
Immunization Rapid Community Assessment 2024



APRIL 2024

EASTERN HIGHLANDS HEALTH DISTRICT
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Rapid Community Assessment

Increasing awareness of barriers to influenza & COVID-19 vaccines

The Rapid Community Assessment process:

Step 1: Identify objectives and communities of focus

Step 2: Plan for the assessment

Step 3: Collect and analyze data

Step 4: Report findings and identify solutions

Step 5: Evaluate efforts and outcomes

*“Preventing Illness and Promoting Wellness for
Communities in Eastern Connecticut”*

EHHD Mission Statement

Objectives:

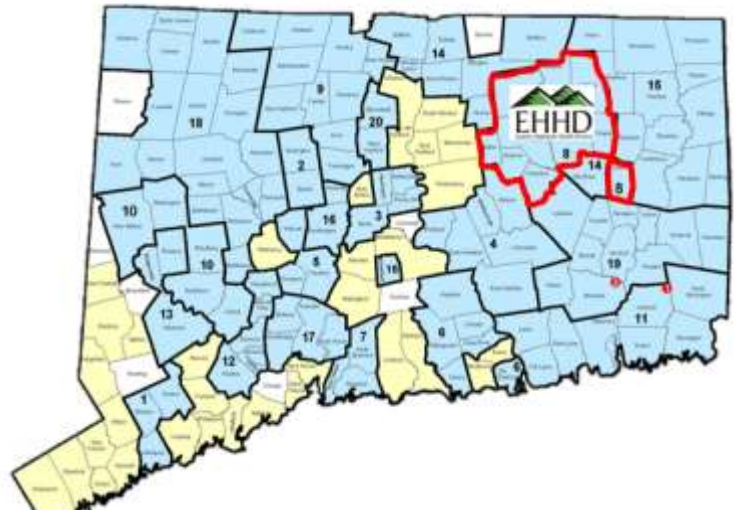
- Increase awareness of the health district community and the barriers (perceived and real) to obtaining the updated COVID-19 and annual Influenza vaccine.
- Develop body of evidence for the Eastern Highlands Health District (EHHD) to draw from in developing an outreach campaign to address disparities.
- Identify community partners and potential venues for reaching the at-risk population in the EHHD with vaccine information and opportunities.

BACKGROUND

The Eastern Highlands Health District serves ten, small, rural towns in the northeast quadrant of Connecticut: Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington.

With the exception of Mansfield, which includes the student population of the University of Connecticut, the towns share similar demographics:

- predominately Caucasian
- fourteen percent age 65 or older
- poverty rate ranges from 2% to 6% except for Mansfield, Ashford and Willington, which are higher and impacted by the graduate student population of the University of Connecticut.
(Datahaven 2021 Town Equity Reports)



Regarding COVID-19 vaccinations in EHHD member towns:

- Early compliance with COVID-19 vaccination recommendations was high among adults (18 years and older) across the health district.
- DPH immunization reports indicate by February 2023, 96% of adults were “fully vaccinated” (received recommended initial vaccines). This high percentage was strongly influenced by seniors (65 and older) and UConn students reaching close to 100% compliance with recommendations.
- Approximately 20% of EHHD adults have received the updated vaccine available since September 2023 (as indicated on the DPH immunization report).

METHODS

- review of DPH immunization data for EHHD member towns
- phone interviews with 167 COVID positive cases (January 1-April 30, 2024)
- thirteen key informant interviews (April 5-17, 2024) representing:
 - seven EHHD member towns
 - faith community leaders (United Church of Christ, Tolland and St. Paul's Church, Willington)
 - town senior centers, youth services & social services
 - regional services for low-income, homeless and mental health (Access Agency and United Services, Inc.)
- five intercept interview sessions resulting in 111 interviews (April 13 - 17, 2024):
 - Nash-Zimmer Transit Station (Mansfield)
 - Bolton Public Library
 - Chaplin Public Library
 - Coventry Public Library
 - Mansfield Public Library
- email survey of school nurses (April 2024) for their general impressions of vaccine acceptance, uptake and barriers for children and staff at their schools
- online community survey (April 3-21, 2024) resulting in 434 responses representing all 10 EHHD member towns

▲ intercept interviews

★ key informant interviews



FINDINGS

KEY INFORMANT INTERVIEWS

- ✓ Older adults (part of the at-risk group) have awareness of and access to vaccines through their health care provider and local senior center resources.
- ✓ Key partners in the community are interested in promoting vaccine awareness and access.
- ✓ There is overall good acceptance of the value of vaccines in member towns.
- ✓ There were frequent recommendations to use all venues available in the community to promote awareness and availability of vaccines.
- ✓ All sites involved in the interviews welcomed the opportunity to host a clinic and share information about the recommendations and availability of the vaccine.
- ✓ A common theme of the interviews was the need to provide clear expectations of the purpose of the vaccines (to reduce illness severity and duration).

INTERCEPT INTERVIEWS

- Interviews with 111 adults, 80% of whom were EHHD member town residents (influenced by the interview site locations, 40% resided in Mansfield, 20% in Chaplin, ten percent in Bolton, and just under ten percent in Coventry).
- The average age observed was fifty years, ranging from college young adult to a few participants who appeared to be in their seventies.
- Gender and race were not consistently reported and cannot be categorized.
- About 60% of respondents knew someone who received the updated vaccine.
- Over half of the interviewees did not know who was recommended to receive the updated COVID-19 vaccine.
- The most common barriers to getting the updated COVID-19 vaccine were: not knowing it was recommended, not being concerned any longer and the side effects experienced with earlier doses of the vaccine.
- Of those who have received a COVID-19 vaccine (over half), the most common reason given (60%) was because they trusted it and wanted to stay up-to-date with the protection.

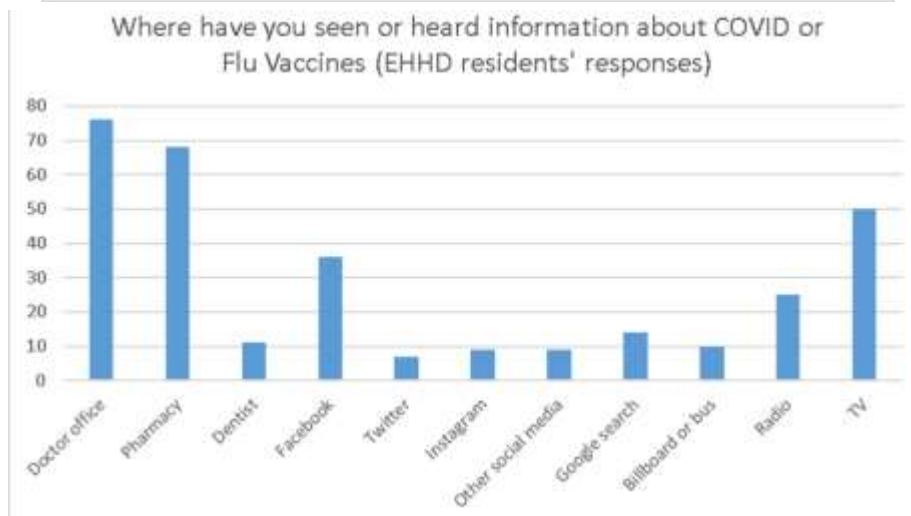
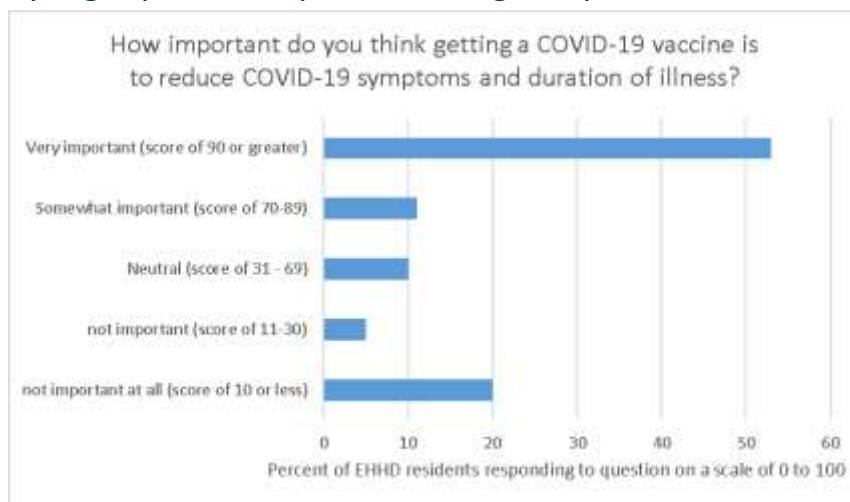
FINDINGS

COMMUNITY SURVEY

- ❖ The online survey was conducted from April 3, 2024 through April 21, 2024.
- ❖ Of the 434 completed surveys, 381 were from EHHD member towns including eight completed in hard copy and entered into the online instrument.
- ❖ All 10 member towns were represented in the responses.

From EHHD member town responses:

- Women comprised 74% of respondents.
- Over 50% of respondents were 56 years of age or older.
- Ninety-three percent received at least one dose of COVID-19 vaccine.
- Forty-eight percent report receiving an updated COVID-19 vaccine.



SURVEY SUMMARY OF FINDINGS

FINDING	OPPORTUNITY
Nearly three quarters of survey respondents received a vaccine other than COVID in the past 24 months.	The general acceptance of flu and other vaccines can be leveraged to address upcoming flu and COVID vaccine promotion.
One out of four survey responses did not feel the COVID vaccine was somewhat or very important to reduce illness	Improve messaging on the benefits of the vaccine highlighting key values (stay in school/work, be at gatherings/events).
On a scale of 0 to 100, survey responses averaged 70 when asked how safe a COVID vaccine was for them.	Improve messaging on safety of vaccine. Leverage safety confidence for those who have delayed updated vaccine.
On a scale of 0 to 100 survey responses for those who had children averaged 60 regarding the safety of COVID vaccines for children.	Improve messaging on safety of vaccine especially in children. Engage health care providers in messaging and addressing parents' concerns.
In the past year, four out of ten survey responses did not have a healthcare professional recommend a COVID vaccine.	Educate healthcare providers about the value of promoting vaccines. Engage healthcare providers in messaging to the community.
Two out of 10 survey responses did not know where to get a vaccine or had difficulty getting an appointment.	Improve promotion of all vaccination locations and host "appointment optional" clinics.
One out of 10 survey responses were not aware an updated COVID vaccine was recommended.	Improve messaging on recommendations. Engage healthcare providers in communicating importance of vaccines.
Forty-three percent of the 279 survey responses who did not receive the updated vaccine stated they were "not interested". Intercept and key informant interviews reflected a general attitude of "not concerned" about COVID presently.	Improve messaging on the benefits of the vaccine highlighting key values (stay in school/work, be at gatherings/events).

WHAT'S WORKING WELL WITH COVID-19 VACCINES?

- Older adults have awareness and access through health care provider and senior center resources.
- Key partners in the community are interested in promoting vaccine awareness and access.
- There is overall acceptance of the value of vaccines.

WHAT CHALLENGES ARE THERE IN THE EHHD FOR COVID-19 VACCINES?

- *Awareness* of recommendations due to limited exposure & promotion in appropriate venues (many in at-risk group do not use internet and social media)
- *Awareness* of the intended purpose of vaccine to reduce severity and duration of symptoms.
- *Access* limitations due to:
 - transportation
 - home-bound status
 - appointment/availability
 - insurance accepted (limitations due to “provider network”)
 - both vaccines not being offered at the same time or location presents cascading access issues for multi-generational households

RECOMMENDATIONS

CHALLENGE	RECOMMENDATION
Awareness of recommendations	Multi-venue promotion of recommendations Targeted campaigns for sectors at risk
Access limitations	Coordinate pop-up clinics at key locations in member towns leveraging vaccination partners and trusted community partners
Not offered at the same time or location as flu vaccine	Coordinate pop-up clinics with both vaccines offered for adults, older adults and children
Awareness of purpose of vaccine / expectations of vaccine	Promotional messaging should be clear that the primary purpose of both COVID-19 and flu vaccine at this time is to reduce severity and duration of illness

LESSONS LEARNED

- Messaging across member towns needs to be specific and targeted. Many community partners are willing to post in their location or in their newsletters, but the ask needs to be clear and specific.
- The CDC's "Wild to Mild" campaign was not seen by any key informants, confirming that social media *cannot* be the *only* place messaging is posted.
- Faith communities/local churches and regional partners (United Services, Inc. & Access Agency) are interested in working with public health and are trusted partners in member towns.
- Clear messaging and information needs to be shared regarding the primary purpose of the flu and COVID vaccines (to reduce severity and duration of illness).

NEXT STEPS

1. Disseminate the RCA report to community partners.
2. Identify vaccination partners for vaccination venues and providers.
3. Create a social marketing campaign.
4. Establish a Fall 2024 vaccination event calendar and distribute to community partners.
5. Launch awareness and promotional campaign across multiple venues including but not limited to:
 - radio / print / email / social media / billboards or buses.
6. Evaluate methods, implementation and outcomes of this initiative.

ACKNOWLEDGEMENTS

We are grateful to our community partners who contributed to the information-gathering aspect of this assessment, and our member town leadership and residents who participated in, and shared the community survey link.

Access Agency	Coventry School Nurse (GHR)
AHM Youth & Family Services	Coventry Senior & Social Services
Andover School Nurse	E.O. Smith School Nurses
Andover Senior Services	Mansfield Library
Ashford Senior Center	Mansfield School Nurses
Bolton Library	Mansfield Senior Center
Bolton Schools	Mansfield Youth Services
Bolton School Nurse (Center)	Parish Hill School Nurse
Bolton Senior & Social Services	St. Paul's Church, Willington
Chaplin Library	Tolland Senior & Social Services
Chaplin School Nurse	UConn Pharmacy Students
Columbia Senior Center	United Services, Inc
Coventry Library	United Congregational Church, Tolland
	Willington School Nurse (Hall)