Partnering for Vaccine Equity

#LiveAtUrban
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- All participants are muted
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Partnering for Vaccine Equity

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Today's Webinar

I. Share information about the Partnering for Vaccine Equity (P4VE) program.

II. Explain the challenges and barriers community-based organizations have faced during program implementation.

III. Discuss promising practices to address vaccine equity.
P4VE is an investment in community health, knowledge sharing, and evidence-building to effectively increase vaccination rates now and in the future.
The Larger Picture

- Conceptualized in 2019 – launched in 2020 – to increase equity in adult immunization (particularly for COVID-19 and influenza)
- Part of larger Health Equity effort recognizing that many factors create health barriers for people of color
- In Y1, program provided over $156 million in funding and support to 500+ national, state, and community organizations

Source: https://www.cdc.gov/vaccines/health-equity/index.html
Urban’s Role

Learning Community Manager

Group learning events, member website, Communities of Practice, and more

Support to CBOs

Grants Management

Technical Assistance
Urban provided grant management and technical assistance to **29 CBOs throughout the United States**

- 83% of CBOs were Federally Qualified Health Centers
- 14% of CBOs were other nonprofits
- 3% of CBOs were Community Health Centers (non-FQHC)
P4VE Timeline

- CDC launches P4VE: April 2021
- First cohort begins: October 2021
- Performance period ends: March 2022
- Urban announces RFP: June 2021
- Second cohort begins: March 2022
Populations Served by CBOs

<table>
<thead>
<tr>
<th>% CBOs working with:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/ Black</td>
<td>90%</td>
</tr>
<tr>
<td>Hispanic/ Latinx</td>
<td>86%</td>
</tr>
<tr>
<td>American Indian/ Alaskan Native</td>
<td>14%</td>
</tr>
<tr>
<td>Asian American/ Pacific Islander</td>
<td>41%</td>
</tr>
</tbody>
</table>

Over 30 languages represented
# Year One Performance

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Trusted Messengers Trained</td>
<td>7,708</td>
</tr>
<tr>
<td># of Communication Products Developed</td>
<td>13,916</td>
</tr>
<tr>
<td># of Events</td>
<td>1,243</td>
</tr>
<tr>
<td># of Event Attendees</td>
<td>98,634</td>
</tr>
<tr>
<td># of Campaigns Promoting Vaccines</td>
<td>1,131</td>
</tr>
<tr>
<td>Estimated # of People Reached through Campaigns</td>
<td>5,386,776</td>
</tr>
<tr>
<td># of Partnerships made to Promote Vaccine Confidence</td>
<td>481</td>
</tr>
<tr>
<td># of Partnerships Developed with Vaccine Providers</td>
<td>167</td>
</tr>
<tr>
<td># of New Vaccination Sites Developed</td>
<td>2,251</td>
</tr>
<tr>
<td><strong>Total Number of Vaccines Delivered</strong></td>
<td><strong>105,669</strong></td>
</tr>
</tbody>
</table>
Total Number of Vaccines Administered: 105,669
Lessons Learned
Challenges & Barriers of Vaccine Uptake

- Mistrust of government institutions and medical establishments
- Access to vaccines
- Misinformation and myths
- Social determinants of health
Mistrust of Government Institutions & Medical Establishments

- Community members lack trust in government and other institutions that have historically failed or actively harmed them because of systemic racism.
- Among certain refugee, immigrant, and migrant populations, there was also distrust in mainstream Western medicine, including vaccination.
Access to Vaccines

- Vaccination opportunities did not accommodate long or nontraditional work schedules
- Lack of paid time off
- Lack of transportation
  - “…the local health department advertises on social media … [but people] in rural areas or with limited internet access do not know ahead of time to schedule transportation into the cities for [vaccination] clinics.” (CBO program staff)
- Need for childcare post-vaccination
Information, Misinformation & Myths

“Lack of information in one's home language...[was an] additional barrier. And reliable information was not coming from a source they trusted or in a format that could be readily understood by the diverse communities we work with.” (CBO program staff)

- Misinformation and myths spread on social media or through word of mouth within community
- Ex: vaccines cause infertility, side effects more harmful than virus, cost to access
- Science of vaccines not accessible
- Absence of culturally responsive materials
- Low literacy levels
- Lack of access to/limited familiarity with technology
Social Determinants of Health

- Many of the barriers to getting vaccinated are considered social determinants of health.
- CBOs took a holistic approach by addressing community member’s immediate needs before discussing vaccination.

Source: https://www.cdc.gov/visionhealth/determinants/index.html
Promising Practices

Building Strong Community Partnerships
Hosting Community-Focused Events
Engaging Trusted Messengers
Building Strong Community Partnerships

Mississippi Immigrants Rights Alliance
(Jackson, MS)

- Created strategic partnerships with Latinx faith leaders throughout MS to increase vaccination confidence and set up vaccination sites
Hosting Community-Focused Events

Arab-American Family Support Center
(Bronx, NY)

- Worked with the Iman at a local mosque to provide Arabic-speaking people disseminating information and vaccines after religious services
Eden Youth and Family Center
(Hayward, CA)

- EYFC's Promotoras are trusted messengers from the community, for the community. They educate and support a person's vaccine journey via intentional 1-on-1 conversations, tailored and culturally-appropriate messaging.
Looking Forward
Year Two and Beyond

Supporting 28 CBOs developing capacity to implement these promising practices

Expanding to promote equity across recommended adult vaccines with some CBOs

Ongoing partnership with CDC
Partnering for Vaccine Equity

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