

The Massachusetts Department of Health  
Immunization Equity Initiative Targeting  
Underserved Populations  
2009-2012



Massachusetts Department of Public Health  
Office of Health Equity  
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## Overview

This report is a summary of the activities of the Massachusetts Department of Public Health Immunization Equity Initiative targeting hard-to-reach racial, ethnic and linguistic (R/E/L) populations and recommendations for moving forward. The report contains the background and rationale for the Initiative; a summary of outreach, education and flu immunization efforts; challenges and lessons learned over the last three flu seasons beginning with the H1N1 flu season in January 2010, and ending in March 2012. The purpose of the report is to share the innovative and promising strategies for reaching isolated and vulnerable R/E/L populations with other bureaus within MDPH, local boards of health, community based organizations, potential funders and policy makers both at the state and community level. These approaches and recommendations can serve as best practices across a continuum of programs designed to reduce disparities in R/E/L immunization and other health disparities.

## Executive Summary

In 2009, the United States experienced two waves of the H1N1 flu outbreak; the first, in the spring of 2009 and the second in the fall and winter of the 2009-2010 flu season. The CDC reported an estimated 57 million infections, 257,000 H1N1 related hospitalizations and approximately 11,690 deaths in the period beginning April 2009 through January 2010. MA alone reported 1959 confirmed cases, 389 hospitalizations and 31 deaths from H1N1. MA morbidity and mortality surveillance data also revealed a disproportionate burden of the H1N1 flu among Black, Hispanic and Asian residents compared to their white counterparts in the state.

In response to H1N1 outcomes, the Massachusetts Department of Health (MDPH) Office of Health Equity (OHE), whose mission is to promote the health and well being of racial, ethnic and linguistic (R/E/L) minority populations throughout the Commonwealth, launched the Immunization Equity Initiative, an initiative through which OHE in partnership with the Bureau of Infectious Disease Immunization Program facilitated community-based programs through grant support to perform intensive outreach, education and flu immunization activities in the hardest hit R/E/L communities during the H1N1 epidemic and, in the subsequent flu seasons following the outbreak.

This report summarizes the initiative's community strategies to addressing barriers to flu vaccine uptake, challenges encountered and recommendations made for continued learning and systems improvement.

### Key Findings:

- Grantees were community-based programs that had demonstrated experience in reaching out to the target populations and had established trust and partnerships within the community.
- Grantees targeted unique population categories including, but not limited to: young men of color, individuals with chronic diseases, recent immigrants, gay, lesbian, bisexual, transgender and queer (GLBTQ) youth, and pregnant women.
- The most common languages spoken by the target populations were English, Spanish, Arabic, Amharic, Bengali, Cape Verdean, Chinese, Haitian Creole, Portuguese and Vietnamese.

- Grantees reached out and educated community members at day care centers, ethnic and religious festivals, gay bars, Head Start Programs, ethnic food markets and held vaccination clinics in non-traditional settings including apartment buildings, senior centers, family planning clinics, needle exchange programs, local food pantries, homeless shelters and WIC centers.
- The quantitative data showed a gradual increase in the numbers of individuals reached and vaccinated from Year 1 to Year 2 and a marked increase in numbers in Year 3. There was a 96% increase in the total number of individuals vaccinated from Year 2.

### **Lessons Learned:**

- Flu prevention strategies including outreach, education and increasing access to affordable and effective vaccine are most effective when implemented prior to the onset of the flu season.
- The sustainability of community flu immunization activities targeted at R/E/L populations depends on improved coordination of immunization efforts at the state and local level; building on previously successful strategies and continued engagement of community partners especially “non-traditional” partners with expertise in community norms, practices, values and have relationships within the community.
- Community residents – those who actually live in the neighborhoods – should be involved in all phases of the design, planning, implementation and evaluation of immunization efforts since they have the most valuable insights into the challenges, barriers and/or beliefs within their communities.
- Immunization activities are most successful when held in conjunction with other on-going events and at times and locations that are convenient for R/E/L populations.
- It is important to have a designated “community champion,” for example a church leader, elder, community activist or community health worker who has been immunized to participate at outreach and immunization events and clinics.
- Communities are rapidly evolving and flu prevention strategies and messages need to be adapted to the culture and beliefs of new and emerging populations.

**Recommendations:**

At the end of Year 1 and Year 2 flu seasons, OHE held learning labs in which the grantees, community partners and DPH staff convened to share outcomes, challenges faced and make recommendations for future flu immunization efforts. Recommendations specific to DPH included:

- *Improving coordination of immunization activities at the state level.* This resulted in the formation of the Immunization Equity Team whose purpose is to develop long-term goals and strategies to guide flu immunization efforts and, establish a sustainable infrastructure for the elimination of racial, ethnic and linguistic disparities in immunization.
- *Development of a uniform guidance* which contains information including but not limited to relevant flu facts, answers to commonly asked questions, strategies for addressing myths, as well as referrals to appropriate materials and websites. This led to the development of the flu guide: *Flu Vaccine for Everyone! A Guide for Reaching and Engaging Diverse Communities.* The guide, which is available in print and on-line and has been presented as a resource both locally and nationally, provides tools and resources to enable local boards of health, public health nurses and community agencies and others to engage R/E/L communities and coordinate and implement culturally relevant flu immunization strategies.
- *Development of more refined flu immunization goals and strategies.* This resulted in the development of goals and strategies based on national Healthy People 2020 goals, state and community data and funded grantee feedback.

**Moving forward:**

The goal of the MDPH Immunization Equity Initiative is to increase flu immunization coverage among R/E/L residents towards the Healthy People 2020 goal: To achieve 80% vaccination rates against the seasonal influenza among non-institutionalized adults aged 18-64, and 90% in adults 65 and older by the year 2020. The recommendations for moving forward which are geared to building capacity and developing policy for the sustainability of immunization efforts are to:

- Continue coordination of efforts by the Immunization Equity Team
- Ensure availability and flexibility of funding for immunization activities

- Communicate MDPH Immunization Equity Initiative goals to local boards of health and community- based organizations so that all may work towards achieving the Healthy People 2020 goal
- Continue to support local boards of health and community-based immunization programs through technical assistance and resources
- Promote the use of the flu guide by local boards of health and others statewide
- Integrate the Plan-Do-Study-Act approach to all MDPH immunization efforts