

RESEARCH REPORT

Advancing Vaccine Equity through Community-Based Organizations

Partnering for Vaccine Equity Program Annual Evaluation Report—Year Two

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March 2024

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Acknowledgments

This report was supported by Cooperative Agreement CDC-RFA-IP21-2108 from the Centers for Disease Control and Prevention (CDC) of the US Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$18,162,815 with 100 percent funded by the CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, the CDC/HHS or the US Government. We are grateful to them and to all our funders who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban Institute experts. Further information on the Urban Institute's funding principles is available at urban.org/fundingprinciples.

The authors would like to thank our community-based organization partners, without whom the Partnering for Vaccine Equity program would not have been possible. In addition, we are grateful to all current and former Urban Institute staff who contributed to the analysis or provided feedback on the contents of this report, including Brigitte Courtot, Rayanne Hawkins, and Tracey Rutnik.

Executive Summary

To address the racial and ethnic disparities in adult vaccination rates, particularly for COVID-19 and influenza immunizations, the Centers for Disease Control and Prevention launched the Partnering for Vaccine Equity (P4VE) program in 2020 (Black et al. 2022; Hernandez et al. 2022; Kriss et al. 2022; Siegel et al. 2022). The P4VE program allocated over \$156 million to more than 500 national, state, local, and community-based organizations (CBOs) to improve equity in adult COVID-19 and influenza vaccination rates.¹ CBOs participating in P4VE receive funding and technical assistance from skilled intermediary institutions to promote equitable access to COVID-19 and influenza immunization in communities disproportionately affected by vaccine disparities, focusing on racial and ethnic minority populations.

The Urban Institute (Urban) is one of several national intermediary entities responsible for recruiting, overseeing, and supporting CBOs participating in the P4VE program. In the second year of the P4VE initiative (May 2022 to April 2023),² Urban provided subgrant funding, grant management support, and tailored technical assistance to 28 CBOs in 14 states and the District of Columbia, of which 19 had also participated in Year One of the P4VE program, and nine were new to the initiative. Urban CBO awardees served racially and ethnically diverse and underserved populations, including low-income families, essential workers, immigrants and refugees, people experiencing housing instability and homelessness, rural and medically underserved populations, and people involved in the criminal justice system.

P4VE funding supports a broad range of activities to promote vaccine confidence and access, such as training trusted community messengers to become vaccine ambassadors, developing culturally effective vaccine education materials, and hosting vaccine clinics in partnership with local public health departments. This report presents findings from an evaluation of CBOs' performance on P4VE program objectives and an assessment of Urban's assistance provided to CBOs to support their vaccine equity projects during the second year of the P4VE initiative.

CBO Progress on Advancing Vaccine Equity

CBOs participating in the second year of the P4VE program continued to focus on outreach and education primarily related to COVID-19 and, to a lesser extent, influenza vaccines. Table ES.1 summarizes performance of Urban CBO partners on the core program activities in Year Two. While the

composition of CBOs and populations served changed between the two years of the program, far fewer vaccines were administered in Year Two compared with over 100,000 people vaccinated in Year One (not shown).

TABLE ES.1

Performance of P4VE-Urban CBO Awardees on Vaccine Confidence and Access Indicators

Year Two, May 2022–April 2023

| Indicator | Cumulative sum |
|--|----------------|
| Number of community-level trusted messengers educated, empowered, and trained | 3,291 |
| Number of communication products developed and disseminated to promote vaccines | 11,060 |
| Number of events hosted or supported | 1,553 |
| Number of event attendees | 476,056 |
| Number of communication campaigns promoting vaccinations | 272 |
| Estimated number of people reached through communication campaigns | 15,557,832 |
| Number of partnerships established to promote vaccines | 524 |
| Number of partnerships with vaccine administrators to increase vaccination opportunities | 109 |
| Number of new vaccination sites established | 2,449 |
| Number of people who received COVID-19 vaccines | 10,969 |
| Number of people who received influenza vaccines | 2,085 |

Source: Urban Institute analysis of P4VE program management data.

Notes: CBO = community-based organization; P4VE = Partnering for Vaccine Equity. Definitions of reporting metrics and reporting requirements changed between Year One and Year Two of the P4VE program, preventing meaningful comparison of results across both performance periods. The composition of participating CBOs also changed between the two performance periods, further limiting comparison and our understanding of cumulative impact of the P4VE strategies.

In Year Two of the P4VE program, CBOs increasingly reported low interest in the COVID-19 vaccines as a major barrier to vaccine uptake, including because of limited awareness and understanding of the need for booster doses. Urban CBO grantees worked to combat the growing pandemic fatigue by tailoring and enhancing education and communication activities, recruiting and training trusted community leaders as vaccine ambassadors, expanding their outreach into new communities and popular events such as holiday food drives, and broadening partnerships to facilitate easy vaccine access.

Another major challenge to implementing P4VE program activities was a dwindling supply of COVID-19 resources, including declining availability of public health-sponsored vaccine clinics and declining capacity and interest of partner organizations to support vaccine events. Uncertainty about the availability of free COVID-19 vaccines and other resources, such as testing kits and masks, also emerged as a concern as the end of the federal public health emergency was nearing.

Urban's Technical Assistance and Grant Management Support to CBO Awardees

Urban provided tailored technical assistance (TA) to CBO awardees through one-on-one engagements, developing and disseminating vaccine education resources, and facilitating peer learning opportunities and workshops to help awardees implement vaccine equity projects and grow organizational capacity. Among other functions, Urban's grant management support consisted of monitoring CBO progress and assisting awardees in understanding and complying with federal grant requirements. Table ES.2 shows Urban performance on key technical assistance and grant management indicators during both Year One and Year Two performance periods. The volume of most of Urban's TA and grant management activities increased in Year Two compared to Year One, though CBO satisfaction with TA declined slightly in Year Two.

TABLE ES.2

Urban's Performance on Technical Assistance and Grant Management Indicators

May 2021 – April 2023

| Indicator | Results | | |
|--|-------------------------------------|-------------------------------------|-------------------|
| | Year One May 2021- April 2022 | Year Two May 2022- April 2023 | Percent Change |
| Number of TA requests received | 61 | 122 | 100% |
| Number of unique topic areas of TA requests | 10 | 10 | 0% |
| Number of TA resources delivered | 71 | 131 | 85% |
| Share of CBOs engaged in individual TA | 86% | 86% | 0% |
| Share of CBOs satisfied with TA | 100% | 93% | -7% |
| Number of grant management support engagements | | | |
| One-on-one check-in meetings | 143 | 221 | 55% |
| Site visits | 13 | 8 | -38% |
| Share of CBOs satisfied with grant management | 98% | 100% | 2% |

Source: P4VE program management data and CBO survey data.

Notes: CBO = community-based organization; TA = technical assistance. The number and composition of CBO grantees changed between Year One and Year Two of the P4VE program, which may explain some of the variation in the key indicators. Twenty-nine CBOs participated in the initiative in Year One, of which 19 continued in Year Two, and nine new CBOs joined the program in Year Two.

Implications of the P4VE Program for Policy and Practice

The core elements of the P4VE program, which rest on highly accessible, culturally and linguistically effective education and outreach by local trusted organizations and supported by skilled intermediary organizations, are a promising way to reach populations experiencing vaccine disparities. Though fewer people were vaccinated in association with P4VE activities in Year Two compared with the program's

first year, CBOs continued to play a key role in communicating the importance of routine vaccination and how to access free vaccines within their communities. This role took on greater importance in Year Two within the context of pandemic fatigue and public health resources diminishing. Sustained progress on achieving vaccine equity will require pairing access to affordable vaccines with extended, adequate, and sustainable investments in P4VE CBO partners that have, over the last two years, developed vaccine expertise, built trust, and expanded their footprint in underserved communities.

Advancing Vaccine Equity through Community-Based Organizations

A critical component of public health efforts is protecting individuals and communities from vaccine-preventable diseases, such as COVID-19 and influenza (Andre et al. 2008).³ The benefits of vaccination, however, are not equitably distributed across the US, as exemplified by large racial and ethnic disparities in vaccination rates against influenza and COVID-19 emerging early in the pandemic (Black et al. 2022; Hernandez et al. 2022; Kriss et al. 2022; Siegel et al. 2022). Vaccine hesitancy was identified as one of the leading factors contributing to slow vaccine uptake and racial and ethnic disparities in COVID-19 vaccination rates (Hostetter and Klein, 2021; Karpman et al. 2021).

The Centers for Disease Control and Prevention's (CDC) Partnering for Vaccine Equity (P4VE) program was launched to improve equity in adult vaccination rates, particularly in COVID-19 and influenza vaccination coverage. In 2021, the program awarded \$156 million in funding and technical assistance to over 500 national, state, local, and community-based organizations (CBOs) working to improve access to vaccine education and COVID-19 and influenza immunizations in underserved communities and people from racial and ethnic minority groups.⁴ Although racial and ethnic disparities in COVID-19 uptake narrowed throughout the pandemic, particularly for completing the primary COVID-19 immunization series, there continue to be large racial and ethnic disparities in receipt of booster doses.⁵ Structural barriers such as health care provider shortages and disparities in the distribution of vaccines in the US may continue to hamper equitable access to immunizations for COVID-19 and other common infectious diseases (Gonzales et al. 2021; Kuehn et al. 2022; Njoku, Joseph, and Felix 2021). Raising awareness about the benefits of vaccinations and removing structural barriers to access are therefore critically needed to sustain progress on vaccine equity.

The Urban Institute (Urban) is one of several national intermediary organizations in the P4VE initiative charged with providing subgrant funding and technical assistance to CBOs implementing vaccine equity projects in their communities. This report presents results from an evaluation of CBO performance and an assessment of Urban supports provided to CBO awardees in Year Two (May 2022 to April 2023) of the P4VE program. The following sections provide a more detailed description of the P4VE program and Urban's CBO awardees. After presenting the evaluation methods and limitations, the report discusses participating CBOs' performance in achieving program goals and the challenges and successes CBOs experienced. The report then describes and assesses Urban's performance delivering grant management and technical assistance to its CBO awardees and concludes with a

discussion of policy and practice implications for the P4VE program and broader vaccine equity and public health efforts.

The P4VE Program

The P4VE program provides funding and resources to participating organizations nationwide to build vaccine confidence and support vaccine uptake in communities experiencing vaccine inequities.⁶ The program has two overarching goals:

- to increase influenza and COVID-19 vaccine confidence among populations and communities disproportionately affected by influenza and COVID-19, at greater risk for lower vaccination coverage, or both (i.e., people who are American Indian/Alaska Native, Asian American/Native Hawaiian/Pacific Islander, Black/African American, and Hispanic or Latinx American)
- to increase access to immunization among populations and communities experiencing disparities

Urban is one of several intermediary organizations that support the implementation of the P4VE program by providing grants management and oversight and tailored technical assistance to a subset of participating CBOs to help them achieve the P4VE program goals. Short-term objectives of the P4VE program include the following:

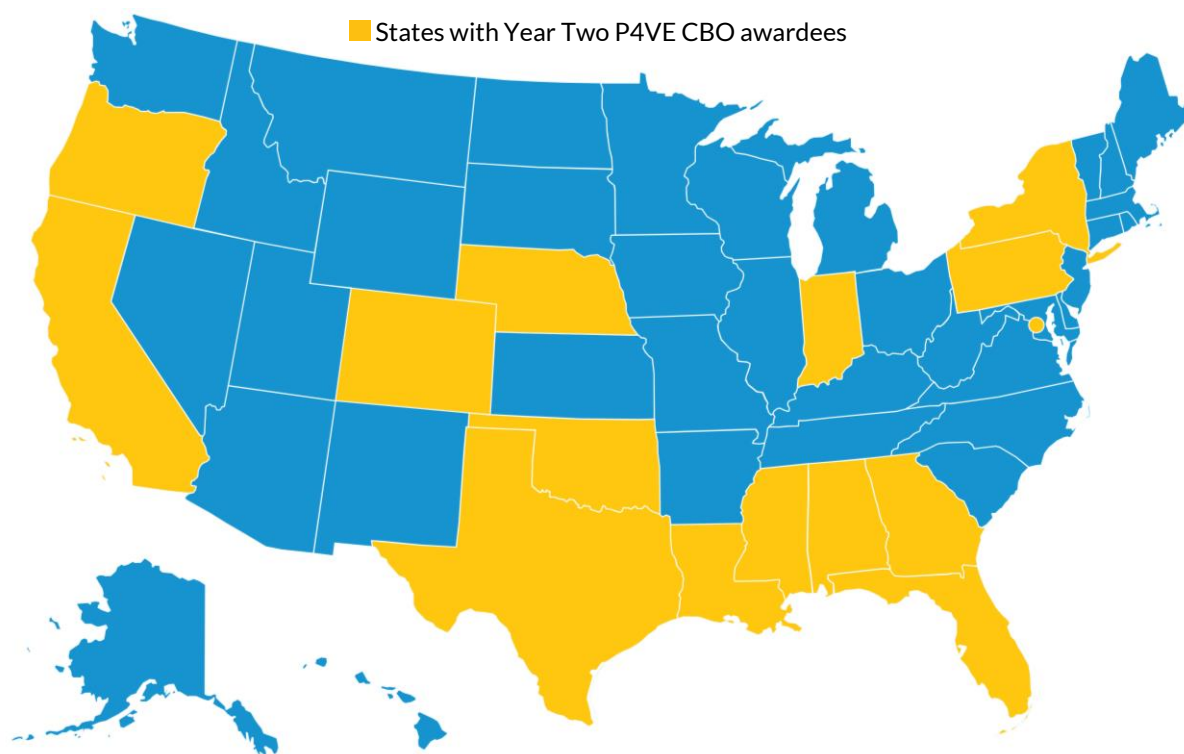
- to increase the number of trusted community messengers supporting vaccine education and delivery
- to increase the availability of culturally and linguistically effective community- or population-specific vaccine messages
- to increase the number and diversity of vaccination opportunities in communities currently experiencing disparities
- to increase the number and range of partnerships or collaborative activities between health care providers and community organizations to improve access to vaccines
- to increase the number and range of health care providers recommending COVID-19 and influenza vaccines to patients
- to increase the number and range of health care organizations implementing accountability processes and practical guidance to improve equity in vaccine administration

Urban also manages the P4VE Learning Community, which provides all organizations participating in the P4VE program access to timely information, resources, tools, and subject matter expertise to support their vaccine equity efforts.⁷

Overview of P4VE-Urban CBO Partners

In the second year of the P4VE program, which ran from May 2022 to April 2023, Urban partnered with 28 CBO awardees. Of these, 19 CBOs participated in Year One of the P4VE program, and nine additional CBOs were added through a competitive proposal process. Year Two CBO awardees were located in DC and 14 states: Alabama, California, Colorado, Florida, Georgia, Indiana, Louisiana, Mississippi, New York, Nebraska, Oklahoma, Oregon, Pennsylvania, and Texas (figure 1).

FIGURE 1
Geographic Distribution of P4VE-Urban CBO Awardees
Year Two, May 2022–April 2023



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Source: Urban Institute analysis of P4VE program management data.

Notes: CBO = community-based organization; P4VE = Partnering for Vaccine Equity.

About two-thirds (19) of CBO awardees can be broadly described as social service organizations. These include civic and cultural organizations advocating for and serving immigrants, refugees, and ethnic populations; social and economic justice advocates; social service providers; and faith-based organizations. The remaining nine CBOs can be described as primarily health advocates and/or health care providers, including three community health centers. Collectively, the 28 CBOs served racially and ethnically diverse populations, primarily Black/African American and Hispanic/Latinx people, and underserved populations such as immigrants and refugees, people experiencing homelessness, rural communities, and families with low incomes. Key features of Urban CBO awardees and the populations they served are shown in table 1 and more details about each organization can be found in appendix A.

TABLE 1

Key Characteristics of P4VE-Urban CBO Awardees and Populations Served

Year Two, May 2022–April 2023

| Name (location) | Organization type or mission | Populations Served | | Community characteristics |
|--|--|---|--|---------------------------|
| | | Race and ethnicity | Other characteristics | |
| Arab-American Family Support Center (Brooklyn, New York) | Civic or cultural Social services | AANHPI, Black/African American, and Hispanic/Latinx | Women and immigrant and refugee populations | Urban |
| Asian Community and Cultural Center (Lincoln, Nebraska) | Civic or cultural | AANHPI, AIAN, Black/African American, and Hispanic/Latinx | Immigrant and refugee populations | Urban |
| Bay Area Women Coalition, Inc. (Mobile, Alabama) | Advocacy | Black/African American | Women and families with low incomes | Rural |
| Birmingham AIDS Outreach, Inc. (Birmingham, Alabama) | Advocacy Health and health care | AANHPI, AIAN, Black/African American, and Hispanic/Latinx | Individuals who identify as LGBTQIA+ ^a , individuals with low incomes and/or experiencing homelessness, migrant workers | Urban |
| Bright Beginnings (Washington, DC) | Social and economic justice Social services | Black/African American and Hispanic Latinx | Individuals and families with young children experiencing homelessness | Urban (Wards 7 and 8) |
| Casa San Jose* (Pittsburgh, Pennsylvania) | Faith-based Social services | Hispanic/Latinx | Spanish-speaking and immigrant communities | Urban |
| Centro Campesino Farmworker Center, Inc. (Florida City, Florida) | Advocacy Social and economic justice Social services | Black/African American and Hispanic/Latinx | Workers in low-wage jobs without benefits | Suburban |

| Name (location) | Organization type or mission | Populations Served | | Community characteristics |
|--|--|---|---|--|
| | | Race and ethnicity | Other characteristics | |
| Community of Hope (Washington, DC) | Federally qualified health center | Black/African American and Hispanic/Latinx | Individuals and families with young children experiencing homelessness | Urban |
| Delta Health Center (Mound Bayou, Mississippi) | Federally qualified health center | Black/African American and Hispanic/Latinx | Adults with chronic conditions, individuals with low incomes, and the uninsured | Rural |
| East Harris County Empowerment Council (Houston, Texas) | Social and economic justice Social services | AANHPI, Black/African American, and Hispanic/Latinx | Individuals with low incomes, essential and migrant workers | Urban |
| Eden Youth and Family Center (Hayward, California) | Social services | AANHPI, Black/African American, and Hispanic/Latinx | Individuals with low incomes and immigrant populations | Urban/suburban |
| El Buen Samaritano Episcopal Mission (Austin, Texas) | Faith-based Social services | Hispanic/Latinx | Spanish-speaking and immigrant communities | Urban/suburban Eastern Crescent area of Austin |
| Ethiopian and Eritrean Cultural Resource Center* (Portland, Oregon) | Civic or cultural Social services | Black/African American | Ethiopian and Eritrean communities | Urban |
| Fresno Interdenominational Refugee Ministries (Fresno, California) | Advocacy Faith-based | AANHPI, AIAN, Black/African American, and Hispanic/Latinx | Hmong, Laotian, Southeast Asian, Slavic, Syrian, and African immigrant communities, and Native Hawaiian communities | Urban |
| Guiding Right* (Oklahoma City, Oklahoma) | Health and health care Social services Social and economic justice | Black/African American | Individuals and families with low incomes | Urban |
| Hispanic Unity of Florida* (Hollywood, Florida) | Civic or cultural Social services | Hispanic/Latinx | Immigrant populations | Urban/suburban |
| Immunize Colorado (Aurora, Colorado) | Health and health care | AANHPI, AIAN, Black/African American, and Hispanic/Latinx | Culturally diverse families and communities | Suburban |
| Inland Congregations United for Change* (San Bernardino, California) | Faith-based Civic or cultural Social and economic justice | Hispanic/Latinx | Workers in low-wage jobs without benefits and Purépecha indigenous community | Urban/suburban Rural areas in the eastern portions |

| Name (location) | Organization type or mission | Populations Served | | Community characteristics |
|--|---|---|--|---------------------------|
| | | Race and ethnicity | Other characteristics | |
| Legacy Foundation* (Merrillville, Indiana) | Other | Black/African American and Hispanic/Latinx | Spanish-speaking communities | Suburban |
| Luke's House: A Clinic for Healing and Hope (New Orleans, Louisiana) | Health and health care | Black/African American and Hispanic/Latinx | Low-income, uninsured, and medically underserved populations | Urban |
| Mary's Center (Washington, DC) | Federally qualified health center | Black/African American and Hispanic/Latinx | Individuals and families with low incomes, essential workers | Urban |
| Mississippi Immigrants' Rights Alliance (Jackson, Mississippi) | Advocacy Civic or cultural Social services | AANHPI, Black/African American, and Hispanic/Latinx | Migrant and immigrant populations | Rural |
| New Immigrant Community Empowerment (Queens, New York) | Advocacy Civic or cultural Social services | Black/African American and Hispanic/Latinx | Immigrant populations | Urban |
| North Alabama AHEC* (Huntsville, Alabama) | Health and health care | Black/African American and Hispanic/Latinx | Rural and medically underserved communities | Rural |
| Refugee Women's Network (Atlanta, Georgia) | Advocacy Civic or cultural Social services | AANHPI, Black/African American, and Hispanic/Latinx | Immigrant populations, Middle Eastern communities, and women | Suburban |
| South Alabama AHEC* (Georgiana, Alabama) | Health and health care | AANHPI, AIAN, Black/African American, and Hispanic/Latinx | Rural and medically underserved communities | Rural |
| Thai Community Development Center (Los Angeles, California) | Advocacy Civic or cultural Social services | AANHPI and Hispanic/Latinx | Thai and Armenian communities | Urban |
| Why Not Prosper* (Philadelphia, Pennsylvania) | Civic or cultural Social services Social and economic justice | Black/African American and Hispanic/Latinx | Formerly incarcerated women | Urban |

Source: Urban Institute analysis of P4VE program management data and organizations' websites.

Notes: AANHPI = Asian American/Native Hawaiian/Pacific Islander; AIAN = American Indian/Alaska Native; CBO = community-based organization; P4VE = Partnering for Vaccine Equity.

* Indicates CBOs new to the initiative in Year Two.

^a LGBTQIA+ is an abbreviation for lesbian, gay, bisexual, transgender, questioning, intersex, asexual, and others. These terms are used to describe an individual's sexual orientation or gender identity. Urban's Role in Supporting CBO Awardees.

In the grant management and technical assistance role, Urban is responsible for funding CBOs and supporting and monitoring their efforts to improve equitable access to COVID-19 and influenza vaccination in their communities. The grant management support and oversight broadly include the following activities:

- developing and managing a competitive request for proposals process to solicit applications for funding from CBOs serving racially and ethnically diverse communities across the country
- evaluating, selecting, and onboarding CBO awardees
- monitoring awardees' performance implementing P4VE vaccine equity projects
- reporting on CBOs' progress to the CDC, including supporting CBOs in fulfilling their reporting requirements

In addition, Urban provides tailored TA and trainings to CBO awardees to assist them in implementing various project activities designed to improve vaccine confidence and access, such as recruiting vaccine ambassadors, developing effective communication campaigns, and fostering partnerships with local public health departments and other organizations.

Methods

The evaluation was structured to monitor and assess Urban CBO awardees' performance in achieving the program objectives, including assessing Urban's supports to CBOs in implementing program activities. The following research questions guided the evaluation approach:

1. What barriers to vaccine uptake are CBOs reporting?
2. How are CBOs equipping influential messengers and promoting vaccine confidence?
3. How are CBOs increasing vaccination opportunities and enhancing vaccine provider partnerships?
4. What successes and challenges with program implementation are CBOs experiencing?
5. How useful have Urban's technical assistance and grant management supports been?

The Urban team tracked specific performance indicators to capture the scope and breadth of its own P4VE program activities and those of the CBOs (box 1).

BOX 1

Performance Indicators for Urban-P4VE CBO Partners

Vaccine Confidence Indicators

- Number of community-level trusted messengers educated, empowered, and trained
- Number of communication products developed and disseminated to promote vaccines
- Number of vaccine events hosted or supported
- Number of event attendees
- Number of communication campaigns promoting vaccinations
- Estimated number of people reached through communication campaigns
- Number of partnerships established to promote vaccines

Vaccine Access Indicators

- Number of partnerships with vaccine administrators to increase vaccination opportunities
- Number of new vaccination sites established
- Number of people who received COVID-19 and influenza vaccines

Performance Indicators for Urban's TA and Grant Management Supports

- Number of TA requests received
- Number of unique topic areas of TA requests
- Number of TA resources delivered
- CBO engagement and satisfaction with TA delivery
- Number of grant management support engagements
- CBO satisfaction with grant management support

Notes: CBO = community-based organization; P4VE = Partnering for Vaccine Equity; TA = technical assistance.

Data Collection and Analysis

The primary data sources were quarterly and annual performance reports CBOs submitted to the CDC using the online reporting system REDCap. In addition, the Urban P4VE grants management team documented CBO experiences, problems, and promising solutions shared during monthly check-in meetings in detailed notes. The Urban evaluation team used an iterative process to thematically analyze narrative sections of the CBO reports and notes from check-in meetings. A thematic codebook was

created and expanded upon as additional themes emerged. Two researchers then coded all narrative data using NVivo, a qualitative data analysis software. The evaluation team reviewed the output to identify and synthesize common themes and insights. CBO performance metrics data were analyzed using summary statistics.

The primary sources of data on Urban team performance were program management records and participant feedback data gathered through semiannual surveys of CBO awardees. Program management records included a TA tracker; agendas and notes from grant management; and TA meetings, site visits, and trainings.

CBO awardees were invited to participate in two rounds of surveys to provide input on their TA needs and preferences and rate their satisfaction with technical assistance and grant management supports from Urban. The surveys were created using the online survey platform Qualtrics and were distributed to 28 Urban CBO awardees via direct email communication from Urban's TA and grants management teams. No incentives were offered to survey respondents. The mid-year survey was fielded in December 2022, and 26 CBOs participated for a response rate of 93 percent. The end-of-the-year survey was fielded in April 2023, and 24 CBOs participated for a response rate of 86 percent.

Limitations

This evaluation has several limitations to consider when interpreting the results. First, the CBO performance data on key indicators (box 1) were self-reported by the CBO awardees. The Urban grant management team reviewed the quarterly and annual reports and supported awardees in understanding and meeting the CDC reporting requirements. Whenever possible, the Urban team worked with CBOs to verify and clarify reported information while supplementing information through regular grant management check-in meetings.

Though each CBO developed its own outcome goals for key performance indicators, the CDC did not establish overall performance goals for the program or require that CBOs report performance against respective individually set goals. As such, performance on program indicators is reported in aggregate and not by an individual CBO or against the goals. Furthermore, definitions of CBO reporting metrics and reporting requirements changed between Year One and Year Two of the P4VE program, preventing meaningful comparison of results across both performance periods. The composition of participating CBOs also changed between the two performance periods (i.e., 19 CBOs from Year One continued with the program in Year Two while nine new organizations joined in Year Two), further limiting comparison and our understanding of cumulative impact of the P4VE strategies.

Eleven CBOs participating in the initiative's second year received supplemental funding to support efforts to increase vaccination coverage and confidence for recommended adult vaccines other than COVID-19 and influenza (e.g., the Hepatitis B vaccine). However, those efforts are excluded from this evaluation, and the findings discussed here pertain to COVID-19 and influenza vaccination initiatives. Populations served by Urban's 28 CBO partners may not represent the overall US populations experiencing vaccine inequities. Therefore, some experiences and perspectives captured in this report may be overrepresented, while others may be missing.

Urban performance data were tracked and self-reported by the Urban team, who were simultaneously overseeing and providing support to participating CBOs, and as such, there is a potential for bias in how data were interpreted and reported. In addition, benchmarks for many of the indicators were not designed to assess the effectiveness of the activities. Finally, a few CBOs did not participate in surveys, so some important perspectives on Urban's performance may be missing.

Findings

This section of the report presents detailed findings from the second annual evaluation of Urban's P4VE program. After discussing Urban CBO awardees' progress on P4VE program activities, the report describes and assesses TA and grant management supports Urban provided to its awardees to assist them in implementing vaccine equity projects. Each section also summarizes major successes, challenges, and lessons learned.

CBO Progress on Advancing Vaccine Equity

Unlike during Year One of the P4VE program when the US was still amid the pandemic and nationwide push for COVID-19 vaccinations, by May 2022, many states lifted COVID-19 restrictions (e.g., mask mandates), and three-quarters of adults received at least one COVID-19 vaccine dose (Sparks et al. 2022). Low interest in the COVID-19 vaccines became a dominant challenge to vaccine uptake in Year Two, including limited awareness and understanding of the need for booster doses. Urban CBO partners worked to combat the emerging pandemic fatigue by tailoring and enhancing education and communication activities, recruiting and training trusted community leaders as vaccine ambassadors, expanding their outreach into new communities and popular events such as holiday food drives, and broadening partnerships to facilitate easy vaccine access.

REPORTING BARRIERS TO VACCINE UPTAKE

While mistrust and misinformation dominated as the most frequently reported barriers to COVID-19 vaccine uptake in the initial phases of the vaccine rollout (Heinrichs et al. 2023), in Year Two, CBO awardees encountered new challenges related to growing pandemic fatigue, including:

Low interest in COVID-19 vaccinations: Over the second year of the P4VE program, CBOs increasingly faced diminishing interest in COVID-19 vaccination and boosters from community members. Many community members who were open to the vaccines were often already fully vaccinated, and those who opposed immunizations became even less interested, particularly as states and localities began lifting COVID-19 restrictions in spring 2022, and media coverage of the pandemic grew more sporadic and less alarming. Some CBO representatives attributed the decreasing interest in vaccines to public misconceptions about acquired immunity from previous infections, a perceived sense of safety, and a desire to return to normalcy.

Limited understanding of vaccination benefits: CBOs also reported low public awareness about waning immunity and the importance of COVID-19 booster shots, which some attributed to a dearth of simple, culturally and linguistically effective information about booster doses. Some CBOs noted that many community members were overwhelmed and confused by inconsistent or frequently changing guidance and information on COVID-19 boosters from the CDC and state and local public health agencies. Others noted persistent circulation of myths and misinformation about COVID-19 vaccine safety and effectiveness in their communities. The most frequently reported misconceptions related to beliefs that COVID-19 vaccines cause infertility or stillbirths, as well as reproductive health issues. A few CBOs observed that vaccine hesitancy extended beyond novel COVID-19 vaccines to long-established vaccines such as for influenza and other recommended adult vaccines.

“People are questioning the effectiveness of the vaccine, what’s the point of a vaccine if you need to get a booster.”

-CBO program staff

Decreased availability of vaccination opportunities: CBOs commonly reported challenges securing adequate vaccination resources as Year Two of the P4VE initiative went on, including a decrease in available vaccination clinics in the community and reduced capacity of vaccine administrators (such as

public health departments and health care partners) to staff vaccination events and deploy mobile vaccination vans. Further, a few CBOs found that some providers began asking for health insurance (even when COVID-19 vaccines were free), deterring uninsured individuals from seeking vaccinations and promoting the community's misconception that the vaccine costs money.

Structural barriers: Similar to Year One findings (Heinrichs et al. 2023), populations served by CBOs reported many structural barriers to accessing educational events and vaccine clinics, such as limited public transportation, difficulty understanding English-only promotion materials, lack of sick leave or paid time off work, limited vaccine clinic hours to accommodate workers with nontraditional schedules, and lack of child care. Food insecurity, unstable housing, and other challenges to meeting families' basic needs continued to surface as obstacles to effective engagement in health education and vaccination outreach.

PROMOTING VACCINE CONFIDENCE

CBO awardees continued to draw on available resources and supports from CDC, Urban, and other P4VE partners to promote vaccine confidence in their communities through extensive outreach and education. Trusted community messengers were once again regarded as highly effective, particularly for engaging and growing trust with hard-to-reach populations. CBOs emphasized that community health workers and vaccine ambassadors were instrumental in allowing community members to be heard and receive information in one-on-one conversations. CBOs further worked on tailoring educational materials and messages to be culturally relevant and responsive to the communities' language needs and information gaps. For example, several CBOs conducted focus groups with community members to learn about their perspectives on immunizations to inform P4VE strategies and refine messaging. Community events were frequently cited as opportunities for CBOs to deliver health promotion and vaccine education and engage community members face-to-face. Many CBO awardees expanded canvassing to neighborhood gathering places such as parks, community centers, churches, schools, libraries, and grocery stores. Many CBO partners collaborated with other local organizations to integrate vaccine outreach into existing, seemingly unrelated events such as holiday food and coat drives. Many CBO awardees reported that using a social determinants of health lens in their vaccine efforts proved powerful, extending reach and enhancing trust.

“Trusted messengers from the community are essential to success. You cannot effectively communicate with a population if they do not trust you or your source, if it does not come to them in their language and with the understanding of their culture and barriers.”

—CBO program staff

In the face of growing pandemic fatigue, CBO partners continued to be resourceful and innovative in expanding their outreach. For example, some CBOs explored opportunities for engaging new populations, such as newly arriving immigrants and local faith communities. Others expanded their educational strategies to broader prevention and wellness education—of which immunization was a critical component—and provided education on how viruses and immunizations work. By helping people understand the bigger health picture, these CBOs aimed to provide people with necessary information to consider the benefits and risks of vaccines and make informed decisions about their overall health. Some CBOs engaged in paid advertisement to promote vaccine confidence, including yard signs, billboards, and ads on social media, the radio, and in local movie theaters. Table 2 presents aggregate data for CBOs' performance on the vaccine confidence indicators in Year Two, and box 2 presents specific examples of CBO activities.

TABLE 2

Performance of Urban-P4VE CBO Awardees on Vaccine Confidence Indicators

Year Two of the P4VE Program, May 2022–April 2023

| Indicator | Cumulative sum |
|---|----------------|
| Number of community-level trusted messengers educated, empowered, and trained | 3,291 |
| Number of communication products developed and disseminated to promote vaccines | 11,060 |
| Number of events hosted or supported | 1,553 |
| Number of event attendees | 476,056 |
| Number of communication campaigns promoting vaccinations | 272 |
| Estimated number of people reached through communication campaigns | 15,557,832 |
| Number of partnerships established to promote vaccines | 524 |

Source: Urban Institute analysis of P4VE program management data.

Notes: CBO = community-based organization; P4VE = Partnering for Vaccine Equity.

BOX 2

Examples of Promising Strategies to Improve Vaccine Confidence

Communications and Outreach: Arab-American Family Success Center (AAFSC) found that analogies and visuals help communicate the importance of the COVID-19 vaccine, as well as how and why it works. One helpful analogy related to the need for COVID-19 booster shots, which they likened to keeping a car full of gas. Over time, it runs low and then runs out (like immunity from a COVID-19 vaccine). To stay fully protected, people must “refill their tank” with a booster. AAFSC also created a visual called “Here’s how to minimize your risk of contracting COVID-19,” which proved very accessible. It likens washing hands, wearing a mask, getting boosted, social distancing, and other protective measures with the protections one takes to stay dry in a rainstorm: raincoat, umbrella, boots. The more rain gear one has, the safer and dryer one stays.

Deploying Trusted Messengers: Refugee Women’s Network (RWN) builds culturally and linguistically responsive programs by hiring refugees and immigrants from their communities and placing them at the center of each program in leadership roles. In 2022–23, RWN hired more women from more diverse communities than ever. Their community health promoters received specialized training to address fears, myths, and misunderstandings around COVID-19 vaccination, and learned how to use motivational interviewing techniques and trust-building strategies within their communities. In Year Two, RWN Community Health Promoters directly engaged more than 600 community members during 200 group and individual sessions. In addition, the RWN health promotion team developed culturally and linguistically appropriate resources by facilitating the translation of vaccine education and other health materials into 14 languages.

INCREASING VACCINATION OPPORTUNITIES

Hand-in-hand with health education and communication activities, CBO awardees worked on increasing vaccination opportunities in their communities by organizing vaccination clinics and mobile vans, establishing partnerships with vaccine providers, and facilitating access to vaccine events such as through registration assistance and helping people with the logistics of making and getting to appointments. Several CBOs hosted or participated in health fairs alongside partners who provided immunizations, while the CBO provided educational materials about wellness or vaccines. These events offered attendees other services, such as measuring blood pressure or preventative health screenings. Health fairs helped promote and sustain existing partnerships but also served as an opportunity to vaccinate the community.

“Partnerships have played a pivotal role in our efforts to address vaccine equity. We have discovered that collaborating with local community organizations, health departments, and other stakeholders is essential in implementing successful vaccine equity projects. These partnerships have allowed us to leverage resources, expertise, and networks, enabling us to effectively reach the targeted population. By working together, we have been able to create a collective impact that extends beyond the capabilities of any single organization.”

—CBO program staff

In addition to fostering existing partnerships with public health departments and other community partners to support vaccine clinics, some CBOs were able to identify and engage new partners. For example, in the face of diminishing vaccine administration resources, one CBO partnered with a local nursing school to staff vaccination clinics with nurses in training. Some CBOs partnered with state and local health equity or minority health agencies to identify common interests or coordinate health promotion and health equity activities. Partnerships with local pharmacies already familiar with and embedded in their communities also proved successful. In Year Two, CBOs were permitted to use P4VE funding for financial or in-kind incentives to encourage people to get vaccinated. CBOs strongly agreed that incentives like gift cards were highly effective in encouraging vaccination and much appreciated by community members. Table 3 shows CBO awardee performance on key vaccine access indicators and box 3 highlights examples of relevant activities.

TABLE 3

Performance of P4VE-Urban CBO Awardees on Vaccine Access Indicators

Year Two, May 2022–April 2023

| Indicator | Cumulative sum |
|--|----------------|
| Number of partnerships with vaccine administrators to increase vaccination opportunities | 109 |
| Number of new vaccination sites established | 2,449 |
| Number of people who received COVID-19 vaccines | 10,969 |
| Number of people who received influenza vaccines | 2,085 |

Source: Urban Institute analysis of P4VE program management data.

Notes: CBO = community-based organization; P4VE = Partnering for Vaccine Equity.

BOX 3

Examples of CBO Strategies to Increase Vaccination Opportunities

Hosting Vaccine Events: El Buen Samaritano (El Buen) held vaccination events that drew large numbers of participants, administering up to 200 vaccines per event and totaling 1,415 COVID-19 vaccines and 227 flu vaccines during the performance period. While many factors contributed to this success—trust, partnerships, language ability—El Buen also has developed a very smooth and competent process to manage and interact with large groups. Before the vaccine event, the team gathers for short “huddle” meetings to review responsibilities and logistics and build energy. Then, staff and volunteers from El Buen and partner organizations direct cars into the parking lot or hand out water, snacks, and educational materials. Individuals are ushered into the area where shots are administered, and interpreters stand by to assist with paperwork. After being vaccinated, individuals collect an incentive and wait in an observation area, which also includes engaging activities for children. This smooth process makes getting a vaccine easy and quick, which working families highly value.

Offering Incentives: Thai Community Development Center used partnerships to engage community members in culturally competent and effective ways. For example, to entice Thai community members to get vaccinated, they partnered with a Chinese bakery to provide mooncakes, a cherished Thai festival treat. The mooncakes proved extremely popular and contributed to successful vaccination efforts.

Partnering with Vaccine Administrators Ethiopian and Eritrean Cultural and Resource Center, RWN, and AAFSC, among others, have found partnerships with local pharmacies successful in distributing vaccines, largely because the pharmacies were familiar with the community, and pharmacy staff were described as culturally and linguistically effective. The Legacy Foundation cultivated a partnership with the Indiana State Department of Health mobile response unit to expand vaccination clinics within their priority communities. Through this partnership, they expanded vaccination sites and educational resources to all attendees, regardless of health insurance, immigration status, or proof of residency.

REVIEWING SUCCESSES AND CHALLENGES

Many CBOs reported that as the public grew weary of COVID-19 outreach, blending vaccination efforts into other programming was an increasingly successful strategy to advance P4VE objectives. CBOs, for example, included vaccine information in more general preventative health education or incorporated vaccination outreach in existing programs and services, such as food distribution, English as a Second Language classes, or health insurance navigation. Through P4VE participation, some CBOs increasingly gained a positive reputation and recognition in their communities as leaders of effective community engagement and health equity efforts. CBOs were hopeful that the growth in their skills and organizational capacity as a result of participating in the P4VE program would help them secure more support and funding for their work on vaccine equity and beyond.

Key challenges to CBO efforts in Year Two included diminishing public health resources, particularly in response to the COVID-19 pandemic, including decreasing capacity and interest in traditional partner organizations to support vaccine events. For example, CBOs reported growing difficulties securing vaccine administrators or facilitating mobile clinics to bring COVID-19 vaccines and booster shots to remote and under-served communities. In addition, many CBOs reported internal organizational challenges to P4VE participation, particularly related to staffing shortages and turnover, and, at least initially, confusion and misunderstanding around grant reporting requirements. Cost of vaccines emerged as a big concern in Year Two, particularly as the end of the public health emergency neared. CBO partners also began to worry about maintaining free access to COVID-19 vaccines. Some CBO partners were seeking additional resources to help offset the cost of vaccines for people with low incomes and without health insurance but worried that these resources may not be adequate or sustainable in the long term.

Urban's TA and Grant Management Support to CBO Awardees

In Year Two, Urban continued to provide TA to CBO awardees through one-on-one engagements, developing and disseminating vaccine education resources, and facilitating virtual workshops and peer learning opportunities to help awardees implement vaccine equity projects and grow organizational capacity. Among other functions, Urban's grant management support consisted of monitoring CBO progress on implementing P4VE program activities and assisting awardees in understanding and complying with federal grant requirements. An analysis of program management records and CBO survey data suggests that the volume of Urban's TA and grant management activities increased in Year Two when compared with Year One, which is likely because of growth in trust between CBOs and Urban, enhanced promotion of TA opportunities, and more bandwidth to engage in TA, particularly among CBOs that also participated in the first year and were familiar with program activities and requirements. Table 4 shows Urban performance on key TA and grant management indicators during both performance periods. A description and examples of Urban's supports offered to CBOs, detailed findings from the assessment of Urban's performance, and a summary of success and challenges the Urban team experienced and lessons learned follow below.

TABLE 4

Urban's Performance on TA and Grant Management Indicators*May 2021–April 2023*

| Indicator | Results | | |
|--|-------------------------------------|-------------------------------------|-------------------|
| | Year One May 2021– April 2022 | Year Two May 2022– April 2023 | Percent change |
| Number of TA requests received | 61 | 122 | 100% |
| Number of unique topic areas of TA requests | 10 | 10 | 0% |
| Number of TA resources delivered | 71 | 131 | 85% |
| Share of CBOs engaged in individual TA | 86% | 86% | 0% |
| Share of CBOs satisfied with TA | 100% | 93% | -7% |
| Number of grant management support engagements | | | |
| One-on-one check-in meetings | 143 | 221 | 55% |
| Site visits | 13 | 8 | -38% |
| Share of CBOs satisfied with grant management | 98% | 100% | 2% |

Source: P4VE program management data and CBO survey data.

Notes: CBO = community-based organization; TA = technical assistance. The number and composition of CBO grantees changed between Year One and Year Two of the P4VE program, which may explain some of the variation in the key indicators. Twenty-nine CBOs participated in the initiative in Year One, of which 19 continued in Year Two, and nine new CBOs joined the program in Year Two.

TA: DESCRIPTION AND ASSESSMENT

In Year Two, the Urban team provided tailored individualized support to 24 CBO awardees (86 percent of the cohort) on various topics (table 5). This included providing one-on-one guidance, resources, and tailored trainings. For example, a CBO partner serving diverse immigrant communities requested assistance in creating and delivering written and verbal vaccine information in culturally effective ways. Urban conducted an in-person visit with the CBO that included a workshop on culturally responsive messaging and provided additional resources after the workshop on best practices in immigrant outreach. As part of TA, Urban also facilitated peer-to-peer connections with other CBOs in the cohort and connections with Urban subject matter experts. For example, two CBOs serving immigrant populations were connected to share and learn from each other the best approaches for broaching immunizations with people from cultures where preventive health care may not be a norm. In another example, the TA team connected a CBO awardee with a survey methodologist to help the CBO develop and launch a survey.

TABLE 5

Individual TA Engagements*Year Two of the Urban Institute P4VE Program, May 2022–April 2023*

| TA Category | TA Topics | Number of Unique Requests | Number of CBOs Engaged |
|----------------------------------|--|---------------------------|------------------------|
| Communications and outreach (73) | Health communication resources related to COVID-19 and influenza information and other vaccine education | 38 | 17 |
| | Interpreting scientific evidence | 9 | 6 |
| | Addressing vaccine uptake barriers | 13 | 10 |
| | Training trusted messengers | 13 | 10 |
| Organizational capacity (43) | Management and leadership | 3 | 1 |
| | Program planning (e.g., ambassador program) | 13 | 10 |
| | Systems development (e.g., grant management, data management) | 12 | 10 |
| | Capacity building and data collection | 14 | 9 |
| | Organizational sustainability | 1 | 1 |
| Partnerships (6) | Partnerships with local public health departments, vaccine administrators, health care providers | 6 | 6 |
| Totals | 10 | 122 | 24 |

Source: P4VE program management data.

Notes: TA = technical assistance; P4VE = Partnering for Vaccine Equity; CBO = community-based organization. The total number of requests exceeds the number of participating CBOs because several CBOs requested TA on multiple topics.

Urban expanded its group TA offerings by facilitating 16 trainings and workshops focused on developing new knowledge, skills, and practical tools, featuring Urban subject matter experts and highlighting CBOs as experts. For example, Urban hosted a series of sessions on collecting and using data, in response to common CBO challenges in these areas. Each session included an Urban subject matter expert, who shared promising strategies related to topics such as engaging community voices in data collection and using data to message the impact of project activities. The Urban team also developed new opportunities for CBO partners to learn and engage with each other through “peer learning pods,” which bring together CBOs working with similar populations or around similar issues to troubleshoot challenges and share lessons learned. These short-term mini-communities of practice helped participating CBOs jointly tackle topics such as working with trusted messengers and health ambassadors, building new partnerships and reaching out to new populations, and collecting, managing, and analyzing data.

In addition to content developed for various trainings, the Urban TA team created new resources or identified and distributed relevant existing resources to address CBO TA needs (table 6). The TA team ensured that all resources shared or created were evidence-informed, culturally appropriate, and aligned with the most up-to-date guidance from the CDC and relevant health communications experts. In this performance period, the TA team also introduced a shared resource folder where CBOs could

access TA resources (e.g., flyers, toolkits) and grant management materials (e.g., invoicing template, performance reporting guidance).

TABLE 6

TA Resources

Year Two of the Urban Institute P4VE Program, May 2022–April 2023

| TA Resource Type | Description | Number Delivered |
|--|---|------------------|
| Curated compilation of resources | Identified and shared existing communication materials, webinars and trainings, and other resources | 68 |
| Networking and connections | Connecting CBO awardees to each other, other organizations, and subject matter experts | 13 |
| Advising on organizational development | Advised CBOs on staff hiring, communications, and self-evaluation activities | 12 |
| Peer learning events and trainings | Developed and facilitated events and trainings | 16 |
| Urban-developed resources | Created original resource | 22 |
| Total | | 131 |

Source: P4VE program management data.

Note: TA = technical assistance; P4VE = Partnering for Vaccine Equity; CBO = community-based organization.

Most CBOs that partook in individualized TA (93 percent) reported high satisfaction with the usefulness of the assistance and resources received on average, though satisfaction with TA declined slightly from 96 percent in the mid-year (December 2022) survey to 90 percent in the end-of-the-year (April 2023) survey. Nearly three-quarters of CBOs (73 percent) that engaged in peer learning pods found them very useful. CBOs reported that the Urban TA helped their organizations across multiple areas, including improving understanding and knowledge of key vaccine equity concepts and barriers to vaccine uptake, enhancing the effectiveness of community outreach and communication efforts, expanding and strengthening partnerships, and building organizational capacity to implement P4VE program activities and other aspects of their work. The organizations that did not participate in individualized TA offerings or peer learning pods reported capacity or time constraints as the main reason for not taking up these opportunities.

CBOs provided several suggestions on how Urban could improve the TA experience, such as by providing more detailed descriptions and specific examples of TA supports. To accommodate the capacity and time constraints of CBOs, several survey respondents requested on-demand online trainings and tutorials, and others suggested incorporating TA into required grant management check-in meetings. Suggestions for enhancing the effectiveness of the learning pods included adding more structure to sessions, expanding opportunities for participants to interact with each other, and recruiting more organizations to participate. Topics identified as of most interest to CBOs were

strategies for motivating and retaining health ambassadors, communicating program impacts, and engaging faith-based communities.

“The Urban peer learning sessions, TA program, and site visit were a great source of information and education to undertake the vaccine equity project, especially in equipping trusted messengers [with] the means and strategies in dispelling vaccine misinformation. All of these supportive resources provided by the Urban team were very impactful and enabled us to enhance our staff capacity and successfully implement the vaccine equity project objectives.”

—CBO program staff

GRANT MANAGEMENT: DESCRIPTION AND ASSESSMENT

Each CBO awardee met with their assigned Urban grant manager on a regular monthly or bi-monthly basis to discuss progress on the implementation of P4VE activities, challenges and successes experienced, and resources and supports needed. In total, Urban grant managers conducted 221 one-on-one meetings with CBO awardees in Year Two (table 4). The Urban grant management team also conducted in-person or virtual site visits to eight CBOs, largely for relationship-building purposes, to observe CBOs’ P4VE project activities and provide hands-on TA. Drawing on experiences in Year One, the Urban team refined and standardized site visit processes to enhance the efficiency and effectiveness of those visits, which partly explains fewer site visits overall compared with the previous performance period (table 4). Additionally, in Year Two of the P4VE program, the Urban team organized a two-day in-person convening in Washington, DC, where representatives from all CBOs gathered to network, showcase their successes, and participate in trainings and panel discussions (box 4).

In the mid-year and end-of-year surveys, all respondents reported that grant management supports were very or somewhat useful. CBOs appreciated that regular grant management check-ins provided opportunities to get answers to specific questions, share successes and challenges, and get support on project activities or learn something new. Furthermore, 85 percent of survey respondents found that supports and assistance they received between regular check-ins were very useful and most often reached out for additional support on performance reporting, invoicing, and getting connected to TA.

The mid-year survey also assessed CBO partners' experiences with Urban's request for proposals process. Over half of survey respondents (65 percent) applied for funding in May 2022. Of those CBOs that participated in the competitive selection process, the majority agreed that the request for proposals process was clear and easy to understand, the informational webinar was helpful, and their organization had adequate time and resources to submit an application. One CBO noted that they would have appreciated more time to develop an application, and another reported that the contracting process with Urban took longer than expected.

BOX 4

P4VE October 2022 Convening

During the Year Two Performance period, Urban held an in-person convening at our Washington, DC office on October 6–7, 2022. The convening was designed to (1) create a sense of community and facilitate connections between CBOs to enable candid sharing, peer learning, and networking; (2) provide face-to-face interaction with the P4VE team and Urban and non-Urban TA experts; and (3) enhance the ability of the CBOs to carry out project activities through presentations, skill-building workshops, and peer learning exchanges elevating CBOs as experts. Examples of topics covered in convening breakout and plenary sessions include developing culturally responsive messaging, connecting vaccine equity to the social determinants of health, and using local data to promote health equity.

Fifty-six participants representing each of the 28 CBOs participated in the convening. The response to the convening was overwhelmingly positive. Results from a post-event survey and anecdotal feedback indicated that CBOs valued the opportunities for knowledge building, information exchange, and relationship development. Participants rated the breakout sessions as informative and enjoyed hearing from one another and sharing insights and experiences. Although some survey respondents cited capacity challenges (e.g., staff shortages) as a barrier to implementing what they learned at the convening, others reported that they incorporated the learnings in their work.

SUCSESSES AND LESSONS

Over Year Two of the P4VE program, the Urban team continued to refine program management and TA supports in response to ongoing feedback from CBOs and best practices in the public health, health equity, and community engagement fields. The Urban team members identified the in-person convening among the main achievements and successes of Year Two. Convening participants appreciated the opportunity to see each other face to face, strengthen relationships, participate in interactive trainings and panel discussions, and get energized for vaccine equity work. Another success was launching the

peer learning pods, which enabled small groups of CBOs to connect, problem-solve together, and share successes and lessons learned. Finally, the Urban team increasingly tapped CBO awardees as subject matter experts, suggesting that participation in the P4VE program and its supports and TA have contributed to growth in CBO skills, technical expertise, and capacity. The Urban team also learned that spotlighting CBOs as vaccine equity experts promoted their peers' participation and engagement in TA opportunities. Going forward, the Urban team will continue encouraging and supporting CBOs by sharing their knowledge and experiences in training events and other engagements.

Implications for Policy and Practice

Although racial and ethnic disparities in COVID-19 uptake have narrowed throughout the pandemic, particularly with respect to completing the primary COVID-19 immunization series, racial and ethnic disparities in receipt of booster doses persist.⁸ Prior research demonstrates that systemic structural barriers, such as health care provider shortages, mistrust of public health and medical authorities, and limited community resources, are at the root of racial and ethnic inequities in vaccination rates (Gonzales et al. 2021; Hernandez et al. 2022; Kuehn et al. 2022; Njoku, Joseph, and Felix 2021). The P4VE program was designed to address these systemic barriers by enabling and supporting trusted local CBOs to engage populations experiencing vaccine inequities. Though P4VE provides an overarching structure for program activities, participating CBOs can tailor their approaches to best meet the needs and preferences of the communities they serve.

The program's flexibility proved particularly important in the rapidly evolving public health landscape. Unlike during Year One of the P4VE program when the US was still amid the pandemic and nationwide push for COVID-19 vaccinations, by Year Two of the initiative, many states lifted mask mandates and other COVID-19 restrictions, and three-quarters of adults received at least one COVID-19 vaccine dose as of April 2022 (Sparks et al. 2022). In the context of mounting pandemic fatigue and widespread reluctance to receive booster doses, CBOs had to adopt new approaches and creative strategies to educate and encourage community members to get vaccinated or stay up-to-date with their COVID-19 vaccines. This often involved broadening their P4VE projects by incorporating vaccine education within health promotion activities, integrating vaccine outreach with social services and supports, and expanding their presence in the community by forging new partnerships.

Our findings suggest that the core elements of the P4VE program, which rest on highly accessible, culturally and linguistically effective education and support through local trusted organizations, are a promising way to reach underserved communities experiencing vaccine disparities. CBOs consistently

reported that culturally appropriate information delivered by trusted messengers in community settings was instrumental in engaging populations most at risk of vaccine inequities and adverse outcomes from COVID-19. Furthermore, coupling federal funding with grant management support and TA provided by skilled intermediary organizations, such as Urban, is critical to effectively including local, grassroots CBOs that otherwise may not have the infrastructure or capacity to participate in federally funded programs.

While the program's overall impact on the number of vaccinated people is much smaller than in Year One, CBOs continued to play a key role in communicating the importance of routine vaccination and how to access free vaccines within the communities they served. In fact, this role took on a greater importance in Year Two within the context of pandemic fatigue and public health resources diminishing.⁹ The gains in reducing vaccine inequities are at risk as people who are uninsured and underinsured (who are also disproportionately people of color)¹⁰ are once again facing greater barriers to vaccination. Sustained progress on achieving vaccine equity will require pairing access to affordable vaccines with extended, adequate, and sustainable investments in communities most affected by vaccine disparities. This should include supporting community-focused organizations like the P4VE CBO partners that have, over the last two years, developed vaccine expertise, built trust, and expanded their footprint in underserved communities.

Conclusions

This report summarizes the experiences of 28 CBOs across the US and presents an assessment of Urban's assistance provided to these organizations to support their vaccine equity projects during the second year of the P4VE program. The findings suggest that the core elements of the P4VE program are well designed to address barriers that affect access to culturally and linguistically effective education and vaccination opportunities among populations from racial and ethnic minority groups and underserved communities. In the face of diminishing national attention and public resources for COVID-19 vaccines, sustained progress on vaccine equity will require pairing access to affordable vaccines with extended, adequate, and sustainable investments in the community engagement infrastructure developed under the P4VE program.

Appendix A. P4VE-Urban CBO Awardee Descriptions

Arab-American Family Support Center

Brooklyn, New York

The [Arab-American Family Support Center \(AAFSC\)](#) is a nonsectarian, nonprofit organization dedicated to providing culturally and linguistically competent, trauma-informed social services to New York City's refugee and immigrant communities. AAFSC has developed considerable experience serving Arab, Middle Eastern, Muslim, and South Asian immigrant and refugee communities in 27 languages. With workshops, health and resource fairs, community outreach, and mobile vaccine events, AAFSC expanded vaccination and dispelled misinformation about COVID-19 and the vaccine in refugee and immigrant communities. AAFSC employed cultural community events, educational sessions, vaccination events, and resource fairs, among other resources, to educate people and increase immunization in communities across New York City through culturally appropriate messaging.

Asian Community and Cultural Center

Lincoln, Nebraska

The [Asian Community and Cultural Center \(ACCC\)](#) serves the growing immigrant and refugee populations of Lincoln, Nebraska, including the Iraqi Arab, Yezidi, and Sudanese communities. The organization provides critical support services to refugees and immigrants from thirty-two countries of origin through various programs. This includes providing culturally and linguistically informed information on COVID-19 vaccines to communities in Lincoln and Lancaster counties, partly because of ACCC's participation in the Partnering for Vaccine Equity program. In year two, ACCC focused on addressing prominent levels of vaccine hesitancy through a community-based approach. To effectively reach communities and strengthen vaccine confidence, ACCC created small group educational structures, distributed minute-long videos in the native languages of communities where vaccine hesitancy was high, utilized social media platforms to disseminate translated and updated information on COVID-19 and the vaccine, and hosted in-person health events with brochures, games, and the option of COVID-19 vaccination.

Bay Area Women Coalition, Inc.

Mobile, Alabama

[Bay Area Women Coalition, Inc. \(BAWC\)](#) was established by six community members in 1997 to provide for a safe and healthy community. BAWC has successfully worked to facilitate affordable housing development and create community spaces and after-school youth programs. During the COVID-19 pandemic, BAWC worked with local organizations and government agencies to increase vaccination rates and serve communities. BAWC created pop-up vaccine distribution sites to serve the Prichard, Alabama, community and trained vaccine ambassadors to combat misinformation and hesitancy toward immunization.

Birmingham AIDS Outreach, Inc.

Birmingham, Alabama

[Birmingham AIDS Outreach, Inc. \(BAO\)](#) is an Alabama-based nonprofit organization that provides HIV education, prevention resources, and services for residents living with HIV and AIDS. BAO is affiliated with various organizations in the Birmingham area, including a primary care center, community center, and charter school for LGBTQ youth, as well as pro bono legal services and a research organization. BAO adapted to the COVID-19 pandemic by providing vaccination and testing services and worked to expand immunization in low-access communities. BAO utilized a mobile medical clinic to increase COVID-19 and influenza vaccination rates in low-coverage areas. Equipped with screening rooms, refrigerators, air conditioning, and other amenities, BAO used this clinic to provide vaccines in drive-through, nontraditional, and other settings.

Bright Beginnings, Inc.

Washington, DC

[Bright Beginnings, Inc.](#) is a nonprofit organization that provides services to families experiencing homelessness in the Washington, DC, area by operating early childhood and family learning centers. These centers provide critical early childhood education services to children without any cost to their families. During the COVID-19 pandemic, Bright Beginnings undertook virtual and in-person engagement efforts to increase awareness of the positive impact of vaccination. Bright Beginnings utilized community engagement and work with partners to organize a community health fair and eight additional events as part of the organization's "Better Health" series. These events were held to eventually establish Bright Beginnings as a trusted source of information on vaccines and health equity in the wider DC area.

Casa San Jose

Pittsburgh, Pennsylvania

Casa San Jose is an independent nonprofit organization that provides youth and adult support and services to Pittsburgh's Hispanic/Latino community, including vaccine and health care access, nutrition services, mental health support, community policy advocacy, and community organizing. Casa has a wealth of experience effectively providing crucial services to low-income and non-English speaking clients and populations of mixed immigration status and Deferred Action for Childhood Arrivals recipients. Casa employed community engagement approaches to encourage community members to get vaccinated, aiming to increase seasonal flu vaccination rates among Pittsburgh's Hispanic/Latino community, strengthen understanding of COVID and flu vaccines, and facilitate greater education on the health impacts of the flu. To accomplish this, Casa identified clinics and doctors who provide services in Spanish, collaborated with local health organizations to hold mobile and vaccine clinics, organized events where Spanish-speaking doctors can help build trust in medical professionals, and utilized social media platforms to expand awareness of vaccines and their benefits.

Centro Campesino Farmworker Center, Inc.

Florida City, Florida

Centro Campesino empowers families and strengthens communities in South and Central Florida, with almost 50 years of experience providing housing assistance and advocating for access to health care, education, and economic opportunities for migrant and seasonal workers and their families. In these efforts, Centro Campesino has developed excellent working relationships with public and private partnerships and alliances to serve and advocate for low-income families. Centro Campesino had prior experience conducting effective outreach in "highly distressed" neighborhoods, including 2020 Census outreach in hard-to-count communities throughout Florida. Under the P4VE program, Centro Campesino established the Centro Campesino COVID-19 Testing Outreach Collaborative in South Florida, leveraging existing partnerships and collaborative strategies to expand the reach and variety of its services. They engaged with their community by implementing a multilingual communication, messaging, and social media strategy and visiting door-to-door. Finally, Centro Campesino provided capacity-building training for partners' staff and volunteers and expanded access to and availability of the vaccine through advocacy and by hosting pop-up vaccine clinics at their facilities and other trusted community spaces.

Community of Hope

Washington, DC

Community of Hope (COH) is an organization dedicated to providing crucial health care and housing services for underserved Washington, D.C. residents. COH provides needed medical, dental, and behavioral health services from its community resource hub and three health centers. Community of Hope addressed the COVID-19 pandemic in the broader community by undertaking outreach and community engagement efforts to expand acceptance and uptake of the COVID-19 vaccine. COH used incentives to encourage the completion of a survey form measuring willingness to be immunized, which will enable the organization to properly address community priorities and align incentives accordingly.

Delta Health Center

Mound Bayou, Mississippi

Delta Health Center is an organization that provides preventative and primary health care to underserved communities in the Mississippi Delta region. Through a set of eighteen clinics across five counties, Delta Health Center serves around 16,000 patients. At the onset of the COVID-19 pandemic, Delta Health Center provided free testing services and began offering vaccines at the beginning of 2021. Delta Health Center identified, trained, and supported a group of trusted messengers known as ‘Ambassadors,’ who provided effective and medically accurate information on COVID-19 vaccines, combated misinformation, and directed people to get vaccinated. Delta Health Center also collaborated with local media to air culturally appropriate material in the organization’s five-county service area.

East Harris County Empowerment Council

Houston, Texas

East Harris County Empowerment Council (EHCEC) is an organization that serves small, unincorporated communities in eastern Harris County, Texas. The organization focuses its efforts on areas including health and wellness, economic development, and educational enrichment. With a target population of communities of color in eastern Harris County, EHCEC trained residents of eastern Harris County as part of the Vaccine Awareness, Access, and Acceptance training program, with the end goal of establishing local leaders who can address disparities in vaccine access and uptake among Black and Hispanic communities in the organization’s service area. EHCEC used training received by these residents to properly reach vulnerable populations and increase vaccine awareness.

Eden Youth and Family Center

Hayward, California

[Eden Youth and Family Center \(EYFC\)](#) provides children, youth, and family resources across California's Alameda County to effectively serve its target communities' economic, social, health, and educational needs. EYFC increased vaccine confidence, especially booster doses, among at-risk Latinx/Hispanic individuals in Alameda County. To accomplish this broader goal, EYFC collaborated with local partners to develop social media messaging that communicates to adults and engages with Hispanic/Latinx families in South Hayward. Furthermore, EYFC utilized engaging social media communication to dispel misinformation surrounding vaccine effectiveness and side effects.

El Buen Samaritano Episcopal Mission

Austin, Texas

[El Buen Samaritano](#), an outreach ministry of the Episcopal Diocese of Texas, serves the Latino community of Central Texas by ensuring access to health care, education, and essential needs that lead to a healthy, productive, and secure life. El Buen has worked directly with Austin Public Health and the community to address racial disparities in the distribution of COVID-19 vaccines and has facilitated the vaccination of 1,300 individuals through these efforts. As a result of El Buen's vaccination efforts, more than 68 percent of Eastern Crescent's residents were fully vaccinated in January 2022, compared with 34 percent in May 2021.

El Buen continued addressing vaccine inequity in Central Texas by increasing the vaccination rates of low-income, Latino, Black, LGBTQIA2S+, and other underserved community members. El Buen focused on data-informed program design, partnership building with system-level interventions, community and individual engagement, and vaccination events. Engaging existing partnerships and outreach efforts occurred on an ongoing basis. El Buen conducted pre- and postvaccination assessments, implementation process reviews, performance reports, and other surveys to adjust program design and implementation as necessary.

Ethiopian and Eritrean Cultural and Resource Center

Portland, Oregon

[The Ethiopian and Eritrean Cultural and Resource Center \(EECRC\)](#) is a nonprofit organization established in September 2017 by Ethiopian immigrant leaders. EECRC's mission is to identify community members' social, economic, and cultural challenges and address their needs by providing access to essential resources and direct services and programs such as health and wellness, education,

and social services. EECRC provides culturally and linguistically appropriate support to assist community members in forming connections and navigating life in the US. As part of the P4VE project, EECRC utilized community engagement, education and outreach to promote vaccine equity in the Ethiopian and Eritrean communities in Portland, including disseminating evidence-based information about COVID-19 vaccines, addressing vaccine hesitancy, and facilitating access to vaccinations.

Fresno Interdenominational Refugee Ministries

Fresno, California

[Fresno Interdenominational Refugee Ministries \(FIRM\)](#) serves the Hmong, Laotian, Slavic, African, and Syrian refugee communities in Fresno County, California. With a target service population of around 60,000 people, FIRM offers a litany of services that include after-school programs, mental health programs, advocacy work, and community gardens, among other programs. FIRM increased vaccine confidence among immigrant and refugee communities across different generations in California's San Joaquin Valley. Achieving this end goal involved engagement with small, immigrant-run businesses and faith communities, collaboration with multilingual media, and social media campaigns. Through these strategies, FIRM extended culturally competent and appropriate messaging around COVID-19 vaccines in the region.

Guiding Right, Inc.

Oklahoma City, Oklahoma

[Guiding Right, Inc.](#) is a community-based nonprofit organization dedicated to providing access to crucial health services and support for marginalized communities in Oklahoma. To improve the quality of life for these populations, Guiding Right has built strong partnerships with various organizations across Oklahoma County and regularly collaborates with social service providers. In response to the COVID-19 pandemic, Guiding Right undertook community engagement efforts to encourage testing and immunization and assist people in overcoming vaccination barriers. Guiding Right partnered with faith-based organizations serving African American communities across Oklahoma City, facilitated dialogue between clergy and congregations about vaccination against COVID-19, and distributed culturally appropriate social media and print content to educate communities about the COVID-19 vaccines.

Hispanic Unity of Florida

Hollywood, Florida

[Hispanic Unity of Florida \(HUF\)](#) is committed to easing the acculturation process for new immigrant

populations in South Florida through education, economic development, and civic engagement. In addition to the organization's policy and advocacy efforts, HUF facilitates access to health care services to advance better outcomes for a diverse group of clients representing over thirty different countries of origin. In partnerships with Memorial Healthcare System and the Broward Regional Health Planning Council, HUF effectively reaches underserved populations during the COVID-19 pandemic. To bolster existing COVID-19 vaccine outreach and education efforts in Broward County, HUF used marketing to combat disinformation among ethnic and racial minority populations. This included translating pertinent health information into languages like Spanish, Haitian Creole, and Portuguese to best reach target communities, distributing culturally appropriate health information materials at various community events, and initiating a robust online marketing program.

Immunize Colorado

Aurora, Colorado

[Immunize Colorado \(IC\)](#) is a statewide 501(c)3 nonprofit formed in 1991 that works to protect Colorado families, schools, and communities from vaccine-preventable diseases. Since its formation, IC has been essential in elevating the vaccine discussion in Colorado and promoting health for all Coloradans. The disproportionate impact of the COVID-19 pandemic on communities of color led to IC's launch of its "Colorado Vaccine Equity Taskforce" in 2020. The task force uses outreach and policy work to combat misinformation targeted at communities of color and holds decisionmakers responsible for achieving vaccine equity.

The Colorado Vaccine Equity Taskforce, which 100 percent represents a highly impacted community, is trained to serve as trusted community ambassadors to build awareness and confidence in the COVID-19 and influenza vaccines. Through partnering with 50 community-based organizations, the Colorado Department of Public Health and Environment, and youth advocates, IC marketed several pop-up equity COVID-19 community clinics to vaccinate at least 10,000 BIPOC community members.

Inland Congregations United for Change

San Bernardino, California

[Inland Congregations United for Change \(ICUC\)](#) is a faith-based nonprofit organization serving California's San Bernardino and Riverside counties with the mission of advancing social ministry in communities of faith. By facilitating instruction in civic engagement, ICUC has dedicated itself to enabling positive change within congregations and broadly across communities. In response to the COVID-19 pandemic, ICUC has worked tirelessly to ensure vaccine equity in the Coachella Valley by

building strong community bonds and undertaking organizing efforts. ICUC's work towards advancing vaccine equity among workers in the agricultural sector, a group disproportionately impacted by the pandemic because of the nature of their jobs, is grounded in educational outreach in zip codes where the overall COVID-19 vaccination rate falls below the state average. Among key activities, ICUC distributed vaccine informational materials in Spanish, English, and Purépecha, engaged with agricultural workers during breaks, and promoted media on Spanish-language television and radio networks.

Legacy Foundation

Merrillville, Indiana

[The Legacy Foundation](#) provides philanthropic support and leadership in Lake County, Indiana.

Providing millions of dollars in grants to grassroots community organizations, Legacy Foundation has built strong relationships with local nonprofits committed to serving the people of Lake County. Legacy Foundation leveraged these partnerships to encourage vaccination against COVID-19 and educate Lake County residents about the importance of immunization. Legacy Foundation partnered with community organizations and groups that serve communities where vaccine hesitancy and disparities in health outcomes are high. Materials distributed through social media, newsletters, and in print aimed to better explain the importance and benefits of vaccination, while pop-up vaccination clinics were set up in cooperation with local organizations in northwestern Indiana. Spanish-language materials were essential to Legacy Foundation's efforts to better reach Lake County's Latino community, as were partnerships with community leaders to produce linguistically appropriate content to combat misinformation and encourage vaccination.

Luke's House: A Clinic for Healing and Hope

New Orleans, Louisiana

[Luke's House: A Clinic for Healing and Hope](#) was established in 2007 to provide medical aid during the aftermath of Hurricane Katrina. The organization addresses health care disparities primarily in the marginalized Hispanic/Latinx communities of Greater New Orleans. Since its formation, Luke's House has implemented community health programs providing culturally relevant health education resources and services such as diabetes management and health literacy training. During the COVID-19 pandemic, the organization used its resources to help communities access food, rental assistance, and health care services. With the P4VE program funding, Luke's House trained Hispanic/Latinx volunteers

about COVID-19 and the importance of vaccinations. Volunteers then educated 10 family members and friends about COVID-19 symptoms and vaccines to spread awareness and combat misinformation.

Mary's Center

Washington, DC

[Mary's Center](#) is a community health center that provides high-quality health care, education, and social services to people of all ages, incomes, and backgrounds in the Washington, DC, metro area. Founded in 1988, Mary's Center is committed to addressing avoidable inequities and injustices while eliminating health care disparities. Through the operation of health centers within Black and Latinx communities highly impacted by the pandemic, Mary's Center works to improve the disproportionate number of those vaccinated among people of color. Mary's Center promotes vaccine equity through increasing outreach, awareness, and education among their patient population and community members. They inform community members in low-income neighborhoods on the importance of COVID-19 and influenza vaccines through home visiting, telehealth programs, and outreach activities that encourage vaccination. Lastly, Mary's Center leverages its existing relationships within the community to engage, encourage, and vaccinate all residents of the communities near their sites, directly seeking high participation of disproportionately impacted persons.

Mississippi Immigrants' Rights Alliance

Jackson, Mississippi

[Mississippi Immigrants' Rights Alliance](#) (MIRA) is a coalition of immigrant and nonimmigrant groups formed in 2000 in response to Mississippi's growing Latinx immigrant population. For the last 20+ years, MIRA has advocated for the legal rights of immigrants and provides legal services, financial and emergency aid, and more to many immigrants in their target population. MIRA has worked diligently to aid immigrants and essential workers disproportionately impacted by the pandemic by improving vaccine confidence and understanding the health needs of their target population. MIRA focuses efforts on immigrants in Central and South Mississippi while expanding its reach to new cities that share their target population. This expansion includes towns such as Starkville, McComb, Laurel, Hattiesburg, Gulfport, Biloxi, and Pascagoula. In Year Two, MIRA built relationships and trust with the new communities, brought on more credible and trusted ambassadors, and encouraged them to get vaccinated. MIRA also conducted medical screenings with basic medical tests at vaccination sites to attract more community members and expand general interest.

New Immigrant Community Empowerment

Jackson Heights, New York

[New Immigrant Community Empowerment \(NICE\)](#) serves immigrant communities across New York City, providing support for new arrivals to New York City, immigrant women moving out of lower-paying fields and into construction, and immigrants who wish to reenter the workforce or enter construction following unemployment or underemployment because of the COVID-19 pandemic. NICE has played a pivotal role in supporting communities in New York City through the pandemic, distributing millions in cash assistance and hundreds of thousands of grocery packages. To encourage vaccination against COVID-19 and combat misinformation about immunization in immigrant communities, NICE assisted immigrant families and workers in making vaccination appointments, held weekly in-person outreach in immigrant community hubs in Brooklyn and Queens, and collaborated with local organizations to distribute vaccine safety and access information. Furthermore, NICE created outreach materials for in-person outreach and community engagement over the phone to reach target populations better and more effectively.

North Alabama AHEC

Huntsville, Alabama

[North Alabama AHEC \(NAAHEC\)](#) is a nonprofit community-based organization that works to improve health outcomes for medically underserved and vulnerable populations in 13 northern Alabama counties. With a service area that includes nine rural and three urban counties, the organization provides critical services to communities of color and has focused efforts on ensuring access to free COVID-19 testing and vaccinations. In an area where vaccination rates fall far below the national average and vaccine hesitancy is high, NAAHEC expanded its existing network of community health workers to spread immunization information. Acting as vaccine ambassadors, community health workers recruited vaccinated individuals to encourage community members to get vaccinated and established localized task forces to overcome barriers to immunization and fight misinformation about vaccination more effectively. NAAHEC worked to encourage immunization against the flu and COVID-

19 and distributed flyers and conducted information forums at common community meeting places like churches to further spread educational information about vaccination.

Refugee Women's Network

Atlanta, Georgia

[Refugee Women's Network \(RWN\)](#) is a nonprofit organization founded by and for women to serve refugee and immigrant families in Georgia. For the past 25 years, RWN's spectrum of services has met refugee and immigrant women where they are, whether they need help enrolling children in schools or preparing to open their own businesses. RWN has an existing Community Health Promotion program, which was adapted and innovated to respond to the pandemic and to work with a larger, more diverse group of health promoters. In the last year, RWN played a leading role in vaccinating over 1,500 community members and providing timely health information, guidance, and support.

RWN provides access to science-based health messages by strengthening its Community Health Promotion program. Achieving this goal involved creating comprehensive training programs, hiring new community health promoters, and building capacity through training. RWN further developed the Clarkston Health Equity Coalition by creating community partnerships with leaders from faith groups, community organizations, recreation programs, and other community-based organizations. In collaboration with the community, RWN enhanced vaccine access by facilitating vaccine events with multilingual support and resources to boost vaccine confidence and access to vaccination. These vaccine clinics occurred monthly with health provider partners utilizing health promoters and coordinating for outreach and facilitator. Lastly, RWN hosted peer support groups like mothers2mothers as an effective strategy to engage women with health education.

Southern Alabama AHEC

Brewton, Alabama

[Southern Alabama AHEC \(SAAHEC\)](#) is a nonprofit organization serving 10 southern Alabama counties to expand access to high-quality health care in underserved rural communities. Through collaboration with hospitals, schools, and faith-based organizations, SAAHEC works to extend necessary health services and educational programs to vulnerable communities within its service area. Throughout the COVID-19 pandemic, SAAHEC has centered its service on addressing the needs of underserved populations disproportionately impacted by COVID-19 and related illnesses, providing access to testing, and collecting data on vaccine confidence in the ten counties the organization serves. SAAHEC expanded ongoing vaccination education efforts and immunization efforts through community health

worker networks and cooperation with local health departments and community-based organizations. To increase vaccine confidence in underserved communities, SAAHEC collaborated with community leaders and stakeholders to spread clear and accurate information on COVID-19 vaccines. Furthermore, SAAHEC increased vaccine confidence and acceptance among adults of color within rural communities by holding vaccine education events across the ten-county service area.

Thai Community Development Center

Los Angeles, California

Thai Community Development Center (Thai CDC) has addressed the multifaceted needs of Thai and other low-income ethnic communities since its establishment three decades ago. Thai CDC engages in community asset building, neighborhood reinvestment, and other forms of outreach. They have become a primary social service provider in their community and extend linguistic and cultural competency expertise to serve the target population. Since the pandemic, Thai CDC has worked hard to understand more about the vaccine and provide science-based information to their community in-language. They have operated standing clinics at community sites and are trusted by the community to provide accurate, up-to-date information about the vaccine. Thai CDC increased vaccine and booster rates among their community members by operating mobile and standing clinics with the slogan, “Free, Safe, and Convenient.” They held several standing and mobile vaccination clinics, resulting in thousands of vaccinations. Achieving this goal involved strengthening existing partnerships with the Los Angeles County Department of Public Health and lab partners to continue holding these clinics at community sites frequented by their target population. Finally, Thai CDC engaged ethnic media, officeholders, faith-based organizations, healthcare providers, and community partners to promote their new messages, including “Protection is Key to Back to Normal.”

Why Not Prosper

Philadelphia, Pennsylvania

Why Not Prosper is an organization serving formerly incarcerated women in northwestern Philadelphia, providing resources and support to assist women in finding jobs and housing, as well as services needed to help them become self-sufficient and contributing members of their local communities. Throughout the COVID-19 pandemic, Why Not Prosper has worked to promote immunization within formerly incarcerated populations and to engage with vaccine-hesitant communities of color in their service area of Philadelphia. Why Not Prosper conducted outreach to formerly incarcerated people and faith-based organizations within communities of color and undertook

efforts to provide education about vaccination within correctional facilities. This included weekly outreach sessions at jails and prisons in Philadelphia and within the community, workshops that address vaccine misinformation held three times a month at community locations, leveraging social media networks and the Why Not Prosper app to fight misinformation, partnering with faith-based organizations to help spread accurate information about immunization, and training hotline staff to address vaccine hesitancy by providing vaccine education.

Notes

- ¹ “Partnering for Vaccine Equity,” CDC.gov, September 2022, accessed June 12, 2023, <https://www.cdc.gov/vaccines/health-equity/index.html>.
- ² The exact dates for the Year Two performance period are April 30, 2022, to April 29, 2023.
- ³ “Vaccines and Immunization,” World Health Organization, accessed June 12, 2023, https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1.
- ⁴ “Partnering for Vaccine Equity,” CDC.gov.
- ⁵ “Trends in Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States,” CDC.gov, May 11, 2023, accessed on December 8, 2023, <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>.
- ⁶ “Partnering for Vaccine Equity,” CDC.gov.
- ⁷ “Partnering for Vaccine Equity Community Connector,” The Urban Institute, accessed June 12, 2023, <https://vaccineequity.urban.org/home>
- ⁸ “Trends in Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States,” CDC.gov.
- ⁹ Selena Simmons-Duffin, “Free COVID Tests and Treatments No Longer Free for Uninsured, as Funding Runs Out,” *Shots Health News from NPR*, March 29, 2022, <https://www.npr.org/sections/health-shots/2022/03/29/1089355997/free-covid-tests-and-treatments-no-longer-free-for-uninsured-as-funding-runs-out>.
- ¹⁰ “Uninsured Rates are Higher for People of Color, Despite Higher Levels of Education,” USA Facts Team, May 3, 2023, <https://usafacts.org/articles/uninsured-rates-are-higher-for-people-of-color-despite-higher-levels-of-education/>.

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