

# Partnering for Vaccine Equity (PAVE) Project Summary Report

MARCH 2025

## INTRODUCTION

Given evidence that older adults are the most vulnerable to severe outcomes of respiratory diseases and the disparities in social conditions that drive poor health outcomes in South Los Angeles (LA),<sup>1</sup> Black and Latino adults aged 50 years and older in South LA were selected as the populations of focus for this project.

South LA, located in the southwestern region of Los Angeles County (LAC), has a population of over 1 million residents across 15 square miles. **The largest racial and ethnic groups in South LA are Latino (60%), Black (29%), and White (21%).** The region has the highest rate of poverty in the County, with **31% of residents living below the Federal Poverty line.** Education levels are low, with **30% of residents without a high school diploma.**<sup>2</sup>

The rate of **COVID-19 mortality is highest in South LA at 497 per 100,000 compared to 333 per 100,000** in the County. **Approximately 25 per 100,000 residents succumb to influenza or pneumonia annually - the highest rate in LAC.**<sup>3</sup>

During the pandemic, limited access to health care, stigma, racism, and mistrust associated with government and healthcare exacerbated COVID-19 disease and

vaccination disparities. South LA is particularly impacted as it is considered a 'health desert' with a shortage of local health care providers despite high levels of poverty, morbidity, and mortality rates.

Additionally, according to the annual homelessness count released in 2023 by the Los Angeles Homeless Services Authority, one of the regions with the largest concentration of people experiencing homelessness is in South LA.

**In 2023, the annual count reported 19% of all persons experiencing homelessness in the County were in South LA.**<sup>4</sup> Gaps in basic needs such as housing, utilities, food, clothing, transportation, and health insurance are pervasive and have created significant barriers to healthcare. A significant number of South LA residents face low English literacy rates and lack access to simple health information in their preferred language.

### COVID-19 MORTALITY

**South LA**  
497 per  
100,000

**LA County**  
333 per  
100,000

1. GUERRERO LR, WALLACE SP. THE IMPACT OF COVID-19 ON DIVERSE OLDER ADULTS AND HEALTH EQUITY IN THE UNITED STATES. FRONT PUBLIC HEALTH. 2021 MAY 17;9:661592. DOI: 10.3389/FPUH.2021.661592. PMID: 34079786; PMCID: PMC8165264.

2. US CENSUS BUREAU, DECENNIAL CENSUS: 2020 HTTP://WWW.CENSUS.GOV/

3. HTTP://DASHBOARD.PUBLICHEALTH.LACOUNTY.GOV/COVID19\_SURVEILLANCE\_DASHBOARD/

4. HTTPS://WWW.LAHSA.ORG/DOCUMENTS?ID=7232-2023-GREATER-LOS-ANGELES-HOMELESS-COUNT-DECK

# RAPID COMMUNITY ASSESSMENT (RCA)

The Los Angeles County Department of Public Health (Public Health) and the Immunization Coalition of Los Angeles County (ICLAC) conducted a Rapid Community Assessment in South LA between October-November 2023.

## METHODS USED



## RCA PARTNERS

ICLAC conducted an interview with stakeholders and held community listening sessions. Implementation was supported by South LA stakeholders including Kedren Health, Charles Drew University, and Mujeres Extraordinarias Foundation.

## RCA PARTICIPANTS

**46 residents and community leaders** of South LA participated in the listening sessions.

## KEY THEMES

LACK OF TRUST IN EFFECTIVENESS OF VACCINES

NEED FOR MORE VACCINE INFORMATION, ACCESS TO VACCINES AND OTHER RESOURCES

GOVERNMENT INSTITUTIONS AND ORGANIZATIONS NEED TO BUILD TRUST AND SHOW UP CONSISTENTLY

PERSISTING TRAUMA DERIVED FROM THE COVID-19 PANDEMIC

## LESSONS LEARNED/NEEDS

- Need to meet the community where they are and bring resources to them.
- Need for timely, accurate, and culturally and linguistically appropriate messages on recommendations for older adults.
- Need for more trusted messengers to communicate information widely.

# COORDINATION OF THE MOBILE VACCINATION PROGRAM

**P**ublic Health and ICLAC coordinated and held 7 immunization and related healthcare events in South LA with local community-based organizations, faith-based organizations, and businesses.

All events included a mobile vaccination clinic offering COVID-19, Influenza, and any additional vaccines requested by the host site/community partner (ex: Mpox, Hep A). Prior to the events, listening sessions were conducted and findings were utilized to create culturally appropriate, multi-colored, immunization booklets for older adults, in both English and Spanish. In preparation for the immunization events, community health workers (CHWs) and staff participated in a robust training to better understand social determinants of health impacting the community, learn local best practices for immunization communication, and engagement, and develop strategies for addressing vaccine hesitancy.

Trained CHWs attended events and encouraged attendees to get vaccinated, offered guidance, provided referrals to local vaccine clinics, and answered vaccine-related questions and concerns, while also distributing flyers and booklets with information on recommended vaccines.

## ACTIVITIES

1 

Cultural Validation Training completed for Community Health Workers.

7 

Mobile vaccine events hosted at community locations across South LA targeting older adults and Persons Experiencing Homelessness.

8 

CHWs conducted vaccine education/outreach at events, dissemination of printed booklets, vaccine flyers, and surveys.

171 

Community Assessment Surveys were collected across the 7 events.

## PARTNERS


- Immunization Coalition of Los Angeles County (ICLAC)
- **Community Clinics:**
  - St. John's Community Health and Venice Family Clinic
- **Faith-Based Organization:**
  - New Mount Missionary Baptist Church
- **Non-Profit:**
  - It's Bigger Than Us
- USC Clinical and Translational Science Institute
- Julissa Soto Latino Health Equity Consulting
- Los Angeles County Department of Mental Health
- Los Angeles County Department of Public Health Mobile Vaccine Team
- Los Angeles City Department of Aging
- Charles Drew University (CDU) / Kedren Mobile Health Outreach Team
- Senior housing/transitional housing providers

## VACCINE EVENT OUTCOMES

APPROXIMATELY

**956**   
ATTENDEES

**90** VACCINES

Administered, including COVID-19, flu, mpox and Hep A 

**30**

Health Screenings Conducted 

APPROXIMATELY

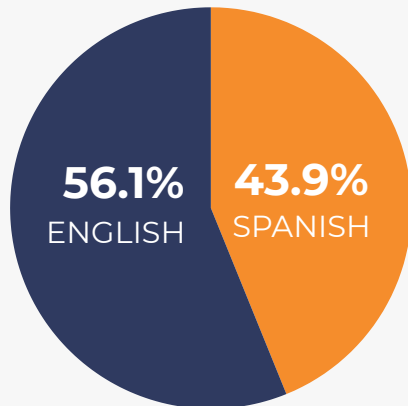
**1,300**   
Resource Materials Distributed

# COMMUNITY ASSESSMENT SURVEY OUTCOMES

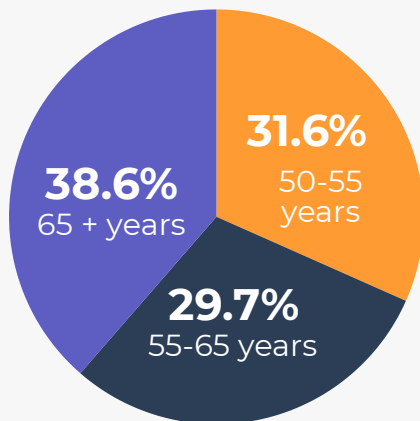
A total of 171 community assessment paper surveys were collected by project staff and community health workers at the immunization events. The community assessment gathered information about access to healthcare services, including immunizations, among South LA residents ages 50 years and older.

## DEMOGRAPHICS

### SURVEY LANGUAGE



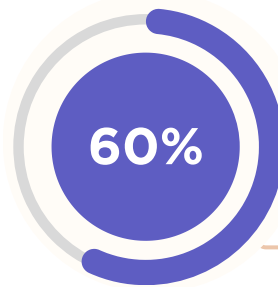
### AGE



### RACE AND ETHNICITY

Majority of respondents were Hispanic, Latino, or Spanish Origin (40%) and Black or African American (38%)

## VACCINATION STATUS AND ACCESS

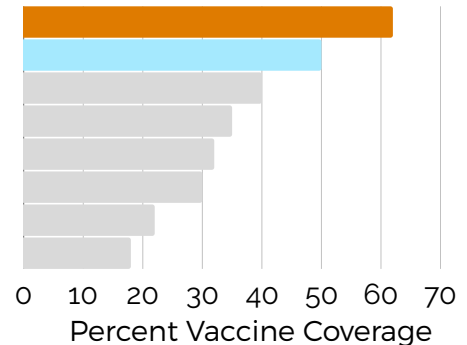


60% of survey respondents plan on receiving updated formulations of the COVID-19 Vaccine



Most survey respondents indicated they were up-to-date with current **COVID-19** and **Influenza** vaccines

2023-24 COVID-19  
2023-24 Influenza  
Pneumonia  
Shingles  
Tdap or Td  
RSV  
All of the above  
Not sure



45%

Primary Care Office

24%  
Pharmacy

15%  
Community Clinics

9%  
Public Health Clinic

7%  
Other



Majority of survey respondents typically receive vaccines at their **primary care office** or **pharmacy**.



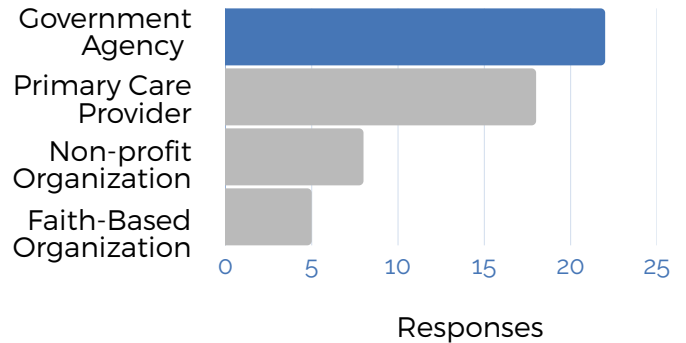
# COMMUNITY ASSESSMENT SURVEY OUTCOMES

## HEALTH CARE ACCESS

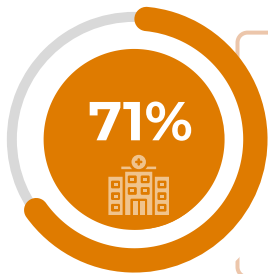


159 (93%) of respondents indicated that they have **Medicare or Medi-Cal insurance**

For respondents without insurance, most receive healthcare services from a **government agency**



## ACCESSIBILITY/MOBILITY



of survey respondents usually access healthcare services through **in-person visits** with a healthcare provider



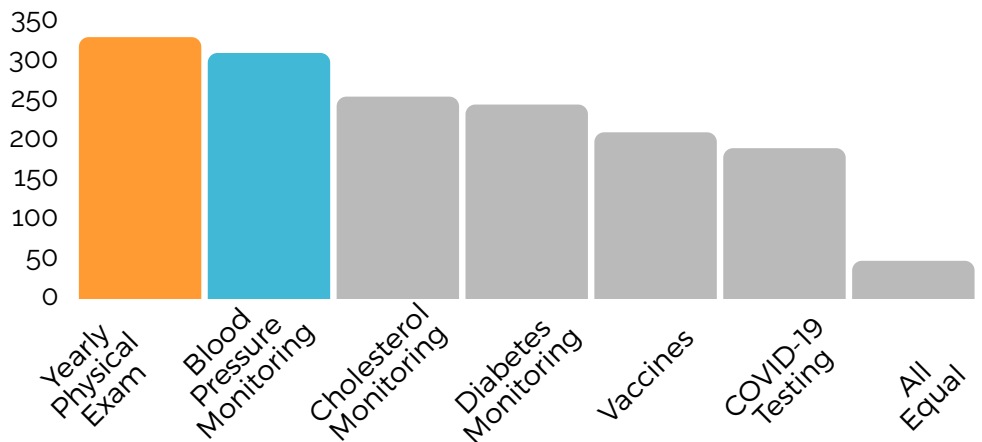
respondents indicated that they have **challenges** with transportation to medical appointments

## HEALTHY BEHAVIORS



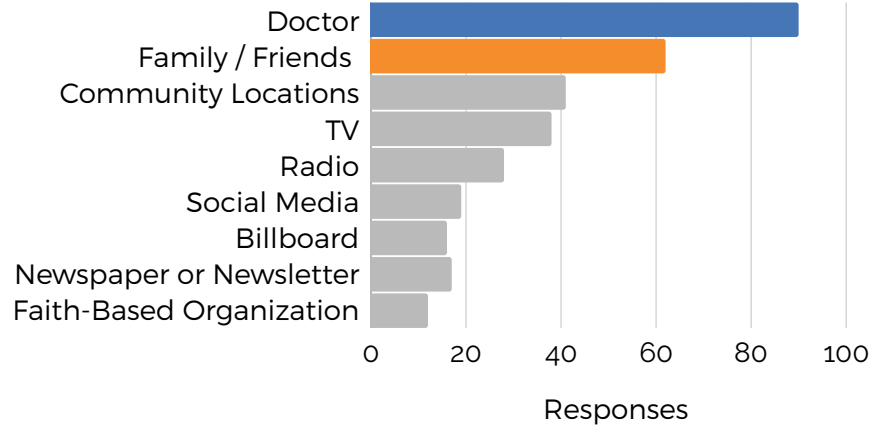
**Yearly physical exams** and **blood pressure** monitoring were ranked as more important than other health services

### Cumulative Rank Score

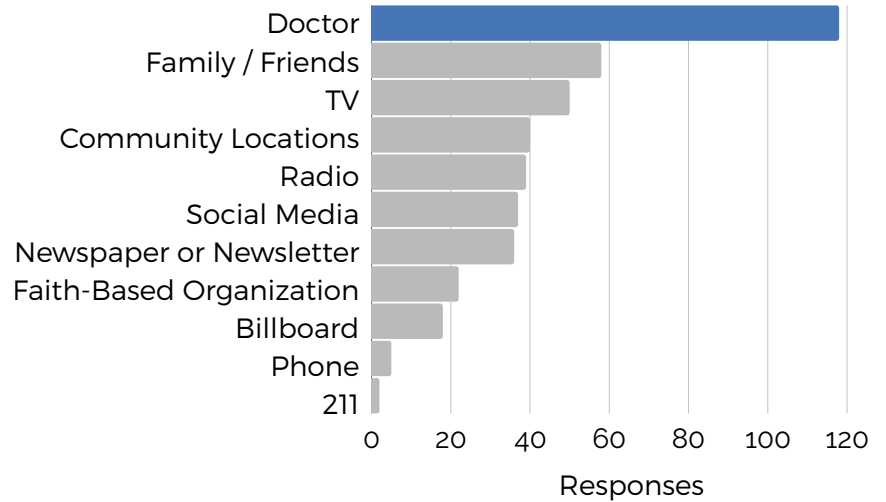


## COMMUNICATIONS

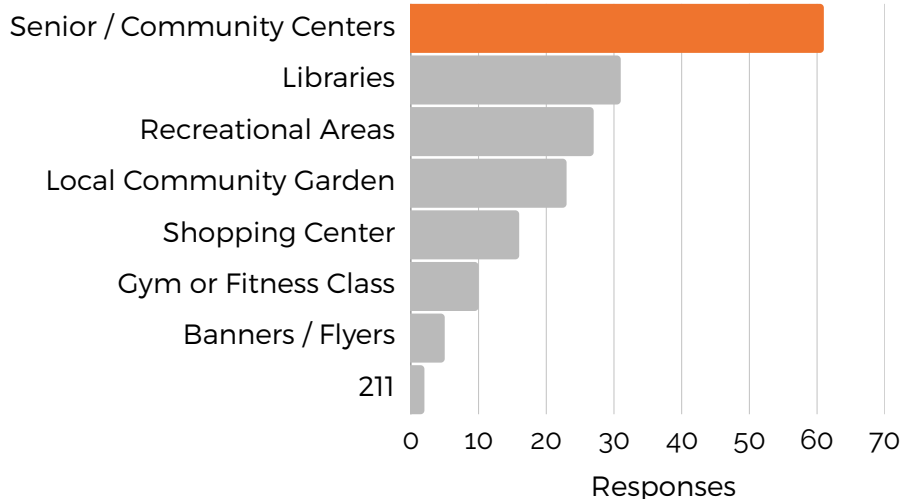
Most common sources for hearing about healthcare services were from **primary care provider/doctor** and **family/friends**



Most respondents also prefer to receive health information from their **primary care provider/doctor**



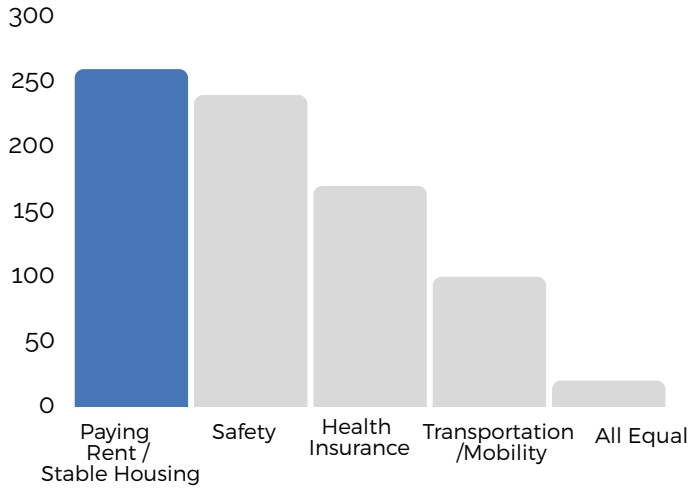
**Senior Centers** were the most common community resources for communication about healthcare services



## OTHER INDIVIDUAL AND COMMUNITY NEEDS

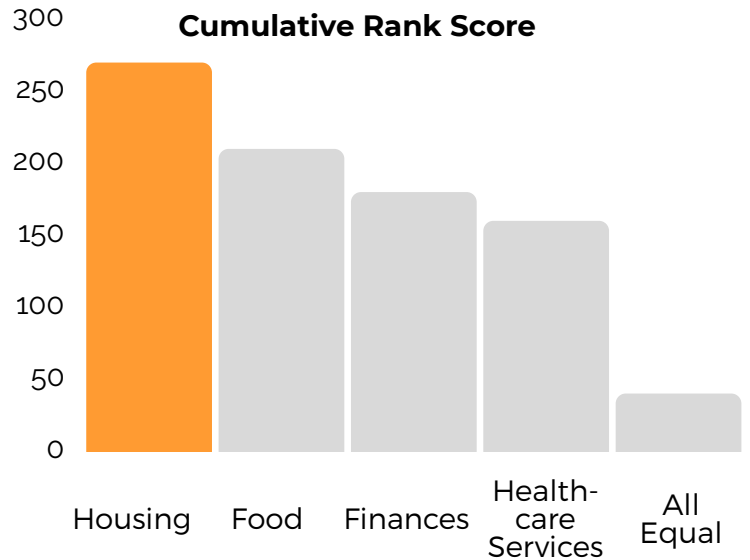
**Paying rent/stable housing** was ranked as the most important community need

**Cumulative Rank Score**



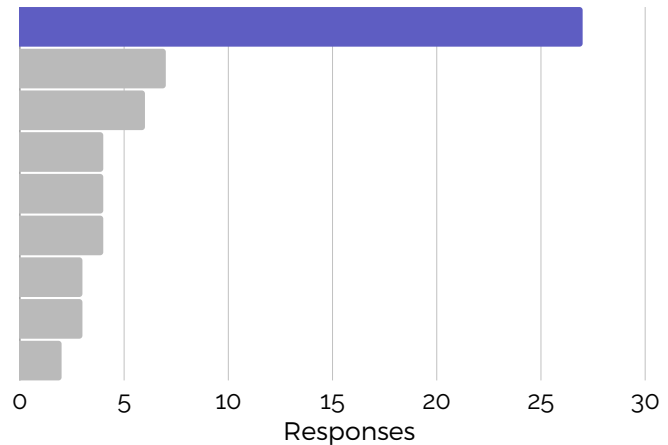
**Housing** was also ranked as the most important issue for individual respondents at this time

**Cumulative Rank Score**

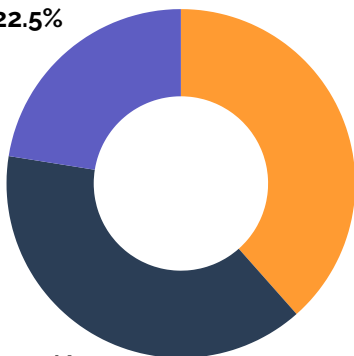


Many respondents indicated that **food programs** are working well in their community

- Food Banks / Programs
- Affordable Housing / Rental / Utilities Assistance
- Senior / Community Centers
- Public Health / Mental Health Resources
- Education
- Community Outreach
- Safety/Crisis Responses
- Rehabilitation Centers
- Gym / Fitness Centers



Unsure  
22.5%



Yes  
38.5%

No  
39.1%

**39%** of respondents believe there are **not enough programs** in their community that support people ages 50+

## LIMITATIONS

Due to a delay in grant contracting, the mobile vaccine activities did not begin until June 2024. Implementation of respiratory virus vaccine promotion should ideally take place during peak respiratory virus season in the fall. Implementing the vaccine events in the summer was challenging due to vaccine fatigue and feelings of irrelevance by community members, despite efforts to communicate that cases were increasing in summer 2024. Additionally, a shortened project timeline did not allow much time to coordinate and promote vaccine events. Lastly, because convenience sampling methods were used to gather the community assessment surveys, survey respondents may be more representative of individuals likely to attend health events which can limit generalization to South LA residents.

## SUCSESSES

One major success of the PAVE project and partnership with ICLAC was the collection of 171 Community Assessment surveys, which captured information about access to healthcare services, including immunizations, in South LA. These were collected during the vaccine events coordination with partner organizations. Another key success was incorporating additional resources into the vaccine events (such as health screenings, health insurance enrollment, food distribution, health fairs, etc.). This helped to build trust within the community, especially when working with partner sites that host weekly events like food distribution, and are already well-trusted in the community. Lastly, identifying local community health workers to provide vaccine education and outreach during the vaccine events also fostered trust in the community.

## SUSTAINABILITY

LACDPH's Mobile Vaccine Team will continue to provide mobile vaccine clinics throughout Los Angeles County, as there is separate funding allocated to this work. LACDPH Vaccine Preventable Disease Control Program will also continue to deploy internal Health Educators/Community Health Workers as available, however, budget limitations will limit the number and scale of events that can be supported.





**To successfully reach older adults ages 50+ to improve vaccine uptake and address health disparities, the following recommendations are proposed by the LACDPH:**



Collaborate with local organizations that host recurring community events and resource distribution to also include mobile vaccine clinics. Incorporating holistic health strategies to address population needs beyond vaccination, in addition to being a consistent presence in the community, fosters engagement and trust especially if in partnership with an existing trusted agency in the community.



Leverage Primary Care Providers and Pharmacies as trusted healthcare locations for receiving immunizations and ensure education and access at these locations. Incorporate vaccine messaging into yearly physical exams and chronic disease monitoring.



Build relationships with senior centers, food banks or other food distribution programs as trusted community resources.