

## Local Health Departments Leverage the Centers for Disease Control and Prevention's Rapid Community Assessment to Learn the Vaccination Needs of Their Communities

The Rapid Community Assessment (RCA) is a resource developed by the Centers for Disease Control and Prevention (CDC) during the COVID-19 pandemic. The assessment allows local health departments (LHDs) to quickly collect community insights on public health issues. Nine LHDs across eight states completed the assessment as part of NACCHO's *Partnering for Vaccine Equity project*.

By employing the RCA, LHDs were able to gain a greater understanding of the COVID-19 and influenza vaccination needs within their communities of focus. The RCA equipped LHDs with the foundation to identify drivers of low vaccination rates for COVID-19 and influenza in addition to developing strategies to address low vaccination rates.

### Common Findings:

Findings demonstrate that communities across the eight states shared commonalities between COVID-19 and influenza vaccination. LHDs also reported becoming a growing figure of trust in their communities. It is critical LHDs continue to build trust within their communities to provide necessary health services and interventions.

### Summarized Findings Across Sites:

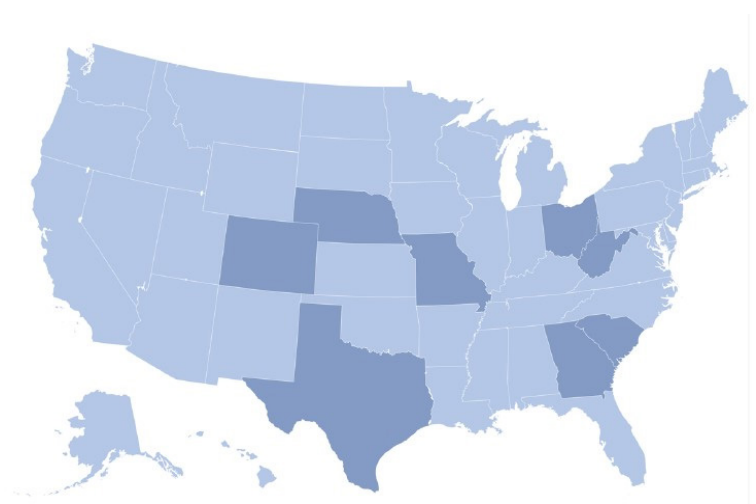
#### Findings have been broken into the following categories:

##### Vaccination Opportunities:

- Health departments, pharmacies, and hospitals have offered many opportunities to receive COVID-19 and influenza vaccinations.
- Rural communities continue to face barriers to vaccination, due to proximity to city and lack of transportation.

##### Misconceptions and Fears:

- Distrust in the vaccine and the government remain a challenge to improving vaccination uptake in addition to misinformation and perception of personal autonomy over one's health decisions.
- Undocumented community members view public health as a government entity which can deter them from seeking services.
- General anxiety about shots, needles, side effects from vaccination, and fear of infertility.
- Lack of understanding, concern, and perceived susceptibility of contracting influenza.
- Belief that influenza vaccination causes the flu.



The shaded states above identify where the RCA was conducted by LHDs.

### Strengths of the RCA noted by Local Health Departments:

The following are common strengths and lessons learned from the RCA:

- Includes tools and strategies to identify barriers to COVID-19 and influenza vaccination uptake within an intended population of focus to strategically develop outreach activities to improve vaccination coverage.
- The assessment is easy to conduct among a variety of different population types.
- Health department personnel were able to rapidly conduct the assessment in person (i.e., intercept interviews) and through survey administration.
- Community members were receptive and willing to take a few minutes to engage in conversation about COVID-19 and influenza vaccines.
- Methodology to conduct an RCA varied which allowed health departments to reach the intended population(s) of focus based on the needs identified within their jurisdiction.



## Challenges Experienced by LHDs in Conducting the RCA:

The following challenges associated with conducting the RCA were noted:

- The recommended three-week timeframe to complete the RCA, can be too short to conduct and analyze assessment data, may result in missed opportunities to reach the population of interest and make partners reluctant to participate.
- Pre-existing data to assess vaccination rates for both COVID-19 and influenza in populations of interest, are insufficient. The lack of robust data presents a challenge in identifying and prioritizing subpopulations for the RCA ahead of time. The RCA can be utilized to supplement data needs where granular data is not available.
- Local Immunization Information Systems (IIS) are dated and did not meet the infrastructure needs during the COVID-19 pandemic. As a result, data incompleteness was seen for COVID-19 data which presented a challenge in identifying under-vaccinated subpopulations later in the pandemic.
- Lack of interjurisdictional IIS data exchange resulted in incomplete vaccination histories for those who moved and/or received vaccine doses in other jurisdictions.

## Next Steps: Assessment to Action

LHDs have highlighted the following as their next steps to move from assessment to action.

- Identify and partner with community-based organizations to reach under-vaccinated groups and provide public health education and vaccine access. Continue efforts to identify groups that LHDs have not successfully connected with previously and increase vaccine equity among the underserved.
- Engage third parties to incentivize vaccination.
- Continue outreach and education campaigns, utilizing trusted sources of information and community leaders.



## Is your LHD interested in conducting a RCA?

Here are some helpful hints from the participating LHDs on conducting a RCA:

*“Have a strong network of partners to distribute different assessment methods (i.e., intercept interviews, surveys, etc.).”*

*“If you have the ability, go off-site. It allows you to reach more of your population, develop connections with your community and eliminate barriers.”*

***“Mandates work but seem to fuel misinformation and increase controversy. This makes it more difficult for public health departments to conduct outreach and provide education.”***

*“Use a mix of different methods for collecting data (i.e., in-person, online, focus groups, etc.).”*

*“Be prepared to connect your populations with other health services they need, that were identified while conducting the RCA.”*

***“Partner with community-based organizations (CBOs) that serve your population(s) of interest to support with translation services and outreach to address the language barrier if needed. Partnerships like this also help connect clients to additional services. Working with CBOs also provides a unique perspective and skillset to leverage.”***