

# 2023

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## **State COVID-19 & Influenza Vaccination Initiatives – Promising Practices**

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## Introduction & Background

ADvancing States partnered with [USAgging](#) and [NCOA](#) to support their national initiatives of advancing the goal of ensuring older adults and people with disabilities have rapid access to and receive COVID-19 and influenza vaccines. To learn about states' promising practices and strategies to encourage uptake of the vaccines among older adults and individuals with disabilities, ADvancing States surveyed state members about their initiatives, including partnerships, outreach and promotions, and methods to reduce vaccine hesitancy. Fifteen states responded to the request. Using the results of this survey, we developed a list of promising practices. Additionally, as part of the environmental scan ADvancing States conducted an online search of activities and ideas that have been used by states and other organizations in general to provide information and improve access to the COVID-19 and influenza vaccines and other vaccines.

This resource is intended to assist states, territories, and others with creative approaches to increase access to the COVID-19 vaccine and boosters and the influenza vaccine and reflects information states sent in response to the survey. This resource will be periodically updated as we receive more information. If you would like to update your state's information or submit new information, please contact [khelferkoester@advancingstates.org](mailto:khelferkoester@advancingstates.org). There are also several places throughout the document where states have submitted supplementary materials. The same contact can be used to request more information on these state-specific resources.

## COVID-19 and Influenza Background and Impact

The novel coronavirus (COVID-19) is an infectious respiratory illness that disproportionately impacts older adults and people with disabilities. People with underlying medical conditions and immunocompromised health systems are especially at risk of complications arising from COVID-19. According to the [Centers for Disease Control and Prevention](#) (CDC), 95 percent of individuals 65 and older have received at least one COVID-19 vaccine dose, compared to about 43 percent receiving the updated Bivalent booster. [About 80 percent](#) of adults with disabilities have reported receiving one or more doses of COVID-19 vaccine, and fewer have received the bivalent booster. Additionally, people with disabilities have a high risk of severe outcomes from COVID-19. According to a CDC study, Medicare-eligible individuals with disabilities have a higher rate of COVID-19-associated hospitalization compared to those aged 65 and older.<sup>1</sup> The influenza vaccine is also important in maintaining overall wellness and health. The [CDC estimates](#) that deaths attributed to the flu range from 19,000 to 58,000 people annually between October 2022 and April 2023.

This document is intended to be a living resource for state and territorial aging and disabilities agencies as well as providers, Area Agencies on Aging (AAA), and other community-based organizations. ADvancing States is pleased to share this information with members and the public and will continue to update this document as ideas and best practices are shared.

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<sup>1</sup> Yuan Y, Thierry JM, Bull-Otterson L, et al. "COVID-19 Cases and Hospitalizations Among Medicare Beneficiaries With and Without Disabilities — United States, January 1, 2020–November 20, 2021". *MMWR Morb Mortal Wkly Rep* 2022;71:791–

## Promising Practices and Strategies

ADvancing States asked members who represent state and territorial agencies on aging and disabilities and long-term services and supports directors to complete a survey about their COVID-19 and influenza vaccination initiatives, including partnerships, outreach and promotions, and methods to reduce vaccine hesitancy. Fifteen states submitted information. Most responses are from officials with a state's aging or disabilities agency and describe their state's vaccine practices and strategies, whereas some respondents represent state public health departments. Based on the survey responses, below is a summary of promising practices and key strategies states have used to implement vaccine programs and encourage uptake among older adults and individuals with disabilities.

### COVID-19 and Influenza Vaccine Outreach Initiative(s)

- **Public Education Campaigns.** Several states conducted public education campaigns to broadly provide information on COVID-19 or flu and targeted information to certain audiences, such as older adults and people who are medically underserved. Types of media included television, radio, magazine, and social media such as YouTube and other social media in both English and Spanish. Montana held "Tele town hall" events facilitated by the Director of the Montana Area Agencies on Aging (M4A) Association that targeted outreach to those age 55+ and included public health guest speakers to provide education about COVID-19 and the vaccinations. Nebraska's Department of Health and Human Services created several public education campaigns. The Washington State Department of Health provided updates and education about COVID-19 through post card mailings, media campaigns, broadcasts and work with partners including AARP, etc. The agency's Facebook and Twitter posts were geared toward people visiting loved ones in a long-term care facility. The Department created a guide for home care and hospice agencies available in 14 languages.
- **Partnerships with Community-Based Organizations and Trusted Messengers.** Some states indicated that their area agencies on aging (AAAs) and aging and disability resource centers (ADRCs)/No Wrong Door (NWD) Systems provided information and assistance to those seeking information. Additionally, several states developed partnerships with their state public health agency, community health navigators, local businesses, and community-based organizations, such as Centers for Independent Living, emergency medical service (EMS) providers and technicians, and other organizations. The Texas Department of State Health Services conducted a COVID vaccination provider recruitment campaign. The state also partnered with professional medical societies, community vaccinators, community-based organizations, Federally-Qualified Health Centers, and Rural Health Centers. Vermont's promotion strategy to encourage COVID-19 vaccine uptake was to bring the vaccine to people, including schools, businesses, prisons, congregate care facilities, etc. The state partnered with "health-equity focused" organizations to offer the vaccine in culturally-affirming spaces. Arizona reported that outreach initiatives used by the AAAs were successful and included methods to reach vulnerable adults using methods that make sense for the region and population. For example, many outreach efforts were offered in languages others than English and were coordinated with partners to leverage relationships and resources, such as setting up sites with local churches and using relationships with trusted, local partners to ensure vaccination awareness and access reached diverse populations.
- **Provider and Community Engagement.** Washington State, for example, created a [Power of Providers \(POP\) Initiative](#) to establish partnerships with trusted health care professionals. POP strives to equip providers with the information and tools necessary for them to act as trusted messengers for their patients and

## State COVID-19 & Influenza Vaccination Programs

communities. Colorado's "[Champions for Vaccine Equity](#)" is a community engagement approach administered by the Immunization Branch at the Colorado Department of Public Health and Environment (CDPHE) designed to foster relationships and share information with marginalized communities and disproportionately impacted communities about vaccine effectiveness, safety, and access. The "Champions" include healthcare providers, community-based organizations, and individuals with medical expertise and/or lived experience with COVID-19.

- **State Incentives.** Several states told us that early in the pandemic their states offered gift cards or the chance to win monetary gifts as ways to encourage individuals to obtain a COVID-19 vaccine. For example, Missouri held a vaccine lottery providing individuals who received the COVID-19 vaccine a chance to win \$10,000. This prize was available for nine hundred total vaccine recipients.

### Strategies for Connecting with People who are Medically Underserved

- **Encouraging Uptake of Vaccines through Partnerships.** Some respondents said that their state's outreach efforts to support vaccine equity among older adults and individuals with disabilities included partnerships with community organizations, such as AAAs, state and local public health departments, faith leaders, and private companies. In Arizona, outreach efforts were coordinated with various partners including faith, inter-governmental institutions, business, and health care agencies. Colorado's CDPHE established the Field and Support Team (FAST) to assist in ensuring all Coloradans had access to COVID-19 vaccines. Most of their work was focused on areas of equity and bringing the vaccine to communities that generally lack access or resources, including communities that are underserved. FAST partnered with multiple groups such as shelters, equity groups, churches, schools, long-term care facilities, and local public health agencies throughout the state. In Idaho, multiple vaccination clinics were provided throughout the state by the State independent Living Council, migrant councils, and other local organizations, and were frequently scheduled to coincide with food box give-a-ways or other supportive services.
- **Provision of Vaccinations in Home and Community Settings.** Several states provided or partnered with community organizations, such as EMS/EMT providers and pharmacies, to provide vaccines to individuals in their home or a community setting. "Vaccination Delaware" developed pop-up clinics as well as a homebound phone line in which persons unable to leave their homes could request and obtain a vaccine in their home through volunteer pharmacies. Hawaii coordinated with pharmacies to administer vaccines on site at housing projects and senior centers in rural communities. The Indiana Family and Social Services Administration, Indiana Department of Health, local health departments, and Indiana Department of Homeland Security partnered to ensure vaccine availability and administration for at-risk, hard-to-reach, or otherwise immobile or homebound individuals using fire/EMS assets and personnel available in local communities, referred to as the "Homebound Hoosier" vaccine project. In Vermont rural areas, EMS providers were known to "barn-storm" by driving around communities and offering pop-up vaccine clinics. Both Colorado and Washington provide COVID-19 vaccines to individuals disproportionately impacted by the pandemic across their states. In the future Colorado intends to offer various types of routine adult and pediatric vaccinations at the mobile clinics to increase access to the underserved communities, such as COVID-19 vaccines, flu shots and Mpox vaccines.
- **Vaccine Information in Multiple Languages.** States reported that they provided information on COVID and/or the flu in multiple languages and had a hotline available in multiple languages to assist with scheduling and answering questions. Nebraska offered educational information and resources, and provided messaging that was specific to their communities, including disproportionately affected

# State COVID-19 & Influenza Vaccination Programs

populations of uninsured and people in medically underserved communities, tribal, Black and African American, Czech, and Hispanic populations. The [Nebraska](#) Department of Health and Human Services communications and many COVID-19 providers offer media and health promotion in various languages.

## Promoting the Vaccine Initiative

- **Media Outreach and Education.** Several states shared that they used traditional media, such as television and radio advertisements and public service announcements, and social media, including YouTube videos. In [Arizona](#), the Southeastern Arizona Governments Organization (SEAGO) created YouTube videos in English, Spanish, and Portuguese on why getting a COVID-19 vaccine is important and information on vaccine hesitancy. Additionally, the Inter-Tribal Council of Arizona, Inc. Region 8 AAA created a Title III and VI Vaccination Promotion PSA. The Navajo National Government Department of Health website features information on COVID-19. In Hawaii, the State Unit on Aging created TV and radio public service announcements featuring elders speaking about their vaccine experiences. Vermont promoted their vaccine initiative using social media, radio, television, media interviews, press conferences, town halls, partnerships with community organizations to share information, and the development of communications toolkits for dissemination and use by partners. The [Hawaii](#) State Unit on Aging created TV and radio public service announcements that featured elders who spoke about their vaccine experiences. [North Dakota](#) utilized postcards and ads in “[North Dakota Living](#)”, a statewide magazine, and boosted health facility advertisements on the agency’s Facebook page.
- **Community Outreach and “Word-of-Mouth” Promotions.** One way the [Colorado](#) Department of Public Health & Environment promotes the mobile vaccine clinics is through community outreach programs, such as passing out flyers at community events and school drop off/pickups promoting upcoming mobile clinics. In addition to traditional and social media to promote vaccines, Idaho officials noted that print and word-of-mouth were most important in reaching rural and under-served populations.
- **Using Data to Identify Areas to Promote Vaccines.** Some states used data to determine high-risk communities. In [California](#), statewide data was used to determine which zip codes had low vaccination and booster uptake rates which was then overlaid with census tract data that showed which zip codes had a greater population of older adults and lower income populations.

## Partnerships

- **Pharmacies, EMTs and Other Community Partners.** Several states said that they partnered with pharmacies and EMTs to provide vaccines in long-term care facilities and in-home settings. In Washington, non-traditional partners, such as the [Washington](#) State Pharmacy Association, were used to provide vaccinations in unusual locations. The Washington State Department of Health had not previously worked with the state’s Department of Social and Health Services or long-term care communities to ensure access to vaccines and onsite vaccination services. This has set a new model for future preventive outreach and work. [Colorado](#) formed new partnerships with many pharmacies to provide COVID-19 vaccinations at pharmacies and off-site clinics, including long-term care facilities. New partnerships with community organizations were formed providing COVID-19 vaccination events at various locations, such as zoos, libraries, art centers, sports organizations, museums, and faith-based organizations. The [Georgia](#) Department of Aging Services created a No Wrong Door Vaccine Collaborative to provide feedback, activity coordination and consistent information sharing on vaccine information. Georgia’s Division of Aging Services

## State COVID-19 & Influenza Vaccination Programs

also worked with Reckon Branding and Georgia Tech's Center for Inclusive Design and Innovation to develop accessible information.

- **Social Media and Influencers.** Arizona used YouTube and other social media platforms to reach caregivers of older adults with education and awareness of COVID vaccines. Additionally, an [Arizona](#) AAA created a partnership with a health care provider to administer in-home vaccinations to home-bound individuals and advertised this initiative through movie theatres. In [California](#), non-traditional methods were utilized in the vaccination initiative, including news and radio talents, and micro influencers to deliver messages. The state's media outreach to ethnic populations also included non-traditional partners, such as faith-based organizations and community-based organizations.

### Strategies Used to Build Vaccine Confidence

- **Trusted Messengers.** Several states said that partnering with trusted community messengers such as faith and tribal leaders, social service agencies, AAAs, and peers was essential to encouraging uptake of the vaccines and reducing misinformation. [Nebraska](#) partnered with well-known African American and tribal leaders, church and faith leaders, and community groups to encourage COVID-19 vaccines and to combat disinformation. [Idaho](#)'s social service agencies provided education, information, and reliable data to support vaccination access. Identifying local trusted community leaders was addressed as much as possible. Local migrant and native tribal leaders were successfully engaged to present information to their communities. Additionally, [Washington](#)'s Power of Providers initiative focuses on engaging with health care providers to encourage them to act proactively as trusted messengers among their patients.
- **Development of Educational Material Addressing Vaccine Hesitancy.** A few states said that educational and marketing materials were created based on university research addressing vaccine hesitancy. [Texas](#) contracted with universities to conduct research on vaccine confidence and vaccine hesitancy and based on the findings, the state and universities created educational materials designed to address vaccine hesitancy. [Georgia](#)'s Division of Aging Services partnered with the Georgia Health Policy Center to conduct research and focus groups to determine how to build vaccine confidence and reduce vaccine hesitancy.

## States Responses to Vaccine Survey

### State Vaccine Outreach Initiative(s)

**Arizona:** The Arizona Division of Aging and Adult Service did not implement a statewide vaccine outreach initiative, but rather their AAAs increased awareness of vaccine sites and education of COVID through trusted messengers, partners, and innovative strategies.

**California:** The California Department of Aging (CDA) used various campaigns and media approaches to reach older adults. See [cadeptofaging-getvaccinated.com](http://cadeptofaging-getvaccinated.com). Additionally, the state used the website [COVID19CA.GOV](http://COVID19CA.GOV) as a dashboard and as a resource that includes data and [outreach toolkits](#).

**Colorado:** Colorado implemented several initiatives to connect with certain communities throughout the COVID-19 vaccine response.

## State COVID-19 & Influenza Vaccination Programs

- “[Champions for Vaccine Equity](#)” is a community engagement approach administered by the Immunization Branch at the Colorado Department of Public Health and Environment (CDPHE). The purpose of the initiative is to foster relationships and share information with marginalized and disproportionately impacted communities about vaccine effectiveness, safety, and access. Through a partnership with “Champions,” including health care providers, community-based organizations, and individuals with medical expertise and/or lived experience with challenges of COVID-19, CDPHE coordinates vaccine education workshops for community members and professionals from historically underrepresented communities, including individuals aged 60 and older. The Champions approach started in 2021 and continues to offer workshops to underserved communities See also [coloradovaccineequity.org](http://coloradovaccineequity.org).
- [Colorado Comeback Cash](#) was a sweepstakes that provided \$1,000,000 to five different Coloradans who received their COVID-19 vaccine by a certain date. Additionally, the Comeback Cash Gift Card Giveaway was an initiative offering gift cards to individuals upon receipt of one or more doses of COVID-19 vaccine. A \$100 Walmart gift card, two \$20 Chipotle gift cards, or one \$50 Colorado Parks and Wildlife vouchers were provided to anyone who received a first or second dose of a COVID-19 vaccine at a participating state-operated vaccine site.
- Starting in March 2021, large-scale statewide media campaigns were implemented to promote both COVID-19 and flu vaccines, including traditional marketing on media outlets such as TV, radio, “out-of-home” (advertising found outside of a consumer’s home such as billboards, bus shelters, and benches), paid search, display, print, social media, YouTube, and streaming audio. Colorado’s 2022-2023 flu vaccine campaign featured two advertisements: “[Quiet the Flu](#)” (English) and “[Calma La Influenza](#)” (Spanish) which emphasized the importance of the flu vaccine in staying healthy and mentions the flu, COVID-19, and RSV. See Colorado’s [social press kit](#).
- Also, non-traditional out-of-home and community outreach was used, such as leveraging a network of community health navigators (known as *promotoras* in Spanish) within the Hispanic community in Colorado to help ensure the distribution of information in an equitable and culturally responsive manner.
- CDPHE completed a comprehensive text and email outreach campaign with nearly four million texts and emails sent to Coloradans who were due or overdue for a COVID-19 or flu vaccine.
- “[Power the Comeback](#)” Business Pledge was a partnership between the State and businesses to promote hosting vaccine clinics, sharing information, promoting Colorado law that mandated paid time off to get the vaccine and recover from possible vaccine side effects, providing incentives to get vaccinated, and encouraging of policies for mask wearing for unvaccinated workers in the workplace.
- From January 2021 through December 2022, CDPHE developed and implemented four separate phases of statewide media and outreach campaigns in English and Spanish, encouraging general COVID-19 vaccination, booster doses, and vaccination of children, with a focus on vaccine safety, effectiveness, and trusted sources of information. Each of these campaigns were at least \$1,000,000. Combined, these media campaigns resulted in more than 1.1 billion impressions (TV and digital), 22,700 radio spots, and 980 out-of-home placements (e.g., billboards, bus shelters). This helped Colorado administer 12.4 million COVID vaccines in more than two years, with 78 percent of people receiving at least one dose through January of 2023.

**Delaware:** The state reported several vaccine outreach initiatives, including:

- A “Homebound Vaccine Line” or phone number for eligible residents to call and receive vaccines in their homes.
- Delaware Health and Social Services (DHSS), through the leadership of the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) and partnership with University of Delaware, developed a body of research that supports better practices to make healthcare options accessible to persons with disabilities.

## State COVID-19 & Influenza Vaccination Programs

- DHSS and DSAAPD developed outreach campaigns and a homebound vaccination program to encourage all Delawareans to access the COVID-19 vaccine and to support those that need assistance obtaining a vaccine.

See [COVID-19 Vaccine Information for Person with Disabilities or Access and Functional Needs for more information.](#)

**Georgia:** Department for Aging Services (DAS) worked with the Georgia Health Policy Center to carry out a coordinated, statewide campaign targeting individuals within DAS's service populations. The campaign resources were then made available for use by the AAAs. Additionally, DAS and the Georgia Health Policy Center created a No Wrong Door Vaccine Collaborative to provide feedback, activity coordination and consistent information sharing on vaccine information.

**Hawaii:** Kupuna (Hawaiian for elder) Vaccination Outreach Group ([KVOG](#)) led by the State Unit on Aging, AARP, and Honolulu AAA brought together stakeholders and providers to bring vaccinations to elders in their communities.

**Idaho:** Idaho Commission on Aging (ICOA) outreach efforts focused on adults over age 60 and people over age 18 with one or more disabilities to inform them about the availability and safety of the vaccines.

**Indiana:** Through the Division of Aging, with funding from the Administration for Community Living (ACL) with Expanding Access to Vaccines (VAC5 funded through the Administration for Community Living) and Aging and Disability Resource Center (ADRC)/No Wrong Door System (NWD) funding, AAAs/ADRCs partnered with local health departments, conducted outreach/public information campaigns to raise awareness and promote vaccination, and provided information to ADRC callers.

**Missouri:** The state procured TV and radio ads, billboards, and social media on COVID-19 and vaccines, including a branded website where individuals could search for vaccine clinics. The Missouri Department of Health & Senior Services partnered with AAAs to help older adults and adults with disabilities and their caregivers register for vaccinations and find transportation if needed. The AAAs also provided reminder calls prior to the appointments. Additionally, the state held a vaccine lottery providing individuals who received the COVID-19 vaccine a chance to win \$10,000. This prize was available for 900 total vaccine recipients. See [covidvaccine.mo.gov/win/vips/](https://covidvaccine.mo.gov/win/vips/).

**Montana:** Vaccine outreach initiatives included “Tele Town Hall” events and public service announcements (PSAs) advertised through television and radio and now available on YouTube and Vimeo.com and included:

- “Tele Town Hall” events facilitated by the Director of the Montana Area Agencies on Aging (M4A) Association that targeted outreach to those age 55+ and included public health guest speakers to provide education about COVID-19 and the vaccinations.
- Updates with additional COVID-19 resources to the ADRC website directory
- PSAs in partnership with the Independent Living Centers (Centers for Independent Living) and AAAs:
  - [Montana Independent Living Project \(MILP\) MILP Booster Council on Developmental Disabilities- YouTube](#) (Note: the MILP is now called Ability Montana. Ability Montana is a Center of Independent Living.)
  - [MILP Booster - Center for Independent Living – YouTube](#)
  - [MILP Booster M4A – YouTube](#)
  - [MILP Anna - YouTube](#) (also posted on the “[Aging in the 406](#)” Facebook page 11-15-2021, 12-02-2021, and 12-07-2021)
  - [MILP That's Why 2 V4 – YouTube](#)
  - [MILP That's Why 1 V4 – YouTube](#)
  - [MILP That'sWhy 2 V3 – YouTube](#)



# State COVID-19 & Influenza Vaccination Programs

- [Montana Independent Living Project - People with Disabilities](#) (YouTube video)
- [Montana Independent Living Project - People with Disabilities \(Revised\)](#) (YouTube video)
- [Montana Independent Living Project - Older Adults](#) (YouTube video)
- PSAs in partnership with Public Health and approved by the Governor's office (vimeo.com):
  - [Dr. Phelan / Delta](#)
  - ["Dr. Phelan / Goal"](#)
  - ["Rory / Long-Hauler"](#)
  - ["Angelique / Dr. Silk"](#)
  - ["Ellen/ Nurse"](#)
  - ["Rich Franko"](#)

**Nebraska:** Nebraska's Department of Health and Human Services created several public education campaigns.

- ["Finish Strong Nebraska"](#), a multi-channel campaign created in partnership with advertising agency, KidGlov, encouraged Nebraskans to get the COVID-19 vaccine. Advertisements included television, print, radio, posters, billboard and social media posts such as Instagram stories and Snapchat filters.
- ["Bring Up Nebraska"](#), a statewide prevention partnership to advocate for local community collaboratives that keep children safe, support strong parents, and help families address life's challenges before they become a crisis.
- ["We're in This Together, Nebraska"](#), a COVID-19 awareness campaign presented by Nebraska Healthcare Marketers and the Nebraska Hospital Association.
- ["Max the Vax"](#), COVID-19 awareness campaign geared to children.
- ["Take the Shot!"](#), features posters, social media imagery, fact sheets and video testimonials on the COVID-19 and influenza vaccines.

**North Dakota:** North Dakota Health & Human Services Adult and Aging Services created a one-page ad to publish in a statewide magazine that reaches several thousand households, including rural households. Additionally, the agency created mailings to encourage vaccine uptake, including a mailing titled "3 Important Reasons for Adults to Get Vaccinated", and as well as assorted brochures and table tents to share with partnering agencies.

**Texas:** To promote COVID-19 vaccinations, the Texas Department of State Health Services conducted a recruiting campaign to recruit providers in administering COVID vaccinations. The state also partnered with professional medical societies and community health care providers, community-based organizations, Federally-Qualified Health Centers and Rural Health Centers. A major outreach initiative included the state's participation in the Federal Retail Pharmacy Program to increase COVID vaccine access points. During the COVID response, the agency launched a flu campaign to recruit non-traditional public health providers to increase flu vaccine uptake in the adult population. This included offering free flu vaccine to both uninsured and insured adults.

**Vermont:** Vermont's primary strategy in COVID vaccine promotion was to bring the vaccine to people, including schools, businesses, prisons, congregate care facilities, etc. The state partnered with "health-equity focused" organizations to offer the vaccine in culturally affirming spaces. Until January 31, 2023, Vermont offered free COVID vaccines (and flu vaccines for those under 65 years of age) at a variety of statewide walk-in clinics. The following links feature information about Vermont's COVID-19 response:

- [An Epidemiologist Gets to the Core of an Orchard Outbreak](#), CDC Foundation.

# State COVID-19 & Influenza Vaccination Programs

- [Vermont Hospitals and Communities Successfully Prioritize COVID-19 Vaccination](#), American Hospital Association.
- CDC's [COVID-19 Vaccination Field Guide Addendum: Rural Considerations for Vaccine Confidence and Uptake Strategies](#) This document is linked to CDC's "[12 COVID-19 Vaccination Strategies for Your Community](#)" and has several vignettes about COVID-19 outreach strategies conducted in Vermont.
- "[Rural COVID-19 Innovations](#)", Rural Health Information Hub, December 2021. "Vaccinating Homebound Individuals" *Vermont* (May 14, 2021) The Vermont Department of Health worked with local stakeholder groups to identify homebound individuals needing vaccinations and created a call center. The State Health Operations Center worked with EMS and home health agencies to deliver vaccines to homebound individuals. EMS agencies additionally provided vaccinations in long-term care facilities to support and augment gaps in the federal pharmacy program. In the first month, EMS vaccinated 2,625 homebound individuals and have since delivered homebound vaccine to over 4,500 individuals.
- "[Homebound and in need of a vaccine: How is Vermont working to reach isolated residents?](#)" Elizabeth Murray, Burlington Free Press, February 8, 2021.
- "[Rural COVID-19 Innovations](#)", Rural Health Information Hub, December 2021. "Helping older adults schedule and access the vaccine", *Vermont* (March 29, 2021) "Support and Services at Home (SASH) is an organization that works with affordable-housing organizations across the state to help older adults live independently. SASH staff reach out to individual residents to inform them about the vaccine and help them schedule and get to appointments. Staff has reached 90 percent of SASH participants in affordable-housing buildings in two communities, providing these residents information, helping them schedule appointments, and making sure they attend both appointments at an in-house vaccination clinic."
- "[Vermont continues to lead nation with highest percentage of adults with COVID-19 vaccine](#)" Wilson Ring, Associated Press, July 7, 2021.

**Washington:** The Washington State Department of Health (DOH) provided updates and education about COVID-19 through post card mailings, media campaigns, broadcasts and work with partners including AARP, etc. The agency's Facebook and Twitter posts were geared toward people visiting loved ones in a long-term care facility. The Department created a guide for home care and hospice agencies available in 14 languages. See [Washington State Department of Health "COVID-19 Home Health/Home Care Guidance"](#) (English language version). Additionally, information on the COVID-19 vaccine and other information and resources is located at Washington State Department of Health's [COVID-19 Vaccine website](#).

Other initiatives include:

- [Power of Providers \(POP\) Initiative](#), launched in 2021, is designed to establish partnerships with trusted health care professionals to ensure the health and safety of Washington's communities. POP provides a bi-directional pathway for the Department of Health to partner with providers of all disciplines to help understand and overcome health care barriers and engage, educate, and empower providers in support of their efforts to care for their communities. POP strives to equip providers with the information and tools necessary for them to act as trusted messengers for their patients and communities. POP members are encouraged to use the SAVE intervention strategy in which a provider:
  - Seeks their patients COVID-19 vaccination status.
  - Asks their patient about the vaccine and offers education and other resources if they are unsure.
  - Vaccinates their patient if they agree or refer them to a location that provides the COVID-19 vaccine.
  - Empowers their patient to share their vaccination status with the community.

POP staff collaborate regularly with providers and share resources and information designed to help providers advocate for COVID-19 vaccination. The POP website features up-to-date information on federal COVID-19

## State COVID-19 & Influenza Vaccination Programs

guidance, outreach events for medically underserved populations; health equity and building trust and vaccine access, monthly partner calls, and peer-to-peer learning webinars.

- [Care-a-Van \(CAV\)](#) is a mobile COVID-19 vaccination clinic that serves people across Washington state. CAV works closely with community partners and local health jurisdictions to increase access to vaccines for priority communities. The CAV serves communities disproportionately impacted by COVID-19, and requests are prioritized for areas with higher vaccine gaps by race/ethnicity, communities with a high rank on the Social Vulnerability Index (SVI) for COVID-19, and communities overrepresented in COVID-19 cases, hospitalizations, and deaths. Mobile clinics and events both drive through and onsite for long-term care facilities, homebound and those with increased need for support for accessing vaccinations. Care-a-Van best practices include:
  - Hosting clinics at consistent times and locations
  - Distributing gift cards, swag, test kits, items for children
  - Coordinating and partnering with local health jurisdictions and community-based organizations on events
  - Expanding services to include Mpox and flu vaccines
  - Working with multiple contractors to staff and administer vaccine at events
  - Lotteries to support increased uptake of vaccine.
- The Washington State Department of Health partnered with long-term care member organizations and collaborated with the Washington State Department of Social and Health Services to support initiatives for these communities.

### Strategies for Providing Vaccines to the Medically Underserved

**Arizona:** As established coordinated partners, AAAs employed numerous methods to provide COVID-19 information and vaccines to the medically underserved and homebound individuals. Outreach efforts were coordinated with various partners including faith, inter-governmental institutions, business, and healthcare agencies to expand awareness to isolated communities, create innovative ways to leverage services to homebound individuals, and procure space and resources to collaborate on pop-up sites.

**California:** California provided vaccines in hard-to-reach areas by working closely with state and local public health departments and private companies to provide free vaccinations, free transportation, in-home appointments, and a hotline available in multiple languages to assist with scheduling and answering questions.

**Colorado:** The state provided vaccines to the medically underserved through various means:

- The state's Vaccine Equity Team was established with the goal of providing immunizations to disproportionately impacted Coloradans through regional clinics designed to serve hard-to-reach populations, including BIPOC, immigrant/refugee, LGBTQ+, rural, and low-income communities. The Vaccine Equity Team approached this work based on the following values: leveraging a grassroots organizing strategy to engage community partners through trusted messengers; reducing barriers to access and using data-driven approaches to meet people where they are; providing culturally responsive information/education to help with vaccine hesitancy and mis/disinformation; ensuring equitable vaccine access allocation; trusted locations and community partners; and, repeated presence in highly impacted areas to provide trusted locations that community members could grow to expect.

These areas were identified through data, including use of the Social Vulnerability Index, 2018 Department of Local Affairs and 2019 Colorado census data for population numbers. Colorado has 1,246 census tracts, and 460

## State COVID-19 & Influenza Vaccination Programs

of the census tracts comprise 87 percent of individuals from racial and ethnic minority groups living in poverty. The Vaccine Equity Outreach Team focused vaccination efforts in the communities in those 460 census tracts (or within half a mile), to include the location of state-led equity community-based organization pop-up clinics, and locations for mobile vaccination units to host clinics.

- CDPHE established the Field and Support Team (FAST) to assist in ensuring all Coloradans had access to COVID-19 vaccines. They were able to quickly deploy around the state to set up pop-up vaccine clinics. Most of their work was focused on areas of equity and bringing the vaccine to communities that generally lack healthcare access or resources, including communities that are underserved. FAST partnered with multiple groups including shelters, equity groups, churches, schools, long-term care facilities, and local public health agencies throughout the state. In partnership with their mobile vendors, FAST was able to send teams to rural communities throughout the state, as well as rural mountain towns that did not have as many readily accessible options as metro areas. An application was provided on the state's website that allowed any of these groups and businesses to request a vaccine clinic. Once requests were received, the teams coordinated events and scheduled the appropriate staff and vaccine orders. For long-term care facilities, outreach was performed to ensure that either FAST, a mobile vendor, or a pharmacy partner worked with every facility to provide doses to their residents. For people who were homebound, a call center process was set up to assist people in registering. From there, a team worked to schedule a home visit from either FAST or a mobile vendor.
- In March 2021, Colorado launched a mobile vaccination program. This program was created to serve medically underserved communities throughout the state. The program started with four mobile units that traveled to designated locations across Colorado to provide vaccinations to areas that have limited access to providers. As of March 31, 2023, the mobile vaccination program made more than 6,400 stops and provided approximately 300,000 vaccinations for Coloradans. The state offered various types of vaccinations at the mobile clinics to increase access to underserved communities, such as COVID-19, flu, and Mpox vaccines. CDPHE is currently working to launch a new, sustainable mobile public health clinic program to include routine vaccines across the life span to supplement immunization work throughout the state and the local public health agencies.

**Delaware:** Early in the pandemic, Delaware developed pop-up clinics as well as a homebound phone line in which persons unable to leave their homes could request and obtain an in-home vaccination through local volunteer pharmacies.

**Georgia:** Georgia Department of Public Health took the lead on ensuring homebound individuals who wanted a vaccine/booster received one. Individuals were encouraged to call or email for an appointment for a vaccine at their home. See [aging.georgia.gov/boosters](https://aging.georgia.gov/boosters). Materials on the vaccine and booster were developed and distributed to the Area Agencies on Aging to use in vaccine outreach.

**Hawaii:** The state coordinated with pharmacies to administer vaccines on site at housing projects and senior centers in rural communities. Also, the state located transportation providers to take elders to large vaccination centers.

**Idaho:** Several of Idaho's AAAs, which serve rural areas, provided telephone outreach to seniors. Some of the AAAs scheduled in-home vaccinations through local EMS. All AAAs offered transportation support through their own Older Americans Act Title III funds, COVID funds, Lyft and Uber offers and locally provided services. Multiple vaccination clinics were provided throughout the state by the State Independent Living Council, migrant councils, and other local organizations, and were frequently scheduled to coincide with food box give-aways or other supportive services.

**Indiana:** The Indiana Family and Social Services Administration (FSSA), Indiana Department of Health, local health departments, and Indiana Department of Homeland Security partnered to ensure vaccine availability and

## State COVID-19 & Influenza Vaccination Programs

administration for at-risk, hard to reach, or otherwise immobile or homebound individuals using fire/EMS assets and personnel available in local communities -- referred to as the “[Homebound Hoosier](#)” vaccine project. ADRCs were initially involved in identifying and registering individuals. See also ["Homebound Hoosiers" YouTube video](#).

**Missouri:** The state provided numerous pop-up and mobile clinics and partnered with local emergency medical technicians (EMT) and pharmacies to provide vaccines to the homebound. The Missouri Developmental Disabilities Council conducted several sensory inclusive vaccine pop-up events using sensory activation vehicles. These vehicles provide a setting with a variety of sensory stimuli creating an environment where individuals can feel regulated and are able to better tolerate a vaccination to the best of their ability. Click [here](#) for a video description.

**Montana:** Montana contracted with one of its rural AAAs, Area III Agency on Aging, which covers a seven-county area—Pondera, Glacier, Toole, Liberty, Teton, Chouteau and Blaine Counties. A pre-med student was hired at 30 hours a week by the AAA to work with the County Health departments regarding vaccine availability, address access issues for older adults, and support county health activities targeted to older adults and caregivers, such as vaccine clinics. The pre-med student also provided COVID-19 and vaccine education at the senior centers as "lunch and learn" events. The training included identification of at-risk individuals needing the vaccine and assisting with any supports needed to obtain the vaccine, such as transportation or escort services.

**Nebraska:** Nebraska offered educational information and resources, and provided messaging that was specific to their communities, including disproportionately affected populations of uninsured and people in medically underserved communities, tribal, Black and African American, Czech, and Hispanic populations. The Nebraska Department of Health and Human Services communications and many COVID-19 providers offer media and health promotion in various languages. Vaccination clinics were also held in various locations in underserved communities and on-site at the clinics with flexible vaccination hours and days. Nebraska did in-home and door-to-door vaccines, and at locations convenient to the communities: churches, libraries, union halls, schools, and community centers.

**North Dakota:** North Dakota’s Health & Human Services, Adults and Aging Services published a one-page ad that ran in “North Dakota Living”, a statewide magazine that also reaches rural areas. Additionally, the Adult and Aging Services agency partnered with other agencies to disseminate educational materials and table tents encouraging vaccines.

**Texas:** The State built “flu strike teams” to target hard-to-reach areas in high-risk adult populations located in rural areas. This included collaborations with federally qualified health centers (FQHCs), rural health centers (RHCs), and pharmacies. Before the COVID vaccine response, the CDC provided free flu vaccines which the state made available for local and regional clinics. The Texas Department of State and Health Services (DSHS) also purchases influenza vaccine for the Adult Safety Net Program to be used in DSHS Region clinics, including locations in the rural communities where a small number of clinics offer adult vaccines.

**Vermont:** Vermont partnered with EMS agencies who were able to transport and administer vaccines on site at any location, including in-home vaccination for those who were homebound. In rural areas, EMS providers were known to "barn-storm" more rural communities, by literally driving around communities and offering pop-up vaccines wherever people were going about their days.

**Washington:** The Washington State Department of Health partnered with the Department of Social and Health

# State COVID-19 & Influenza Vaccination Programs

Services (DSHS), the Health Care Authority (HCA) and providers to create processes to support access and coordination for COVID-19 vaccinations to those who are not able to leave their homes. Mobile vaccine teams provided homebound vaccinations services to those in need. See [WA DOH COVID-19 Homebound Vaccination Services](#) for more information.

## Promoting Vaccine Outreach Initiatives

**Arizona:** Several AAAs promoted vaccine sites and awareness using radio, print, and social media.

- The Pima Council on Aging (PCOA) AAA spread awareness of COVID-19 vaccines through television advertisements, such as [POCA COVID 19 Vaccination TV Spot 1](#) and [#TakeYOURShot Booster \(English language\)](#). PCOA also increased awareness of the COVID-19 vaccine through other platforms, including YouTube and other social media, which targeted 20- to 30-year-olds. See "[#TakeYOURShot](#)" YouTube videos. These posts, in addition to PCOA's Facebook and Instagram posts, garnered over one million impressions. The "[#TakeYOURShot](#)" campaign also consisted of door-to-door canvassing of over 105,000 households, approximately 92,400 phone calls, and tabling.
- The Southeastern Arizona Governments Organization (SEAGO) created YouTube videos in English, Spanish, and Portuguese on why getting a COVID-19 vaccine is important and information on vaccine hesitancy. See [youtube.com/@seahecinc3590](https://youtube.com/@seahecinc3590). Information on COVID-19 is also available on their website and Facebook page.
- The Pinal-Gila Council for Senior Citizens (PGCSC) has posted on-going vaccine awareness information on their [website](#) and [Facebook page](#).
- Inter Tribal Council of Arizona, Inc. Region 8 AAA, created a Title III and VI [Vaccination Promotion PSA](#). The Navajo National Government Department of Health [website](#) features information on COVID-19.
- Additionally, the Arizona Division of Aging and Adult Services distributes vaccine information using Constant Contact, an email focused digital marketing platform.

**California:** To reach older adults, the state utilized more traditional methods of media channels, including ethnic media channels, popular among older adults. This information included broadcast radio, broadcast television, print, direct mail, and ethnic media. Additionally, the state utilized various information to target older adults, and continued to optimize the campaign as new data was available. Statewide data was used to determine which zip codes had low vaccination and booster take-up rates which was then overlaid with census tract data that showed which zip codes had a greater population of older adults and lower income populations. Zip codes that indexed high in these combined categories would be targeted by media channels, including ethnic media, utilizing both paid (such as television and radio advertisements) and earned channels (type of free media from a third party, such as a person's or organization's social media page including a link to the state agency's website).

**Colorado:** The Colorado Department of Public Health and Environment (CDPHE) promoted mobile vaccine clinics and community vaccine sites through a variety of channels, including traditional advertising like radio, print, and out-of-home. CDPHE also promotes the mobile vaccine clinics through community outreach programs such as passing out flyers at community events, and zoos. The Department has also promoted clinics through their website and social media platforms. During the COVID-19 pandemic, the Department developed and implemented four separate phases of statewide media and outreach campaigns in English and Spanish from January 2021 through December 2022, encouraging general COVID-19 vaccination, booster doses, and vaccination of children, with a focus on vaccine safety, effectiveness, and trusted sources of information. Each of these campaigns were at least \$1,000,000. Combined, these media campaigns resulted in more than 1.1

## State COVID-19 & Influenza Vaccination Programs

billion impressions (TV and digital), 22,700 radio spots, 980 out-of-home placements (e.g., billboards, bus shelters). This helped Colorado administer 12.4 million COVID vaccines in more than two years, with 78 percent of people receiving at least one dose through January of 2023.

**Delaware:** A marketing company was hired to promote the availability of pop-up clinics and the homebound vaccination program. In addition, Older Americans Act program participants were contacted by phone to offer the homebound vaccination program.

**Georgia:** Georgia Health Policy Center and Reckon Branding created graphics that could be used on all social media platforms as well as materials that were used in TV and radio advertisements.

**Hawaii:** The state created TV and radio public service announcements that featured elders who spoke about their vaccine experiences.

**Idaho:** Idaho as a whole utilized all media resources including TV, radio, newspapers, local and organizational newsletters, fliers, posters, in-person events (as able), telephone calls, and social media. Print and word-of-mouth were most important in reaching rural and under-served populations.

**Indiana:** The “Homebound Hoosier” initiative was promoted through social media channels used by AAAs, Indiana 211, and news articles, such as ["Area Agencies on Aging Partner With State To Get Vaccine to Homebound Hoosiers"](#).

**Missouri:** The state utilized TV, radio, social media, billboards, newspaper ads, flyers, and door-to-door visits to provide information and test kits in the St. Louis area.

**Montana:** The state used mainly TV and radio advertisements. In the AAA pilot site (Area III Agency on Aging), an incentive to win a \$50 gas card or grocery store card was promoted through poster advertisements.

**Nebraska:** The state utilized TV and radio advertisements, billboards, postcards/mailings, and social media platforms to promote their COVID-19 vaccine initiative.

**North Dakota:** North Dakota utilized postcards and ads in [“North Dakota Living ”](#), a statewide magazine, and boosted health facility advertisements on the agency’s Facebook page.

**Texas:** The State regularly airs advertisements through traditional television, streaming platforms, advertisements on social media, and radio. The State made funding available to community-based organizations to promote COVID vaccinations in urban and rural settings. Within this current year, DSHS will be airing the following statewide campaigns:

- Flu Campaign,
- Back to school campaign,
- A general immunization campaign,
- A COVID-19 campaign, and
- An adult immunization campaign

The State seeks to make each campaign it runs unique, educational, and effective, encouraging Texans to get vaccinated. For example, Texas DSHS partnered with Walmart in Southern parts of the state to host vaccination clinics for COVID-19 for Hispanic Americans. This partnership featured actors in Luchador masks who were available to discuss the COVID-19 vaccination.

Additionally, DSHS provides no-cost [immunization educational publications](#) to health care providers, public health officials, clinics, and the general public. The patient-focused materials include posters, fliers, coloring books, pamphlets, etc. Several of the larger school districts in Texas frequently request thousands of these

publications to help educate their students about immunization.

**Vermont:** The state promoted their vaccine initiative using social media, radio, television, media interviews, press conferences, town halls, partnerships with community organizations to share information, and the development of communications toolkits for dissemination and use by partners.

**Washington:** Mailings, community outreach events, and planning were used in areas with lower uptake and a high rank on the Social Vulnerability Index. The Power of Providers (POP) program supports vaccination outreach by leveraging its established relationship with healthcare provider members to promote various WA Department of Health efforts, including the Care-a-Van program, to increase access to the vaccine in hard-to-reach areas. The POP program has also helped to support outreach in hard-to-reach areas by promoting membership and proactively working to enroll providers working in these locations. These efforts resulted in POP membership represented in every county of the state and includes more than 80 different professional credentials and specialties. These efforts have helped to broaden the reach of Department of Health COVID-19 vaccination resources into communities across the state and among providers, both vaccinating and non-vaccinating, who might otherwise have limited opportunities to collaborate with DOH staff.

### New or Non-Traditional Partnerships that Supported State Vaccine Initiatives

**Arizona:** Using YouTube and other social media platforms was an influential means to reach caregivers of older adults with education and awareness of COVID vaccines. Additionally, an Arizona AAA created a partnership with a health care provider to provide in-home vaccinations to home-bound individuals and advertised their initiative through movie theatres. Another AAA leveraged partnerships with the Navajo Department of Health and the Navajo Division of Social Services to develop a closed loop referral system to identify homebound older adults.

**California:** Many non-traditional methods were utilized in the vaccination initiative, including news and radio talents to deliver messages and mini-influencers. The state's media outreach to ethnic populations included non-traditional partners, such as faith-based organizations and community-based organizations.

**Colorado:** The state developed new partnerships with many pharmacies to provide COVID-19 vaccinations at pharmacy and off-site clinics, including long-term care facilities. New partnerships with community organizations providing COVID-19 vaccination events included zoos, libraries, art centers, sports organizations, museums, faith-based organizations.

**Delaware:** Partnerships that supported Delaware's vaccine outreach initiative included independent pharmacies, Division of Public Health, and trusted community partners of targeted populations.

**Georgia:** DAS created a No Wrong Door Vaccine Collaborative to provide feedback, activity coordination and consistent information sharing on vaccine information. DAS also worked with Reckon Branding and Georgia Tech's Center for Inclusive Design and Innovation to develop accessible information.

**Hawaii:** Hawaii's State Unit on Aging developed partnerships with pharmacies.

**Idaho:** The state worked with EMS to provide in-home vaccinations.

**Indiana:** The FSSA partnered more with the Indiana Department of Health and Department of Homeland Security for their vaccine initiative.



# State COVID-19 & Influenza Vaccination Programs

**Missouri:** EMT and pharmacies were new partners in reaching homebound individuals.

**Montana:** The state Office on Aging worked with their Department of Public Health.

**Nebraska:** Nebraska used subawards with tribal communities and other community groups to help reach people who are people in medically underserved communities and hard-to-reach communities. Using tribal liaisons was helpful for Nebraska. Omaha Tribe implemented its own vaccination Strike Team.

**North Dakota:** The North Dakota Health & Human Services, Adult and Aging Services worked with the North Dakota Center for Persons with Disabilities through Minot State University.

**Texas:** Texas Department of State Health Services (DSHS) contracted with over 90 community-based organizations through Texas A&M University to provide education and outreach for COVID-19 and general immunization messaging. See [Texas Vaccine Outreach and Education Program Grants](#). By partnering with local communities and allowing them to drive the messaging and outreach efforts, DSHS has reached hundreds of thousands of hard-to-reach Texans. DSHS has worked collaboratively with Texas A&M and community-based organizations to specifically target non-traditional and hard-to-reach populations through this contract.

Some of the notable community-based organizations that DSHS has contracted and/or partnered with for this effort include the Association of Nigerian Women Entrepreneur and Professionals, American Muslim Today Foundation, Inc., and the El Buen Samaritano Episcopal Mission.

**Vermont:** The partnership with EMS in vaccination was new for Vermont and something the state hopes to continue during future seasonal vaccination efforts.

**Washington:** Non-traditional partners, such as the Washington State Pharmacy Association, were used to provide vaccinations in unusual locations. The Washington State Department of Health had not previously worked with the state's Department of Social and Health Services or long-term care communities to ensure access and onsite vaccination services. This partnership set a new model for future preventive outreach and work.

## Strategies to Build Vaccine Confidence and Reduce Hesitancy

**Arizona:** Partnering with trusted messengers was essential to the success of reaching the diverse communities of the state. For some AAAs, word-of-mouth through local volunteers and staff was the best means. Other means, such as connecting with the business community, were essential to these efforts. For example, one AAA partnered with three local Chambers of Commerce to share information through their distribution lists.

**California:** A key outreach strategy used to target older adults was to utilize trusted messengers to deliver the messaging. This included news and radio talent, to their trusted faith-based leaders, and individuals in the communities. Their stories were shared to encourage older adults to get vaccinated.

**Colorado:** The Champions for Vaccine Equity program fosters relationships and shares information with communities about vaccine effectiveness, safety, and access. The program is composed of Champions, primarily healthcare individuals, who engage with underserved populations, community-based organizations, faith-based organizations, and schools. At the conclusion of the Champions for Vaccine Equity events and learning workshops, community members are equipped with reliable resources and information to make vaccination decisions that are best for them and their families.

## State COVID-19 & Influenza Vaccination Programs

- Partnerships with trusted community partners in locations that are accessible and convenient have proven to be well received and a means of combating misinformation and disinformation in hard-to-reach communities. For many Latino communities, mistrust in government created an additional barrier to accessing traditional health care and vaccine sites.
- The connection between people from diverse racial and ethnic groups and public health is strengthened through bringing together a large and varied group of partners working from different perspectives. The State developed a centralized hub for this work to continue and grow through the outreach and engagement work of the [Division of Disease Control and Public Health Response, Health Equity Branch](#).
- Trusted community partners and messengers continue to be the best equipped to speak to their communities. Through a mobile vaccination program, the CDPHE is able to work directly with these community partners to provide access and continue the conversation about the effectiveness and safety of vaccination across all vaccine types.
- A new, sustainable mobile public health clinic program will give the Department the ability to travel to schools, which have proven to be effective locations for vaccination, both as community hubs, but also as trusted spaces. This could improve school-age vaccinations rates, but also offer a location for families to be vaccinated together.

**Delaware:** The state's marketing campaign was developed to address vaccine hesitancy based on a study completed by the University of Delaware regarding reasons for vaccine hesitancy in both the older adult and disabilities populations.

**Georgia:** DAS partnered with the Georgia Health Policy Center to conduct research and focus groups to determine how to build vaccine confidence and reduce vaccine hesitancy. The focus groups included a diverse group of older adults and people with disabilities. Additionally, the No Wrong Door Vaccine Collaborative also included a diverse group of stakeholders.

**Hawaii:** Kupuna (older adults) are revered in the community so having them speak and share spoke volumes.

**Idaho:** Social service agencies worked tirelessly to provide education, information, reliable data, and to support vaccination access. Identifying local trusted community leaders was addressed as much as possible. Local migrant and native tribal leaders were successfully utilized to present information to their communities.

**Missouri:** Messages were recorded utilizing the Director of the Office of Minority Health to try to engage minority communities. The state also partnered with Kansas City Royals baseball player, Carlos Santana, to encourage Missourians to get vaccinated. See [covidvaccine.mo.gov/win/](https://covidvaccine.mo.gov/win/).

**Montana:** The public service announcements were the main attempt to build vaccine confidence and reduce hesitancy besides the Tele Town Hall events through a contract with M4A, the Montana Area Agencies on Aging Association.

**Nebraska:** Nebraska partnered with well-known African American and tribal leaders, church and faith leaders, and community groups to encourage COVID-19 vaccines and to combat disinformation.

**North Dakota:** The Health Facilities Unit really worked on building confidence and reducing vaccine hesitancy through their campaigns which were separate from North Dakota's Health & Human Services, Adults and Aging Services' project.

**Texas:** The State has contracted with universities to conduct research on vaccine confidence and vaccine hesitancy. Universities have conducted rigorous research including both surveys and focus groups with general

# State COVID-19 & Influenza Vaccination Programs

consumers and health care providers. Informed by this research, universities begin working with DSHS to create and deliver educational materials designed to address vaccine hesitancy. For example, creating motivational interviewing training for clinicians to help them talk about vaccinations.

**Vermont:** The state engaged all the communities listed as examples (clinicians, faith leaders, social service agencies, and local businesses), many of whom were grant-funded to assist in the dissemination of information and clinic planning.

**Washington:** The [Power of Providers \(POP\) Initiative](#) was created to establish partnerships with trusted community partners, in this case, healthcare providers. The POP program focuses on engaging with health care providers to encourage them to act proactively as trusted messengers among their patients. These bi-directional collaborative relationships have helped Department of Health staff provide culturally and linguistically appropriate resources and inform the ongoing development of public health programming. Resources provided through the POP program include the “POP Shop”, an ordering system for free multilingual materials to promote COVID-19 vaccination and recordings in English and Spanish for on-hold telephone messaging. The POP program also shares resources in more than 50 languages designed for providers to share with patients as well as resources designed for the providers themselves and their staff which include discussion guides for talking with patients about COVID-19 vaccination and for building confidence in COVID-19 vaccines and boosters.

The POP program also supports these collaborative relationships by coordinating webinars focused on provider resiliency and other topics of interest and by providing a forum for provider feedback in the form of the POP Advisory Group. POP staff have helped to maintain the program's effectiveness by committing to active listening, elevating and acting on provider concerns, and by promoting mutual accountability.

## Vaccine Outreach Initiatives: Keys to Success

Overall, state respondents said that their vaccine outreach initiatives were successful, and they would recommend them to other states. In summary, states noted their vaccine initiatives were successful due to several strategies.

**Utilizing Data to Identify Under-Vaccinated Communities.** Some respondents recommended that states consider using data to determine areas with low vaccination rates and/or were medically underserved to target vaccine outreach. The [California](#) respondent recommended other states consider utilizing data and specific channels popular with older adults to target messaging.

**Increasing Access to Vaccines.** To reach the medically underserved, some states provided vaccines within an in-home or community setting through various methods such as pop-up clinics or mobile vaccination programs. [Colorado's](#) respondent said that their mobile vaccination campaign has been successful in addressing gaps in services and the delivery of COVID-19 and flu vaccinations to people in medically underserved populations. Through a state budget request, the Colorado Department of Public Health and Environment (CDPHE) received ongoing state funding beginning July 1, 2023 for a Mobile Public Health Clinic Program to increase routine vaccine access to children and adults in hard-to-reach populations. The program will be built using the framework of the successful mobile COVID-19 vaccination program. These new mobile units will offer routine pediatric and adult vaccines, including COVID-19, flu, and Mpox vaccines.

**Availability of Vaccine Outreach Activities and Materials in Multiple Languages.** To reach diverse populations,

## State COVID-19 & Influenza Vaccination Programs

some states said that their outreach materials and methods were offered in various languages. Arizona said that outreach initiatives used by their AAAs were successful and included methods to reach vulnerable adults using methods that make sense for the region and population. For example, many outreach efforts were offered in languages others than English and were coordinated with partners to leverage relationships and resources, such as setting up sites with local churches and using relationships with trusted, local partners to ensure vaccination awareness and access reached diverse populations.

**Broad and Varied Public Messaging.** In Idaho, the most effective strategy was providing multiple exposures to the information and data from a variety of sources through multiple delivery methods. The respondent from Montana said that the public service announcements in their state were fantastic and helped folks understand the importance of vaccination to help stop the spread.

**Partnering with Trusted Messengers.** Several states said that they worked with other state agencies, community-based organizations, health care providers, and community leaders to provide information to the public about the COVID-19 vaccine and encourage uptake. Washington's respondent said that they recommend that other states utilize an outreach initiative like the Power of Providers (POP) program, among other strategies. The POP initiative has helped to create thousands of new collaborative relationships with providers across the state. Focusing on mutual support and regular communication has resulted in opportunities for provider feedback to inform and develop new Department of Health programming and resources and has provided POP staff members with an avenue to share relevant, timely, and accurate public health information providers and to encourage them to be trusted messengers in their communities

## Resources

- For additional information on state COVID-19 and influenza resources, see ADvancing States' clickable map for state aging and disabilities agencies at [advancingstates.org/about/state-agencies/state-resources](https://advancingstates.org/about/state-agencies/state-resources) and the Centers for Disease Control and Prevention's state and territorial health department websites at [publichealthgateway.org/healthdirectories/healthdepartments.html](https://publichealthgateway.org/healthdirectories/healthdepartments.html).
- ADvancing States' [National Vaccine Initiatives](#) webpage includes information on USAging's Aging and Disability Vaccination Collaborative (ADVC) and NCOA's COVID-19 and Influenza Vaccine Uptake Initiative. Both organizations received funding from the Administration for Community Living to rapidly increase the number of older adults and people with disabilities who have received the updated COVID-19 vaccine and annual flu vaccine. USAging and NCOA have awarded grants to several hundred state and local aging and disabilities organizations across the country to host community vaccine clinics, provide in-home vaccinations, provide transportation to vaccination sites, conduct outreach and education to older adults and disabled people, and more. This webpage also includes links to [vaccination program resources](#) which features examples of partner organizations, outreach and engagement resources, federal alerts, and guidance, and USAging's ADVC Resources and Outreach Materials webpage.
- ADvancing States' "[COVID-19 Vaccine Rollout: State Information and Resources](#)" (January 2021) features information from a state member survey describing state distribution and administration of the COVID-19 vaccine to people receiving home and community-based services and/or Older Americans Act services.
- The Administration for Community Living's [Strategies for Helping Older Adults and People with Disabilities Access COVID-19 Vaccines](#) offers examples and promising practices for states, municipalities, and community partners that assist older adults and people with disabilities access COVID-19 vaccines. (Last updated April 2021)

- National Governor's Association's [COVID-19 Vaccine Initiatives](#) lists incentives used by states to increase COVID-19 vaccination rates. (October 19, 2021)

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