



The Vaccinate ALL 58 Campaign: What Have We Learned?

What was the VA58 Campaign?

The Vaccinate all 58 (VA58) Campaign, in partnership with the California Department of Public Health, is a statewide public awareness campaign that began in December 2020 when vaccines first became available. The VA58 Campaign is part of an ecosystem of other partners and allies, including state agencies, local health jurisdictions, philanthropy, community-based organizations and elected officials who came together to ensure Californians are vaccinated.

What led to the success of the VA58 Campaign?

The VA58 Campaign focused on reaching communities with the highest COVID rates and people who have been historically marginalized and excluded from traditional outreach efforts. An independent evaluation of the campaign identified three key elements to unlocking health equity. The campaign was specifically **designed to promote equity**. It focused on reaching the hard-to-reach populations through a data-informed and human-centered approach. Second, the campaign **facilitated cultural customization**. Its products and services were intentionally fitted to language groups and geographic areas. This ensured messaging and outreach delivered by trusted messengers aligned with community circumstances. Lastly, the campaign **exemplified adaptive management** practices with clearly defined metrics around equity and an ongoing reporting system. Using and tracking granular data helped ensure that prioritized populations were not only being reached but also getting vaccinated. Whenever monitoring data revealed that an aspect of the campaign wasn't working, the campaign made rapid pivots.

7 Tips for Creating Equity-Driven Social Change

- 1. Use data to make decisions.** Disaggregate data by subgroup to determine accuracy and focus. Be intentional. Let data guide you to where you're needed most.
- 2. Lift up trusted messengers.** California is a vibrantly diverse state. A one-size-fits-all approach won't work. Partnering with CBOs for outreach and education, especially in impacted communities, is critical. CBOs know how to reach and engage their communities.
- 3. Meet people where they are.** Empathy helps you understand people's lived realities. Consider the whole person when designing programs and services (e.g., when they work, where they feel safe, if they need transportation or interpreter services).
- 4. Use inclusive language.** Using the right words—words that avoid judgment and discrimination—can help build trust and acceptance (e.g., using "vaccine hesitant" instead of "vaccine rejecters" or "anti-vaxxers", referring to "all Californians," regardless of citizenship or legal status).
- 5. Ensure offerings are culturally appropriate.** This includes in-language collateral but also representative images and messaging that resonate with specific target communities.
- 6. Persist. Be flexible.** Recognize the importance of multiple touches. Avoid giving up after receiving the first "no." Grit and persistence pay off.
- 7. Help CBOs learn and grow.** Offer technical supports and capacity-development opportunities. Organize peer-learning groups. Proactively support CBOs in expanding their capacity to receive federal dollars.

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This **Action Brief** is a product of the series "**Learning Labs: From Discovery to Action.**" It is based on the fourth session, held on March 23, 2023, and features excerpts from a discussion with Beryl Levinger (PhD, Managing Director, BLTeam), Kaying Hang (Senior Vice President of Programs and Partnerships, Sierra Health Foundation and President, The Center at Sierra Health Foundation), and Susan Watson (MPH, Program Director for Together Toward Health and CA4Health, Public Health Institute). Recordings are in [English](#), [Spanish](#) and ASL.

Lessons Learned

What is health equity and how did it center in the VA58 Campaign?

Beryl: The ethos of the campaign is based on an understanding—a shared understanding—of equity. Equity is more than just having an opportunity. Equity calls for fair and just access to opportunity. “Equal” access to opportunities doesn’t take into consideration structural barriers and barriers related to language, culture, and community. I see inequity as a set of gears that keep people systemically trapped in marginalization. The VA58 campaign systematically worked to jam these gears.

What specific CBO outreach and communication tactics worked well?

Kaying: Lift up credible messengers from the community...So it's not your local health department...It's the doctors, the nurses, the religious leaders. The community members with real life and related experience. Being unapologetic about the barriers, about the history that got us to this point. Including racism. That came up a lot in many of our conversations. And that was at the heart of why there was such vaccine hesitancy.

Susan: Physically meeting people where they are, not necessarily waiting for people to come to us. Having credible experts known to the community providing information and answering questions. Videos featuring somebody who was recognizable, someone who was in popular media, paired with a known doctor in the community to be able to have that conversation to draw people into it. [Another] important thing we learned was doing cultural translations of the information, not just linguistic translations, to really connect with people. And enabling some of those solutions for the community to come from the community because they understand the needs and the concerns and the styles.

What have COVID-19 response efforts revealed that is useful for future efforts?

Susan: We were all working to elevate the essential role of community organizations, [the role] they need to play to achieve better health outcomes. COVID really allowed this opportunity to amplify the importance of these groups...This is their community. It's who they care about. It's who they're a part of. [This extended] to functionally allowing the CBOs to focus on what was best for their communities and adapt as needed, to providing peer-learning groups, to helping build bridges between community organizations and local health departments, at times using our role as an intermediary to disrupt some power dynamics. As we know, a big element of equity is power.

Kaying: We've been thinking a lot about lessons learned, particularly as it relates to outreach and education and communication. There are five themes that have really resonated for us: 1) Disaggregate data by subgroup to determine accuracy and focus, 2) Partner with CBOs closest to the impacted community, 3) Proactively build capacity of community based organizations within their own organizational infrastructure, 4) Consider a whole person perspective when doing program design and implementation and 5) Always—always—look to the community to lift up credible messengers.

The Office of Community Partnerships and Strategic Communications, housed within the Office of Planning and Research, initiates and executes campaigns related to the state's highest priority public awareness and community outreach efforts. The intent of a single state entity coordinating California's most important campaigns is so that the state can realize more inclusive and effective outcomes while preventing equity gaps in statewide outreach.

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