



Strengthening Vaccine Access & Confidence

Lessons from Rural North Carolina

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PROGRAM, PARTNERSHIPS, EVALUATION

Meet our Team



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Healthier Generation

What We Do

Convene and equip health, school, and community champions with an array of tools and resources that prepare them to equitably transform environments surrounding young people and their families.



Bertie and Robeson Counties

- Rural NC
- Large Black and Native American communities
- High rates of students who had not obtained vaccinations required for school attendance
- Communities subject to numerous health disparities due to systemic disinvestment
- Among the lowest counties in NC for % of population having received the COVID-19 vaccine

Bertie County Vaccine Partners

District/Schools



- 7 Schools with 1,955 students enrolled
- 90% minority students
- 68% economically disadvantaged

Health Department



Community Organizations



Robeson County Vaccine Partners

District/Schools



Health Department



Community Organizations



- 37 schools with 21,000 students enrolled
- 90% minority students
- 70.1% student economically disadvantaged

Schools as Equitable, Community-Based Access Points

Schools are **critical community institutions** with the ability to reach students and their caregivers. They:

- Disseminate **fact-based** information to decrease vaccine hesitancy
- Support access to **vaccines**
- Engage existing **district leadership teams** (DLTs)
- Work closely with **local health departments** and **school-based nurses**
- Include **trauma-informed** and **restorative** approaches



Evaluation Principles



- Utilization-focused
- Learning-focused
- Co-created
- Asset-based
- Responsive
- Equity-centered



Parental Intentions & Beliefs

Looking ahead, 85% of parents plan to have their child *receive all* recommended vaccines on time.

- 1% plan to *refuse all* vaccines
- remaining 14% plan to delay some or all, refuse some, or were not sure of their plans

Source: [Assessing & Addressing Childhood Vaccine Delay](#)

Vaccine Partnerships

- **Strengthening partnerships** between school districts, local health departments, and community-based and faith-based partners
- **Supporting community-led solutions** by collecting and utilizing community input to design customized solutions, improve programs, and measure success
- **Develop and deliver content** that is tailored to each community



Addressing Complexity in Vaccine Uptake

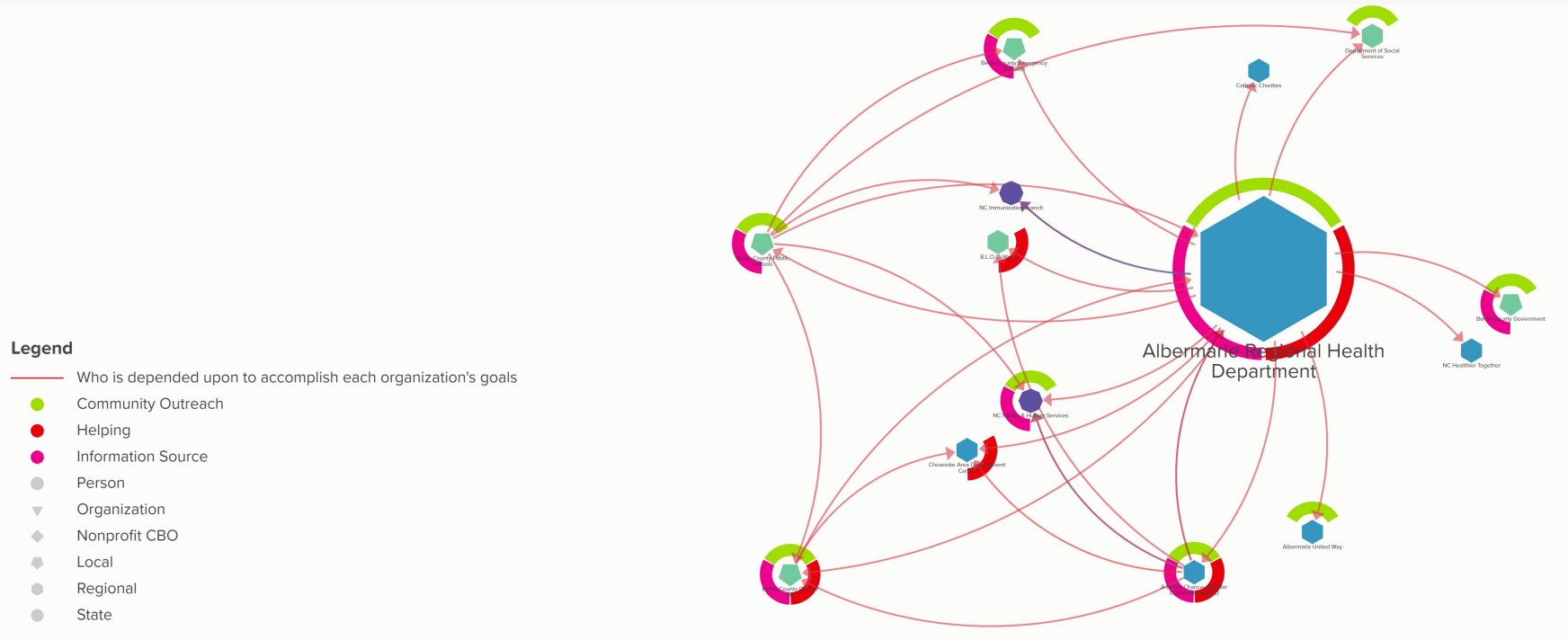


Two new tools:

- Seeing the system
- Emergent planning

Leading the System

Bertie County Childhood Vaccine Partnership • Flow of Information and Support / Flow of Help • Kumu



Emergent Planning

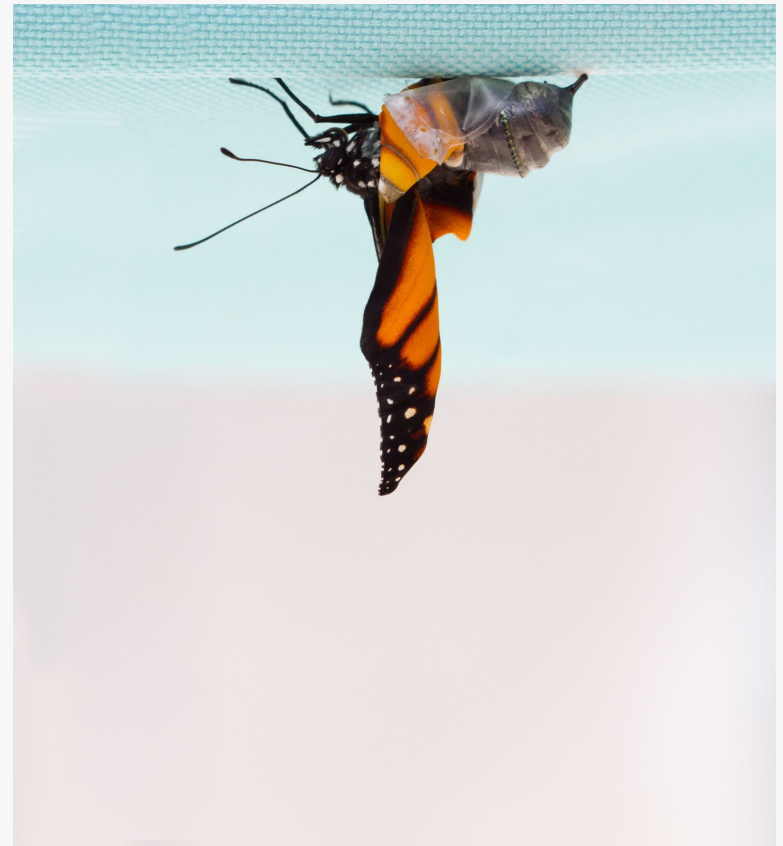
What? So, what? Now, what?

What? What is the work that is currently happening?

How are we addressing the needs?

So, what? When we look at all the work aimed at addressing our goals, what gaps still exist? What else does it tell us?

Now, what? Based on all the information we have, what must we do?



Strategy Approach

Safe to fail experiments

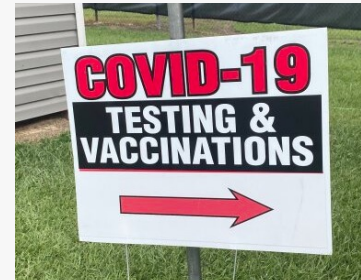
- Community Forums: "Ask a Health Professional"
- Vaccine Assessment Stations: Immunization status check for school-age youth

Learning together

- Monthly meetings & debriefs: Action planning, share lessons learned, identify new resources & support
- Listening Sessions: Landscape analysis of resources and support available

Building relationships

- Networking: Vaccine Partnership Bureau
- New partnerships: State & region



Desired & Achieved Outcomes

Improved collaboration
between schools and
health departments

Increased capacity
among DLTs and school
staff to support students
and their caregivers

Increased vaccination
rates among students

Decreased gap in
vaccination rates between
white and BIPOC students,
caregivers and staff

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Thank you!



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Questions ?

