



Best Practices to Overcome Vaccine Hesitancy

A Toolkit for Community Organizers

This toolkit was designed as a resource for community organizations and local health departments to facilitate outreach and education of local vaccine hesitant populations, with the goal of maximizing the number of individuals who are up to date with their COVID-19 vaccination. This toolkit contains information about equitable, impactful methods of outreach to vaccine hesitant populations within their communities, as well as procedures and processes around holding an accessible vaccine clinic.

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Terminology

Term Used	Definition	Notes
Vaccine Hesitant/Hesitancy¹	Researchers define vaccine hesitancy as the delay in acceptance, or direct refusal, of vaccinations despite availability of vaccination services.	Vaccine hesitancy is influenced by factors such as complacency, convenience, and confidence.
Vaccine Confident/Confidence²	Vaccine confidence is the belief that vaccines (1) work, (2) are safe, and (3) are part of a trustworthy medical system.	Many factors influence vaccine decision-making, including cultural, social, and political factors, individual and group factors and vaccine-specific factors.
Community Partner Network³	A community partner network is a collaborative group of individuals and organizations, including but not limited to, local public health officials (e.g., health equity leadership or staff), community-based organizations (CBOs), and community members that serve, represent, and are trusted by the community of focus.	People with experience in community programs (e.g., food banks, homeless shelters, HIV prevention programs), health care agencies or systems (e.g., hospitals, Medicaid agencies and their managed care organizations), first responders, or other similar groups are beneficial within this network.

¹ [Vaccine hesitancy: Definition, scope and determinants - PubMed \(nih.gov\)](#)

² [What Is Vaccine Confidence? | CDC](#)

³ [Increasing COVID-19 Vaccine Uptake among Racial and Ethnic Communities \(cdc.gov\)](#)

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Community Outreach Planning

The CDC has outlined five community-driven steps to consider when navigating community engagement, outreach and ongoing evaluation, especially within vulnerable communities (see Figure 1).

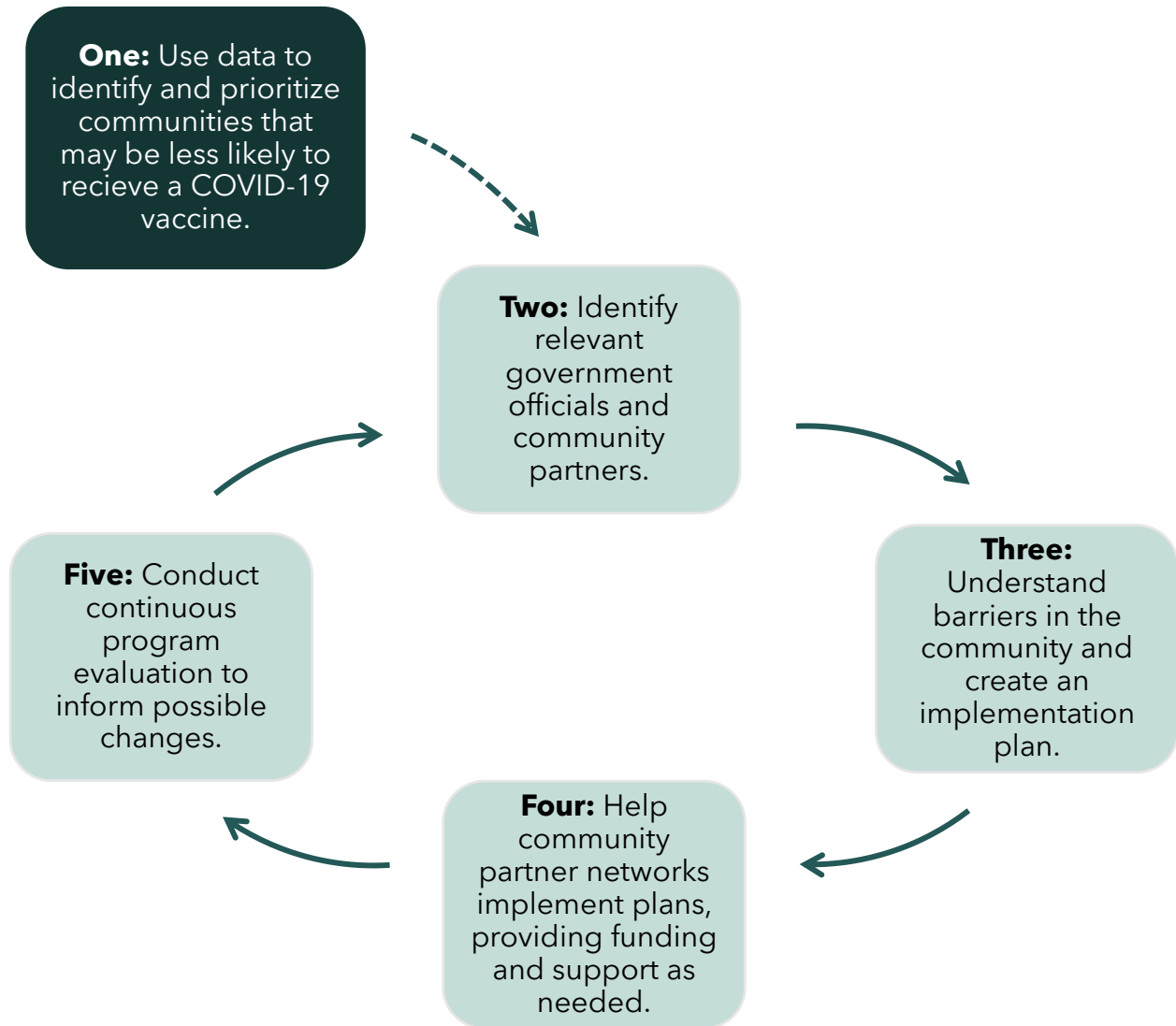


FIGURE 1. Adapted from CDCs “Community Driven Approach”. Source: [Increasing COVID-19 Vaccine Uptake among Racial and Ethnic Communities \(cdc.gov\)](https://www.cdc.gov/ncidod/dlpi/publications/2020/04/increasing-covid-19-vaccine-uptake-among-racial-and-ethnic-communities/)

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

Step 2: Identify relevant government officials and community partners for each community of focus 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. (See Figure 2 as an example.)

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

Building a Community Partner Network

The community partner network is a critical component to the success of each planning cycle. Steps three through five require input and action from members who are part of the community. The network should include individuals from diverse and inclusive groups.

Communities can take many forms; a group of people in a specific geographical area, a worship community, an identity-based community (e.g., LGBTQ+ community), a social justice community or other groups of people united for a cause, support, or networking.

A comprehensive community partner network includes stakeholders for each phase of implementation; groups who can support vaccine administration, communication, outreach, clinic locations, transportation etc. should be involved from the earliest planning phases for the best outcomes.

Figure 2 demonstrates an example of a community partner network that could be used to overcome vaccine hesitancy with a Black or Hispanic/Latinx community within a region. This example considers each phase of implementation from planning to vaccine administration.



Figure 2. Example of a community partner network for Black and Hispanic Latinx Communities. Source: [Increasing COVID-19 Vaccine Uptake among Racial and Ethnic Communities \(cdc.gov\)](https://www.cdc.gov/ncbddd/odads/docs/2020/06/increasing-covid-19-vaccine-uptake-among-racial-and-ethnic-communities)

Building Trusted Messengers

Identifying Community Partners and Trusted Messengers

The Michigan Department of Health and Human Services (MDHHS) recommends partnering with trusted messengers and with community-based partners to support broad vaccine education and information sharing, and to increase confidence and uptake in vaccine hesitant populations.

Trusted messengers are people embedded in a community who relay trustworthy information and resources to residents in their communities to inform the area in which they live. A trusted messenger is vocal, well known by community members, loves their community and says and does what is best for the community. The trusted messenger has extensive networks and the power to move residents toward a cause or action.

Potential Methods of Outreach: A Closer Look Inside the Community

Understanding how to communicate with a community in an engaging and purposeful way requires observation of actions and opinions of the community, ways in which messaging is most effectively transmitted and the identification of trusted community stakeholders. These observations will help with understanding and using the most effective ways to relay vaccine information and perform outreach.

A person embedded in the community is the most valuable source of information about that community and should aid in observation. That person, a community champion, can help implement effective methods of information transmission since they are attuned to local opinions and aware in general of local challenges, inequities, failures, and successes.

Key Considerations:

1. **Through what sources does the community receive information?** One key component is the size of community news organizations and other key messengers, the engagement of community members with these news sources, the news sources that residents talk about, and news sources advertised most in the community.
2. **Are multiple communication platforms used for outreach and education?** Utilize print, video, TV, social media, and other common communication platforms to widely deliver messaging to the community. Consider less traditional distribution methods specific to the community (e.g., church or school bulletins and community gatherings).
3. **Is information communicated using accessible and plain language?** Messaging should be written in plain language - meaning the audience can understand the first time they read it. Consider age, education and culture of the audience and avoid unnecessary words, details and passive voice.
4. **Is information shareable and downloadable?** To spread information within a community, dissemination methods should include shareable resources (e.g., fact sheets).
5. **Do images and word choices reflect the people who live in the community?** Content and images should be relatable, representative, and relevant to community members.

Reliable COVID-19 Information

Addressing misinformation and myths about the COVID-19 vaccine can be challenging. Ensure community stakeholders and trusted messengers are equipped with resources and support in their outreach efforts. The below resources can be used to support individual messengers as well as local community organizations working to promote vaccination.

- [Key Talking Points: COVID -19 Vaccines Work \(CDC\)](#)
- [Key Talking Points: Why Get a COVID-19 Vaccine \(CDC\)](#)
- [Building Confidence in COVID-19 Vaccines \(CDC\)](#)
- [Myths and Facts about COVID-19 Vaccines \(CDC\)](#)

The community needs trusted information sources and the most current information as it becomes available, given the evolving nature of the virus and vaccine recommendations. The following are trusted government websites that reliably provide current recommendations and guidance from relevant vaccine partners [Food and Drug Administration](#) (FDA), the [Advisory Committee on Immunization Practices](#) (ACIP), and the [Centers for Disease Control and Prevention](#) (CDC). Additionally, current information can be found on the following MDHHS webpages:

- [Michigan.gov/Coronavirus](https://michigan.gov/Coronavirus)
- [Michigan.gov/COVIDVaccine](https://michigan.gov/COVIDVaccine)
- [Michigan.gov/KidsCOVIDVaccine](https://michigan.gov/KidsCOVIDVaccine)
- [Alternate Languages \(michigan.gov\)](https://michigan.gov/AlternateLanguages)

It is important to provide resources for those who may distrust government resources. Examples include:

- [Vaccine Education Center - Children's Hospital of Philadelphia](#)
- [Alliance for Immunization in Michigan](#)

How to Host a Vaccine Hesitancy Information Session

Planning an event for the COVID-19 vaccine hesitant requires extensive foresight and planning. Mothers x Mothers from the National Resource Center for Refugees, Immigrants, and Migrants has useful guidance around setting up a session for immigrant mothers. Although intended to serve immigrant mothers, this guidance is a comprehensive blueprint for any vaccine hesitant population. Guidance includes planning (event roles, safety considerations, tracking RSVPs, choosing a venue, budget), facilitation and discussion guide, follow-up process and suggestions and slides/other communications assets.

- [Hosting a COVID-19 Vaccine Information Session: Start to Finish](#)

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Clinic Logistics

Hosting a temporary, off-site or satellite COVID-19 vaccine clinic requires thorough planning and coordination. The information in this section is designed to help plan, execute, and provide follow-up for a vaccine clinic.

Ensuring Vaccine Equity

Clinic event sites should be tailored to the vaccine hesitant and the communities in which they live and work. Basic considerations include:

1. Events will have the most success if they are held in commonly used locations that all community members can easily access. For larger communities, consider multiple event locations if capacity allows.
 - a. Select a location that is accessible by public transportation and consider travel reimbursement opportunities to increase accessibility for people with limited or no access to reliable transportation.
2. Ensure event outreach is performed in an equitable, impactful manner and reaches those with the greatest need, and those who may be the most vaccine hesitant. If staff permits and it makes sense for the community, face-to-face event outreach is a valuable tool. Consider electronic as well as physical paper advertising to homes (if possible) and commonly visited areas in the community. Phone call or text from event supporters from within the target community, as well as engagement with community leadership, has been found to be effective. If staff permits and it makes sense for the community, face-to-face event outreach is a valuable tool.
3. Events should be well-staffed and have clear signage. Resentment and mistrust of the hosting organization and its events can emerge from poor event conditions, such as understaffing, inconvenient clinic locations etc.
4. Event staff should reflect the demographics of the vaccine hesitant population, including language proficiency.
5. Partnering with family-oriented organizations, events and activities can be helpful in identifying good locations for administration of adult and pediatric COVID-19 vaccines. Families also share information they learn with other family members and people in the community—personal referrals are the most trusted and effective method of promotion.
6. Partner with schools to reach both pediatric and adult populations. Consider opening school clinics to include extended family members.

7. Events should be designed to accommodate individuals with varying degrees of experience with technology.
8. Clinics should be held at convenient dates and times for people who work night shifts and/or may not be able to take time off to get vaccinated. Consider extending hours or scheduling clinics outside of traditional work hours/days.
9. Consider offering other health-related screenings and/or more broad health education at your clinic. These offerings not specifically about COVID-19 or vaccinations can attract the vaccine hesitant and give an opportunity for staff to engage individuals they otherwise may not see.

Holding an Accessible Vaccine Clinic

To ensure access and equity, clinic organizers should take steps to design a clinic that is accessible to everyone, including those with disabilities. Planners should refer to [Accessibility at Michigan Vaccination Sites](#) for detailed accessibility considerations.

Basic accessibility considerations include:

1. **Outreach:** Practice inclusive outreach, using a variety of communication methods (e.g., radio, streaming platforms, billboard, text, in person, etc.) to reach more people.
2. **Accommodations:** Have a system in place for folks to request accommodations. Respond to all requests appropriately as recommended in [Accessibility at Michigan Vaccination Sites](#).
3. **Communication:** Make sure materials are accessible and available in multiple languages. Includes languages like English, Spanish and Arabic which are the three most spoken languages in Michigan. This also includes American Sign Language and Braille. Accessible materials should have appropriate font, color contrast, and use plain language.
4. **Transportation:** Provide transportation support to and from the event if possible.
5. **Accessibility:** Ensure that the site is physically accessible and meets legal requirements (at minimum). This includes having accessible parking, appropriate curb cuts, accessible facilities and adequate space for those who use wheelchairs or mobility aids to move and navigate.

Conducting a Smoothly Run Clinic

1. Each clinic should have a coordinator/supervisor and trained staff members who can aid in medical emergencies, including CPR.
2. Ensure [proper storage and handling](#) of vaccine, needles and biohazardous materials.
3. Keep patient information secure and private.
4. Document every vaccination with a consent form and vaccine card, available from the [local health department](#). Ensure copies are given to vaccine recipients.
5. A designated person (e.g., the supervisor or coordinator) reports each vaccination to [Michigan Care Improvement Registry \(MCIR\)](#).

Analyzing Clinic Effectiveness Through Data Collection and Analysis

Data collection is important for identifying needs and to assist with continuous improvement of a project, initiative, program, or activity through evaluation. Collected data should drive decision making. Evaluation is a process for understanding how something works and what has changed because of it. Evaluation includes:

1. Asking questions about a program,
2. Collecting data (quantitatively and qualitatively) to answer those questions,
3. Learning about what has changed because of the proposed activities or plan, and,
4. Using what is learned to act and produce progressive outcomes through data-driven decision making.

Before deciding on evaluation methods, questions or anything else, focus the evaluation by establishing a common goal or purpose—one that aligns with the organization's values and goals and is appropriate for the community and culture. In this case, setting up goals aimed at increasing vaccine confidence within the targeted community, identifying indicators to measure this, collaborating with the community partner network to implement data collection, and using results to improve plans moving forward and sharing results and plans with the community (when appropriate) are great practices.

Co-locating COVID-19 Vaccine Hesitancy Information Sessions with Vaccine Clinics

MDHHS has found that when paired with a brief vaccine information session, holding community-based clinics promotes vaccine uptake amongst information session attendees.

Maximizing COVID-19 Vaccinations in Vaccine Hesitant Communities

Holding vaccine hesitancy information sessions paired with on-site vaccination clinics is an effective way to maximize COVID-19 vaccination amongst vaccine hesitant populations. Well planned, equitable community outreach will bring members of the target population to vaccine information sessions. Delivery of customized, accessible, and trustworthy information by trusted messengers will convince moveable, vaccine hesitant residents to get vaccinated.

An on-site clinic is valuable for newly inspired community members to receive vaccine while motivated and available. It may also be a good time to provide over-the-counter tests or information on how or where to receive testing.

Additional Resources

Equitable Vaccine Hesitancy Outreach

- [COVID-19 Vaccine Equity: Best Practices for Community and Faith-Based Organizations \(CDC\)](#)
- [How to Tailor COVID-19 Vaccine Information to Your Specific Audience \(CDC\)](#)

Addressing Misinformation

- [How to Address COVID-19 Vaccine Misinformation \(CDC\)](#)

COVID-19 Vaccine Information for the Public

- [Vaccines for COVID-19: You and Your Family \(CDC\)](#)

Best Practices for COVID-19 Vaccine Information Communication

- [Vaccine Communications Materials \(MDHHS\)](#)
- [Communication Resources for COVID-19 Vaccines \(CDC\)](#)

Hosting a Vaccine Clinic

- [Resources for Hosting a Vaccination Clinic \(CDC\)](#)

References

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