



National Association of County & City Health Officials

The National Connection for Local Public Health

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U.S. Department of Health and Human Services
Tower Oaks Building
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RE: Request for Information on Development of Public Health Vaccine and Prevention Educational Campaigns Involving Community Health Workers **{Document Number: 2024-12872}**

RDML Collins,

Thank you for the opportunity to submit comments on behalf of the National Association of County and City Health Officials. The National Association of County and City Health Official (NACCHO) represents the over 3,300 local health departments across the country. Every day, local health departments are visible in the community working to keep their region safe and healthy through essential services like routine immunizations; screening and treatment for both chronic and communicable diseases; maternal and child health services; environmental health services; epidemiology; primary prevention care; food service regulation, inspection, or licensing; and emergency preparedness and response.

Local health departments are key access, outreach, and information points for immunization. [Nearly 90% provide direct clinical vaccination services](#) for both children and adults, and almost all are involved in vaccine education, communication, and outreach efforts. In 2023, NACCHO conducted a [survey](#) to further assess the immunization capacity of local health departments and identify challenges and opportunities to strengthen local health department immunization programs. According to this survey, on average, local health departments employed six full-time employees dedicated to immunization services in 2023. More than half (56%) of local health departments surveyed reported that they would prioritize addressing vaccine hesitancy among patients and/or parents, especially for routine youth or early childhood immunizations in the coming year, noting that hesitancy was a top challenge to their work. Building intentional and authentic relationships with higher-risk populations is key to building community resiliency, addressing vaccine hesitancy, and eliminating barriers to message dissemination. Many local health departments address these barriers by utilizing the work of public health nurses, outreach specialists, and Community Health Workers (CHW).

NACCHO is eager to support efforts to increase vaccination rates, reduce vaccine hesitancy, and improve public health. During the height of the COVID-19 pandemic, NACCHO funded local health departments and community-based organizations to develop partnerships focused on working with refugee, immigrant, and migrant populations to improve vaccination rates and encourage sustainable partnerships. We offer the lessons learned from that effort below.



➤ **Innovative Culturally Competent Practices**

Recommendations that emerged from NACCHO's COVID Prevention and Mitigation Efforts in Refugee, Immigrant and Migrant Communities project highlighted in-person outreach, which although labor intensive, was noted to have been effective in building trust and succeeding in vaccinating hesitant populations. This includes in-person meetings, door to door canvassing, and calls. Outreach activities must be sustained over time to establish a presence in person and virtually, and diffuse into harder to reach, or reticent, groups. These approaches lay the groundwork for raising general community awareness and for promoting conversations with trusted leaders and providers. Creating saturation is not only about information promoted through different media sources but about the interconnections of systems and raising awareness across a community which can lead to increased community trust.

Notably, ensuring that in-person events are hosted at and by local resources and locales that are safe and trusted by the community is essential. Grantees also embraced cultural diversity and respect. Appreciating that every individual brings a unique cultural background, this diversity is a source of strength. The objective is to provide services and resources that respect and celebrate these differences, all while promoting mutual understanding and respect. In practice, this means being mindful of dates and times that may or may not be ideal for outreach events, such as religious holidays, cultural holidays, festivals, etc. Furthermore, tailoring outreach efforts to the cultural and linguistic contexts of the target communities significantly increases the success of these initiatives, such as translating materials into relevant languages, considering cultural norms in communication styles, and recognizing cultural health beliefs.

Grantees also recommended supporting an environment of integration and inclusion. To cultivate a welcoming environment, active steps should be taken to dissolve barriers and lessen the sense of isolation often faced by individuals in ethnic communities. Activities that promote social interaction, cultural exchange, and a sense of belonging are encouraged. Collaborating with a wide range of partners from community-based organizations to local health department enhanced the scope and impact of the work. Through these partnerships, programs are better equipped to address the complex needs of ethnic communities and effect lasting change.

Finally, the project highlighted the need to embed vaccine information into other health and resource communications, to normalize vaccine outreach, and utilize other opportunities to provide education. This provides individuals who were not actively seeking vaccination information, but seeking information on another service such as housing, an opportunity to become more informed. These activities should be conducted with highly motivated partners to co-promote public health work and may include the distribution of outreach materials, vaccination site locations, and event planning. Motivating factors for partnerships may change over time as some populations or communities experience different types of public health challenges such as an increase in COVID-19 cases due to an emerging variant or an outbreak of measles which raises the importance of mitigation to those partners.

➤ **Effective Cultural and Linguistic Competency Training**

During the COVID-19 pandemic, NACCHO participated in a Health Resources Services Administration (HRSA) funded project, Vaccine Access and Training (VAT), with the Association of Immunization Managers, the Center for Global Health Innovation, and Johns Hopkins University (JHU) Institute for



Vaccine Safety. JHU developed a training for CHW and presented the training modules at NACCHO's annual NACCHO 360 conference. NACCHO created a micro site (note: the website is no longer supported due the end of funding), helped JHU with the CHW training development, and partnered with local health departments focused on cultural competency to support vaccine confidence, Association of Immunization Managers developed with social media toolkits in [English](#) and [Spanish](#), as well as a [social media images](#).

For example, the [Oklahoma City-County Health Department](#) implements a Community Health Engagement Program that includes CHW Foundational Training (13 core competencies), Motivational Interviewing, Advocacy, SoonerCare/Medicare, De-escalation, and facilitator training.

This unique model of the OCCHD CHW program allows for CHW to have multiple opportunities and various avenues to interact with their community. They become not only trusted voices, but familiar faces that residents begin to look for and seek out for assistance.

➤ **Specific Methods & Practices to Build Trust Around Vaccinations**

Establishing and maintaining trust within minority ethnic communities is crucial and can be attained by partnering with trusted community members and organizations, offering consistent and reliable information, and respecting community norms and values. While many of the approaches listed below on outreach and vaccination can be applied broadly to ethnically diverse communities, it is critical to tailor to each community, subgroup, and demographics within those communities. The strategies below were developed to address the cultural, religious, linguistic, and historical context of individual ethnic populations, while accounting for resources and experiences. Some overlap, while others do not. Each population should be treated as a discrete, distinct group. These recommendations emerged from NACCHO's COVID Prevention and Mitigation Efforts in Refugee, Immigrant and Migrant Communities project.

Recommended strategies for certain populations are listed below. A complete list of more effective and less effective strategies can be found on NACCHO's website here: "[Emerging, Promising Practices](#)." Note, that while the below were focused on COVID-19 vaccination, they may be useful across vaccine types.

Hispanic and Latino- Spanish Speakers

Hispanic, Latino, and/or Spanish speaking groups recommended outreach and vaccination events that were family oriented, worked with faith leaders, especially Catholic clergy, were available outside of general business hours, highly relational with known CHW or promotores, lacked law-enforcement or government presence, and did not require documentation of insurance or residency to receive vaccination.

More Effective:

- Work with trusted community voices
- Avoid government (city, county, law enforcement) presence
- Utilize favorite cultural activities and celebrations
- Build relationships with Catholic Churches and build partnerships with clergy to promote vaccination messages
- Address the intersection of religion and vaccine uptake



- Provide staffing with CHW who are Spanish-speaking members of the community
- Provide additional family support and resources at clinics and events
- Create social media videos of local leaders sharing health messages and updates
- Create social media videos with personal stories from the communities
- Provide incentives for attendance and/or vaccination
- Incorporate other health topics such as monkeypox and flu
- 1:1 interactions with CHW, promotores, trusted individuals, etc. When hosting events, place them near the entrance to welcome attendees
- Use a family-based approach that takes multi-generational homes into consideration – education relevant to all ages, provision of vaccinations for all age groups, emphasis on protection of children and elders
- Use of statistics on number of cases, positivity and death rates to increase perceived severity of COVID
- Send public health messages over texting and email during non-business hours due to high workload of many in this population
- Partner with Spanish language media (Telemundo, Univision, local radio, etc.)
- Reach married men and male youth through messaging to wives, mothers, and partners

Afghan- Dari and Pashto Speakers

Regarding Afghans, Dari, and Pashto speakers, approaches that were family oriented, worked closely with mothers in a child-friendly environment, highly relational, and tailored for limited literacy populations worked best. Emphasis on trauma informed approaches, as their experience of violence is very recent.

More Effective:

- Approaches for limited and low literacy populations, i.e. Short in-language videos and short audio messages
- WhatsApp to disseminate messages and answer questions
- Phone calls for outreach and reminders
- Use family-based approaches – education relevant to all ages, provision of vaccinations for all age groups, emphasis on protection of children and elders
- Provide child-friendly, in-person gatherings for mothers, such as at parks, playgrounds, etc.
- Conduct home visits
- Provide private vaccination area for women and respect modesty norms
- Provide incentives for attendees and/or those getting vaccinated
- Provide and compensate translators at events
- Place of services at existing gathering places and events (mosques, apartment complexes, schools near family apartments)
- Use of principles of Trauma informed Care
- Partner with imams to provide announcements and pop-up events at mosques
- Ensure all food or drink at events are halal

Iraqi, Middle Eastern, “Middle Eastern Arabic,” and North African - Arabic Speakers



For Iraqi, Middle Eastern, North African and/or Arabic speakers strategies that partnered closely with religious institutions and faith leaders, were highly tailored in addressing vaccine hesitancy due to religious beliefs/concerns, provide spaces and vaccine providers who respect cultural norms (especially those concerning women's modesty practices), and focus outreach activities to women – who would then share information with their children and male relatives.

More Effective:

- Private vaccination area for women and respect for modesty norms
- Health care workers trained in respect for cultural norms
- Partnership with faith institutions, such as mosques, and working with imams to share COVID prevention and vaccination information, and ideally to host vaccination events
- Emphasize the importance of preventive measures, while also conveying that these do not mitigate the need for vaccination
- Provide COVID information tailored to address religious concerns, such as whether vaccines are halal
- Address concerns regarding vaccination and fertility
- Provide vaccination events after Ramadan when individuals are not fasting. On or after Eid was recommended
- Offer vaccination at schools with high enrollment of children from the community
- Tabling and flyers at stores, supermarkets, and restaurants owned and/or utilized by the population
- Provide incentives such as gift cards, diapers, and toys for children
- Address vaccine hesitance by emphasizing that development and manufacturing of vaccines was based on established safe processes, vs. strength of US government oversight
- Reach married men and male youth through messaging to wives, mothers, and partners
- Livestream so individuals or families can watch from home and/or on their phones
- Address the safe usage of over-the-counter medications to cope with COVID symptoms

Somali

Recommendations specific to the Somali community include approaches that relied heavily on 1:1 outreach (vs. social media), partnering with religious organizations and leaders (specifically mosques and imams), tailoring messages to address religious beliefs and concerns (i.e., vaccination during Ramadan, presence of pork products in vaccines, etc.), and strong focus and inclusion of youth as vaccine ambassadors.

More Effective:

- 1:1 outreach and follow-up. Contact and reminders over the phone (recommended two prior to event, one on day of event)
- Use of text-based platforms including WhatsApp
- Address misinformation promptly (i.e., efficacy of Johnson and Johnson vaccine, whether it is permissible to be vaccinated during Ramadan, pork products in vaccines, etc.)
- Partnering with imams to create videos of their vaccination to share on social media and television stations watched by the community
- Community leaders bringing their children to clinics for vaccination to serve as a role model
- Prevention and vaccination messaging shared during Friday prayers



- Provide childcare at vaccination events
- Position vaccine clinics within walking distance of apartment complexes with high proportion of Somali residents
- Host vaccination events inside the mosques versus at adjacent space
- Organize youth influencers to promote vaccination at school to their peers, and at home. Youth often have better fluency in English and can be key in sharing information with their families
- Work with youth influencers to craft public statements advocating the benefit and safety of vaccination. Ensure that those statements are in alignment with messaging from the health department and other community groups
- Provide all outreach messages in Somali and English, especially since language varies by age group, and facilitating cross generational conversations can be helpful to reduce hesitance
- Provide in-person interpretation at vaccination clinics
- Utilize peer support groups as a venue for outreach
- Conduct outreach and vaccination at schools

Chinese - Cantonese and Mandarin Speakers

The rise in anti-Asian hate crime was identified as a barrier to outreach and vaccination activities, therefore sites should be selected with safety in mind. More effective practices included the use of local Mandarin/Cantonese newspapers, science-based information, in-language hotlines, integration into mental health outreach, and utilization of cultural events, such as Lunar New Year.

More Effective:

- Address heightened presence of anti-Asian hate crime (providing home visits, holding events where community members feel safe, offering hotlines for questions or sign-ups, etc.)
- Provide incentives to attendees and/or those getting vaccinated
- Utilize English as a Second Language classes to conduct outreach
- Conduct outreach on WeChat and WhatsApp
- Conduct real-time tracking and respond to misinformation spread on chat apps. Share messages that correct specific articles that have been widely shared
- Conduct outreach at religious institutions including churches and temples
- Utilize science based and medical information
- Leverage existing norm of masking to prevent respiratory illness in home countries to encourage masking to prevent COVID
- Develop and utilize hotlines with in-language support to help individuals with low language literacy, low tech literacy, and/or who need for 1:1 conversation from the safety of home
- In-language ethnic newspapers were strongly recommended as a means to reach adults and seniors
- Conduct outreach and vaccination events at important cultural celebrations such as Lunar New Year
- Embed COVID information or opportunities to sign up for vaccination during mental health outreach programs created to address stress of rise in anti-Asian hate crimes

Eritrean and Ethiopian -Amharic and Tigrinya Speakers



For these groups more effective practices were those that were held at church functions specific to the community, partnering with medical providers from the community to share outreach and vaccine safety messages, and utilizing 1:1 outreach methods.

More Effective:

- Partner with medical providers from the communities to share messages
- Conduct outreach over WhatsApp
- Host culturally specific workshops and outreach at church gatherings (i.e., Ethiopian Orthodox churches) for Tigrinya and Amharic speakers
- Host events at local community centers
- Assist with transportation costs
- 1:1 conversations over the phone or during case management services

Burmese, Karen, and S'gaw

Recommendations focused on providing child-friendly outdoor gatherings to conduct outreach to mothers, utilizing community health workers or trusted volunteers at untailored mass vaccination events to provide direct assistance to community members, and utilizing translated materials.

More Effective:

- Utilize health promoters from the community, and or volunteers who had built trust with the community to conduct outreach and provide vaccination information, as well as attend mass-vaccination events to assist community members
- Interpretation provided at the vaccine clinic
- Conduct outreach and host vaccination clinics at schools
- Direct outreach to stay-at-home mothers (especially those pregnant or breastfeeding who are vaccine hesitant)
- Child friendly, in-person gatherings for mothers at parks, playgrounds, etc.
- Visit churches and local fellowship groups to conduct outreach and facilitate group discussions
- Utilize high-quality, accurate, nuanced flyers such as those provided by NRC-RIM
- Program staff or volunteers posting on Burmese Facebook groups
- Provide transportation assistance

Kurdish

Recommendation for training and utilizing youth ambassadors, food distribution centers and mosques as locations to reach elderly and adult populations and addressing the preference for natural remedies to prevent or treat COVID.

More Effective:

- Utilize food distribution centers, which are frequently used by elderly Kurdish individuals, as a location for outreach activities
- Visit mosques to conduct outreach is effective for reaching elderly Kurdish individuals
- Address misconceptions that natural immunity, natural and home remedies are a replacement for evidence based COVID prevention and vaccination



- Conduct vaccination events at mosques directly after services to reach adult and elderly Kurdish individuals
- Train and utilize youth ambassadors to develop and share COVID prevention and vaccination information and promote activities with peers
- Livestream events through Facebook and other social media platforms
- Conduct activities frequently utilized by the population

Indigenous Mexican and Indigenous Guatemalan - Unwritten Languages

For these groups, recommendations focused on verbal presentations 1:1 settings or group discussions.

More Effective:

- Verbal, in person outreach and discussions
- Obtain permission (requires large degree of trust and persistence) from employers and hosting events at workplaces (i.e., vineyards, orchards, farms, food processing plants, etc.) with high employment of these populations
- In-person interpreter paired with community health worker or outreach staff. Often occurs as a Spanish speaking staff person with a Spanish- [indigenous language] bi-lingual community member

Thank you for the opportunity to provide comments on the Request for Information on Development of Public Health Vaccine and Prevention Educational Campaigns Involving Community Health Workers. We are grateful to see efforts to address vaccine hesitancy and support Community Health and other front line public health workers. A vaccinated population keeps our communities healthy and local health departments play a critical role in our nation's immunization infrastructure. Should you have any questions about this response or wish to engage in further, please reach out to Adriane Casalotti, NACCHO's Chief of Government and Public Affairs, at acasalotti@naccho.org.

Sincerely,



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National Association of County and City Health Officials

