

COVID-19 Rural Vaccination Success Story: Marshall County, IA



Percentage of population that have completed a primary COVID-19 vaccine series (November 2022)

68.2%

Population (U.S. Census Bureau)

40,105

Demographics (U.S. Census Bureau)

American Indian and Alaska Native (non-Hispanic): 0.1%
Asian (non-Hispanic): 3.7%
Black (non-Hispanic): 1.2%
Hispanic or Latino: 21.9%
White (non-Hispanic): 70.9%

Health Department Governance

Decentralized

Key Vaccination Strategies



Background

Located in central Iowa, Marshall County has a population of 40,105. It has a large and diverse migrant population, with 25 percent of residents identifying as Hispanic/Latino and four percent as Asian (primarily Burmese). Marshall County residents speak over 50 languages at home, primarily Spanish (18 percent) and Asian and Pacific Island dialects (3.2 percent) (U.S. Census Bureau). The county's primary economic industry is manufacturing—with local factories employing most of the migrant population—and its county seat is Marshalltown.

Iowa's health department governance is decentralized and all health departments across the state are county-run. Marshall County's local government employs one full-time staff member and three call-in nurses at the Marshall County Public Health department.

During the pandemic, Marshall County Public Health's limited staffing dictated a partnership-focused approach to scaling up the county's COVID-19 vaccination efforts. The health department leveraged pre-existing partnerships forged in the aftermath of two local natural disasters—a 2018 EF-3 tornado and a 2020 derecho windstorm—activating them upon COVID-19's arrival. Partners were engaged to provide infrastructure and support, to help educate residents by conveying accurate and consistent information, to improve vaccination accessibility, and to create trust in the vaccines.

Methods

We conducted 10 in-depth interviews with representatives from organizations involved in the county's COVID-19 vaccination efforts, including Marshall County Public Health, the Marshalltown Public Library, the Iowa Valley Community College, the Marshalltown Community School District, the Hy-Vee Pharmacies, the McFarland Clinic, the Meskwaki Nation, the Marshall County Board of Health, and the Iowa River Hospice and the Marshall County Department of the Auditor and Recorder. We also interviewed 13 residents about their COVID-19 vaccination experiences.

Core Partners

The following partners worked together with Marshall County Public Health to vaccinate the greatest possible number of residents:

- Marshalltown Public Library
- McFarland Clinic
- Hy-Vee Pharmacies
- JBS Foods Meatpacking Plant
- Marshalltown Community
- School District
- Iowa Valley Community College
- Meskwaki Nation Health Clinic
- Marshall County Board of Health
- Iowa Veterans Home
- UnityPoint Healthcare System
- Primary Healthcare
- Iowa River Hospice
- Marshall County Emergency Management Agency
- The local Marshall County newspaper and radio station

Key Strategies



Working with Partners

Local Partners

Over the past several years, Marshall County has endured multiple natural disasters, including a significant tornado in 2018 and a derecho windstorm in 2020. Local organizations and individuals who worked together to respond to these disasters created enduring partnerships in their aftermath. At the onset of the COVID-19 pandemic, these partners jumped into action, establishing a working group with weekly video conferences. On these calls, representatives from Marshall County Public Health, local clinics and hospital systems, and local pharmacies developed coordinated strategies for deploying COVID-19 vaccination.

The county's clinics and pharmacies provided daily vaccination opportunities, while Marshall County Public Health and local pharmacies facilitated vaccination clinics at the Marshalltown Public Library, local schools, community events, and the locations of local manufacturers (to encourage employee vaccination).

When the U.S. Food and Drug Administration authorized the COVID-19 vaccine for children, the Meskwaki Nation Health Clinic from neighboring Tama County offered additional support by providing and administering vaccines for children at school-based clinics.



Conducting Community Outreach & Engagement

In order to combat the spread of COVID-19 vaccine misinformation, Marshall County partners focused on maintaining accurate, detailed, and consistent community messaging and education about the approved vaccine options. Marshall County Public Health convened a working group to craft language and messaging that was science-based, and encouraged residents to make informed vaccine decisions based on their personal values. Both Marshall County Public Health's director and the chair of the Marshall County Board of Health actively promoted vaccination. Marshall County Public Health's director spoke at churches, took calls from county residents, and frequently appeared on local radio broadcasts. The chair of the Marshall County Board of Health was also vocal in providing accurate COVID-19 data.

Local health care providers also educated the public on the different COVID-19 vaccines, using outreach materials and one-on-one discussions with patients.

Furthermore, local media and community partners collaborated to publish and broadcast local COVID-19 updates and information from both the Centers for Disease Control and Prevention and the Iowa Department of Public Health.

Marshall County is a culturally and linguistically diverse community with large Spanish-speaking and Burmese populations. Burmese residents speak over a dozen dialects. Local partners tailored various strategies to meet the diverse cultural and linguistic needs of community members. These strategies included:

- Providing vaccine information in different languages tailored for local racial and ethnic populations
- Collaborating with community partners with strong relationships within these communities
- Hosting a pop-up vaccination event at the local catholic church where many Hispanic/Latino residents attend
- Waiving identification requirements for vaccination to encourage all residents to get vaccinated regardless of their citizenship status

Staffing Spanish-speaking and Burmese interpreters at vaccination clinics

"We had all of our paperwork in Spanish, we had interpreters available, we had people that were giving the vaccines that spoke Spanish. Just being able to be in their community made people more comfortable to come out and get it. You don't have to show us a driver's license, you didn't have to be insured. We didn't charge anything, so I think that made it a lot more accessible to people."

- Meskwaki Nation Health Clinic



Using Trusted Messengers

Marshall County is a small, close-knit community where a large number of residents personally know and trust their health care, public health, and governmental leaders. Relationships between residents and leaders are often longstanding, some spanning decades.

Because of this, there was an existing high level of trust and strong network of personal relationships prior to the pandemic, making the distribution of vaccine information easier and increasing the probability of vaccine uptake. One such trusted local leader, Marshalltown’s mayor, routinely delivered new COVID-19 vaccination information, and other pandemic-related updates, via social media.

Prominent and trusted local physicians also publicly encouraged residents to get vaccinated. Even the Marshalltown Public Library, a civic hub, became a trusted source of vaccine information, particularly among migrant community members.

“[The Marshalltown Public Library] has a good connection with our diverse community, both from our little ones to seniors. I’m not saying we’re experts in how to reach out to especially our Latino and our Burmese, but we have had a lot of experience.”

– Marshalltown Public Library



Offering Mobile, Off-Site & Drive-Through Clinics

Marshall County Public Health and its partners launched multiple vaccine sites countywide—including through local medical clinics and pharmacies—so that residents could be vaccinated at an outlet close to home or work, with as few barriers as possible. Marshall County Public Health also traveled to local community events, such as the farmer’s market and the county fair, to provide vaccinations, and used the Marshalltown Public Library as a vaccination clinic site.

After prioritizing tribal members, the Meskwaki Nation Health Clinic administered vaccinations at local schools and churches at sites outside the Nation in Marshall County to further assist local residents.



Using Employer Incentives & Mandates

To encourage employee vaccination, and help reduce transportation and logistical barriers, several of the county’s large private and public employers offered monetary incentives and held worksite vaccination clinics. Two of Marshalltown’s large-scale industrial employers, JBS Foods and Lennox (a manufacturer with some 1,000 employees), contributed to local vaccination efforts through vaccine-to-work policies and monetary incentives.

“I think our employers, especially JBS-- again, they have a large migrant population working there. They brought vaccination on-site to their employees. I think that was huge. I believe they did an excellent job of providing the vaccine to their employees.”

– Iowa River Hospice

JBS Foods, a meat-processing facility, offered its more than 2,000 employees an incentive of \$500 to get vaccinated, which doubled to \$1,000 when uptake slowed.

Local schools and colleges also provided monetary incentives for vaccination. The Marshalltown Community School District promised \$150 to teachers and staff if they got vaccinated, and held worksite clinics at the school sites across the county. The Iowa Valley Community College also offered monetary incentives to faculty and staff, \$100 for full-timers and \$50 for part-timers who completed a vaccine series.

Community Member Vaccination Experiences

We conducted in-depth interviews with 13 residents. They reported having initial difficulties getting vaccinated, due to limited vaccine supply. Fears and uncertainties about vaccine ingredients and side effects also affected motivation to get vaccinated. Despite this, many described a willingness to overcome their personal hesitation or concerns in order to benefit their neighbors and friends, and for the greater good.

Interviewees said the following factors helped convince them to get vaccinated:



Strong and trusted relationships with their primary care providers, who promoted the safety and importance of the vaccine



Having personal or familial risk factors for severe COVID-19 outcomes, such as being older, immunocompromised, or having other health conditions



A desire to protect themselves and their community



Working at a local industry employer with vaccine-to-work policies or incentives for vaccination



Experience with a community or family member dying from COVID-19

Takeaways for Other Rural Communities

1. Coordinate community leadership.

At the beginning of the COVID-19 pandemic, Marshall County Public Health's primary goal was to coordinate efforts among community leaders. To ensure consistent messaging and communication, representatives from community organizations and other local leaders joined together for weekly video conferences. Regular communication and coordination among community partners led to better coordination of vaccination efforts across the county, and allowed for flexibility in approaches for addressing the needs of hard-to-reach groups, particularly the county's large linguistically and culturally diverse migrant population.

2. Work with established partners, and forge new partnerships to mobilize resources and reach priority populations.

Marshall County benefits from being a close-knit community, and has experience in coordinated response due to recent disasters. The county's extensive partnership network helped community leaders quickly mobilize resources and coordinate efforts for the vaccine response. These partnerships made it easier for residents to access vaccination, and to provide culturally competent staff ready to answer questions and offer care.

3. Work collaboratively with community partners and leaders to present factual and consistent information.

Factual, frequent, and consistent communication from Marshall County leaders to the community was essential to combatting misinformation about the vaccine, promoting vaccination opportunities, and increasing vaccine uptake. Tactics included having the county public health director speak at local churches, community events, and on the local radio station; ensuring that local leaders (such as the Marshalltown mayor and school officials) used consistent science-based messaging and engaged directly with residents; and urging large local employers to educate and encourage their employees to get vaccinated.

4. Address the needs of culturally and linguistically diverse communities, by partnering with local organizations that have relevant community experience, trust, and engagement.

Marshall County has large migrant population that is culturally and linguistically diverse; 18 percent of residents speak Spanish, and 3.2 percent speak Asian and Pacific Island dialects, particularly Burmese. Marshall County Public Health excelled at reaching these populations by partnering with organizations that migrants trusted, including their churches, primary employers, and the Marshalltown Public Library. Vaccination events were held at all of these trusted locations. Marshall County Public Health took the additional step of ensuring that interpreters were available at vaccination events, and that relevant COVID-19 paperwork was offered in both Spanish and Burmese. By not requiring identification for vaccination, county leaders removed another barrier and helped boost vaccination numbers among migrants.

Methodology

On behalf of the Centers for Disease Control and Prevention (CDC), NORC at the University of Chicago (NORC) and East Tennessee State University (ETSU) conducted a qualitative study to better understand vaccine confidence and demand in rural communities. The study explored the following topics related to COVID-19 vaccination in rural communities: factors influencing COVID-19 vaccine confidence; strategies implemented to address vaccine demand and access barriers to increase COVID-19 vaccination rates; individual-level perspectives on COVID-19 vaccination in rural areas; and lessons learned related to COVID-19 vaccination efforts for rural communities. The qualitative study included case studies in six rural communities. Between April and July 2022, NORC/ETSU interviewed organizations involved in COVID-19 vaccination efforts and community members who had received the COVID-19 vaccine. Organizations and community members were recruited from the following study sites: Leflore and Jefferson Counties, MS; Marshall County, IA; North Country Region (Carroll, Coos, and Grafton Counties), NH; Perry County, KY; Rio Arriba County, NM; and Starr County, TX.