

DRIVE FLU:

Key Drivers of Success: How DRIVE Boosted Flu Vaccination at Community Sites

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INTRODUCTION

Influenza vaccines continue to cause preventable illness and death, yet vaccine coverage disparities persist—particularly among African American/Black populations, the uninsured, and rural residents. These gaps are fueled by a complex mix of factors such as mistrust, limited access, and inadequate culturally tailored outreach.

To address these challenges, the National Minority Quality Forum's Center for Sustainable Health Care Quality and Equity (SHC), in collaboration with corporate partners, launched the **DRIVE** program—**Demonstrating Real Improvement in Value and Equity**. DRIVE supports healthcare and community-based organizations in implementing locally rooted, culturally sensitive strategies to improve flu vaccination confidence and uptake across the United States.

OBJECTIVE

To increase influenza vaccine uptake and confidence among underserved populations by empowering healthcare and community organizations with tools, data, and partnerships to address cultural and structural barriers to vaccination.

METHODS

SHC's DRIVE program helps primary care teams promote high quality, equitable care through the rapid cycle improvement model, by promoting a champion-led, patient-centered, team-based approach. This module outlines six practical steps for increasing adult immunization for patients. These steps include the following:

- 1) Identifying Team Champions; 2) Practice Assessment; 3) Community Health Assessment; 4) Activity Planning; 5) Implementation; 6) Communicate, Celebrate, and Continue

These steps enable the creation of a flexible, collaborative program that can be adapted to the needs of any community. By integrating insights from the communities it serves, the DRIVE program embodies a sustainable framework for advancing health equity.

In 2024-2025 flu season, SHC implemented the DRIVE program using a **Plan-Do-Study-Act (PDSA)** quality improvement framework and a **team-based approach** that engaged health systems, clinics, pharmacists, churches, stylists and barbers in 26 states which included:

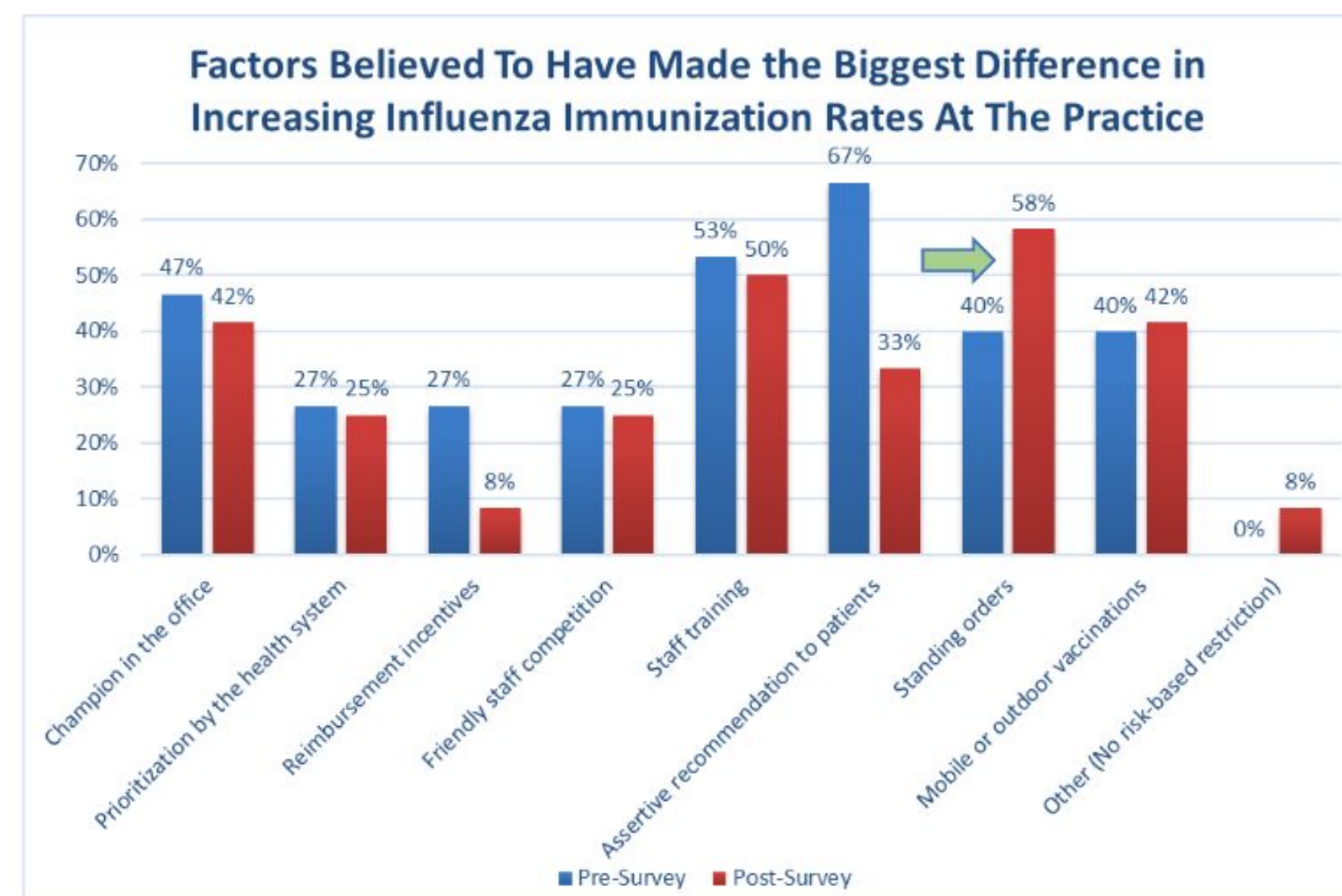
- ✓ **80** Churches
- ✓ **15** Stylists and barbers
- ✓ **160** Clinics
- ✓ **312** Pharmacists

Quality Improvement Activities

Participating sites engaged in the following activities as part of the DRIVE initiative:

- Identified vaccination barriers specific to their communities
- Delivered targeted education using culturally appropriate and community-tailored messaging
- Participated in learning sessions with a subject matter expert and peer organizations to share strategies and challenges
- Hosted flu vaccination clinics, including those held at trusted community events and locations
- Promoted strong, routine vaccine recommendations by healthcare providers to build trust and drive uptake

A pre- and post-survey was administered to participating clinics to assess the impact of the DRIVE program on flu vaccination outcomes within their practices.

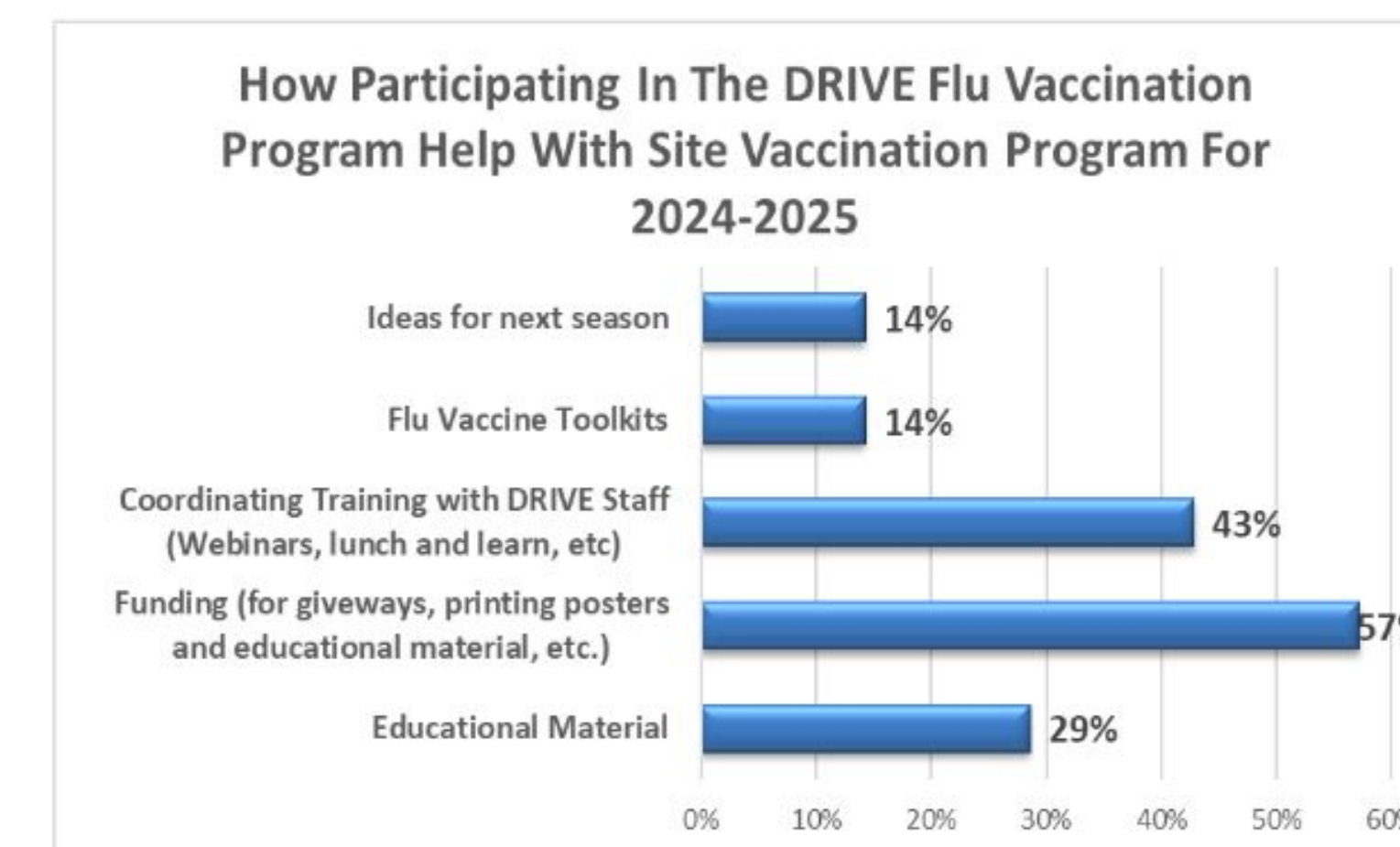


RESULTS

Survey responses were received from 15 organizations participating in DRIVE, collectively representing approximately 80% of the 160 clinics engaged in the program nationwide. These organizations include- Free and Charitable clinics, Pharmacies, Federally Qualified Health Centers (FQHCs), Hospital/ health systems, and an Academic medical center.

Key Findings:

- 75% rated SHC support as “Good” or “Excellent”
- 83% of the sites agreed or strongly agreed that they had sufficient resources
- 75% of the sites reported noticeable improvements in vaccination rates post-DRIVE
- 85.7 % of the clinics met their Staff vaccination target
- 57.1% met their patient vaccination goal
- A total of 193,125 flu vaccinations were given in the 2024–25 season because of the DRIVE program, representing a 10% increase in flu vaccination rates compared to the 2023–24 season.



CONCLUSION

DRIVE successfully advanced its goal of increasing flu vaccine uptake and confidence in underserved communities by equipping clinics with culturally tailored tools, data, and partnerships. Its success is rooted in a scalable, community-led approach that empowers trusted messengers and aligns healthcare delivery with local and cultural context. These outcomes highlight the value of public-private collaboration, culturally responsive education, and grassroots engagement in advancing vaccine equity and will inform strategies for improvement in the upcoming season in partnership with engaged stakeholders.

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