Increasing Vaccine Equity in Communities

ALYSSA STROUSE, MPH
ADULT AND ADOLESCENT IMMUNIZATION COORDINATOR
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF IMMUNIZATION

Photo from unsplash.com

Vaccine Hesitancy vs. Vaccine Confidence

Term	Definition	Notes
Vaccine Hesitant/Hesitancy	Researchers define vaccine hesitancy as the delay in acceptance, or direct refusal, of vaccinations despite availability of vaccination services.	Vaccine hesitancy is influenced by factors such as complacency, convenience, and confidence.
Vaccine Confident/Confidence	Vaccine confidence is the belief that vaccines(1) work, (2) are safe, and (3) are part of a trustworthy medical system.	Many factors influence vaccine decision-making, including **cultural, social, and political factors**, individual and group factors and vaccine-specific factors.

MDHHS: Best Practices to Overcome Vaccine Hesitancy

Disparities and Vaccine Hesitancy

Disparities in vaccination are associated with lack of both access to vaccination and vaccine acceptance.
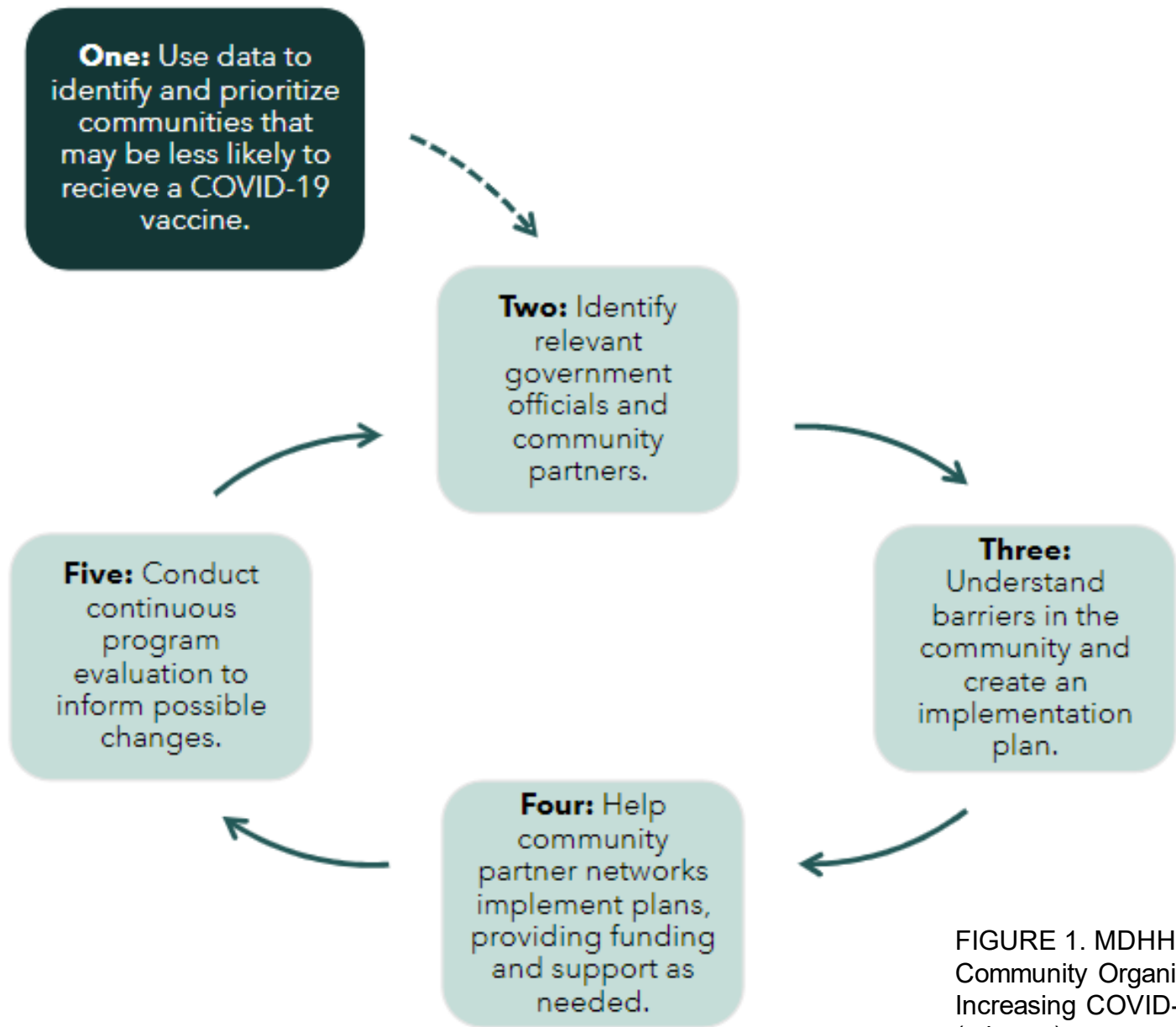
Medical and structural racism and discrimination have led to mistrust of the medical system among racial and ethnic minority groups.

Data consistently show health disparities among racial and ethnic minorities relative to white populations, including vaccination coverage among adults.

Historical events, such as the Tuskegee Syphilis Study, and current lived experiences of racism and discrimination contribute to significant distrust among racial and ethnic minority groups of both vaccines and vaccination providers, as well as the institutions that make recommendations for the use of vaccines.

https://www.cdc.gov/vaccines/covid-19/downloads/guide-awardees-community-driven-strategies.pdf

Photo from unsplash.com

A community-driven approach to identifying partners and increasing vaccine confidence and uptake

One: Use data to identify and prioritize communities that may be less likely to recieve a COVID-19 vaccine.

Two: Identify relevant government officials and community partners.

Three: Understand barriers in the community and create an implementation plan.

Four: Help community partner networks implement plans, providing funding and support as needed.

Five: Conduct continuous program evaluation to inform possible changes.

FIGURE 1. MDHHS Best Practices to Overcome Vaccine Hesitancy: A Toolkit for Community Organizers. Adapted from CDCs "Community Driven Approach". Source: Increasing COVID-19 Vaccine Uptake among Racial and Ethnic Communities (cdc.gov)

Step 1: Use data to identify and prioritize racial/ethnic minority communities that may be less likely to receive any vaccine

An identified community of focus should be a specific racial/ethnic minority group in a specific geographic area (e.g., specific Black community residing in a specific part of the city).

Use data sources, such as the Michigan Care Improvement Registry (MCIR), non-medical exemptions/waivers to school entry, and social vulnerability index scores

These data sources can either inform the location of racial/ethnic minority communities or provide insight into challenges around access to vaccination services or the prevalence or likelihood of vaccine hesitancy.

Step 2: For each community of focus, identify relevant government officials and community partners to form a "community partner network"

The community partner network is a critical component to the success of each planning cycle. Steps three through five require input and action from members who are part of the community. The network should include individuals from diverse and inclusive groups.

Communities can take many forms; a group of people in a specific geographical area, a worship community, an identity-based community (e.g., LGBTQ+ community), a social justice community or other groups of people united for a cause, support,or networking.

A comprehensive community partner network includes stakeholders for each phase of implementation; groups who can support vaccine administration, communication, outreach, clinic locations, transportation etc. should be involved from the earliest planning phases for the best outcomes.

Example of a community partner network for Black and Hispanic Latinx Communities.
Source: Increasing COVID-19 Vaccine Uptake among Racial and Ethnic Communities (cdc.gov)

Step 3: Work with the community partner network to understand barriers in the community and create an implementation plan for vaccination messaging, outreach, and administration

Work with local leads to clearly define the community of focus and the barriers and misinformation that exist, and prioritize the voices and perspectives of community groups/leaders/members to hear direct experiences and insight in their own words.

Use community partners to identify key barriers and misinformation in the community of focus related to COVID-19 vaccination.

- Discuss questions such as: What barriers, needs, or concerns does the community face or have about COVID-19 vaccination? What beliefs, attitudes, misinformation, or lived experiences drive these? What gaps or questions in information exist? Where are community members most likely or willing to get vaccinated?

Use these insights to create a plan for increasing vaccination uptake, driven by community partners and tailored to the community.

Building Trusted Messengers

Trusted messengers are people embedded in a community who relay trustworthy information and resources to residents in their communities to inform the area in which they live.

A trusted messenger is vocal, well known by community members, loves their community and says and does what is best for the community.

The trusted messenger has extensive networks and the power to move residents toward a cause or action.

Outreach: A Closer Look Inside the Community

Understanding how to communicate with a community in an engaging and purposeful way requires observation of actions and opinions of the community, ways in which messaging is most effectively transmitted and the identification of trusted community stakeholders.

Identify a **Community Champion**: a person embedded in the community is the most valuable source of information about that community and should aid in observation.

Community champions can help implement effective methods of information transmission since they are attuned to local opinions and aware in general of local challenges, inequities, failures, and successes.

photo from Unsplash.com

Identify Barriers and Create a Plan of Action

Defining Barriers	Creating Plans	Example Ideas for Black and Hispanic/Latinx Communities and other Minority Groups
What barriers, needs, or gaps exist in the community **related to public health information** or **misinformation**?	What specific information and materials should be tailored and shared to address the community's needs both prior to and during vaccination in a culturally responsive and linguistically appropriate way?	• Images that include Black or Hispanic/Latinx individuals or those in the community • Information that is transparent and addresses concerns and misinformation • Messaging that is culturally relevant and in the right language • Clarity on how personal information will be used

Defining Barriers	Creating Plans	Example Ideas for Black and Hispanic/Latinx Communities and other Minority Groups
What barriers, needs, or gaps exist to disseminating information or **addressing misinformation** in the community?	What methods and platforms should be used to disseminate messages and conduct outreach in a trusted way?	• Social media (e.g., Black Twitter) • Flyers at populated community sites • Public outreach by trusted messengers • Bidirectional discussions with trusted staff at pharmacies or health centers/clinics
What barriers, needs, or gaps exist in **accessing public health information** and **services** in the community?	What venues/locations should be used to disseminate messages, conduct outreach, and deliver the vaccine in a trusted way?	• Community centers • Community spaces (e.g., barbershops/salons, grocery stores) • Churches or educational institutions • Independent, local pharmacies • Local health clinics or locations • Mobile clinics or temporary/off-site clinics

Defining Barriers	Creating Plans	Example Ideas for Black and Hispanic/Latinx Communities and other Minority Groups
What barriers, needs, or gaps exist in engaging and **featuring trusted messengers** in the community?	Who should be engaged, and how, to disseminate messages, conduct outreach, and play a role in vaccine administration in a bidirectional, trusted way?	• Existing local coalitions or groups • Neighborhood or recreational groups • Racially concordant providers • Trusted community leaders (e.g., barbershop/salon owners, radio DJs, pastors, local leaders, social media personalities) • Trusted providers and staff from local health centers/clinics • Employers where community members work
What barriers, needs, and gaps exist in making sure community members can **access the vaccine**?	What interventions should be implemented to ensure community members have access to, information about, and opportunities to receive the vaccine at clinics/sites?	• Non-traditional clinic sites and hours (e.g., nights and weekends) to mitigate work or family responsibilities— i.e. Michigan's Mobile Clinics • Coordinating sites with other community services (shelters, food banks, churches, etc.) • Training and scheduling providers or staff - who represent the community and speak the appropriate languages - to administer vaccine

Final Steps

Step 4: Help community partner networks implement plans, providing funding and support as needed

Step 5: Conduct continuous program evaluation through data collection and analysis to inform possible changes to the ongoing strategies

Key Considerations: Communication

Through what sources does the community receive information?

- What is the size of community news organizations and other key messengers?
- How is the engagement of community members with these news sources?
- What news sources do residents talk about?
- What news sources are advertised most in the community?

Are multiple communication platforms used for outreach and education?

- Utilize print, video, TV, social media, and other common communication platforms to widely deliver messaging to the community.
- Consider less traditional distribution methods specific to the community (e.g., church or school bulletins and community gatherings).

Key Considerations: Accessible Information

Is information communicated using accessible and plain language?

- Messaging should be written in plain language, meaning the audience can understand the first time they read it.
- Consider age, education and culture of the audience and avoid unnecessary words, details and passive voice.

Is information shareable and downloadable?

- To spread information within a community, dissemination methods should include shareable resources (e.g., fact sheets).

Do images and word choices reflect the people who live in the community?

- Content and images should be relatable, representative, and relevant to community members

Conducting Equitable and Accessible Immunization Clinics

Immunization Clinics: Equity

Clinic event sites should be tailored to the vaccine hesitant and the communities in which they **live** and **work**.

Events will have the most success if they are held in commonly used locations that all community members can easily access.

- Select a location that is accessible by public transportation and consider travel reimbursement opportunities to increase accessibility for people with limited or no access to reliable transportation.

Ensure event outreach is performed in an equitable, impactful manner and reaches those with the greatest need, and those who may be the most vaccine hesitant.

- If staff permits and it makes sense for the community, face-to-face event outreach is a valuable tool.
- Consider electronic as well as physical paper advertising to homes (if possible) and commonly visited areas in the community.

Immunization Clinics: Equity

Events should be well-staffed and have clear signage.

- Resentment and mistrust of the hosting organization and its events can emerge from poor event conditions, such as understaffing, inconvenient clinic locations etc.

Event staff should reflect the demographics of the vaccine hesitant population, including language proficiency.

Partnering with family-oriented organizations, events and activities can be helpful in identifying good locations for administration of adult and pediatric COVID-19 vaccines.

- Families also share information they learn with other family members and people in the community—personal referrals are the most trusted and effective method of promotion.

Immunization Clinics: Equity

Partner with schools to reach both pediatric and adult populations.

- Consider opening school clinics to include extended family members.

Events should be designed to accommodate individuals with varying degrees of experience with technology.

Clinics should be held at convenient dates and times for people who work night shifts and/or may not be able to take time off to get vaccinated.

- Consider extending hours or scheduling clinics outside of traditional work hours/days.

Consider offering other health-related screenings and/or more broad health education at your clinic.

- These offerings not specifically about COVID-19 or vaccinations can attract the vaccine hesitant and give an opportunity for staff to engage individuals they otherwise may not see.

Immunization Clinics: Accessibility

Outreach: Practice inclusive outreach, using a variety of communication methods (e.g., radio, streaming platforms, billboard, text, in person, etc.) to reach more people.

Accommodations: Have a system in place for folks to request accommodations. Respond to all requests appropriately as recommended in [Accessibility at Michigan Vaccination Sites](#).

Communication: Make sure materials are accessible and available in multiple languages. Includes languages like English, Spanish and Arabic which are the three most spoken languages in Michigan. This also includes American Sign Language and Braille. Accessible materials should have appropriate font, color contrast, and use plain language.

Transportation: Provide transportation support to and from the event if possible.

Accessibility: Ensure that the site is physically accessible and meets legal requirements (at minimum). This includes having accessible parking, appropriate curb cuts, accessible facilities and adequate space for those who use wheelchairs or mobility aids to move and navigate.

Equitable ways to evaluate data

Data collection is important for identifying needs and to assist with continuous improvement of a project, initiative, program, or activity through evaluation.

- Collected data should drive decision making.
- Evaluation is a process for understanding how something works and what has changed because of it.
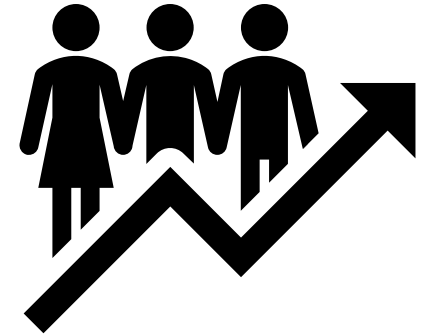
Establish a common goal or purpose—one that aligns with the organization's values and goals and is appropriate for the community and culture.

- Example: setting up goals aimed at increasing vaccine confidence within the targeted community, identifying indicators to measure this, collaborating with the community partner network to implement data collection, and using results to improve plans moving forward and sharing results and plans with the community (when appropriate).

Maximizing vaccinations in vaccine-hesitant communities

Well planned, equitable community outreach will bring members of the target population to vaccine information sessions.

Delivery of customized, accessible, and trustworthy information by trusted messengers will convince moveable, vaccine hesitant residents to get vaccinated.

An on-site clinic is valuable for newly inspired community members to receive vaccine while motivated and available.

photo from Unsplash.com

Additional Resources

Centers for Disease Control and Prevention (CDC) Partnering for Vaccine Equity

MDHHS Best Practices to Overcome Vaccine Hesitancy: A Toolkit for Community Organizers

CDC: Increasing COVID-19 Vaccine Uptake among Members of Racial and Ethnic Communities

MDHHS Office of Equity and Minority Health (OEMH)