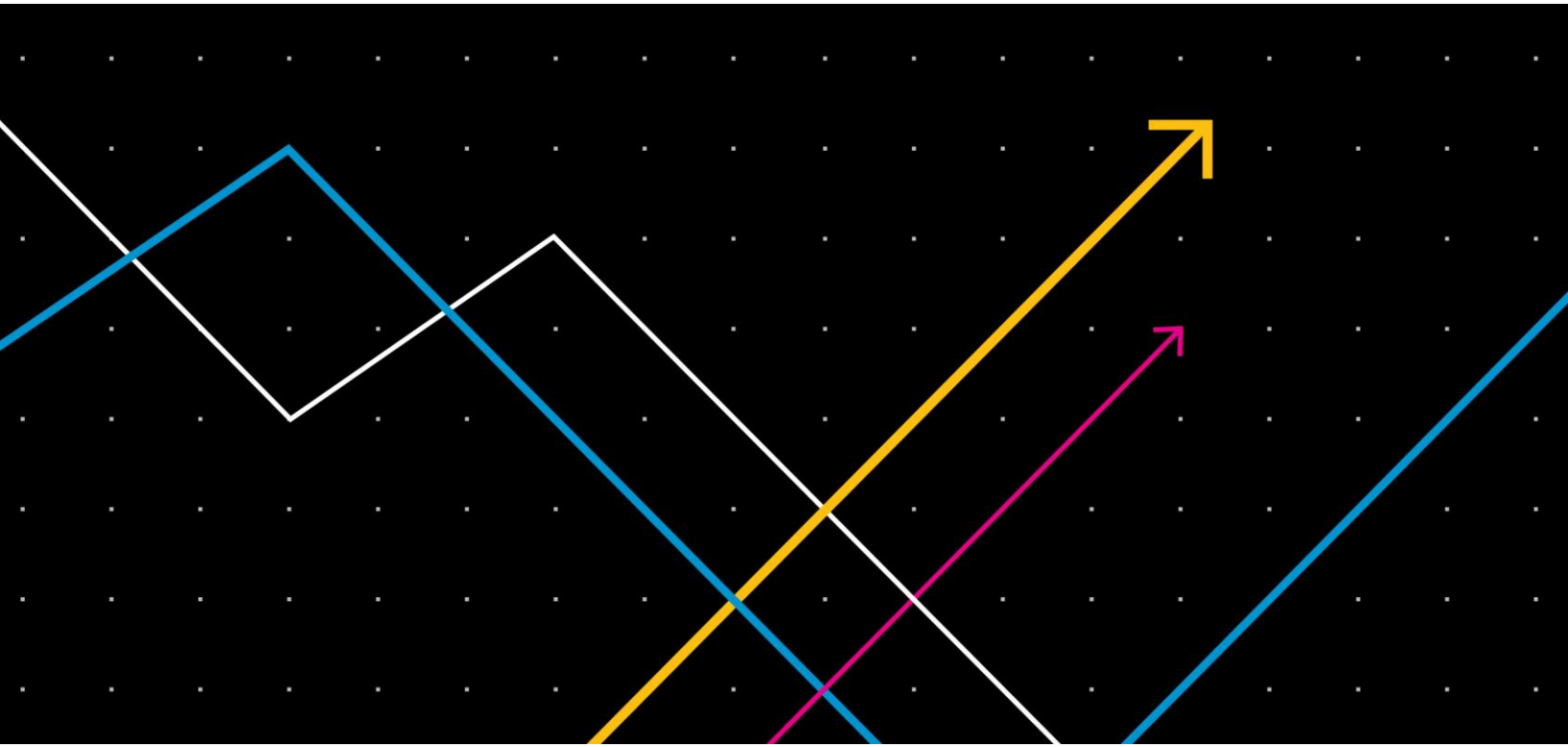




RESEARCH REPORT

Advancing Vaccine Equity through Community-Based Organizations

Partnering for Vaccine Equity Program Annual Evaluation Report—Year Three

Eva H. Allen
URBAN INSTITUTE

Leandra Lacy
URBAN INSTITUTE

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Arezo Azizi
URBAN INSTITUTE

Izabela Solosi
URBAN INSTITUTE

Annie Heinrichs
URBAN INSTITUTE

Kiersten Vaughan
URBAN INSTITUTE

Susanna Emmet
CONSULTANT TO NONPROFITS



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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 2021 (Black et al. 2022; Hernandez et al. 2022; Kriss et al. 2022; Siegel et al. 2022). The P4VE program allocates 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) was one of several national intermediary entities responsible for recruiting, overseeing, and supporting CBOs participating in the P4VE program. In the third year of the P4VE initiative (May 2023 to April 2024),² Urban provided subgrant funding, grant management support, and technical assistance to 24 CBOs in 14 states and the District of Columbia, all of which had participated in Year Two of the P4VE program (May 2022 to April 2023) and 16 also participated in Year One (May 2021 to April 2022). Urban CBO awardees served racially and ethnically diverse and underserved populations, including low-income families, essential workers, immigrants and refugees, people experiencing housing instability, 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 third year of the P4VE program.

CBO Progress on Advancing Vaccine Equity

CBOs participating in the third year of the P4VE program continued to focus on outreach and education on the importance of keeping up to date on COVID-19 and influenza vaccines and facilitating access to

free vaccines where available. Table ES.1 summarizes performance of Urban CBO partners on the core program activities in Year Three.

TABLE ES.1

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

Year Three, May 2023–April 2024

Indicator	Cumulative sum
Number of community-level trusted messengers educated, empowered, and trained	3,870
Number of communication products developed and disseminated to promote vaccines	2,655
Number of events hosted or supported	897
Number of event attendees	131,380
Number of communication campaigns promoting vaccinations	373
Estimated number of people reached through communication campaigns	9,756,244
Number of partnerships established to promote vaccines	351
Number of partnerships with vaccine administrators to increase vaccination opportunities	52
Number of new vaccination sites established	175
Number of people who received COVID-19 vaccines	3,320
Number of people who received influenza vaccines	2,117

Source: Urban Institute analysis of P4VE program management data.

Notes: CBO = community-based organization; P4VE = Partnering for Vaccine Equity. The definitions of reporting metrics and reporting requirements changed during the P4VE program, preventing meaningful comparisons of results across performance periods. The number and composition of participating CBOs also changed across performance periods, further limiting comparison and our understanding of the cumulative impact of the P4VE strategies.

In Year Three of the P4VE program, CBOs encountered a lack of interest in receiving COVID-19 vaccines and booster doses, driven by factors such as the official end of the federal public health emergency, lack of concern about negative health consequences of getting sick with COVID-19, and a strong desire to return to normalcy. In this context of general public indifference toward vaccination, Urban CBO grantees worked diligently to enhance and disseminate culturally effective vaccine education within a broader context of preventative health and wellness, including by partnering with clinicians as trusted vaccine ambassadors and reaching out to new populations.

The limited availability of free resources, including testing kits, face masks, and vaccines, was a major challenge to advancing vaccine equity in Year Three. Some CBOs successfully secured resources and partnerships to continue running vaccine clinics and mobile vans, while others provided information and navigation services to help community members locate providers who offered free COVID-19 and flu vaccines.

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

Urban provided tailored technical assistance to CBO awardees through one-on-one engagements, developing and disseminating vaccine education resources, and facilitating peer learning opportunities and trainings 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 across the three P4VE performance periods.

TABLE ES.2

Urban's Performance on Technical Assistance and Grant Management Indicators

May 2021–April 2024

Indicator	Results			
	Year One May 2021– April 2022	Year Two May 2022– April 2023	Year Three May 2023– May 2024	Total/ average
Number of CBO awardees	29	28	24	27
Number of TA requests received	61	122	191	374
Number of unique topic areas of TA requests ^a	10	10	10	10
Number of TA resources delivered	71	131	300	502
Share of CBOs engaged in individual TA	86%	86%	100%	91%
Share of CBOs satisfied with TA	100%	100%	100%	100%
Number of grant management engagements				
One-on-one check-in meetings	143	221	237	601
Site visits	13	8	12	33
Share of CBOs satisfied with grant management	98%	100%	95%	98%

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 throughout the P4VE program, which may explain some of the variation in the key indicators. Twenty-nine CBOs participated in the program's first year, of which 19 continued in Year Two, and nine new CBOs joined the program in Year Two. Of the 28 CBOs participating in the initiative in Year Two, 24 continued in Year Three.

^aTA topic areas remained consistent across the three years of the P4VE program. See table 5 for more details.

Implications of the P4VE Program for Policy and Practice

The road to vaccine equity got more challenging when the federal public health emergency ended, free vaccines largely disappeared, and CBOs encountered widespread COVID-19 indifference. Despite these obstacles, CBOs played a key role in communicating the importance of routine vaccination and

facilitating access to free vaccines in underserved communities and among populations at high risk of serious illness from contracting flu and COVID-19. Sustained progress on closing vaccine disparities will require continued and adequate investments in public health resources, including pairing access to affordable vaccines with culturally effective outreach 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 equally available to all US residents, as exemplified by large racial and ethnic disparities in vaccination rates against influenza long before the pandemic, followed by alarming disparities in access to and uptake of COVID-19 vaccine early in the pandemic (Black et al. 2022; Hernandez et al. 2022; Kriss et al. 2022; Siegel et al. 2022). Vaccine hesitancy and structural barriers to accessing vaccines were identified as leading factors contributing to slow vaccine uptake and racial and ethnic disparities in COVID-19 vaccination rates (Gonzales et al. 2021; Hostetter and Klein, 2021; Karpman et al. 2021; Kuehn et al. 2022; Njoku, Joseph, and Felix 2021).

Raising awareness about the benefits of vaccinations and removing barriers to access are therefore critically needed to reduce disparities in vaccine coverage. With these goals in mind, the Centers for Disease Control and Prevention (CDC) launched its Partnering for Vaccine Equity (P4VE) program. In 2021, the program awarded \$156 million in funding and technical assistance (TA) 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 ethnical minority groups.⁴

Although racial and ethnic disparities in uptake of the primary COVID-19 immunization series had narrowed during the pandemic, the uptake of booster shots remained low overall and disproportionately low for racial and ethnic minority groups despite federal investments that made COVID-19 shots free for everyone.⁵ In March 2024, only about 22 percent of US adults received the updated 2023–24 COVID-19 vaccine, with large racial and ethnic disparities in receipt of booster doses.⁶ In addition, people living in rural areas and those without health insurance were less likely to report receiving a booster shot than people living in urban and suburban communities and those with health insurance.⁷ Since the federal government officially declared the end of the COVID-19 public health emergency (PHE) in May 2023, COVID-19 vaccines and other public health resources, such as testing kits and masks, are no longer widely available for free.⁸ In addition, state Medicaid agencies began “unwinding” continuous enrollment policies, and millions of Americans are becoming uninsured (Tolbert and Ammala 2023). Cost and health insurance barriers have emerged, threatening equitable access to immunizations (Essien and Dusetzina 2023).⁹

The Urban Institute (Urban) was one of several national intermediary organizations in the P4VE program working under a cooperative agreement with the CDC to provide subgrant funding and TA 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 Three of the P4VE program (May 2023 to April 2024). 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 TA 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 in the postpandemic era.

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.¹⁰ 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 (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 was one of several intermediary organizations that supported the implementation of the P4VE program by providing grants management and oversight and tailored TA 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

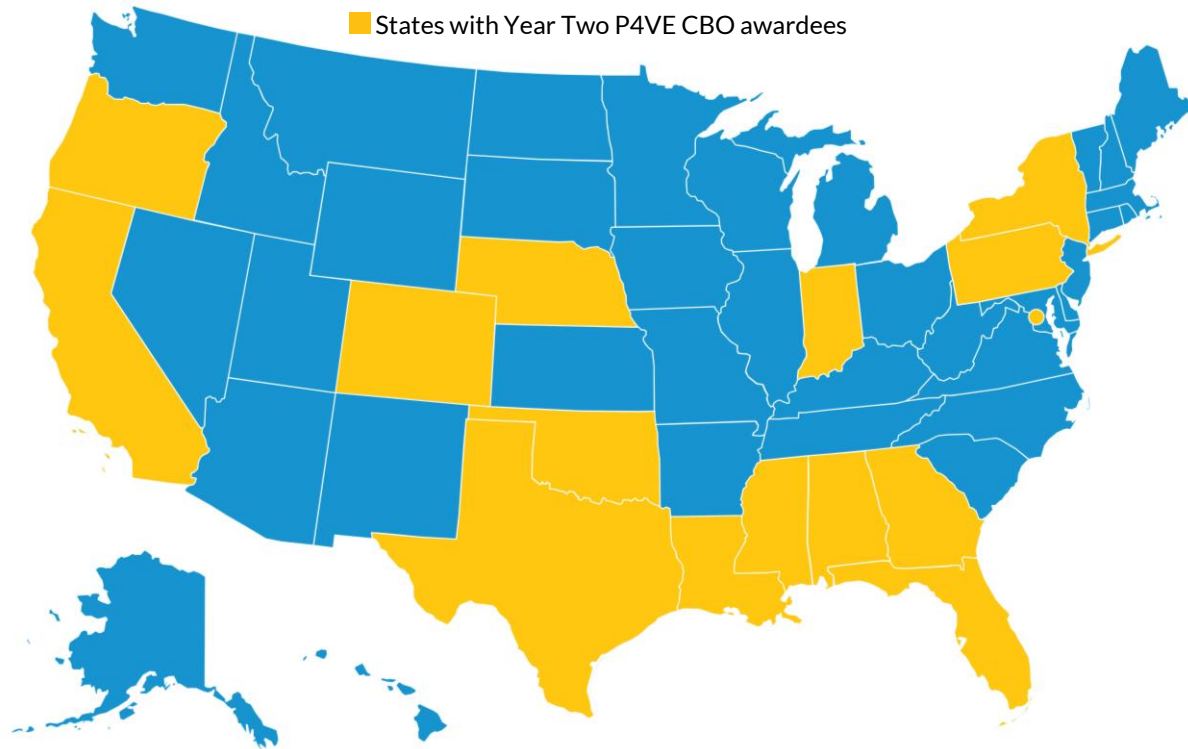
- to increase the number and diversity of vaccination opportunities in communities currently experiencing disparities
- to increase the number and range of partnerships or collaborative activities between health care providers and community organizations to improve access to vaccines
- to increase the 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 managed the P4VE Learning Community, which provided all organizations participating in the P4VE program access to timely information, resources, tools, and subject matter expertise to support their vaccine equity efforts.

Overview of P4VE-Urban CBO Partners

In the third year of the P4VE program, which ran from May 2023 to April 2024, Urban partnered with 24 CBO awardees. Of these, 16 CBOs participated in Year One of the P4VE program, and all 24 CBOs participated in 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 Three, May 2023–April 2024



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Source: Urban Institute analysis of P4VE program management data.

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

Over two-thirds of CBO awardees (17) 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 seven CBOs can be described as primarily health advocates and/or health care providers, including three community health centers. Collectively, the 24 CBOs serve 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 serve 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 Three, May 2023–April 2024*

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
Casa San Jose (Pittsburgh, Pennsylvania)	Faith-based Social services	Hispanic/Latinx	Spanish-speaking and immigrant communities	Urban
Community of Hope (Washington, DC)	Federally qualified health center	Black/African American and Hispanic/Latinx	Individuals and families with young children experiencing homelessness	Urban
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 Urban/suburban
El Buen Samaritano Episcopal Mission (Austin, Texas)	Faith-based Social services	Hispanic/Latinx	Spanish-speaking and immigrant communities	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

Name (location)	Organization type or mission	Populations Served		Community characteristics
		Race and ethnicity	Other characteristics	
Hispanic Unity of Florida (Hollywood, Florida)	Civic or cultural Social services	Hispanic/Latinx AANHPI, AIAN, Black/African American, and Hispanic/Latinx	Immigrant populations	Urban/suburban
Immunize Colorado (Aurora, Colorado)	Health and health care	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 Black/African American and Hispanic/Latinx	Workers in low-wage jobs without benefits and Purépecha indigenous community	Urban/suburban Rural areas in the eastern portions
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 (Decatur, Georgia)	Advocacy Civic or cultural Social services	AANHPI, Black/African American, and Hispanic/Latinx	Immigrant populations, Middle Eastern communities, and women	Suburban
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.

^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 TA role, Urban was 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 included 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 provided 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 and training vaccine ambassadors, developing effective communication strategies, and fostering partnerships with local vaccine administrators.

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 performance reports submitted by CBOs 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 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 and agendas and notes from grant management check-ins, TA engagements, and site visits.

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 TA and grant management supports from Urban. The surveys were created using the online survey platform Qualtrics and were distributed to 24 Urban CBO awardees via direct email communication from Urban's TA and grants management teams. No incentives were offered to survey respondents. The midyear survey was fielded in November 2023, and 22 CBOs participated for a response rate of 92 percent. The end-of-the-year survey was fielded in April 2024, and 21 CBOs participated for a response rate of 87.5 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 during the P4VE program, preventing meaningful comparison of results across performance periods. The composition of participating CBOs also changed between the three performance periods, further limiting comparison and our understanding of cumulative impact of the P4VE strategies.¹¹

Populations served by Urban's 24 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 awardee perspectives on Urban's supports are missing.

Findings

This section presents detailed findings from the third 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 the previous two years of the P4VE program, when the federal government provided ample resources for COVID-19 vaccination efforts, the initiative's third year marks the postpandemic era. Low interest in the COVID-19 and flu vaccines and limited supply of free vaccines became dominant challenges for the P4VE program. Urban CBO awardees worked to encourage vaccine uptake by doubling down on health promotion activities, recruiting and training health care providers and trusted community leaders as vaccine ambassadors, and facilitating easy access to available free vaccines by forging new partnerships and expanding their presence in communities.

REPORTING BARRIERS TO VACCINE UPTAKE

Although the growing pandemic fatigue became apparent in the second year of the P4VE program, in the third year, the low interest in vaccinations was compounded by diminished public health resources, and concerns over health insurance coverage and out-of-pocket cost of vaccines. Key barriers Urban CBO awardees reported in Year Three include the following:

The belief that COVID-19 is no longer a threat: Community members' low interest in engaging in conversations around vaccines or getting vaccinated was a commonly reported barrier to vaccine uptake. Some awardees noted that because people believed the odds of getting seriously sick or dying were low, even those who had received the primary doses and first booster were not interested in

updating their vaccines annually, while those who had refused COVID-19 shots during the height of the pandemic were unlikely to change their minds. Furthermore, assumptions about herd immunity and the availability of treatment may have led some people to believe they do not need to boost their immunity against COVID-19. CBO staff identified other factors that likely promoted growing disinterest in COVID-19 vaccines, such as the official declaration of the pandemic ending from the federal government and the resemblance of “normal” life. For instance, CBO staff felt exasperated by observing that many community members seemingly adopted a “carefree attitude” and treated COVID-19 as a common cold, including outright refusing to get tested or wear a mask around others.

Several CBOs, however, pointed out the underlying trauma as a probable cause of why some communities shy away from vaccine efforts. Although all of us have been traumatized by the pandemic to some extent, people from racial and ethnic minority groups and those experiencing poverty have been disproportionately hard hit by the health and economic consequences of the pandemic. For example, one CBO surveyed community members and learned that the stress of long hospitalization and grief from losing loved ones have had lasting impacts on the mental health and well-being of many community members to this day. A strong desire to heal from those traumatic experiences and avoid retraumatization may explain why community members refused to discuss or get COVID-19 vaccines.

“The prevalence of COVID-19 has caused immense sorrow and pain to many individuals, leading to a traumatic experience that has created a hostile attitude toward anything related to the virus. For those who have suffered the loss of family members and friends due to COVID-19, there is a strong desire to bury those painful memories and move on. The trauma has created a reluctance to acknowledge or engage with anything associated with the virus. Many individuals have found comfort in the belief that pre-COVID life has returned and that COVID-19 is no longer an existential threat to the community.”

—CBO program staff

Decreased availability of free vaccine resources and cost concerns: With the end of PHE, many COVID-19 resources, such as masks, tests, and, most importantly, updated COVID-19 vaccines, became harder to secure for many CBOs. Several CBOs reported losing valuable partnerships with mobile vaccine providers or increasingly limited supplies of free vaccines at local public health departments and

pharmacies. With the growing perception in communities that the pandemic was over, some CBOs found it more challenging to recruit trusted messengers and volunteers to staff events or partner with health care providers, faith and community leaders, and other organizations to promote vaccines. Moreover, CBOs faced questions about insurance coverage of vaccines, copays, and out-of-pocket costs. Many community members reported avoiding vaccination if they believed there might be associated insurance hassle or expenses. Despite the Bridge Access Program's launch in October 2023 to provide free COVID-19 vaccines to uninsured and underinsured adults,¹² several CBOs reported challenges locating participating providers and accessing Bridge Access vaccines. One CBO noted that the delay in the rollout of updated COVID-19 boosters to their area in the fall of 2023 was a missed opportunity to make it easy for people to receive both influenza and COVID-19 shots simultaneously ahead of winter and holiday gatherings.

“Right now in Denver, as of October 6 [2023], many pharmacies, offices, and local public health departments still don’t have COVID boosters or only have a few doses or one brand, while these same organizations have had flu vaccines for at least a month. This poses storage issues if they want to do clinics that combine COVID and flu and presents missed opportunities for folks who come in for flu vaccines and can’t be offered COVID [vaccines].”
—CBO program staff

Lack of culturally and linguistically accessible information: A consistent challenge to vaccine uptake that many CBOs reported throughout the P4VE program was the availability of culturally appropriate vaccine education and information accessible in many languages. This challenge was particularly common among CBOs serving immigrant and refugee populations. Although misinformation about COVID-19 has not been nearly as prevalent as in the earlier stages of the pandemic, several CBOs noticed that some myths and confusion about vaccines have been revived in their communities (e.g., that COVID-19 shots are not effective). A few CBOs also faced cultural norms and beliefs that made it challenging to promote vaccines in some communities (e.g., women need permission from husbands or male relatives to receive vaccines). Furthermore, following the end of PHE, CBOs noted that the disappearance of public health messaging and media coverage of COVID-19 as a serious concern contributed to low public awareness about waning immunity and hampered outreach efforts about the

benefits of routine vaccinations. Multilanguage information about where to find free vaccines also became more difficult to find in Year Three.

Structural barriers: As in the previous P4VE program years, CBOs consistently reported structural barriers to vaccine uptake, such as inflexible work schedules and limited paid time off to get vaccinated, lack of reliable transportation, technology barriers to scheduling vaccine appointments, and everyday stresses of making ends meet experienced by many families in low-income communities and often taking priority over one's health. Mistrust of health care and government institutions surfaced as a concern, particularly in immigrant communities, with regards to having to produce identification or insurance cards to get vaccines that are no longer available for free. CBOs that work with immigrant populations were more likely than other CBOs to report barriers, such as difficulty understanding and navigating the US health care system, missing vaccination records, and cultural norms around preventative health care (e.g., not seeking health care unless sick).

“South Florida boasts a booming job market, yet many residents grapple with poverty. Abundant low-wage jobs clash with a high cost of living, creating a precarious existence for many. Even while employed, families struggle to keep a roof over their heads. Others juggle two, even three jobs, sacrificing health and social life just to stay afloat. This harsh reality, compounded by language barriers for Haitian Creole speakers, leaves the community in a constant state of survival, hindering their ability to prioritize or address health concerns.”
—CBO program staff

PROMOTING VACCINE CONFIDENCE

To combat low interest in vaccines and fill the void of accessible information, Urban CBO grantees reported renewed efforts to develop and disseminate up-to-date, clear, and plain-language vaccine education to community members to encourage them to make healthy choices for themselves and their families. Many CBOs reported focusing the messages on the benefits of routine vaccination as part of preventative health care and wellness. For example, one CBO representative found that shifting the focus of their education efforts from “vaccines” to overall health successfully got people's attention and engaged them in conversations about strategies to achieve good health, including immunization. Another CBO provided multiple programs to promote health and well-being in their community,

including facilitating mental health workshops and parenting support groups and providing nutrition education and chronic disease management services to community members. Immigrant-serving organizations incorporated vaccine resources into welcome packets and orientation sessions for newly arriving immigrants.

As in previous performance periods, CBOs leaned heavily on trusted messengers and community health workers in these efforts to ensure all materials and outreach were delivered in culturally sensitive and linguistically effective ways, including by continuously training outreach workers as well as their staff, volunteers, community health workers, and vaccine ambassadors.¹³ For example, one organization developed online immunization training for community health workers, largely drawing on existing content from the CDC and other public health resources, while other CBOs worked to incorporate trauma-informed approaches in their outreach.¹⁴ Some CBOs particularly focused on engaging physicians and health care workers as trusted sources of health information to boost patients' confidence in vaccine science.

Several CBOs also reported efforts to solicit community feedback about their concerns and needs to maintain trust with community members and inform education and outreach strategies, such as gathering input as part of client intake, hosting listening sessions, and fielding community surveys. Several CBOs prioritized engaging populations at high risk of serious illness from COVID-19 and flu, including seniors, incarcerated individuals and those transitioning from carceral settings, migrant workers, people experiencing homelessness, and people with disabilities.

“During this quarter [October–December 2023], our primary focus was on recruiting influential messengers, specifically health care professionals. We are pleased to announce the successful recruitment of three influential messengers representing the Afghan, Ukrainian, and Arab communities. These health care professionals have made significant contributions to our flu campaign, engaging with our communities on various occasions to discuss the benefits of vaccination. As we look ahead, our goal is to refine our training methods and provide enhanced resources to further empower our messengers in effectively communicating the importance of vaccination.”

—CBO program staff

CBOs continued to seek convenient opportunities to bring vaccine education to community members, with community events being the leading space for disseminating vaccine information, raising awareness, and engaging people. Nearly 900 events were hosted, cohosted, or attended by Urban CBO awardees, including health fairs; community holiday events such as Mother’s Day, Juneteenth, Independence Day, Thanksgiving, and Christmas celebrations; county fairs; cultural festivals; townhalls; and end-of-school and back-to-school events. CBOs also reported setting up information booths and handing out flyers in communal spaces such as food banks, church services, libraries, community centers, language schools (English as a Second Language classes), grocery stores, and food, clothes, and toy drives. Many opportunities to promote vaccines at local events resulted from effective partnerships with other organizations, including school districts, public health departments, faith communities, and local governments and businesses. For example, one CBO reported engaging local employers and disseminating vaccine information to their staff and workers. Another CBO successfully partnered with a local health plan, which enabled them to use the plan’s various office locations and organize more opportunities to engage community members. Table 2 presents aggregate data for CBOs’ performance on the vaccine confidence indicators in Year Three.

TABLE 2
Performance of Urban-P4VE CBO Awardees on Vaccine Confidence Indicators
Year Three of the P4VE Program, May 2023–April 2024

Indicator	Cumulative sum
Number of community-level trusted messengers educated, empowered, and trained	3,870
Number of communication products developed and disseminated to promote vaccines	2,655
Number of events hosted or supported	897
Number of event attendees	131,380
Number of communication campaigns promoting vaccinations	373
Estimated number of people reached through communication campaigns	9,756,244
Number of partnerships established to promote vaccines	351

Source: Urban Institute analysis of P4VE program management data.

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

INCREASING VACCINATION OPPORTUNITIES

In the face of growing disinterest in COVID-19 vaccines and dwindling vaccine supplies, CBOs worked diligently to ensure that people who did want to get vaccinated could do so easily. CBO awardees employed various strategies to promote access to vaccines in underresourced communities, such as advocating state and local leaders for mobile vans and free vaccines and partnering with pharmacies and medical schools to ensure access to vaccines at community events. For example, one awardee reported that thanks to their advocacy efforts, the state public health department, and several health

care providers committed to providing access to flu, COVID-19, and other routine vaccines in Colorado via mobile vans, which is critical given the many rural and remote areas in the state.

“A major success is that the state of Colorado really seems to be getting on board with the idea that mobile clinics are the most equitable way to reach diverse populations. Our State Health Department nearly has three mobile vaccine buses ready to go, and two additional providers in the Denver metro area have committed to offering mobile vaccines. These providers can now offer routine immunizations in addition to COVID and flu, which, while we don’t report these immunizations for this grant, is a huge win!”

—CBO program staff

Many CBOs focused on mapping out free COVID-19 and flu vaccine providers and creating resources for community members to easily identify and access these sites. Several CBOs reported establishing new partnerships with locally owned and chain pharmacies to obtain access to free vaccines for their clients. Through these connections, for example, one subgrantee hosted flu vaccine pop-up events in their clinic’s waiting room. CBOs that are health care providers (such as community health centers or free clinics) incorporated vaccine education and reminders as part of routine health care visits and offered same-day shots on-site to make it easy for patients to get vaccinated. Another CBO reported partnering with the REACH Vaccine Program grantee (another CDC-sponsored program) to enable access to updated COVID-19 vaccines in their community.

Table 3 shows CBO awardee performance on key vaccine access indicators. The end of the COVID-19 public health emergency (PHE) in May 2023 and the dramatic decline in free vaccines likely contributed to fewer people receiving COVID-19 and flu vaccines in Year Three compared with over 13,000 people vaccinated in Year Two (not shown). However, the downward trend in vaccine uptake began soon after Year One of the P4VE program when over 100,000 people received their vaccines through Urban CBO awardees between May 2021 and April 2022.

TABLE 3

Performance of P4VE-Urban CBO Awardees on Vaccine Access Indicators*Year Three, May 2023–April 2024*

Indicator	Cumulative sum
Number of partnerships with vaccine administrators to increase vaccination opportunities	52
Number of new vaccination sites established	175
Number of people who received COVID-19 vaccines	3,320
Number of people who received influenza vaccines	2,117

Source: Urban Institute analysis of P4VE program management data.

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

REVIEWING CHALLENGES AND SUCCESSES

In Year Three, large public disinterest in COVID-19 caused challenges for many CBOs to keep their vaccine equity projects relevant. For example, CBOs reported challenges with developing new, innovative communications to encourage community members to get vaccinated, and some sought assistance in incorporating trauma-informed approaches into their community engagement efforts. The scarcity of free vaccines and other resources, such as testing kits and masks, forced some organizations to carefully navigate how to promote routine vaccinations when free shots were hard to come by. On top of this, some CBOs were burdened by organizational capacity challenges, such as staff turnover and shortages, and the stresses of balancing multiple grant projects and associated requirements. The sustainability of vaccine equity efforts in the postpandemic era became top-of-mind for many CBOs, but often, organizations faced severe limitations with collecting, analyzing, and reporting outcomes from their work to support a compelling pitch to public and philanthropic funders for ongoing support.

Despite these challenges, CBOs maintained their commitment to advance vaccine equity and doubled down on their education campaign efforts to spread awareness about the importance of vaccination. As in previous years, CBOs emphasized culturally and linguistically effective, yet simple, messaging through various means, including social media platforms, direct outreach to clients such as texting (WhatsApp), and flyers, handouts, and advertising in frequented community spaces (bus stops and grocery stores). Creating and maintaining productive partnerships also remained a valuable and effective tool for Urban CBOs. Awardees expanded and strengthened their vaccination outreach in local communities by partnering with a range of organizations, from larger entities—such as public health departments, universities, school districts, major pharmacies, and Medicaid managed care plans—to hyper-local organizations such as community health clinics, food pantries, and churches. Finally, CBOs spent considerable time and effort facilitating easy access to vaccines by advocating for, securing, and delivering free vaccines to community members. The Urban grant management and TA

team worked closely with CBOs to help them overcome these challenges and enhance the efficacy of their vaccine equity projects, as described in more detail in the next section of this report.

Urban's TA and Grant Management Support to CBO Awardees

As in the previous performance periods, the Urban team continued to provide oversight and support to its CBO awardees in implementing P4VE project activities by providing grant management support and custom individual TA, alongside tailored group learning and networking opportunities on relevant topics. To facilitate these processes and more effectively and efficiently support awardees, the Urban team introduced new tools such as a grant management guide and TA plan for each awardee and a bi-weekly newsletter to share program updates and spotlight practical resources and best practices from the field. Overall, CBOs were engaged and appreciated Urban's guidance and assistance in achieving their vaccine equity program goals. The overview of Urban's performance on the key TA and grant management support indicators is shown in Table 4, including cumulative outcomes across the three years of the P4VE program. More detailed descriptions and examples of Urban's grant management and TA supports, detailed findings from the assessment of Urban's performance, and a summary of successes, challenges, and lessons follow below.

TABLE 4
Urban's Performance on P4VE TA and Grant Management Indicators
May 2021–April 2024

Indicator	Results			
	Year One May 2021– April 2022	Year Two May 2022– April 2023	Year Three May 2023– April 2024	Total/ average
Number of CBOs	29	28	24	27
Number of TA requests received	61	122	191	374
Number of unique topic areas of TA requests ^a	10	10	10	10
Number of TA resources delivered	71	131	300	502
Share of CBOs engaged in individual TA	86%	86%	100%	91%
Share of CBOs satisfied with TA	100%	100%	100%	100%
Number of grant management support engagements				
One-on-one check-in meetings	143	221	237	601
Site visits	13	8	12	33
Share of CBOs satisfied with grant management	98%	100%	95%	98%

Source: P4VE program management data and CBO survey data.

Notes: P4VE = Partnering for Vaccine Equity; CBO = community-based organization; TA = technical assistance. The number and composition of CBO grantees changed throughout the P4VE program, which may explain some of the variation in the key indicators. Twenty-nine CBOs participated in Year One, of which 19 continued in Year Two, and nine new CBOs joined the program in Year Two. Of the 28 CBOs participating in the initiative in Year Two, 24 continued in Year Three.

^a TA topic areas remained consistent across the three years of the P4VE program. See table 5 for more details.

TA: DESCRIPTION AND ASSESSMENT

Each Urban CBO awardee worked with their respective grant manager and assigned TA specialist to develop a CBO-specific TA plan for the performance year, which was a new tool that Urban introduced in this performance period. This exercise helped the Urban team to efficiently plan for TA activities, including identifying needed individual supports, providing frequently requested subject matter expertise and resources, and assessing common TA needs across CBOs to inform group learning opportunities and cohort-wide trainings. Based on feedback from CBOs in the midyear survey fielded in November 2023, all survey participants reported that creating their TA plan was easy (62 percent) or very easy (38 percent). CBOs also reported that the TA plans helped their staff prioritize and align their project activities with specific outcomes they wished to accomplish.

As in previous program years, the Urban team provided tailored individualized support to all 24 CBO awardees to assist organizations in developing and implementing their TA plans. In addition, the TA team provided CBOs with on-demand individual tailored consultations and hands-on trainings on various topics (table 5).

TABLE 5

Individual TA Engagements

Year Three of the Urban Institute P4VE Program, May 2023–April 2024

TA category	TA topics	Number of unique requests	Number of CBOs engaged
Communications and outreach (67)	Health communication resources related to COVID-19 and influenza information and other vaccine education	26	14
	Interpreting scientific evidence	3	2
	Addressing vaccine uptake barriers	15	10
	Training trusted messengers	23	13
Organizational capacity (99)	Management and leadership	13	11
	Program planning (ambassador program)	25	13
	Systems development (grant management, data management)	17	8
	Capacity building and data collection	41	18
	Organizational sustainability	3	2
Partnerships (25)	Partnerships with local public health departments, vaccine administrators, health care providers	25	10
Totals	10	191	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.

To supplement customized TA, the Urban TA team also developed and facilitated virtual group learning opportunities and trainings to address common, frequently identified needs by CBOs. During Year Three, the TA team organized two peer learning pods, which are small group workshops around a

specific topic or issue. CBOs participating in each pod met once a month for three consecutive months; one pod was focused on best practices for effective partnerships with local public health departments, and the other was about recruiting trusted messengers in faith communities. However, the Urban team learned that CBOs’ staff capacity and competing priorities posed challenges to effectively engaging with peer learning pods. As participation dwindled and interest from CBOs in learning pod facilitation declined, Urban discontinued the learning pods in the fall of 2023.

Besides content developed for various trainings (such as presentation slides and workbooks), 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. Other than a shared resource folder where CBOs could access relevant TA resources (flyers, toolkits) and grant management materials (invoicing templates, performance reporting guidance), the Urban team compiled and shared helpful resources in a bi-weekly newsletter (described in more detail in the grant management section on page 22).

TABLE 6
TA Resources
Year Three of the Urban Institute P4VE Program, May 2023–April 2024

TA resource type	Description	Number delivered
Curated compilation of resources	Identified and shared existing communication materials, webinars and trainings, and other resources	92
Networking and connections	Connected CBO awardees to each other, other organizations, and subject matter experts	28
Advising on organizational issues	Advised CBOs on staff hiring, communications, and self-evaluation activities	30
Peer learning and trainings	Developed and facilitated learning opportunities and trainings	51
Urban-developed resources	Created original resources	99
Total		300

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

All CBOs engaged with the TA team in developing their respective organizations’ TA plans, and most CBOs participated in additional individualized and group TA opportunities through office hours and group events and trainings. All CBOs that accessed TA and responded to the survey reported they were satisfied with the usefulness of the assistance, with most (86 percent) reporting high satisfaction and a few (14 percent) reporting they were somewhat satisfied. CBOs reported that the Urban TA helped their organizations across multiple areas, with the most frequently reported impact being (1)

improving their P4VE projects' delivery and impact, (2) helping CBOs apply new skills and knowledge in other areas of business, (3) enhancing the effectiveness of community outreach and communication efforts, (4) supporting growth in CBO's vaccine expertise, and (5) improving understanding of community barriers to vaccine uptake. The organizations that did not participate in individualized TA offerings or group learning opportunities reported staff capacity and time constraints as the main reasons for not taking up these opportunities.

“TA [team] was always available and answered our questions through trainings and one-on-one assistance. They helped guide our organization to reaching our goals.”

—CBO program staff

GRANT MANAGEMENT: DESCRIPTION AND ASSESSMENT

Each CBO awardee met with their assigned Urban grant manager on a regular monthly or bimonthly basis to discuss progress on implementing P4VE activities, challenges and successes experienced, and resources and supports needed. In total, Urban grant managers conducted 237 one-on-one meetings with CBO awardees in Year Three (table 4). Nearly all (95 percent) of CBO survey respondents reported that grant management supports during check-ins were useful and helped them feel better supported on project activities. CBOs appreciated that regular grant management check-ins provided opportunities to get answers to specific questions, share successes and challenges, get support on project activities, or learn something new throughout the performance period. Furthermore, all 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 Urban grant management team also conducted in-person or virtual site visits to 12 CBOs, largely for relationship-building purposes, to observe CBOs' P4VE project activities and provide hands-on TA.

Drawing on two years of P4VE program management experiences, the Urban team introduced a new tool for CBO awardees, a grant management guide. The guide provides background information and links to all project requirements and resources and summarizes each CBO's P4VE goals and the activities and supports needed to accomplish them. Grant managers and TA specialists worked with each CBO to complete their respective grant management guide with the goal of providing structure and accountability for Year Three activities. Feedback from CBOs received in the November 2023

survey indicates that the grant management guides were easy to create, and most CBOs reported referring to them frequently throughout the program year. Overall, CBOs felt that the guides were useful in completing their TA plan and organizing their P4VE project activities.

“Working with the Urban team has been fantastic. Everyone we’ve interacted with has been incredibly helpful, going above and beyond to assist us with our requests. We deeply appreciate the support they provide us.”

—CBO program staff

Another new resource that Urban created for its CBO grantees was a bi-weekly newsletter, which streamlined communications from the Urban team and provided timely and relevant updates, reminders, and resources for the cohort. For example, the newsletter included information about upcoming featured events and learning opportunities, helpful articles or resources about vaccine and health equity efforts, and interesting or inspiring stories from CBO awardees. In the midyear survey, nearly three-quarters of participants (73 percent) reported that the newsletter content was useful.

Additionally, in Year Three 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 2).

BOX 2

P4VE September 2023 Convening

The Urban team held an in-person convening at the Urban Institute office on September 27–28, 2023. The overall theme of this convening was *P4VEing the Way Forward*, focusing on sustainability and the future of vaccine equity and broader health equity work, including elevating CBOs’ expertise and experiences throughout the event. The goals of the convening were to (1) strengthen a sense of community and facilitate connections among CBOs to facilitate peer learning and networking, (2) provide face-to-face interactions with the Urban team and subject matter experts, and (3) enhance CBOs’ ability to carry out project activities through information sharing presentations, skill-building workshops, and peer learning exchanges.

The two-day agenda was created with input from CBOs and included presentations and discussions on topics such as trauma-informed care, political determinants of health, and how to support staff well-

being and self-care. In addition, the Urban team facilitated multiple interactive workshops and trainings, some of which were cofacilitated by CBO representatives, on topics including data-informed outreach, effective leadership, communication approaches to promote vaccine uptake, effective partnership practices for collective impact, conducting surveys, and a three-part deep dive session on project management approaches, practices, and tools.

Fifty-eight participants representing each of the 24 CBOs participated in the convening. Based on the convening feedback survey results, over 90 percent of convening participants agreed or strongly agreed that various presentations and workshops were engaging and well-facilitated and that the content was presented clearly and was relevant, applicable, and helpful to CBO work. One of the highest-rated trainings was on survey design, in which Urban's senior survey methodologist presented tips and examples of how to develop, test, and field surveys. CBO representatives reported that the survey session provided practical information that many planned to use in practice. From one-on-one conversations with the CBOs in the months following the convening, several CBO representatives shared that they felt reenergized by the convening and excited to have met people who work in the same field and share the same passion and mission. CBOs mentioned that trauma-informed care and political determinants of health were topics they were unfamiliar with but found very informative for their organizations' efforts. Several CBOs also reported that their staff adopted some self-care practices they learned at the convening.

CHALLENGES, SUCCESSES, AND LESSONS

Over Year Three of the P4VE program, which marks the first year since the US declared the end of COVID-19 PHE, the Urban team continued to refine program management and TA to support evolving needs and CBOs' preferences. The main challenge the Urban team experienced was engaging CBOs in peer learning pods designed for small groups of CBOs to connect, problem-solve, and share successes and lessons learned. The new demands put on CBOs to develop ever more engaging approaches to vaccine education and find free vaccines, along with the limited internal capacity that small organizations often struggle with, hindered the ability of many CBO staff to effectively engage in optional learning activities.

During this period, the Urban team successfully developed and implemented several new tools, such as the grant management guide, TA plan, and newsletter, to support both Urban and CBOs in the P4VE program. The feedback indicates that CBOs and the Urban team found these tools valuable. The September 2023 convening included engaging panel discussions and interactive workshops to strengthen the capacity of CBOs to deliver on their P4VE goals. Many who attended the convening also appreciated the opportunity to gather in person and reenergize their commitment to vaccine equity at a time when the rest of the world had seemingly moved on. The Urban team also learned that CBOs found

value in knowledge exchange activities, particularly for generating new project ideas and getting advice and resources from peer organizations. For example, spotlighting CBO achievements and successful or novel approaches in the newsletter was appreciated by awardees and reportedly served as an inspiration and reminder that work on vaccine equity matters.

Implications for Policy and Practice

When the CDC launched the P4VE program in 2021, the US was at the height of the pandemic, with billions of federal dollars flowing to states, localities, and health care providers to deliver free COVID-19 vaccines to all US residents. Despite these large federal investments, people from racial and ethnic minority groups remained disproportionately less likely to get vaccinated, including because of structural barriers to vaccine uptake such as health care provider shortages, mistrust of public health and medical authorities, and limited community resources (Gonzales et al. 2021; Hernandez et al. 2022; Kuehn et al. 2022; Njoku, Joseph, and Felix 2021).¹⁵ The P4VE program was designed to address these systemic barriers by enabling and supporting trusted local CBOs to engage and encourage people from underserved communities to get vaccinated. CBOs began implementing their vaccine equity initiatives amid the nationwide push for novel COVID-19 vaccinations with the backing of the CDC and local public health departments and ample resources available to support their work.

By May 2023 (Year Three of the P4VE program), the US government declared the pandemic over, and nearly all federal funding allocated for vaccines went away. In the context of diminished public health resources and widespread disinterest in receiving booster doses, Urban CBO awardees remained committed to ensuring that communities continuing to lag on vaccinations received culturally and linguistically effective health education and had access to free vaccines. This often involved incorporating vaccine outreach within broader health and wellness promotion activities, recognizing and addressing underlying trauma and unmet social needs in communities, and galvanizing support from existing and new partner organizations to reduce vaccine disparities.

Our findings suggest that throughout the P4VE program, CBOs gained substantial expertise in vaccine education and health equity concepts, and their trusted reputation in local communities and expanded partnership networks enabled them to forge ahead on vaccine equity initiatives in a rapidly evolving vaccine landscape. The Urban team played a pivotal role in providing the supporting infrastructure to CBOs as both the grant manager and TA provider, ensuring the integrity of the program while delivering tailored guidance and capacity-building resources to on-the-ground vaccine equity efforts. The P4VE program has effectively enabled the federal government to support delivering

culturally appropriate health education and facilitate vaccine uptake in underserved communities. Maintaining the progress on achieving vaccine equity will require sustained public investments in affordable vaccines, funding, and TA for CBOs working in underresourced communities (Ashenafi et al. 2023; Irvin et al. 2023; Koppaka et al. 2023; Rockefeller Foundation 2022).

Conclusions

This report summarizes the experiences and performance of 24 CBOs working in diverse underserved communities across the US to promote vaccine equity in Year Three of the CDC's P4VE program. The report also describes the role and progress of the Urban Institute in supporting CBOs in their vaccine equity projects in the postpandemic era. The findings suggest that the P4VE program has been a valuable initiative to support local equity-driven organizations in addressing barriers to vaccine uptake among populations from racial and ethnic minority groups and underserved communities. In the face of diminished public resources for free COVID-19 and other adult 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 considerable experience in Arab, Middle Eastern, North African, Muslim, and South Asian (AMENAMSA) immigrant and refugee communities with over 30 languages represented in their staff. AAFSC actively expands vaccination and dispels misinformation about COVID-19 through community partnerships, health fairs, outreach, vaccine events, social media promotions, workshops, and wraparound services. Through culturally appropriate and community-focused messaging, AAFSC employs continued social media messaging and use of WhatsApp, cultural community events, community partnerships, new media campaigns, and workshops to continue to educate people and increase immunization in communities across New York City.

Asian Community and Cultural Center

Lincoln, Nebraska

The [Asian Community and Cultural Center \(ACCC\)](#) serves Lincoln, Nebraska's growing immigrant and refugee populations, focusing on those who have immigrated from Southeastern and Central Asia, Africa, and Eastern Europe. The organization provides critical support services to refugees and immigrants through case management, education, outreach, and other direct services, including culturally and linguistically informed information on COVID-19 vaccines. As part of the P4VE program, the ACCC focused on addressing elevated levels of vaccine hesitancy in Arabic-speaking, Afghan, Burmese, Karen, Ukrainian, and Vietnamese communities through a community-based approach. To effectively reach these populations and other communities, the ACCC created a strong social media campaign addressing the social determinants of health, hosted culture- and language-specific events, and partnered with other local organizations.

Bay Area Women Coalition, Inc.

Mobile, Alabama

The [Bay Area Women Coalition, Inc. \(BAWC\)](#) is a nonprofit organization that serves Mobile, Alabama's Trinity Gardens community, focusing on creating a safer and healthier environment. BAWC facilitates affordable housing efforts, combats food deserts with healthy food options, and provides community support through school programs, educational and cultural initiatives, and more. During the COVID-19 pandemic, BAWC worked with various local organizations and government agencies to increase vaccination rates and aid their community. In Year Three of the P4VE program, BAWC expanded its technology capacity and social media campaigns, organized vaccination events support, and trained intergenerational vaccine ambassadors to boost vaccination rates and disseminate vaccine information. In addition, BAWC created a five-person Health Care and Wellness Advisory Board to focus specifically on health-related issues in the community.

Birmingham AIDS Outreach, Inc.

Birmingham, Alabama

The [Birmingham AIDS Outreach, Inc. \(BAO\)](#) is an Alabama-based nonprofit organization providing HIV education, prevention resources, outreach, and comprehensive services to residents living with HIV and AIDS. Bringing over 38 years of experience, BAO is dedicated to serving diverse racial and gender-identity backgrounds. They are affiliated with numerous 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 expanding immunization in high-risk and underserved communities. BAO used a mobile medical clinic to increase COVID-19 and influenza vaccination rates in low-coverage areas and will implement a postvaccine survey to collect data. The organization also disseminated reliable health information by collaborating with a marketing firm and training trusted messengers.

Casa San Jose

Pittsburgh, Pennsylvania

[Casa San Jose](#) (Casa) 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 with effectively providing crucial services to low-income and non-English

speaking clients, as well as populations of mixed immigration status and Deferred Action for Childhood Arrivals (DACA) recipients. By fostering strong engagement among Pittsburgh's Latino community, Casa aims to increase seasonal flu and COVID-19 vaccination rates while strengthening understanding of these vaccines. To continue advancing its objectives, Casa hosted various in-person and virtual events, including conversations with Spanish-speaking doctors and weekly mobile clinics. They supported vaccine education efforts through in-language and culturally relevant educational materials and social media posts on their platforms.

Community of Hope

Washington, DC

Community of Hope (COH) is an organization committed to providing crucial crisis management, health care, and housing services for underserved Washington, DC residents. Utilizing its community resource hub and three health centers, COH offers needed behavioral health, dental, and medical services. COH addressed the COVID-19 pandemic by undertaking outreach and community engagement efforts to understand community needs and expand acceptance and uptake of the COVID-19 vaccine; they offered medical service maps, educational resources, support, and a survey. COH continued its goals of advancing equity, empowering clients with health and vaccine information, and providing direct relief for food insecurity—a key barrier and social determinant of health. P4VE activities included conducting and analyzing a community survey, using a more intensive care map, offering incentives for people who seek support from their Bellevue Family Success Center, and more.

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. With a holistic approach, EHCEC focuses on economic development, educational enrichment, disaster recovery and resilience education, and health and wellness. In response to COVID-19, EHCEC trained over 425 residents as part of the Vaccine Awareness, Access, and Acceptance Training program to establish local leaders who can address disparities in vaccine access and uptake among Black and Hispanic communities in their service area. EHCEC built on the progress of its trusted messenger campaign and provided increased vaccine awareness and access across its communities through its Community Health Academy. EHCEC also held community health fairs with school districts, community centers, local government precincts, and other partners to administer COVID and flu vaccines.

Eden Youth and Family Center

Hayward, California

[Eden Youth and Family Center \(EYFC\)](#) is a nonprofit organization with a mission to promote equitable access to coordinated services, policy advocacy, and strategic partnerships for the overall health and well-being of youth and families across California's Alameda County. EYFC increased vaccine confidence—especially booster doses—among at-risk Latinx and Hispanic individuals in Alameda County through their trusted messengers, promotoras, and social media campaigns. EYFC implemented several strategies drawing from community partnerships, online resources, and training and learning communities to support tailored COVID-19 vaccine activities for underserved Hispanic or Latinx adults. Through continued work with promotoras, EYFC strives to increase vaccinations while addressing relevant social determinants of health, such as lack of transportation, language barriers, and other unmet needs.

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 more than 1,300 individuals through these efforts. In the third year of the P4VE program, 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. They aimed to integrate vaccination-related work into their broader goals of improving equitable health access and outcomes by expanding their health communication and community engagement strategies. El Buen focused on directly engaging community members by deploying bilingual community health workers, targeting online education and outreach campaigns, and training additional bilingual community health workers.

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. Their mission is to identify the social, economic, and cultural challenges community members face and address their needs by providing

access to direct services, essential resources, and other programs. EECRC provides culturally and linguistically appropriate support and assists their community members in forming connections that facilitate successful integration and access to vital resources. Throughout the P4VE program, EECRC provided culturally specific and holistic COVID-19 support, health care access, and vaccine equity education. In Year Three, EECRC leveraged community partnerships and trusted messengers to continue to promote vaccine acceptance and provide access to vaccine services. By providing printed and online resources and addressing barriers, EERC hoped to reach more community members, continue to build trust, and increase the acceptance of COVID-19 and influenza vaccines.

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 and staff who speak over 12 languages, FIRM offers a litany of services in four main program areas: community building, COVID-19 and emergency response, literacy and learning, and wellness and welcome. FIRM has increased vaccine confidence among immigrant and refugee communities through its educational materials, strong partnerships, and weekly vaccine clinics. In Year Three of the P4VE program, FIRM continued to provide high-quality, in-language communications campaigns and trusted messenger training to increase vaccine confidence, focusing particularly on Southeast Asian and New Arrival Refugee communities in Fresno, Merced, Tulare, and Stanislaus counties.

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 community partnerships and provided education, outreach, and clinical programs and services. In response to the COVID-19 pandemic, Guiding Right undertook community engagement efforts to encourage testing and immunization and assist people in overcoming barriers to receiving those services. To increase access, they arranged in-person vaccination events and explored at-home direct vaccination options. Additionally, through local job readiness programs and a faith-based coalition, Guiding Right recruited new community health workers

and vaccine ambassadors. Guiding Right developed virtual curriculums to train community health workers, hoping to expand their information distribution methods with larger teams.

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. Besides 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 30 different countries of origin. In partnership with Memorial Healthcare System and the Broward Regional Health Planning Council, HUF effectively reached 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](#) is a statewide nonprofit that works to protect Colorado communities, families, and schools 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. IC has utilized culturally responsive, evidence-based health information, partnerships, vaccination events, and targeted messages on vaccine safety to increase COVID-19 and influenza vaccinations in their community. IC worked to reenergize and organize the Colorado Vaccine Equity Taskforce by creating a strategic plan. In doing so, IC also leveraged the success of taskforce members to inform and expand provider education events, community conversations, and a communications campaign to address misinformation.

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 COVID-19, ICUC worked to ensure vaccine equity by building strong community bonds and organizing efforts; they focused specifically on equity among workers in the agricultural sector, a group disproportionately impacted by the pandemic. In Year Three of the P4VE program, ICUC conducted in-person outreach and media education to increase vaccine compliance and reduce transmission. In addition, ICUC distributed educational materials in three languages (Spanish, English, and Purépecha), both in person and through the media.

Legacy Foundation

Merrillville, Indiana

[The Legacy Foundation](#), a community foundation, provides philanthropic support and leadership in Lake County, Indiana. The Foundation has built strong relationships with local nonprofits and provided millions of dollars in grants to grassroots community organizations. Beginning in 2021, the Legacy Foundation leveraged these partnerships to encourage vaccination against COVID-19 and educate Lake County residents about the importance of immunization. To further their impact, the Legacy Foundation joined the new Indiana State Health Equity Council. To continue to increase COVID-19 and flu access, confidence, and coverage, the Legacy Foundation focused on collaboration, education, and storytelling. By combining storytelling and public health through local journalism, they worked to combat misinformation while sharing personal stories to address broader health equity. Utilizing its current relationships with state and local organizations and health experts, the Legacy Foundation also developed learning opportunities to better understand their target communities' health disparities.

Luke's House: A Clinic for Healing and Hope

New Orleans, Louisiana

[Luke's House: A Clinic for Healing and Hope](#) was founded in 2007, initially providing medical services during the aftermath of Hurricane Katrina. The nonprofit now primarily serves the growing Latinx population in the greater New Orleans area, providing free health education, medical care, and patient navigation services. To address the large COVID-19 disparities in hospitalization and death in their

community, Luke's House used community-oriented strategies to combat vaccine hesitancy. They planned health and vaccination events and trained Spanish-speaking medical students as trusted messengers through their Promotores de Vacunación program. In Year Three, Luke's House focused on outreach and education, growing their Promotores de Vacunación program and increasing vaccination rates at their regular clinic. Through social media campaigns and health fairs, the team disseminated general and Luke's House-specific information in Spanish and English. In partnership with Radio Jambalaya News, Luke's House participated in quarterly discussions on up-to-date vaccine information and upcoming vaccination events.

Mary's Center

Washington, DC

[Mary's Center](#) is a community health center that provides high-quality education, health care, and social services to over 65,000 people in the Washington, DC metro area. Mary's Center is committed to addressing inequities and injustices while eliminating health care disparities. Through the operation of health centers within Black and Latinx communities highly impacted by COVID-19, Mary's Center worked to improve the disproportionate number of those vaccinated among people of color. They also promoted and held vaccination events and mobile services with community partnerships. They have participated in over seven community campaigns, encouraging Black and Latinx communities to be vaccinated. In Year Three of the P4VE program, Mary's Center developed innovative marketing materials, engaged in new community partnerships, trained trusted messengers within the community, and leveraged proven communications strategies to increase COVID-19 vaccine confidence and acceptance. They particularly focused on adults of color and older adults. Mary's Center also created new branded marketing and communications materials to enhance educational campaigns.

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 provided legal services and financial and emergency aid. 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. In the third program year, MIRA focused on education, outreach, and training, particularly focusing on educating and supporting trusted messengers. As part of their regular health

fair events, they facilitated conversations between trusted messengers and community members. MIRA also expanded outreach to immigrants who do not frequent faith-based organizations by partnering with other institutions such as help centers, sports clubs, universities or colleges, and workplaces.

New Immigrant Community Empowerment

Jackson Heights, New York

New Immigrant Community Empowerment (NICE) is a nonprofit organization that serves immigrant communities across New York City, focusing on laborers, domestic workers, and newly arrived immigrants. They provide community organizing expertise, leadership development programs, and numerous services. 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 developed partnerships with NYC organizations and businesses and provided direct education materials. In the third program year, NICE refined its messaging around vaccination safety, engaging hard-to-reach immigrant workers and families. They updated their outreach materials from leafleting and scripts to phone and in-person outreach, using existing staff collaborating with communities. They will continue to build on their successful partnership for educational resources and vaccination opportunities.

North Alabama AHEC

Huntsville, Alabama

North Alabama AHEC (NAAHEC) is a community-based nonprofit organization that works to improve health outcomes for medically underserved and vulnerable populations in thirteen northern Alabama counties. With a service area of 10 rural and three urban counties, NAAHEC provides critical services to communities of color. During the COVID-19 pandemic, they ensured access to free COVID-19 testing and a robust contact database. By hiring community health workers and partnering with local and state organizations, they also addressed misinformation, provided outreach education, and supported testing and vaccination efforts. NAAHEC continued training, recruiting, and utilizing community health workers as ambassadors and trusted messengers to allow for more one-on-one interactions and public outreach. Additionally, in the third year of the P4VE program, they focused on data collection and improving their COVID-19 information-collecting systems. Further, to improve vaccination rates in

underserved parts of Alabama, they led the initiative to develop a state-wide community health worker coalition.

Refugee Women's Network

Decatur, 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 to work with a larger, more diverse group of health promoters. RWN played a significant role in vaccinating over 3,000 community members and providing timely health information, guidance, and support through large events, peer support groups, and trained Community Health Promoters. In the third program year, RWN worked to build capacity and support current projects and partnerships. RWN strengthened the Community Health Promotion program to provide continuity of access to culturally and linguistically responsive health messaging. To enhance community vaccine confidence, they also integrated messaging into community-based events, including RWN group events and Clarkston County-based outreach events at local institutions. Lastly, RWN worked to build the capacity of the Clarkston Health Equity Coalition, a task force of local leaders and community members.

Thai Community Development Center

Los Angeles, California

[Thai Community Development Center \(Thai CDC\)](#) is a nonprofit organization and community health center that 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 leverage linguistic and cultural competency expertise to serve their target population. At the onset of the COVID-19 pandemic, Thai CDC created the Thai CDC COVID-19 Aid, Rapid Response, Relief & Emergency Services (Thai CDC CARES) program. Through this program and with local and state partners, Thai CDC has increased vaccine access through standing and mobile clinics and provided accurate, up-to-date information about the vaccine. To continue disseminating information and improving vaccine rates among vulnerable, low-income, and high-risk community members, Thai CDC focused on three goals: continuing culturally and linguistically competent

messaging, increasing community engagement, and strengthening partnerships. They also worked on strategies to collect demographic and geographic vaccination data, create more social media posts to support their upcoming campaigns, and identify unreached groups.

Why Not Prosper

Philadelphia, Pennsylvania

Why Not Prosper is an organization for formerly incarcerated women in northwestern Philadelphia that provides resources and support. Their services and programs help women find jobs and housing and empower them to become self-sufficient and contributing members of their local communities. Throughout the COVID-19 pandemic, Why Not Prosper worked to promote immunization within formerly incarcerated populations and engage with vaccine-hesitant communities of color in their service area of Philadelphia. Through collaboration with Sisters With A Goal, a new group formed by WNP alumni Phillyvax, and significant outreach in the community, they helped to address barriers to vaccine confidence and access through education and training. In Year Three of the P4VE program, WNP hosted weekly information sessions and thrice-monthly workshops to distribute accurate information to a wider group. They developed and strengthened relationships with faith-based organizations, utilizing their available platforms to provide vaccine information. To address resource access and vaccine hesitancy, they used their hotline, a public billboard, social media accounts, and targeted social media apps.

Notes

- ¹ “Partnering for Vaccine Equity,” CDC.gov, accessed June 11, 2024, <https://www.cdc.gov/vaccines/health-equity/index.html>. Although Urban’s participation in P4VE ended in April 2024, at the time of writing on June 14, 2024, the P4VE program continues to improve equity in immunization across disproportionately affected populations.
- ² The Year Three performance period dates are April 30, 2023, to April 29, 2024.
- 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 “Weekly COVID-19 Vaccination Dashboard,” CDC.gov, accessed March 28, 2024, <https://www.cdc.gov/vaccines/imz-managers/coverage/covidvaxview/interactive/vaccination-dashboard.html>.
- ⁶ “Weekly COVID-19 Vaccination Dashboard,” CDC.gov.
- ⁷ “Weekly COVID-19 Vaccination Dashboard.”
- ⁸ Jennifer Kates and Jennifer Tolbert, “COVID-19 Vaccine Access for Uninsured Adults this Fall,” *KFF*, September 13, 2023, <https://www.kff.org/policy-watch/covid-19-vaccine-access-for-uninsured-adults-this-fall/>.
- ⁹ Fenit Nirappil and Lena H. Sun, “Americans Trying to Get New Covid Vaccine Hit Insurance Snags, Face Bills,” *The Washington Post*, September 22, 2023, <https://www.washingtonpost.com/health/2023/09/22/covid-vaccine-insurance-coverage-denials/>.
- ¹⁰ “Partnering for Vaccine Equity,” CDC.gov.
- ¹¹ 19 CBOs from Year One continued with the program in Year Two, while nine new organizations joined in Year Two, and of these, 24 continued with the program in Year Three.
- ¹² “CDC’s Bridge Access Program,” CDC.gov, accessed May 1, 2024, <https://www.cdc.gov/vaccines/programs/bridge/index.html>.
- ¹³ Grace Koch and Arezo Azizi, “Communities Can Combat Vaccine Misinformation through Trusted Messengers,” *Urban Wire* (blog), Urban Institute, April 24, 2024, <https://www.urban.org/urban-wire/communities-can-combat-vaccine-misinformation-through-trusted-messengers>.
- ¹⁴ Alexis Weaver and Leandra Lacy, “Promoting Vaccine Equity through Trauma-Responsive Strategies,” *Urban Wire* (blog), Urban Institute, April 25, 2024, <https://www.urban.org/urban-wire/promoting-vaccine-equity-through-trauma-responsive-strategies>.
- ¹⁵ “Weekly COVID-19 Vaccination Dashboard.”

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About the Authors

Eva H. Allen is a senior research associate in the Health Policy Center at the Urban Institute, where her work focuses on the effects of Medicaid policies and initiatives on underserved populations, including people with chronic physical and mental health conditions, pregnant and postpartum women, and people with substance use disorders. She leads the evaluation activities for the Partnering for Vaccine Equity program.

Arezo Azizi is a policy assistant in the Research to Action Lab at the Urban Institute and technical assistant specialist for the Partnering for Vaccine Equity program. She is passionate about the importance of evidence-based policymaking and has conducted research on data equity in historically marginalized communities and its impact on community decisionmaking.

Annie Heinrichs is a policy analyst in the Research to Action Lab and currently serves as a grant manager for the Partnering for Vaccine Equity program. Her work focuses on vaccine confidence, upward mobility, equitable grantmaking, housing stability, and policy change. She provides grant management, training, and technical assistance to operationalize research and to tailor the delivery of information to stakeholders.

Susanna Emmet is a grant manager for the Partnering for Vaccine Equity program. She is an independent management and organizational consultant for social and international justice organizations, helping them to increase impact, build and strengthen capacities, and enhance staff experience.

Leandra Lacy is a training and technical assistance specialist in the Research to Action Lab. She supports the design and delivery of tailored technical assistance and the management of communities of practice. Before joining Urban, Lacy worked in university, clinic, and nonprofit settings on sexual and reproductive health research, education, programming, and capacity building. Her passions include STI/HIV prevention, maternal health, community health, racial equity, and health equity.

Izabela Solosi is a training and technical assistance specialist in the Research to Action Lab, where she helps Urban partners build their capacity to implement social policy programs. Izabela has over 10 years of experience designing and facilitating engaging learning experiences and communities of practice on a

variety of topics (soft and technical skills) for a broad range of audiences (government agencies, nonprofit organizations, and private corporations). Before joining Urban, Izabela designed and delivered training programs focused on enhancing the ability of individuals, organizations, and communities to engage in conflict constructively to reach sustainable solutions.

Kiersten Vaughan is a training and technical assistance specialist in the Research to Action Lab, where she supports the Partnering for Vaccine Equity program management.

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500 L'Enfant Plaza SW
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