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INTRODUCTION

The Community Health Worker Network of Buffalo partnered with the Erie County Department of Health to implement vaccine and wellness clinics to target communities with low vaccination rates.



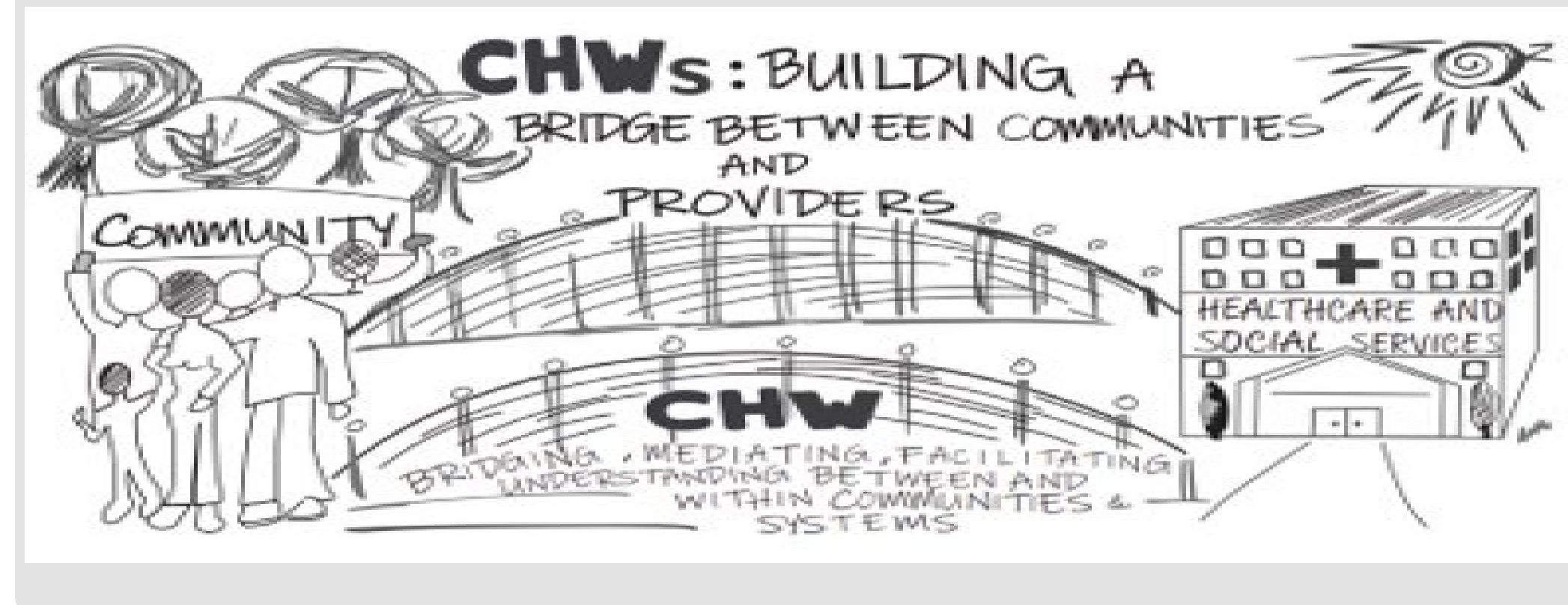
Between May 2021 and April 2022:

- Clinics with and without CHWs were held in many locations including community centers, churches, schools, and public parks
- The data analyzed here includes 27 clinics with CHWs in public schools and 13 clinics without CHWs held in a variety of locations, including schools

This initiative demonstrates strategies for equitable access to public health initiatives (COVID vaccine) for historically marginalized* communities by

- breaking down silos between institution, systems and community
- facilitating community empowerment through shared decision making
- using an equity focused approach that utilizes trauma informed strategies and is culturally and linguistically responsive

* inclusive of Black, Indigenous and People of Color (BIPOC) and low socioeconomic status (SES)



METHODS



PLAN:

- Co-create a strategy with CHWs and frontline organizations in various social determinants of health, ECDOH, City of Buffalo, Buffalo Public Schools and academics
- Train more CHWs in core competencies, vaccine education and neighborhood outreach

DO:

- Implement vaccine clinics as part of holistic wellness events in Buffalo Public Schools
- Administer pre-event school/community outreach and neighborhood canvassing
- Bring targeted supports based on community assets and needs (healthy food, housing support, mental health, etc.)
- Create multiple formats- school day, Saturday, sports events and parent center/evening clinics
- Work in the “whole school, whole community, whole child” model
- Use social media, TV, radio, print media, and institutional and organizational communication infrastructure (e.g., BPS ability to call/email/text all families)
- Have 1:1 and small group interactions in a culturally and linguistic responsive manner and use them as “trusted messengers”
- Utilize a positive and affirming narrative offering support and encouraging wellness, health and safety

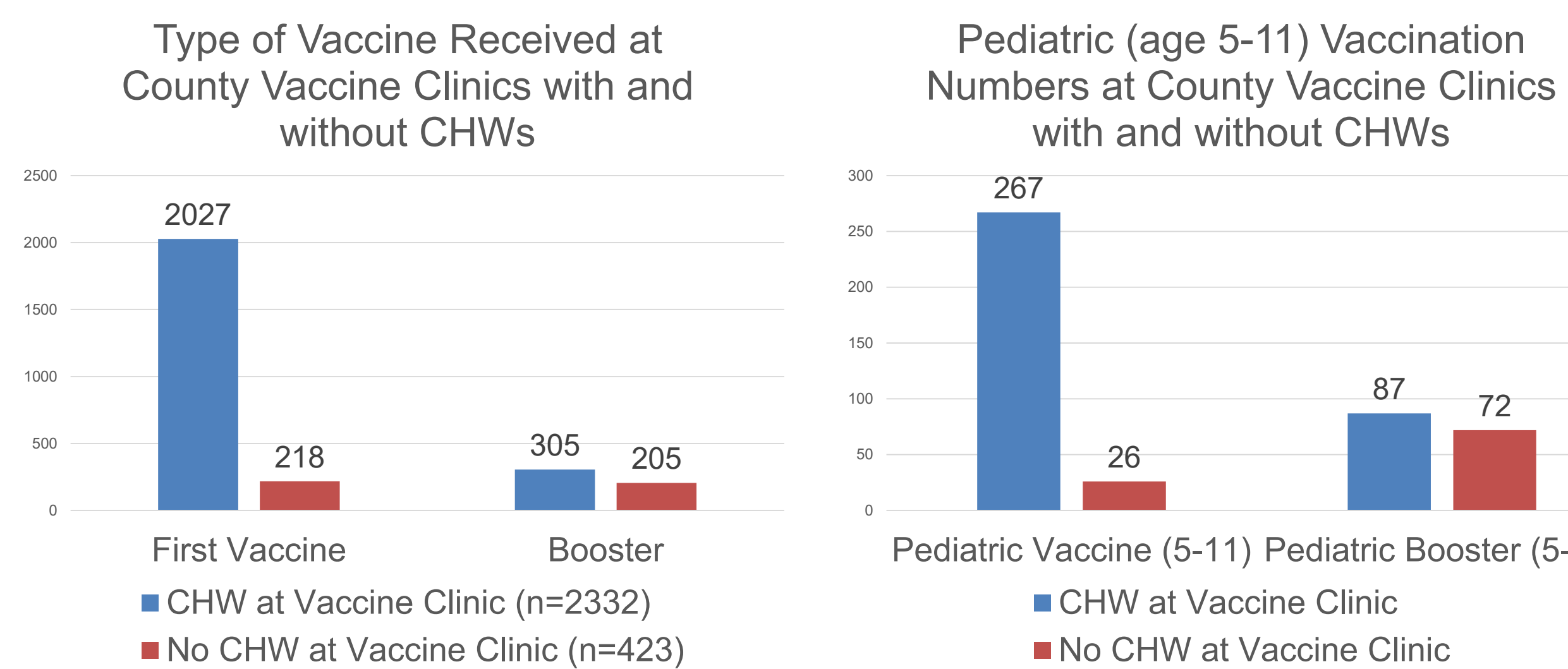
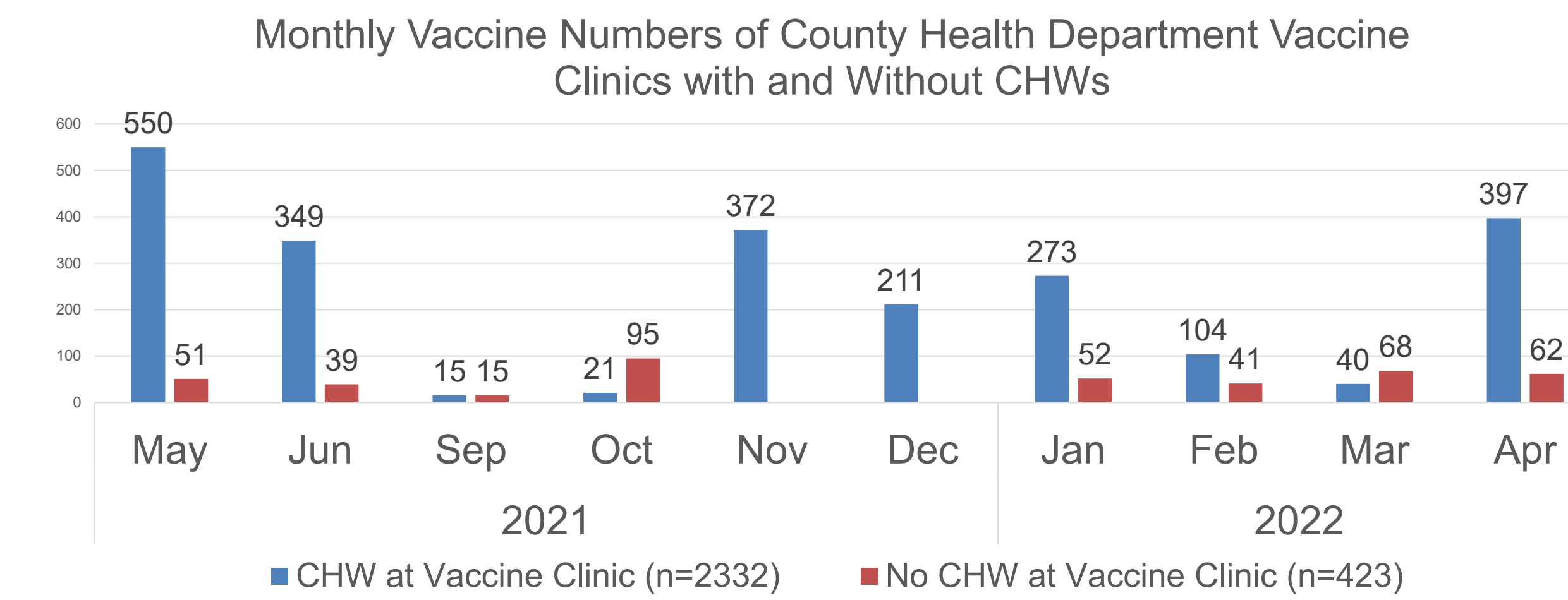
STUDY:

- The number of individuals receiving vaccinations
- The number of CHWs/outreach workers that are trained on how to talk about vaccination, effective community outreach and engagement, and neighborhood canvassing
- The number of contacts with community members, parents/caregivers and students providing education and assistance with multiple social determinants of health (bags of produce, mental health peer counseling, housing linkage, etc.)

ACT:

- Assess impact after each clinic and identify ways to modify subsequent clinics/events (e.g. type and method of education and outreach, social determinants of health services and supports offered, etc.)

OUTPUTS



“When it's somebody that they can relate to, it's easier to convince them. We come with a holistic approach, and that's also what helps people get comfortable with us. So it's not just all about the vaccine and that's it.”

Khadijah Hussein, a community health worker and family advocate with the Community Health Worker Network of Buffalo

OUTCOMES

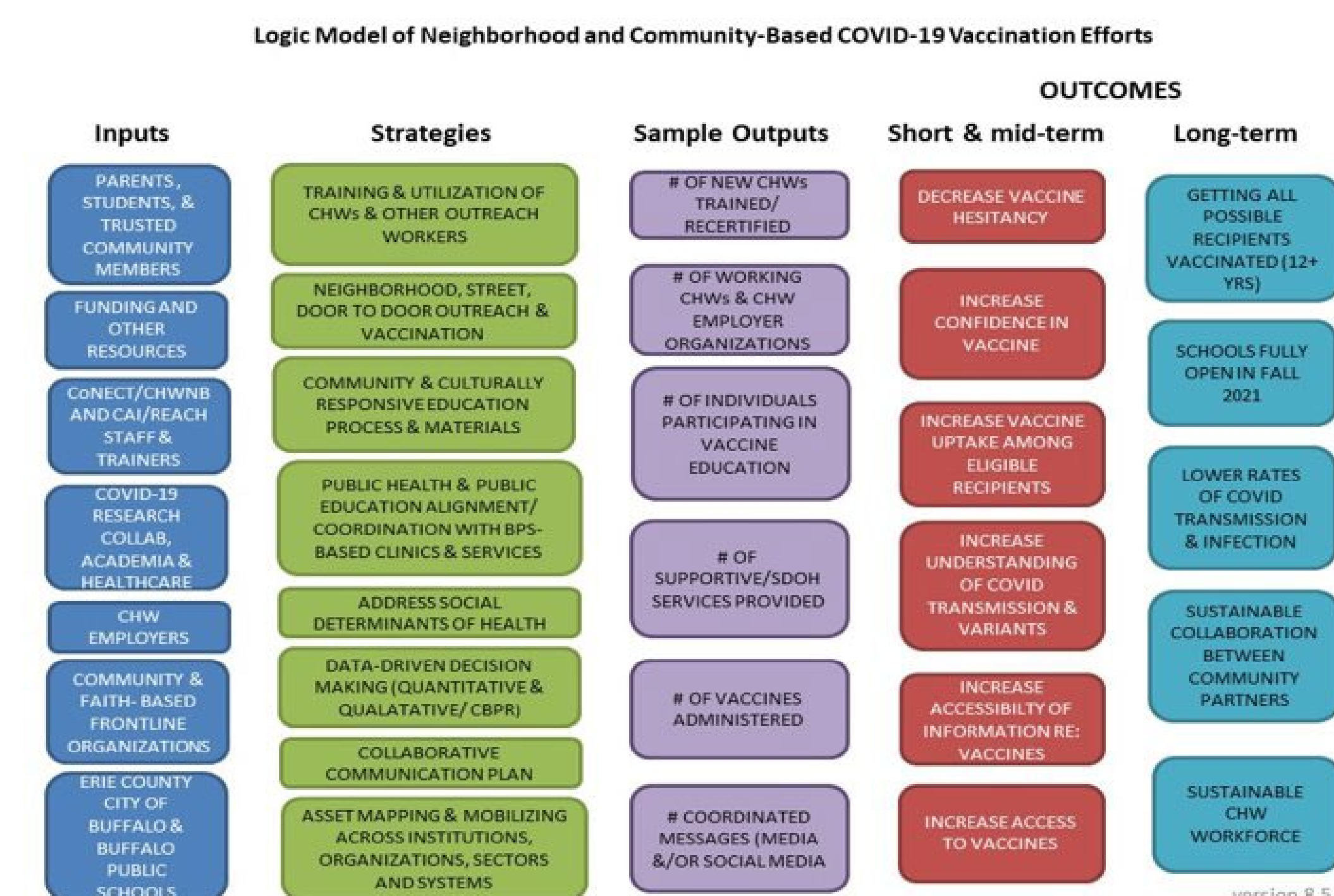
- All of the clinics were held in what have been characterized as “vaccine hesitant” communities experiencing health disparities
- Attendance at CHW-led vaccine clinics exceeded other vaccine clinics by nearly 400% (average attendance=194 vs. 53)
- CHW-led vaccine clinics had higher numbers of first time vaccines and pediatric vaccines
- Over 50% of vaccine recipients at CHW-led vaccine clinics were age 5-18, indicating this approach may be particularly helpful for children and families. About 12% of vaccine recipients at other vaccine clinics were age 5-18.
- In addition to over 2,000 vaccines delivered, CHW-led clinics provided food, educational resources, and PPE in a fun-filled environment to over 4,000 people

CHALLENGES

- Volatile and uncertain environment with COVID-19 surges and restrictions, supply chain issues with PPE, vaccines, etc.
- Complexity of communication, coordination and collaboration between multiple systems and between institutions/community
- Strains on the capacity of both systems and community-staff shortages, CHWs dealing with the same challenges the community is and trauma/burnout

OPPORTUNITIES

- Unique partnership between public health, public education and community established
- Demonstrated efficacy of CHWs can be applied to other public health issues
- Partners in project received \$2.99m in HRSA funding for CHW training and workforce development



ALIGNMENT WITH NATIONAL WORK AND BEST PRACTICE

“Community-based organizations have been a pivotal piece of the COVID-19 response effort by providing social support to families in need (food, housing, and legal support, etc.), addressing barriers to accessing quality care (through Medicaid enrollment and community health worker services), and providing vaccine educational material through culturally competent outreach. More recently, these organizations have successfully led community outreach and engagement strategies to increase vaccine acceptance and access.”

Access, Data, Power, and Resources: A Roadmap to Health Equity National Association of CHWs, Vaccine Equity Cooperative, Partners in Health, Social Current and Health Leads, January 2022