



# A Guide for Community Partners

*Increasing COVID-19 Vaccine Uptake Among  
Members of Racial and Ethnic Minority Communities*

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention  
National Center for Immunization and Respiratory Diseases | April 6, 2021

## How to Use the Guide for Community Partners

The **Guide for Community Partners** is a resource for organizations with community-level reach that are looking to get engaged in or support COVID-19 vaccination confidence and access in racial and ethnic minority communities.

If you are looking to:

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Find potential strategies, interventions, and ready-made messages and materials to use, look to:

- **Page 7** for potential needs in the community regarding vaccine confidence and access
- **Page 9** for potential strategies and interventions that increase vaccination confidence and uptake in racial and ethnic minority communities
- **Page 12** for potential challenges with implementation of vaccination efforts
- **Page 14** for a list of ready-made resources and toolkits for community partners
- **Page 16** for example questions to gather feedback from community members



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For information on who and how to connect with others on efforts to increase COVID-19 vaccination confidence and access in communities, look to:

- **Page 3** to learn more about issues related to vaccine access and hesitancy in racial and ethnic minority communities
- **Page 4** for an overview of an approach for community partners
- **Page 5** for information on funding and other opportunities for community partners
- **Pages 6, 8, and 13** for additional ways to support states, territories, and localities in vaccination efforts as a community partner



## What is this guide for?

In January 2021, the federal government funded 64 state, territorial, and local immunization programs for COVID-19 vaccination efforts and required 10% of funding to support groups at higher risk of COVID-19 and under-resourced communities. As immunization programs continue to get funding to support COVID-19 vaccination uptake, the Guide for Community Partners can be used to **support organizations with community-level reach—who play a critical role in increasing vaccine confidence and access in their communities—with delivering or supporting COVID-19 vaccination efforts.**

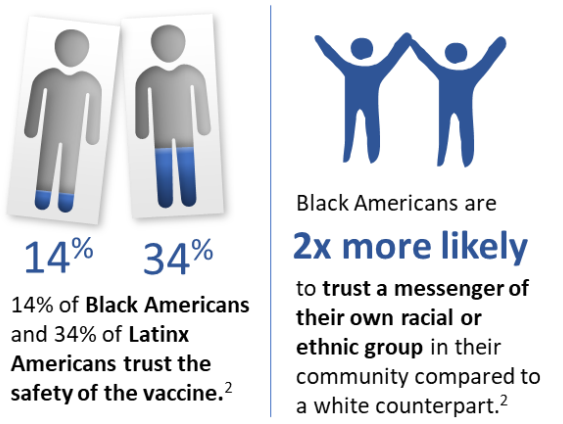
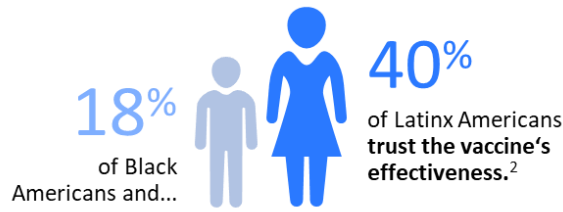
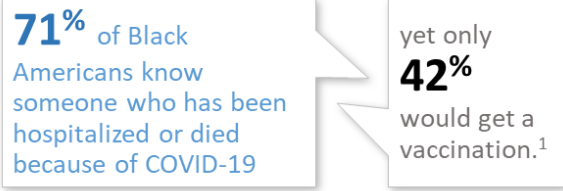
## What problem does it help address?

The Guide for Community Partners focuses on racial and ethnic minority communities because of the disproportionate effect of COVID-19 on these groups, but it is applicable to other communities that may be hard to reach, experience marginalization, discrimination, or disparities in receiving vaccines, or demonstrate hesitancy to get vaccines. This guide is complementary to other resources from CDC and partner organizations (e.g., [CBO COVID-19 Vaccine Toolkit](#), [Ad Council Toolkits](#)).

## What does research show?

Data consistently show health disparities among racial and ethnic minority groups relative to White populations, including most adult vaccination coverage. These disparities persist even when controlling for other demographic and socioeconomic factors. Both historical and current experiences of racism and discrimination contribute to **mistrust of the medical system among racial and ethnic minority groups.**<sup>1</sup>

This mistrust extends to vaccines, vaccination providers, and the institutions that make recommendations for the use of vaccines.<sup>1</sup> This skepticism, and lack of access, also extends to the COVID-19 vaccines.<sup>1</sup> State data compiled by the Kaiser Family Foundation (KFF) show that **COVID-19 vaccination rates for Black and Hispanic/Latinx populations are lower than their share of the population** and their share of COVID-19 cases and deaths in some states.<sup>1</sup>



<sup>1</sup> Pew Research Center, Dec. 2020 <https://pewrsr.ch/3qO9yig>  
<sup>2</sup> COVID Collaborative, Fall 2020 <https://bit.ly/2KLLJsa>  
This research was before any vaccines were authorized for use the U.S.

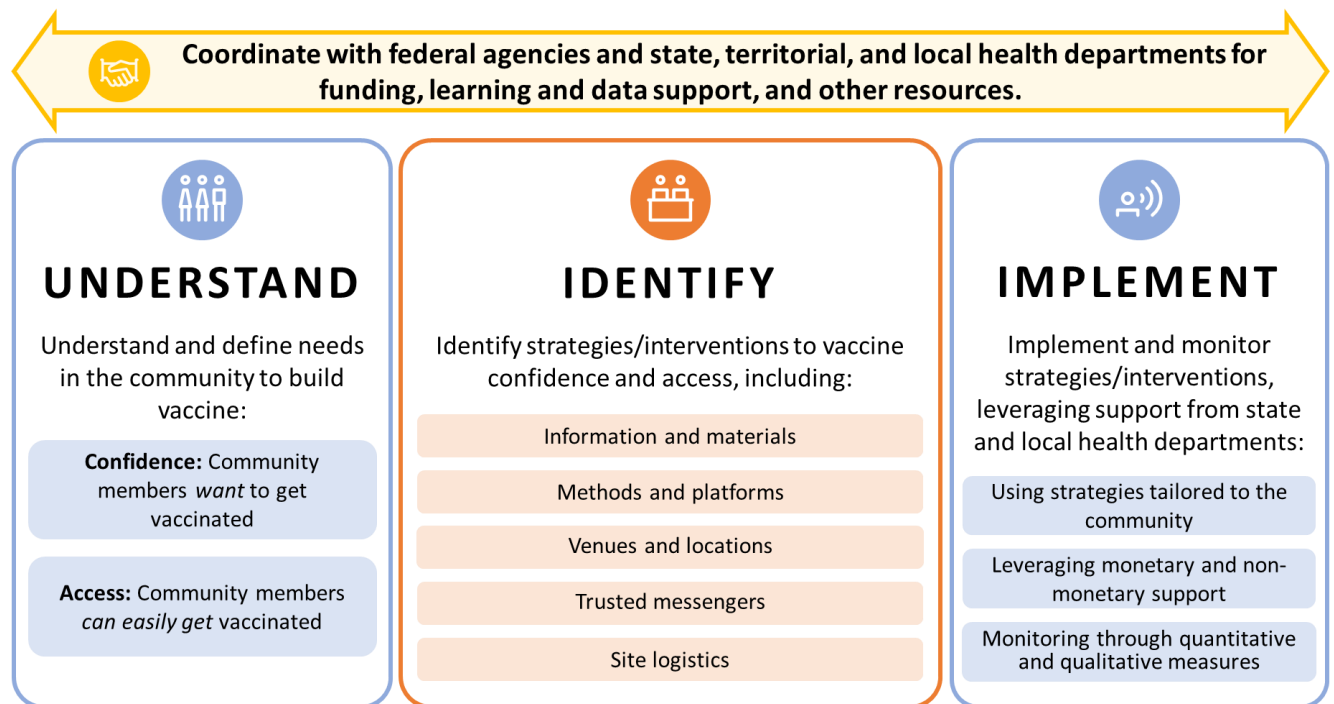
## Overview: Increasing COVID-19 Vaccine Confidence and Uptake

To build trust in the COVID-19 vaccines and increase the number of racial and ethnic minorities who get the COVID-19 vaccine, **organizations with community-level reach that represent, engage, or support these populations can use this Guide to get connected to efforts and resources to use as community partners.**

**As seen in Figure 2, this Guide is organized into four sections with information on how community partners can:**

1. Coordinate regarding available funding and resources
2. Understand and define needs in the community
3. Identify the strategies and interventions that could best address and support those needs
4. Implement and monitor vaccination efforts (including by collecting data by race and ethnicity) to improve confidence and access

Figure 1: A community-driven approach for community partners



**Note:** This Guide uses the term vaccine “confidence” to address both people’s trust in vaccines (“hesitancy”) and people’s desire to protect against the risks of COVID-19 (“complacency”).<sup>i</sup>



## Coordinate with federal agencies and state, territorial, and local health departments for funding, learning and data support, and other resources

Immunization programs will allocate funding to **local health departments and/or community partners to support COVID-19 vaccination efforts** in communities of focus. A community of focus can be a specific racial or ethnic minority group in a specific geographic area. As COVID-19 vaccination efforts and supply differ by state; **partners and efforts should be tailored not only to the community of focus but also to local guidelines.**<sup>ii</sup>

To support these efforts, community partners can

- **Look through Funding Opportunities**, right, for information on specific activities for funding.
  - **Consider:** Is the organization a **connector**, connecting community members to services and information, and/or a **vaccination site host**, working with local health departments or other partners to host a vaccination site?
- **Reach out to, or use relationships with, [relevant immunization programs](#) and [local health departments](#)** to understand available funding and resources for activities to support or lead.
- **Reach out to or engage with local [pharmacies](#) and [Community Health Centers](#)** to understand their vaccine supply and determine if they could partner to engage the community.
- **If able, share information with immunization programs and local health departments on:**
  - **What communities should be prioritized for support**—immunization programs can receive data analysis support from CDC to identify disproportionately affected communities; however, community partners can also use publicly available data (see **Appendix B**) or other local or qualitative data.
  - **What other community partners should be involved or engaged**— community partners may have deeper networks in the community to also engage (see **Appendix C** for additional ideas).

### Funding Opportunities

*Funding to build vaccine confidence and connect communities with vaccination providers.*

- **Funding from state, territorial, and local immunization programs and health departments:**
  - Connect with [relevant immunization programs](#) and local health departments.
  - Review [COVID-19 Vaccination Supplemental Funding Guidance](#) and any future guidance for eligible activities for funding.
  - Review **Appendix A** for activities CDC is funding through new grant programs for national partners and CBOs to build vaccine confidence.
- **Other funding opportunities:**
  - CDC’s Center for State, Tribal, Local, and Territorial Support - [Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation’s Health](#)
  - HHS’ Office of Minority Health - [Advancing Health Literacy to Enhance Equitable Community Responses to COVID-19](#)

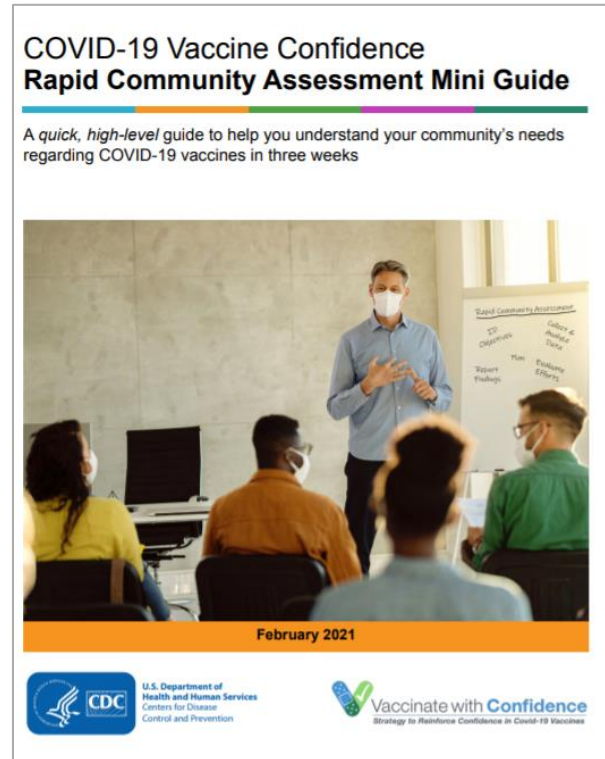


## A: Understand and define needs in the community


In addition to accessing available funding, community partners can play an essential role in identifying the unique needs in the community regarding **COVID-19 vaccine confidence (Do community members want to get vaccinated?)** and **access (Can community members easily get vaccinated?)**.

To drive these efforts, community partners can

- **Use available resources and tools to help define specific vaccine confidence, access, and uptake needs in the community** —such as CDC’s [COVID-19 Vaccine Confidence Rapid Community Assessment \(RCA\) Guide](#)
- See [Page 7 on Defining Needs for Confidence and Access in the Community](#) — this is a non-comprehensive list of potential needs in the community, which should ultimately be defined by and specific to the community and validated by community members or organizations.
- **Participate in convenings and focus groups/surveys** hosted by immunization programs or local health departments to help understand and define needs.
- **Share insights on the needs and experiences in the community of focus:**
  - What does the community need to increase COVID-19 vaccination? For example, how close are the nearest vaccination sites? Do community members have access to cars or public transportation to reach COVID-19 vaccination sites?
  - What beliefs, attitudes, misinformation, or lived experiences drive these needs? For example, did community members have negative experiences with COVID-19 testing or fear they can get COVID-19 from the vaccines?
  - What gaps or questions in information exist? For example, do community members have concerns about the vaccines’ side effects or long-term risks, or can those without a primary care provider get their questions answered by a healthcare professional?
  - Where are community members most likely or willing to get vaccinated? For example, is there a community center or health clinic that they can easily access and trust?
  - What services does the community access frequently that could be used to promote and offer COVID-19 vaccination?
  - Given historical discrimination and mistrust among racial and ethnic minority groups, what other needs might exist to gain trust in the medical and public health system?



## Defining Needs for COVID-19 Vaccination Confidence and Access in the Community

	Potential Needs in the Community	Considerations
<p><b>Confidence:</b> Do community members want to get vaccinated?</p>	<ul style="list-style-type: none"> <li>• Clear, transparent, and consistent information that addresses specific misinformation or concerns, such as vaccine side effects or risk, and promotes the benefits of immunization</li> <li>• Tailored materials that are easy to read and available in different forms and in the predominant languages</li> <li>• Platforms for dissemination that are used by people in the community and include, but do not solely rely on, the Internet and social media</li> <li>• People in materials and leading outreach efforts who look like, are known to, and can collect inputs from those in the community</li> </ul>	<p><b>Information and Materials</b></p> <p>What to share with community members, such as information on vaccine safety, side effects, or clinic sites?</p>  <p><b>Methods and Platforms</b></p> <p>How to share information and materials, such as through trusted leaders, behavioral nudges, billboards, radio stations, or flyers?</p> <p><b>Venues and Locations</b></p>
<p><b>Access:</b> Can community members easily get vaccinated?</p>	<ul style="list-style-type: none"> <li>• Platforms for information and making appointments that are accessible by those without Internet, technology, and digital literacy; and those without flexible or predictable work schedules to find/make appointments</li> <li>• Vaccination sites that are accessible to and commonly used by the community; within reasonable distance to community members; and accessible via public transportation or other low-cost transportation options</li> <li>• Flexible hours at call centers and vaccination sites</li> <li>• Clear information about cost, insurance status, immigration status, and options or flexibility for those without childcare or paid sick time</li> <li>• People working at vaccination sites look who like those in the community</li> </ul>	<p>Where outreach, dissemination, or vaccination provider sites should occur, such as at local clinics, grocery stores, churches, schools, barbershops, or local pharmacies?</p> <p><b>Trusted Messengers</b></p> <p>Who should share information, administer vaccines, and be present at vaccination sites, such as faith leaders or vaccine workers that are the same race/ethnicity as the community?</p>  <p><b>Site Logistics</b></p> <p>What logistical considerations could help increase confidence and access, such as expanding who can work at vaccine sites or bundling vaccination with other services?</p>



## B: Identify strategies and interventions for confidence and access

If they haven't already, community partners can help identify strategies and interventions to be implemented in their community to increase COVID-19 vaccine confidence and access. Depending on their role, community partners can later lead, contribute to, or advise on implementation.





To drive these efforts, community partners can




- **Identify what unique strategies or interventions have been or could be helpful to address the specific needs in the community and for the population being served.**
  - This may look different for each community, geography, and population, and could have been previously successful tactics for COVID-19 testing or other health services, such as care for chronic health conditions, seasonal flu vaccination, or HIV treatment.
  - Discuss questions such as: *Which types of interventions has your organization found to be particularly successful? Which venues or locations do you recommend using? How have you collaborated with other community partners to reach the community?*
- **Communicate the activities they can best support.**
  - This could be connecting community members to information and services, recruiting volunteers, hosting a vaccination site, or other activities.
- **Depending on their role, create or contribute to plans for increasing vaccine confidence and uptake in the community.**
  - See [Page 9 on Considerations for COVID-19 Vaccination Strategies and Interventions](#) for questions and considerations — this is a non-comprehensive list as strategies and interventions should ultimately be tailored to specific needs in the community.
- **Prioritize activities eligible for federal, state, and local funding where possible**—see [Page 5](#) for more information on funding.
- **Consider potential challenges with implementation.**
  - See [Page 12 on Potential Challenges in COVID-19 Vaccination](#) for example challenges that may arise in implementation and considerations for addressing them.



## Considerations for COVID-19 Vaccination Strategies and Interventions

Strategies & Interventions	Considerations and Examples
 <p><b>Information and Materials:</b></p> <p>What specific information and materials should be tailored and shared to address the community's needs?</p>	<p><b>Cultural Relevance</b></p> <ul style="list-style-type: none"> <li>• Images that include people from or representative of <b>the community</b></li> <li>• Information that is <b>transparent, promotes the benefits of and reasons for immunization, and addresses community-specific concerns and misinformation</b>, such as vaccine side effects or risk, or what will happen at vaccination provider sites (e.g., Black adults may have more concerns about vaccine side effects and newness<sup>iii</sup>)</li> <li>• Messaging/tone that is <b>culturally relevant</b> and in predominant languages spoken (e.g., Spanish)</li> </ul> <p><b>Information</b></p> <ul style="list-style-type: none"> <li>• Information on <b>vaccine administration and cost</b>, including who will be delivering vaccine, languages offered at vaccination provider sites, how it is free of cost, and personal information to be requested (e.g., undocumented and uninsured people may avoid vaccination due to concern around language accessibility and insurance requirements)</li> <li>• Information on the <b>importance of collecting demographic data</b> to understand racial/ethnic disparities, as well as on how <b>personal information</b> will be used (e.g., undocumented people may be concerned that vaccination sites will request information regarding immigration status)</li> <li>• Clarity on <b>vaccination provider site hours and locations</b> and available <b>transportation and costs</b></li> </ul> <p><b>IN THE COMMUNITY</b></p> <ul style="list-style-type: none"> <li>• Southern Nevada Health District developed a multi-component media campaign in English and Spanish and coordinated flu promotional events and provided training to community members, including promotoras, faith leaders, community health workers, and healthcare providers.<sup>iv</sup></li> <li>• Presbyterian Healthcare Services in Albuquerque, New Mexico, used data on population demographics and health outcomes to inform their program planning, specifically to focus on geographic areas needing more outreach, communications, and vaccination drives.<sup>v</sup></li> </ul>
 <p><b>Methods and Platforms:</b></p> <p>What methods and platforms should be used to disseminate messages and conduct outreach?</p>	<p><b>Information Dissemination</b></p> <ul style="list-style-type: none"> <li>• Flyers, postcards, ads, or outreach at <b>popular or common community sites</b> – larger organizations can provide these materials for smaller organizations with less funds to pay for printed materials</li> <li>• <b>Social media</b> for graphics and information (e.g., popular Twitter accounts, Facebook groups, and Instagram influencers/accounts in the community)</li> <li>• <b>Frequented online platforms</b>, such as newsletters, listservs, journals, local news, and websites</li> <li>• <b>Text message campaigns</b> to promote vaccination benefits and information</li> <li>• <b>Text and call reminders</b> to share information about vaccination appointments/eligibility</li> <li>• Opportunities for <b>community dialogue</b>, including town halls, and Q&amp;A and small group sessions with community leaders and healthcare providers that look like and come from the community</li> </ul> <p><b>People</b></p> <ul style="list-style-type: none"> <li>• Public outreach and community engagement by <b>trusted messengers</b></li> <li>• Popular <b>radio or TV stations</b> in the community, to share updates and information</li> <li>• <b>Conversations between community members and trusted healthcare staff</b> at clinics/pharmacies</li> </ul> <p><b>IN THE COMMUNITY</b></p> <ul style="list-style-type: none"> <li>• Southern Connecticut State University produced and displayed culturally appropriate messages in frequented locations, such as bike share stations, billboards, newspapers, and calendars.<sup>vi</sup></li> <li>• Montgomery Area Community Wellness Coalition shared an article and handouts about flu promotion in “The Alabama Nurse,” a quarterly publication distributed to all Nursing Association members in the state, to reach more healthcare staff directly.<sup>vii</sup></li> </ul>

## Considerations for COVID-19 Vaccination Strategies and Interventions

Strategies &	Considerations and Examples
 <p><b>Venues and Locations:</b></p> <p>What venues/locations should be used to disseminate messages, conduct outreach, and deliver COVID-19 vaccines?</p>	<p><b>Community-wide</b></p> <ul style="list-style-type: none"> <li>• Frequented <b>community centers and spaces</b> (e.g., barbershops/salons, grocery stores, corner stores, recreational centers or courts, YMCAs, Boys and Girls Club)</li> <li>• <b>Faith-based</b> institutions (e.g., churches, mosques, synagogues)</li> <li>• Schools and other <b>educational institutions</b> (e.g., local schools, HBCUs)</li> <li>• Locations where community members access <b>other social or community services</b></li> </ul> <p><b>Health-specific</b></p> <ul style="list-style-type: none"> <li>• Pharmacies in the <a href="#">Federal Retail Pharmacy Program</a>, including local/independent pharmacies</li> <li>• Local health <b>clinics/centers or Federally Qualified Health Centers</b></li> <li>• <b>Mobile clinics</b> or temporary/off-site clinics (e.g., mobile vans, ambulance services)</li> <li>• <b>Employers where community members work</b>, especially frontline essential workers</li> </ul> <p><b>IN THE COMMUNITY</b></p> <ul style="list-style-type: none"> <li>• In Brooklyn, NY, the local government opened tailored vaccine pop-up sites at the Red Hook Houses, two connected public housing complexes, to provide more equitable access to COVID-19 vaccines. The pop-up site will later move to other public housing complexes in other boroughs.<sup>viii</sup></li> <li>• In Fairfax, Virginia, county officials are engaging community organizations and churches to help provide transportation for community members to vaccination sites.<sup>ix</sup></li> </ul>
 <p><b>Trusted Messengers:</b></p> <p>Who should be engaged to disseminate messages, conduct outreach, and play a role in vaccine administration?</p>	<p><b>Community Messengers</b></p> <ul style="list-style-type: none"> <li>• Local <b>radio, TV, and social media personalities/influencers</b></li> <li>• Local <b>businesses, groups, or organizations</b> that community members engage with</li> <li>• Local chapters of <b>legacy civil rights organizations or Black fraternities and sororities</b></li> <li>• Neighborhood or recreational groups</li> <li>• Employers <b>where community members work</b></li> <li>• <b>Volunteers or residents</b> from nearby nursing or medical programs that serve/represent the community</li> <li>• <b>Local or national celebrities</b> that the community trusts or supports</li> </ul> <p><b>Local Healthcare Messengers</b></p> <ul style="list-style-type: none"> <li>• Trusted <b>providers and staff</b> from local health centers/clinics and pharmacies</li> <li>• Trusted <b>community leaders</b> (e.g., barber/salon shop owners, local officials, pastors, local leaders)</li> <li>• <b>Racially concordant providers and staff</b> (e.g., having vaccine workers and messengers that are the same race/ethnicity as those in the community)</li> </ul> <p><b>IN THE COMMUNITY</b></p> <ul style="list-style-type: none"> <li>• The Live Chair Health program trains barbers to discuss chronic health issues that disproportionately affect Black community members. The program provided barbershops with thermometers and personal protective equipment and trained them on how to engage their community in conversations on common COVID-19 symptoms and COVID-19 vaccines.<sup>x</sup></li> <li>• Health and Hospital Corporation of Marion County, IN created a media campaign using local personalities, including a DJ, newspaper editor, bestselling author, and social media influencer, and successfully reached the Black and Hispanic/Latino communities in annual flu campaign.<sup>xi</sup></li> </ul>
 <p><b>Site Logistics:</b></p>	<p><b>Site Access</b></p> <ul style="list-style-type: none"> <li>• Nontraditional <b>clinic sites and hours</b> (e.g., nights, weekends) to work around work or family responsibilities</li> <li>• Locations <b>useful for and accessible to community members</b></li> <li>• <b>Bundling vaccination</b> with other services community members seek or need</li> <li>• Coordinating sites with other <b>community services</b> (e.g., shelters, food banks, churches)</li> </ul>

## Considerations for COVID-19 Vaccination Strategies and Interventions

Strategies & Interventions	Considerations and Examples
<p>What should be implemented to ensure community members have access to, information about, and opportunities to receive COVID-19 vaccines at clinics/sites?</p>	<ul style="list-style-type: none"> <li>• Subsidized and accessible <b>transportation options</b> (e.g., public transportation, partnerships with transportation service providers like Uber or Lyft)</li> </ul> <p><b>Coordination with Local and State Officials</b></p> <ul style="list-style-type: none"> <li>• Developing strategies in coordination with the local health department on <b>geographic restrictions</b> (e.g., prioritizing sign-ups or locations in under-resourced zip codes), <b>reserving supply</b> for community-based sites, and providing alternatives to online portals and instead <b>having healthcare providers reach out to community members</b> to schedule appointments</li> </ul> <p><b>Fostering Trust</b></p> <ul style="list-style-type: none"> <li>• Training/scheduling vaccine workers and translators who are <b>the same race/ethnicity and speak the same languages</b></li> <li>• Leveraging and <b>expanding healthcare staff</b> who can administer vaccines (e.g., EMTs, ambulances)</li> <li>• Working with trusted or racially concordant providers or staff to <b>refer people to vaccination sites</b></li> </ul> <p><b>IN THE COMMUNITY</b></p> <ul style="list-style-type: none"> <li>• Albany County, NY formed a partnership with Mohawk Ambulance Service to increase COVID-19 vaccine access to homebound seniors and got approval from state officials. Mohawk Ambulance’s mobile vaccination trailer can hold up to 8,000 vaccine doses at a time, and the company has also hired an additional 50 staff with another 25-50 on standby to help with the effort.<sup>xii</sup></li> <li>• The District of Columbia’s health department and local business districts partnered to offer free COVID-19 testing to the district’s essential workers. The pop-up testing site was available to hotel staff, restaurant workers, building engineers, and other essential workers, and had nontraditional business hours.<sup>xiii</sup></li> </ul>

## Potential Challenges in COVID-19 Vaccination

Challenge	Considerations	In the Community
 <p>Community members not being able to make or secure appointments</p>	<p>Many vaccination clinics operate during business hours, exacerbating issues with access. Additionally, vaccine supply remains a significant challenge for clinics; if <b>vaccination supply is limited, local health departments can be a resource to help</b> make and approve decisions on how to increase appointment accessibility for specific eligible communities.</p>	<p>In CT, public health officials <b>identified 50 zip codes with high vulnerability populations</b> using CDC’s Social Vulnerability Index (SVI) – which includes measures of language, housing, transportation, poverty unemployment, and others. Health officials then asked vaccination providers to administer at least 25% of doses to residents in those zip codes with populations at high risk.<sup>xiv</sup></p> <p>After receiving feedback from the community, the District of Columbia reserved 30% of its doses for residents who use the vaccine registration portal and, <b>“the rest for programs, like church clinics and community centers, that serve people without access</b> to reliable healthcare, transportation, or technology.”<sup>xv</sup></p>
 <p>People outside of the community consuming most or all available vaccine appointments or supply</p>	<p>Local health clinics or centers that usually serve Black or Hispanic/Latino communities may see <b>people registering for available appointments that live outside of the community.</b> Additionally, those with higher socioeconomic status or more technology access may book multiple appointments or fill disproportionately more spots.</p>	<p>Two non-profits in the District of Columbia <b>requested permission from the local health department to opt out of the online registration portal and start scheduling appointments on their own</b> with their own community members, prioritizing eligible community members and seniors who were most at risk.<sup>xvi</sup> Two weeks after the non-profit began this approach, the percent of vaccinations given to Black community members rose from 22% to 75%.<sup>xvii</sup></p>
 <p>Online registration systems are inaccessible to community members, or do not have enough appointments available</p>	<p><b>Online registration systems have created challenges</b> for older community members, people with low digital literacy, and people without regular access to technology.</p>	<p>Many states and local health departments are taking a multi-faceted approach to vaccination registration. <b>Setting up mechanisms for online registration, in-person registration, and a call center can increase access</b> to those who don’t have or use the Internet, as well as address challenges with online systems related to high volume or other difficulties.<sup>xviii,xix</sup></p>
 <p>Heavy or inflexible requirements for other community partners to support efforts</p>	<p><b>Community partners may have different knowledge or capacity</b> to reach the community, disseminate messages, or host vaccination provider sites. Too many inflexible requirements for what community partners must have, do, or report may limit the ability or trust of those partners to participate.</p>	<p>As many vaccination clinics may face constraints with capacity, hours, staff, and more, <b>engaging other community leaders to support vaccination efforts, such as EMT workers or faith leaders, can increase access.</b><sup>xx</sup> However, these partners should define upfront what their capacity, flexibility, and resources are to support COVID-19 vaccination efforts. Additional approvals may be needed at the local or state level to ensure requirements for vaccination clinics can be met.</p>

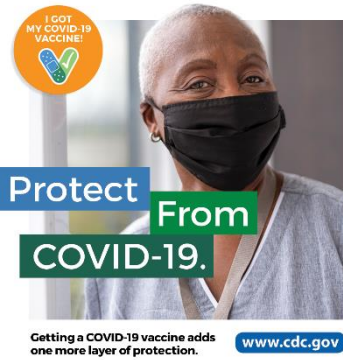




## C: Implement and monitor strategies and interventions

Depending on their role, community partners can 1) use available funding, COVID-19 vaccine supply, and other forms of non-monetary support from immunization programs, local health departments, and other partners to implement their identified strategies and interventions; and 2) play an integral role in collecting required data and real-time feedback directly from the community. The urgent and unprecedented nature of the COVID-19 pandemic means collecting, learning from, and quickly acting on all the data generated will be critical to supporting racial and ethnic minority communities.

To drive these efforts, community partners can:

- **Access resources from CDC, immunization programs, and local health departments.**
  - See [Page 5](#) for more information on funding, and [Page 14 on Resources for Implementing and Monitoring COVID-19 Vaccination](#) for resources.
- **Leverage non-monetary support from state or local health departments**, which could include:
  - Providing feedback on plans, strategies, activities, resources, and measures and outcomes
  - Providing support in compiling, analyzing, and storing data
  - Sharing or disseminating promising or effective ideas and materials across partners
  - Addressing issues or challenges with vaccine supply or vaccine appointment registration
  - Helping with or providing necessary approvals
  - Providing access to contacts or experts
- **Coordinate with local officials on the [required data](#) to collect and how community partners are best able to help given their capacity** — this may include discussing the importance of collecting data on race and ethnicity with community members.
- **Join frequent touchpoints with relevant immunization programs, local health departments, and other community partners** to share, learn from, and make changes based on data.
  - CDC plans to provide support for this to the 64 state, territorial, and local immunization programs through data technical assistance and support.
  - **Discuss questions like:** What racial/ethnic disparities exist? Are there disparities in who signs up to receive a vaccine or who shows up for appointments? Are there communities receiving more or less vaccine than planned? What interventions or sites are effective or promising? Are there community groups/leaders that are effective at outreach in the community? How are most people hearing about the vaccines?
- **If data show some communities are receiving less vaccinations than others, consider collecting anecdotal information** directly from community members in a low-burden way.
  - See [Page 16 on Example Questions for Community Members](#) for ideas of different questions to ask—community partners can consider starting a community ambassador program or using social media monitoring, surveys, or conversations with community members and people involved at the local level.
- **As new data findings suggest changes are needed, quickly revise strategies, engage new partners or vaccination sites, and/or engage additional communities.**

Resources for Implementing and Monitoring COVID-19 Vaccination		Information	Methods	Venues	Messengers	Logistics
Resource	Description					
<a href="#">Community-Based Organizations COVID-19 Vaccine Toolkit</a>	Toolkit with ready-to-use messages, posters, stickers, social media messages, graphics and more to help educate community members about COVID-19 vaccines and address common questions. <b>Available in English and Spanish.</b>		✓	✓	✓	✓
<a href="#">COVID-19 Vaccination Communication Toolkit</a>	Toolkit for <b>medical centers, clinics, pharmacies, and clinicians</b> to use or adapt ready-made materials to build confidence about COVID-19 vaccination among healthcare teams and other staff. The toolkit is also shared on <a href="#">BlackDoctor.org</a> .		✓	✓	✓	
<a href="#">Communication Resources for COVID-19 Vaccines</a>	Multiple communication and social media toolkits geared toward the <b>general public, healthcare professionals, and employers and community leaders</b> to find resources to guide vaccination planning and communication resources for specific populations.		✓	✓	✓	✓
<a href="#">Plain Writing at CDC</a>	Tips for communicating public health information in <b>plain writing</b> to the public.		✓			
<a href="#">Training Programs and Reference Materials for Healthcare Professionals</a>	Immunization training and educational materials, including basic and COVID-19-vaccine-specific information, for <b>healthcare professionals</b> administering COVID-19 vaccines.			✓	✓	✓

[COVID-19 Vaccine FAQs for Healthcare Professionals](#)  
[Myths and Facts about COVID-19 Vaccines](#)

Series of **FAQs and resources** on vaccines, storage and handling, indications, administration, documentation, and safety and efficacy.



Can a COVID-19 vaccine make me sick with COVID-19?



**No.** None of the authorized and recommended [COVID-19 vaccines or COVID-19 vaccines currently in development in the United States](#) contain the live virus that causes COVID-19. This means that a COVID-19 vaccine **cannot** make you sick with COVID-19.



List of **easy-to-read myths and facts** about COVID-19 vaccines. This information can be included in materials disseminated to community members, as well as at vaccination provider sites.

[Consumer Vaccine Page](#)

Resource with **FAQ information** about COVID-19 vaccines for consumers, and a tool that allows people to select their state and get information on where/how to get vaccinated.



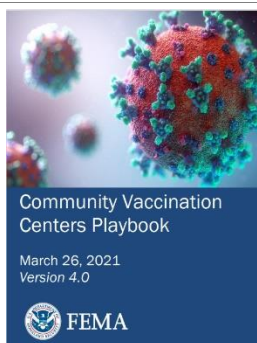
[Developing Partnerships and Coalitions to Advance Health Equity](#)

Guide with ideas and strategies to develop **diverse and effective partnerships and coalitions** to advance health equity. Includes a checklist of questions for self-assessment.



[FEMA Community Vaccination Centers Playbook](#)

Playbook with guidance to **support state, tribal and territorial Community Vaccination Centers (CVCs)**. This may include interagency coordination, resource support, facility setup, and other requirements. **Available in English and Spanish.**



[Racial Equity Toolkit to Assess Policies, Initiatives, Programs, and Budget Issues](#)

Toolkit by the Seattle Race and Social Justice Initiative that provides a process and set of questions to guide development, implementation, and evaluation of **efforts to advance racial equity**, including vaccinations. An assessment worksheet, data resources, and a glossary are included.



[Ad Council Toolkits for Black, Hispanic/Latino, and Faith Communities](#)

Community-specific toolkits for **Black, Hispanic/Latino, faith, public health, and employer communities** with messaging tips, FAQs and other resources to help organizations increase confidence in COVID-19 vaccines.



## Example Questions for Community Members

Individuals	Information to Gather – Sample Questions
<p><b>People to be vaccinated for COVID-19 who are receiving outreach and communication materials</b></p>	<ul style="list-style-type: none"> <li>• Have you heard about the COVID-19 vaccines and ways to receive one? If so, how?</li> <li>• How did the communication make you think or feel?</li> <li>• Do you feel the language and information was easy to understand?</li> <li>• Are there any concerns/obstacles that may still prevent you from getting a COVID-19 vaccine?</li> <li>• Do you feel you have the information you need to make an appointment and receive a vaccine?</li> </ul>
<p><b>People who were vaccinated who can share their experience</b></p>	<ul style="list-style-type: none"> <li>• How did you feel after your first (or second) dose? How did this shape your experience of getting vaccinated for COVID-19?</li> <li>• Did you feel confident receiving a vaccine? Why or why not?</li> <li>• Did you feel confident checking in for the appointment? Why or why not?</li> <li>• What concerns/fears did you have before getting a vaccine?</li> <li>• What helped or changed your mind?</li> <li>• How likely are you to make (or go to) your next appointment and receive a second dose? Why?</li> <li>• Did the people giving the vaccine look like people in the community?</li> </ul>
<p><b>Trusted messengers and observers disseminating outreach or administering the COVID-19 vaccines</b></p>	<ul style="list-style-type: none"> <li>• How did COVID-19 vaccine recipients appear emotionally?</li> <li>• What questions or feeling did they share?</li> <li>• What challenges, if any, did they have or share?</li> <li>• How likely are they to receive a vaccine (or the follow-up dose, if needed)?</li> <li>• Did you experience any barriers to performing your responsibilities?</li> <li>• What else did you observe? Do you have any suggested improvements?</li> </ul>
<p><b>People who were vaccinated who may share their experience with others</b></p>	<ul style="list-style-type: none"> <li>• Did you share information on getting the COVID-19 vaccine with your neighbors, friends, and family? If so, what did you share and how did they react?</li> <li>• Do you feel you can share how vaccines work to those who don't know?</li> <li>• How likely are you to encourage others to receive a vaccine?</li> <li>• When explaining any parts of your experience, what would you mention?</li> </ul>



### APPENDIX A

Recent CDC funding for organizations with community-level reach – including activities for CBOs in the [COVID-19 Vaccination Supplemental Funding to IP19-1901](#), and CDC-RFA-1P21-2108, “Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities” – covers activities to increase flu and COVID-19 vaccination coverage. A summary of activities relevant to COVID-19 is below.

*Work with communities to identify and address drivers of vaccine hesitancy, influential community messengers and partners, and community-acceptable approaches for improving vaccination availability, accessibility, and acceptability.*

- Conduct surveys, interviews, town halls, or focus groups to identify drivers of vaccine hesitancy, influential messengers, and community-acceptable approaches.
- Document and share relevant findings from events, conversations, or convenings.
- Identify common drivers of vaccine hesitancy and collect other key information.
- Based on community interactions and findings, share tangible insights, common challenges, and key lessons learned with organization leadership to inform CDC’s and organization’s strategies for addressing racial and ethnic disparities in vaccination.

*Educate and empower trusted voices in the community to support vaccine education and delivery.*

- Conduct outreach to community members on COVID-19 vaccination.
- Develop and implement community-based and culturally and linguistically appropriate messages that focus on COVID-19 spread, symptoms, prevention and treatment, and benefits of vaccination.
- Identify and train trusted community-level spokespeople (e.g., faith leaders, teachers, community health workers, radio DJs, local shop owners, barbers) to communicate the burden of COVID-19 mitigation and vaccination through local media outlets, social media, faith-based venues, community events, and other community-based, culturally appropriate venues.
- Support non-funded local entities by sharing findings and materials.

*Build partnerships between vaccination providers (e.g., pharmacies) and the community to increase the number, range, and diversity of opportunities for vaccination.*

- Connect vaccination providers with places of worship, community organizations, recreation programs, food banks/pantries, schools and colleges/universities, fraternities and sororities, grocery stores, salons/barbershops/beauticians, major employers, and other key community institutions to set up temporary and/or mobile COVID-19 vaccination provider sites, especially in high-disparity communities.
- Connect local health departments, community health centers, and/or trusted healthcare organizations, including pharmacies, with communities through mobile COVID-19 vaccination clinics in communities facing disparities to increase the number, range, and diversity of opportunities for vaccination.

- Build partnerships with healthcare providers to increase provider understanding of the populations of interest and interventions to increase vaccination rates for these populations.
- Work with vaccination service providers to expand and train the types of health professionals (e.g., community health workers, patient navigators, patient advocates) and administrative staff (e.g., front desk workers) engaged in promoting vaccination and increasing referrals of people to COVID-19 vaccination provider sites.

## APPENDIX B

Table 6: Example data sources to use

CATEGORY	DATA SOURCE TITLE	DESCRIPTION	WHAT TO USE FOR	HOW TO ACCESS
Immunization	Jurisdiction-level immunization information system (IIS) data	All 50 states and the District of Columbia have IISs that can collect and can generate reports of vaccine administration data. The availability of local-level data and data stratified by various demographic factors, such as race/ethnicity, will vary by jurisdiction.	<p>Low influenza vaccine <b>administration data</b> may indicate challenges with access and/or hesitancy and may be used as a proxy for or indicator of COVID-19 vaccination challenges.</p> <p>Health equity concerns may be indicated if low vaccine <b>administration</b> is observed in locations with a substantial racial/ethnic minority population.</p>	Varies by jurisdiction
Immunization	CDC's FluVaxView	CDC administers surveys to generate influenza vaccination coverage estimates by various demographic factors, including race/ethnicity, for every influenza season. Data are available nationally and for all 50 states and the District of Columbia through 2019–2020. County-level coverage estimates will be available soon.	<p>Low influenza vaccination <b>coverage estimates</b> may indicate challenges with access and/or hesitancy and may be used as proxy for or indicator of COVID-19 vaccination challenges.</p> <p>Health equity concerns may be indicated if low <b>coverage</b> is observed in locations with a substantial racial/ethnic minority population.</p>	<a href="#">Link</a> to data
Immunization	State reports of school vaccination requirement exemptions	A subset of states publicly reported school vaccination requirement data—including those related to non-medical exemptions—at a local level (i.e., county, school district, or school).	<p>A high rate of non-medical exemptions to school vaccination requirements may indicate general vaccine hesitancy within a community. In states that allow non-medical exemptions, identifying local areas with higher exemptions may point to the need to focus COVID-19 vaccination efforts.</p> <p>Health equity concerns may be indicated if a high rate of non-medical exemptions is observed in locations with a substantial racial/ethnic minority population.</p>	<a href="#">Link</a> to data

<b>COVID-19 Disease Burden</b>	<b>CDC COVID Data Tracker</b>	Non-vaccination tabs from the CDC COVID Tracker report various measures of COVID-19 disease burden down to the county level.	High COVID-19 disease burden may help focus vaccination efforts on disproportionately affected communities.	<a href="#">Link to data</a>
<b>COVID-19 Disease Burden</b>	<b>Health Center COVID-19 Testing Dashboard</b>	Weekly health center data of total COVID-19 tests conducted and positive COVID-19 tests by race and ethnicity.	High COVID-19 disease burden may help focus vaccination efforts on specific racial/ethnic minority communities.	<a href="#">Link to data</a>
<b>Demographics and Social Vulnerability</b>	<b>U.S. Census Bureau COVID-19 Site</b>	Impact planning reports and demographics at the county level.	Counties with high populations of racial/ethnic minority groups, as well as other socioeconomic demographics, may help focus vaccination efforts on specific communities.	<a href="#">Link to data</a>
<b>Demographics and Social Vulnerability</b>	<b>Social Vulnerability Index</b>	CDC index of social vulnerability at the county level using 15 variables to measure social vulnerability.	Counties with high vulnerability scores may help focus vaccination efforts on specific communities.	<a href="#">Link to data</a>
<b>Demographics and Social Vulnerability</b>	<b>County Health Rankings</b>	County-level data on demographics, health outcomes, and health factors to better understand individual counties.	Counties with low rankings for health outcomes and health factors may help focus vaccination efforts on specific communities.	<a href="#">Link to data</a>
<b>Demographics and Social Vulnerability</b>	<b>U.S. Census Population Data</b>	Data on population density to see what areas have high prevalence of racial/ethnic minority communities.	Counties with high populations of racial/ethnic minority groups, as well as other socioeconomic demographics, may help focus vaccination efforts on specific communities.	<a href="#">Link to data</a>
<b>Demographics and Social Vulnerability</b>	<b>HRSA Shortage Areas</b>	Data on HRSA’s Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps) at county level.	Areas with high HPSA or MUA/P scores may help focus vaccination efforts on specific communities.	<a href="#">Link to data</a>

## APPENDIX C

*Community partner examples for racial and ethnic minority groups, such as Black and Hispanic/Latino communities*



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<sup>v</sup> REACH Program.

<sup>vi</sup> REACH Program.

<sup>vii</sup> REACH Program.

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