



## Partners in Vaccination: Promoting COVID-19 Vaccination for Medically Fragile Adults

This community-based project leveraged longitudinal, trusting relationships of care managers with their medically fragile clients enrolled in Medi-Cal in an attempt to increase COVID-19 vaccination rates. Although the project did not accomplish this goal, it offers insights into challenges and potential opportunities to improve the delivery of preventive health care among similarly vulnerable populations.

### The Challenge

Medically fragile adults with low incomes who live at home can have a difficult time accessing needed health care services when they are made available only within the “four walls” of health care systems. In the context of COVID-19, these challenges became especially acute. When COVID-19 vaccination efforts rolled out in 2021, people who were primarily confined to their homes due to their medical conditions had a hard time accessing vaccines outside the home, and many resisted getting the vaccine even when it was made available to them. These challenges were essential to address because these individuals have chronic diseases that place them at significantly increased risk of severe COVID-19 infection, which can lead to hospitalization and death.

### A Potential Solution

Doctors and nurses are frequently regarded by their patients as trusted sources of information about vaccination. However, these health care providers often lack the time and training to address vaccine-hesitant patients’ attitudes, beliefs, and logistical challenges to vaccination using collaborative approaches such as motivational interviewing (MI) that have been promoted by the Centers for Disease Control and Prevention. Another option to promote COVID-19

vaccination of medically fragile patients receiving support services at home may come from care managers (CMs), who provide longitudinal care coordination and social support. Over time, CMs develop trusting relationships with their clients that may serve as a basis for discussions about challenging decisions such as accepting vaccination. Previous research has shown that CMs and other community health workers can offer health education and influence health behaviors such as managing chronic illness and vaccine uptake.<sup>1</sup> Researchers at the University of Southern California (USC) developed an implementation research project to assess whether training CMs in shared decision-making using MI methods could increase COVID-19 vaccination rates. Lessons learned from this approach could be used to improve other preventive health outcomes such as cancer screenings or the uptake of other vaccines, especially as California’s Medi-Cal program seeks to expand the community-connected workforce and use of community-based organizations to support clients’ complex needs.

### The Partners in Vaccination Program

Partners in Vaccination (PIV) is an educational program aimed at increasing COVID-19 vaccination rates among medically fragile adult Medi-Cal enrollees. To

protect their clients from severe COVID-19 infection, Partners in Care Foundation (Partners) — a home and community-based services organization serving Medi-Cal enrollees in the Los Angeles region — collaborated with the USC research team to develop and deliver a training program for CMs and patient-support materials to increase receipt of COVID-19 vaccination among their vaccine-hesitant clients.

**Development of the intervention.** PIV training and educational materials were informed by focus groups conducted with CMs, supplemented by surveys of CMs and their clients regarding knowledge, attitudes, and beliefs about COVID-19 vaccination, as well as barriers and facilitators to COVID-19 vaccination.

**The PIV training.** The training consisted of two one-hour sessions and a half-hour refresher that included the following content:

- An overview of COVID-19 epidemiology and vaccination effects
- Frequently cited barriers to COVID-19 vaccination (including client survey results)
- Key MI skills training specific to COVID-19 vaccination
- Practice role-playing MI and responding to vaccine hesitancy
- Training on how to access and disseminate educational resources

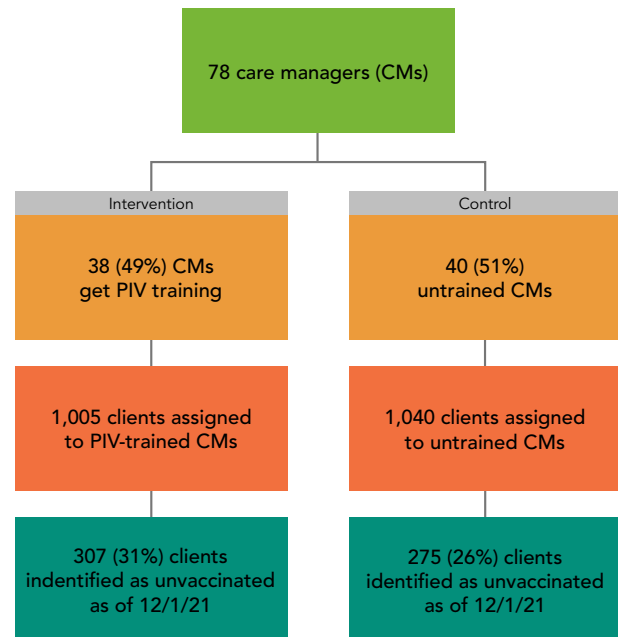
## PIV Study Design and Results

All 78 Partners CMs received COVID-19 vaccination educational materials to distribute to their clients and were asked to assess and support clients' vaccination needs and track vaccination status on their monthly phone calls. To assess the effectiveness of the specialized training, researchers then randomly assigned half of the CMs to receive PIV training (Figure 1).

The research team identified 2,045 clients assigned to the 78 CMs during the study period, which was from December 2021 to June 2022. Of these, 582 (28%)

were unvaccinated: 307 of 1,005 (31%) of the clients of CMs assigned to receive PIV training, and 275 of 1,040 (26%) of the clients of CMs in the control group.

**Figure 1. Partners in Vaccination Study: Intervention and Control Groups**



Source: Author analysis of study data.

**Outcome: There was no significant difference in client vaccination rates.** Six months after the PIV training, vaccination rates among clients of trained CMs did not differ from those of untrained CMs. Among unvaccinated clients in the PIV-trained group, 20 of 307 (6.5%) received the vaccination, compared with 17 of 275 (6.2%) clients in the untrained group. Clients in the PIV-trained group were more likely to be asked about their current vaccination status (24% vs. 14%) and more likely to receive educational material about the vaccine compared with clients in the untrained group (8.5% vs. 2.9%) — though rates were low.

## Lessons Learned

The study results did not support the hypothesis that CMs could use evidence-based communication skills to improve COVID-19 vaccination rates. While CMs

were in frequent contact with their clients, addressing COVID-19 vaccination hesitancy was still a challenge.

Key informant interviews with CMs toward the end of the study period revealed that PIV training might not have aligned well with CMs' roles and responsibilities. CMs were often working at capacity just to deal with coordinating the usual highly complex care of their clients. Some CMs reported that it was outside their scope of work as well as their skills to educate patients about the risks and benefits of the vaccine.

In addition, although some CMs did have input into the content of the PIV training program, many CMs said they did not have a clear understanding of the PIV study, including incentives offered for the additional work, their role in data collection, and the overall motivation for and purpose of the study. Additionally, MI training was limited to only a few hours in this project to be respectful of the CMs' time, but this may have been insufficient to teach effective but challenging approaches to motivational interviewing and shared decision making.

Lastly, the project was implemented at a time when less than a third of the Partners CMs' clients were still unvaccinated. Interviews with unvaccinated clients revealed major barriers, such as medical exemptions or fears about side effects, that were hard to address. CMs did not want to repeatedly review their clients' beliefs about this and found that some wanted to learn more from their health care providers first. CMs also revealed concern that attempts to promote the vaccine could erode the trust that they had established with their strongly reluctant clients.

## Key Takeaways

As health care increasingly moves away from traditional brick-and-mortar settings of clinics and hospitals, community-based organizations staffed by CMs, social workers, community health workers, and others may be well positioned to provide health education and preventive care services. State and local agencies such

as California's Department of Health Care Services (DHCS) and city/county public health agencies are investing in community-based solutions aimed at increasing vaccination rates, not just for COVID-19, but also for vaccinations against influenza, childhood infections, hepatitis B virus, and monkeypox.<sup>2</sup>

In addition, the state's new Enhanced Care Management program under CalAIM (California Advancing and Innovating Medi-Cal) entails a comprehensive approach to care management and coordination, including "using evidence-based practices, such as motivational interviewing, to engage and help the Member participate in and manage their care."<sup>3</sup> While funding for and interest in CM-led health promotion are currently high, stakeholders should consider key lessons from the PIV study to ensure successful health education initiatives. These lessons are highlighted below.

1. Ensure that educational initiatives are well aligned with the skills and designated roles of the trainees. This could include the following strategies:
  - Focusing on training selected CMs, perhaps those with training in health education or those who are particularly motivated, to specifically address health education topics.
  - Setting aside dedicated time for CMs to conduct health education work.
  - Incentivizing CMs conducting health promotion for their additional skills and work.
2. Increase integration of health promotion within the delivering organization. Some ways to accomplish this:
  - Working directly with CMs (or those directly involved in health education), in addition to administrators, to implement the new effort.
  - Identifying and supporting CM champions to codesign and promote the initiative.

3. Reaching the right audience to maximize the potential impact of health promotion strategies. This could mean the following:

- Timing the intervention to coincide with windows of opportunity — in this case, when the vaccine’s demand was high and public health campaigns were prominent.
- Targeting clients who might be more amenable to change, such as those who have accepted other vaccines or have the highest risk for bad outcomes from COVID-19.

## Conclusions

Partners in Care Foundation’s efforts to enhance preventive care for its clients are forward-thinking and an important step to making health care more accessible. This community-based project offers important insights for developing successful disease prevention and health education programs that serve medically fragile adults with low incomes. Such programs should consider several factors that were highlighted in the present study, such as proper alignment of staff roles and expectations, timing the intervention optimally, and developing a system for clear lines of communication within and across organizations, to maximize program success.

## About the Authors

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## About the Foundation

The [California Health Care Foundation](#) (CHCF) is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford. CHCF informs policymakers and industry leaders, invests in ideas and innovations,

and connects with changemakers to create a more responsive, patient-centered health care system.

## Endnotes

1. Kyounghee Kim et al., “[Effects of Community-Based Health Worker Interventions to Improve Chronic Disease Management and Care Among Vulnerable Populations: A Systematic Review](#),” *American Journal of Public Health* 106, no. 4 (Apr. 2016): e3–e28; Jenna E. Reno et al., “[Improving Provider Communication about HPV Vaccines for Vaccine-Hesitant Parents Through the Use of Motivational Interviewing](#),” *Journal of Health Communication* 23, no. 4 (2018): 313–320; and Rahbel Rahman, Abigail Ross, and Rogério Pinto, “[The Critical Importance of Community Health Workers as First Responders to COVID-19 in USA](#),” *Health Promotion International* 36, no. 5 (Oct. 2021): 1498–1507.
2. California Department of Public Health (CDPH), “[California’s Vax for the Win Incentive & Equity Programs Make a Difference in Hard-to-Reach Communities, Slowed Rate of Decline of Vaccinations for California](#),” press release, July 23, 2021; and CDPH, “[State Provides Update on Monkeypox Response](#),” press release, July 29, 2022.
3. [CalAIM Enhanced Care Management Policy Guide](#) (PDF), California Department of Health Care Services, updated April 2022.