



Increasing COVID-19 Vaccine Uptake among Members of Racial and Ethnic Minority Communities:

**A Guide for Developing, Implementing, and Monitoring
Community-Driven Strategies**

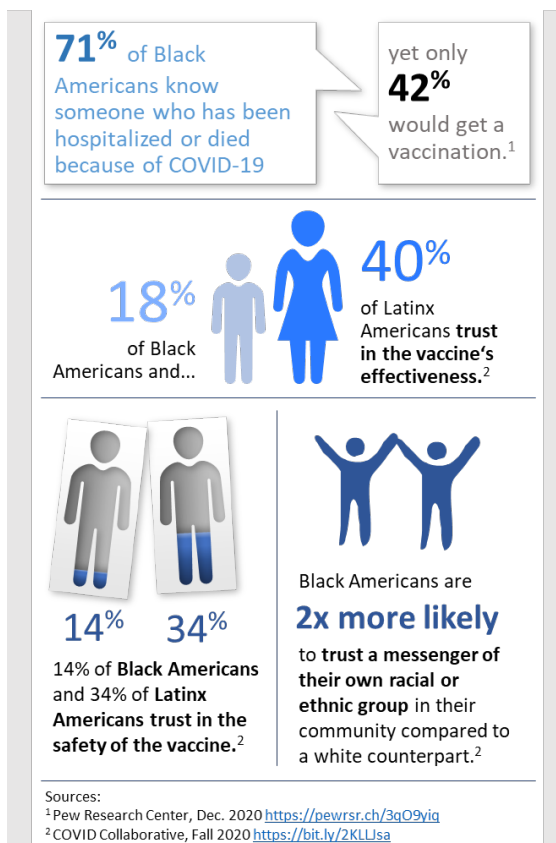
**US Department of Health and Human Services/Centers for Disease Control and
Prevention/National Center for Immunization and Respiratory Diseases
January 28, 2021**

Purpose: The COVID-19 Vaccination Supplemental Funding to IP19-1901 requires use of 10% of total funding for high-risk and underserved populations. This guide aims to support immunization awardees in establishing a community-driven approach and work plan for developing, implementing, and monitoring strategies to increase vaccine uptake among communities of focus. The guide focuses on racial and ethnic minority communities as an example due to the disproportionate burden of COVID-19 among these groups, but it is applicable to other communities that are hard to reach, experience marginalization or discrimination, and/or demonstrate vaccine hesitancy. This guide may be supplemented with additional materials and resources as more is learned about effective strategies and interventions. When finalized, 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,” can help support the partner network described in this guide; planned partnerships and organizations to be funded are still in development.

Background: Medical and structural racism and discrimination have led to **mistrust of the medical system among racial and ethnic minority groups.**ⁱ Data consistently show health disparities among racial and ethnic minorities relative to white populations, including vaccination coverage among adults. These disparities persist even when controlling for other demographic, socioeconomic, and structural factors.ⁱⁱ Disparities in vaccination are associated with lack of both access to vaccination and vaccine acceptance. Historical events, such as the Tuskegee Syphilis Study, and **current lived experiences of racism and discrimination contribute to significant distrust** among racial and ethnic minority groups of both vaccines and vaccination providers, as well as the institutions that make recommendations for the use of vaccines.ⁱⁱⁱ This skepticism extends to COVID-19 vaccine. It is compounded by the unprecedented speed with which COVID-19 vaccines were developed.^{iv}

State data compiled by the Kaiser Family Foundation shows that COVID-19 vaccination rates for Black and Latinx populations are lower than their share of the population and their share of COVID-19 cases and deaths in some states.^v Current vaccine hesitancy among members of racial and ethnic minorities is strong despite the **disproportionate impact of COVID-19 on these groups, particularly in Black and Latinx communities.** Black or African American, non-Hispanic persons are 3.7 times, and Hispanic/Latinx persons are 4.1 times, more likely to be hospitalized due to COVID-19 than white, non-Hispanic persons, and both populations are 2.8 times more likely to die.^{vi} Even so, only 42% of Black Americans say they would get a COVID-19 vaccination if available.^{vii} As Black and Latinx communities have faced a disproportionate burden of COVID-19, it is paramount that vaccine confidence and trust are strengthened in these communities.

Figure 1: Statistics on the impacts of COVID-19 in Black and Hispanic/Latinx communities



A Community-Driven Approach for Increasing COVID-19 Vaccine Confidence and Uptake:

To build vaccine confidence and increase uptake among members of racial and ethnic minority communities, immunization awardees can establish or bolster existing partnerships with **community organizations, leaders, and other local partners to define barriers and assist in development and implementation of strategies**—offering them a seat at the table, providing support to help implement strategies, and continuously engaging their knowledge, insights, and lived experiences as a part of planning and engagement. This guidance provides a **community-driven approach to identifying partners and increasing vaccine confidence and uptake** using five steps, as seen in Figure 2 and the summary below.

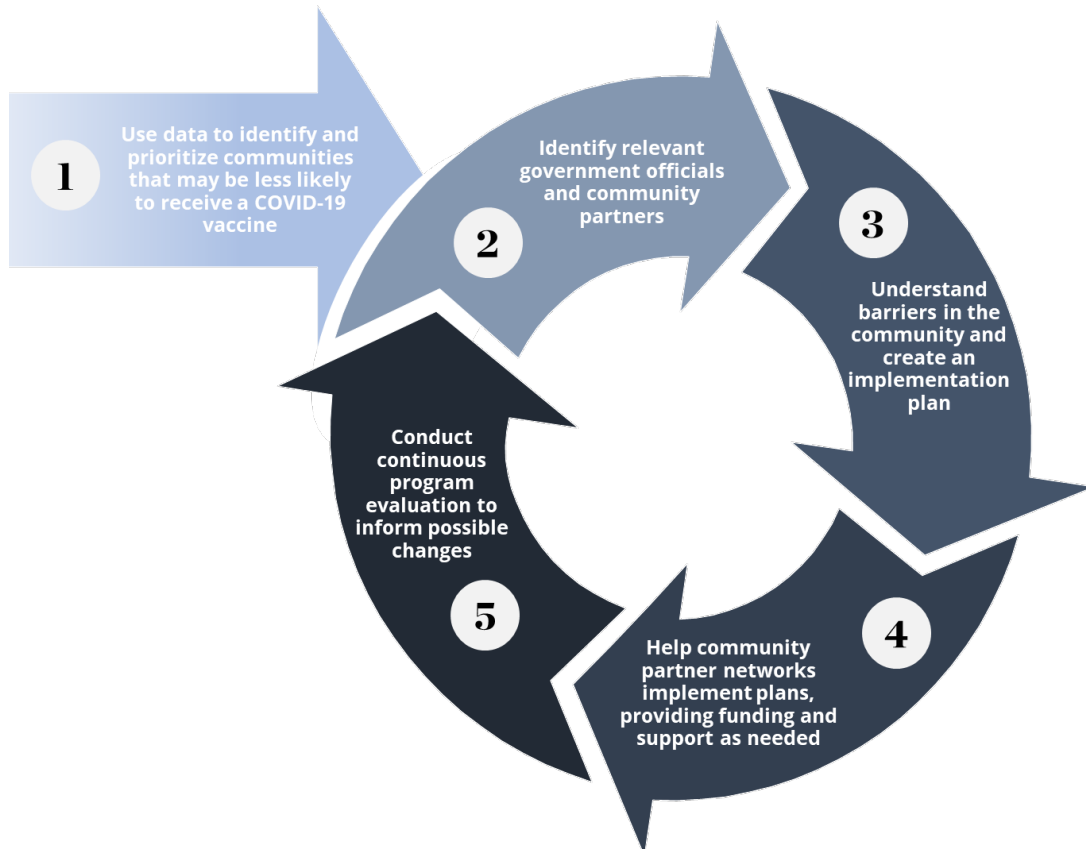


Figure 2: Community-driven approach

Step 1: Use data to **identify and prioritize racial/ethnic minority communities** that may be less likely to receive a COVID-19 vaccine.

Step 2: For each community of focus, **identify relevant government officials and community partners** to form a “community partner network.”

Step 3: Work with the community partner network to **understand barriers** in the community and **create an implementation plan for vaccination messaging, outreach, and administration.**

Step 4: Help community partner networks **implement plans, providing funding and support** as needed.

Step 5: Conduct **continuous program evaluation** through data collection and analysis to **inform possible changes** to the ongoing strategies.

Step 1: Use data to identify and prioritize racial/ethnic minority communities that may be less likely to receive a COVID-19 vaccine

To identify racial/ethnic minority communities that may be less likely to get vaccinated and could benefit from additional support to develop tailored, community-based strategies, immunization awardees may wish to explore existing data sources. An **identified community of focus should be a specific racial/ethnic minority group in a specific geographic area** (e.g., specific Black community residing in a specific part of the city).

Potential data sources are provided in Table 4 in Appendix A. These data sources can either inform the location of racial/ethnic minority communities or provide insight into challenges around access to vaccination services or the prevalence or likelihood of vaccine hesitancy. Immunization awardees may have access to other local data sources that may be informative, including qualitative or anecdotal data on attitudes, beliefs, and lived experiences related to either COVID-19 or other vaccines among members of racial/ethnic minority communities.

In addition, CDC plans to support immunization awardees through “data-informed technical assistance”—a service that gives immunization awardees hands-on support in using data to identify priority communities and develop strategies to build vaccine confidence.

Step 2: For each community of focus, identify relevant government officials and community partners to form a “community partner network”

- For each community of focus, immunization awardees can define a **“community partner network” that comprises local public health officials (including health equity directors), community-based organizations and leaders, and community members** that serve, represent, and are trusted by the community of focus. See **Figure 3** for an example.
- Across all communities of focus, awardees can identify **other key groups for awareness, information-sharing, and coordination;**

Figure 3: Community partner network example for Black and Hispanic/Latinx Communities



these can include groups receiving COVID-19 vaccine supply, officials with experience in community programs (e.g., food banks, homeless shelters, HIV prevention programs), healthcare agencies or systems (e.g., Medicaid agencies and their managed care organizations), first responders, or other groups.

- **Once the community partner network for a community of focus is created**, awardees can:
 - **Engage one or more local officials and health equity officers as “local leads”**—these leads can help identify and plan outreach to community-based organizations and leaders, especially new contacts, given their networks and proximity.
 - **Plan engagement of each partner and conduct outreach**—document the best person and method for outreach, how to message the “ask” for participation, their role expectations, and what preemptive questions or hesitations they might have to address in initial outreach.
 - **Clearly emphasize the group or individual’s role, expectations, and the unique value they can provide.** Role and expectations may include:
 - Providing **insight on the different barriers to vaccine uptake** within the community
 - Supporting the **development and implementation of vaccination** outreach, messaging, and administration that is tailored to the community of focus—**for example**, in Black communities, barbershops and hair salons may be culturally trusted and relevant places for effective outreach and intervention.^{viii}
 - Ensuring efforts and messaging/communication materials are **culturally and linguistically appropriate and leveraging existing health communication networks**. For example, as part of CDC’s Racial and Ethnic Approaches to Community Health (REACH) program, Southern Nevada Health District, a REACH recipient, developed a multicomponent media campaign in English and Spanish to increase uptake of the influenza vaccine. The campaign reached over 602,000 individuals in the priority population.^{ix}
 - Encourage local leads to **coordinate with other key local-level groups**, including first responders, major employers of the community of focus, and local health systems and plans, for planning and implementation.

"This is not only about convincing communities that a vaccine is safe; it is also about following the lead of communities to deliver what is most needed in this moment to earn and rebuild trust and ensure that the benefits of a vaccine will be felt where the need is most acute." – [Trust for America's Health](#)

Step 3: Work with the community partner network to understand barriers in the community and create an implementation plan for vaccination messaging, outreach, and administration

Once a community partner network has been established, immunization awardees should work with each network to first understand the community-specific barriers to COVID-19 vaccination. These barriers could involve misinformation, a lack of confidence/trust in vaccines, and/or challenges involving access to vaccination services. From this, they can create a plan for increasing COVID-19 vaccine uptake in a way that is fully driven by community partners and incorporates required funded activities in a way that is tailored and adapted to the community’s needs.

- **To understand barriers in a community-led way, local leads should hold workshops with the community partner network to fully engage their perspectives.** These workshops should: 1) clearly define the community of focus and the barriers and misinformation that exist, and 2)

prioritize the voices and perspectives of community groups/leaders/members to hear direct experiences and insight in their own words.

- To support these workshops, **immunization awardees can share with local leads the latest public health information and materials about COVID-19 vaccination** to be tailored and incorporated into plans for each community of focus, as appropriate.
- Make sure the **information is accurate, consistent, timely, and transparent** to avoid counteracting efforts in building trust.
- As community partners help develop plans, local leads should share this information regularly **and directly address community-specific concerns and questions**, including what is known about the vaccine, what is uncertain or not known, risks and benefits, who is able to receive the vaccine, where they can receive it or how they may best access it, what happens during and after vaccination, and other considerations that will facilitate their decision-making.
- **Local leads should use the first workshop to understand directly from community partners the key barriers and misinformation in the community of focus related to COVID-19 vaccination.** Effective strategies will depend on understanding barriers as voiced directly by the community related to lack of access, hesitancy/lack of confidence, or both.
 - **Discuss questions such as:** What barriers, needs, or concerns does the community face or have about COVID-19 vaccination? What beliefs, attitudes, misinformation, or lived experiences drive these? What gaps or questions in information exist? Where are community members most likely or willing to get vaccinated?
 - **Note:** For these workshops, local leads can use **Table 1** below for examples of questions and considerations, as well as research on vaccine hesitancy/misinformation and content/tools from CDC's upcoming Rapid Community Assessment Guide to support answering these questions.
- **In the same or subsequent workshop, local leads can use these insights to create a plan for increasing vaccination uptake, driven by community partners and tailored to the community.**
 - Plans could include defined barriers/needs in the community of focus, activities (including any required activities for funding) the community partner network plans to conduct, roles of different community partners, plans for tailoring information/materials, qualitative and quantitative measures, and requested support needed from jurisdiction (monetary and non-monetary, see **Table 2**).
 - It is recommended that immunization awardees **share with community partner networks a simple template for their plans** that can be submitted for feedback.

CDC has launched new grant programs to fund community-based organizations (CBOs) to build vaccine confidence in communities of color. CBOs are working to educate and empower trusted voices in the community to support vaccine education and delivery and also build partnerships between vaccination providers (e.g., pharmacies) and the community to increase the number, range, and diversity of opportunities for vaccination (see Appendix B for more details).

Table 1: Potential questions and considerations for workshops and implementation plans

Defining Barriers	Creating Plans	Example Ideas for Black and Hispanic/Latinx Communities and other Minority Groups
What barriers, needs, or gaps exist in the community related to public health information or misinformation?	What specific information and materials should be tailored and shared to address the community's needs both prior to and during vaccination in a culturally responsive and linguistically appropriate way?	<ul style="list-style-type: none"> • Images that include Black or Hispanic/Latinx individuals or those in the community • Information that is transparent and addresses concerns and misinformation—<i>Black adults may have more concerns about side effects, the newness of the vaccine, concerns of getting COVID-19 from the vaccine, and vaccine hesitancy in general</i>^x • Messaging that is culturally relevant and in the right language • Information on vaccine administration and cost—including who will be delivering vaccine, languages offered at vaccination provider sites, and information to be requested—undocumented and/or uninsured individuals in the Hispanic/Latinx community may avoid vaccination due to concern around language accessibility, insurance requirements, and immigration status • Clarity on how personal information will be used • Clarity on vaccination provider site times and locations • Communication about available transportation and costs
What barriers, needs, or gaps exist to disseminating information or addressing misinformation in the community?	What methods and platforms should be used to disseminate messages and conduct outreach in a trusted way?	<ul style="list-style-type: none"> • Social media (e.g., Black Twitter) • Flyers at populated community sites • Public outreach by trusted messengers • Radio personalities—<i>Health and Hospital Corporation of Marion County created a media campaign using multiple local celebrities, including a DJ, a newspaper editor, a bestselling author, and a social media influencer, and successfully reached both the Black and Latinx communities with its annual flu campaign</i>^{xi} • Bidirectional discussions with trusted staff at pharmacies or health centers/clinics
What barriers, needs, or gaps exist in accessing public health information and services in the community?	What venues/locations should be used to disseminate messages, conduct outreach, and deliver the vaccine in a trusted way?	<ul style="list-style-type: none"> • Community centers • Community spaces (e.g., barbershops/salons, grocery stores) • Churches or educational institutions • Independent, local pharmacies • Local health clinics or locations • Mobile clinics or temporary/off-site clinics • Employers where community members work, especially frontline essential workers
What barriers, needs, or gaps exist in engaging and featuring trusted messengers in the community?	Who should be engaged, and how, to disseminate messages, conduct outreach, and play a role in vaccine administration in a bidirectional, trusted way?	<ul style="list-style-type: none"> • Existing local coalitions or groups • Neighborhood or recreational groups • Racially concordant providers • Trusted providers and staff from local health centers/clinics—<i>about 70% of Black adults and 66% of Latinx adults say their provider does a very good or excellent job giving clear information and encouraging them to share questions and concerns</i>^{xii} • Trusted community leaders (e.g., barbershop/salon owners, radio DJs, pastors, local leaders, social media personalities) • Employers where community members work
What barriers, needs, and gaps exist in making sure community	What interventions should be implemented to	<ul style="list-style-type: none"> • Non-traditional clinic sites and hours (e.g., nights and weekends) to mitigate work or family responsibilities—<i>the American Heart Association engaged a local network of providers in San Antonio for mobile vaccination clinics in accessible locations (e.g., Zoo)</i>^{xiii}

members can access the vaccine?	ensure community members have access to, information about, and opportunities to receive the vaccine at clinics/sites?	<ul style="list-style-type: none"> • Locations in or accessible to community members • Coordinating sites with other community services (shelters, food banks, churches, etc.) • Subsidized and accessible transportation options • Training and scheduling providers or staff - who represent the community and speak the appropriate languages - to administer vaccine • Leveraging all healthcare staff who can legally administer the vaccine • Working with trusted or racially concordant providers or staff to refer individuals to vaccination provider sites
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Step 4: Help community partner networks implement plans, providing funding and support as needed

Immunization awardees can provide feedback on plans and decide how to best support each network.

- **If community partner networks will need to compete for funding or support, apply simple criteria to assess plans.** Potential criteria can include:
 - *Quantitative factors* such as overall reach and number impacted by the plan; how many trusted messengers will be engaged; and diversity in population reached, etc.
 - *Qualitative factors* such as likelihood that plan will address identified barriers; role of community partners; ability to engage/reach community of focus; ability to tailor and disseminate culturally responsive and linguistically appropriate information; ability to partner with and elevate community messengers; ability to train informal leaders
- **Communicate back to community partner networks initial feedback on the plan** and what, when, and how jurisdiction support will be provided. See **Table 2** for examples of support.
- **Encourage each network to conduct “audience testing” with a small group of representative members from the community of focus** on initial materials/messaging, dissemination and outreach strategies, and plans for vaccination provider sites.
 - To improve implementation, this initial feedback collection should focus on confidence in, access to, and likelihood of choosing to take the vaccine—for example, community members might suggest communications need to acknowledge mistrust and raise awareness of the prior harm done to communities of color.^{xiv}

Table 2: Examples of support provided by immunization awardees

Examples of non-monetary support	Examples of monetary support
<ul style="list-style-type: none"> • Feedback on submitted plans’ strategies, activities, resources, and measures and outcomes • Compiling/analyzing data across networks • Sharing promising or effective ideas across networks • Disseminating/promoting information and materials • Addressing issues with vaccine supply • Helping with necessary approvals • Providing access to contacts or experts • Data storage and analysis support 	<ul style="list-style-type: none"> • Paid time for community groups, leaders, and other trusted messengers • Creation and printing of materials • Funds for vaccination provider sites and/or mobile clinics, Personal Protective Equipment (PPE), and vaccine administration • Transportation for community members • General funding support for programmatic expenses

- **Set up a mechanism for regular and seamless sharing of critical new public health information and materials** across all groups—this will make it easier for all stakeholders to know what information needs to be tailored and customized.
 - This could be done through a common Sharepoint or access site, regular emails, and regular meetings/touchpoints to discuss informational and material updates.
- **Consider sharing submitted community partner network plans with other networks** to encourage collaboration across networks and generation of new ideas.

Step 5: Conduct continuous program evaluation through data collection and analysis to inform possible changes to the ongoing strategies

The urgent and unprecedented nature of the COVID-19 pandemic means that collecting, learning from, and quickly acting on the massive amount of data generated will be critical to supporting communities of focus. In addition to required data (disaggregated by race and ethnicity) on who is getting vaccinated, when, and where, immunization awardees can consider collecting real-time feedback from the community through social media and conversations with trusted messengers and leaders.

- **Before partners begin implementing their plans, quickly coordinate with local officials regarding the [required data](#) to collect**—specifically doses administered disaggregated by race, ethnicity, sex, age, and vaccination provider site.
 - Immunization awardees can also collect other Key Performance Measures as described in the COVID-19 Vaccination Supplemental Funding Guidance.
- **Validate with local officials how data will be most efficiently collected, stored, and analyzed to align with existing requirements and frequently see who is getting the vaccine and where.**
 - Methods could include central data files, Sharepoint or access sites, analytical tools, and/or involvement of jurisdiction-level staff. Where possible, leverage existing or required data sources, data collection, and reporting processes to reduce burden.
- **If some communities of focus are receiving less vaccinations than other communities, encourage community partner networks to collect anecdotal/qualitative insight/data.** This can be from social media monitoring or feedback directly from community members and individuals involved with implementing strategies at the local level. See **Table 3** for examples of whom to talk with and what to ask them —these data can be collected through conversations in the community with trusted messengers and community leaders or surveys and social media.
- **Create and communicate a flexible and low-burden process for reporting** that will allow for ongoing and rapid adjustments to plans based on feedback and effectiveness.
- **Set up frequent touchpoints (e.g., twice a week) that include all local leads and community partner networks to understand and learn from the data** and revise/change strategies.
 - Discuss questions like: *What racial/ethnic disparities exist? Are there disparities in who signs up to receive the vaccine and/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 vaccine?*
 - CDC plans to provide support for this through “data-informed technical assistance”.
- **As new data findings suggest changes are needed, return to other steps** to quickly revise strategies, engage new partners, or engage a new community of focus.
- **Use common perspectives or effective interventions from communities to directly inform broader awardee-level plans** for vaccine outreach, messaging, and administration.

Table 3: Sample qualitative questions to supplement required vaccination data

INDIVIDUALS	INFORMATION TO GATHER – SAMPLE QUESTIONS
1. Receiving outreach and communication materials (persons to be vaccinated)	<ul style="list-style-type: none"> • Have you heard about the vaccine and ways to receive it? If so, how? • What did the outreach/communication make you think or feel? • Are there any fears/obstacles that may still prevent you from getting the vaccine? • Do you feel you have the information you need to make an appointment and receive the vaccine?
2. Receiving the vaccine (persons who were vaccinated)	<ul style="list-style-type: none"> • How did you feel after your first (or second) dose? How did this shape your experience of the vaccination process? • Did you feel comfortable receiving the vaccine? Why or why not? • Did you feel comfortable checking in for the appointment? Why or why not? • What concerns/fears did you have before getting the vaccine? • What helped or changed your mind? • How likely are you to make (or attend) your next appointment and receive a second dose? Why?
3. Disseminating outreach or administering the vaccine (trusted messengers and observers)	<ul style="list-style-type: none"> • How did vaccine recipients appear emotionally? • What questions or sentiments did they share? • What barriers, if any, did they experience or share? • How likely are they to receive the vaccine (or the follow-up dose)? • Did you experience any barriers to performing your responsibilities? • What else did you observe? Do you have any suggested improvements?
4. Sharing the experience with others (persons who were vaccinated)	<ul style="list-style-type: none"> • Did you share information on receiving the vaccine with your neighbors, friends, and family? If so, what did you share? • How likely are you to encourage others to receive the vaccine? • When explaining any parts of your experience, what would you mention?

APPENDIX A

Table 4: Example data sources to leverage

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 administration data 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 administration 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 coverage estimates 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 coverage is observed in locations with a substantial racial/ethnic minority population.</p>	Link 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>	Link to data

COVID-19 Disease Burden	CDC COVID Data Tracker	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.	Link to data
COVID-19 Disease Burden	Health Center COVID-19 Testing Dashboard	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.	Link to data
Demographics and Social Vulnerability	U.S. Census Bureau COVID-19 Site	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.	Link to data
Demographics and Social Vulnerability	Social Vulnerability Index	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.	Link to data
Demographics and Social Vulnerability	County Health Rankings	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.	Link to data
Demographics and Social Vulnerability	U.S. Census Population Data	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.	Link to data
Demographics and Social Vulnerability	HRSA Shortage Areas	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.	Link to data

APPENDIX B

Recent CDC funding for CBOs – including 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 spokespersons (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, 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 individuals to COVID-19 vaccination provider sites.

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^{iv} Hamel, L., Kirzinger, A., Muñana, C., & Brodie, M. (2020, December). KFF COVID-19 Vaccine Monitor. Retrieved December 15, 2020, from <https://www.kff.org/coronavirus-covid-19/report/kff-covid-19-vaccine-monitor-december-2020/>

^v Ndugga, N., Pham, O., Hill, L., Artiga, S., & Mengistu, S. (2021, January 21). Early State Vaccination Data Raise Warning Flags for Racial Equity. Retrieved from <https://www.kff.org/policy-watch/early-state-vaccination-data-raise-warning-flags-racial-equity/>

^{vi} Centers for Disease Control and Prevention (2020, November). Hospitalization and Death by Race/Ethnicity. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

^{vii} Funk, C., & Tyson, A. (2020, December 30). Intent to Get a COVID-19 Vaccine Rises to 60% as Confidence in Research and Development Process Increases. Retrieved from <https://www.pewresearch.org/science/2020/12/03/intent-to-get-a-covid-19-vaccine-rises-to-60-as-confidence-in-research-and-development-process-increases/>

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^{ix} REACH Program.

^x Hamel, L., Kirzinger, A., Muñana, C., & Brodie, M. (n.d.). KFF COVID-19 Vaccine Monitor: December 2020. Retrieved December 15, 2020, from <https://www.kff.org/coronavirus-covid-19/report/kff-covid-19-vaccine-monitor-december-2020/>

^{xi} REACH Program.

^{xii} COVID Collaborative, (2020, Fall). Coronavirus Vaccine Hesitancy in Black and Latinx Communities. Retrieved from <https://www.covidcollaborative.us/content/vaccine-treatments/coronavirus-vaccine-hesitancy-in-black-and-latinx-communities>

^{xiii} REACH Program.

^{xiv} Townes, D. J., Wardle, C. (2020, December 8). In 2021, it's time to refocus on health and science misinformation. Retrieved from <https://www.niemanlab.org/2020/12/in-2021-its-time-to-refocus-on-health-and-science-misinformation/>