

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

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Association of  
Immunization  
Managers

# About AIM

- The Association of Immunization Managers (AIM) is a nonprofit membership association comprised of the directors of the 64 federally funded state, territorial, and local public health immunization programs.
- Our members represent 50 states, 6 major cities, and 8 territories/freely associated states
- **Mission:** Through national leadership, advocacy, collaboration, and a collective voice, AIM represents and supports immunization programs in the development and implementation of effective immunization policies, programs, and practices.

# About REACH and iREACH

- **REACH** - **R**acial and **E**thnic **A**pproaches to **C**ommunity **H**earth is a national CDC initiative to reduce racial and ethnic health disparities.
- **iREACH** - AIM partnered with CDC to engage and support participating REACH organizations in their efforts related to COVID-19 and flu vaccination coverage.



# iREACH

Technical assistance



Group learning and peer-to-peer sharing opportunities

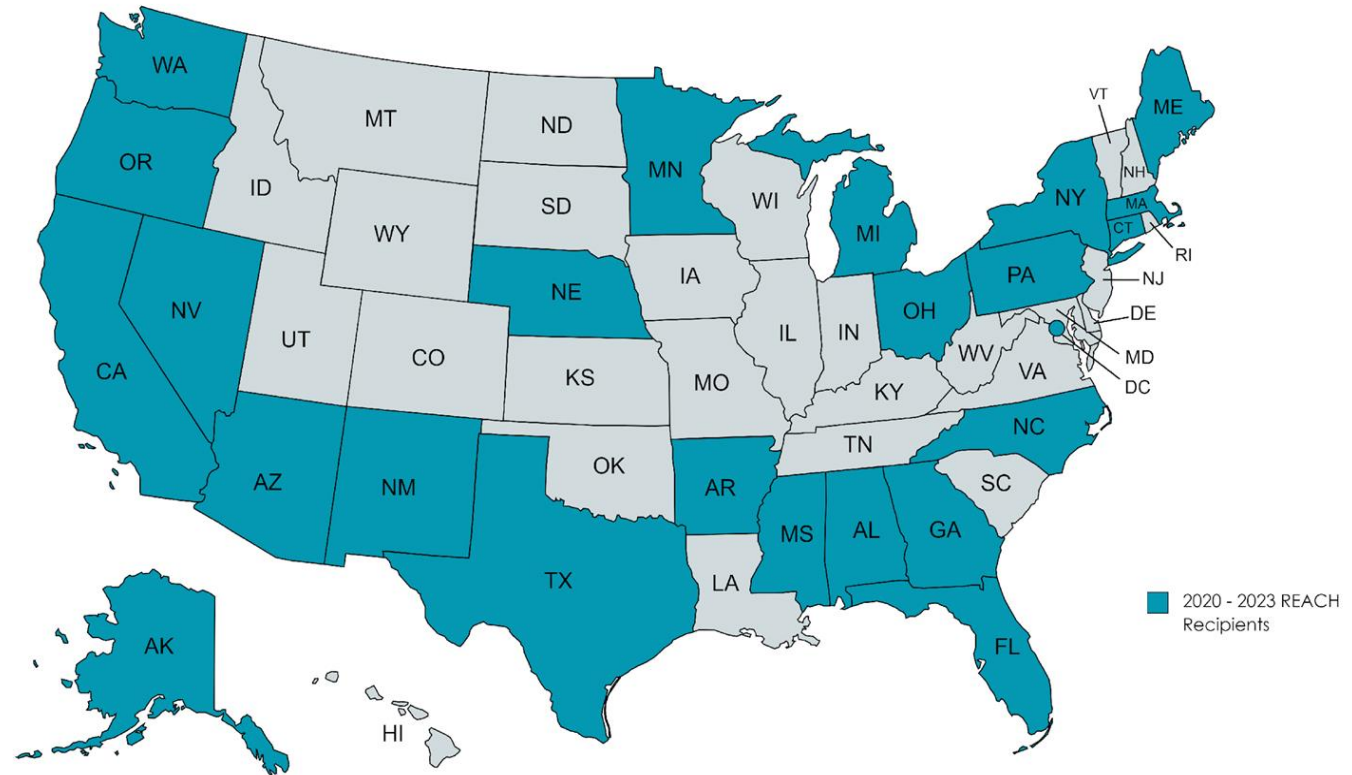


Materials, tools, and research



# AIM and REACH Recipients (2020-2023)

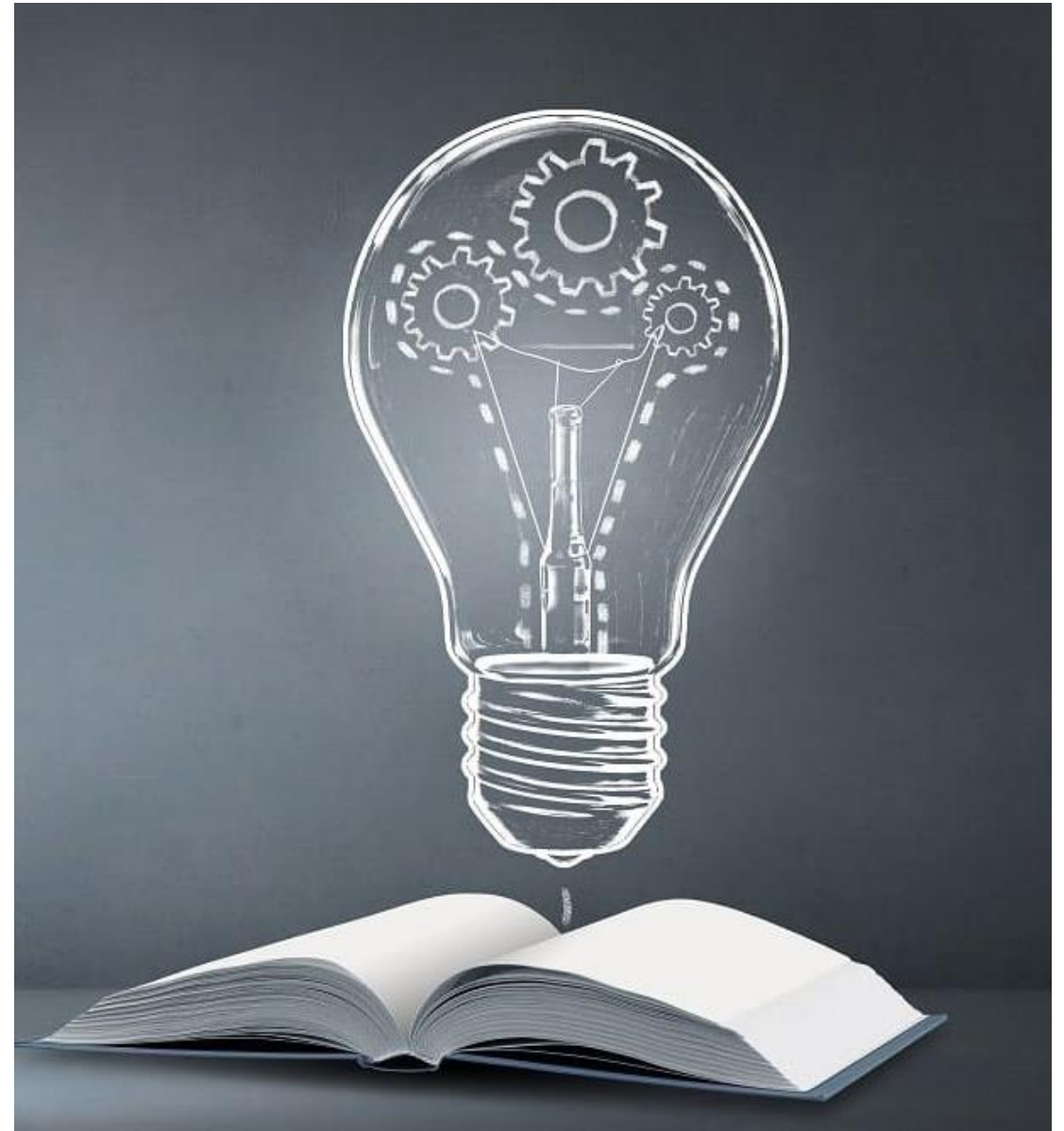
- AIM partnered with 38 REACH recipients across 23 States.
- Each recipient implemented vaccine awareness, access, and confidence activities tailored to meet the needs of the populations they serve.



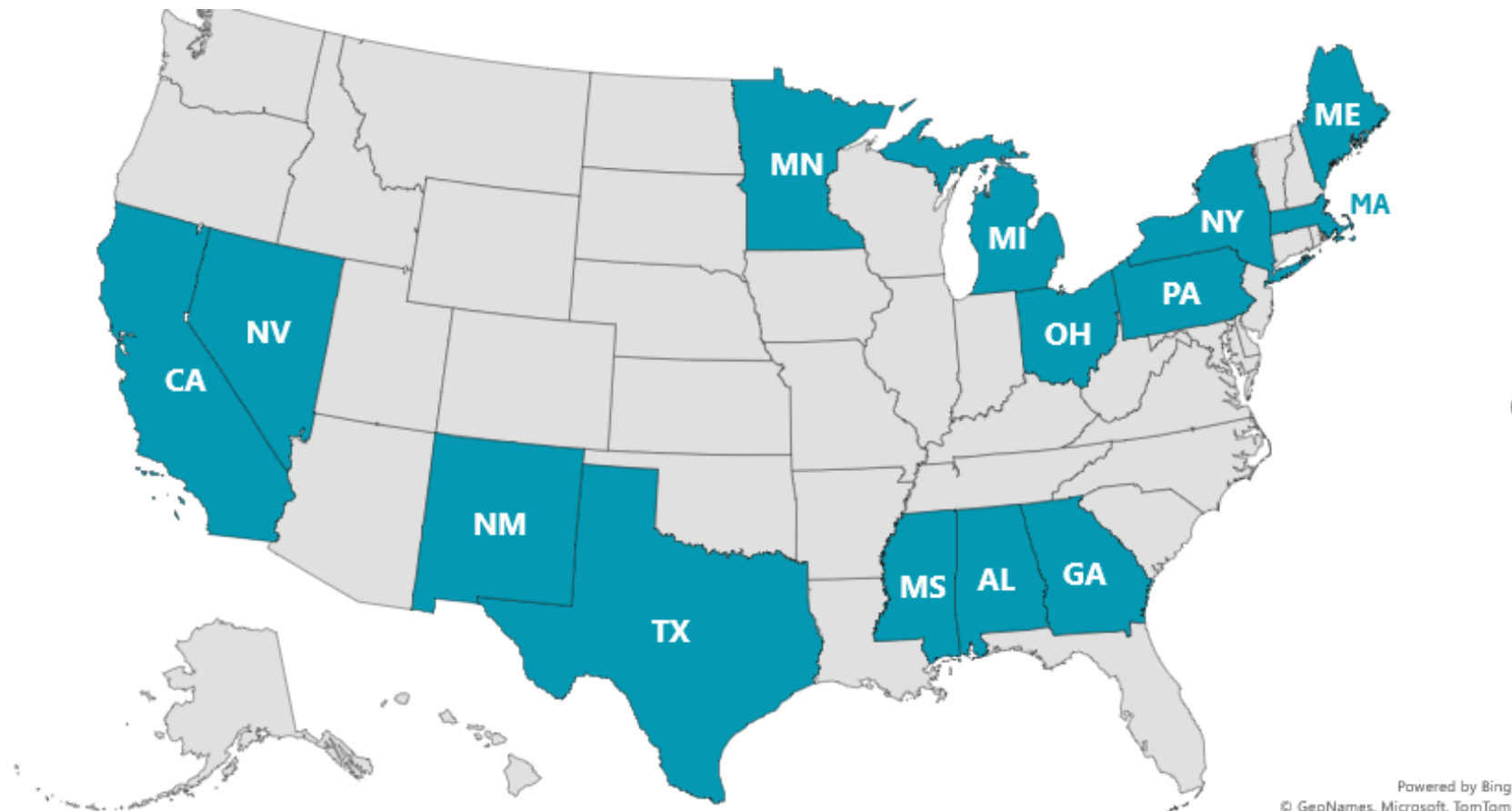
Created with mapchart.net

# Lessons Learned Project

- Captures insights, successes, and challenges of REACH organizations



# Methodology



- 8 in-depth interviews via Zoom with REACH recipients
- 3 Virtual Roundtable Discussions (n=34)

# Key Findings & Takeaways



# Diversity in Communities and Intersecting Identities

- Race/ethnicity
- Immigration status
- Urban vs. rural
- Income
- Health status
- Stereotypes

**One size does not fit all**

“Asian Americans .... 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”

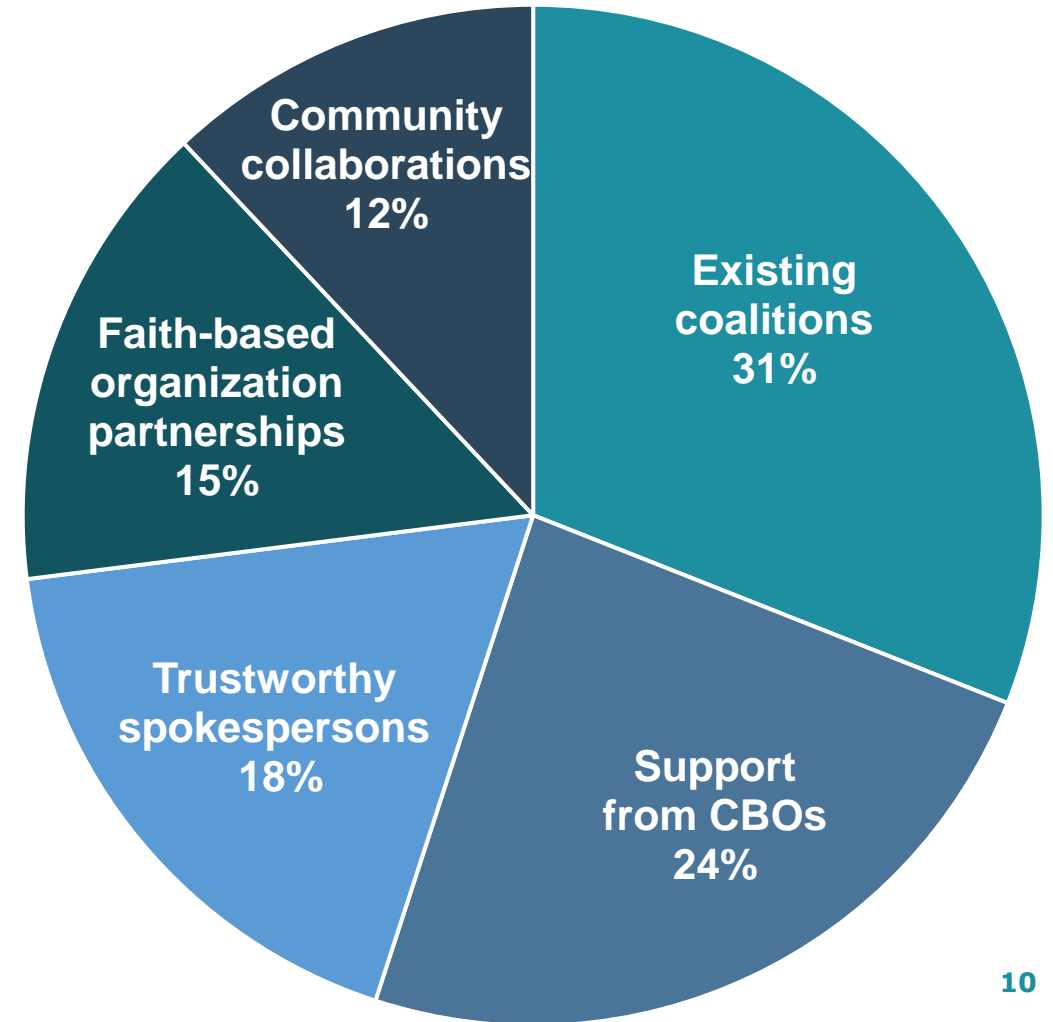
-REACH recipient

# Relevance of Community Strengths

- Communal mindset
- Community activism
- On-the-ground networks, including community-based organizations (CBOs)

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

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



# Leaning into Community Strengths to Engage Communities

- Use of culturally competent staff and trusted messengers were effective
- Training trusted messengers was seen as valuable
- Feedback and community input were essential for trust building

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

-Session 3

“Employing graphic artists of color.”

-Session 1

# Evolution of Challenges Throughout the Pandemic



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

# Lessons Learned

- Listen to the concerns of the community
- Take an active role in the community and participate in events
- Integrate Total Health – combine vaccine outreach with general health promotion

“Talking about health in general and reducing risks for chronic disease is what we want to do.....

...why it's important to eat healthy and exercise and take medications, and then include getting vaccinated as part of that.”

—REACH recipient

# Lessons Learned Continued

- Tailor messages to each subpopulation

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.”

-REACH recipient

# Lessons Learned Continued

- The message matters:
  - Frame vaccination as a choice
- The messenger matters:
  - Partner with faith-based organizations
  - Use messengers not typically considered
  - Train trusted messengers on vaccines

“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

# Lessons Learned Continued

- Use out-of-box thinking to measure effectiveness:
  - Willingness of partners to collaborate on future events vs. measuring vaccine uptake

“Different types of efforts had different types of measurement. For trusted messengers ....we would have surveys afterwards to get their feedback.... And then tracking the numbers of trusted messengers and some demographic type of information..... 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.”  
We’re training 13 to be vaccine champions.”

-REACH recipient



# Lessons Learned Continued

Approaches that were **not** as effective:

- Social media was found to be “white noise” at times
- Digital media (webinars, Spotify ads, etc.) had varying effectiveness

“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

# Recommendations

- Cultivate relationships with the community before a crisis
- Seek input from communities to build trust
- Focus on total wellness, with flu and COVID-19 vaccinations as components, to help future engagement strategies
- Define outcomes ahead of time
- Focus on sustainability

# Acknowledgment

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# Thank you!

Scan the QR Code to view our  
Lessons Learned report!



**Lessons Learned Report:**  
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