriad of community characteristics and values that, when harnessed, can be a positive force for COVID-19 and flu vaccine outreach. These qualities, and approaching efforts through a strengths-based perspective, can also be indicative of greater success when considering future outreach.

The data highlight the strong passion, creativity, and collaborative spirit within REACH communities. There was also an emphasis on the importance of reaching underserved populations and embracing diversity—conditions that enabled more successful outreach. Participant responses about what they value about their community can be organized within the following themes.



Q: All of you work closely with your communities in your work to increase flu and COVID-19 vaccination rates. What do you enjoy and value about the community you serve?

Session Verbatim Insights

“Commitment to collaborative approaches.”

–SESSION 1

“I enjoy the diversity of our community.”

–SESSION 2

“Many community members are passionate about improving the health of the community.”

–SESSION 1

“My community is resilient and hopeful.”

–SESSION 3

“The curiosity and compassion of the community and partners.”

–SESSION 1

“The sense of family unity and respect.”

–SESSION 3

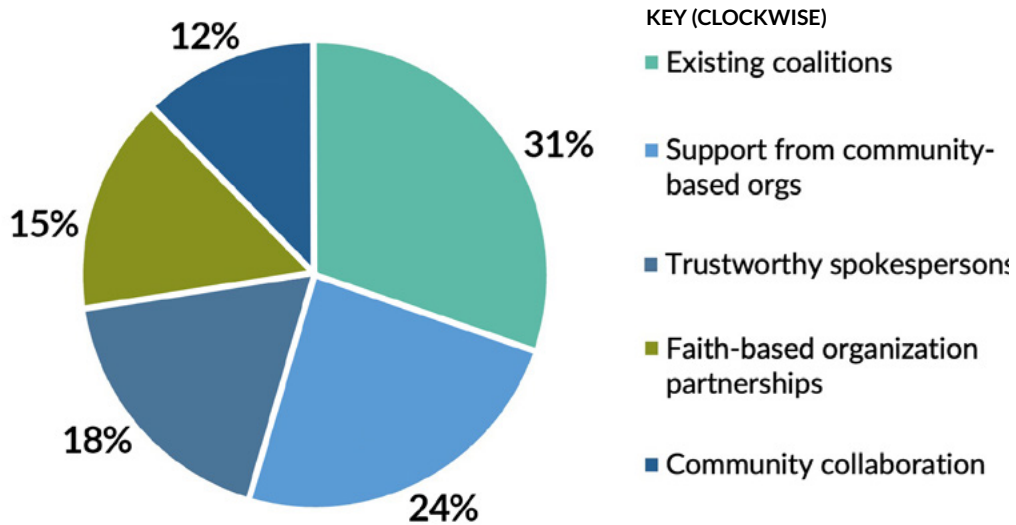
“The community is welcoming, family-oriented, and multi-generational.”

–SESSION 3

Q: All of you work closely with your communities in your work to increase flu and COVID-19 vaccination rates. What do you enjoy and value about the community you serve?

Community strengths reported during the virtual roundtable sessions fit within common themes across the three groups:

- The presence of existing networks and coalitions that recipients could tap into (identified by nearly 1/3 of participants)
- Support from community-based organizations to reach community members
- Trustworthy spokespersons to deliver health messages
- Partnerships with faith-based organizations
- Community collaboration



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

Session Verbatim Insights

“Existing community coalition.”
–SESSION 1

“Community engagement, work of community health workers doing outreach.”
–SESSION 2

“Building on existing relationships with churches, community orgs, etc. that can reach tight-knit communities.”
–SESSION 1

“Active community members who relayed our messages and already had the community’s trust.”
–SESSION 3

“Active trusted community-based orgs that provide safe spaces or ‘trusted sites’ for community members to gather.”
–SESSION 1

“Wanting to learn; dedication to family and wellness; strong sense of community.”
–SESSION 3

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

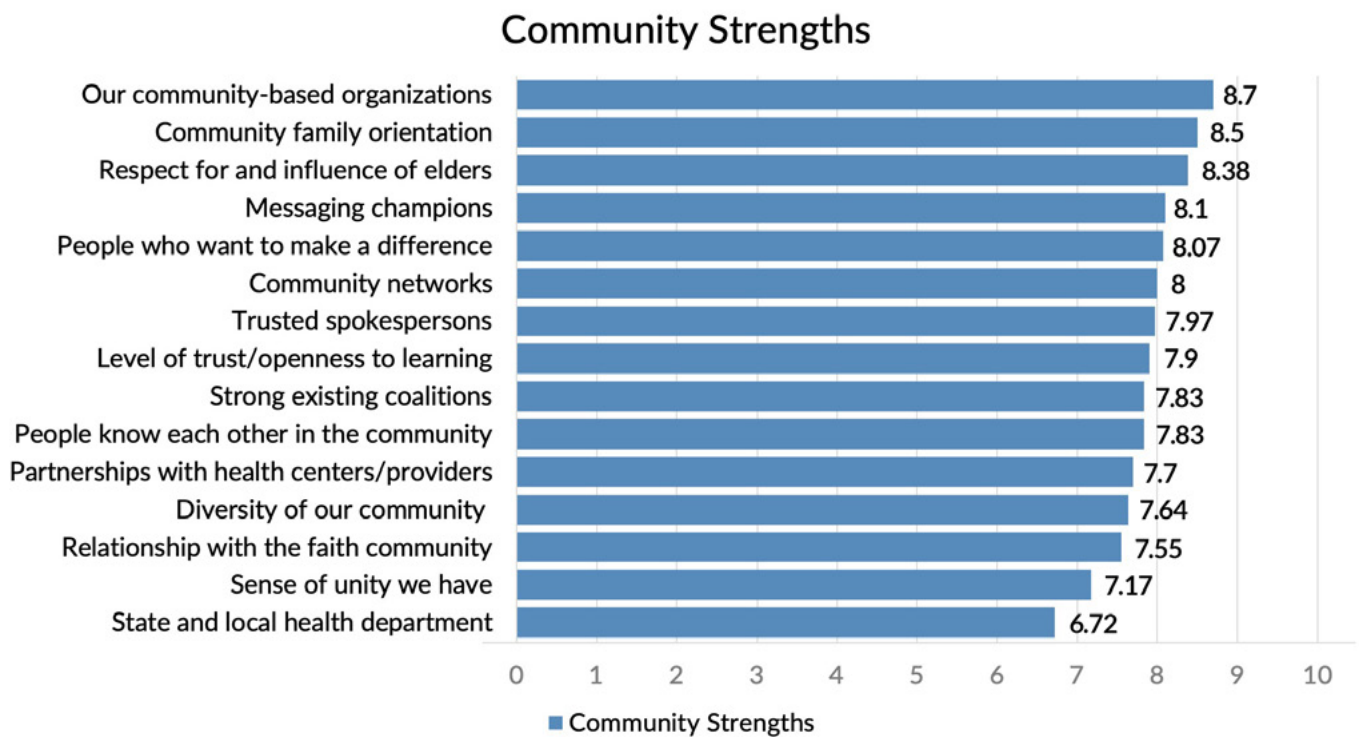
Building on existing community networks was a powerful enabler.

Built-in supports and infrastructure (such as existing organizations, health centers, staff, regular meeting structure, etc.) helped with relationship-building with trusted messengers and community members; this enabled buy-in and advanced COVID-19 and flu outreach.

Additional qualities (other than strong community networks, organizations and trusted messengers) that rose to the top were: importance of family, respect for and influence of elders, people who want to make a difference, and willingness or openness to learning.

Relevance of Community Strengths

After each participant shared their own community’s strengths, they were able to see the complete list of responses. Then they were asked to rate each strength for how relevant it was for their individual community.



Consolidated list of Sessions 1-3 community strengths rated on a scale of 1 to 10, where 1 = not at all relevant, and 10 = extremely relevant.

Applying Community Strengths

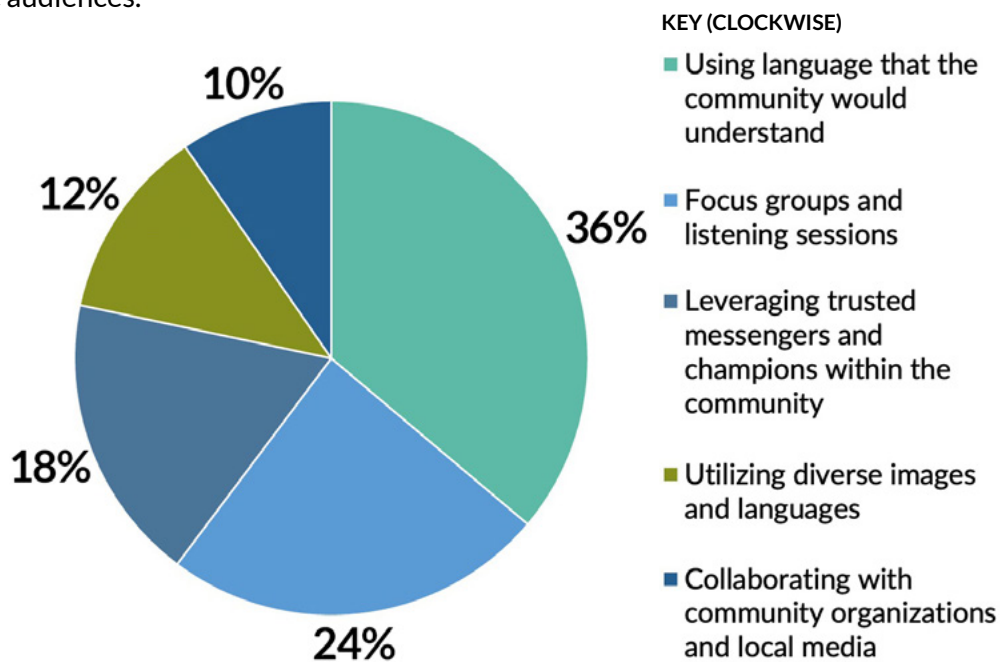
Including relevant local context in resources enabled success.

Gathering input from the community through one-on-one interviews and focus groups, and using native languages as well as culturally-inclusive imagery were strategies that REACH recipients credited for their outreach success.



Leaning into community strengths also positively impacted their outreach strategy and effectiveness.

They found that impactful community outreach for vaccination campaigns involves using relatable language for key communities, involving the community in the messaging process through receiving feedback, leveraging trusted messengers, and tailoring materials to be culturally relevant for specific audiences.



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?

Session Verbatim Insights

“Creating resources that depicted the community we wanted to reach.”

—SESSION 3

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

—SESSION 3

continued on the following page

“Radio ads using colloquial Black language on specific stations.”

–SESSION 1

“Employing graphic artists of color.”

–SESSION 1

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

–SESSION 3

“We used our tribal chiefs within each community as trusted messengers to create posters and videos.”

–SESSION 2

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

Challenges

Challenges to Increasing Vaccination Rates

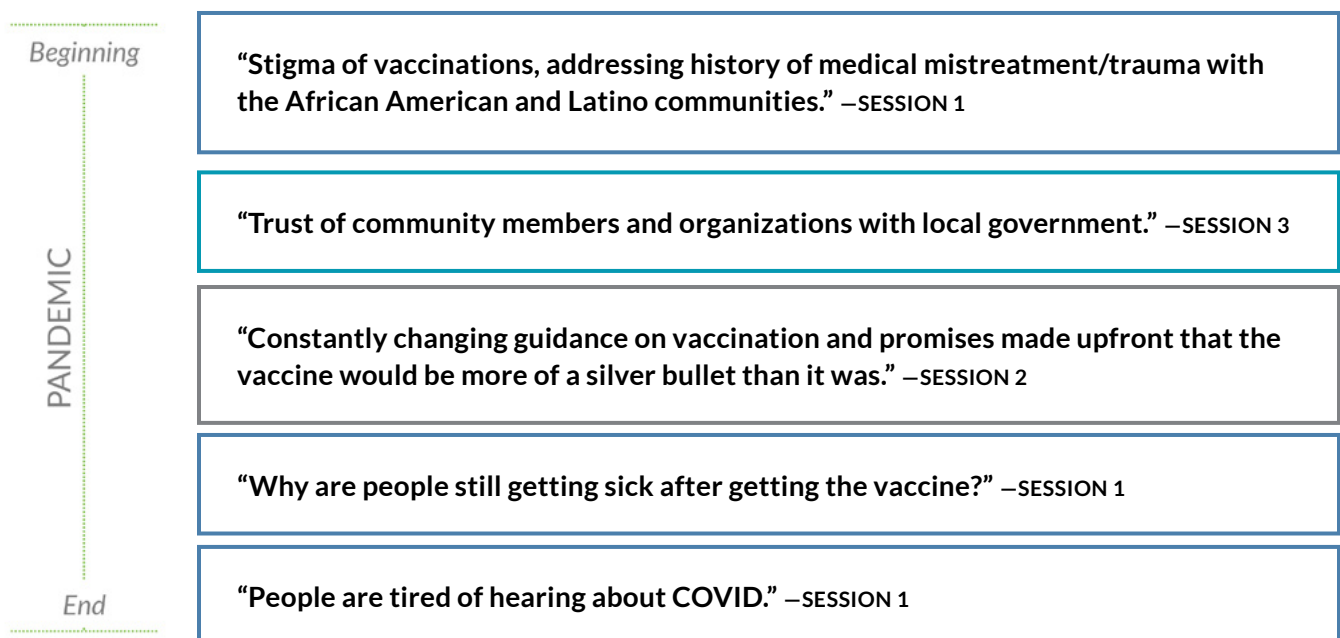
Challenges include COVID-19 fatigue, mistrust, and misinformation.

Historical, political, and community experiences, as well as lack of access to healthcare and health information, posed challenges to increasing vaccination rates.



Session Verbatim Insights

Challenges evolved through the beginning, middle, and end of the pandemic.



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

Challenges

Economic concerns were often a factor.

Concerns about vaccine costs, missing work to get the vaccine, and days lost due to vaccine side effects posed challenges to increasing vaccination rates.



Session Verbatim Insights

“Insurance coverage.”

–SESSION 1

“Economic barriers: missing work, daycare costs, etc.”

–SESSION 3

“Lack of information on FREE VACCINE access.”

–SESSION 3

“Worry about missing work from vaccination side-effects.”

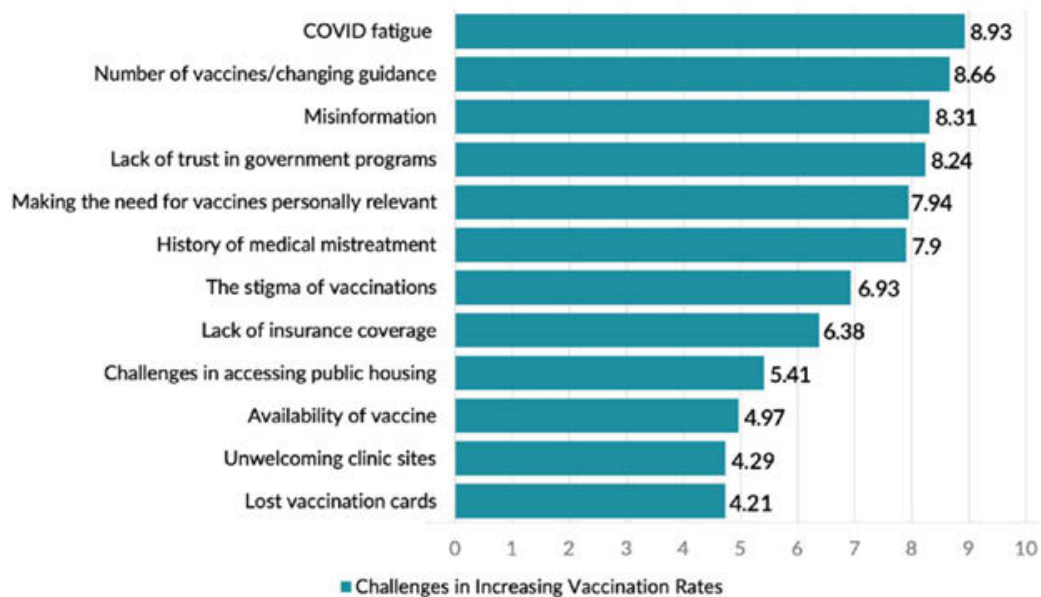
–SESSION 3

“Cost of vaccine (flu) is an issue. Also transportation and convenience, as many work multiple jobs.”

–SESSION 3

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

Relevance of Challenges in Increasing Vaccination Rates



Consolidated list of Sessions 1-3 community strengths rated on a scale of 1 to 10, where 1 = not at all relevant, and 10 = extremely relevant.

Approaches

Approaches to Increase Vaccination Rates

Tailoring vaccination approaches to specific populations based on cultural, language, and demographic factors, while building trust through community engagement, is crucial for successful vaccination efforts.

- 68% of respondents used different approaches for different populations in their efforts to encourage COVID-19 and flu vaccinations.
- Tailoring messages to each subpopulation, including language and health literacy considerations, was identified as an effective approach.
- Spanish language radio ads and partnerships with houses of worship were effective in reaching Spanish-speaking and African American communities, respectively, due to language and cultural considerations.
- Social media was found to be effective in reaching younger populations who are more tech-savvy, while in-person conversations and trusted messengers were preferred by older adults.

Session Verbatim Insights

“We focus on language barriers, insurance status, and family values for Hispanic populations. For Black communities, we focus on government and health organization mistrust, complications of health outcomes if sick, and misinformation, because each community has different priorities.”

—SESSION 3

“Spanish language radio ads because we found that Spanish speaking residents [and day laborers] listen to the radio at work.”

—SESSION 1

“Reached out to the elderly through water bill inserts. Reached out to parents of young children at community health fairs and back-to-school events.”

—SESSION 1

“We used Navajo language and different communication vehicles like radio for reaching Elders while we used English and social media more with younger families.”

—SESSION 2

“We used social media to reach younger populations because they are more tech savvy. We reached out to older adult populations through organized events at faith-based organizations because it was easier to reach them.”

—SESSION 1

Q: You indicated that you did use different approaches with different populations. Please elaborate on what you did and why.

Most Effective Approaches

Taking an active role in the community and participating in events were the most successful approaches.

- “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 compared to other approaches, suggesting that the effectiveness of this strategy varied among participants.

Least Effective Approaches

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

The Role of Messengers and Community Leaders

Trusted messengers are essential in promoting vaccine education, combating misinformation, and building vaccine confidence within communities.

- Trusted messengers play a crucial role in providing educational and trusted information.
- Partnerships with trusted messengers help in gauging vaccine confidence and effectiveness of outreach.

Trusted messengers:

- Combat misinformation and spread vaccine education
- Act as advocates, relaying information and giving a voice to messaging
- Provide education and guidance to established community networks



Flu Vaccination Messages

The key insights suggest that flu vaccination messaging should focus on emphasizing the importance of getting vaccinated and leverage trusted messengers and community involvement to effectively deliver the message. Session participants responded that the most important flu messages and themes include:

- The flu vaccine is safe and effective
- The flu is serious, and can be dangerous for elderly and vulnerable populations
- People should get an annual flu shot



Session Verbatim Insights

“That flu can be just as detrimental as COVID.”
–SESSION 1

“Flu vaccination decreases hospitalization and death. Protects others from spread of flu.”
–SESSION 3

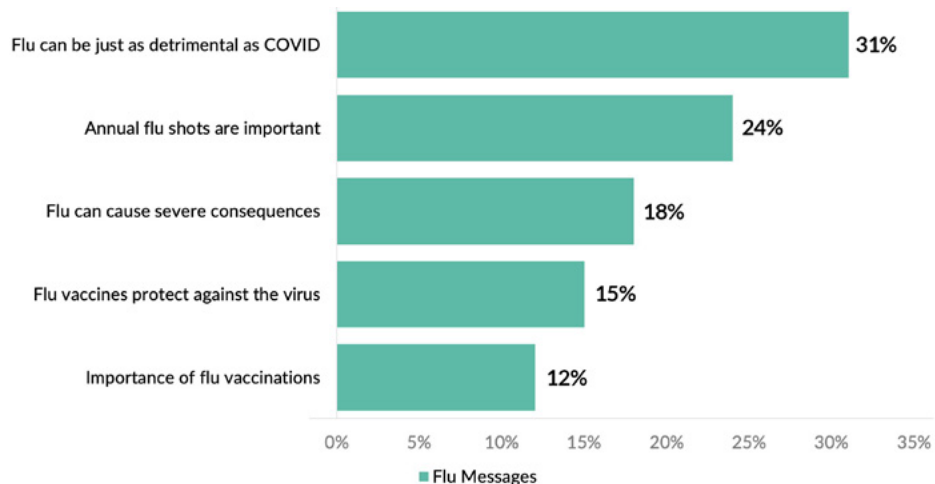
“It’s important to vaccinate against the flu every year.”
–SESSION 2

“It is important to stay well, especially if you have chronic diseases.”
–SESSION 3

“That the flu vaccine is a regular part of preventative health care.”
–SESSION 3

Q: What were the most critical messages you needed to communicate to your community about flu?

Flu Vaccination Message Themes



COVID-19 Vaccination Messages

Trust in the efficacy and safety of vaccines, debunking common myths, emphasizing the continued threat of COVID-19, promoting protection for oneself and loved ones, and raising awareness about potential long-term effects were key COVID-19 vaccine messages communicated to REACH communities. Session participants responded that the most important COVID-19 messages and themes include:

- COVID-19 vaccines are safe, effective, and crucial in preventing severe illness and reducing the spread of the virus.
- Clarity about the different types of COVID-19 vaccines and boosters.
- The effectiveness and importance of vaccination.
- The safety of vaccines.
- The ongoing importance of vaccination and preventing severe illness.
- Addressing misinformation and providing accurate information about COVID-19 vaccines.

Session Verbatim Insights

“COVID is still infecting people and getting vaccinated helps to reduce severe illness.”

–SESSION 1

“Best way to keep you and your family safe.”

–SESSION 2

“That it is their choice to get vaccinated.”

–SESSION 1

“Vaccines are the most effective ways to prevent serious complications from COVID-19.”

–SESSION 3

“The vaccine is safe and effective.”

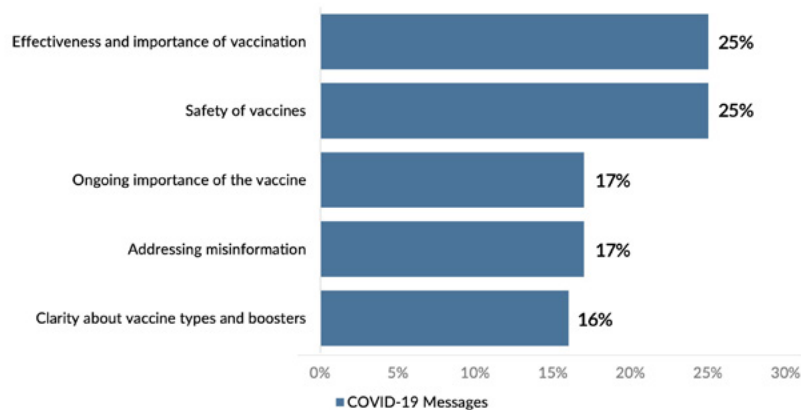
–SESSION 2

“Importance of the vaccine for COVID-19, background, development, safety, especially for pregnant women and children.”

–SESSION 3

Q: What were the most critical messages you needed to communicate to your community about COVID-19?

COVID-19 Vaccination Message Themes





Recommendations

Recommendations

The following recommendations are compiled from a scan of the national landscape and the direct experiences of REACH recipients shared through interviews and virtual roundtables.

Through these activities, there are several recommendations to consider for sustaining programs aimed at increasing flu and COVID-19 vaccination rates and addressing racial and ethnic disparities in immunization coverage. These findings may also be useful in increasing vaccination rates for other vaccines. Efforts to capture the range of REACH participant experiences for different racial and ethnic groups were made through every phase of this project. It is important to note that these recommendations may not be generalizable for all communities, and may be applicable contingent on the specific situation, available resources, and other community contexts.

► Center equity in efforts to increase COVID-19 and flu vaccination coverage

- REACH recipient communities 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.
- Awareness of and overcoming stereotypes—those that reinforce positive and negative traits—was critical to elevating the needs and opportunities for equitably increasing COVID-19 and flu vaccination rates in communities.
- Organizations that approach COVID-19 and flu campaigns and messaging with an equity lens are more likely to:
 - Leverage data to identify inequities
 - Identify communities with low vaccination uptake
 - Bring a range of perspectives and partners to the table to design outreach activities
 - Be intentional about the messages and messengers communicating about vaccines
 - Implement activities using a variety of modes and channels
 - Monitor and evaluate interventions

► Understand vaccine uptake and community conditions

- Addressing vaccine uptake requires understanding the barriers and drivers of vaccine inequity.
- REACH recipient communities span the range of urban to rural geographies as well as resource availability—including low-income populations and communities that do not have access to running water—evoking the need for a variety of approaches to ensure that outreach efforts meet these communities where they are.
- Listening with empathy to first-hand accounts and the myriad of personal histories and experiences that inform attitudes and beliefs, as well as considering social and structural barriers and access challenges, is essential.
- Organizations that seek to understand and address vaccine uptake in messaging and campaigns are able to:
 - Identify the sources of distrust and misinformation
 - Recognize trust-building as a goal of effective messaging
 - Earn trust by following through on what is said in messaging

- Embed trust and education as a core tenet of messaging and campaign strategies
- Evaluate trust as an indicator of messenger, messaging, and outreach effectiveness
- Explore additional messaging themes such as control over your health and hope

Lean into community strengths

- A communal mindset, on-the-ground networks, and willingness and propensity to help each other through existing community activism, volunteerism, and engagement are community strengths that enabled REACH organizations to be successful in their outreach efforts.
- Understanding specific nuances of communities and embracing lifestyles, rather than trying to change them, led to forming successful connections. For example, one recipient spoke of organizing outreach that considered migrant community culture as an opportunity to build on their trust of one another.

Continually cultivate relationships with the community during non-crisis times

- REACH recipients who had embedded themselves in the community through networking and cultivating relationships prior to the pandemic were seen as trusted and were able to pivot their message and outreach quickly during the pandemic to focus on COVID-19 and flu vaccination.
 - REACH recipients that leaned on already trusted community members to conduct vaccine outreach were better able to reach individuals in a non-judgmental and culturally competent way to communicate the importance of vaccination and met people where they were regarding their willingness to be vaccinated.
 - Religious organizations proved to be key partners for many REACH recipients, having already built trust with communities as a safe place to seek information and because of their willingness to partner to reach tight-knit faith communities.

Define outcomes for successful communications and outreach

- Setting goals and objectives in this work for desired outcomes is an important way to measure progress, track what works and what does not, and course-correct if needed to ensure that stated goals are being met.
- Being clear about the content, audience, and communications needs is critical so that communities can take the actions necessary for their health.
 - These needs should be determined in partnership with communities, using feedback from key groups, and adjusted according to what works best. Every community is different, and outcomes should be defined related to unique needs and strengths.
- Having defined outcomes also makes learning from feedback, measuring success, and identifying additional opportunities to support communities with the most significant gaps in immunization coverage possible.
 - Ensure trusted messengers are demographically representative of the community being served.

➤ Collaborate with communities experiencing inequities to co-design interventions and strengthen relationships

- Community member input about communications content and visuals, as well as including community members as part of campaigns, helped to establish trust and build relationships.
 - Many REACH recipients learned through community input that peers and community members were more influential in ads than celebrities or even doctors for sparking conversations and increasing vaccine confidence.
- These feedback loops enabled the identification of trusted messengers and native language and outreach needs of community members.
 - Seeking regular community feedback throughout their outreach efforts enabled REACH recipients to adjust their strategies and approaches to reach people, including new infographics specific to topics of interest, updating communications materials with visuals that resonated better with audiences, and changing course to use more non-traditional messengers.

➤ Incorporate lessons learned to avoid repeating missteps

- Sharing knowledge from different disciplines and applying lessons learned along the way and learning from previous historical events and contexts is another recommendation.
 - REACH recipients shared that challenges with COVID-19 and flu communications and outreach evolved over time and in many instances became easier to manage towards the end of the pandemic.
 - Keeping these lessons learned top of mind in ongoing and future communications and outreach can ensure that mistakes of the past are not repeated.

➤ Use visually representative content and tailored approaches

- REACH recipient communities and priority populations are racially, ethnically, and immigrant status diverse—requiring the activation of a range of flu and COVID-19 outreach tactics and strategies that are tailored to the needs of these communities.
- REACH recipients shared their preference for seeing their communities represented in communications.
- REACH recipients shared that tailoring vaccination approaches to specific populations based on cultural, language, and demographic factors, while building trust through community engagement, is crucial for successful vaccination efforts.

➤ Message to community members' motivations in communications

- Tapping into shared values and motivations are tenets of an effective messaging strategy meant to drive behavioral change.
- Taking a more generalized approach to communications by focusing on those emotions, values, and motivators that are part of the shared human experience, regardless of those demographic and regional identifiers that influence how we experience life.
- REACH recipients shared that trusted messengers are essential in promoting vaccines, combating misinformation, building vaccine confidence, and tapping into shared values.

➤ Elevate the facts about vaccines

- Emphasizing the importance, safety, and effectiveness of vaccines—as well as clarifying dosing guidance and frequency—in messages is essential.
- REACH recipients often shared that inaction stemmed from confusion.
 - Keeping communities informed about the availability and importance of vaccines and assured about vaccine safety and effectiveness are big persuaders.

➤ Focus on total wellness, with flu and COVID-19 vaccinations as a component, to guide future engagement strategies

- Including information about chronic conditions and other whole-person wellness needs (i.e., mental health, nutrition, regular check-ups) in communications and as part of outreach is essential for continuing the conversation about the importance of flu and COVID-19 vaccinations.
 - As time goes on and people become more future-facing, REACH recipients found greater success taking a holistic approach to overall health and wellness messaging, and including vaccination as an important part of living a healthy life.

Conclusion

Lessons learned about flu and COVID-19 vaccination communications and outreach were far-reaching. Recipients across the country shared experiences and anecdotes from their work engaging with community members over the past three years. The inherent resilience of recipients matched that of the community members whose needs, voices, and triumphs they uplifted. The combined commitment of recipients and community members is a best practice and their lessons learned are an inspiration.

Through these key informant interviews and during Virtual Roundtable discussions consisting of cohorts of organizations serving similar populations, recipients provided a framework for future efforts focused on protecting the public from vaccine-preventable disease and illness. To learn more, visit immunizationmanagers.org.

Disclaimer: This report cannot be generalized to all communities across the country, but rather this is what was learned in these specific communities.

The logo for iREACH features a lowercase 'i' in a light green color, followed by the word 'REACH' in a bold, blue, sans-serif font. A thin horizontal line is positioned below the text.

resource. engage. connect.

The logo for AIM consists of the letters 'AIM' in a bold, teal, sans-serif font. Below the letters is a horizontal bar divided into four colored segments: blue, yellow, green, and light blue.

Association of
Immunization
Managers

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 Centers 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] report 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.