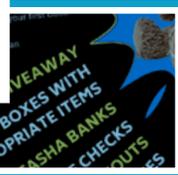




## Organizing a Community-Based Vaccine Clinic:



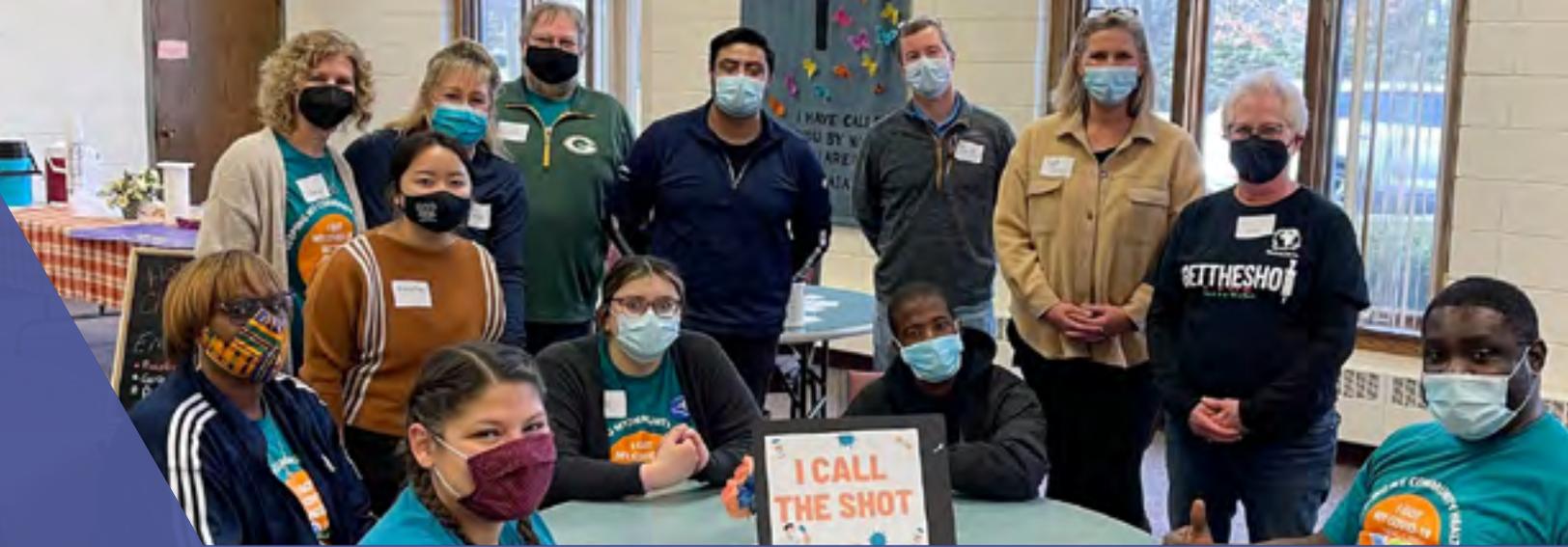
### A Checklist for Success



## Introduction

Planning community-led vaccine clinics requires a complex set of strategies, and it can be overwhelming to know where to start and what to do. Community-led clinics require more than just planning the event; community engagement is critical, too. This checklist was created to help ensure essential tasks for the two planning phases—community building and event planning—get done. It details every step in the process, can help prioritize tasks and improve productivity, and allows for creativity!

This checklist provides one possible approach to planning community-led vaccine clinics and is based on the experience of the authors, staff and board members at the Multicultural Coalition Inc. (MCI), within their specific communities. Every community's journey will be different, but the authors hope this checklist supports your efforts to create a sense of belonging for all.



## Phase I: Community Building

Building trust is the fundamental first step to creating community change for the short term and the long term.

### Tips:

A plan is a work in progress. It will not be perfect but will be your map as you chart your course and adapt along the way. It is also a tool to help share lessons learned with others. Your plan should also include a section where you record lessons learned so you can remember and incorporate changes in the future.

Say what you mean and mean what you say; trust begins with you and your actions.

Creating continuous touch points with your core team outside meetings is also critical. This means picking up the phone and meeting ad hoc in person to listen, talk, and learn.

### *BUILD YOUR TEAM AND BUILD TRUST*

#### ✔ Identify your core team (see example 1):

- Ask the people you are serving to join the group of organizers.
- Identify and ask community leaders who are deeply entrenched in grassroots work to participate on the team.
- Seek other people in your community who are passionate about serving and open to viewing and understanding other perspectives.
- Identify community allies and engage them in the movement.
- Include visionaries and detail-oriented people on your team.

#### ✔ Gather the core team:

- Create a safe space for collaboration.
- Practice active listening.
- Facilitate honest conversations that welcome vulnerability (it may be uncomfortable!).

#### ✔ Develop a community engagement plan together.

- Specify how the group will collaborate to plan and carry out vaccine clinics that meet the community's needs, including identifying
- the community members you will serve (know exactly who your target audience is and commit),
  - the organizations that will be involved, and
  - the communication channels to be used.

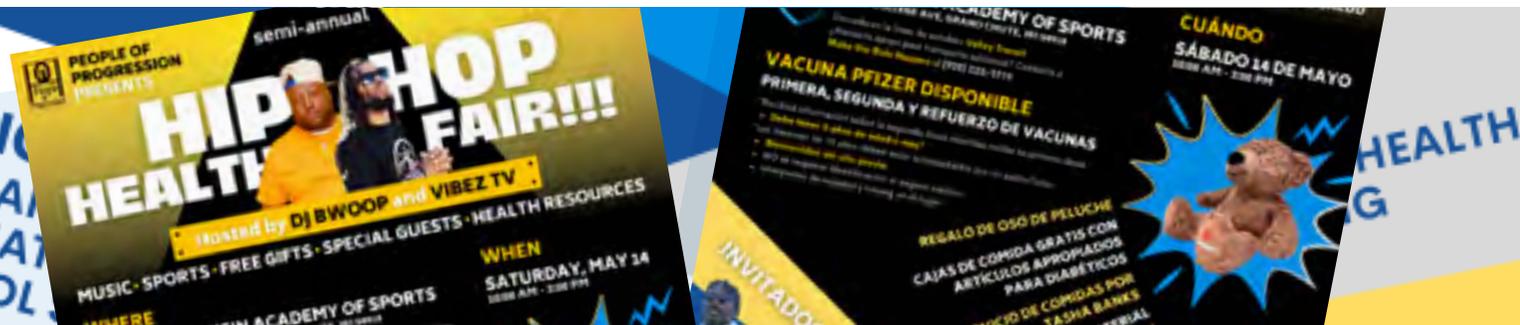
# Phase I: Community Building

## IDENTIFY BARRIERS



The communities you are serving will tell you about the barriers that exist based on their lived experiences. Through committee conversations and one-on-one conversations, listen to what the communities served are saying about the barriers they encounter.

- ✓ Look for points that prevent access to vaccinations, such as:
  - transportation to a clinic,
  - shift work,
  - access to preregistration through technology (see example 2),
  - misinformation (e.g., costs of vaccination, being asked for IDs and health insurance),
  - a lack of access to information (e.g., language barriers, lack of culturally aligned materials),
  - literacy, and
  - fear.



## BARRIER BUSTING

- ✓ Take action on what your community members are telling you and develop barrier-free solutions:
  - Build a network of trusted individuals and organizations that can provide referrals during the event.
  - Engage trusted community influencers (see example 3).
    - ▢ *Provide information directly to trusted community influencers so they can share with community members.*
  - Choose event locations selected by the people served.
    - ▢ *Choose locations where community members feel safe physically and mentally from discrimination and judgment.*
  - Be creative when brainstorming solutions to barriers and recognize that a solution may make some organizers uncomfortable (e.g., require going to places they have never experienced or been to before, like a mobile home park, a farm, or a market).
  - Encourage alternate viewpoints (viewing the world from another's lens, not your lens).
  - Do not make assumptions about visible barriers; dig deeper to understand the complexity.
  - Commit to finding a solution and engage others in this process.



## Phase II: Hosting a Vaccination Clinic

### Experience Is What You Feel

Every person at a community-led clinic, including volunteers, organizers, community members, community resource representatives, facilities managers, and hosts, should feel like they belong. All should feel welcome and energized from the moment they enter the door because they are in a place they trust, where their language is spoken and there are others on site who look like them. It is not uncommon for our community organizers and people who show up at our events to say, “This feels like a party,” and then go home and bring another family member back to the event so they can experience it, too.

### FOCUS ON THREE KEY COMPONENTS AT EVERY EVENT:

- ✔ **Vaccination partners** who are open to a community-based vaccination approach
  - ▢ *This can be assessed during early conversations with the partners.*
- ✔ **Community members**, including the event organizers, organizational partners, volunteers, and attendees
- ✔ **Creating a positive and gratifying experience**, for all involved, including the event organizers, vaccinators, attendees, and partner organizations

### CREATE A SPIRIT OF HUMAN ENGAGEMENT:

- ✔ Conduct an “event huddle” before each event begins to create enthusiasm, energy, and a common vision (see example 4).
- ✔ When attendees arrive, greet and welcome them.
- ✔ Escort attendees from one point to the next; walk alongside them.
- ✔ Ask organizational partners providing on-site resources to stand in front of (not behind) their tables to engage attendees.
- ✔ Practice active listening.

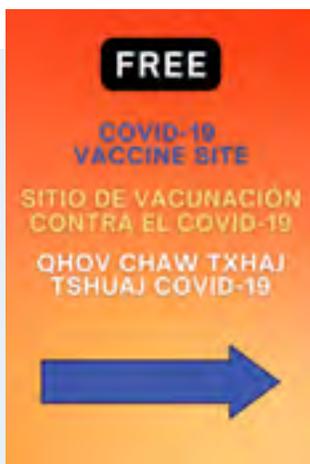


# Phase II: Hosting a Vaccination Clinic

## CONDUCT TARGETED OUTREACH

Rather than focus on a single communication channel, use multiple approaches to reach your audiences and various channels to deliver information.

- ✓ Conduct outreach on the ground and in person via community influencers at places community members commonly go to (see example 5).
- ✓ Partner with other organizations that also serve your target audience to help conduct outreach about the event.
- ✓ Distribute translated flyers.
- ✓ Incorporate a simple, effective texting campaign.
- ✓ Integrate social media in outreach efforts using the networks where members of your audience are active.
- ✓ Keep community members, such as local employers, updated on upcoming events.
- ✓ Keep media informed, updated, and connected to your efforts.
- ✓ Conduct outreach while the event is taking place. Visit area businesses to connect with workers and influencers (see example 6).



## TRANSLATE MATERIALS

Translating materials means more than simply taking one word from a language and converting it to another language. Translations should incorporate a cultural lens to ensure what is said in English is comparable with another word, phrase, or experience in another language or culture.

- ✓ Establish a review and translation committee who will use a culturally informed lens for translation services by identifying and working with local individuals and organizations who know, speak the same language as, and understand the local communities (e.g., a library point of contact or grassroots organization).
- ✓ Identify all touch points, such as
  - ☐ promotional materials,
  - ☐ parking,
  - ☐ welcome,
  - ☐ internal directional flow and way finding,
  - ☐ registration,
  - ☐ FAQs,
  - ☐ consent forms, and
  - ☐ follow-up information.
- ✓ Ensure materials use words that are simple and easy to understand.
- ✓ Use relatable visuals.
- ✓ Avoid jargon, complex phrases, and idioms (see example 7).
- ✓ Consider using only visuals (instead of words) to ensure access and understanding.

### Tip:

The National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM) has created a set of vaccine-related materials available in 40 languages, which can be downloaded for free and tailored for your organization's use. Check out these materials at (<https://nrcrim.org/vaccines/vaccine-central>).

# Phase II: Hosting a Vaccination Clinic

## ENGAGE WITH PEOPLE

Community-led vaccination events often deliver more than vaccinations.

- ✔ Provide attendees with an optional, five-question survey to learn more about the community's needs. Questions could include topics like health insurance coverage, mental health concerns, housing needs, and more. Clearly explain the purpose of the survey and how attendees' information will be used.
- ✔ Be ready to address other challenges in attendees' lives such as depression, housing or food insecurity, clothing, personal hygiene needs, and more (see example 8).
- ✔ Provide warm introductions to on-site resources and referrals to trusted organizations.
- ✔ Take advantage of any opportunities to reconnect with individuals you've referred (e.g., if they come to future clinics or events) to follow up on whether they received the services they need. Check in with community members regularly (e.g., at event organizer meetings) about the agencies you are making referrals to and ask whether they continue to be trusted and responsive.
- ✔ Creatively problem solve to meet the needs of the people you serve, and be persistent. "We don't do that" is never an option. Ask community members and organizations if they can help meet community needs. It is likely a person or organization does provide a particular service that meets the needs of the people you serve; it just might not be known to you or those you serve.



### **Example 1: Assembling the team**

MCI assembled a team of people from racial and ethnic minority groups representing culturally diverse grassroots organizations, community resource organizations, and private and public institutions (including multiple public health jurisdictions) to open lines of communication around a virtual table. Together, the team identified barriers, shared personal experiences, and had open conversations about how race and ethnicity shaped these experiences.

### **Example 2: Eliminating preregistration**

Vaccine partners often require preregistration for community-led vaccination events, which poses a significant barrier for some populations. MCI worked with providers to identify ways to eliminate preregistration. This required reorientation to focus not on the number of people served but on offering a safe and approachable experience for people who are at increased risk for contracting and experiencing severe outcomes of COVID-19 while also creating an opportunity to build sustainable, trusting relationships for long-lasting (and life-changing) impact.

### **Example 3: Reaching the community**

A priority barrier MCI had to overcome was that available information was not reaching the people in the community most at risk for contracting and experiencing severe outcomes of COVID-19. There were multiple other barriers in place as well, such as a lack of trust in information sources, low levels of digital literacy, and a lack of information available in the languages spoken by community members. Many of MCI's communities of color rely on trusted resources or individuals for their information, so it was extremely important to get the information in those individuals' hands to share with their communities. Additionally, MCI had to ensure information was translated through a cultural lens with simple language and with more visuals.

### **Example 4: Using a huddle**

A pre-event huddle helps ensure everyone supporting the vaccine event has the correct information for the day. MCI uses the huddle to recognize and introduce all partners, express gratitude for all volunteers present, identify who is bilingual, and review expectations of a barrier-free experience. During the huddle, MCI and other partners show their enthusiasm with cheering and clapping and share stories of impact to create an atmosphere of excitement and engagement.

### **Example 5: Conducting outreach**

MCI develops an outreach map based on where people visit and work—including nail salons, mega farms, laundromats, and mobile home parks—to share upcoming event information and answer questions. MCI also partners with another nonprofit, CAP Services, whose mission is to transform people and communities to advance social and economic justice. MCI includes this organization's phone number on its flyers to provide access to bilingual representatives who can answer questions.

### **Example 6: Canvassing the area**

MCI canvasses the geographic area during the event to engage and invite people to visit. Last year, they hosted an event in the basement of a local barber shop and reached out to those working at a Mexican restaurant next door. They invited the employees and owners to attend and get vaccinated, which they did—to applause.

### **Example 7: Avoiding jargon**

MCI was reviewing a news release that used the term “consumer facing.” This phrase is not commonly used among the Hmong community and, in fact, would take numerous paragraphs in Hmong to try to explain the term. Scrutinizing jargon, phrases, and word choice is part of our review process to ensure all communications can be easily understood in multiple languages.

### **Example 8: Addressing community needs**

When preparing to host an event at a mobile home park, MCI worked closely with the on-site manager to identify the needs of the community members who lived there. She noticed that many children were sharing toothbrushes and winter gear was lacking. MCI made numerous calls to organizations to help purchase toothbrushes and secured a donation of winter gear.

## About the Authors:

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The Multicultural Coalition Inc. (MCI), a community-based 501(c)(3) organization, was born out of the COVID-19 pandemic to identify barriers and address inequities for communities of color. Representing those it serves, the MCI listened to and took action to create a place of belonging for all. Its efforts continue to move forward today, with communities of color and allies working together collaboratively to make an impact. Since its inception, MCI's goals have been to build sustainable trust that long outlives the pandemic and to spur systemic change focused on creating equity. MCI has learned and continues to learn lessons along this journey; this checklist highlights what has worked when organizing vaccination clinics in the community it serves.

With a focus on health equity, affordable housing, and workforce development, MCI has hosted more than 70 community-led events in 18 months to provide accessible vaccinations and resources for the community. MCI serves the community's most at risk and marginalized populations by meeting people where they are, creating safe spaces, removing barriers, and delivering access and services in a culturally informed manner.

MCI's team members worked collaboratively to identify the barriers to obtaining vaccinations and other services. Some of the barriers they have worked with their partners to address include a lack of access to technology, mistrust of government, unnecessary documentation requirements, unfamiliar or inaccessible locations, a lack of health insurance, and a lack of transportation.

Partnering for  
Vaccine Equity



**multicultural**  
coalition, inc.

## Organizing a Community-Based Vaccine Clinic:



### A Checklist for Success