Partnering for Vaccine Equity

Successful Abstract Submission Examples (from the 2022 APHA Annual Meeting)

Example #1

Title: Using Behavioral Science to Equip Trusted Messengers as Vaccine Ambassadors

Issues: Reaching vulnerable communities to increase COVID-19 vaccine uptake is critical to improving health equity. Friends, family, and health providers are trusted sources of vaccination information. However, barriers to persuasion differ across population subgroups. It is critical to accurately identify audiences, their key barriers, and the most effective messaging strategies.

Description: Mary's Center, a Federally Qualified Health Center with five locations in Washington, DC, and Maryland, and Surgo Ventures, a data science nonprofit, partnered to apply behavioral insights to improve COVID-19 vaccine outreach through a vaccine ambassador program. Their collaborative program, which is supported by the CDC's Partnering for Vaccine Equity program, uses behavioral data to tailor program activities and equip care team members and patients as trusted messengers to promote vaccine uptake. Over 200 COVID vaccinations were administered through the program as of the end of 2021.

Lessons Learned: Behavioral science research identified four distinct segments of the unvaccinated population (COVID skeptics, system distrusters, cost-anxious, and watchful). Mary's Center staff were trained and patients were incentivized to use messaging to engage unvaccinated contacts and tailor responses to contacts' specific concerns. Implementation challenges were addressed through additional strategies, such as translating into multiple languages, accounting for variation in digital literacy, and using multiple data streams to capture impact.

Recommendations: This approach, including Surgo Ventures' "Vaccine Persona Quiz," can be shared with health centers across the US via a toolkit that includes text message templates and scripts. Such interventions and tools can empower staff and patients to conduct persuasive conversations with friends and relatives regarding vaccination.

Other Fields Needed for Submission

APHA Program:
Community Based Public Health Caucus

APHA Topic (Select 1):
Ensuring Health Equity through Participatory Approaches

Learning Outcomes (2-3):
- Describe how use a data science approach to equip Community Health Workers as trusted messengers for public health initiatives

- Explain how to use the "Vaccine Persona Quiz" to develop tailor public health messaging for different segments of the population

Learning Areas (select up to 6):
1. Planning of health education strategies, interventions, and programs
2. Administer health education strategies, interventions and programs
3. Implementation of health education strategies, interventions and programs
4. Protection of the public in relation to communicable diseases including prevention or control
5. Communications and informatics
6. Social and Behavioral Sciences

Health indicators (select up to 3):
1. Access to care
2. Equity
3. Social norms and attitudes (e.g. discrimination, racism, and distrust of government)

Example #2

Title: Better Together: A Group Learning Approach to Vaccine Equity in the Era of COVID-19

Background: Vaccination is a critical public health tool for controlling infectious diseases, but racial/ethnic inequities in vaccine access and uptake persist. Numerous national, state, and community initiatives focus on increasing vaccination, but programmatic efforts are often isolated with missed opportunities for collaboration and efficient use of resources. The Partnering for Vaccine Equity (P4VE) Learning Community fosters knowledge-sharing among organizations focused on vaccine equity to enhance collective societal impact.

Methods: The P4VE Learning Community includes nearly 500 organizations funded by the CDC's P4VE program. We use an initial assessment and ongoing feedback tools to develop relevant learning opportunities. Guided by adult learning theory principles and an adapted ADDIE (Analysis, Design, Development, Implementation, and Evaluation) framework, we offer four activity types: large webinars, capacity building workshops, Communities of Practice, and an online platform.

Results: To date, we have hosted 25 webinars on a range of topics (average attendance = 108; 99% favorable satisfaction rating). There was maximum enrollment in all workshops (space-limited to permit intensive engagement). We coordinated three Communities of Practice (rosters ranging from 27-53 members) with steering committees. More than 1,000 members have online platform accounts, through which they created 744 discussion threads and shared 195 resources.

Conclusion: High participation and satisfaction rates indicate that the P4VE Learning Community meets the needs of its members. A thoughtful, adaptable approach to group learning can help organizations with aligned activities and objectives meet their programmatic goals. The P4VE Learning Community can serve as a model for future cross-sector, wide-ranging public health initiatives.

Other Fields Needed for Submission

APHA Program (select 1):
Public Health Education and Health Promotion

APHA Topic (select 1):
Dissemination and Implementation Research

Learning Outcomes (Provide 2-3)

- Discuss the benefits of a collaborative group learning community to maximize the collective societal impact of public health initiatives

- Describe the implementation of adult learning theory principles and an adapted ADDIE (Analysis, Design, Development, Implementation, and Evaluation) framework to guide information sharing activities for organizations with aligned activities and goals

Learning Areas (Select up to 6)

1. Planning of health education strategies, interventions, and programs
2. Administer health education strategies, interventions and programs
3. Implementation of health education strategies, interventions and programs
4. Conduct evaluation related to programs, research, and other areas of practice
5. Protection of the public in relation to communicable diseases including prevention or control
6. Assessment of individual and community needs for health education

Health Indicators (Select up to 3):

1. Access to care
2. Equity
3. Social norms and attitudes (e.g. discrimination, racism, and distrust of government)*Kristen note:*