W.M. Keck Foundation COVID-19 Research Funding

Final Report

PI Names	MICHELE KIPKE, PHD LOURDES BAEZCONDE-GARBANATI, PHD MPH	**Reporting Period:**	From:	APRIL 22, 2021
			To:	APRIL 30, 2022
Project Title:	**VaccinateLA**			

Project Description	We are excited to provide this final report for our W.M. Keck Foundation COVID-19 Research funded initiative, called VaccinateLA. VaccinateLA was launched in April 2021 with the goal of leveraging the enormous strengths, talent, creativity, and innovation that exists at USC to change the course of the COVID-19 pandemic in Los Angeles. Our funded grant had three specific aims: 1) Design and implement VaccinateLA, an evidence-based mass media educational campaign to deliver tailored messages to Black and Latino populations in the Eastside, South, and Central areas of Los Angeles. 2) Train and deploy Community Vaccine Navigators (CVNs) to deliver COVID-19 education, help overcome barriers, and facilitate vaccinations in high-risk communities in the Eastside, South, and Central Los Angeles. 3) Assess the impact of these initiatives on attitudes and beliefs towards vaccine acceptance through formative and summative evaluations. A secondary aim was to expand our USC community partnerships on the Eastside and in South and Central Los Angeles, and to disseminate our VaccinateLA research findings and educational products to inform policy and support vaccination efforts outside of Los Angeles. This progress report provides a summary of our accomplishments, which are exponentially greater than what we had hoped and expected to achieve. Our work over the last year was laid out in several phases. First, we engaged in listening-based activities with community and with experts at USC and Children's Hospital Los Angeles (CHLA) through focus groups with the former and symposia with the latter. Next, we partnered with the community to develop educational offerings that reflected the breadth and depth of what was asked for by the community residents, and evidence-based approaches recommended by our collaborators. These included educational town halls and workshops; multimedia and social media campaigns; and field-based activities, such as pop-up vaccination clinics in community settings (e.g., at churches, community events) and deployment of a vaccine navigators. Our phased- and community-based participatory approach resulted in: ● A 30% increase in the number of people vaccinated in our targeted VaccinateLA communities relative to other communities in Los Angeles County. ● The development and dissemination of 3 culturally tailored films and 50 short videos that increased intentions to take actions that lead to vaccination. ● Training of >400 community health workers/promotores in 38 US cities who, in turn, facilitated >500,000 vaccinations and >1,000,000 consultations address questions, concerns, and barriers to becoming vaccinated. ● Dissemination of credible and reliable vaccine information to over >46,000 people on our VaccinateLA.info website, where 40% of actions resulted in clicking on MyTurn.ca.gov to schedule vaccine appointment.

	Details on other outcomes and on their impact are provided below, organized around our original three aims, and including a fourth section on additional work.		
Project Type (Clinical, COEP, Preclinical):	Community	**Award Amount:**	**$791, 900**

PROJECT PROGRESS

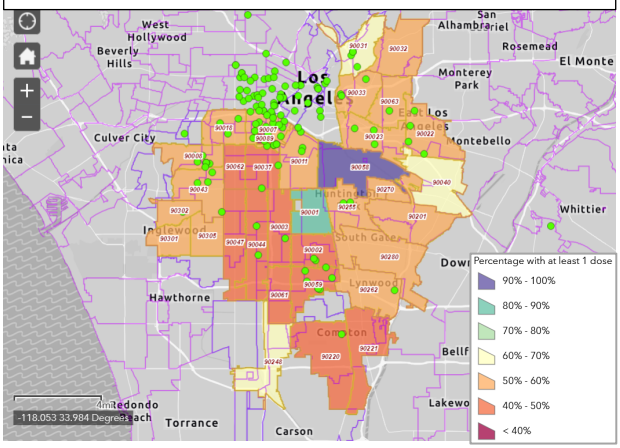
Project Start Date:	April 22, 2021		**End Date:**	April 30, 2022
Current Phase:				

MAJOR MILESTONES OR DELIVERABLES *(PER ORIGINAL PROPOSAL)*	Status (Mark an "X")			
	Completed	Anticipated completion date *(prepopulate date)*	Will not be completed by 6 months	Reason for not completing by 6 months.
1. **Aim 1: Design and implement VaccinateLA**	**X**			

Report your Findings (Include any publications submitted or published, or grant submissions related):

The development and implementation of VaccinateLA benefited from substantial involvement from USC faculty, staff, and students from 14 Schools, Institutes, Centers, and other units, including Annenberg School for Communication and Journalism; Dornsife College of Letters and Sciences; Davis School of Gerontology; Dworak-Peck School of Social Work; Keck Medicine; Keck School of Medicine; Marshall School of Business; School of Cinematic Arts; School of Pharmacy; Rossier School of Education; Viterbi School of Engineering; USC Administration; USC Athletics; USC Alumni Association. In addition, we partnered with >160 community-based organizations, leaders within the faith community, creative partners from two private production companies, civic leaders, and policy makers.

Figure A: Map of VaccinateLA Targeted Neighborhoods



While the pandemic has impacted communities throughout Los Angeles County, we ultimately decided to focus our efforts in those neighborhoods with the lowest vaccination rates, highlighted in Figure A. It is important to note that these neighborhoods also surround USC's Health Sciences and University Park Campuses in which we have some of our strongest community partnerships (represented as green dots in Figure A). Our final catchment area included 34 zip codes on the Eastside and in South and Central Los Angeles (as list of these zip codes is provided in Appendix E).

VaccinateLA Programmatic Activities

VaccinateLA Steering Committee: At the start of the project, we established a Steering committee with faculty and staff from the various USC units, which until recently met weekly; this group currently meets bi-monthly (during the summer months) to support development of media and messaging and receive feedback on strategies and opportunities. The Steering Committee met weekly for the first year of the project, and currently meets on an as needed basis.

Daily Syncs: Our implementation team met daily for the first year, and continues to meet 2- to 3-times a week to coordinate ongoing efforts, review community needs and feedback, strategize upcoming opportunities, review evaluation findings, and discuss dissemination of our evaluation findings.

Community Advisory Board (CAB): We established a CAB that meets monthly to inform the work of VaccinateLA. Our CAB is composed of members of our target population plus influential and respected individuals in these communities and is chaired by one of the CAB members. The CAB is comprised of 13 members representing LAUSD and 7 community-based organizations. There are 10 women and 3 men, 7 of whom identify as Black, five as Latino, and one as white. The CAB provided valuable feedback on our outreach activities, current concerns and needs for messaging/reliable information. The CAB provide input on our materials, including the content and dissemination strategies, helps us make connections with relevant organizations, and provides guidance on how to liaise with the community. We currently meet with the CAB every other month via Zoom, and we intend to continue these meetings every other month to inform our ongoing work. In between meetings, we maintain communication via a monthly e-newsletter with updates. As we continue addressing communities' needs on COVID-19, this group will be pivotal in informing our work (see the CAB Newsletters here).

Building on the accomplishments we shared in our 6-month report, VaccinateLA's achievements now include the following:

The SC CTSI Community Engagement team began providing educational workshops to community members in May 2020, shortly after the start of the pandemic. These workshops were supported by funding through the CTSI. With funding from the W. M. Keck Foundation, we launched VaccinateLA which allowed us to deliver educational offerings, such as workshops and town hall events, for a range of stakeholders, including community residents, parents, educators, service providers, religious and other civic leaders, and policy makers. Additionally, we facilitated town hall events for both Los Angeles Unified School District (LAUSD) and an organization called, "A Place Called Home". Since May 2020, our team has offered 80 educational workshops & 18 town hall events to 6,213 attendees. All workshops and townhalls were conducted virtually in English and Spanish (see Aim 3 for information on outcomes for participants in educational workshops).

Since April 2021, we facilitated a total of 42 focus groups with 286 members of the community on the Eastside and in South Los Angeles. These focus groups were conducted with promotores/community health workers, staff from local community-based organizations, residents within housing developments, parents, college students and other young adults, seniors, and members of the LGBTQ+ community. The findings informed vaccination strategies, including messages, messengers, and strategies to deliver these messages to targeted audiences (e.g., social media, radio, television, the faith community, community partners).

As the vaccine became available for ages 5-11 in late October 2021, we shifted our focus to provide information to parents. In early 2022, we facilitated 13 focus groups with 91 parents of children 5-11 and 12-17 in English and in Spanish in our target areas. They expressed lack of trust and concerns about the safety and effectiveness of the vaccine for children, shared that the volume of information and mixed messaging was confusing, but noted that they wanted to hear from trusted sources—primarily doctors

and pediatricians. These findings informed our pediatric social and digital campaign beginning in March 2022 (see Aim 4 for more details). For our reports summarizing focus group findings, see the VaccinateLA Community Resources website page.

We've continued to leverage the success of our multimedia and digital campaign initially developed with **Wondros** and **Everyone Can Eat**, two creative design and production companies contracted to assist with our digital and social media campaigns, which included:

- Our 53 videos, which include short films (see below), LifeNoggin videos in collaboration with Hollywood, Health, & Society from the Annenberg School for Communication and Journalism at USC, and testimonial videos called #ShareYourWhy garnered over 2,200,000 views.
- Having learned that boosting content on social media is an effective strategy in disseminating our messaging, we boosted our video on Onesimus, reaching 104,000 viewers, 91% of which watched at least 20 seconds of the film.
- Three public service announcements were developed by our partner Hollywood, Health and Society from the Annenberg School for Communication and Journalism were shown to over 181K viewers, including at two USC football games. These were also promoted through Univision (TV or digital media) during January – March 2022. During this same period, we saw peaks in viewership in January 2022.
- As shared in our interim report, we distributed 50,000 copies of a fotonovela on vaccines, called *Infectious Rumors* which was done in collaboration with the School of Pharmacy at USC. Of these, 40,000 were sent to subscribers while the remaining 10,000 were distributed to community partners, pediatric offices, schools, and at vaccine pop up clinics. The fotonovela was produced by Mel Baron at the USC School of Pharmacy and a bilingual, bicultural team.
- Our social and digital messaging campaign that ran between July 20 and September 19 resulted in 1.3 paid and 1.2M social impressions, 20% positive sentiment (and 79% neutral), and 29,700 website visits (see Aim 4 below for a link to the Wondros Social and Digital Campaign report for July-September 2021). See below for additional information on our pediatric social and digital media campaign.

VaccinateLA website was developed and updated to meet the changing needs of the pandemic and our local communities, to ensure quick and easy access to reliable information related to COVID-19, available vaccines, and boosters for both pediatric and adult populations. Since its creation, the VaccinateLA website received >46,000 visits. Of these visits, ~40% of site actions were to schedule a vaccination appointment.

Two culturally tailored short films, *Of Reasons and Rumors (in Spanish and English)* and *Happy Birthday, Granny (in English)* were developed to take a storytelling approach to delivering evidence-based information about COVID, routes of transmission, and the safety and efficacy of the vaccine. The films also address, head-on, common mis/dis-information about COVID and the vaccines. These films were produced by an all Latino and all African American writers, directors, and film crews under the direction of Jeremy Kagan from the USC School of Cinematic Arts and Sheila Murphy and Ashley Phelps from the Annenberg School for Communication and Journalism (see Aim 3 for findings on the effectiveness of these films).

A dissemination plan has been developed, including peer-reviewed publications, community reports, policy briefings, and toolkits. To date, we have submitted four manuscripts (all under review) and we anticipate developing an additional six manuscripts that will describe VaccinateLA and the findings from our evaluation. We also plan to develop manuscripts and field reports that describe our focus group

findings, provide recommendations for engaging with specific communities, provide resources and recommendations for planning, implementing, promoting and evaluating mobile vaccination events, and more (see the VaccinateLA Community Resources website page for reports and toolkits).

Note: Please reference the VaccinateLA progress report submitted to the committee in October 2021 for prior accomplishments not mentioned above, which include organizing two symposia, distribution of a fotonovela on vaccines, social media live events, Stay Connected LA (SCLA) artist collaboration, and providing consultations with TV show writers.

2.	**Aim 2: Training and deploying Community Vaccine Navigators**	**X**			

Report your Findings (Include any publications submitted or published, or grant submissions related):

Our Community Vaccine Navigator (CVN) program was developed in response to the need to address the practical barriers individuals might encounter when trying to obtain a vaccine, but also to provide community members with a trusted individual to discuss their concerns and gain easier access to reliable information about the vaccines.

We developed and piloted our CVN training with a group of eight promotores from Vision y Compromiso working across Southern California in the spring of 2021. We leveraged this experience and helped train 19 promotores working with Stay Connected LA (SCLA) in Eastern LA a few months later. This partnership with SCLA allowed us to strengthen our model by adding a mental health component and learn from the existing promotores' practices and experience.

As such, our success in training CVNs resulted in a grant to train community health workers as part of the Health Services Resources Service Administration (HRSA) agreement with the National Alliance for Hispanic Health, in August, and then October 2021 with a booster session and a culminating symposium. In total, over 30 were trained in Southern California, and over 400 were trained across 38 US cities. These individuals provided consultations to over 1,000,000 individuals nationwide and facilitated over 500,000 vaccines. The CVNs credit their success to shared language and culture with the communities they work in, facilitating connections and trust. A survey of a sample of 114 CVNs trained through HRSA noted that the top barriers to vaccination shared by community members were a) lack of trust in the vaccines, b) misinformation, and c) inability to take time off work or other duties to get vaccinated. These were also the top issues which the CVNs reported addressing with community members.

Our training and "toolkit" for new CVNs was also delivered to a group of 14 individuals from the National Council of Negro Women Southern California in October 2021. In addition to the 6-8 hour virtual training sessions, these CVNs did field training at vaccine pop up clinics where they engaged with ~300 community members, helping them with registration, answering questions on the event, and about the vaccine. As a result of their training, they reported an improved understanding of the CVN role, improved confidence in providing information on COVID-19, and up-to-date public health guidance on the virus.

3.	**Aim 3: Assess the impact on attitudes and beliefs**	**X**			

Report your Findings (Include any publications submitted or published, or grant submissions related):

As described in our evaluation plan, we focused on three overarching questions to assess the work and impact of VaccinateLA: 1) What did we do? 2) Who did we reach? 3) What was the impact of this work with respect to: (i) adoption of positive attitudes and beliefs towards vaccinations, (ii) positive intentions to get vaccinated, (iii) positive behaviors leading to vaccination (information seeking and signing up for vaccine appointment), and (iv) vaccine uptake at the community level. Thus, our evaluation efforts were designed to both document our work and determine the overall impact of our multi-pronged approach in our targeted demographic groups (Latino and Black/African Americans) and geographic areas.

As reported in more detail in Aims 1 and 2 above, we tracked outputs for what we did and who we reached through educational workshops and town halls, a social and digital media campaign, a dedicated website, print materials and public art, and direct services (vaccine clinics and CVN outreach). We focused this work in the 34 identified zip codes in East side, South and Central Los Angeles, reaching nearly 3,000 individuals through our town halls and workshops, 24,000,000 views through outdoor art and bench ads, 2,700,000 viewers through our social and digital media activities, and ~3,500 attendees at vaccine clinics.

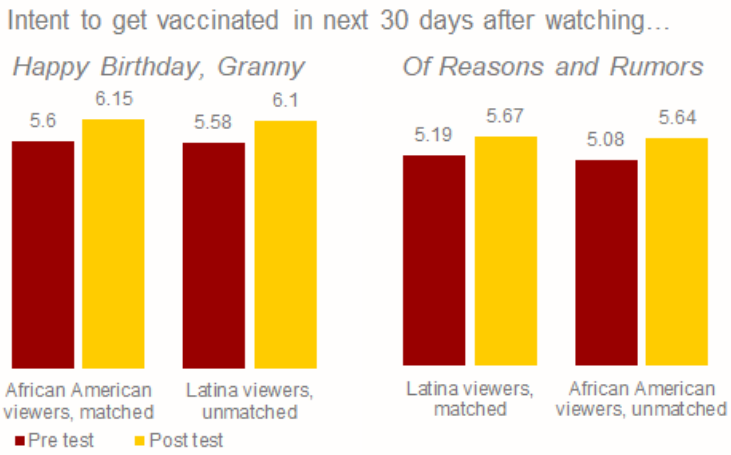
The impact of this work is evident at various levels as outlined in our evaluation framework:

Adoption of positive attitudes and beliefs towards vaccinations: Our educational workshops, which included either one, two, or four sessions within a series reached 459 individuals between April 2021 and March 2022. The primary learning objectives and format was adapted over time based on evolving community needs and varying stages of the pandemic. However, based on analyses of retrospective pre/post and pre/post workshop surveys, participants demonstrated a statistically significant improvement in knowledge on key learning objectives relating to COVID-19 such as: transmission, identification of symptoms, how to identify misinformation, and how the vaccine protects against COVID-19. Similarly, participants showed a statistically significant ($p<.001$) increase in their self-reported confidence in identifying a site at which to get tested at a time when this was still challenging. See Appendix A for a detailed analysis of educational workshop findings.

Positive intentions to get vaccinated -- Our researchers conducted two separate studies to determine the impact of multiple films as follows:

The two Vaccinate LA films developed with the Annenberg School for Communication and Journalism at USC, ***Happy Birthday, Granny***, and ***Of Reasons and Rumors***, were shown to either a matched or unmatched audience in an online study of 600 unvaccinated women. Viewers were considered matched if they watched a film featuring characters from their racial/demographic group–Latina viewers for ***Of Reasons and Rumors***, or Black/African American viewers for ***Happy Birthday, Granny***. Based on a pre/post survey, viewing the film resulted in (a) a significant increase in intent to become vaccinated among all Latina and African American viewers ($p<.01$), and (b) increased intent to seek information (e.g., from a doctor, through research), or speak to a loved one after watching either film for African American viewers, or for the matched group of Latina viewers ($p<.05$ to $p<.001$, respectively). These findings are summarized in Figure B and in Appendix B.

Figure B: Evaluation Findings of Happy Birthday Granny and Of Reasons and Rumors



While negatively framed public health messaging has been effective for other public health issues (e.g., anti-tobacco campaigns), this type of messaging has not been as widespread during the COVID-19 pandemic. To better understand the effectiveness of this method, we supported an online study of 1,001 unvaccinated individuals comparing three different video messages emphasizing the negative effects of COVID-19. Compared to other messaging–including one developed by the California Department of Public Health--Wondros' video for the VaccinateLA campaign using "loss-frame" messaging had a larger impact on intent to vaccinate--increasing intent by 5 percentage points across all viewers, and by 17 percentage points for Black/African American viewers. [*Chang T, Jacobson M, Shah M. A Randomized Trial of Negative Messaging on SARS-Co-V2 Vaccination Intentions.* PLoS One (under review)]

Positive behaviors leading to vaccination (information seeking and signing up for vaccine appointment)

One of the primary goals of our social and digital campaign was to provide access to reliable information on the COVID-19 vaccine through the VaccinateLA website, and to enhance access to vaccine appointments. Our efforts were successful in reaching our key audiences and driving individuals to the VaccinateLA site (see above for details on impressions and attached report for detailed information and analytics on the campaign). A large share of the actions taken on the website, or 41%, were to schedule a vaccine.

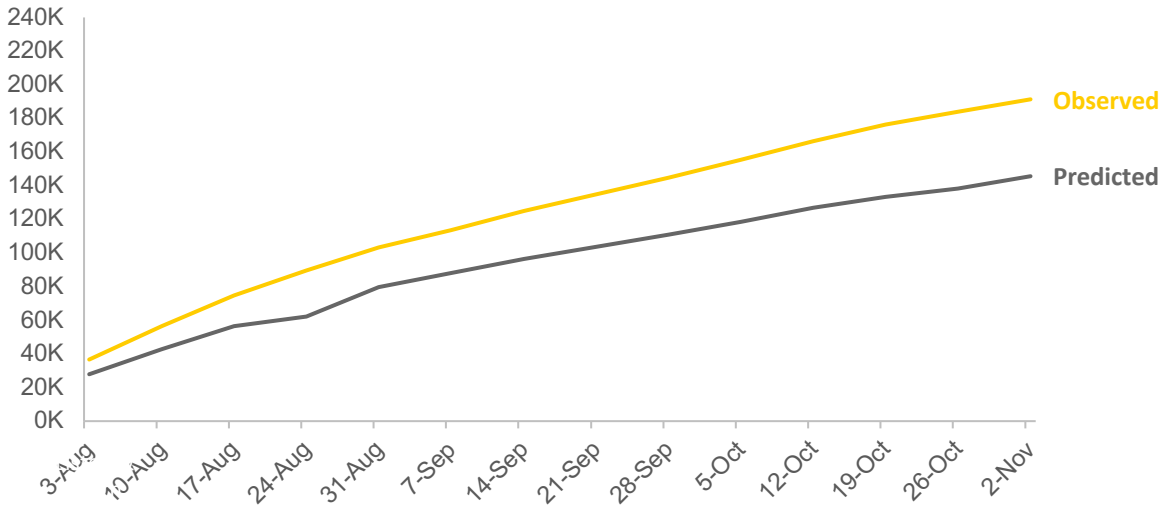
Our in-person events and CVN services helped to provide valuable information to community members. SCLA CVNs helped address barriers to vaccine access by facilitating over 3,000 vaccines, by helping to schedule appointments and arrange transportation. Our vaccination clinics, which culminated in a month of coordinated activities with community partners and faith leaders in South LA in October 2021 during "heal together" month, attracted approximately 3,500,000 attendees, and 1,057 individuals received a vaccine.

Vaccine Uptake in Targeted VaccinateLA Communities: Throughout the project we monitored the aggregate and zip-code level vaccination rates for VaccinateLA. As anticipated, all areas saw an increase over this time, and areas in eastern and southeastern LA tended to have higher rates than those in South LA (see Figures C and D and Appendix C for VaccinateLA zip code vaccination rates over time).

While it is very challenging for any local campaign to demonstrate impact at the population level, and acknowledging that there were numerous efforts to encourage vaccinations in our 34 target zip codes from a number of entities and in a variety of modes, our analysis of vaccination rates for VaccinateLA shows a consistent 30% difference between the actual and predicted number of individuals vaccinated from the time of launch of our campaign in July, through November 2021 (the predicted rate was based on the weekly change for LA County. Data covers the period between May 2021 and November 2, 2021, starting when the COVID-19 vaccine became available to 12–17-year-olds, and ending when the aggregation of vaccination rates for the population began including 5-11 year-olds).

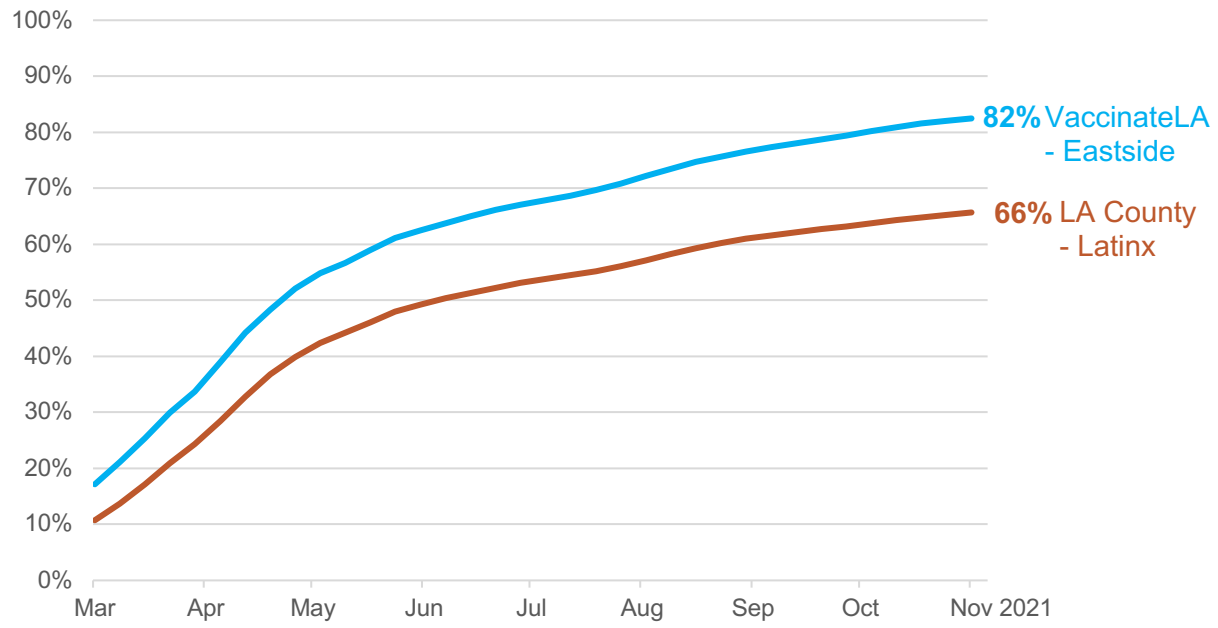
Figure C: Vaccination Rates in VaccinateLA Zip Code Areas

Vaccinate Rates in Targeted vs. Los Angeles County (July - Nov 2021)



Similarly, when we compared vaccination rates for specific VaccinateLA geographic areas against those for the primary racial/ethnic groups in our catchment area, we found that VaccinateLA outperformed these communities. On the East side of LA, which is ~90% Latino, the VaccinateLA zip codes have consistently been higher than LA County's overall Latino population. In VaccinateLA's South and southeastern LA catchment area, which is 25% Black/African American and 87% Latino, our zip codes had a lower vaccination rate than for the county's Black/African American population in March 2021, yet by November 2021, South LA vaccination rates exceeded this rate by 20 points (see Appendix D for additional information on the predicted versus actual rate).

Figure D: Vaccination Rates in VaccinateLA Eastside Zip Code Areas vs. in Latinx Populations in Los Angeles County



As outlined in our evaluation plan, we reviewed changes in vaccination rates for both single and clustered VaccinateLA zip codes against external individual and clustered comparison zip codes and analyzed intra-group differences.

- We conducted a comparison analysis as proposed but found no significant differences (see Appendix E for comparisons, additional information, and limitations).
- We also compared changes in vaccination rates between VaccinateLA zip codes based on level of VaccinateLA activity (high or low) in each geographic area (this included SCLA activities) but found no significant differences (see Appendix E for the analysis and additional limitations).
- While we had proposed to measure reach and proximal outcomes from the initial VaccinateLA social and digital campaign through a community survey, we ultimately were not able to perform the community survey. There were too many challenges at that point in time during the pandemic and the concern was that we would have too small a sample size to make meaningful inferences from the data. We were however able to conduct a community assessment for our VaccinateLA pediatric vaccination campaign that was specifically targeted to parents and other family members, as further described below.

4.	**Additional Progress**	**X**			

Report your Findings (Include any publications submitted or published, or grant submissions related):

Building on the success of our broader campaign, and in response to the changing landscape of the pandemic—including the release of vaccines for children under 12--we launched a pediatric vaccination campaign in early 2022. This work was funded by a grant from the Sharon D. Lund Foundation. We used the same VaccinateLA approach to a) engage local parents in focus groups, b) engage Wondros and Everyone Can Eat to help us develop short videos and targeted messages, and c) deliver

educational workshops to parents. We partnered with Los Angeles Unified School District (LAUSD) and the Los Angeles Department of Public Health to reach parents with these offerings. In addition, we used the same approach to evaluate our social and digital messages. Further, we conducted a community survey in our targeted communities.

The pediatric campaign ran for four weeks (March 28 to April 24, 2022) in our VaccinateLA 34 zip codes. We also ran the campaign in 35 additional zip codes for three additional weeks, from April 25 to May 15, 2022. These additional 35 zip codes were selected based on the following criteria: a) their high proportion of Black/African American or Latino residents, resembling the population in our original zip codes; b) lower community vaccination rates than other areas in LA County; and c) presence of youth (at least 15% of the population under 18 years). See list of expanded zip codes in Appendix F for more details on the campaign. Analytics from the campaign from social media, clicks, and website visits showed that individuals interacted with the materials, sought additional information, and that digital media was particularly effective with the Latino audience as detailed below (and here)

- Paid Social Media: Over the duration of the two-month campaign, there were 3,700,000 paid impressions (views of our advertisement content) and 2,000,000 Facebook and Instagram impressions (views of ads on Facebook and Instagram). Impressions on social media and advertisements drove 24,200 clicks to the VaccinateLA website and 199,400 engagements on the social media advertisements.
- Facebook proved to be the most effective platform for engagement-focused ads (114,000 engagements) while Instagram proved effective for awareness initiatives (1,100,000 impressions).
- Search and Digital Ads: Search ads were the most cost-efficient, earning the highest clickthrough rate (CTR) at 3.3% and the lowest cost per click (CPC) at $1.80. Within the specific audiences measured (defined by key words or search terms that target a specific audience), the 'Parents and Kids' related audience was very effective. It earned the highest CTR (3.5%) and the second lowest CPC ($1.81). Latino audiences earned the highest volume of impressions, 35% more than the second ranked Black/African American audience with a modest CPC ($2.87).

A community survey developed to evaluate the pediatric campaign was field tested from May 17 to June 6, 2022, and the expansion enabled us to compare results between areas that had greater exposure to both the pediatric social and digital campaign, and to overall VaccinateLA activities. The survey was administered across a total of 69 zip codes. This included the original 34 zip codes targeted for the VaccinateLA campaign with the addition of 35 zip codes which were selected due to existing community partnerships in those areas, at least 15% of the population is under 18, and those zip codes have a high proportion of Black/African American and/or Latino residents so that existing campaign material was still appropriate and relevant to these areas. To be included in the survey one must reside in one of the 69 zip codes, be between the ages of 18-45, be Latino or Black/African American, and have a child under the age of 18. We reached our target number of 275 completed surveys. We captured current vaccine status and attitudes towards vaccines for parents and their children in three age groups (0-4, 5-11, 12-17 years), and impact of the social and digital campaign on intentions to seek information, speak with a loved one, speak with a healthcare provider, or vaccinate their children. The results from the survey will be available in August 2022 and will be shared as an addendum to this report in September 2022. Overall, our work in VaccinateLA has allowed us to secure additional funding, and disseminate our findings through publications and presentations as follows:

Additional Funding

- CEAL Initial 9/9/20 – 9/8/21 - $315,072 (Directs $218,814; Indirects $96,258)
- CEAL Extension through 10/31/21 $57,500 (Directs $34,848; Indirects $22,652)

- CEAL Additional – 11/1/21 – 2/28/22 - $57,500 (Directs $34,848; Indirects $22,652)
- CEAL Supplement – 4/1/22 – 3/31/23 - $460,000 (Directs $278,787; Indirects $181,213)
- Sharon D. Lund – 12/1/21 – 11/30/22 - $300,000 (Directs $272,727; Indirects $27,273)
- National Alliance for Hispanic Health, Vacunas CVN Network - PPHS Project -$50,000 directs – funding provided directly from PPHS account for CVN trainings

VaccinateLA presentations:

- 10/2/2021 Neighborhood Academic Initiative Saturday Workshop Presentation by Dr. Lourdes Baezconde-Garbanati and Dr. Carolyn Ruiz (257 participants)
- 11/6/2021 Neighborhood Academic Initiative Saturday Workshop (337 participants)
- 11/9/2021 Youth Ambassador Workshop featuring Dr. Paula Cannon and Dr. Richard Roberts (23 participants)
- 11/13/2021: USC Kinder 2 College Presentation – facilitated speaker Dr. Ilan Shapiro (170 participants)
- 2/8/2022 LA Department of Public Health Presentation by Dr. Nicole Wolfe
- 3/9/2022 LA Department of Public Health Presentation by Dr. Nicole Wolfe

Publications

Kipke, M. et al. 2022. *VaccinateLA: A Comprehensive COVID-19 Vaccination Program in Los Angeles' Black and Latino Communities*. JMIR Public Health and Surveillance (In Review).

Hu, H., Gilliland, F., & Baezconde-Garbanati, L. (2022) Communities, Mistrust, and Implementation: Addressing a Gaping Hole in the National Strategy for COVID-19 and Future Pandemics. Submitted to the Journal of the American Public Health Association (JAPHA). Pending review. July 2022.

Casillas, A. et al. 2021. STOP COVID-19 CA: Community engagement to address the disparate impacts of the COVID-19 pandemic in California. Frontiers (In Review)

Chang T, Jacobson M, Shah M. A Randomized Trial of Negative Messaging on SARS-Co-V2 Vaccination Intentions. PLoS One (In Review)

GREEN – On target to achieve Milestone/Deliverable Date. Baseline date = Forecast Date. **AMBER** – Milestone Target Delivery Date is in danger of not being achieved but a managed solution capable of bringing forward the Forecast date is being applied. Baseline date < Forecast Date	**RED** – Milestone Target Delivery Date is not going to be achieved or has already passed. No work rounds or solutions capable of bringing forward the forecast date is available.

WHAT DO YOU PROPOSE AS MAJOR MILESTONES FOR THE SECOND 6 MONTHS?

With additional funding that we have secured (see Aim 4 above and details below), we intend to build on this important work by being responsive to community needs. At this time, we have identified the following priorities:

VaccinateLA Pediatric Campaign: We received a grant from the Sharon D. Lund Foundation in December 2021 that allowed us to continue providing reliable and up to date information on our website on pediatric vaccines, as well as information on boosters and guidance for adults and vulnerable populations. In addition to social media messaging, we developed a short film called *Team Player* in collaboration with USC School of Cinematic Arts and the Annenberg School for Communication and Journalism. Informed by recent research on vaccine hesitancy, *Team Player* shows parents and kids dealing with resistance to COVID-19 vaccinations and overcoming misinformation with humor and empathy.

Partnering with Los Angeles County Office of Education and Los Angeles Unified School District – We intend to leverage our pediatric-specific materials to partner with the Los Angeles County Office of Education (LACOE). LACOE oversees the approximately 80 school districts in the LA region, communicating directly with superintendents and key staff who can help provide guidance on how best to communicate the importance of vaccines to parents of children under 18, and provide an avenue to widely disseminate materials in a way that can directly reach our intended audience.

Team Player Short Film and Evaluation: An online study of the *Team Player* short film supported through by VaccinateLA ($10,000) demonstrated the following:

- Compared to the Control film consisting of Department of Health and Human Services messages that conveyed the same information, **watching Team Player** resulted in **higher information retention** and **transportation** into the film.
- Being transported in the narrative predicted **significantly higher intent to get one's self vaccinated/boosted and to vaccinate one's child.**
- Compared to the Control, watching Team Player **significantly increased favorable beliefs about vaccinating one's child**, which **predicted higher intent to seek more information, discuss vaccination with a health care provider, and vaccinate one's child**.

Funding from CEAL: Continued funding from NIH's CEAL initiative were received in the amount of $278,787 (beginning April 2022). These funds will be used to support community-level and community-partnered educational efforts focused on vaccination/boosting and to include long COVID and mental health.

HAS ANYTHING CHANGED IN THE FIELD TO MODIFY YOUR APPROACH?

The pandemic has continually evolved during the course of the grant period as vaccines were released, booster vaccinations became available, and vaccines/boosters became available for pediatric populations, 6 months and older. The current Omicron variants have resulted multiple surges during the past 6-9 months while simultaneously public health guidance on preventive measures relaxed. Unsurprisingly, we have learned that the duration of the pandemic, changing conditions and guidance have resulted in "COVID-fatigue," with individuals less interested and less likely to be engaged with information on the pandemic and vaccines, despite surges in cases with new variants. As a result, we continue to work with our CAB, community partners, and Los Angeles Unified School District/Los Angeles County Office of Education in adapting our approach to provide information or engage partners to coincide with major events—for example the release of information to parents directly in advance of the start of the new school year. Additionally, as society transitions to a "post-pandemic" mindset where many people are no longer as concerned with the virus, those suffering from long COVID may have challenges accessing or receiving care for their symptoms or may be experiencing significant physical and/or mental health issues that require attention. This has led us to consider focusing on these challenges as we continue this work.

PROJECT COSTING & TRACKING: **PLEASE PROVIDE DETAILS REGARDING PROJECT COSTS FOR THIS REPORTING PERIOD (BUDGET, ACTUAL EXPENDITURES, AND VARIANCE) AND INCLUDE COMMENTS FOR ALL VARIANCES, INCLUDING THE ROW ID AND DESCRIPTION OF THE VARIANCE. 'BUDGET' REFERS TO THE AMOUNT RECEIVED BY THE KSOM. 'ACTUAL' REFERS TO WHAT IS SPENT TO-DATE. 'VARIANCE' IS THE DIFFERENCE BETWEEN 'BUDGET' AND 'ACTUAL'.**

Comment	Project To-Date		
	Budget	Actual	Variance
See table below			

COVID-19 KECK RESEARCH FUND FINANCIAL REPORT		
Project Title: Vaccinate LA		
Awardee: Michele Kipke, PhD and Lourdes Baezdonde-Garbanati, PhD		
Award Period: 4/22/21 – 4/21/22		
BUDGET		
Budget	Month 1-6	615,250
Budget	Month 7-12	126,650
Budget	Evaluation Funds	50,000
TOTAL BUDGET		**791,900**
EXPENSES		
Staffing		
Orechwa, Allison	Project Manager	12,836
Wolfe, Nicole	Project Manager	21,908
Stoddard, Laura	Project Coordinator - Temp Staff - Kelly Services	64,286
Rubio-Diaz, Mayra	Community Liaison	26,414
North, Gemma	Evaluation & Improvement Associate Director	17,603
Dezfuli, Ghazal	Evaluation Specialist	14,689
Consultants		
Healthcare Research Associates	Community Engagement Consultant - Regina Greer-Smith	12,215
Wondros	Marketing Strategy Consultant	325,000
Roadstar	Vaccinate La Website, updates, hosting & maintenance	8,794
Annenberg School of Communication	PSA Video	20,000
AC Transformative Media	COVID Videos	125,000
Michael Greene	Social Media Marketing & Videos	48,000
Behavioral Assessment	Focus Group Facilitation, Analysis, Reporting	6,375
School of Pharmacy	COVID Fotonovela	60,000
Souther California Area National Council Negro Women	Community Vaccine Navigators (Cvn's)	20,000
Transcription Services for Focus Groups	Homerow $331.50; Kelly Moon $695.45; Transcend Transcriptions $298.50	1,325
Community Advisory Board Costs (CAB)	Target Gift cards	775
Project Supplies		
FedEx	Printing/Mailing Materials for VaccinateLA	2,756
Film Shoot Expenses	Space Rental $850; Parking Permits $84; Lunch for creww $57.88; Thank you gifts for video participants $577.79	1,569
Docusign	Annual Subscription Needed For Fodus Group Conset Forms	270
LA & NY Times	Subscriptions For Covid Research/Presentations	9
Mileage/Parkin/Postage	Staff reimbursements for mileage, parking & mailing participant incentives	1,435
PPE Supplies	Supplies For Pop-Up Vaccination Clinic	96
Gift	Condolence Flowers For Independent Contractor, M. Greene	84
Thank you Gifts	Dr. Greg Taylor $96; A. Ketcher For Transcription Assistance $104; E. Galstya For Transcription Assistance $104; J. Morales For Testimonial Interview $156	460
TOTAL EXPENSES		**791,900**
BALANCE		**(0)**

ADDITIONAL COMMENTS
Additional Information can be found in the appendices

FOR OFFICE USE ONLY			
OVERALL PROJECT STATUS *KEY INDICATORS: BUDGET, SCHEDULE, STAKEHOLDERS, SCOPE, RESOURCES	☐	**On Track**	The project is well controlled. Some issues may have been identified, but effective actions are planned for solving them.
	☐	**Off Track**	The project has problems that require change in plans. Additional focus and management is essential to bring the project back under control.
	☐	At Risk	The project has serious problems. One or more* key indicators are in At Risk status.
	☐	Not Started	Not started (and not scheduled to start)
COMMENTS:			

APPENDIX A: COVID-19 Educational Workshop Attendee Survey Result Details

Transmission and Identification of symptoms – The analysis used a one-sample t test to evaluate whether the mean post-survey rankings were statistically different than a pre-specified value (which was set to be the mean pre-survey ranking for each of the survey items assessed (York, 2017). The analysis includes data on the four-session COVID-19 workshop conducted in Spanish between April 5 and June 27, 2021.

One-sample t test

Variables	N	Test value	Mean	SD	95% Confidence Interval
Knowledge of COVID-19 transmission	101	2.17	2.71	.052	Lower: 2.61 Upper: 2.81
Identification of COVID-19 symptoms	101	2.09	2.70	.575	Lower: 2.60 Upper: 2.82

For the variable "Knowledge of COVID-19 transmission," the mean for this sample is 2.71, which is statistically different from the pre-specificized test value of 2.17 ($p<.001$). Similarly, for the variable "Identification of COVID-19 symptoms," the mean of 2.70 is statistically different from the test value of 2.09 ($p<.001$).

How to identify misinformation, and how the vaccine protects against COVID-19 – In the Spanish and English COVID-19 vaccine single session workshop surveys, participants were asked to self-rate their understanding of certain topics related to COVID-19 before and after they participated in the workshop. Participants were asked to self-rate their knowledge on: (1) how COVID-19 mutates; (2) how to identify inaccurate information about COVID-19; (3) knowledge of how COVID-19 vaccines protect against COVID-19; and (4) the difference between the three brands of the COVID-19 vaccines available in the United States. A value of 1 (the lowest value) corresponds to a participant giving a self-rating of their understanding as "poor" whereas a value of 4 (the highest value) corresponds to a self-rating of "excellent." Paired t-tests were conducted in Stata to evaluate whether there were any statistically significant differences between the mean pre and post ratings. The analysis includes data from the English and Spanish single session workshops on COVID-19 vaccines provided between October 6 and December 2, 2021.

Paired T-Tests

Variables	**Pre wkshp mean**	**SD**	**Post wkshp mean**	**SD**	**MD**	**Two-tailed p-value**	**N**
How COVID-19 mutates	2.74	.995	3.39	.761	.655	p<.001	84
How to identify inaccurate information about COVID-19	2.85	.099	3.34	.732	.495	p<.001	79
How COVID-19 vaccines protect against COVID-19	3.15	.864	3.61	.687	.098	p<.001	79
The difference between the three brands of COVID-19 vaccines available in the United States	2.65	1.06	3.41	.736	.768	p<.001	82

APPENDIX B: Findings from Study on Short Films *Happy Birthday, Granny* and *Of Reasons and Rumors*

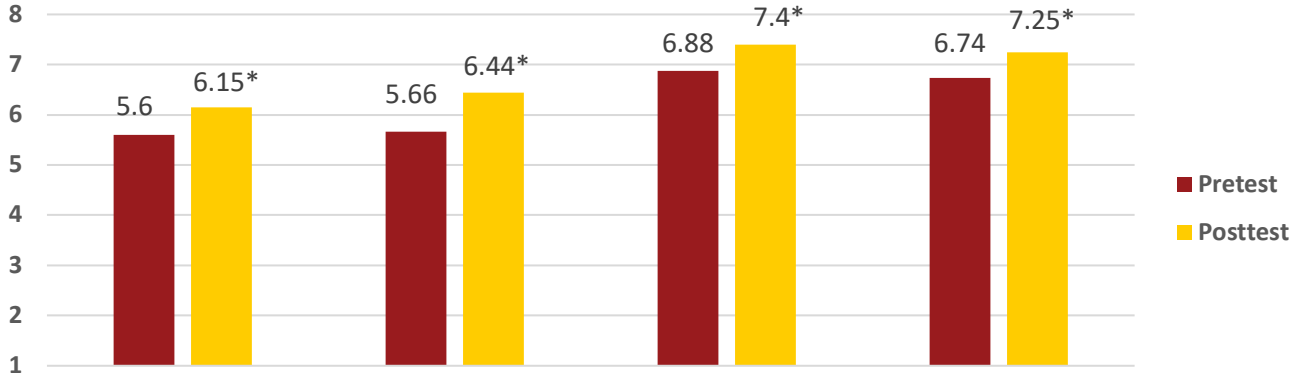
Summary of Key Findings for short film study

- Unvaccinated African American women
  - Reported an increase in behavioral intent to get vaccinated in the next 30 days (RQ1)
  - As well as an increase in seeking more information (from doctor or own research), and discussing the COVID-19 vaccination with a loved one (RQ2)
  - After watching either film (RQ3)
- Unvaccinated Latinas
  - Were significantly more likely to intend to get vaccinated at posttest (RQ1) after watching either film
  - Those who watched *Of Reasons and Rumors,* were also more likely to talk to a doctor, do her own research, or talk to a loved one about the COVID-19 vaccine (RQ2),
  - But not after watching AA film *Happy Birthday, Granny* (RQ3)

Summary of Findings for *Happy Birthday, Granny* (African American Film)

- Statistically significant changes in attitudes among African American participants for all four outcome measures:
  - intent to vaccinate and
  - willingness to seek additional information
    - talk to doctor
    - talk to a loved one, or
    - do own research
- Statistically significant change only in intent to vaccinate for Latinas

Matched Condition: African American Viewers of AA Film *Happy Birthday, Granny* (N=151)



t(150)=3.44 *p<.001*

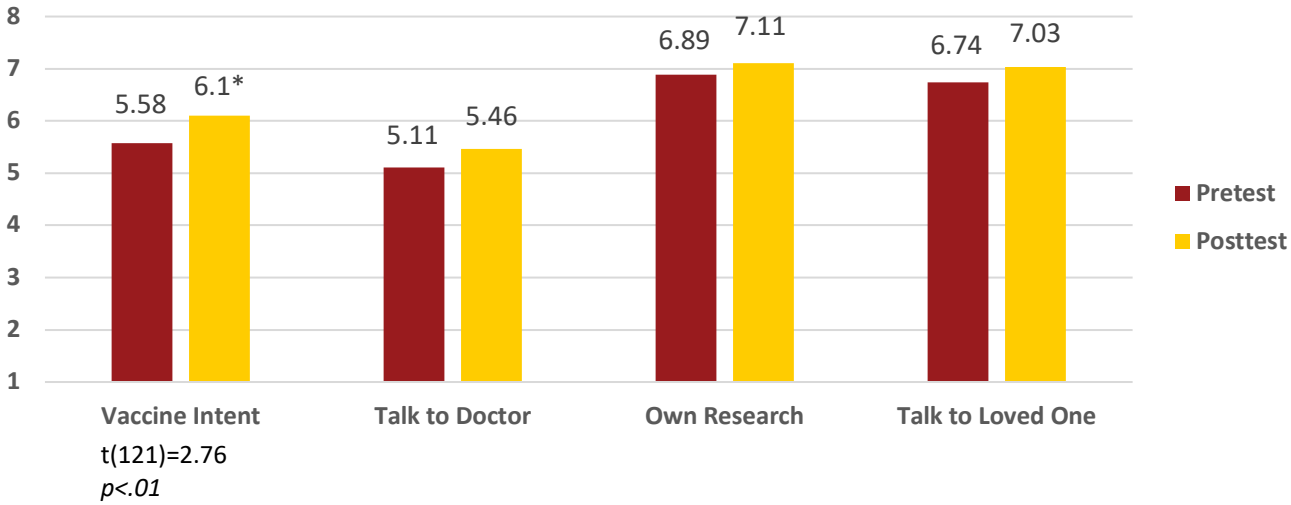
t(150)=3.10 *p<.001*

t(150)=2.89 *p<.001*

t(150)=3.21 *p<.001*

Differences of all four measures are statistically significant.

Unmatched Condition: Latina Viewers of AA Film *Happy Birthday, Granny* (N=122)



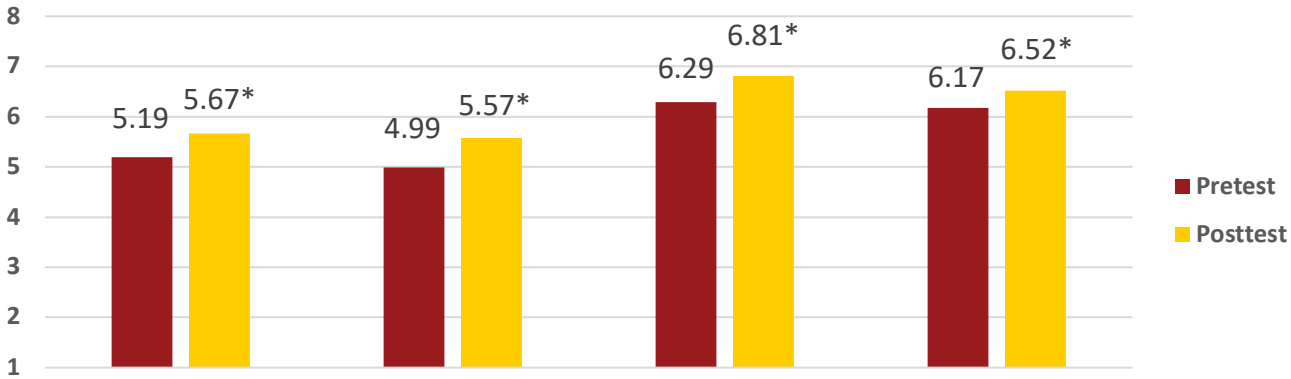
t(121)=2.76
p<.01

Difference on vaccine intent is statistically significant.

Summary of Findings for *Of Reasons and Rumors*

- Statistically significant changes in attitudes among both Latina and African American participants for all four outcome measures:
  - intent to vaccinate and
  - willingness to seek additional information
    - talk to doctor
    - talk to a loved one, or
    - do own research

Matched Condition: Latina Viewers of Latinx Film *Of Reasons and Rumors* (N=151)



t(150)=2.65
p<.01

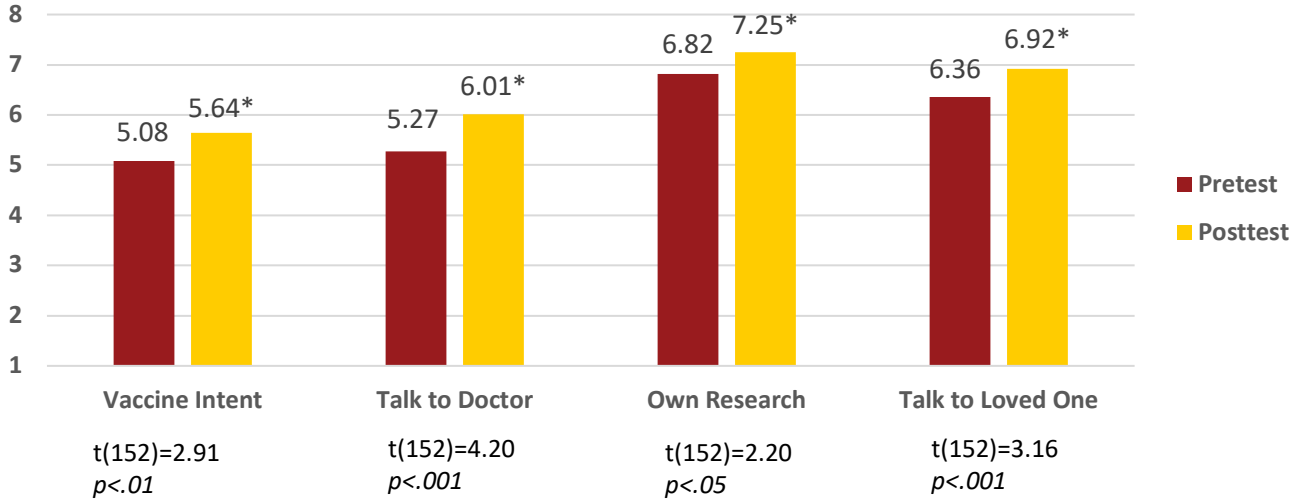
t(150)=3.52
p<.001

t(150)=3.05
p<.001

t(150)=2.00
p<.05

Differences of all four measures are statistically significant.

Unmatched Condition: African American Viewers of Latinx Film *Of Reasons and Rumors* (N=153)



t(152)=2.91 *p<.01*

t(152)=4.20 *p<.001*

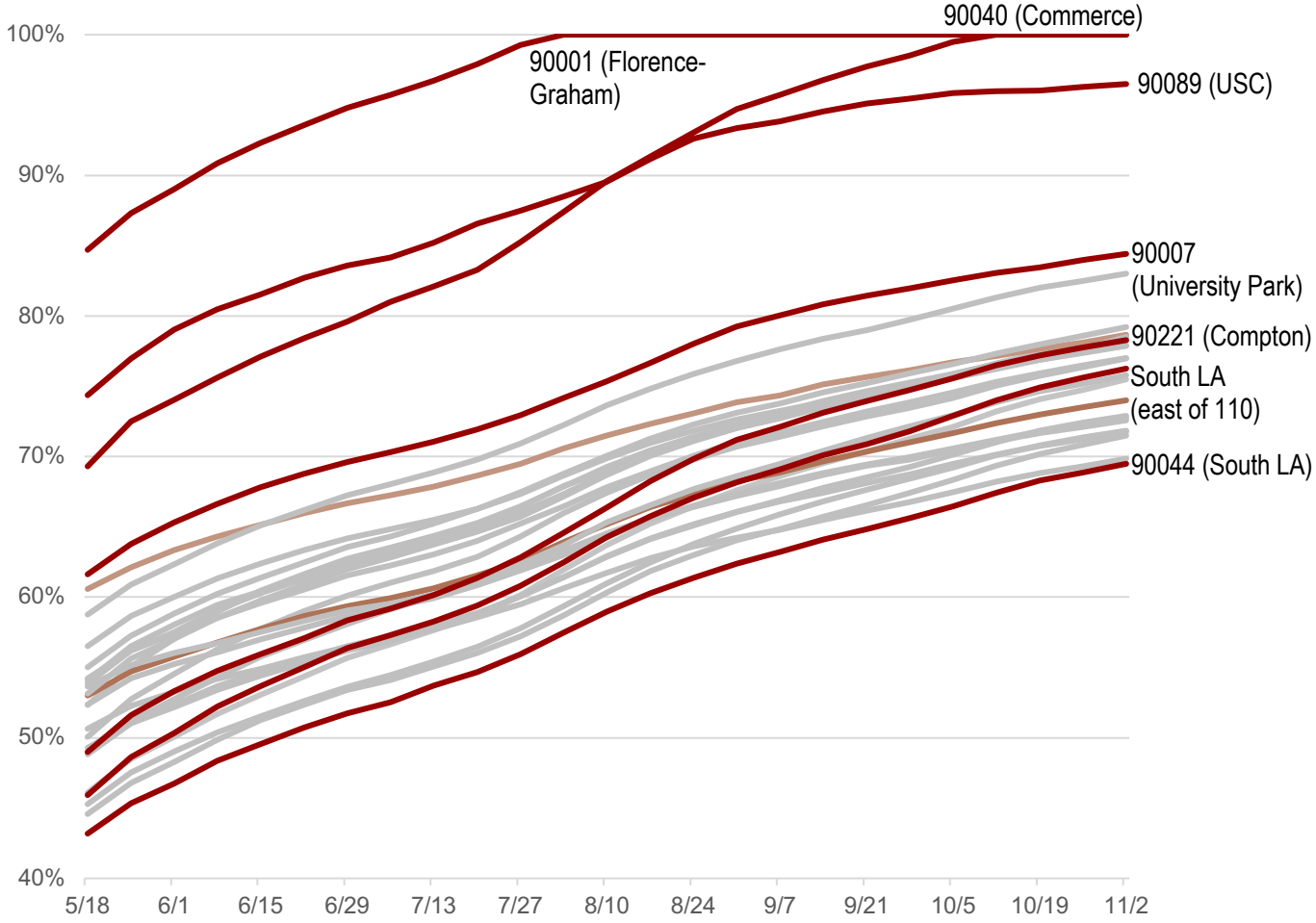
t(152)=2.20 *p<.05*

t(152)=3.16 *p<.001*

Differences on all four measures are statistically significant.

APPENDIX C: VaccinateLA Neighborhood Vaccination Rates Over Time

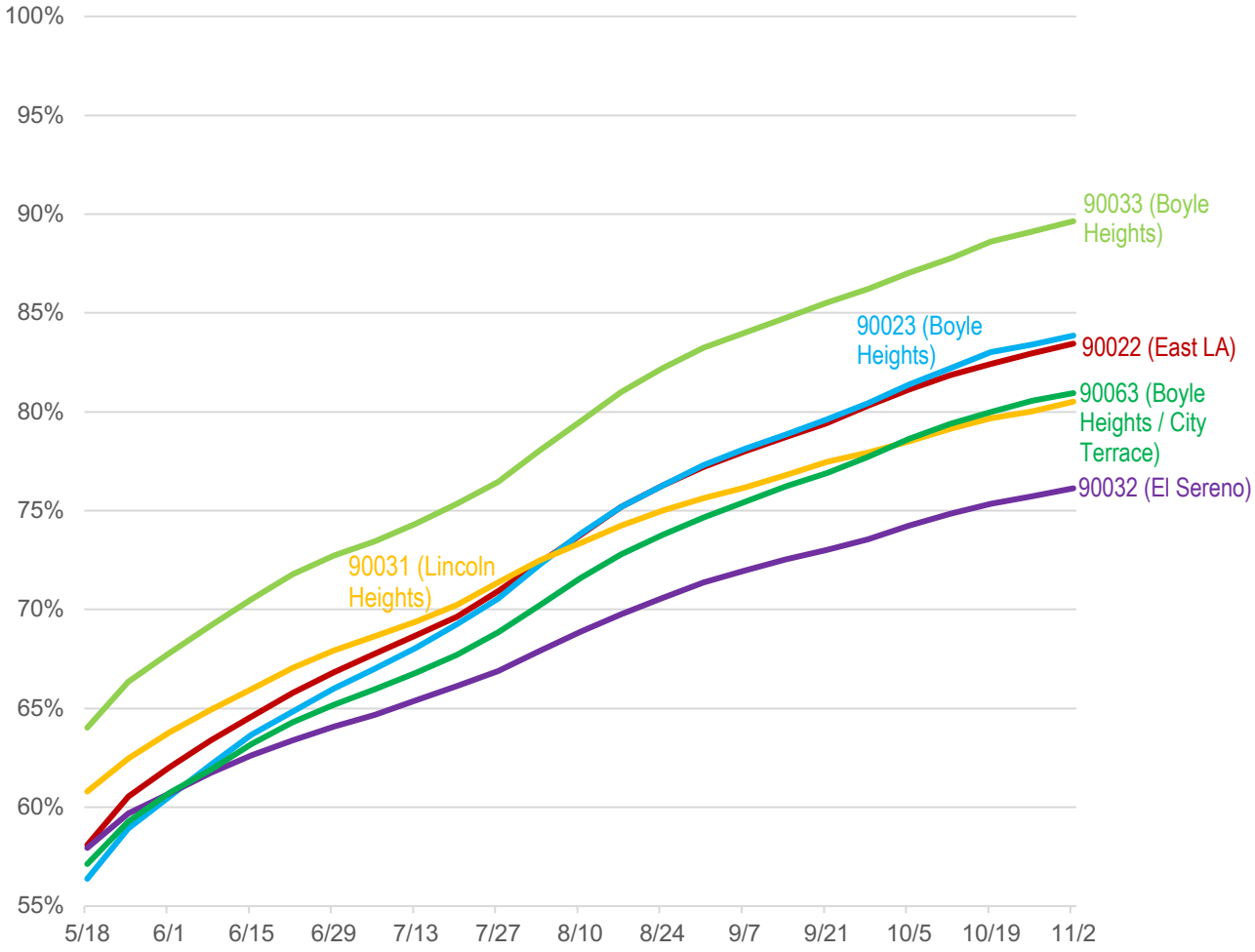
VaccinateLA -- Percent of 12+ population with at least one dose of COVID-19 vaccine, South and southeast LA, May-November 2021



Source: California Department of Public Health, COVID-19 Vaccine Progress Dashboard Data by Zip Code. Data covers the period between May 2021 and November 2, 2021, starting when the COVID-19 vaccine became available to 12-17 year olds, and ending when the aggregation of vaccination rates for the population began including 5-11 year olds.

The chart above reflects how many areas in South and southeastern LA followed similar trends. Those areas in crimson are examples of zip-code specific monitoring VaccinateLA staff performed, noting areas that had higher rates to begin with, consistently stayed lower than other areas, or those which saw significant jumps over between May and November 2021.

VaccinateLA -- Percent of 12+ population with at least one dose of COVID-19 vaccine, East side of LA, May-November 2021



Source: California Department of Public Health, COVID-19 Vaccine Progress Dashboard Data by Zip Code. Data covers the period between May 2021 and November 2, 2021, starting when the COVID-19 vaccine became available to 12-17 year olds, and ending when the aggregation of vaccination rates for the population began including 5-11 year olds.

Note: While a few zip codes/neighborhoods had a higher initial rate in late spring 2021, these areas had unique circumstances differentiating them from the rest of VaccinateLA (for example, significantly higher socioeconomic status, large student population, or being primarily industrial).

APPENDIX D: VaccinateLA Predicted versus Actual Rate

We compared the aggregate change in vaccination rates for our target areas to a predicted rate based on the change in vaccination rates for Los Angeles County. This was done by taking the difference in number of people vaccinated on a weekly basis in LA County to calculate the weekly rate of change, and then comparing this to the weekly rate of change and number of people vaccinated in VaccinateLA. This analysis covered the period between the start of the campaign on July 20, 2021, and November 2, 2021, and monitoring the population 12 years and over (Note: After November 2, the California Department of Health vaccine data by zip code combined populations to monitor all individuals over the age of 5, at which point we ended this analysis at the zip code level). The comparison between the predicted versus actual rate shows an impact on vaccinations within VaccinateLA, as well as when compared to dominant racial and ethnic groups in our catchment areas (Black/African American and Hispanic/Latino/a). However, the following limitations should be considered when reviewing this analysis:

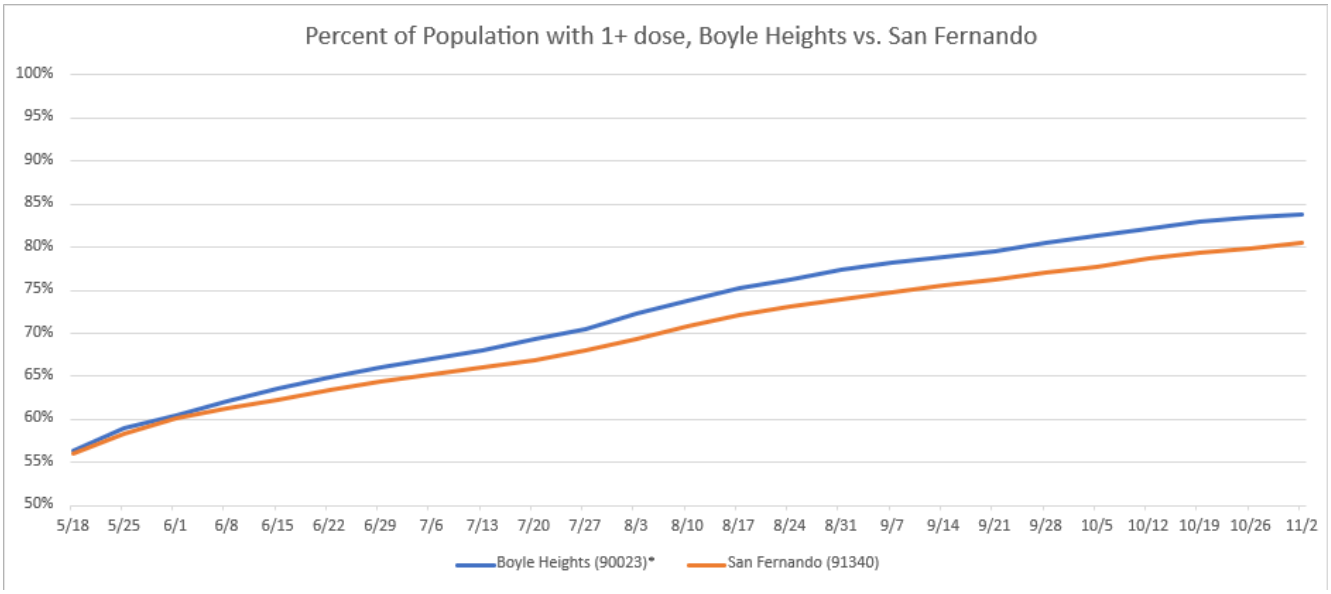
- Vaccination trends for lower income Black and Brown communities in Los Angeles had slower uptake than wealthier White communities, therefore it is possible this analysis may reflect this lag in uptake.
- There are many drivers that can contribute to the increase in vaccination rates over time, including national/local campaigns, regulations, social norms, etc. These variables could not be included in the analysis as publicly available data does not exist to estimate their presence or influence. In addition, it is difficult to estimate the level of influence for these variables in impacting vaccination rates over time.
- It is difficult to estimate what portion of the population in the VaccinateLA target zip codes was exposed to the campaign.

APPENDIX E: VaccinateLA Neighborhood and Zip Code Comparisons

Match-comparison groups*:* The large focus area and potential for certain components to reach a broad population (and result in a spillover effect), restricted our ability to identify comparison neighborhoods in LA County that we could assume had limited exposure to the campaign and that have similar socioeconomic profiles and vaccination rates. These constraints limited our comparison groups to neighborhoods most like Eastern LA and included select areas in the San Fernando Valley with comparable socio-economic profiles, and percent of population vaccinated in May 2021 (when the vaccine was made available to anyone 12 years of age and older).

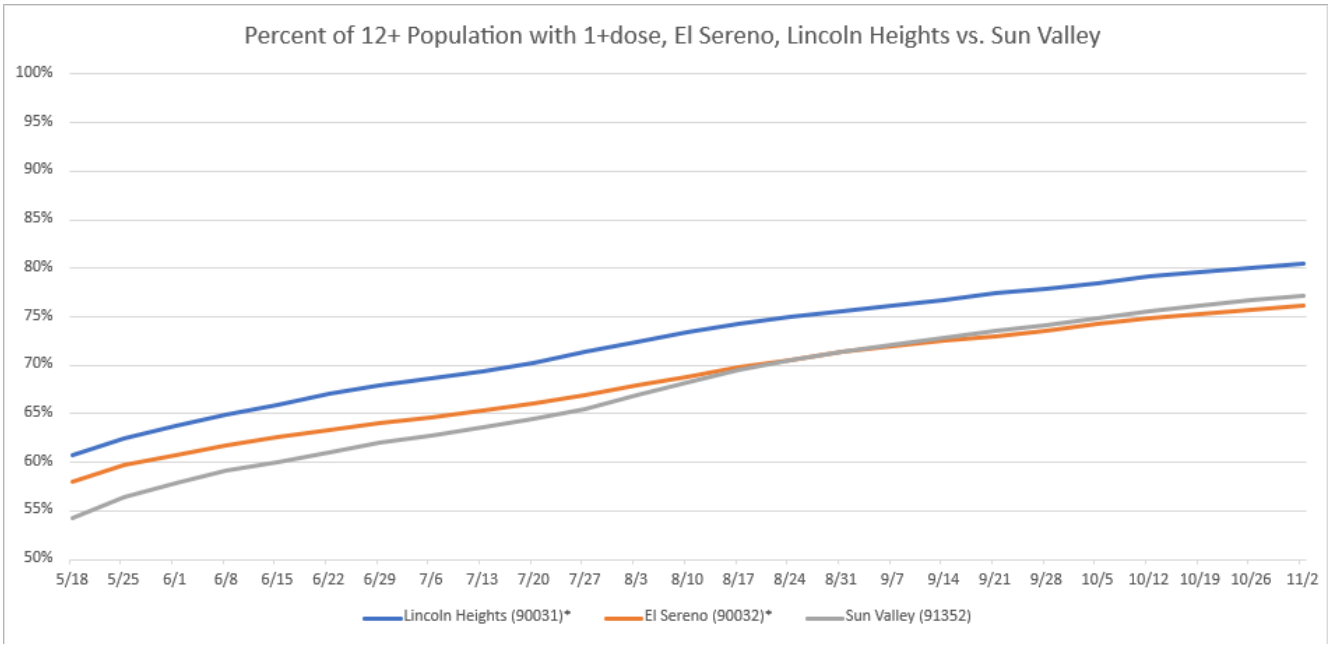
Analysis: We compared select Eastern LA zip codes with select zip codes in the San Fernando Valley that were matched on baseline vaccination rates (within at most, six percentage points), and observable, socio-economic characteristics taken from the 2020 5-year American Community Survey. Socio-economic characteristics include: percent of the population below poverty level, population size, percent Hispanic/Latino/a, percent Black or African American, median age (in years), median income in the past 12 months, education level (percent of population 25+ who have a high school diploma). Data on vaccination rates was retrieved from the California Department of Public Health, COVID-19 Vaccine Progress Dashboard Data by Zip Code. The zip codes that were compared include:

1. 90023 (Boyle Heights) with 91340 (San Fernando)



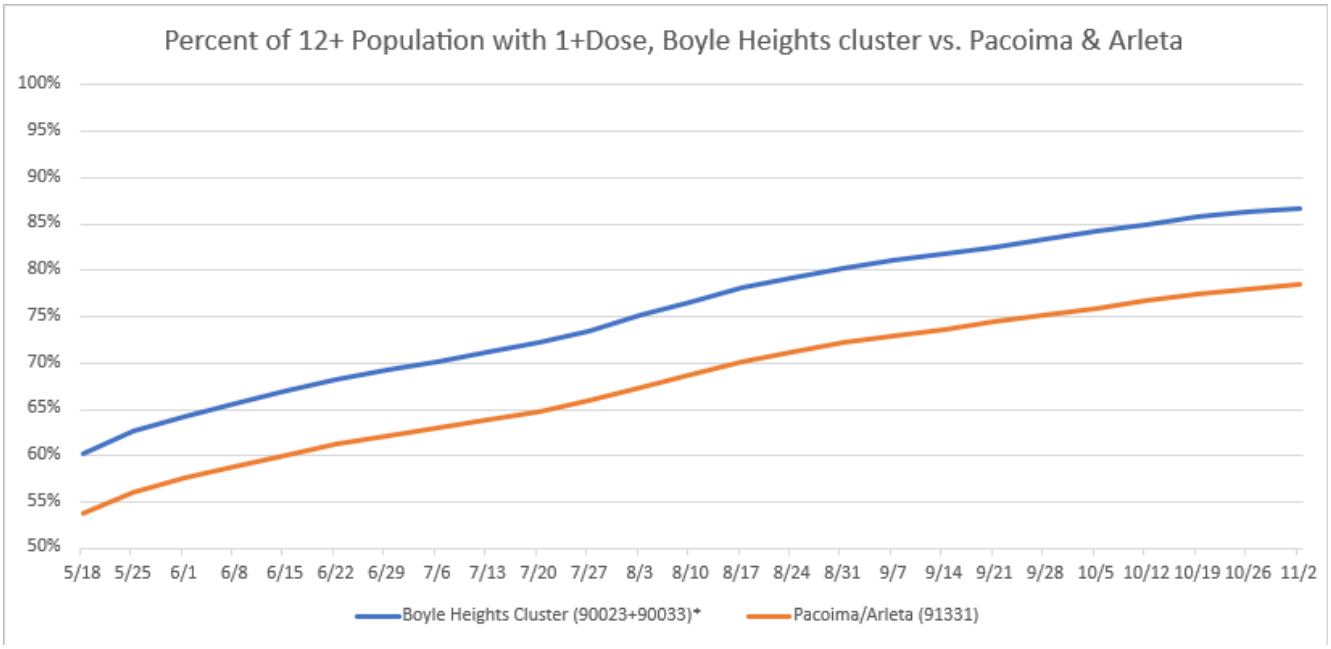
*VaccinateLA neighborhood

2. 90031 (Lincoln Heights), 90032 (El Sereno) and 91352 (Sun Valley)



*VaccinateLA neighborhood

3. Cluster containing zip codes (90023 and 90033, Boyle Heights) and 91221 (containing Pacoima/Arleta)



*VaccinateLA neighborhood

The analysis does not provide evidence supporting that the VaccinateLA campaign increased community level vaccination rates. In the first analysis comparing 90023 (Boyle Heights) with 91340 (San Fernando), there is some evidence that Boyle Heights improved its trajectory in the month of the

campaign launch, but this change may have occurred earlier. Note also that the Stay Connected LA campaign was very active in this area. Further monitoring may be needed to observe changes in vaccination rates for zip code 90023.

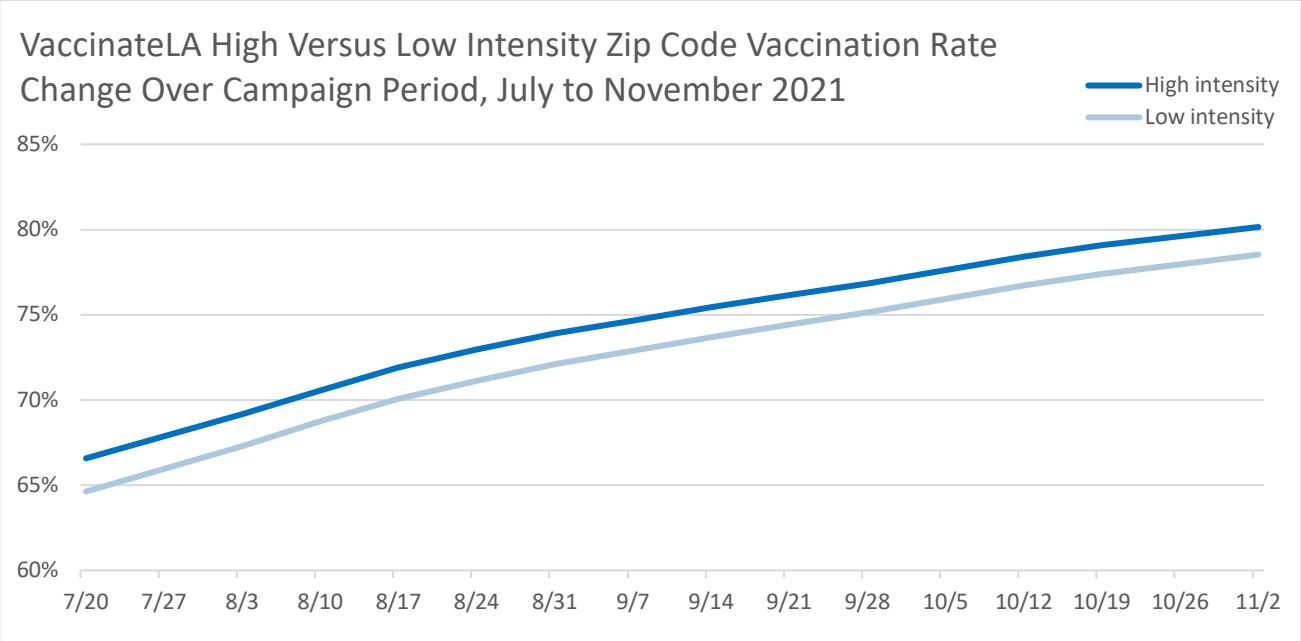
It should be noted that this analysis is constrained by several important limitations, including:

- Vaccination rates were increasing before and after the VaccinateLA media campaign between July 20 and September 19, 2021. There is no evidence that there was any upward shift (no marked change) in vaccination rates following the date of the launch.
- While efforts were made to match neighborhoods according to vaccination rates (as well as socio-economic characteristics), the zip codes in the analysis did not all have the same initial vaccination rate, with at most a difference of six percentage points.
- There are many drivers that can contribute to the increase in vaccination rates over time, including national/local campaigns, regulations, social norms, etc. These variables could not be included in the analysis as publicly available data does not exist to estimate their presence or influence. In addition, it is difficult to estimate the level of influence for these variables in impacting vaccination rates over time.
- It is difficult to estimate what portion of the population in the VaccinateLA target zip codes was exposed to the campaign.
- It is challenging to account for the time needed for the VaccinateLA campaign's potential effects to impact behavioral change (getting vaccinated), as there may be a lag between exposure and action.
- Lastly, while there is evidence VaccinateLA drove individuals to seek information, and evidence that specific materials increased intent to vaccinate, it is unclear whether the campaign was active for a period that is sufficient to result in behavioral change.[1]

Comparison of low versus high intensity areas*:* We compared changes in vaccination rates between zip codes only exposed to digital and social media content (considered "low intensity"), and those in which we provided direct services through vaccination pop-up clinics, educational workshops, CVN activities and information sharing (considered "high intensity"). We quantified and spatially analyzed varying levels of exposure to VaccinateLA into those of high and low intensity work and compared varying exposure levels to changes in vaccination rates.

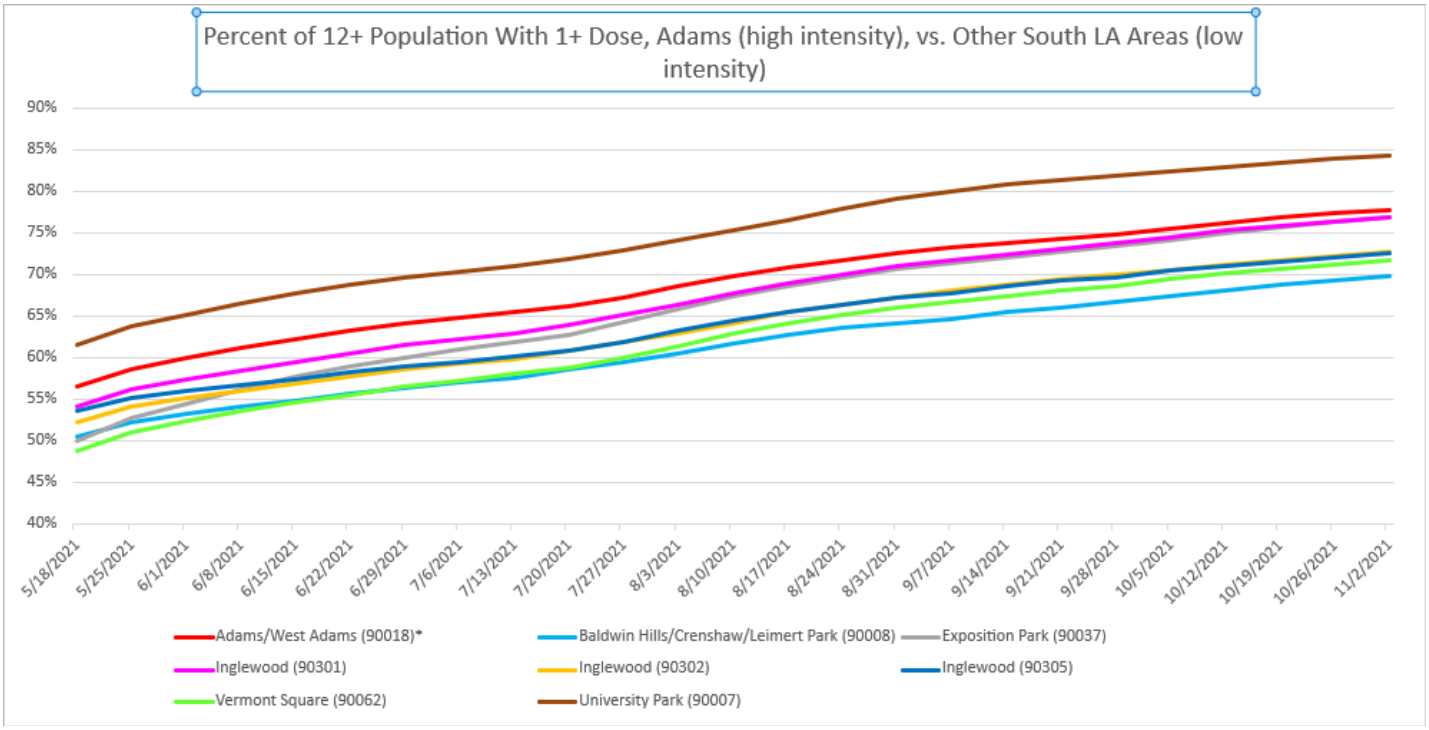
[1] Stead M, Angus K, Langley T, et al. Mass media to communicate public health messages in six health topic areas: a systematic review and other reviews of the evidence. Southampton (UK): NIHR Journals Library; 2019 Apr. (Public Health Research, No. 7.8.) Chapter 5, What characteristics of mass media campaigns are associated with effectiveness? Available from: https://www.ncbi.nlm.nih.gov/books/NBK540698/

VaccinateLA Zip Code Intensity Level Classification			
Zip Code	**Neighborhood**	**Region**	**Classification**
90001	Florence-Graham	South LA	High intensity
90018	Adams / West Adams	South LA	High intensity
90023	Boyle Heights	East LA	High intensity
90031	Lincoln Heights	East LA	High intensity
90032	El Sereno	East LA	High intensity
90033	Boyle Heights	East LA	High intensity
90043	Windsor Hills / Hyde Park	South LA	High intensity
90044	South LA	South LA	High intensity
90059	Watts / Willowbrook	South LA	High intensity
90061	Willowbrook / Athens	South LA	High intensity
90063	Boyle Heights/City Terrace	East LA	High intensity
90089	USC	South LA	High intensity
90201	Bell / Bell Gardens	S East LA	High intensity
90221	Compton	South LA	High intensity
90255	Huntington Park	S East LA	High intensity
90262	Lynwood	South LA	High intensity
90002	Watts	South LA	Low intensity
90003	South LA (east side of 110)	South LA	Low intensity
90007	University Park	South LA	Low intensity
90008	Crenshaw / Leimert Park / Baldwin Hills	South LA	Low intensity
90011	South of DTLA	South LA	Low intensity
90022	East LA	East LA	Low intensity
90037	Exposition Park	South LA	Low intensity
90040	Commerce	S East LA	Low intensity
90047	South LA	South LA	Low intensity
90058	Vernon	S East LA	Low intensity
90062	Vermont Square	South LA	Low intensity
90220	Compton	South LA	Low intensity
90248	Compton / West Rancho Dominguez	South LA	Low intensity
90270	Bell Gardens / Maywood	S East LA	Low intensity
90280	South Gate	South LA	Low intensity
90301	Inglewood	South LA	Low intensity
90302	Inglewood	South LA	Low intensity
90305	Inglewood	South LA	Low intensity



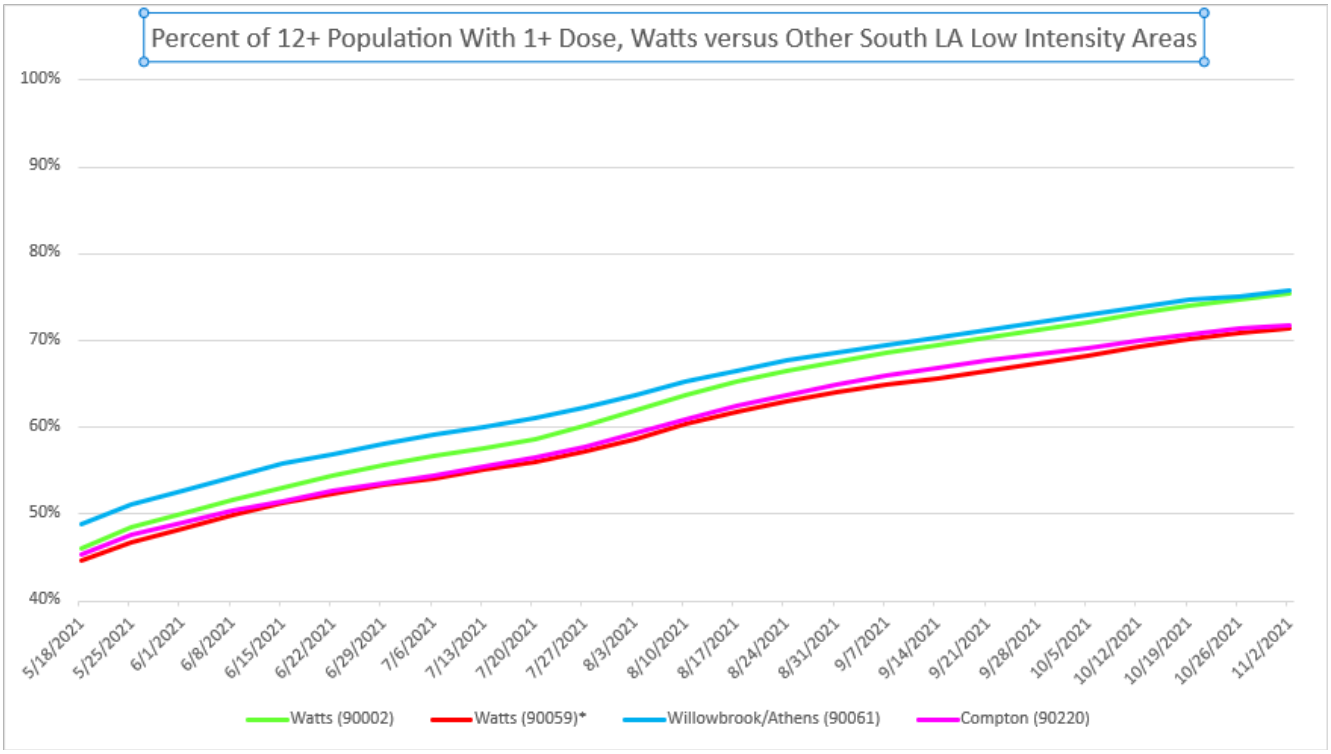
The following neighborhood-level comparisons were made between high and low-intensity areas, while also considering race and ethnicity.

1. *Adams/West Adams vs. Other South LA Areas* – Adams/West Adams (90018) was a high-intensity area for VaccinateLA, yet the rate of change remains the same as areas of low intensity in South LA, which include: 90008 (Baldwin Hills/Crenshaw/Leimert Park), 90037 (Exposition Park), Inglewood zip codes (90301, 90302, 90305), 90062 (Vermont Square) and 9007 (University Park).



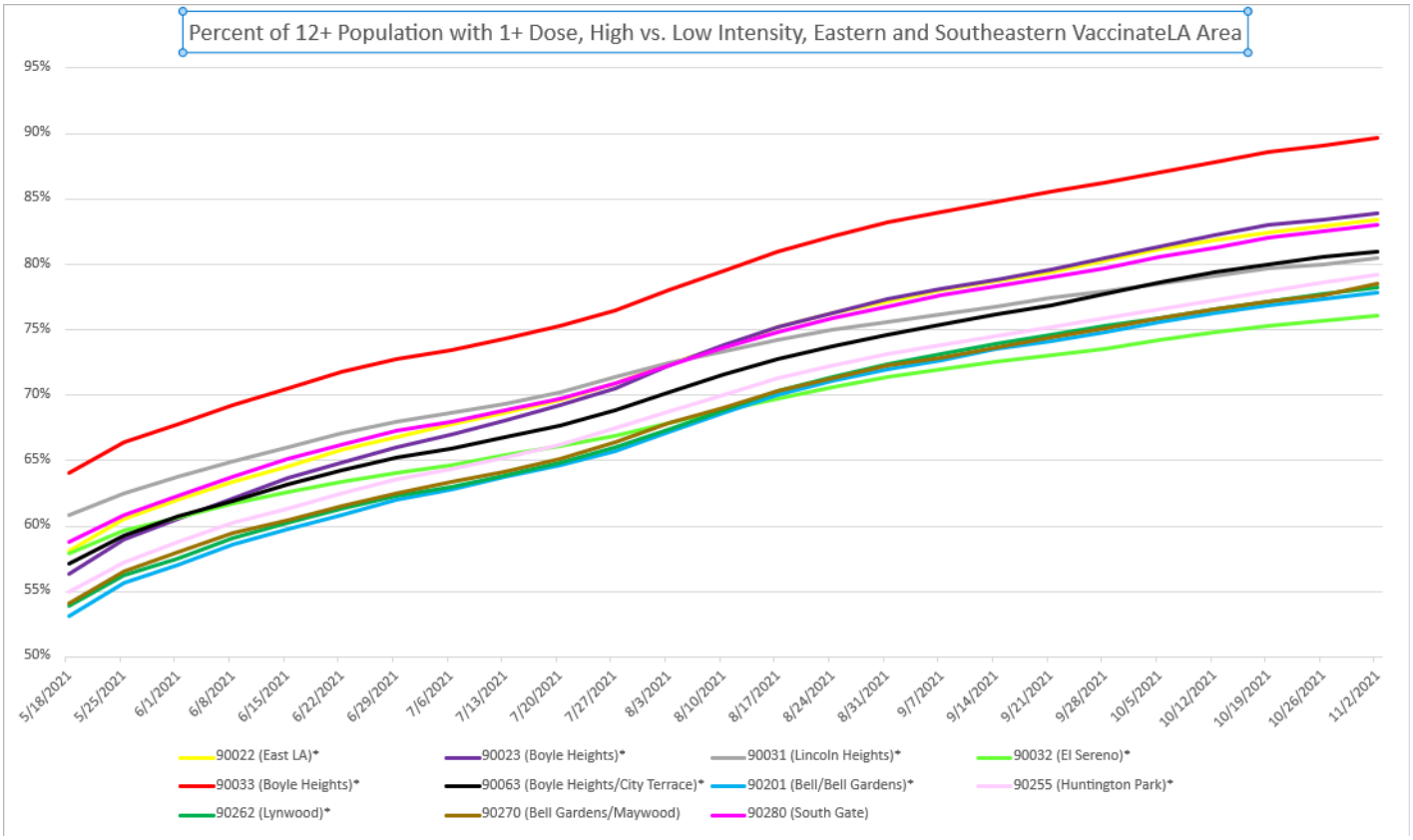
*Denotes a high intensity area.

2. *Watts (90059) vs. Other South LA Areas* -- Watts (90059) was also an area of high-intensity work compared to Watts (90002), Willowbrook/Athens (90061) and Compton (90220) where VaccinateLA had relatively less activities. However, the rate of change for Watts (90059), is not dissimilar from other matched areas.



*Denotes a high intensity area.

3. Eastern and Southeastern VaccinateLA catchment area comparisons -- There is little evidence for the impact of VaccinateLA at the population level aside from the change for zip code 90023 which encompasses Boyle Heights. Boyle Heights (90023) had a lower 1+dose vaccination rate on 5/18 than Boyle Heights/City Terrace (90063), El Sereno (90032), South Gate (90280), East LA (90022), and Lincoln Heights (90031) but surpassed all of these zip codes on 11/2, with a seeming increase in slope in late July 2021. It should also be noted that Stay Connected LA had multiple efforts taking place in Boyle Heights (90023) than in its other target area of Lincoln Heights (90031).



*Denotes a high intensity area.

In addition to limitations mentioned above that could apply to these analyses, the following are particularly salient:

- Coding areas into either high or low intensity was done retrospectively and as the level and types of activities in each area ranged significantly, defining clear and significantly different levels of engagement was challenging.
- There are many drivers that can contribute to the increase in vaccination rates over time, including national/local campaigns, regulations, social norms, etc. These variables could not be included in the analysis as publicly available data does not exist to estimate their presence or influence. In addition, it is difficult to estimate the level of influence for these variables in impacting vaccination rates over time.

APPENDIX F: VaccinateLA Zip Codes

Original VaccinateLA zip codes (n=34)

Zip Code	Neighborhoods	Status
90033	Boyle Heights	Existing
90063	Boyle Heights/City Terrace	Existing
90023	Boyle Heights	Existing
90022	East LA	Existing
90031	Lincoln Heights	Existing
90032	El Sereno	Existing
90040	Commerce	Existing
90058	Vernon	Existing
90255	Huntington Park	Existing
90270	Bell Gardens / Maywood	Existing
90201	Bell / Bell Gardens	Existing
90007	University Park	Existing
90089	USC	Existing
90018	Adams / West Adams	Existing
90008	Crenshaw / Leimert Park / Baldwin Hills	Existing
90062	Vermont Square	Existing
90037	Exposition Park	Existing
90011	South of DTLA	Existing
90001	Florence-Graham	Existing
90002	Watts	Existing
90003	South LA (east side of 110)	Existing
90059	Watts / Willowbrook	Existing
90061	Willowbrook / Athens	Existing
90280	South Gate	Existing
90262	Lynwood	Existing
90220	Compton	Existing
90221	Compton	Existing
90248	Compton / West Rancho Dominguez	Existing
90043	Windsor Hills / Hyde Park	Existing
90044	South LA	Existing
90047	South LA	Existing
90301	Inglewood	Existing
90302	Inglewood	Existing
90305	Inglewood	Existing

*Source: County of Los Angeles Public Health, COVID-19 Vaccinations in LA County

Note: Neighborhood and zip code boundaries generally do not cleanly overlap, the lists above reflect all neighborhoods included in a zip code.

The additional zip codes were selected to include areas where VaccinateLA had existing community partners, at least 15% of the population is under 18 (omitting two zip codes in downtown LA), and with a high proportion of Black/African American and/or Hispanic/Latino/a residents so that existing campaign material was still appropriate and relevant to these areas.

Additional VaccinateLA zip codes for pediatric social and digital media campaign (n=35)

Neighborhood	Zip	Cumulative Percentage 5-11 (Dose 1+) as of 4/1/22 (by neighborhood)*
East Hollywood	90027, 90029	25.9%
Little Armenia	90027	23.2%
Thai Town	90029	20.5%
Silverlake	90026	42.0%
Wilshire Center	90004	28.2%
Little Bangladesh	90020	31.1%
Temple Beaudry	90026	25.2%
Historic Filipinotown	90026	29.1%
Westlake	90057, 90017	23.3%
Koreatown	90006	26.6%
Harvard Heights	90006	26.5%
Pico-Union	90006, 90015	27.1%
Downtown	90015	29.8%
Wholesale District	90021	27.3%
Elysian Park	90026, 90012	32.4%
Angelino Heights	90026, 90012	36.2%
Wellington Square	90016, 90018	29.3%
Exposition	90016	29.6%
Crenshaw District	90016, 90018, 90008	32.9%
Baldwin Hills	90008, 90016	28.7%
Wilmington	90744	28.5%
Carson	90810, 90745, 90746, 90747	37.2%
Harbor Gateway	90501, 90248	28.2%
West Carson	90502	31.1%
Harbor City	90731, 90732	30.7%
San Pedro	90731, 90732	24.4%
Long Beach City	90810, 90806, 90802, 90803, 90804, 90814, 90813, 90808, 90807, 90805, 90831	29.4%
Signal Hill	90755	24.4%
Gardena	90247	31.6%
City of Hawaiian Gardens	90716	22.3%
Eastern part of Melrose (data for all of Melrose)	90038	28.8%