

Utilizing the Community Health Club Model to Improve COVID-19 Vaccine Confidence Among Latina Women

Allison Vasak¹, Garrett Kneese, MD, MPH¹, Monica Martinez¹, Adriana Ibañez¹, Theresa Heines¹, Chintal Patel¹, Alexys DeGuzman¹, Robert Epstein¹, Esmeralda Ibarra², and Jason Rosenfeld, DrPH, MPH³

(1) University of Texas Health Science Center; (2) Lower Rio Grande Valley Community Health Clubs; (3) Center for Medical Humanities and Ethics, University of Texas Health Science Center

What Is the Purpose of this Study/Review?

- This study was designed to address community-specific concerns and promote confidence in COVID-19 vaccines among Latina women living on the Texas–Mexico border using the Community Health Club model within an established framework of a campus–community partnership.

What Is the Problem?

- Racial and ethnic minorities have been disproportionately affected by the COVID-19 pandemic, eliciting higher rates of infection, hospitalization, and death from the virus.
- Racial and ethnic minorities have less trust in health care professionals and exhibit significantly higher rates of COVID-19 vaccine hesitancy than the national average.
- Prior efforts to promote vaccination in South Texas have not employed a peer-to-peer health education model that utilizes Community Health Workers to promote behavioral changes.

What Are the Findings?

- A virtual four-session vaccine education curriculum, informed by Club member concerns and co-developed by medical students at UT Health San Antonio and Community Health Workers in the Lower Rio Grande Valley, was implemented over two months; a total of 62 Club members participated in the program which was delivered in a culturally and linguistically appropriate manner.
- Club members confidence in COVID-19 vaccines, and ultimately, vaccination rates increased following implementation of the program.
- Club members felt confident in the knowledge they acquired from the sessions, and were able to share this information with other peers in their community.
- Club members were satisfied with the program and were likely to recommend future Community Health Club programs to their peers.

Who Should Care Most?

- Stakeholders in public health and infectious diseases, including funders, health care providers, health care administrators, and community-based organization leadership.



- Individuals and organizations searching for novel methods to engage marginalized populations in health education and behavior change.

Recommendations for Action

- Adapt and expand the Community Health Club model to additional marginalized communities to promote healthy behaviors, improve health literacy, and empower individuals to take an active role in their health care.