



Society for
Women's Health
Research



CRUCIAL VACCINATION CONVERSATIONS:

A Roadmap to Engage Women
and their Communities

TABLE OF CONTENTS

01

INTRODUCTION

04

LOOK:
Identifying Your Audience

06

LISTEN:
Understanding What Matters

09

LAYOUT:
Adapting Program Goals and Community Needs

13

LINK:
Engaging in Meaningful Conversations

15

CONCLUSION:
Next Steps and Acknowledgements

16

REFERENCES

17

APPENDIX A:
Gathering Resources and Building Partnerships

18

APPENDIX B:
Funding Your Community Vaccination Initiative

INTRODUCTION

Vaccines are an important measure to promote family and public health by slowing, and sometimes preventing, the spread of infectious and dangerous diseases. Through sound research efforts, immunizations have been developed for implementation throughout the [life-course](#). These include childhood vaccinations (such as DTaP, polio, and MMR), teen vaccinations (such as HPV and MenB), and adult vaccinations (such as pneumococcal and shingles), along with annual flu shots for all ages, and the recent COVID-19 vaccination for eligible individuals aged 5 and older.¹ Centers for Disease Control and Prevention (CDC) reports indicate that U.S. adult vaccination rates remain low for many routinely recommended vaccines, leading to increased illness, hospitalization, disability, and even death. Improved immunization rates can assist in reducing disparities in health care and disease across all age groups.



According to the U.S. Department of Labor, women make up to 80% of the health care decisions in the family.² Thus, women caregivers are in a unique position to ensure their family members receive appropriate vaccines as recommended by the CDC and their health care providers. Women need scientifically-based and culturally-relevant information to make informed decisions to optimize their family's health.

About SWHR

The Society for Women's Health Research (SWHR) is a national nonprofit and thought leader dedicated to promoting research on biological sex differences in disease and improving women's health through science, policy, and education. Founded in 1990 by a group of physicians, medical researchers, and health advocates, SWHR is making women's health mainstream by addressing unmet needs and research gaps in women's health. Thanks to SWHR's efforts, women are now routinely included in most major medical research studies and more scientists are considering sex as a biological variable in their research. Visit www.swhr.org for more information.

SWHR Immunization Education Program

SWHR Science Programs identify research gaps and address unmet needs in diseases and conditions that exclusively affect women or that disproportionately or differently affect women. SWHR convened an Immunization Education Working Group of public health researchers and professionals, community leaders, patient advocates, and health care providers for a roundtable meeting in August 2021 to

explore the best means to increase public education and strategies to improve vaccination access and uptake for women across the lifespan, as both immunization recipients and decision-makers.

The Working Group concluded that barriers to immunization uptake transcend access to information, and revolve around value alignment and effective communication between the community participants and public health and health care organizations. The following core areas must be addressed to mitigate these barriers:

- Public trust and institutional trustworthiness must be developed patiently through conversations and education/learning on both sides. This will require a commitment to transparency and facilitating difficult conversations with public health stakeholders and community participants.
- The flow of accurate and accessible information from health care providers to patients must be reviewed and uniquely addressed based on the local setting and needs. The assumption that health care providers uniformly endorse recommended and required immunizations can result in limited access to certain vaccines (e.g., COVID-19 or HPV) for women and their families who are seeking advice.
- Organizations must enter into partnerships with the community to become a sustainable and consistent collaborator, engaging local gatekeepers (of information, resources, and/or population groups) early and throughout the planning and implementation of programming and campaigns.

With the guidance of the working group experts, SWHR has developed a roadmap to guide community engagement with women and their families to ensure meaningful conversations and initiatives that improve individual, family, and community health through vaccinations.

Why Women?

Women are primary decision-makers in their households and are key sources of health information and advice for family and friends and within social networks.

- Women make approximately 80% of all household decisions about the health and health care of their families.²
- Mothers and female spouses are the primary and most trusted source of health information for men.²
- Networks of information sharing within women are even more relevant and important in low-income communities.³



Making sure women have accurate, supportive, and helpful information about vaccinations at all life stages is, therefore, crucial for any community that public health organizers wish to engage. Further, it is important to reach women to ensure that they, themselves, are getting vaccinated. Women are often caregivers for young and older family members, as well as other community members who need informal care and support due to disability, chronic illness, and other conditions.² For elderly people, women are two-thirds of their unpaid or informal caregivers. Increasing vaccination rates among women not only prevents their own illness, but also protects those under their care.

About the Roadmap

Our Goal

This roadmap is a guidance document for community groups, organizations, and agencies to utilize when developing immunization education outreach programs. Community health and service providers are key in the fight against vaccine-preventable infectious diseases, as are policy and advocacy groups. This document is intended to be useful to any individual or group working in the vaccination campaign space. While this roadmap was created with special consideration for reaching women, the questions, templates, and guidance provided can be adapted for a diversity of target populations and objectives.

How to Use this Roadmap

The roadmap comprises four key steps to help organize your thoughts and plans:

1. **LOOK:** Identifying Your Audience
2. **LISTEN:** Understanding What Matters
3. **LAYOUT:** Adapting Program to Community Needs
4. **LINK:** Engaging in Culturally Competent Conversations

There is no one-size-fits-all approach to community engagement. This roadmap has been crafted to be flexible and include open-ended content that requires adapting to your specific audience and organization needs. The topics, questions, and information provided have derived from consultations with a diverse group of community and public health leaders who have extensive experience working in vaccine education and health care organizations.

This roadmap is intended to guide a deliberative and iterative thought process that involves community participants and leaders, public health and health care professionals, program staff, and others key stakeholders at each stage of initiative development.



LOOK

Identifying Your Audience

Before embarking upon a program, an objective assessment of the local landscape should be conducted, which would include gathering immunization uptake and health disparities data, identifying key attributes of target community participants, connecting with local gatekeepers, and solidifying the goals and feasibility of your initiative or program. This landscape assessment should also take into account the broader [immunization neighborhood](#), including community assets, opportunities for local partnerships, and the role of other key immunization stakeholders. The output of your landscape assessment will look very different depending on the community you are serving and goals or focus of your initiative. For example, a program developed for a diverse geographic neighborhood will have different needs and resources than one that is highly targeted to a specific demographic. At the core of any program, however, it is crucial to center the perspectives of affected community members.

Program planners must do their due diligence to understand the local community and connect with **gatekeepers** – trusted, community-specific leaders, and critical influencers for a myriad of topics important to their community.



Gatekeepers can be individuals, often without titles, or organizations central to the community. They emerge organically, as they develop a track record of consistently and successfully addressing needs within their local community.

Gatekeepers often have special insight or access to resources, such as funding, local venues, individuals who are hard to reach, or connections with other organizations or policymakers. For example, for a tight knit street block, the grandmother who frequently sits on her stoop, chatting with neighbors and feeding local kids could be a gatekeeper. In a rural agricultural setting, local farmers might be the trusted voices that wield influence throughout the county. For many communities across America, religious leaders, such as pastors, imams, rabbis, priests, and monks may also be important gatekeepers to engage with your program. Small business owners and employees are also often central and trusted community members.

For women making decisions about their family’s health, health care providers are important gatekeepers of information. Studies have found that endorsement by an individual’s provider has a major influence on their hesitancy or acceptance of a vaccination as preventive care.⁴ Education for health care providers might be needed to address personal bias and concerns with vaccines (especially HPV and COVID-19). Further, the approach and communication style of health care providers may lack the effectiveness to satisfactorily address women’s concerns as patients and caregivers. Understanding the local health care resources and services and using culturally competent communication are all important components to effectively engage the local community.

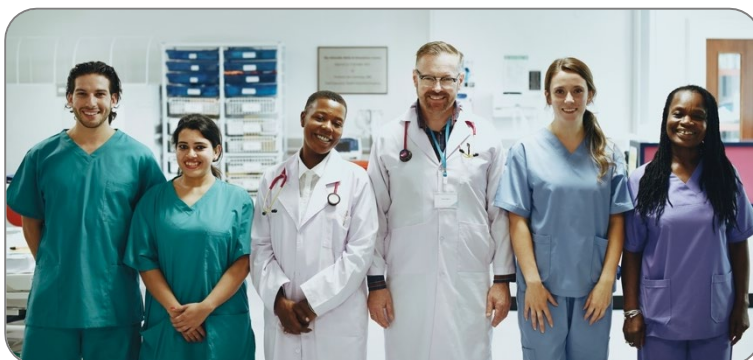


Table 1. LOOK: Key Areas to Address & Considerations

Topics	Considerations
Program goals	<ul style="list-style-type: none"> Goals may include increasing overall immunization rates or uptake for a particular vaccine; targeting a particular disease or a disparate population/demographic. What are the requirements/limitations of the program sponsor/funder?
Community demographics and attributes	<ul style="list-style-type: none"> Geographic setting (e.g., rural, urban, suburban) Age (e.g., infant, childhood, adolescent, adult, elderly) Social/Culture (e.g., race/ethnicity, language, cultural influences, faith) Access (e.g., income, citizenship, location) Ability (e.g., physical ability, mental ability, mobility, literacy) Other (e.g., caregiver, pregnant/lactating)
Data availability and access	<ul style="list-style-type: none"> What data do you need and what do you have? (e.g., community demographics, public health data, immunization schedules and rates) What approaches are appropriate for data collection in your community?
Engagement of community stakeholders^a	<ul style="list-style-type: none"> How can you engage gatekeepers in the planning and execution of your program? What are the roles of health providers (e.g., doctors, nurses, pharmacists, social workers, community health workers) in your community? What are the viewpoints of these stakeholders?
Community assets	<ul style="list-style-type: none"> What other organizations (health care or non-medical) are working on the same or similar issues? Who else has made progress reaching your community audience? What strategies did they employ? How can you partner with or leverage their successes?

^a Additional considerations for engaging community stakeholders are included in *Appendix A: Gathering Resources and Building Partnerships*.

LISTEN

Understanding What Matters

An essential part of planning, regardless of the scope or type of campaign, should be to ask a lot of questions and gather opinions and information directly from the community members you aim to serve. Especially for those who have been working in a space for a long time, it can be easy to proceed on the basis of assumptions and traditions, without realizing that they may be incorrect or outdated. Even strategies that have worked in the past are worth reassessing because new perspectives or ideas for improvement may be possible.

Assumptions about what individuals know, care about, and are willing to do must be re-evaluated so that program planners can transition preconceptions into realities, especially considering barriers to vaccine uptake. Challenge assumptions and seek information directly from affected communities.



To fill in the gaps of your initial landscape assessment, current issues and priorities that may not be directly related to vaccines and public health must be considered. For example, shelter and food security, crime and safety, education, and/or civil rights could be pressing issues or concerns that might affect where the community's attention is focused and whether your public health efforts are a priority at the moment. While these broader concerns may not fall within your organization's focus or capacity to address, they cannot be overlooked when preparing to engage the community with your program.

While the organization goal may be to address broader public health or mitigate a disease, creating new educational materials may not be the solution. Consider new ways to communicate the message more effectively. The barrier to vaccine uptake may not be lack of knowledge, but instead, a lack of trust in the person/organization communicating the information or the institution administering the services. It is safe to say that everyone desires good health for themselves and their families. However, is the focus of your messaging conveying a specific vaccine or public health program louder than a mission to support personal health and wellness? While it may seem synonymous to a community health worker, these two approaches have very different effects on community audiences. Shifting the paradigm from "this is what you

Black and Asian American pregnant women were less likely to receive a clinician's recommendation for the influenza vaccine. Is this true in your community? Find out why or why not.¹⁰

need” to “how can we best serve your needs” could mean the difference in producing the important health outcomes we all want to achieve.

Understanding community needs and concerns must become the primary focus before institutional agendas for initiatives are finalized. Community barriers, culture, and data must be assessed to inform program planners and public health providers of specific pain points of community members. Messaging that has previously influenced community attitudes and behaviors (both positively and negatively) must also be considered. Furthermore, building (or restoring) trust in community institutions is essential for any kind of health messaging to be received.⁵ And remember, there is a difference between vaccine hesitancy and resistance.

Seek to understand, not to convince. The focus of a listening session is to ask intentional questions to seek understanding of what is on the minds and hearts of community members, without judgment. These sessions should not be used to debunk myths or correct misunderstandings; those educational activities should be scheduled for a separate time.

Clinical-faith community partnerships like [Congregational Health Network’s Memphis Model](#) have successfully addressed gaps in community trust, institutional trustworthiness, resource allocation, and health care utilization.⁵ Listening sessions can also promote opportunities for education and conversation

among community participants and institutions. However, multiple sessions may be needed to develop a full understanding of the landscape and barriers perceived and experienced by community members and program planners concerning vaccinations efforts and public health. Assessment methodologies and practices should be tailored to each local community because, ultimately, the community itself should be the driver of your plan.



Table 2. LISTEN: Key Areas to Address & Considerations

Topics	Considerations
Understanding community goals (sample questions)	<ul style="list-style-type: none">• What does public health mean to you?• What are your health care priorities when it comes to infectious diseases?• Is protection from X disease a concern for you or your family? Why or why not?• If X vaccine was free and administered in your neighborhood or local community, would you get it? Why or why not?
Identifying barriers to vaccine uptake in your community	<ul style="list-style-type: none">• Logistical (e.g., work hours, childcare, transportation)• Financial (e.g., personal costs, insurance coverage/subsidies)• Cultural (e.g., community norms, beliefs, perceptions/stigma, bias, personal choice, political philosophies, language, education and health literacy)• Safety/Hesitancy (e.g., vaccine safety education, data privacy, institutional trustworthiness, media attention)• Broader Concerns/Priorities (e.g., food security, shelter, education, language barriers, crime/safety, civil rights, immigration status)
Listening sessions and community forums	<ul style="list-style-type: none">• Will a homogenous or diverse audience hinder participation and the ability of community members to speak freely?• Are the venue and event time conducive to promoting engagement and transparency?• Facilitators, participants, and observers should be clearly defined and identified.• Some meetings may be open to general public, while others comprise invited attendees to focus on a particular conversation.

LAYOUT

Adapting Program to Community Needs

After clarifying assumptions and properly assessing community concerns and needs, program planners can begin to develop a tailored plan to address barriers of vaccine uptake that exist at individual and systemic levels. This might require additional cycles through Steps 1 and 2 (LOOK & LISTEN) and periodic revisiting and recalibration throughout the implementation of your programming. Effective initiatives demonstrate cultural competency and alignment of both participant and public health needs, and then make provisions for the necessary resources and expertise for implementation.

Interventions that are specifically designed to increase comfort and uptake among hard-to-reach populations have shown successful outcomes, particularly when they are community-based, engaging members of the community at all stages from planning to implementation and continuing education.⁶ Communities should be able to advise on which leaders or organizations might hold the most influence and how services should best be delivered to people. Remember that it is important to engage gatekeepers early and throughout the planning and implementation processes. Endorsement cannot come without personal investment. Gatekeepers are not spokespeople; they have to believe in and be involved in the messages they share because their credibility is on the line.

While it is easier to identify imminent funding opportunities for acute care and interventions, it can be a challenge to secure funds for preventive care programs that address more complex health issues and social determinants. Recognizing that organizations may have to navigate programmatic limitations due to prescriptive funding, program staff may need to creatively adapt previous models in their proposals to address community-specific needs. “The North Carolina Way”⁷ adapted the Memphis Model to address social determinants of health in their state and Boston’s Get out the Vaccine (GOTVax) Field Program⁸ uses a “get out the vote” canvassing approach that pairs trusted messengers from the community (field organizers) with credible messengers (Black and brown providers) who answer vaccine-related FAQs. The [Community Preventive Services Task Force](#) performs evidence-based assessments of immunization and other public health interventions to assist organizations in identifying and adapting existing models for their local setting and purposes.

Barber shops and salons are comfortable and relaxed environments for many communities, commonly used for social networking and information sharing. People also visit them regularly (daily, weekly, monthly). The [Wellness Warriors](#) program provides local education and outreach through barbershops and salons across the country. This or a similarly characteristic venue might be an appropriate setting for some of your program activities.

Appendix B: Funding Your Community Vaccination Initiative provides a list of organizations and agencies that offer grants and resources for potential vaccination and community health research and programming.

Venue selection is important for disseminating educational materials and administering the vaccines. In some communities, institutional health providers might be perfectly appropriate, whereas in others, these settings may be associated with longstanding community distrust. Consider how your organization can reduce stressors and challenges to get a vaccine. Can you meet your audience in a setting where they already gather and is conducive to outside interventions? Moreover, the inclusion of food and drink brings people together and softens the social environment for more effective communication.

This work not only requires financial capital, but also human capital. For successful and sustainable programs/organizations, it is important to have expertise, at a minimum, in the following core areas:



Partnerships are key to gathering a comprehensive team, especially for small organizations. See *Appendix A: Gathering Resources and Building Partnerships* for a list of potential stakeholders and key considerations for determining who to connect with and how to engage them. It is also important to consider capacity-building and sustainability during the planning stages of your program so that its successes can be maintained and leveraged for future community health and service initiatives.

Did you know? Barriers for those who live in inner cities or rural areas are often similar to those in lower socioeconomic statuses or those of certain racial backgrounds. For example, lack of transportation, sparse clinic distribution, the digital divide for accessing information and scheduling appointments, and clinic hours that do not align with shift work, farm work, or multiple job schedules can all contribute to lower vaccination access and rates.¹⁰

Incentives can be a useful way to promote participation; however, incentives that are perceived as coercive or gimmicks may further contribute to hesitancy and mistrust. Effective incentives should be practical and focus on removing barriers to access (e.g., transportation, childcare, lost wages, etc.) that were identified by community members in Step 2: LISTEN. Communicating the broader immunization strategy and long-term health plans of an institution can also be considered a form of incentive to encourage participation. While this longer-term investment in community health is often a core goal, this message gets lost in translation along with the opportunity to build sustainable relationships for health promotion.

Although women make most of the health care decisions for their families, they often go without adequate care or coverage themselves because of pressures to prioritize the rest of the family. This effect is even more pronounced among women facing other barriers to access related to socioeconomic status, job status, race, and ethnicity.² Practical incentives can be utilized to reduce these barriers and subsequent vaccine-preventable health disparities among women.



Table 3. LAYOUT: Key Areas to Address & Considerations

Topics	Key Considerations
Developing culturally competent educational materials	<ul style="list-style-type: none"> • How has your audience been successfully reached in the past? • What materials (e.g., cards, trackers, checklists, guides, schedules, etc.) currently exist to address your program needs/goals? • What products should be prioritized for use in your program? • What processes for educating about vaccines or tracking vaccines are currently in place? • How can these materials/processes be adapted for your audience? • What outlets and platforms are available (internally and through partners) for disseminating materials/information to your audience?
Delivery settings	<ul style="list-style-type: none"> • Which venues are appropriate to reach the broader community? Which are better suited for underserved community members? • Consider established venues: health department, doctor's office, pharmacy, community or cultural center, library, workplace or office building, place of worship • Leverage gatherings and events: state fair, block party, local community festival or market, neighborhood cookout, choir practice, town hall meeting
Cost planning	<ul style="list-style-type: none"> • What funds/assets are needed to satisfy the costs to start the program? To continue the program? • What are current and potential sources of funding (e.g., grants, partnerships, donors)? • What preliminary data must be collected and articulated to justify/secure funding requests? • What are the costs for incentives (e.g., paid time, childcare or play areas, transportation vouchers or free rides, stipends for experts, etc.)? Can in-kind donations be procured to off-set costs?

Table 3 continued

Topics	Key Considerations
Resources and partnerships	<ul style="list-style-type: none">• Which community or external stakeholders should be invited to become partners with your program?• What resources and expertise gaps do they fill for your program?• Do their goals align with yours? How can a partnership be mutually beneficial?• If they are not willing to partner with you, why? (This feedback may be helpful in adapting your strategy.)
Metrics for success	<ul style="list-style-type: none">• What performance indicators will be used to define success for your outreach effort?• What quantitative and qualitative data will appropriately and accurately reflect program outcomes? (Consider data sources and trackers, availability and access)• What baseline and monitoring data will you collect? How will you collect it? (Consider community respondents, surveyors, staff expertise in data collection and analysis)• What other evidence-based interventions can be used as models for your program layout?• When will progress/milestone reports be conducted? Are there mandatory deadlines?• How will your program ensure that diverse voices are represented in the outcomes data? How will participant data and voices be protected?
Building Infrastructure	<ul style="list-style-type: none">• Which components of your program can easily continue without active funding (e.g., equipment, products/materials, volunteers, partnerships)?• How long can efforts carry-over after current program funding ends?• How can you articulate and/or demonstrate that your program should and can be incorporated into the community culture?• Which partners or stakeholders (current or new) can support or adapt efforts after funding ends?• Who in the local community has the knowledge or training to continue efforts if funding is not renewed? Who else needs to be trained?

LINK

Engaging in Culturally Competent Conversations

For certain underserved populations, past personal experiences in the health system and historical treatment have led to personal and institutional mistrust. Trust affects decision-making, communication, and information dissemination. The nature of these relationships will impact the results of your campaign/program regardless of the health topic. If trust is not developed, your messaging will not be received. Engagement strategies must combine all the information gathered and processed in Steps 1-3, considering the people, venue, methods, and incentives for effective communication and program implementation.

Even if you have already started to plan or implement your program prior to reading this guide, it is not too late to reconsider or modify your strategy to improve future outcomes.

Successful models for immunization education and implementation include integrating trusted resources and individualized conversations. Social networks and media are vehicles of communication that are particularly popular among women, and social media is an increasingly important avenue to communicate health information. Women are more likely than men to use social media in general, as a primary source of health information, and for sharing recommendations and experiences with others.⁹ Inadequately incorporating women's needs and experiences into quality vaccine and health information campaigns can lead to continued misinformation thriving among women's networks.



Venues selected for community engagement should be comfortable safe spaces for the participants; however, program planners should be mindful not to be intrusive or untimely concerning certain spaces. Gatekeepers will be instrumental advisors on these matters.

Table 4. LINK: Key Areas to Address & Considerations

Topics	Considerations
Improving awareness and education	<ul style="list-style-type: none">• Mapping/identifying communities by vaccine type, life stage/age, and need• Ensuring materials, supports, and personnel available in multiple languages• Community-based and culturally appropriate programming• Peer-to-peer education and communication• Policy, regulatory, and government support of advocacy work
Culturally competent communication systems	<ul style="list-style-type: none">• What are the primary sources that community members get their information (e.g., social media, social networks, posted flyers, local events, local media outlets)?• Is there a cultural or digital divide concerning technology access or literacy?• How can progress/outcomes be shared with the community?
Safety and security	<ul style="list-style-type: none">• How will personal information be kept private and secure, particularly in alternative settings?• How is the right to choose and disagree respected for community members who visit your space and interact with your staff?• Are physical security precautions needed for on-site staff and volunteers?

CONCLUSION

Next Steps

As our communities all evolve, we understand that their needs will too. SWHR plans to periodically update this guide and would appreciate hearing from community program planners about how this roadmap was implemented for your vaccine education and implementation programs. If you are interested in piloting a program with our roadmap or providing feedback, please contact us at science@swhr.org.

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Immunization Education Working Group Contributors:

Meredith Allen, DrPH, MS, Association of State and Territorial Health Officials

Rebecca Coyle, American Immunization Registry Association

Deanna Darlington, Links2Equity

Erica DeWald, Vaccinate Your Family

Amy Elizondo, MPH, National Rural Health Association

Anita Hawkins, PhD, Morgan State University

Terris King, DDiv, ScD, Liberty Grace Church of God

Jennifer Zavolinsky, MHS, Vaccinate Your Family

Thank you to SWHR staff who also contributed to the development of this toolkit:

Irene O. Aninye, PhD, Director of Science Programs

Gwen Feeny, JD, Science Policy Fellow

Carolyn McPhee, MPH, Science Programs Manager

Gabriella Watson, MS, Science Programs Coordinator

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REFERENCES

1. National Center for Immunization and Respiratory Diseases. Vaccines and Immunizations | CDC.
2. Matoff-Stepp S, Applebaum B, Pooler J, Kavanagh E. Women as Health Care Decision-Makers: Implications for Health Care Coverage in the United States. *Journal of Health Care for the Poor and Underserved*. 2014;25(4):1507-1513.
3. Domínguez S, Watkins C. Creating Networks for Survival and Mobility: Social Capital among African-American and Latin-American Low-Income Mothers. *Social Problems*. 2003;50(1):111-135.
4. Perkins RB, Fisher-Borne M, Brewer NT. Engaging parents around vaccine confidence: proceedings from the National HPV Vaccination Roundtable meetings. *Human Vaccines and Immunotherapeutics*. 2019;15(7-8):1639-1640.
5. Barnes P, Cutts T, Dickinson S, et al. Methods for Managing and Analyzing Electronic Medical Records: A Formative Examination of a Hospital-Congregation-Based Intervention. <https://home.liebertpub.com/pop>. 2014;17(5):279-286.
6. Coady MH, Galea S, Blaney S, Ompad DC, Sisco S, Vlahov D. Project VIVA: A Multilevel Community-Based Intervention to Increase Influenza Vaccination Rates Among Hard-to-Reach Populations in New York City. <https://doi.org/10.2105/AJPH2007119586>. 2011;98(7):1314-1321.
7. Cutts T, Gunderson G, Carter D, et al. From the Memphis Model to the North Carolina Way: Lessons Learned from Emerging Health System and Faith Community Partnerships. *North Carolina medical journal*. 2017;78(4):267-272.
8. Velasquez D, Gondi S, Lu R, Pissaris A, Martin A. GOTVax : A Novel Mobile Covid-19 Vaccine Program. *New England Journal of Medicine Catalyst*. 2021;1(3).
9. Duggan M, Brenner J. The Demographics of Social Media Users — 2012 | Pew Research Center. Pew Research Center.
10. Webb Hooper M, Nápoles AM, Pérez-Stable EJ. No Populations Left Behind: Vaccine Hesitancy and Equitable Diffusion of Effective COVID-19 Vaccines. *Journal of General Internal Medicine* 2021 36:7. 2021;36(7):2130-2133.

APPENDIX A

Gathering Resources and Building Partnerships

Community Gatekeepers of Information and/or People

- Who might you consult as a trusted source of local or community information/history?
- What gates require accessing/addressing to increase potential for success?
- If not addressed, what are the consequences/impacts on the campaign?

Community Leaders

- Who are influential leaders among your target community?
- Are they willing to partner in your outreach efforts? If not, are there ways to engage them in certain components of your program?

Health Care Providers & Pharmacists

- Which specialties should be engaged?
- How can they be utilized (e.g., insight and guidance, development of materials, program implementation, mobilization of efforts, dissemination, etc.)?
- What tools or support do they need to assist in vaccine outreach and education?
- What professional networks might be available and how can they be used?

Public Health Agencies

- How can city, state, or federal health departments be engaged in your efforts?
- What programs do they currently implement that could be partnered/leveraged?

Other Voices

- What voices, perspectives, individuals, and/or organizations have been useful promoting/implementing public health outreach efforts in the past?
- What voices are unrepresented or have been silenced that need engagement/ amplification?

The Community Tool Box (<https://ctb.ku.edu/en/table-of-contents>) is a free online resource that provides practical, step-by-step guidance for community building skills toward behavioral change. A few sections that complement the topics presented in this roadmap include:

- [Creating and Maintaining Coalitions and Partnerships](#) (toolkit)
- [Applying for Grants](#) (toolkit)
- [Getting Grants and Financial Resources](#)
- [Managing Finances](#)
- [Investing in Community Resources](#)

APPENDIX B

Funding Your Community Vaccination Initiative

Funding opportunities for vaccination initiatives can come from private (e.g., vaccine funds, project grants from philanthropic institutions, and contributions from vaccine manufacturers) or public (e.g., project grants from bilateral or multilateral agencies, grants, and development loans) sources.

Check state and local health department websites for funding opportunities. Sometimes they can be ongoing efforts or targeting emergent issues, such as COVID-19 funding.

Project Grants

- [Partnering for Vaccine Equity Program](#) (Centers for Disease Control and Prevention) provides >\$150 million in funding and support to various groups (including community-based and faith-based organizations). There is also a [resources page](#) for community-based organizations.
- [COVID-19 Vaccine Resources for Community-Based Organizations](#) (CDC Foundation) provides a list of helpful links including: CDC toolkits, federal resources, and state/local resources.
- [Grants.gov](#) (Department of Health and Human Services) provides a centralized location to search for and apply to federal funding opportunities. The website also provides [grant writing tips](#).
- [HHS Grants](#) (Department of Health and Human Services) contains opportunities for small business programs, community development, and [Prevention Funding Opportunities](#) that can be searched by agency, funding type, and program.
- [ASPPH Funding Opportunities](#) (Association of Schools & Programs of Public Health) contains a list of organizations that provide resources to facilitate education and research in public health.
- [AmeriCorps](#) offers funding to eligible national or local nonprofits, schools, government agencies, and faith-based and community organizations.

Sources of Financing for Immunization Services

- [Immunization Financing Options](#) (The Global Alliance for Vaccines and Immunization) is a published guide for policymakers that includes information about domestic and external public and private finance resources.
- [Vaccine Access Fund](#) (Local Initiatives Support Corporation) sponsors a \$12 million initiative that facilitates rides to vaccination sites, in an effort to address health inequities and transportation barriers faced by underserved communities.