

# Effective Outreach Strategies to Vaccinate Underserved Populations

Sheri Belafsky, MD, MS, FACOEM  
University of California, Davis



In the population, immunological protection against SARS-CoV-2, the virus that causes COVID-19, can only be achieved through widespread and equitable vaccination. Too often, mass vaccination efforts fail to address equity barriers<sup>1</sup>, keeping intact the obstacles that prevent underserved populations from receiving care<sup>2</sup>. However, with costs covered and initial demand high, COVID-19 vaccines provide a turning point — an opportunity to prioritize access and achieve new levels of equity.

**Healthy Davis Together (HDT), a joint project between UC Davis and the City of Davis, has a key goal to develop a model to vaccinate underserved communities.** Since February 2021, HDT has successfully administered 11,106 vaccines, with a majority (42%) of patients identifying as Hispanic or Latinx, through its exclusive commitment to vaccine equity and strategic deployment of effective outreach strategies. From February to May 2021, HDT intentionally vaccinated underserved populations only while supporting other providers focused on general community-wide vaccination. By narrowing its scope, HDT protected doses for those who struggle to get vaccinated the most.



The outreach strategies described below address several access barriers and include partnering with trusted healthcare entities, establishing a dedicated call center, providing transportation through Uber Technologies, exercising flexible clinic operations to meet patient preferences, and piloting innovative, hands-on outreach methods.

- 1. Partnering with trusted healthcare entities:** Developing partnerships with trusted healthcare entities builds credibility within underserved communities. CommuniCare, a Federally Qualified Health Center specializing in treating vulnerable populations, partnered with HDT to open two clinics and vaccinate its patients. HDT also partnered with the county public health department to vaccinate migrant farmworkers, homeless shelter residents, and the staff and residents of assisted living facilities through mobile clinics. Recently, HDT has explored partnerships with local advocacy groups to vaccinate childcare workers.
- 2. Setting up a dedicated call center:** Despite the ease of setting up self-scheduling portals, HDT created a call center to address connectivity challenges faced by many CommuniCare patients. Via phone call and SMS, the call center notified patients of their eligibility and scheduled appointments.

To date, the call center's performance has been strong as outlined below:

- 1,963 total appointments scheduled from 27,865 outbound calls (7.04% outbound scheduling rate)
- 34,695 total calls (inbound and outbound)
- 40,000 text message notifications sent

Other barriers such as English fluency and patient work schedules were addressed through the hiring of bilingual Spanish- and Hindi-speaking staff, offering of interpretation services, and extension of operating hours to weekends.

**3. Providing transportation through Uber Technologies Inc.:** HDT strategically placed clinics in neighborhoods with high concentrations of underserved residents. To serve those residing in more rural areas, HDT also provided free rides to and from clinics through Uber Health. These rides removed the dependency on public transit to minimize no-shows and maintain social distancing. From inception, Uber Health has provided 19 roundtrip and 38 one-way rides to HDT patients, facilitating the vaccinations of 41 residents.

**4. Exercising flexible clinic operations to meet patient preferences:** To increase convenience, clinic hours have been adjusted with popular appointment times, like morning (9 AM), evening (until 9 PM), Fridays, and Saturdays, generating large volume fluctuations. During slow times, administrative staff have flexed to support outreach. They have advertised outside local businesses, called patients to reschedule cancelled or no-show appointments, and operated mobile clinics. HDT will continue to adapt as it prepares for community-wide vaccinations in May 2021. Community appointments are set to occur during off-peak hours to protect the preferences of underserved patients.

**5. Piloting innovative, hands-on outreach methods:** HDT has nurtured an experimental culture through piloting several outreach strategies. Beginning as a test, door-to-door vaccinations have proven effective in reaching homeless and transient populations. In its first four weeks, HDT vaccinated 88 motel residents by going door-to-door with educational information and vaccines.

## Lessons Learned

**Proximity is primordial:** Locate vaccination sites in hyper-proximity to underserved populations or bring vaccines to people through mobile and door-to-door outreach to drive uptake.

**The phone is still most effective:** The success of the call center indicates the phone, despite being old-fashioned, remains effective in reaching a portion of the population.

**Emotional comfort helps overcome hesitancy:** Foster a warm and comfortable environment through partnership with a trusted healthcare entity, multilingual staff, and convenient weekend and after-hours appointment times.



## References

1. Artiga S, Michaud J, Kates J, Orgera K. Racial Disparities in Flu Vaccination: Implications for COVID-19 Vaccination Efforts. Kaiser Family Foundation. <https://www.kff.org/policy-watch/racial-disparities-flu-vaccination-implications-covid-19-vaccination-efforts/>. Published September 15, 2020. Accessed May 10, 2021.
2. Carrillo JE, Carrillo VA, Perez HR, Salas-Lopez D, Natale-Pereira A, Byron AT. Defining and Targeting Health Care Access Barriers. *Journal of Health Care for the Poor and Underserved*. 2011;22(2):562-575. doi:10.1353/hpu.2011.0037