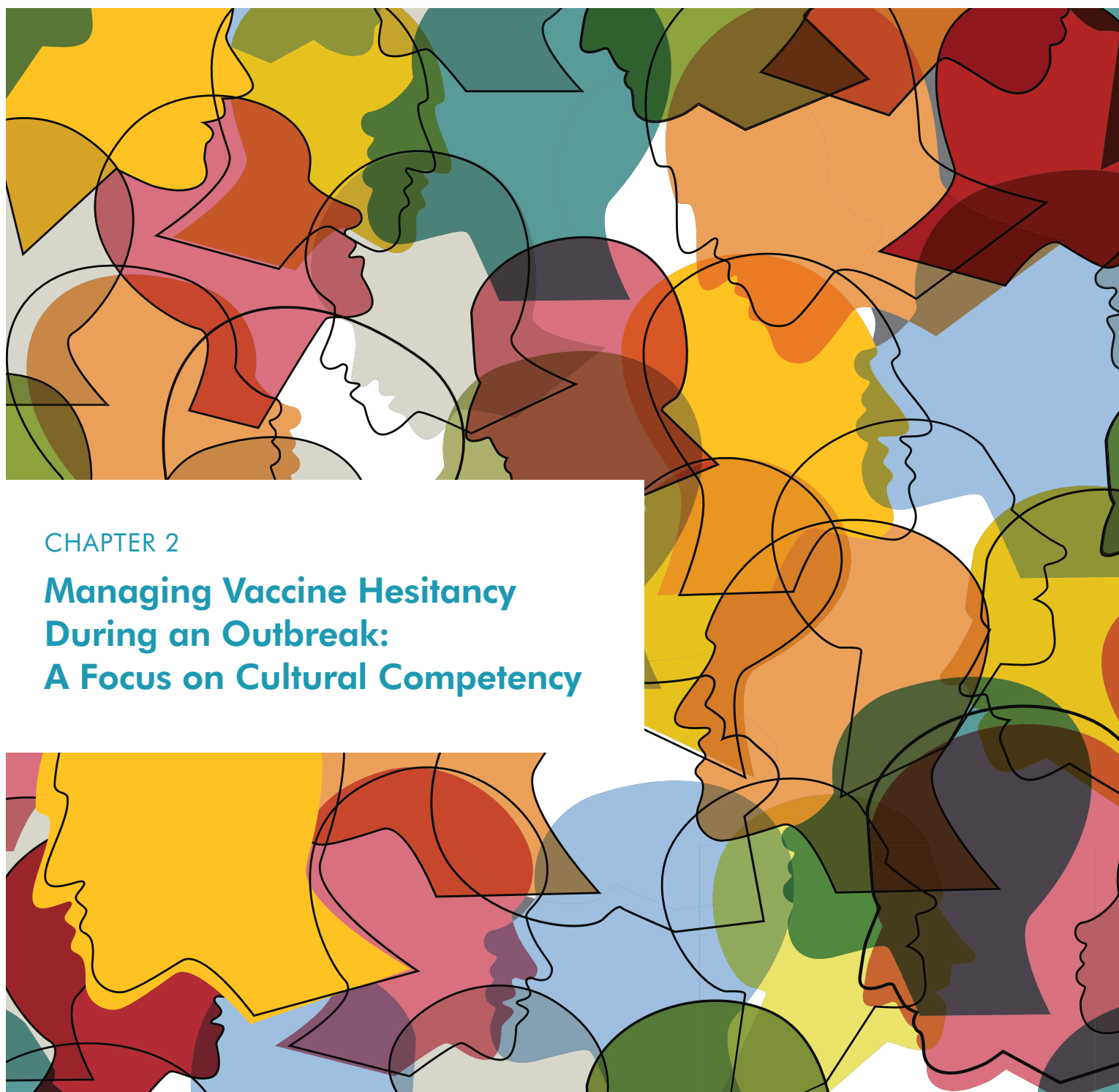


Lessons from the Field:

PROMOTING VACCINE CONFIDENCE



CHAPTER 2

Managing Vaccine Hesitancy During an Outbreak: A Focus on Cultural Competency

Vaccine Confidence Toolkit

Access a collection of resources for promoting vaccine confidence! This toolkit is designed to equip public health immunization programs with the tools and information needed to educate providers and consumers on vaccination and build vaccine confidence.



RESOURCE GUIDE

Outlines key lessons learned from select immunization programs and stakeholders



WEBINAR SERIES

Features strategies and resources for addressing vaccine hesitancy and promoting vaccine confidence



MEDIA MATERIALS

Download templates for conducting postcard reminder recall and posting on social media



TRAININGS

Access workshops focused on building skills to promote vaccine confidence



RESOURCE LIBRARIES

Browse this collection of resources and tools for promoting vaccine confidence

[LEARN MORE](#)





A NOTE ON TERMINOLOGY FOUND IN THIS CHAPTER

AIM recognizes that public health and research communities often use deficit-based terminology. As our organization works to mitigate the use of such language, we'd like to offer context to two sensitive terms that are used throughout this chapter.

Pockets of need

“Pockets of need” are described by the American Immunization Registry Association (AIRA) as “a subpopulation of unimmunized or underimmunized individuals that presents an increased disease risk...These individuals can be clustered geographically, demographically (e.g., race, ethnicity) or based on a gathering point (e.g., a school or church). Pockets of need represent a significant challenge for public health because they can be difficult to identify and may require substantial outreach to improve vaccination coverage.”¹

Religious, racial, and/or ethnic populations at higher risk for vaccine preventable diseases

In an effort to make immunization program (IP) participation in this guide anonymous, this chapter uses the general description, “religious, racial, and/or ethnic populations at higher risk for vaccine-preventable diseases (VPDs)” to refer to pockets of need centered around beliefs related to identity. AIM acknowledges that this generalized description erases the unique strengths among each community, all of whom are made up of individuals with distinct and intersectional cultures, beliefs, and attitudes. AIM would like to stress that in approaching immunization work in “pockets of need,” IPs recognize the unique strengths of each community and the need to develop tailored and community-led approaches to addressing vaccine hesitancy. We hope this guide helps immunization programs accomplish this goal.

New Insight Into COVID-19 Vaccination Equity

A new report “[Equity in Vaccination: A Plan to Work with Communities of Color Toward COVID-19 Recovery and Beyond](#)” highlights five principles for ensuring the COVID-19 vaccine is delivered fairly and equitably to Black, Indigenous, Latino/Latinx, and other communities of color. The report includes a plan that describes actions that can help ensure equitable, effective COVID-19 vaccination and advance lasting systemic gains for underserved groups, and a check list to aid state and local jurisdictions implement the five principles. The report was developed by **CommuniVax**, a national alliance of social scientists, public health experts, and community advocates seeking to strengthen COVID-19 vaccination efforts in the United States.

Equity in Vaccination: A Plan to Work with Communities of Color Toward COVID-19 Recovery and Beyond

Working Group on Equity in COVID-19 Vaccination

February 2021



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Center for
Health Security

TEXAS STATE
ANTHROPOLOGY



The Ad Council and COVID Collaborative are leading a massive communications effort to educate the American public and build confidence around the COVID-19 vaccines. For specific communities, you can access various toolkits below to get message guidance, language do's and don'ts, audience insights, and assets.

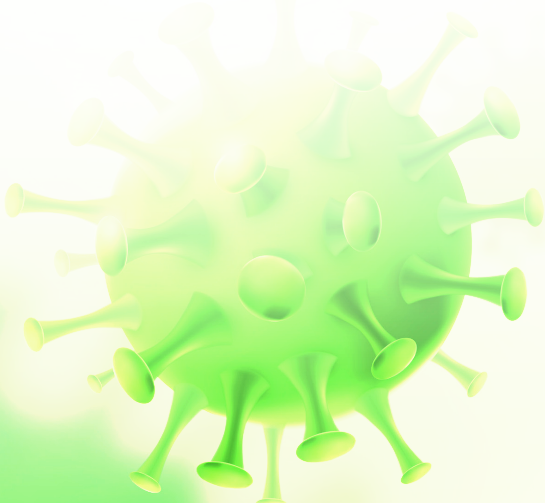
Black Communities

Hispanic Communities

Black Faith Communities

Hispanic Faith Communities

www.adcouncil.org/covid-vaccine



Introduction

An alarming number of outbreaks of VPDs have recently occurred in geographic pockets with low vaccination coverage, mostly among religious, racial, and/or ethnic populations at higher risk for VPDs. Lessons learned from recent outbreaks demonstrate that many affected communities have some level of vaccine hesitancy. The role of the 64 state, local, and territorial IPs is to identify populations susceptible to VPDs, respond to outbreaks, and build their communities' confidence in vaccination.

The COVID-19 pandemic—the worst public health crisis in over a century by several measures—has disproportionately impacted Hispanic, Black, and American Indian communities.² Recent polls show that non-white Americans are more likely to refuse a COVID-19 vaccine.³ It is important to understand how vaccine hesitancy may manifest differently among people with various religious, racial, and ethnic backgrounds, thus impacting public health strategies to address COVID-19. Lessons learned from recent disease outbreaks can be used to inform responses to future outbreaks, as well as the COVID-19 vaccination campaign.

Understanding cultural competence

The term cultural competence is used to describe a set of skills, values, and principles that acknowledge, respect, and work toward optimal interactions between an individual and people who have a different culture, race, ethnicity, or religion than they do. The key components for a high degree of cultural competence are:

AWARENESS. Being aware of your own individual biases and reactions.

KNOWLEDGE. Understand if your values and beliefs about equality line up with your actual behaviors.

SKILLS. Taking practices of cultural competency and incorporating effective and respectful communication, whether within an organization or between individuals.

Note: adapted from <https://www.humanservicesedu.org/cultural-competency.html>

The purpose of this chapter is to describe important steps for identifying and engaging populations at risk for VPDs in culturally competent ways to manage vaccine hesitancy, particularly in outbreak situations:

Step 1

P. 12

Identify Pockets of Need

Step 2

P. 16

Identify and Engage Community Leaders

Step 3

P. 20

Understand Concerns and Build Trust in Communities At Risk for VPDs

Step 4

P. 26

Develop and Disseminate Culturally Relevant Messages in Partnership with Community Members

Highlighted within each step are key considerations, experiences from the field, IP and stakeholder insight, lessons learned, and resources to help IPs engage populations at risk for VPDs in culturally competent ways. The checklist on page 7 can be used to quickly review the most important things to consider, especially when managing vaccine hesitancy for at-risk populations during outbreak situations and the pandemic response.

Information for this chapter was collected via semi-structured interviews with eight IP managers and online searches for publicly available resources and supporting materials. Guidance and feedback were provided by an advisory board consisting of AIM members and partners.

REMINDER

This guide provides key lessons learned from select IPs and stakeholders that have experience addressing vaccine confidence and vaccine hesitancy in their communities. The guide serves to educate IP staff and can be used to help generate ideas and inform management strategies for promoting vaccine confidence across the nation and territories.

NOTE: There is some variability to terminology found throughout available guidance and literature.

Term used in the resource	Definition	Similar terms used in research and by organizations
Vaccine Opponent	Individual that opposes all vaccines—no probability of changing their mind	Vaccine Denier, Anti-Vaccine
Vaccine Hesitant	Individual that delays vaccination due to concerns about the safety and/or spacing of more vaccines—possible to change their mind with intervention	Vaccine Refuser, Vaccine Skeptic
Vaccine Confident	Individual that is confident in vaccines	Pro-vaccine

¹ American Immunization Registry Association. Identifying Pockets of Need: Small Area Analysis of IIS Data to Detect Undervaccinated Populations https://repository.immregistries.org/files/resources/5bae51a16a09c/identifying_immunization_pockets_of_need_final2.pdf

² Stokes, E. S., Zambrano, L. D., Anderson, K.N., et al. (2019, July 19). Coronavirus Disease 2019 Case Surveillance — United States, January 22–May 30, 2020. MMWR Morb Mortal Wkly Rep 2020, 69(24), 759–765. <http://dx.doi.org/10.15585/mmwr.mm6924e2>

³ Mullen O'Keefe, S. (2020, August 7). One in Three Americans Would Not Get COVID-19 Vaccine. Gallup. <https://news.gallup.com/poll/317018/one-three-americans-not-covid-vaccine.aspx>

Checklist for promoting vaccine confidence during an outbreak

✓ **Understand what it means to be culturally competent: make sure all IP staff have the awareness, knowledge, and skills to practice cultural competency within the organization and between individuals.**

- Work with your human resources department and state Office of Minority Health to provide your staff cultural competency training.
- Invite members of the community you hope to reach to share with your staff their personal stories and strategies to genuinely and effectively work with various religious, racial, and ethnic populations.

✓ **Identify pockets of need.**

- Work with local health departments, coalitions, and community leaders to identify populations at risk for VPDs..
- Contact [Racial and Ethnic Approaches to Community Health \(REACH\)](#) program recipients in your jurisdiction, as they may have insight into community-based needs.
- Utilize your immunization information system (IIS) and other state data sources to pinpoint at-risk populations, with consideration that some populations can be further segmented and “micro-targeting” may be necessary.
- Conduct ongoing monitoring of vaccination rates in populations at risk for VPDs and look for opportunities (surveys, focus groups, community meetings, online chat rooms, etc.) to further understand the evolution of their vaccine hesitancy concerns, even before an outbreak or pandemic occurs.

✓ **Consider community leaders as “keys” to reach populations at risk for VPDs.**

- Think outside the box when identifying community leaders—think about who are the religious, business, and service providers that have daily interaction with community members.
- Use your local health departments, divisions of health, and other state agencies to broaden your scope of trusted individuals that already interact with at risk populations.
- Identify health champions in a community before outbreaks/pandemics begin and learn how they engage community members to determine the best way to collaborate.
- Foster relationships by being receptive to stakeholder ideas and explore whether resources/mechanisms are available to support their engagement in activities.
- Devote time to maintaining these relationships so you can rely on each other in the future.

✓ **Keep in mind that you need the trust of community members to be successful. Building trust takes time and you cannot do it alone.**

- Explore ways to understand the concerns of communities (e.g., interviews, focus groups, community discussions/meetings).
- Form a “trust network,” bringing community members to the table.
- Activate your community leaders; engage other health departments/agency staff; form advisory boards/workgroups with community representation to truly understand and address communities’ concerns.
- Walk in their shoes—undertake efforts to understand their history, role of religion, daily routines, and how they communicate.
- Consider hiring or consulting with a leader from the community you hope to reach, who can help educate IP staff on concerns and approaches for engaging with that community.

✓ **Consider that traditional approaches for disseminating information may not be as effective, and desired communication methods may vary within at risk communities.**

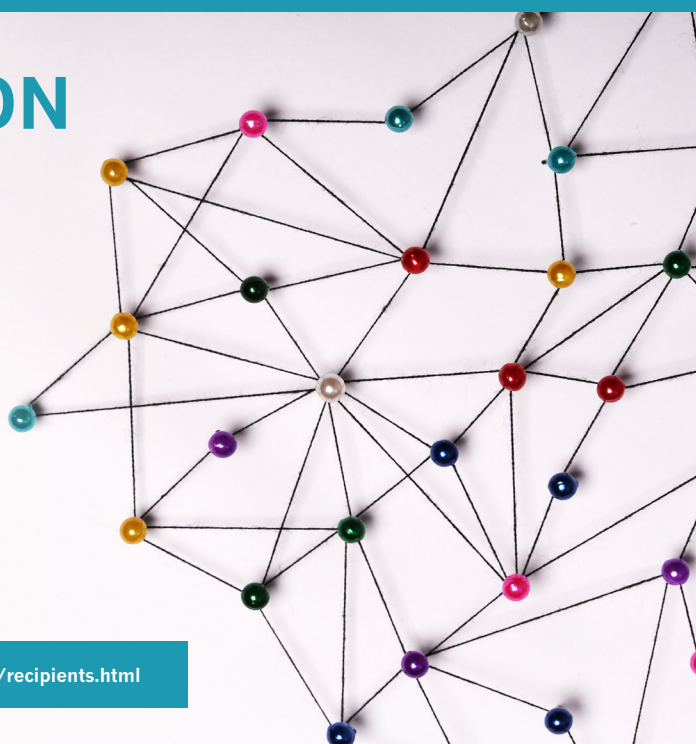
- Use your “trust network” to understand how to adapt messages and address specific concerns. Consider how community members best receive messages (e.g., text messages vs. hotlines, newsletters vs. social media).
- Vet materials with a community leader to make sure the communication is appropriate for all subpopulations within at risk communities (e.g., use of language, translation, literacy level, mode of delivery, etc.).
- Consider co-branding communication messages with organizations representing community members.
- Adapt messages throughout the outbreak/pandemic; for example, tailoring ads to an event or religious celebration important to community members.
- Anticipate confusion from the general public — attempt to clarify if vaccination recommendations pertain to a specific subset of people.
- Be ready to respond if communication messages come from other state/federal government sources without an opportunity to provide input.
- Have a plan and engage your “trust network” to manage vaccine opposition.

MAKE A CONNECTION

Racial and Ethnic Approaches to Community Health (REACH)

Did you know that CDC funds 36 recipients to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease (i.e., hypertension, heart disease, Type 2 diabetes, and obesity) through culturally tailored interventions to address preventable risk behaviors (i.e., tobacco use, poor nutrition, and physical inactivity)? Recently the 2018 REACH recipients expanded their scope to include influenza and COVID-19. Contact your local REACH recipient learn more about their lessons learned for reducing health disparities.

www.cdc.gov/nccdpdp/dnpao/state-local-programs/reach/current_programs/recipients.html



RESOURCES FOR IMPROVING CULTURAL COMPETENCY



Intercultural Competency in Public Health: A Call for Action to Incorporate Training into Public Health Education (Fleckman et al., 2015)

Describes frameworks of cultural competency such as the intercultural competence (ICC) framework for public health institutions and clinical care.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4556984>

Becoming a Culturally Competent Health Care Organization (2013)

Institute for Diversity in Health Management and Health Research Educational Trust toolkit for “Becoming a Culturally Competent Health Care Organization”
<https://www.aha.org/ahahret-guides/2013-06-18-becoming-culturally-competent-health-care-organization>

In Focus: Identifying and Addressing Health Disparities Among Hispanics (Hostetter and Klein, 2018)

from The Common Wealth Fund
<https://www.commonwealthfund.org/publications/newsletter-article/2018/dec/focus-identifying-and-addressing-health-disparities-among>

Resources for Integrated Care – General Toolkits and Guides

Resources for Integrated Care’s compiled lists of general toolkits on cultural competency from various organizations
<https://www.resourcesforintegratedcare.com/concepts/cultural-competency/toolkits>

American Academy of Pediatrics – Providing Culturally Effective Care

<https://www.aap.org/en-us/professional-resources/practice-transformation/managing-patients/Pages/effective-care.aspx>

The Community Pediatrics Training Initiative Project Planning Tool: A Practical Approach to Community-Based Advocacy (Hoffman, 2017)

https://www.mededportal.org/doi/10.15766/mep_2374-8265.10630

Emergency Medical Services for Children Cultural Competency Toolkit

<https://emscimprovement.center/education-and-resources/toolkits/cultural-competency>

DRIVE Center for Sustainable Health Care Quality and Equity

Toolkit for promoting health in underserved populations
<https://shcdrive.org>

Diversity RX resources for improving health care for a diverse world

<http://www.diversityrx.org>

US Health and Human Services Think Cultural Health

resources for improving health equity:
<https://thinkculturalhealth.hhs.gov>

National Minority Quality Forum

Communications Toolkit for Community-Driven Equity in Flu Vaccination
<https://nmqf-shc.org/flu-vaccination>

Promoting vaccine confidence in African American communities: Considerations for the COVID-19 pandemic

Mistrust from African American communities towards health care institutions is present, complex, and multifaceted due to the racist history of medical experimentation, health disparities, and racial bias in health care settings. In medical settings, research shows that African Americans have higher racial consciousness* than other races, resulting in lower trust in the vaccine process and higher perceived risk of side effects.⁴

IPs must consider the important role of cultural competency in the COVID-19 vaccination campaign. Particularly, research shows that as a result of systemic racism, Black Americans often have worse health outcomes and face higher COVID-19 complications; therefore, high vaccination coverage rates will be crucial for preventing more COVID-19 related deaths in African American communities.⁵ Specifically, promoting vaccine confidence will be an important component. The STAT and the Harris Poll conducted in October 2020 shows that fewer Black Americans than white Americans (43% vs. 59%) are likely to pursue a COVID-19 vaccine once it becomes available.⁶ Because African Americans trust health care professionals over the CDC,⁷ it is essential that IPs **engage with all health care providers (dentists, primary care, specialists, pharmacists, etc.) to provide a strong recommendation and partner with community leaders to encourage vaccination.**

Other Resources:

Toolkit from the American Lung Association and The Center for Black Health & Equity specifically geared towards COVID disease and vaccines for Black communities. https://www.lung.org/getmedia/ec3ef385-7239-44d2-94af-c09051dfdae1/americanlungassociation_vaccineeducationtoolkit.pdf

Trust for America's Health: Building Trust in and Access to a COVID-19 Vaccine Among People of Color and Tribal Nations: A Framework for Action Convening <https://www.tfah.org/wp-content/uploads/2020/12/VaccineConveningPolicyBriefFnl.pdf>

*Racial consciousness in the health care setting is defined as the awareness of oneself as a racial being in that setting, and racial fairness as perceptions of whether treatment, either by government or within a health care setting, is fair to one's race.

Below are tips gathered from recent research on how to increase immunization coverage rates in African American communities by focusing on cultural competency methods.^{8,9,10,11}

Acknowledge, respect, and respond to concerns and fears about the vaccine.

- Develop a communications framework that addresses the facts, fears, and desired outcome.
 - Acknowledge the perceived risk of vaccines and side effects. Explicitly address the vaccine development process and safety, etc.
 - Communicate the individual, community, and societal benefits to receiving the vaccine.
- Change social norms by talking about the importance of vaccine as a means of protecting others with friends and family.

Build trust.

- Promote that all health care providers give a strong recommendation.
- Provide tips on how to address vaccine hesitancy and mistrust with patients.

- Encourage providers to listen, acknowledge, and respect that mistrust is present and valid, then offer a strong vaccine recommendation that is based on vaccine safety and effectiveness, and individual and community protection against disease.
- Encourage health care providers to be vaccinated in order to reassure and encourage their patients.
- Encourage all employees within a health care setting (e.g., medical assistant, nurse practitioner, front desk staff, etc.) to recommend the vaccine at all the different stages of a medical visit.

Work with community organizations.

- Coordinate messaging to increase their reach.
 - Leverage organizations' communication channels and social media.
- Work with pharmacy chains, hospital systems, and other organizations to get clinics into communities.
- Diversify your community influencers to include those of various age groups, roles, and professions (e.g., bloggers, caregivers, health care workers, celebrities, etc.).
- Also consider working with service providers like barbershops, faith communities, and local civic associations.

AIM WEBINAR ARCHIVE

www.immunizationmanagers.org/page/vaccineconfidencewebinar

Increasing Flu Vaccine Confidence Within African American Communities

With continued COVID-19 activity, ensuring communities are protected from the flu will be more important now than ever. Outreach to African American communities—which have been disproportionately impacted by the COVID-19 pandemic—will be especially critical. View the webinar archive to learn strategies from Dr. Sandra C. Quinn of the University of Maryland Center for Health Equity, and Dr. Laura Lee Hall of the Center for Sustainable Health Care Quality and Equity—part of the National Minority Quality Forum. The event covers:

Recent research on flu vaccine uptake trends within African American communities

Examples of public health partnerships supporting flu vaccine confidence

How these findings and strategies can be applied to immunization work

⁴ Quinn, S. C., Jamison, A., Freimuth, V.S., An, J., Hancock, G. R., Musa, D. (2017). Exploring racial influences on flu vaccine attitudes and behavior: Results of a national survey of White and African American adults. *Vaccine*, 35(8), 1167-1174. doi:10.1016/j.vaccine.2016.12.046

⁵ Gramlich, J., Funk, C. (2020, June 4). Black Americans face higher COVID-19 risks, are more hesitant to trust medical scientists, get vaccinated. Pew Research Center. <https://www.pewresearch.org/fact-tank/2020/06/04/black-americans-face-higher-covid-19-risks-are-more-hesitant-to-trust-medical-scientists-get-vaccinated/>

⁶ Silverman, E. (2020, October 19) STAT-Harris Poll: The share of Americans interested in getting Covid-19 vaccine as soon as possible is dropping. STAT. <https://www.statnews.com/pharmalot/2020/10/19/covid19-coronavirus-pandemic-vaccine-racial-disparities/>

⁷ Freimuth, V. S., Jamison, A. M., An, J., Hancock, G. R., Quinn, S. C. (2017, October 4). Determinants of trust in the flu vaccine for African Americans and Whites. *Soc Sci Med*, 193, 70-79. doi:10.1016/j.socscimed.2017.10.001

⁸ Quinn, S. C. (2018, February 7). Understanding Dynamics Underlying Racial Disparities in Influenza Vaccination. University of Maryland School of Public Health Center for Health Equity. <https://www.hhs.gov/sites/default/files/quinn-understanding-dynamics-underlying-racial-disparities-in-influenza-vaccination-remediated.pdf>

⁹ Freimuth, V. S., et. al. (2017, November). Determinants of Trust in the Flu Vaccine for African Americans and Whites. https://drive.google.com/file/d/1bISlpRI2lf-GIY5NCAY0BgZXK0351_J/view

¹⁰ UMD. Understanding Dynamics Underlying Racial Disparities in Influenza Vaccination. Quinn. 2018. <https://www.hhs.gov/sites/default/files/quinn-understanding-dynamics-underlying-racial-disparities-in-influenza-vaccination-remediated.pdf>

¹¹ *Increasing Flu Vaccine Confidence Within African American Communities*. (2020, August 18). AIM. <https://www.immunizationmanagers.org/page/FluVaccineConfidence2020>

STEP 1

Identify Pockets of Need



STEP 1

Identify Pockets of Need

Identifying the various racial, ethnic, and religious populations within a jurisdiction is important when addressing vaccine hesitancy, especially during outbreaks of vaccine-preventable disease. Due to religious teachings, historical trauma, systemic racism, and/or other circumstances, some populations are more likely to have “pockets of need,” i.e., subpopulations of unimmunized or underimmunized individuals that increase the risk for VPD outbreaks in that community. Being able to identify these at-risk populations is the first step in developing strategies to increase immunization rates and address outbreaks when they occur.

Key Considerations

- + A broad array of information sources is useful when identifying at-risk populations within a community, such as:
 - vital records
 - state department of health (internal) refugee/migrant health programs
 - state Medicaid programs
 - immunization information systems (IIS)
 - school and daycare immunization records
- + Consider the following variables when identifying at-risk subpopulations:
 - race/ethnicity
 - socioeconomic status
 - vaccine exemption rates
 - geography
 - religious affiliation
- + Broad populations may be further segmented by their attitudes toward vaccination and “micro-targeting” may be necessary, due to:
 - geographic differences (segmenting Eastern Europeans into specific regions or countries e.g., Ukrainians, Macedonians)
 - age differences (younger versus older, perhaps a proxy for level of assimilation)
 - dialect differences within a common language
- + Past experiences with vaccine hesitancy and outbreaks among at-risk subpopulations can inform the monitoring of vaccination rates in those populations and development of strategies to address vaccine hesitancy.
- + Local health departments (LHDs) can be a great resource for identifying at-risk subpopulations in their jurisdiction; in some states, LHDs may be responsible for taking the lead on addressing outbreaks.
- + Once subpopulations have been identified, engage community leaders and conduct focus groups to learn more about their vaccine concerns.

EXAMPLES

Outbreaks in ethnic and religious populations at higher risk for VPDs

MINNESOTA

In spring 2017, Minnesota had 75 measles cases, primarily among unvaccinated young children, with 91% among individuals of Somali descent. Roots of the outbreak stemmed from a 2008 local news story about disproportionately high numbers of Somali children in special education programs, leading to concerns about autism and the purported connection with the MMR vaccine. MMR vaccination rates among MN-born two year-olds of Somali descent dropped from a high of 92% in 2004 (higher than non-Somali populations) to 42% by 2014.

NVAC Meeting. (2019, June 4-5). Department of Health and Human Services. <https://www.hhs.gov/vaccines/nvac/meetings/2019/06-04/index.html>

NEW YORK CITY

Between fall 2018 through summer 2019 New York City had 649 confirmed measles cases, with 93% of cases among Orthodox Jewish community members and the majority (73%) concentrated in the Williamsburg area of Brooklyn. Most cases were in individuals aged 18 or younger (81%; median age three years) and 85% of patients with a known vaccination history had not been vaccinated.

Zucker, J. R., et. al. (2020, March 12.) Consequences of Undervaccination — Measles Outbreak, New York City, 2018–2019. N Engl J Med, 382(11), 1009-1017. <https://www.nejm.org/doi/full/10.1056/NEJMoa1912514>



EXPERIENCE FROM THE FIELD

Considering Fragmented Communities

Through investigation of a school-based outbreak of pertussis and varicella, an IP became aware of a small pocket of un- and undervaccinated children in a community of Ukrainian descent.

Lessons Learned

- * Broaden efforts to identify pockets of need.
- * Improve existing data sources (e.g., school compliance reports) to get sufficient granular data (e.g., zip code level) when identifying pockets of need.
- * Become familiar with subpopulations that have had previous outbreaks, either within your own jurisdiction or others.
- * Recognize that having sufficient and sustainable resources to go from identifying subpopulations to the next steps of understanding and addressing their vaccine concerns can be a significant challenge.



EXPERIENCE FROM THE FIELD

Using Focus Groups to Understand Concerns

A mumps outbreak concentrated in a religious subpopulation prompted the local public health department to conduct focus groups among mothers to identify reasons for vaccine hesitancy.



PROGRAM MANAGER INSIGHT

“I think that the 2019 measles outbreak has made us aware that we need to dig into our data a little bit deeper to see if there are pockets. I don’t know if we would’ve identified this pocket, but knowing where those pockets are to try to put some vaccination efforts in place to get kids vaccinated...is a good thing.”



PROGRAM MANAGER INSIGHT

“So we did have a decent amount of information on [reasons for lower vaccination rates among Russian-speaking populations], and did some special projects for a year or two. Like, partnering with our state coalition partners with local groups to try to have some community meeting and finding trusted native speakers within those communities who could lead those community meetings. But it was one-time funding and we haven’t been able to sustain it.”

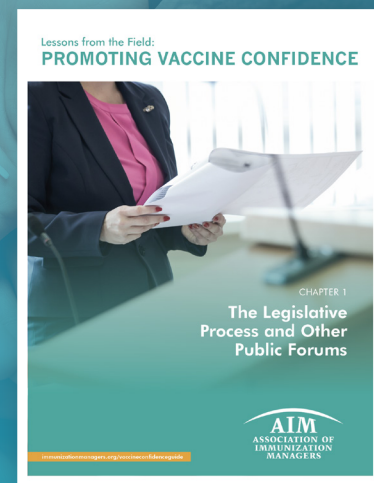
LESSONS FROM THE FIELD:
PROMOTING VACCINE CONFIDENCE

CHAPTER 1

The Legislative Process and Other Forums

Find lessons learned, and resources to help immunization programs minimize the impact of vocal vaccine opposition during legislative and rulemaking processes and maximize efforts to inform policymakers of the value of immunization.

immunizationmanagers.org/vaccineconfidenceguide



STEP 2

Identify and Engage Community Leaders



STEP 2

Identify and Engage Community Leaders

Identifying and engaging respected leaders within the communities you hope to reach is critical to preventing and addressing VPD outbreaks. Such relationships are important for building trust within these communities (Step 3), as well as developing and disseminating effective communication materials (Step 4).



EXPERIENCE FROM THE FIELD

Identifying a Community Liaison

The health department had hired a community liaison to focus on issues the health department wanted to address with community members. The liaison started a health coalition for a specific sub-population that ended up being a forum for people to come forward and identify themselves. Through this, the IP learned about new partners, such as subpopulation-specific nursing and medical associations.

Key Considerations

- + The types of community leaders that could be effective partners may be different for varying subpopulations. People and/or groups to consider include:
 - religious leaders
 - school nurses
 - parent advocates
 - health care provider groups
 - business leaders
 - service providers
 - media outlets specific to the communities you hope to reach
- + Internal partners within the department of health, e.g., refugee health programs, may be a good resource for identifying new partners.
- + The agendas and level of experience of community-based organizations and leaders may vary widely.
- + Local health departments may be more directly involved with community partners in their jurisdiction, depending on their level of responsibility for addressing outbreaks.
- + Certain community groups may expect payment for their involvement, which may not be allowed due to government restrictions.



PROGRAM MANAGER INSIGHT

“These community-based groups that are formed from people in the community are really critical, but they can be challenging to work with because they don’t necessarily have the capacity or experience.”

Lessons Learned

- * Identify and engage key community partners before outbreaks occur to hasten response time.
- * Maintain pre-existing relationships with community leaders, such as from prior outbreaks, so that you can rely on each other in the future.
- * Anticipate that some community partners will need to be briefed on the ‘ins and outs’ of working with the health department.
- * Be receptive to community leaders’ ideas for promoting vaccination to an appropriate extent.
- * Expect that some people or groups may expect something in return for their help. Be familiar with whether any mechanism exists to assist them.



EXPERIENCE FROM THE FIELD

Maintaining Partnerships

Our state had a physician [within the affected community] that was involved in a previous outbreak. When a new outbreak occurred, he took it upon himself to make sure that the outbreak didn’t spread by going household to household to visit the cases and provide the support they needed, without having them go to the hospital or any other clinics. The local health department ended up assisting him.



PROGRAM MANAGER INSIGHT

“We’ve found that there’s a lot of expectation from community groups about receiving payment for the collaboration — so that’s been a challenge. Partly because when you’re paying somebody within a government system you’ve got all the checks and balances and all of that, so it just makes it more complicated. And then the other challenge is that if we’re paying people, then vaccine opponents can say, “Well they don’t really believe this. You’re paying them to believe this.”

EXAMPLES

Examples of how IPs have engaged with key community partners



A local subpopulation's nursing association was instrumental in disseminating information. The IP gave them materials, did an in-service, and helped them with PowerPoints.



Faith leaders were willing to do training sessions with a health care provider in mosques and during Friday prayers and Ramadan.



The local health department was able to establish a great working relationship with community members. They held a lot of clinics within the synagogues and in Jewish community centers to make sure that individuals were vaccinated.



COVID-19 Faith Leader Partner Orthodox Union

Founded in 1898, the Orthodox Union, (OU), serves as the voice of American Orthodox Jewry, with close to 1000 congregations in its synagogue network. As the umbrella organization for American Orthodox Jewry, the OU is at the forefront of advocacy work on both state and federal levels and works with congregations across North America to advance important initiatives for the Jewish and broader communities. The OU issued a call to its members to support State and Local officials in their efforts to provide the COVID-19 Vaccine to as many people as possible by offering their buildings to serve as vaccination sites as well as any other logistical assistance the Faith Community can provide. Contact Rabbi Adir Posy posya@ou.org to learn more about how you can collaborate with the OU leadership in your jurisdiction.

RESOURCES

- *Faith & Immunization: Past, Present and Potential Roles of Faith-inspired Organizations.* (n.d.) GAVI Alliance. https://berkeleycenter.georgetown.edu/publications/faith-immunization-past-present-and-potential-roles-of-faith-inspired-organizations/pdf_download/en
- *Partnering with Communities.* (n.d.) The World Health Organization. https://www.who.int/immunization/documents/IIP2015_Module7.pdf?ua=1
- Chapter 157, "Examination and Immunization" Proposed Amendments WHO Best practice guidance: [How to respond to vocal vaccine deniers in public](#)

STEP 3

Understand Concerns and Build Trust in Communities at Risk for VPDs



STEP 3

Understand Concerns and Build Trust in Communities at Risk for VPDs

To effectively address vaccine hesitancy concerns and outbreaks, IPs should understand what the barriers and facilitators to vaccination are for particular subpopulations and engage community members in culturally competent ways to build trust in immunization program activities.

Key Considerations

- + Understanding the concerns and perspectives of a particular subpopulation regarding vaccines requires soliciting their viewpoints and using those data to develop strategies and messaging.
- + Having staff and/or partners who are members of the population or who live in the affected geographic area helps to build trust with community members and also educate IP staff.
- + Hiring processes can be cumbersome and lengthy, which impacts IPs' ability to quickly hire staff that can assist with outbreak response and outreach. Consider working with human resources to establish a mechanism for hiring staff to address urgent needs.
- + To build trust, the IP needs to demonstrate that it hears community members concerns beyond immunization. Providing information on issues community members are interested in, not just the information that the IP wants to provide, shows respect and support.
- + Building trust also stems from adjusting communication and outreach response approaches based on understanding cultural differences.
- + Building trust also includes continuing engagement with a community after an outbreak, and collecting data from that community to inform future outreach efforts.
- + Engage existing health department staff that may already conduct outreach to communities.

EXAMPLES

Examples of understanding community concerns



Prior to an outbreak, one state interviewed parents, health care providers, and health department staff representing communities to better understand concerns related to MMR and autism. The IP also formed a Public Health Advisors group consisting of community members, and collaborated with the local university on an autism symposium.



Following a mumps outbreak in a community, a local health jurisdiction conducted focus groups with mothers regarding vaccine hesitancy concerns. During the recent measles outbreak, they held stakeholder meetings with local religious and community leaders, and elected officials.



PROGRAM MANAGER INSIGHT

“I definitely would say that to be effective in the community, you have to have staff that looks like the community. I think that’s really important.”



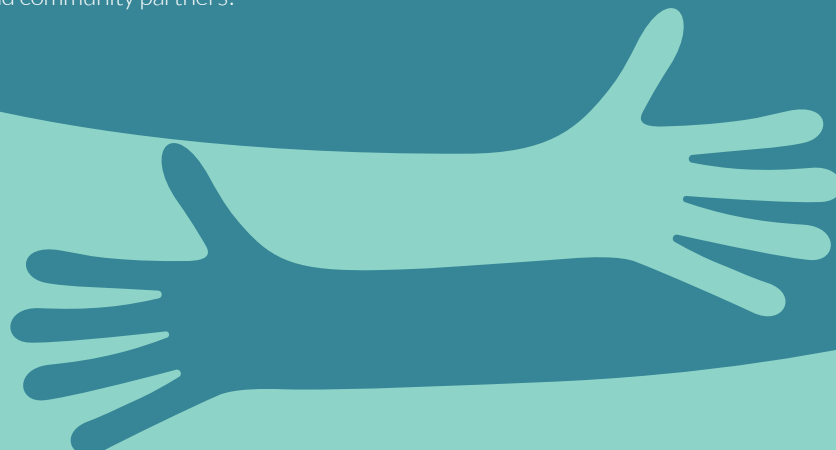
EXPERIENCE FROM THE FIELD

Overcoming HR Barriers to Hiring During an Outbreak

One state created outbreak-specific positions, such as Outbreak Epidemiologists and Outbreak Health Program Representatives. These positions were approved through HR so that if another outbreak occurs, these jobs can be posted immediately.

Help Faith Leaders Support COVID-19 Vaccination

Many faith leaders across religions are ready to do their part to improve COVID-19 vaccine access in their communities. AIM developed a handout with faith leader partners that offers actionable guidance for working with immunization programs and healthcare institutions to support COVID-19 vaccination efforts. Download at bit.ly/AIMFaithLeaders and share with faith and community partners!



EXAMPLES

Examples of how religion, race, and ethnicity can impact approach to response

NOTE: The examples were gathered from observations about particular communities in specific states. These generalizations may not apply to people in your community.

✓ ROLE OF GOVERNMENT



- + Generally, there is distrust of government in Somali communities due to the political upheaval in Somalia.
- + For Eastern European communities, there tends to be a lack of trust in government and in medical infrastructure and doctors in their home countries.

✓ ROLE OF RELIGION



- + Imams have noted that there are tenets or perspectives in the Muslim faith that favor prevention.

✓ COMMUNICATION HIERARCHY



- + In Hmong communities, there is a clan leadership structure that provides a more streamlined approach to communication.
- + Among Somali communities, there is a strong oral tradition.

✓ DAILY ROUTINES



- + The Amish may not drive cars, but they may travel by hiring someone to drive them.

✓ LIVING CONDITIONS



- + The Amish may use outhouses, so the instructions for collecting stool samples to track outbreaks have to be adapted accordingly.

EXPERIENCE FROM THE FIELD



Building Trust

After an outbreak in a specific community, a health department staff person who identified as a community member, reached out to 300 families who had vaccinated their children after or during the outbreak. They asked about their experiences to build on their success. They also saw it as a way to show the Health Department cares about their views, as this is an important component of building trust and relationships.

EXAMPLES

Examples of engaging other health department programs or agencies to reach communities



The health department in one state has formed an 'international health team' within its infectious disease division to help with outreach to communities of interest. "They're really good at community engagement and reaching immigrant refugee communities."



A local health jurisdiction used WIC, Head Start, early intervention, and daycare programs to disseminate materials that were developed by community members. "That was important in terms of bringing trusted people in and having that amplified."

Lessons Learned

- * Find ways to get input from community members on their concerns. Consider developing a health advisory group.
- * Consider hiring or consulting with a community member.
 - Tailor job descriptions so that job duties reflect conducting outreach with the community of interest and any relevant language preferences.
 - Explore hiring options for emergent/outbreak needs.
- * Adapt approaches to working with communities so that the issues they want to focus on are addressed. Do not focus solely on immunizations.
- * Take advantage of internal and/or external partners' expertise related to working with the community of interest.

RESOURCES

- Study of Childhood Immunization in Washington State Russian-Speaking Populations. (2012). Health Promotion Practice and Policy Section, Washington State Department of Health. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-354-RussianFocusGroup.pdf>
- Common health equity issues for Somali populations. (n.d.) StratisHealth Culture Care Connection. <http://www.culturecareconnection.org/matters/diversity/somali.html>
- A Qualitative Study of Families of Children with Autism in the Somali Community: Comparing the Experiences of Immigrant Groups. (2014, February 15). Minnesota Department of Health. <https://www.leg.state.mn.us/docs/2014/mandated/140404.pdf>

HOW TO SUPPORT A FULLY-CONSIDERED DECISION ABOUT COVID-19 VACCINATION

IN AFRICAN AMERICAN, LATINX, AND NATIVE AMERICAN COMMUNITIES

Findings from *Understanding Diverse Communities and Supporting Equitable and Informed COVID-19 Vaccination Decision-Making*. Read more [here](#).



PROVIDE INFORMATION ABOUT COVID-19 VACCINES

Provide information on:

- Safety monitoring and long-term impacts
- Allergic reactions
- Variants, as more information becomes available
- Speed of vaccine development
- Number of people who have been vaccinated



ACKNOWLEDGE VALUES AND LIVED EXPERIENCE

- Share national, state, and local COVID-19 data by race, ethnicity, and those with underlying conditions. People expressed wanting information about people like them, including number of COVID-19 cases, participation in clinical trials, and vaccination rates



- Consider that some people may want to hear from local doctors, others from local vaccine recipients, and others may primarily need time and space (without pressure) to consider trade-offs or hear how others are weighing risks and benefits



SUPPORT THE PROCESS OF DECISION-MAKING

Encourage communication and support dialogue focused on deliberation:

- Provide safe platforms for individuals to talk to trusted community experts and with each other (i.e., community conversations)
- Provide more time for individuals to think about what is best for themselves and talk with friends and family



MAKE IT EASY TO GET VACCINATED

Wherever possible, public health and its community partners (i.e., faith-based organizations, community-based organizations) should work to remove barriers and make access to vaccination as easy as possible:



- Ensure there is equitable access and options for those who lack Internet access or the ability to monitor the computer for openings
- Let people know they are eligible for vaccination and how to make an appointment
- Ensure that there are enough dispersed locations so that people do not need to rely on public transportation
- Customize delivery to reflect community needs, such as conducting vaccinations via drive-thru, door-to-door, and mobile units
- Provide culturally appropriate materials

Project Collaborators



With support from the Robert Wood Johnson Foundation and the Horizon Foundation

STEP 4

Develop and Disseminate Culturally Relevant Messages in Partnership with Community Members



STEP 4

Develop and Disseminate Culturally Relevant Messages in Partnership with Community Members

Effective vaccine hesitancy-messaging during outbreaks relies on having identified at risk communities of interest, establishing partnerships within that community to assist with message content and/or dissemination, and understanding the concerns of community members to inform message development.

Key Considerations

- + Traditional messages may need to be modified to address specific concerns of community members.
- + Consider that traditional approaches for disseminating information to the public may not be as effective, and that the approach may need to vary by community.
- + Consider co-branding communication messages with organizations representing community members. These partners may be seen as valuable and trusted conduits of information by community members.
- + Partners can help overcome state/local barriers related to the use of social media.
- + Materials should be provided in native languages and reflect local dialects to the extent possible.
- + The quality and literacy-level of translated materials is important; materials should be vetted by native speakers.
- + Messaging should vary over time to hold people's attention, like by tailoring ads to an event important to members of that community.
- + Communication messages may come fast from other government sources without opportunity to provide input.
- + There may be some confusion within the broader community of providers and the general public if they are exposed to targeted messaging around vaccination and outbreaks.
- + Expect the vaccine opposition to be active, even during outbreaks.



EXPERIENCE FROM THE FIELD

Adapting Messages to Meet the Needs of Community Members

The traditional message to counter fears of an MMR-autism link is just to say there is no link between immunizations and autism without going into specifics. Over time, the IP realized that the community of interest was so concerned about autism that they needed to directly address those concerns and fears more fully. To do this, they partnered with their community health division (responsible for family home visits and child development work) so that the message from the health department was more complete. The messages went beyond saying, "Vaccines are okay," and acknowledged, "You're concerned about autism. Here's what normal child development looks like."

Strategies to disseminate materials to communities at risk for VPDs

- ✓ Faith leaders shared training sessions with a health care provider in mosques and during Friday prayers and during Ramadan. Pediatricians would attend as content experts on immunizations, and the faith leader was there to lend their credibility and respect as well as to tie the message into the faith values that were appropriate to the message.
- ✓ IP outreach staff attended morning Imam groups.
- ✓ Low coverage rates were highlighted through radio interviews, newspapers, and local TV channels that reached community members.
- ✓ Religious leaders, community newsletters, and phone trees, shared public health messages with members of the community in their local dialect.
- ✓ A physician in a community at risk for VPDs recorded a vaccination-related message in multiple languages on an existing hotline a local nursing association used to get information to mothers in that community.
- ✓ Letters were sent to all the religious academic institutions for dissemination to parents.
- ✓ The IIS was used to target mailings in certain communities among families whose children were not up to date.



PROGRAM MANAGER INSIGHT

“The rabbis were very much on board with vaccination clinics. The rabbis’ messages to the community members was that it was their obligation to get vaccinated to protect not only themselves but the communities there, protecting children from vaccine preventable diseases.”



EXPERIENCE FROM THE FIELD

Partnering to Disseminate Trusted Messages

A local health jurisdiction partnered with an ambulance service that routinely serves a community at-risk for VPDs to disseminate an urgent message to community members. The letter was co-branded and published in community newspapers, showing that community organizations are behind the efforts and support the health department.



PROGRAM MANAGER INSIGHT

“You have to know the community you’re targeting, how do they get their messages? A lot of the traditional media may or may not work. For the Amish, robocalls wouldn’t be effective. For some, Facebook or other digital venues may be really important. For example, for the ultra-Orthodox in one community, Facebook wasn’t good, but WhatsApp and good old billboards were really effective.”



PROGRAM MANAGER INSIGHT

“We had a big WhatsApp ad because this social media platform is very important in the targeted population. Though our health department cannot use WhatsApp, we were able to partner with a local health coalition within the targeted community to get the messages disseminated.”



PROGRAM MANAGER INSIGHT

“One thing we heard is that we have to vary things to get people’s attention. To improve effectiveness, we changed our messages over time as the outbreak evolved. For example, for Passover in April, we had very specific Passover ads that the community would relate to, like about Passover traditions and holiday travel.”



EXPERIENCE FROM THE FIELD

Considering the Literacy Levels of Native Language Communications

Our state makes the vaccine information statement available via audio recording for individuals that may not be able to read their native language. However, trying to keep things updated is cumbersome, expensive, and time-consuming. The program tries to do this to be more responsive to their population’s needs.

Managing vaccine opposition during outbreaks/pandemics

- ✓ Be prepared because messaging from vaccine opposition groups can make outbreak response more challenging.
- ✓ Identify whether and how vaccine opposition groups are targeting at-risk subpopulations.
- ✓ Determine a plan for whether and how to engage with vaccine opposition.
- ✓ Look to those staff that have the skills and experience to handle conversations with vaccine opponents.
- ✓ Consider creating scripts on how to handle vaccine opposition messages.
- ✓ Reach out to partners; they can help in unexpected ways.
- ✓ Monitor vaccine opposition social media to understand messages.



PROGRAM MANAGER INSIGHT

“We decided not to directly engage with anti-vaccine groups. We had a request from some strong vaccine opposition parents and for us there was no point. We didn’t know what the outcome would be, like how it could be a positive outcome. So we did not engage on that level.”



PROGRAM MANAGER INSIGHT

“I took a lot of the calls from moms who are strongly opposed to vaccines, just because I knew I could handle it. Whereas not all of our frontline staff could handle it.”



PROGRAM MANAGER INSIGHT

“When an anonymous group circulated an anti-immunization booklet throughout the community, a local pro-vaccine group quickly developed and self-published a document to counter the information, which the IP then disseminated.”



MONITORING VACCINE OPPOSITION ON SOCIAL MEDIA

Project VCTR (Vaccine Communication Tracking and Response) monitors vaccine-related media conversations 24 hours a day. Project VCTR is designed like a disease surveillance system: public health analysts constantly monitor traditional and digital media to determine real-time knowledge, attitudes, and behaviors of the public related to vaccines. Initiated in 2019 by The Public Good Projects (PGP), the platform provides data and insights to public health practitioners, researchers, communicators, and members of the press. To apply for access visit <https://projectvctr.com>

AIM Members have a custom VCTR portal that can be accessed by visiting <https://immunizationmanagers.projectvctr.com>.

Lessons Learned

- * Think about not only what to communicate, but how: consider which approaches and venues work for subpopulations you hope to reach.
- * Ask trusted community members (e.g., providers, businesses, religious leaders) to review communication drafts, co-brand the materials, and help disseminate the information.
- * Change messages throughout the outbreak to maintain interest and adapt messages to reference specific holidays or celebrations important to the community you hope to reach.
- * Evaluate messaging for effectiveness and adjust as necessary.
- * Translate materials to the extent possible and consider the literacy level of those you hope to reach. Have materials vetted by native speakers.
- * Anticipate confusion from the public; clarify if vaccination recommendations pertain to a specific subset of the population.
- * Be prepared for vaccine opposition to be active during outbreaks.

TIPS: TRANSLATING MATERIALS

Tips for developing translated materials

- ✓ Look for existing translated resources. (See resources listed below.)
- ✓ Reference the Immunization Action Coalition's special instructions for providing translations: <https://www.immunize.org/translate.asp>
- ✓ Determine whether your health department already contracts for translation services and has a written policy and procedures for requesting that documents be translated into different languages.
- ✓ Contact universities/institutions that provide curriculums for certified translators. The students will likely need practicum work and may offer free services.
- ✓ Reach out to your immunization coalition, as they may have contacts and/or resources to help translate materials.
- ✓ Contact your state Medicaid agency, as they are required to have materials translated.
- ✓ Ensure native speakers vet all translated materials. Translators should speak the same dialect as the community members you hope to reach.

RESOURCES

- Bahta, L., Ashkir, A. (n.d.) Addressing Vaccine Hesitancy in a Diverse Community. Minnesota Department of Health. <http://www.mnaap.org/pdf/141209shotatlife/141209shotatlifeMMRVaccineHesitancy.pdf>

NYC Materials Disseminated to Orthodox Jewish Community

- Hatzolah in NYC Joins Fight Against The Measles Outbreak – Get Vaccinated Now (2019, April 15). The Yeshiva World. <https://www.theyeshivaworld.com/news/general/1714909/hatzolah-in-nyc-joins-the-fight-against-the-measles-outbreak-get-vaccinated-now.html>
- Tzim Gezint. (n.d.) Hudson Valley Health Coalition. <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/tzim-gezint-measles.pdf>
- Making PIEs Out of PEACH: MMR Edition. Bringing Current and Reliable Vaccine Information to Frum Families. (n.d.) A Slice of PIE (Parents Informed & Educated). <https://www1.nyc.gov/assets/doh/downloads/pdf/a-slice-of-pie>

Alternative Language Materials

- Measles (Rubeola). (n.d.) Minnesota Department of Health. <https://www.health.state.mn.us/diseases/measles/measlesfacts.html>
- Measles. (n.d.) NYC Health. <https://www1.nyc.gov/site/doh/health/health-topics/measles.page>
- Measles. (n.d.) Oakland County Health Center. <https://www.oakgov.com/health/information/Pages/Measles.aspx>
- Forms and Publications Other Languages. (n.d.) Washington State Department of Health. <https://www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications/OtherLanguage>

Translated Health Education Materials.

- State of Hawaii COVID-19 Multilingual Resources. <https://hawaiicovid19.com/resources/#multilingual-resources>
- Iowa Department of Health (n.d.). <https://idph.iowa.gov/immmtb/rh/materials>
- Measles, Mumps, and Rubella (MMR) Vaccination: What Everyone Should Know. (n.d.) Centers for Disease Control and Prevention. <https://www.cdc.gov/vaccines/vpd/mmr/public/index.html>
- Handouts for Patients & Staff. (n.d.) Immunization Action Coalition. <https://www.immunize.org/handouts/?f=6>
- Vaccine Information Statements. (n.d.) Immunization Action Coalition. <https://www.immunize.org/vis/>
- Multi-Language Seasonal Flu Factsheets. (n.d.) Centers for Disease Control and Prevention. <https://www.cdc.gov/flu/resource-center/freeresources/multi-language-factsheets.html>
- Spanish Influenza Communication Resources. (n.d.) Centers for Disease Control and Prevention. <https://www.cdc.gov/flu/resource-center/spanish-communication/index.html>
- Become Up-To-Date With All Vaccines: ASL Translation. (2020, August 5). Centers for Disease Control and Prevention. <https://www.youtube.com/watch?v=JdcUftByvgk>

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Go to www.immunizationmanagers.org/vaccineconfidencetoolkit to learn more about the AIM Vaccine Confidence Resource Guide.



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