



1-Hour Health Equity Learning Session Guide

*Helping health professionals better understand and serve communities
based on COVID-19 vaccine outreach learnings*

This is a guide for a one-hour learning session for health and public health professionals and students to strengthen community understanding and communication skills to increase health equity. The session can be a standalone event or part of an existing learning series or a conference.

Learning Objectives

1. Develop a better understanding of community perspectives and experiences to improve care for underserved communities
2. Create connections between local community-based organizations (CBOs) and health and public health professionals
3. Develop skills in effective vaccine conversations with patients based on motivational interviewing by employing trust, empathy, and helping them find their own reason for getting vaccinated.

Sample Session Agenda (see [sample slide deck](#))

- Welcome and introductions (5 mins)
- A panel with local community-based organizations that have done successful outreach and education on COVID-19 vaccines, including Q&A (25 minutes)
- A [CME-accredited training video](#) or [live slide presentation](#) of “An Approach to Patients Who Have Not Gotten the COVID-19 Vaccine” created by Made to Save in partnership with Yale School of Medicine (23 minutes)
- Closing: Audience reflections, provide resources and ways to get involved in the community (5 mins)

Sample Panel Questions

- What are the biggest challenges/barriers that you have seen concerning medical care and health care access in the communities you serve?
- Can you give an example of a conversation around lack of access or mis- or disinformation surrounding healthcare or COVID vaccines that stuck with you?
- Where does the lack of trust in your community stem from and how can medical professionals work to address these issues? How can medical professionals work with organizations in their communities?
- Who are the biggest trusted messengers in your community and what role do they play in relation to health information, behaviors, access?
- Can you describe some of the most common reasons for vaccine hesitancy you have heard throughout your work over the past two years?
- What COVID-19 resources have been the most helpful or used the most from your organization?

Planning Timeline (* for standalone events)

- Start planning 2 months in advance of the anticipated date
- Find and confirm participating medical institution(s) and community-based organization(s) that serve local underserved communities (See [Made to Save grantees list](#) for possible CBOs)
- **Choose a date and location (online or in real life).*
- Secure stipends for CBOs, if possible. Many CBOs have very limited resources, so an honorarium can help demonstrate respect for their time.
- Meet with all partnering groups to discuss roles, deliverables, and how the session can meet their needs.
- **Create event registration link (Zoom, Google form, Mobilize)*
- **Send out event advertisements and invitation 1 month in advance*
- **Send reminder emails 2 weeks before, 1 week before and the day before*
- Send out feedback survey after event

Background

About Made to Save and Ongoing Need for COVID-19 Vaccine Conversations

Made to Save was a 2021-2022 national COVID-19 vaccine equity campaign that worked with 1,500 partner organizations and facilitated millions of vaccine conversations rooted in building trust and empathy, especially in communities of color. By empowering community-based organizations (CBOs), the trusted messengers in their community, crucial community understanding and collaboration was brought to this campaign and the long-term goal of eliminating health disparities. Tens of millions of people remain unvaccinated and it continues to be important for health professionals to have trust and empathy-driven conversations to lead their patients towards vaccination.

Why building community partnerships is important

There are often gaps in understanding between health professionals and the diverse communities they serve. Better cultural competency has been linked to better patient experiences and health outcomes, demonstrating a need for more medical training in understanding communities, barriers to care, health behaviors and the cultural background of their patients. Cultural competence along with cross-cultural communication skills can address the array of health disparities and inequities people of diverse backgrounds experience.¹ Connecting health professionals and local CBOs provides exposure to the unique barriers to care and needs of the community and fosters a working relationship between these two entities to improve community health.

The Importance of Community Based Organizations (CBOs)

CBOs play a crucial role by immersing themselves within their communities and working to create trusted relationships with community partners and members. They are experts on the unique experiences, barriers, and needs of those who live and work in their particular community.

For questions, please contact Dr. Alice Chen at ATYChen@gmail.com.

¹ [How to Improve Cultural Competence in Health Care](#)