



Community-based Organizations and Trusted Messengers: An Approach for Eliminating Immunization Disparities

Adult immunization rates are very low, and disparities exist.

- Only about one in four adults are up-to-date on their recommended vaccines. As a result, millions of adults are at risk of illnesses, hospitalizations, disability, and deaths from vaccine-preventable diseases.
- Adult vaccination rates for Black or African American and Hispanic or Latino adults were about 13% below that of White adults for each of four vaccines included in the [HEDIS adult immunization quality measure](#): pneumococcal, flu, tetanus and shingles.¹ Lower vaccine coverage is also seen in rural areas and in the South, among people without insurance, and among people with lower incomes.^{2,3}

Emerging evidence suggests that trusted messengers from community-based organizations helped reduce immunization disparities during the COVID-19 pandemic.

- During the COVID-19 pandemic, community-based organizations (CBOs) deployed thousands of trusted messengers to dialogue with community members about COVID-19 vaccination. These vaccine conversations helped address questions about vaccines. In addition, community-based groups worked to improve vaccine access by establishing new vaccination sites in convenient accessible locations. They also helped schedule appointments and arrange for transportation.

- Community-based efforts drew on trusted messengers from the community to educate and improve access to COVID-19 vaccines. Efforts were successful in improving vaccine acceptance and access in part due to CBOs' long-standing relationships and track record for addressing their communities' broader long-term needs.^{4,5,6}
- As CBOs COVID-19 vaccination efforts to improve vaccine confidence and access continued, disparities in some COVID-19 vaccination rates narrowed, demonstrating how continued efforts could help address long-standing disparities in routine vaccination uptake.⁷

Disparities in COVID-19 vaccine first-dose coverage by race and ethnicity were evident early in the vaccine rollout by April 2021, as shown in the graph below. But as education and outreach continued, coverage differences narrowed. By November 2021, the differential in the rates among racial/ethnic groups narrowed; vaccine coverage in most populations had caught up to the reference population. By November 2021, these data show these vaccination coverage rates: White population (78.7), Black (78.2), Native Hawaiian and Other Pacific Islanders (75.70), and Hispanic (81.3). Noteworthy in the graph is the especially high rates of vaccination uptake among the Asian population which suggest what the attainable coverage may be.⁸

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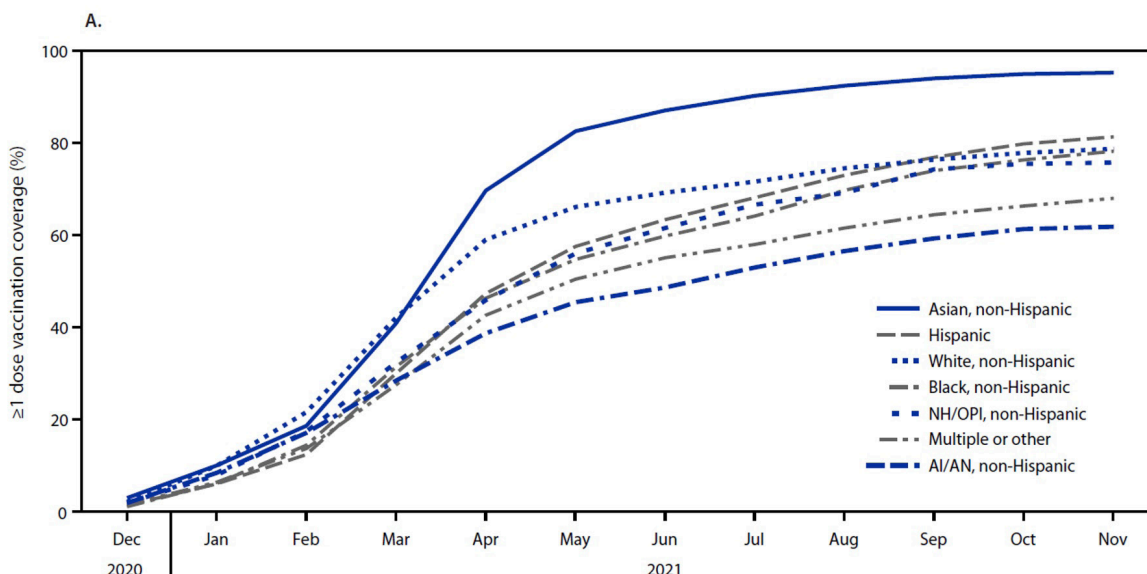
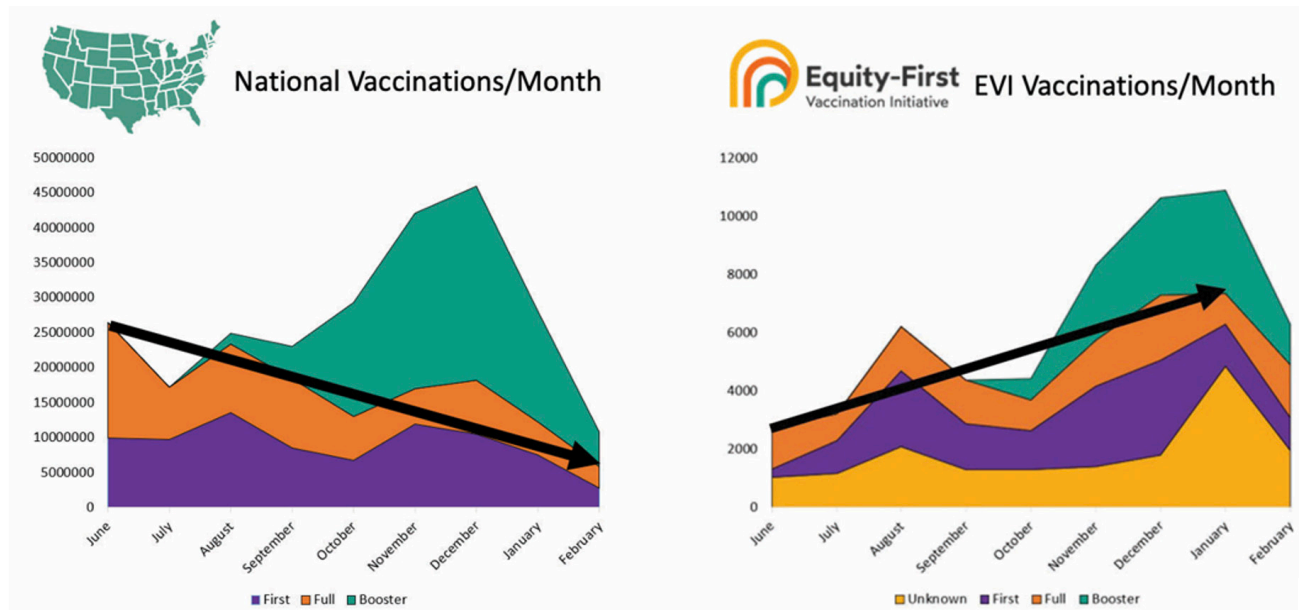


FIGURE 1:

COVID-19 vaccination (≥1 dose) coverage estimates (A)* among adults aged ≥18 years, by race and ethnicity and differences in coverage from White, non-Hispanic adults, and by race and ethnicity (B)^{†§¶} — National Immunization Survey Adult COVID Module, United States, December 2020–November 2021

Another project which supports the potential for CBO's to reduce disparities is the Rockefeller Foundation's Vaccine Equity First Project. This project supported community-based, community-led projects in Newark, Baltimore, Chicago, Houston and Oakland. The graphs below compare national COVID-19 vaccination rates with the rates in the five project communities between June 2021 and February 2022. These data indicate that vaccination rates can be sustained and improved when they are led by the community's expertise and draw upon trusted messengers.¹⁰



The success of community-based organizations in improving equity in COVID-19 vaccination rates supports incorporating such trusted messengers into efforts to address routine adult vaccination inequities.

- The success of community-based organizations during the COVID-19 pandemic shows that stronger inclusion of trusted messengers and community-based organizations in vaccination efforts can reduce disparities.
- A community-based routine immunization service delivery program model would ideally include **pre-vaccination outreach**, the **actual vaccine administration**, and **post-vaccination follow-up**.
- A strategy which incorporates trusted messengers into routine immunization service delivery would include:
 - **Ensuring informed choice through vaccine conversations with trusted messengers** — Pre-vaccination outreach with trusted messengers can help people assess their individual life factors and personal history, and navigate what can be complex risk/benefit decisions. A neighborly conversation about a vaccine decision can make a difference.
 - **Bundling vaccination into preventive health services that are important to the community** — This

approach tends to be more effective than promoting vaccines alone.

- **Developing and enhancing proactive intentional efforts to eliminate disparities** — Community-centric models of vaccination delivery recognize the structural inequities and history of mistrust that impact medical decision-making. Trusted messengers are one part of efforts to address disparities. Other ways to address disparities include free vaccines for uninsured people, easy access to vaccination sites, and good communication resources that are culturally relevant. A combination of strategies is usually the most effective.
- **Addressing social determinants of health** — At a community level, that may mean offering other critical needs for the community during a vaccine clinic, such as diapers or food.
- **Trust is a key tenet of community program planning** — Investing in trust may take different forms, depending on the community and their needs.
- **Working with the assets in place** — Recognizing that community-based organizations are in place for the long-haul, and they represent the interests of their community members holistically, not just as a target for a single intervention like vaccination. The ongoing engagement of the community in planning and implementing programs is essential.

Evaluating the contributions of trusted messengers will help further identify the attributes that should be integrated into routine immunization service delivery in the future.

- Key unanswered questions include how to budget and plan for vaccination efforts that incorporate community-based organizations and trusted messengers. What are the right ways to plan for a trusted messenger conversation before a vaccination? Consideration may be needed for novel funding mechanisms and flexible policymaking because of the potential to deliver on multiple public health aims simultaneously.
- For example, some Medicaid programs are now allowing managed care plans to hire community health workers (CHWs) through their quality improvement budgeting.¹¹
- The COVID-19 pandemic prompted the emergence of various models that took aim at reducing COVID-19-related disparities, including projects such as [CDC's Partnering for Vaccine Equity](#) and [CDC's National Initiative to End Health Disparities](#), [NIH's Community Engagement Alliance \(CEAL\) Against COVID-19 Disparities](#), [Rockefeller Foundation's Project Vaccine Equity First](#) and the [Cooperative Extension's EXCITE program](#) in rural areas. Alone or together, the upcoming lessons learned from these projects may make the case for integrating trusted messengers into vaccination outreach efforts in the future.

These trusted messenger strategies merit further development within immunization programs to increase equity.

ADDITIONAL BACKGROUND & RESOURCES

[Supporting CBOs to Reignite a Culture of Immunization – Vaccinate Your Family](#) offers suggestions for easier procedures for federal grant applications that include quicker response time, extending the length of the project period and offering more flexibility in the conditions of funding.

[The Case for Investing in Vaccine Demand Report – The Rockefeller Foundation](#) offers suggestions about the essential roles of CBOs in vaccination efforts, including:

- Working to build trust in communities,
- Ensuring programs are community-led and hyperlocal, and
- Building vaccine demand, not just vaccine supply and promotion

[CommuniHealth Playbook: How to Spur on Your Local Community Health Sector](#) offers suggestions for strategies to increase COVID-19 vaccine coverage within Black and Hispanic/Latino communities and, through this, to fashion durable, locally appropriate mechanisms for advancing equity in health.

Centers for Disease Control and Prevention offers these resources:

- [12 COVID-19 Vaccination Strategies for Your Community | CDC](#)
- [CDC A Guide for Community Partners-Increasing COVID-19 Vaccine Uptake Among Racial and Ethnic Minority Communities](#)

¹ Routine Vaccinations: Adult Rates Vary by Vaccine Type and Other Factors | U.S. GAO

² Surveillance of Vaccination Coverage Among Adult Populations – United States, 2018 | MMWR (cdc.gov) <https://www.cdc.gov/mmwr/volumes/71/wr/mm7109a2.htm>

³ Disparities in COVID-19 Vaccination Coverage Between Urban and Rural Counties – United States, December 14, 2020–January 31, 2022 | MMWR (cdc.gov)

⁴ Trusted messengers and trusted messages: The role for community-based organizations in promoting COVID-19 and routine immunizations – ScienceDirect

⁵ <https://www.astho.org/globalassets/brief/community-partners-offer-key-insights-to-health-departments-for-increasing-vaccine-confidence.pdf>

⁶ Design and Implementation of a Federal Program to Engage Community Partners to Reduce Disparities in Adult COVID-19 Immunization Uptake, United States, 2021-2022 (nih.gov)

⁷ COVID-19 Cases, Deaths, and Vaccinations by Race/Ethnicity as of Winter 2022 | KFF

⁸ COVID-19 Vaccination Coverage, by Race and Ethnicity – National Immunization Survey Adult COVID Module, United States, December 2020–November 2021 | MMWR (cdc.gov)

⁹ Early Insights from the Equity-First Vaccination Initiative – The Rockefeller Foundation

¹⁰ [6b-1_infrastructure-trust-cmty-leadership_Friedhoff.pdf \(izsummitpartners.org\)](#)

¹¹ [Medicaid Coverage of Community Health Worker Services Issue Brief \(macpac.gov\)](#)

