10 KEY ACTIONS to Improve Immunization Uptake and Advance Health Equity: Community Engagement

Collaboration between state health departments and community partners is essential for reducing health disparities and successfully vaccinating vulnerable communities. Promising practices addressing vaccination equity are continuously emerging from the COVID-19 pandemic; below are some of these practices along with state examples.

1. GO TO THE COMMUNITY.

Move from a come to us to a go to the community approach. Be a consistent presence at events, worksites, or areas where people congregate. When possible, consider bundling vaccination with other mobile services such as mammogram vans, bookmobiles, or Meals on Wheels.

CARE-A-VAN MOBILE UNIT (WA).

*Washington state has both a home vaccination program, and a **mobile unit**, to deliver vaccine doses to communities disproportionately impacted by COVID-19. Prioritization is given to counties and communities with high **Social Vulnerability Index** ranks. The health department plans to bundle additional vaccination opportunities with other public health services.*

2. THERE IS NO ONE-SIZE-FITS-ALL TECHNOLOGY.

Ensure online registration sites are easy to use across a span of technical skill levels, internet availabilities, spoken languages, and levels of literacy. Recognize that many individuals prefer talking with people rather than navigating a phone-tree.

HEALTH APPS WITHOUT WI-FI/CELLULAR REQUIREMENTS (NE).

*Nebraska created **MyLink**, an app and website service that works without cellular or Wi-Fi services once it is initially downloaded. MyLink goes beyond traditional service methods by helping families find local and federal services available in their area, with translation services for languages commonly spoken throughout the state, including Arabic, Spanish, Somali, and Vietnamese.*

3. CUSTOMIZE APPROACHES FOR VULNERABLE COMMUNITIES.

Listen to and learn from local voices. Acknowledge that individual circumstances impact access in different ways.

ADDRESS SECONDARY IMPACTS OF THE PANDEMIC (MN).

*To target their outreach to communities disproportionately impacted by COVID-19, the Minnesota Department of Health is working with 38 community-based organizations to serve as **COVID-19 Community Coordinators**. These Coordinators connect Minnesota's diverse communities to information about COVID-19 vaccines, as well as resources to address the secondary impacts of the COVID-19 pandemic, such as employment, food access, housing, childcare, and legal rights. Coordinators work with the State to serve communities hit hardest by COVID-19, including communities of color, American Indian communities, recent immigrants, refugees, LGBTQ communities, and Minnesotans with disabilities.*

4. CREATE A PHYSICALLY, EMOTIONALLY, AND INTELLECTUALLY WELCOMING ENVIRONMENT.

When possible, partner with trusted community members to assist with messaging and vaccination clinics.

ROADMAPS TO INFORM PRIORITY ACTIONS AND HELP MARK PROGRESS (UT).

*In March 2021, Utah launched their **Vaccine Equity Roadmap**, which identifies actions to create a welcoming environment for marginalized populations. Soon after its launch, **vaccinations increased** in nearly every racial and ethnic group.*

5. BE DATA DRIVEN.

Health data is instrumental in investigating patterns, identifying gaps, constructing action-plan roadmaps, and leveraging capabilities to improve health outcomes for communities. Utilize zip code and census block data to customize interventions.

USING CENSUS BLOCK DATA FOR EQUITY-BASED STRATEGIES (MA).

Massachusetts examines census block data to find the intersection of race/ethnicity and low vaccine uptake, and then uses that data to direct health department outreach and resources. The public health department mined the data to identify communities with the greatest need and used that data to help open the door for local discussion and intervention, bringing the local health board, mayor's office, and community leaders into dialogue about the best way to reach the community.

6. MAKE HEALTH EQUITY CENTRAL TO PLANNING, BUDGETING, AND STRATEGY.

In many locations, state vaccination programs are well-established with sufficient staffing and larger budgets as compared to health equity offices. Placing more emphasis on health equity as a unifying focus across all public health programs can create a strong organization.

INSTITUTIONALIZING HEALTH EQUITY POSITIONS AND DEPARTMENTS CAN CONTRIBUTE TO SUSTAINED FOCUS ON SHRINKING DISPARITIES (NC).

*The 1992 North Carolina General Assembly established the Office of Minority Health (OMH) and the Minority Health Advisory Council via public law H.B. 1340, part 24, sections 165-166. Through this legislation, North Carolina became one of the first states to establish a state OMH tasked with systematically addressing the health status gap between white and minority populations in the state. The goal is to **eliminate disproportionate mortality and other adverse impacts** of social and economic determinants of health among the state's vulnerable populations. In May 2021, the state created a **Chief Health Equity Officer position**. In addition to leading cross department work on equity, this person will oversee an expanded Office of Health Equity and the Office of Rural Health.*

7. TEAM WITH TRADITIONAL AND NON-TRADITIONAL PARTNERS.

Partnerships have been key to vaccination uptake during the COVID-19 pandemic response. Continue to leverage partnerships from a variety of different trusted networks and capabilities. Line up on-call statewide contractors to rapidly increase public health's reach, including vendor expertise for telemedicine hubs, transportation options, medical supply needs, language translators, and program organizers.

TEAMING WITH MAJOR PRIVATE EMPLOYERS (ND).

*The **North Dakota Cloverdale Foods Company** meatpacking plant was the only one of the company's plants (nationally or internationally) that did not have to close because of a COVID-19 outbreak. Leadership at the plant collaborated with public health to facilitate employee vaccination. Cloverdale provided bus transportation to vaccine clinics, gave employees the day off to get a vaccine, and a day off to recover.*

8. MOVE FROM CRISIS-BORN RELATIONSHIPS TO LONG-TERM PARTNERSHIPS IN PUBLIC HEALTH.

Throughout the pandemic, partnerships were formed between public health and trusted community-based organizations. Institutionalize these partnerships into long-term collaborations that jointly develop an equitable public health agenda.

PARTNERING WITH STAKEHOLDER GROUPS THAT ADDRESS ETHICAL DECISION-MAKING (TN).

*Tennessee convened a Pandemic Vaccine Planning Stakeholder group that meets every two weeks to help inform allocation decisions, define priority populations, identify gaps in knowledge, and review messaging and outreach. The group comprises more than 30 offices, agencies, departments, academics, and community-based organizations representing public health, rural health, refugee and other minority populations, legislators, experts in bioethics, medical societies, communications experts, health care coalitions, emergency management, and others. In addition, Tennessee is conducting equity-focused community engagement, outreach, and **messaging** through varying and diverse channels, including a storytelling campaign entitled **Our Voices — COVID-19**.*

9. BUILD ADDITIONAL CAPACITY AND EXPERTISE IN HEALTHCARE AND PUBLIC HEALTH.

Collaborate across departments and diversify expertise. Think long-range by developing and promoting an inclusive future workforce through programs that recruit underrepresented people into fields not traditionally held by members of their community.

EXPANDING MULTI-DISCIPLINARY HEALTH EQUITY EFFORTS WITH EXPERTISE FROM TRANSPORTATION, HOUSING, AND OTHER SERVICE AREAS (MA).

Massachusetts is broadening and deepening its health equity efforts with cross-departmental expertise. This allows the department to do more than observe social determinants of health. It allows the staff to work - expert to expert - with state and local agencies and community-based organizations drawing on expertise in housing, transportation, interpretative services, food access, etc., and to create a more integrated set of interventions that include vaccination as one piece of a larger response to a community's needs.

10. EMBRACE NON-TRADITIONAL EXPERTISE AND LIVED EXPERIENCE.

Embracing cultural competency and lived experience can contribute to solving public health problems. Continue to find opportunities for community members to share experiences on topics such as coping with long-haul symptoms or their personal journeys from hesitancy to choosing vaccination.

THINKING EXPANSIVELY ABOUT EXPERTISE, TO INCLUDE LIVED EXPERIENCE (ND).

*In North Dakota, Jordan Laducer, Health Equity Office Special Population Coordinator, and member of the Turtle Mountain Band of Chippewa Indians, **shares his testimony** about losing his parents to COVID-19 two days before they were scheduled to be vaccinated, and encourages others to get vaccinated themselves.*

Note: These examples include a small sample of activities undertaken by the states participating in the discussions held during April-July 2021. Examples are neither representative of all participating states nor are they a summary of every action undertaken.