

Partnerships and Vaccine Confidence

December 11, 2024



Association of
Immunization
Managers

Agenda

- Introduction
- Presentations
 - Dr. Michelle Macaraig
 - Dr. Jamilia Sherls and Sherry Carlson
 - Achal Bhatt
- Q&A

Achal Bhatt

Senior Advisor, Immunization Services Division
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Washington State Department of Health



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FOCUS: Fostering Overall Community Understanding and Support

AIM Leadership in Action Conference Presentation

December 11-12, 2024

Achal Bhatt, PhD

Senior Advisor and FOCUS Lead

Coordination and Outreach Team, Partnership Branch

Immunization Services Division, National Center for Immunization and Respiratory Diseases

Centers for Disease Control and Prevention (CDC)

Ten Largest U.S. Measles Outbreaks Since Elimination

Year	State	Community of Focus	Cases	Duration (months)	Unvaccinated or unknown vaccination status, N (%)
2013	NYC + 1 state	Haredi	59	2.9	59 (100)
2014	OH	Amish/Plain	383	4.0	378 (99)
2014/2015	CA + 7 states	N/A	147	2.1	116 (79)
2017	MN	Somali	75	3.4	69 (92)
2018/2019	NYC + 3 states	Haredi	697	9.5	610 (88)
2018/2019	NYS + 1 state	Haredi	408	10.6	371 (91)
2019	WA + 2 states	Ukrainian	79	2.4	74 (94)
2022	OH + 1 state	Somali	86	2.0	84 (98)
2024	IL + 1 state	N/A	58	1.9	42 (72)
2024	MN	Somali	52	4.5	51 (98)

Overview of FOCUS

The Challenge

- Measles outbreaks continue to occur and have been connected to closeknit communities with persistently low MMR vaccination rates
- Limited evidence base exists for strategies to increase vaccination access, confidence, and uptake among closeknit communities

How FOCUS Can Support

FOCUS (Fostering Overall Community Understanding & Support) aims to increase vaccination rates among closeknit communities who have had:

- recent vaccine preventable disease outbreak(s)
- consistently lower routine childhood vaccination rates for one or more vaccines

Collaboration with Jurisdictions by:

- Understanding community and jurisdictional needs
- Facilitating peer-to-peer Learning Collaborative (LC)
- Demonstrating FOCUS impacts

FOCUS “Stone Soup”

Collaborators bring unique expertise, experiences, and skillsets to support Communities of FOCUS

LESSONS LEARNED FROM JURISDICTIONS

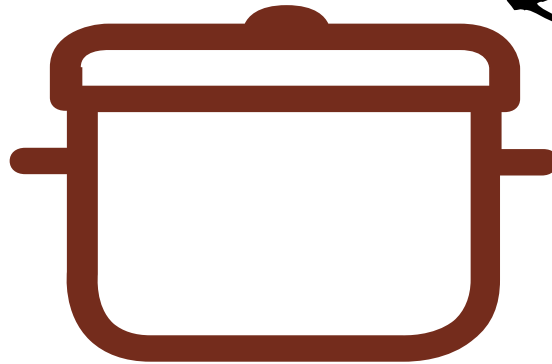


EXPERTISE FROM SMES

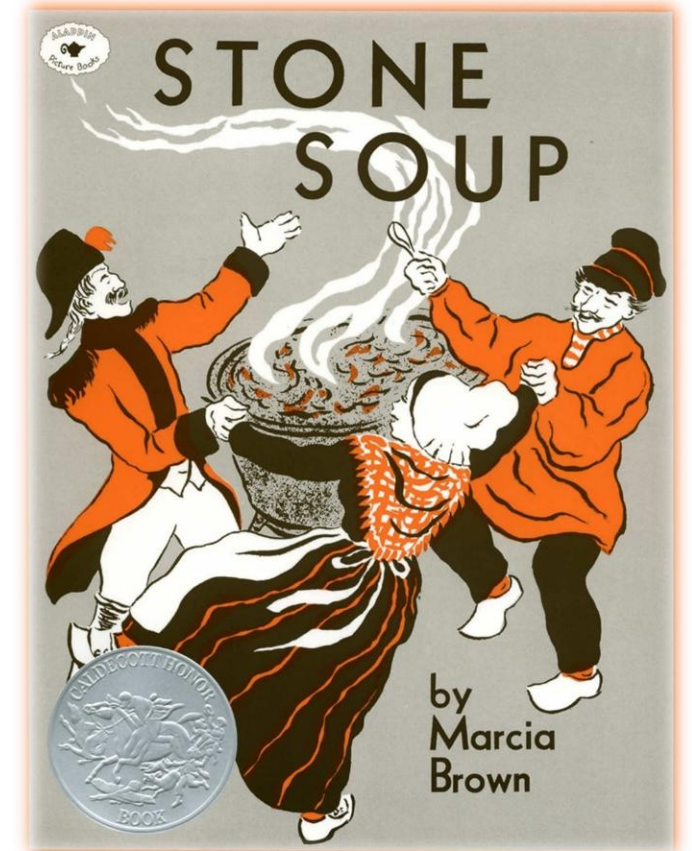
EXPERIENCE FROM STATE AND LOCAL REPRESENTATIVES



EVIDENCE FROM PUBLICATIONS



LEARNING COLLABORATIVE



FOCUS Logic Model Overview



Vision

Jurisdictions have the knowledge and tools needed to effectively increase vaccination rates in Communities of FOCUS



Strategies

Understand community and jurisdictional needs

Support jurisdictions through peer-to-peer learning, collaboration, and SME/TA support

Demonstrate FOCUS impacts and identify ways to enhance and expand



Outcomes

↑ collaboration and idea sharing
↑ strategies for vaccine uptake

↑ reach and impact
↑ capacity to address vaccine barriers

↑ support for jurisdictional goals
↑ evidence for community-specific interventions



Impacts

↑ vaccine access, confidence and uptake

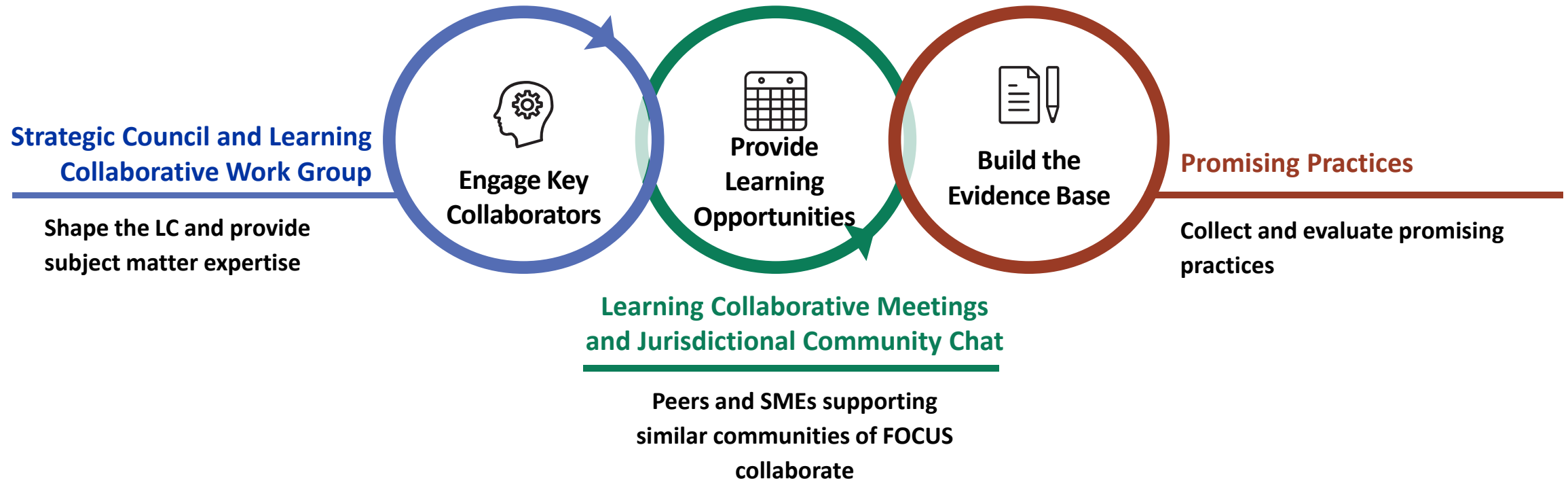
↓ prevalence of vaccine-preventable diseases

FOCUS Learning Collaborative (LC)

Communities of FOCUS

Four Communities of FOCUS based on recent measles outbreaks:

- Ultra Orthodox Jewish (e.g., Haredi)
- Somali (identify themselves as Somali)
- Ukrainian (identify themselves as Ukrainian)
- Plain People (e.g., Amish, Mennonite)



AIM survey: jurisdictions are tailoring engagement

Communities of FOCUS

Barriers to Vaccination

ULTRA-ORTHODOX JEWISH

Distrust of government; wide spacing between doses and **delayed vaccination schedule**

SOMALI

Targeted misinformation campaigns; concerns of **autism**; **language** barriers

UKRAINIAN

Distrust of government; **language** barriers; lack of engagement with US healthcare system

PLAIN PEOPLE

Distrust of government; **delayed vaccination schedules**; not subject to school rules

Steps Taken to Address Barriers

- Community outreach
- Collaboration with community members and other partners
- Culturally appropriate materials
- Pop-up clinics

Additional Support Requested

- Connecting and knowledge sharing between jurisdictional immunization programs
- Translated materials and resources
- Data acquisition and analysis
- Toolkits

FOCUS Learning Collaborative Meetings to Date

1

September Learning Collaborative

Measles Among Communities of FOCUS

Georgina Peacock (CDC) and Achal Bhatt (CDC) shared FOCUS objectives, and Dan Filardo (CDC) shared recent measles data

76 attendees from 22 jurisdictions

2

October Jurisdictional Community Chat

Jurisdictional Approaches to Engaging the Somali Community

Lynn Bahta (MN), and Debra Berliner (Seattle King County, WA) shared lessons learned

75 attendees from 14 jurisdictions

3

November Learning Collaborative

Vaccine Outreach Among Orthodox Jewish Families: Lessons and Challenges from London




Ben Kasstan-Dabush and Kristin Oliver, NYC shared lessons learned on relationship building, working with non-traditional partners, and community engagement

69 attendees from 13 jurisdictions

Upcoming

Learning Collaborative: January 8

What we've learned: Working with Somali communities

	Seattle and King County (Washington)	Minnesota
 Challenge	<ul style="list-style-type: none"> • Few Translated Materials • Lack of Vaccine Trust 	<ul style="list-style-type: none"> • Tailored Communications • Lack of Vaccine Trust and Misinformation
 Action	<ul style="list-style-type: none"> • Celebrated and elevated the work of the Somali Health Board (SHB) • Created video series to explain the importance of vaccinations • Launched a Community Navigator Program 	<ul style="list-style-type: none"> • Disseminated information on Somali TV, radio, mosque community settings, using TikTok and Snapchat • Supported imams and healthcare providers to jointly educate the community on measles and autism • Focused outreach in Somali-owned childcare centers
 Lessons Learned	<ul style="list-style-type: none"> • Verbal conversations are crucial • Acknowledge the expertise and lived experience within the Somali community 	<ul style="list-style-type: none"> • Leverage multiple communications channels • Use faith-based messaging • Establish trusted relationships before an outbreak

What we've learned: Working with Orthodox Jewish communities

Lessons from London



Challenge

- Challenges with Vaccination Access and Vaccine Trust
- Tailored Communications are costly
- Short Term Funding



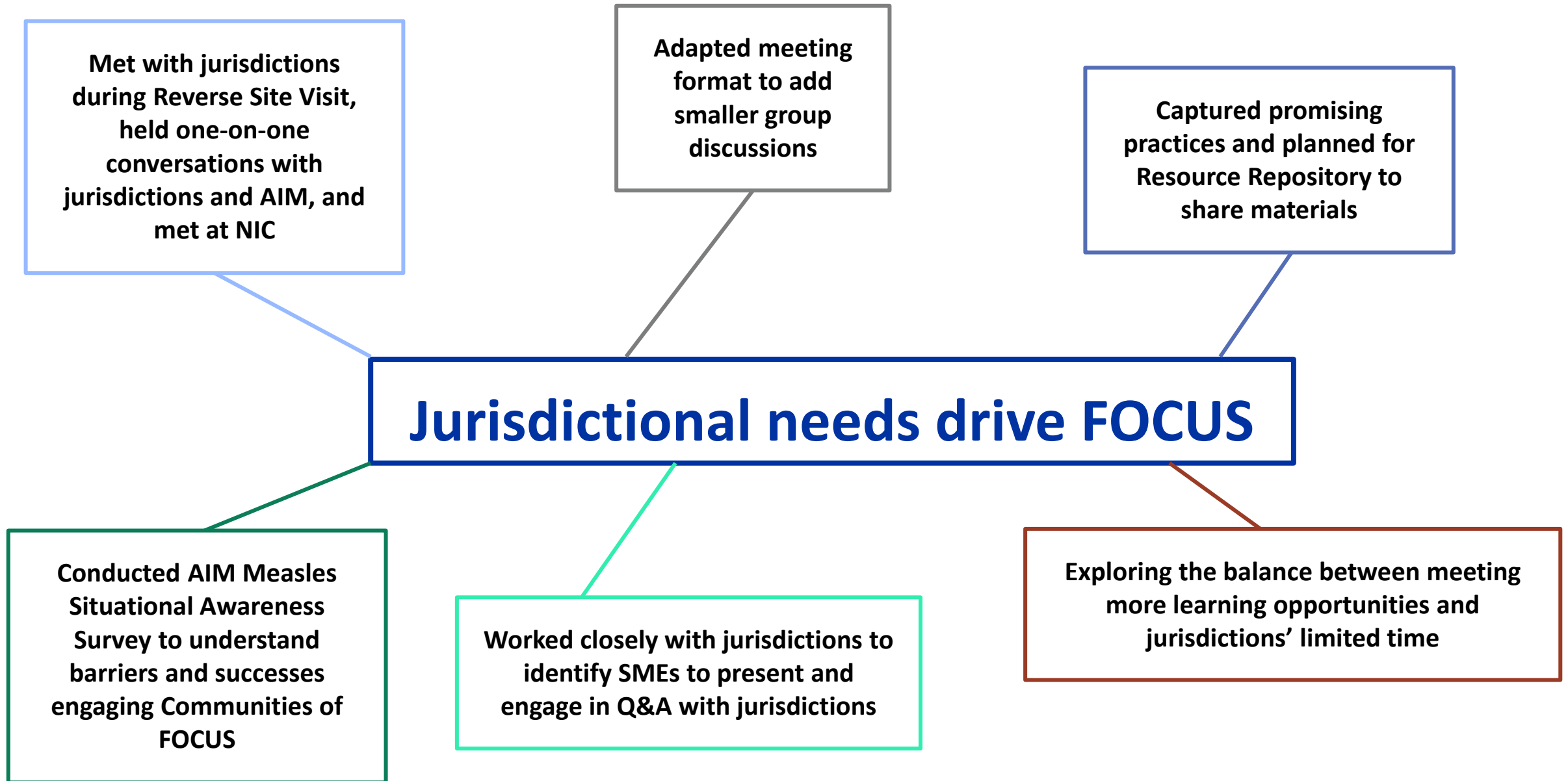
Action

- Identified new leads to reach additional outlets for engagement
- Supported vaccine co-delivery with Hatzolah (Jewish volunteer emergency medical service organizations)
 - Campaigns and communications and outreach clinics
 - Health agencies maintained clear responsibilities in approaches
- Flexible clinic times designed around Ultra Orthodox school hours



Lessons Learned

- Shared responsibility between NHS and the community
- Non-traditional partners' roles need to be clearly defined
- Use community led faith-based messaging as part of a broader package on family and community health
- Engagement needs to be sustained



Coming Soon! Learning Collaborative (LC) Resource Repository

Resource Repository is a SharePoint site, accessible to FOCUS jurisdictions.

Share the following types of information between jurisdictions working with Communities of FOCUS:

- ✓ **LC meeting materials**
- ✓ **Community outreach promising practices**
- ✓ **Health communications**

Next Steps



Share Jurisdiction Resources and Input

- Communications or other resources (promising practices, toolkits, etc.) for the Resource Repository
- Ideas for speakers and SMEs at upcoming Learning Collaborative meetings
- Challenges and initiatives
- General questions or feedback
- *Email us at focus@cdc.gov*



Join Upcoming FOCUS Meetings

- Learning Collaborative meeting on **January 8 from 3:30-4:30pm ET!**
- *NOT on the email distribution list? Email us at focus@cdc.gov*

Thank you

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Efforts to Improve Vaccination Rates in New York City's Haredi Population

Challenges, Past Efforts, and Current Initiatives

Michelle Macaraig, DrPH, MPH

Executive Director, Bureau of Immunization
New York City Department of Health and Mental Hygiene

Association of Immunization Managers meeting, December 11, 2024

Jewish Population in New York City

- 960,000 Jewish adults and children in NYC
 - ~287,000 (30%) Orthodox Jewish
 - 75% **Haredi**
 - ~93% reside in 3 Brooklyn neighborhoods



Data source: <https://communitystudy.ujafedny.org/explore-data>

Understanding the Haredi Community

- Strict adherence to Jewish law
- Preferred term: “Haredi” (vs. Ultra-Orthodox)
- Includes Hasidim, Litvish/Yeshivish groups
- Highly mobile within communities nationally and internationally
- Tend to be tight-knit and community-focused

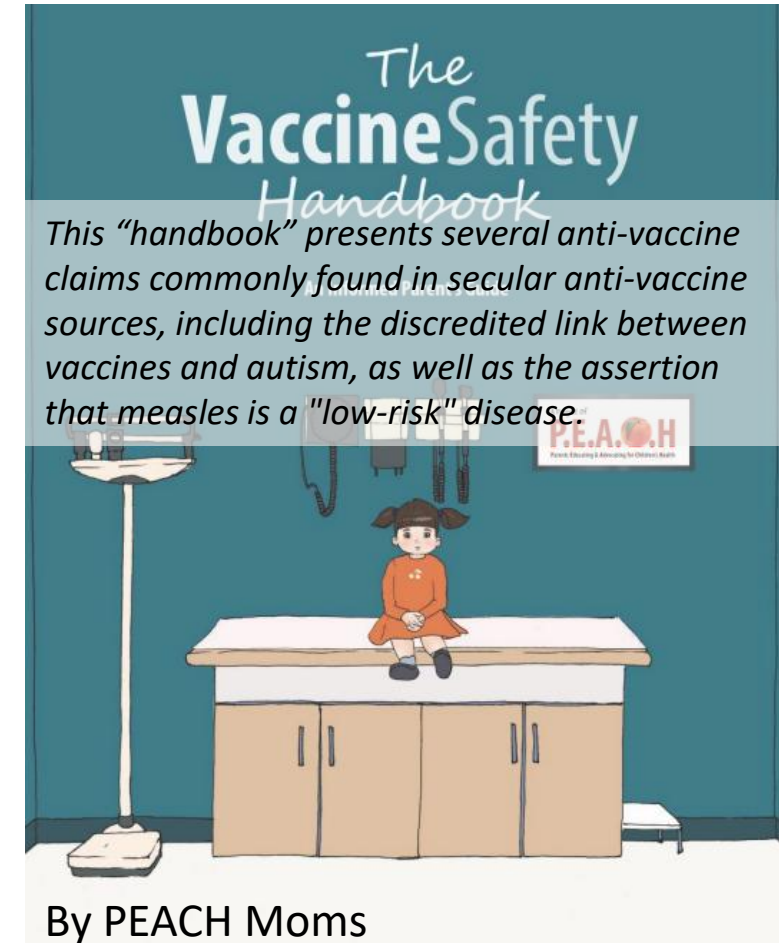


Perspectives on Vaccination

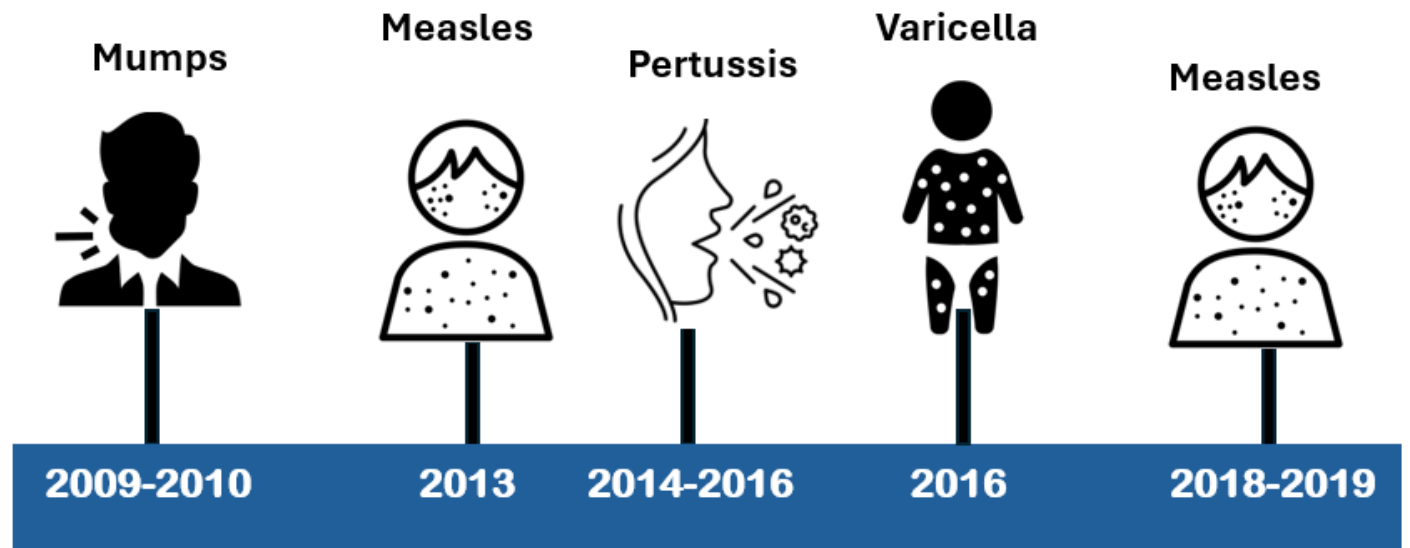
- Jewish Law supports the preservation of human life, including pediatric vaccination
- Decision not to vaccinate often made without consulting with Rabbinic authorities¹
- Barriers²
 - Logistical, convenience
 - Concerns about vaccine safety and multiple vaccines administered simultaneously
 - Limited information about diseases and vaccine benefits
- Interventions should focus on specific barriers as opposed to "exclusive religious framing"²

Vaccine Misinformation in the Haredi Community

- The community has been targeted by the anti-vax movement through social and print media
- Concerns about MMR, HPV, neonatal, and pregnancy vaccines
- Anti-vaccine messages have been allowed to proliferate due to:
 - "Echo chamber"-ideas spread quickly
 - High levels of conformity and exclusivity
 - Distrust of government in general due to history of persecution
 - Added distrust of government post COVID-19



VPD Outbreaks in Haredi Community



Low Vaccination Coverage Among Children by Age 24 Months in Three Neighborhoods with Haredi Population



NYC Health Department Citywide Immunization Registry (numerator); Vintage 2022 Population Estimates for 2021 (denominator).
Data as for October 30, 2024

NYC Initiatives to Improve Vaccine Uptake

Engaging Haredi Community

Outbreak Response Efforts

Communication

- Targeted ads robocalls, school letters
- Set-up hotline for parents
- Sent 3000+ letters to Williamsburg families

Partnerships

- Collaborate with Rabbinical leaders, Jewish medical associations
- Participate in community health fairs

Legal measures

- Enforce legal immunization requirements

Pop-up vaccination clinics

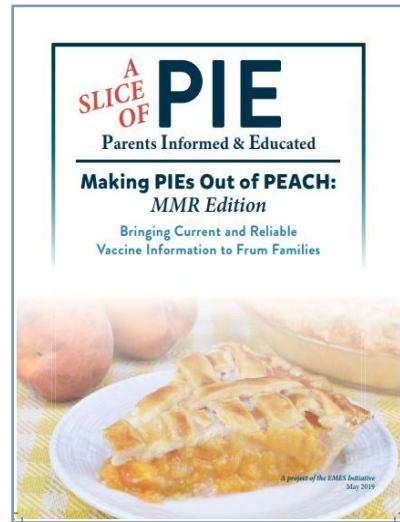
- Set-up by DOHMH

Tailored Educational Materials



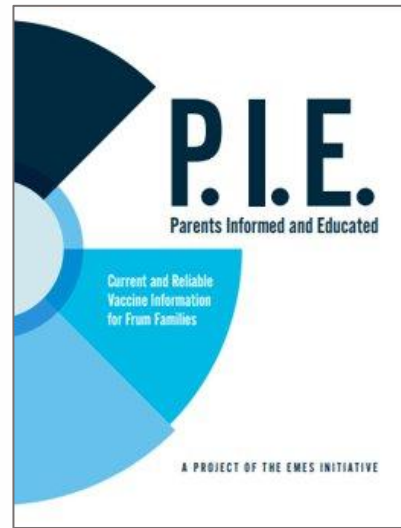
<https://www.nyc.gov/assets/doh/downloads/pdf/imm/tzim-gezint-measles.pdf>

By Hudson Valley Coalition



<https://www.nyc.gov/assets/doh/downloads/pdf/imm/a-slice-of-pie.pdf>

By The Vaccine Task Force

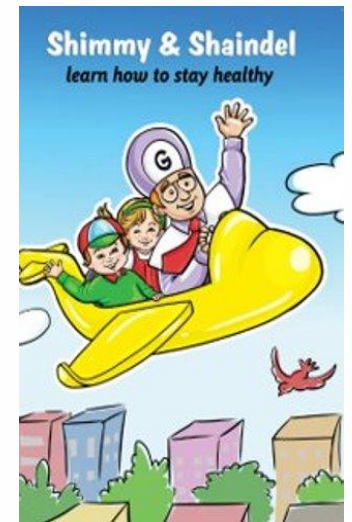


<https://www.nyc.gov/assets/doh/downloads/pdf/imm/parents-informed-and-educated-booklet.pdf>

By EMES Initiative



Translation: Together we can stop measles. One person with measles can infect 12-18 people with immunity



Coming soon!

Current Efforts in NYC

1. Employed staff who are members of the community
 - Build trust and understand the community
2. Collaborations:
 - New Jersey and NY State Health Departments
 - Israel's Health Ministry
 - Jewish Orthodox Medical Women's Association
 - Various community organizations
3. Health Department leadership buy-in



Photo source: <https://www.jowma.org/>

Haredi Health Coalition

- Established in 2018
- Purpose:
 - Improve trust
 - Bidirectional communication
 - Information sharing
- Consult and advise
- Activities:
 - Develop resource guide
 - Created a WhatsApp for real-time communication
 - Engage providers to integrate vaccine messaging



Integrate Community Health Workers (CHW) in Medical Practices

- New York University peer-led vaccine education in community medical practice
 - Assessed peer education to improve vaccine acceptance in NYC community healthcare practices
 - Trained peer educators delivered vaccine information to patients to address hesitancy
 - Results showed a significant increase in vaccine acceptance, supporting peer-led interventions
- Exploring the possibility of adopting a peer-education model





Vaccine

Volume 42, Supplement 5, 14 November 2024, 126028



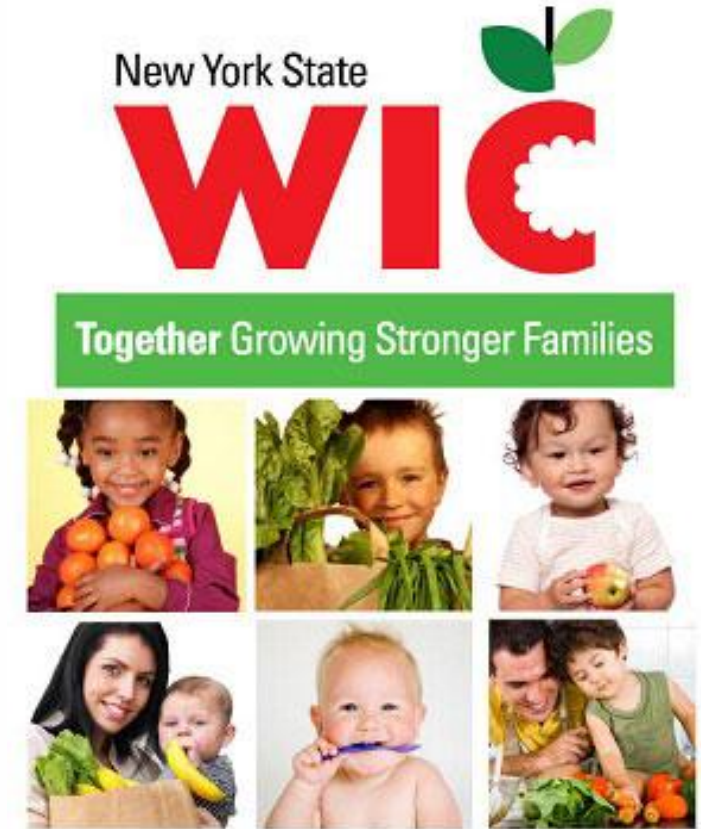
Peer education as a strategy to promote vaccine acceptance: A randomized controlled trial within New York community healthcare practices ☆

Emily Hoffman^a  , Tamara Kahan^{b,f}, Esther Auerbach^c, Heidi Brody^c, Natalie Nesha Abramson^c, Sarah Haiken^{d,g}, Danielle Shields^b, Ailin Elyasi^e, Sheindel Ifrah^{c,h}, Alysa Frenkel-Schickⁱ, Israel Zyskind^j, Miriam Knoll^c, Ellie Carmody^a

[Show more](#) ▾

Women, Infants, Children (WIC) center Engagement

- Educating nutritionists on pediatric vaccines
- Distributing educational materials
- Present Health Department updates at Health Advisory Committee meetings



Lessons learned

- Community liaison is essential for guiding our efforts
- Partnership is crucial for messaging to the community
- Utilize logos of trusted community partner for credibility
- Integrate vaccine messaging with broader health demands and initiatives
- Leverage non-traditional pathways to reach the community

Conclusion

- On-time vaccination rates are low among very young children
- Challenges in vaccination confidence; though, logistical barriers exists
- Investing in culturally informed programs is critical for sustained efforts
- Focus on sustainable community engagement

Acknowledgements

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- Kristin Oliver, MD
- Shoshana B. Merzel, MPH
- Shaila Rao, EdD, MPH

Citations

1. Popper-Giveon A, Keshet Y. Non-Vaccination Stage Model (NVST): The decision-making process among Israeli ultra-orthodox Jewish parents. Health (London). 2022 Nov;26(6):777-792. doi: 10.1177/1363459320988884. Epub 2021 May 18. PMID: 34002627.
 2. Hoffman E, Kahan T, Auerbach E, et al. Peer education as a strategy to promote vaccine acceptance: A randomized controlled trial within New York community healthcare practices. Vaccine. 2024 Nov 14;42 Suppl 5:126028.
 3. Jacobson A, Spitzer S, Gorelik Y, Edelstein M. Barriers and enablers to vaccination in the ultra-orthodox Jewish population: a systematic review. Front Public Health. 2023 Oct 12;11:1244368.
 4. Rosen JB, Arciuolo RJ, Khawja AM, Fu J, Giancotti FR, Zucker JR. Public Health Consequences of a 2013 Measles Outbreak in New York City. JAMA Pediatr. 2018 Sep 1;172(9):811-817. doi: 10.1001/jamapediatrics.2018.1024. PMID: 30073293; PMCID: PMC6143061.
- Images:
 - Pertussis created by bsd studio from Noun Project
 - Boys with measles by Gamma Designs from Noun Project
 - Pain by popcomarts from Noun Project
 - Travel by Art.Design from Noun Project



Authentic Engagement with Ukrainian Communities as an approach to Vaccine Education and Outreach

AIM Conference, 12/2024

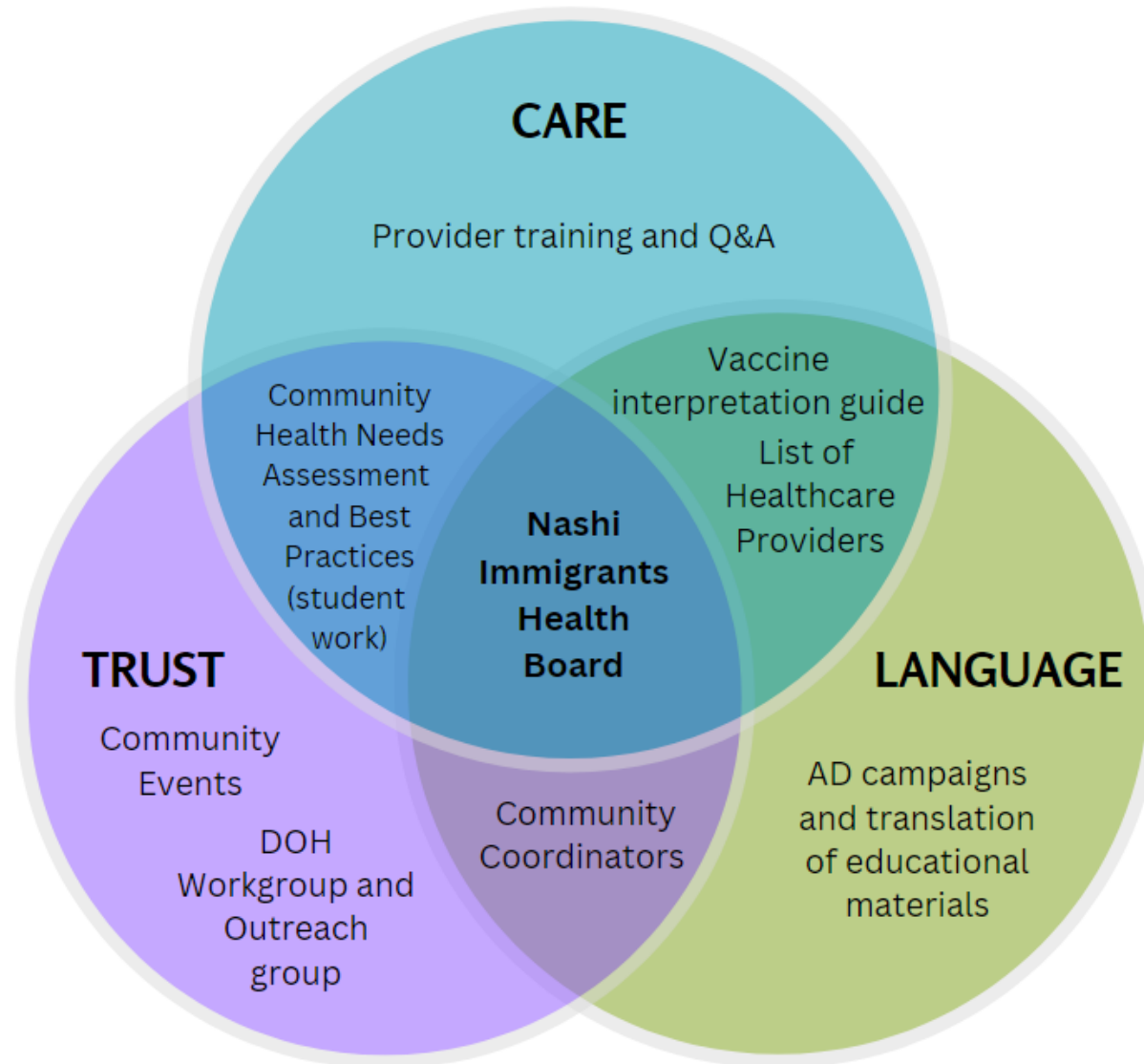
Receipt of 2 or more MMR, Hepatitis A, and 3 or more DTaP-containing vaccines by age 3 years old among children by parental country of birth, born between 2006-2016

Parent birth country	Hep A Vaccine (≥1 dose)	MMR vaccine (≥1 dose)	DTaP vaccine (≥3 doses)
Ukraine	32%	44%	48%
Russia	47%	55%	60%
USA	79%	86%	88%

Key Barriers to Vaccination

- **Care:** Lack of culturally and linguistically appropriate care from health providers.
- **Language:** Lack of translated or trusted public health materials.
- **Trust:** Lack of existing and continued relationships to public health and health care organizations, resulting in community members interpreting that public health decisions are being made without their input.

Key Methods/Strategies



Local Health Participants and Partner Organizations

Washington is the 4th largest state for Ukrainian refugee arrivals

Partnered with 5 county health departments

Each hired at least 1 Community Coordinator

Partnered with over 15 local and community-based organizations

Partner Organizations
Afisha/Slavic Family Media
Perspectiva Magazine
Nashi Community Health Board
Radio Continent
S-Media PR (Radio)
Slavic Spokane
Ukrainian Association of Washington State
Ukrainian Community Center
DH

Major Community Health Needs via Focus Groups and Key Informant Interviews (In order of Priority)

1. Housing and rental assistance for both U4U beneficiaries and sponsor families
2. Access to healthcare resources (PCP, dental, vaccines, medications, TB)
3. Immigration and legal services
4. Access to adequate interpreters, specifically Ukrainian-speaking
5. Access to mental health and anxiety resources

Establishing a Community Health Board: Nashi Immigrants Health Board

Programs and Resources Blog Our Partners Contact Us Survey Events

Nashi Immigrants Health Board

Nashi Immigrants Health Board is a registered non-profit organization founded by people in the community in partnership with WA DOH

Mission:

We partner with Ukrainian and Russian speaking communities in WA state to meet the broad range of health and social needs of our people and advocate through community engagement, empowerment and connection to resources.

Vision:

We seek to understand, support and empower our community and provide for a healthy future for "Nashi" (our community) through a lens of health equity and social justice.

[f Share](#) [in Share](#)

Examples of Developed Materials



**RESOURCE FAIR
AND FOOD
DISTRIBUTION
EVENT**

- Health and social services resources
- Food and Hygiene boxes
- Diapers for kids
- Immunization information and records translation

SATURDAY, OCTOBER 15TH

10 AM - 3 PM / FREE EVENT

Emergency Food Network
3318 92nd Street South, Lakewood, WA 98499

FOR MORE INFORMATION, CONTACT SVETLANA SKONOTOPCHIK@TPCHD/ 253-999-0992



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FIRST 20 PARTICIPANTS TO REGISTER AND ATTEND A WEBINAR WILL RECEIVE A \$25 GIFT CARD!

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DR. TETYANA ODARICH

DR. ODARICH BEGAN HER MEDICAL EDUCATION AT NATIONAL MEDICAL UNIVERSITY IN KYIV. SHE MOVED TO THE US IN 2001 AND RECEIVED HER MEDICAL DEGREE FROM OREGON HEALTH AND SCIENCE UNIVERSITY. DR. ODARICH PRACTICES AT SUNRISE FAMILY MEDICAL AND SHE IS FLUENT IN ENGLISH, RUSSIAN AND UKRAINIAN.

Select each case to learn how to make a vaccine recommendation tailored to each person.



Case 1 Case 2 Case 3 Case 4 Case 5

COVID-19

Что вы говорите людям, которые обеспокоены вакцинацией COVID-19?

Андрей Шуваринко: Беспокойство — это нормально, особенно по поводу нового лечения, разработанного в рекордно короткие сроки. У меня, как у ученого, тоже были опасения. Однако после исследования разработки и реальных результатов вакцины против COVID-19, одобренных в США, я уверен, что эти вакцины безопасны и эффективны для предотвращения заболеваний от COVID-19. Поэтому у меня нет никаких сомнений в вакцине, и я могу рекомендовать ее всем, кто имеет право и может ее получить.

Какие побочные эффекты следует ожидать от вакцины против COVID-19?

А.Ш.: После вакцинации от COVID-19 могут возникнуть такие побочные эффекты, как боль в руке, усталость и умеренная температура. Они являются просто признаком того, что ваша иммунная система работает и вырабатывает защиту от вируса. Обычно они проходят в течение нескольких дней. Стойкие или серьезные побочные эффекты от вакцины проявляются очень редко, но, если они все же возникают, обратитесь за помощью к врачу.



Вакцины от COVID-19: вопросы и ответы

Департамент здравоохранения штата Вашингтон задает несколько вопросов Андрею Шуваринко, кандидату наук (PhD candidate) по молекулярной и клеточной биологии Университета штата Вашингтон (UW).

Стоит заметить, что Андрей — наш соотечественник; кроме того, что занимается научной работой, он является пастором музыкального служения церкви истинного жизни (MultiLife).

Key Takeaways

- 1. Hire community members to serve as local coordinators.**
- 2. Find and support organizations already serving the community.**
 - Build capacity: Help communities start new organizations and create pathways for professional development.
- 3. Collect and provide data** to justify why you are looking to partner with communities.
- 4. Share information with other agencies, partners, and the community.** Create a resource hub.
- 5. Trust and respect others' perspectives, experiences, and beliefs.**

Key Takeaways

6. **Partnerships take time.** Several of these partnerships took years to establish.
7. **Be intentional about establishing authentic, reciprocal relationships with community members.** They can help you develop a better public health program.
 - Go beyond soliciting community input on activities: Involve people in planning. Show that you've acted on their recommendations, even if it is beyond the scope of your project. This builds trust.
8. **Give partners the tools they need** to carry out the work.
9. **Recognize that mistrust is a significant barrier in your community outreach.** Account for this in your work.

Questions?

By building a network of Ukrainian community leaders, we were able to better address new community health needs after the 2022 escalation of the Russian invasion of Ukraine



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Q&A



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AIM Vaccine Confidence Toolkit

- Designed to equip AIM members and their staff with the tools and information necessary to promote vaccine confidence across the nation and its territories.
- Archived webinar topics include:
 - **Utilizing Infodemiology to Improve Vaccine Confidence: Resources for Immunization Programs and Partners**
 - **A Playbook for Addressing Health Misinformation: Applications for Immunization Programs and Partners**
 - **Using Qualitative Research to Increase Vaccination Access and Uptake in Under-Immunized Communities**

Vaccine Confidence Toolkit

This toolkit is designed to equip members of the Association of Immunization Managers (AIM) and their staff with the tools and information necessary to promote vaccine confidence across the nation and its territories. For even more resources, visit the [AIM resource library](#).

[Connecting the Dots](#)

[Webinar Series](#)

[Resource Guide](#)

[More Resources](#)

[Lessons From the Field: Promoting Vaccine Confidence](#)

Lessons from the Field: Promoting Vaccine Confidence provides key lessons learned from select immunization programs and stakeholders that have substantial experience addressing vaccine hesitancy and vaccine confidence in their communities. The three chapters of the guide cover the [legislative process](#), [cultural competence](#), and [incorrect vaccine information](#).

[Download the Full Guide \(PDF\)](#)

[Chapter 1: The Legislative Process and Other Forums](#)

Lessons From the Field
PROMOTING VACCINE CONFIDENCE



Chapter 1 of [Lessons From the Field: Promoting Vaccine Confidence](#) highlights insight, lessons learned, and resources to help immunization programs minimize the impact of vocal vaccine opposition during legislative and rulemaking processes and maximize efforts to inform policymakers of the value of immunization.

[Download Chapter 1 \(PDF\)](#)

<https://www.immunizationmanagers.org/resources-toolkits/vaccine-confidence-toolkit/>

Connecting the Dots: Vaccine Confidence

- Vaccine Confidence resources distilled into a one-page, easy-to-reference guide including effective communication, health equity, and addressing mis and disinformation.
- Available on the [Vaccine Confidence Toolkit](#) landing page.
 - Resources are reviewed and updated quarterly.
 - Email resource suggestions to [Kendall Phillips](#).
 - kphillips@immunizationmanagers.org

Connecting the Dots: Vaccine Confidence Resources

This guide provides tools and information to enhance your immunization program's (IP) vaccine confidence activities. Each resource is organized by topic and audience and includes the name of the organization who created it. Share any of the resources with your internal team and external partners that align with your program's goals! If you would like to suggest a resource for this guide or sign up for AIM's weekly newsletter, please [email AIM](#).

AIM Association of Immunization Managers

Effective Communication	Health Equity and Special Populations	Addressing Misinformation and Disinformation
<p>For IPs and their Partners</p> <ul style="list-style-type: none">• Lessons from the Field: Promoting Vaccine Confidence Chapter 1 - The Legislative Process and Other Public Forums AIM• Vaccine Confidence Toolkit Home Page AIM<ul style="list-style-type: none">◦ Webinar Series• Program Practice Database AIM• Public Health Communications Collaborative<ul style="list-style-type: none">◦ Communications Tool Building Guides◦ Plain Language for Public Health Checkups◦ Building Trust in Public Health Communications◦ PHCC Newsletter• 13 Best Practices in Vaccine Communication Project VCTR• Communicating Science Clearly e-course CDC Train• Increasing Vaccine Confidence: A Resource Guide for Local Health Departments NACCHO <p>For Healthcare Providers</p> <ul style="list-style-type: none">• Provider Resources for Vaccine Conversations with Parents CDC• Reframing the Conversation about Child and Adolescent Vaccinations FrameWorks Institute<ul style="list-style-type: none">◦ Conversation Guide• American Pharmacists Association Vaccine Confidence Initiative<ul style="list-style-type: none">◦ Conversation Guide• Vaccine Confidence & Addressing Concerns Immunize.org• Vaccine Confidence Campaign Resources American College of Preventative Medicine	<p>For IPs and their Partners</p> <ul style="list-style-type: none">• Lessons from the Field Chapter 2 - Managing Vaccine Hesitancy During an Outbreak: A Focus on Cultural Competency AIM• Lessons Learned Report: Building Vaccine Equity for COVID-19 and Flu Vaccination in REACH Communities AIM• REACHing for Vaccine Equity: A Podcast AIM• How Can CBOs Help Support the COVID-19 Vaccination Effort? AIM• How Can Faith Leaders Help Support the COVID-19 Vaccination Effort? AIM• Health Equity Guideline Principles for Inclusive Communication CDC• Beyond the COVID-19 Emergency: Sustain and Expand Vaccine Equity The Rockefeller Foundation• Vaccine Resource Hub Partnering for Vaccine Equity<ul style="list-style-type: none">◦ Engage Diverse Audience• COVID-19 Information and Resources: People with Disabilities CDC <p>For Healthcare Providers</p> <ul style="list-style-type: none">• Counseling Guide for Outreach Workers to Address Vaccine Hesitancy Among At-Risk Adults during Outbreaks of Hepatitis A CDC• #ShowUp and #FightFlu Partner Toolkit: Help You Show Up for your Family and Your Community National Foundation for Infectious Diseases• Talking Points and FAQs about Vaccines Vaccine Resource Hub• Vaccine Resources for Healthcare Providers Vaccine Resource Hub	<p>For IPs and their Partners</p> <ul style="list-style-type: none">• Lessons from the Field Chapter 3 - Addressing Incorrect Vaccine Information AIM• Working Together to Navigate the Legislative Environment and Address Misinformation: A Tip Sheet for IPs and PIOs AIM• The Debarkins Handbook 2020 Lewandowsky, et al.• Resources on applying Inoculation Theory to Misinformation Inoculation Science• Practical Playbook for Addressing Health Misinformation Johns Hopkins Bloomberg School of Public Health• Vaccine Misinformation Management Field Guide The Public Good Projects, UNICEF, Yale Institute for Global Health, and First Draft <p>For Healthcare Providers</p> <ul style="list-style-type: none">• How to Debank Misinformation and Bolster Vaccine Confidence e-course Vaccinate Your Family University• Talking with Vaccine-Hesitant Parents American Academy of Pediatrics• Shots Heard Round the World Toolkit The Public Good Projects

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