

# Equity in Every Dose:

**A Toolkit for Culturally Responsive Health Promotion and Community Engagement**



# Acknowledgments

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## NNICE Implementation Partners



Michigan State University-Flint

Rainbow Push Coalition

Berrien Community Foundation

Black Public Media

Community Foundation of Greater Flint

Community Campus Partnerships for Health

Media Genesis Solutions

Community Foundation of Holland/Zeeland

Baltimore Community Foundation

Corewell Health

## NNICE Subawardees: 2021-2024

Abundant Life Ministries	Goshen Medical Center	Muskegon Young Black Professionals
Alternative Learning Center and Community Engagement, Inc	Grand Rapids African American Health Institute	NAACP
Asylee Women Enterprise (AWE)	Hispanic Center of Western Michigan	Neighbors Organizing Against Racism
Baltimore Family Alliance	International Association of Minority Veterans (IAMVETS)/National Association of Black Veterans (NABVETS)	New Heights Christian Community Development Association
Baltimore Medical System	Jones County Community Development Corporation, Inc.	North Flint Neighborhood Action Council
Benton Harbor Community Development	Jones County Community Hope, Inc.	Nuestras Raices Inc.
Brotherhood Church of God in Christ	Joy Community Development Corporation	Nueva Vida, Inc.
CASA Baltimore	Komite Ayiti, Inc	Old North State Medical Foundation
City on a Hill Ministries	Latin Americans United for Progress (LAUP)	Ottawa County Department of Public Health
Comite Latino de Baltimore	LatinX Center	Outcast Food Network
Communities First, Inc.	Let's Make It Happen Together, Inc.	Pathfinders of Muskegon
Community Based Organization Partners	Lighthouse Immigrant Advocates	Peletah Ministries
Community Crossroads Center	Maryland Latinos Unidos	R.L. Jones Community Outreach Center
Community Technical Assistance, Inc.	McCoy's Memorial Church of God In Christ/Visions of Wisdom	Sacred Heart of Jesus
Corewell Health South	Michigan Primary Care Association	Shackle Free Community Outreach Agency, Inc.
Cornerstone Ministries of Greenville North Carolina	Michigan United	Sisters from Another Mother
CPSA Courier	Mount Carmel HELPS Inc.	St. John's Episcopal Church
Craven Terrace Charities Inc	Mount Pleasant African Methodist Episcopal Church	Sylvester Broome Empowerment Village (SBEV)/Flint Beat
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EBC-ATOM, Inc.	Muskegon Heights Festival in the Park	The MADE Institute
Exalta Health	Muskegon Heights Neighborhood Association	Tyrrell County Community Development Corporation
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Future Endeavors Life Program		
Genesee Health Plan		
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## **NNICE Background & Toolkit Information**





Media Genesis Solutions doing Covid-19 Outreach.

**Thanks for checking out our toolkit on culturally responsive health promotion!** We put this together based on a multi-year project called the National Network to Innovate for COVID-19 and Adult Vaccine Equity (NNICE), which was all about promoting COVID-19 vaccine equity and access. *Vaccine equity is defined as ensuring everyone across the world has access to life-saving vaccines. NNICE was part of a network of initiatives that aimed to increase access to COVID-19 and other adult immunization to disproportionately affected racial and ethnic groups through partnerships that drive community-level action.*<sup>1</sup> But don't worry – the tips and tricks in this toolkit can be used for any health promotion efforts, especially when dealing with health issues that are tough to tackle because of stigma, mistrust, historical trauma, or other complicated situations.

## Toolkit Goals

This toolkit is here to give you practical, easy-to-use, and culturally aware advice for anyone wanting to spread the word about health issues, especially around controversial topics like COVID-19.

### Here's what you'll find inside:

- 1** **An introduction to Culturally Responsive Health Promotion**, which is the foundation for the strategies and community work we talk about.
- 2** **Ideas on how to use these health promotion strategies** to support public health solutions (like vaccines).
- 3** **Step-by-step guidance, real-life examples, and tips** for three specific health promotion strategies that you can tweak to fit your community's unique needs and characteristics.

## Intended Audience

This toolkit is here to help communities boost vaccination rates while respecting their values and perspectives. Whether you're a healthcare provider, community organizer, non-profit leader, or advocate, this toolkit offers you the tools and know-how to build trust, address concerns, and promote vaccination in your community.

We know that Latine and Black communities are very diverse, with different backgrounds, experiences, and beliefs that influence health. From Latine community members, we heard that issues like cultural traditions, languages, generational views, and immigration concerns can affect healthcare access. Black communities are also very diverse. From Black community members, we heard that issues like historical mistrust, economic challenges, and generational views shape their experiences. By understanding and respecting these differences, we can create health messages that really connect with people, involve the community in decision-making, and build trust. This makes our communities stronger and healthier now and in the future.

## How to read the toolkit

This toolkit has two main parts. The first part includes an Introduction, giving you a full rundown on Culturally Responsive Health Promotion and some background on Black and Latine communities and immunizations. This section sets the stage for the strategies you'll find in the second part.

In the second part, we start with a look at Health Behavior frameworks that form the basis for our strategies. For simple navigation you can return to the table of contents anytime by clicking the TOC link at the bottom of every page.

### Here are the three strategies and the corresponding practices you'll find:



#### Engagement

Engaging the community with local immunization champions.



#### Education

Sharing information in the community using health campaigns specific to their communities and culture.



#### Communication

Spreading the word throughout the community about vaccines through social media campaigns.



## Note

**In this toolkit, we adopt “Latine” and “Black” to refer to individuals from Latin and Spanish-descent and African-descent, respectively.**

The use of terms to describe those of Latin and Spanish-descent differ widely, including “Latino,” “Latinx,” “Latine,” “Hispanic,” or more specific ones like “Mexican” or “Puerto Rican”. In speaking with our partners and other trusted advisors, we heard that “Latine” is a more accurate gender-neutral term than “Latinx”, which is not commonly used by members of Latine communities. Regarding “Black”, we know that terms like “African American,” “Black,” or specific identities like “Jamaican” or “Nigerian” can vary by region. We selected Black to account for the diversity within African-descended communities, which includes descendants of American slavery and those who have more recently emigrated to the U.S.

Each strategy section kicks off with an introduction to the topic and the strategy. You'll also find a case study from one of the NNICE community organizations, showing how they put the strategy into practice. Plus, we've included key points to think about as you try out these practices. You can find a full list of these points at the end. Lastly, we offer reflection questions to help you figure out which principles from these strategies you can use in your organization's health promotion work. We hope you'll use these questions to spark ideas and action, whether you're working alone or with your team and partners.

## NNICE Origin

The National Network to Innovate for COVID-19 and Adult Vaccine Equity (NNICE) got started during the early days of the COVID-19 pandemic. In 2020, community and academic partners, brought together by Michigan State University (MSU), met up to figure out culturally responsive and fair ways to promote health and combat COVID-19. As the vaccine went through FDA approval, their focus shifted to promoting the vaccine. Data showed that COVID-19, like many other health issues, had racial disparities in disease rates, severity, and vaccine uptake. The CDC funded several initiatives to boost vaccine uptake in hard-to-reach populations and reduce racial inequities in access, and NNICE was formalized under this initiative.

The NNICE goal, was to find and document strategies to improve vaccine equity and access in Black and Latine communities. NNICE was set up to encourage strong collaboration between community and academic partners. MSU was the main grant recipient and coordinated the initiative, including distributing most of the funds to "implementation partners", like philanthropic and intermediary partners, who then selected and distributed funds to community based organizations (CBOs) grassroots organizations, faith institutions, and others that implemented the vaccine promotion strategies. This setup was chosen to reach a wide range of trusted organizations actively tackling health challenges in their communities. These organizations were located in areas with racial disparities in COVID-19 vaccine rates. Together, the NNICE and its partners identified and approved a list of eight practices, also known as "promising practices," to support vaccine equity and uptake. The practices were identified by looking at previous research projects as well as what our partners were already doing in the community.

### These practices included:

- 1 Community-level Immunization Champion**  
Individuals within the community helped spread knowledge about vaccines to those who are unvaccinated.
- 2 Community-specific Public Health Education Campaign**  
Health workers shared vaccine information through community-specific methods like door drops (information leaflets left on porches) and webinars.
- 3 Social Media Diffusion Campaign:**  
Community partners spread messages on social media platforms like Facebook, TikTok, and Instagram to reach large audiences.



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#### **Community-based Vaccine Distribution/Vaccine Distribution Events**

Community partners held vaccine distribution events in places where health workers traditionally provide services like health clinics and health fairs, and in non-traditional places like pop-up clinics at athletic events. Many used other promising practices to market their vaccine events.

5

#### **Electronic Health Record Vaccine Reminder**

Medical providers used electronic health reminders (EHR) to prompt patients who haven't received recommended vaccines.

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#### **Mass Public Health Campaign**

Community partners published visible reminders of key public health messages through mass media outlets like TV, radio, billboards, and newspaper ads.

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#### **Medical System Immunization Champion**

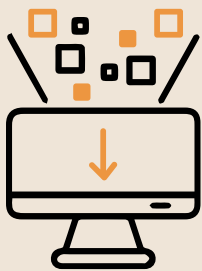
Healthcare staff provided accurate information about vaccines to unvaccinated individuals.

8

#### **Patient Vaccine Navigator**

Coordinators helped individual patients access vaccines and overcome barriers to getting COVID-19 vaccines.

While many community-based organizations used multiple practices, this toolkit dives deeper into the three most common promotion practices they used: community-level immunization champions, community-specific public health education campaigns, and social media diffusion.



## **Methods**

The data we use in this toolkit mainly comes from the Year 1 NNICE evaluation. You can find more details about the methods in [Appendix C](#). Staff from the community-based organizations (CBOs) that ran the programs filled out an online Year 1 outcome survey. **We got responses from staff at 61 out of 70 CBOs, which is an 87% response rate. We also interviewed 17 staff members and five out of six implementation partners over Zoom.** Additionally, we reviewed documents like proposals, deliverables, and grant reports to gather information about the initiative.

## Culturally Responsive Health Promotion

The work in this toolkit is backed by the CDC, which promote nine Principles of Community Engagement<sup>2</sup>. These principles stress the importance of working with the community to plan and carry out health interventions. A 2020 article highlighted how important community engagement was at the start of the COVID-19<sup>3</sup> pandemic for developing and implementing health prevention and promotion efforts. Community, government, and academic partners were able to work together to quickly get out accurate information about how people could protect themselves from COVID-19 in public spaces. This helped to lower infection rates and reduce the burden on hospitals. This importance continued with the rollout of vaccines in 2021.

Cultural responsiveness builds on these principles by boosting community power, engagement, and voice in shaping health interventions, including vaccinations. This is key for interventions where there's concern about stigma or government-community tensions, like with COVID-19 vaccination efforts. Before diving into why cultural responsiveness is essential in health interventions, let's clarify some definitions.

Cultural responsiveness means focusing on, respecting, and including the cultures— in all their dimensions—of everyone in an interaction or space. We use this definition of culture: “a cumulative body of learned and shared behavior, values, customs and beliefs common to a particular group or society” (Frierson, Hood, and Hughes, 2002, p. 63)<sup>4</sup>. Everyone in a health promotion program brings beliefs, values, and behaviors from various sources. A community also brings a shared history, set of values and beliefs, and hopes. All these aspects influence the direction and success of a program.

In developing health promotion strategies, we also work toward power-shifting. This means we use strategies that deliberately change structures and processes that limit community access to power and self-determination. In health promotion, we help plan and implement processes that shift decision-making away from those who usually hold power (like funders and researchers) and towards those who benefit from the programs (like participants, community residents, and frontline staff).

We also work toward racial equity, which means “dismantling power imbalances to transform racially inequitable policies, practices, systems, and structures.” You might wonder why we focus on racial equity specifically, given that there are inequities across various social identities like gender, class, and sexual identity. We “lead with” race and racism because they have consistently shaped marginalization and hierarchy in the U.S. In other words, when it comes to inequity in the U.S., race and racism are the main building blocks.

Why are these important to culturally responsive health promotion? For interventions to truly become part of community life, the community must own them. This starts with planning and giving decision-making power to community members, not just liaisons or advisors. This, in turn, boosts community engagement in implementation and evaluation. This is especially important when addressing health issues, like COVID-19 vaccination, that have been politicized and come with inequities in access and impact.

## Key Principles of Culturally Responsive Health Promotion

Health promotion is both an art and a science. As an art, it requires creativity, both in planning ahead and responding in the moment. As a science, it's most effective when done systematically, helping you engage your community effectively. Throughout this toolkit, we'll highlight three principles of health promotion that can help you make a meaningful impact in your community.

The first principle in culturally responsive health promotion is **starting with those who are closest to the problem**. This means involving those most affected by the issue—drawing from community expertise and formal data to understand the full picture, including social, economic, community, and historical contexts. A landscape analysis is a great tool for this, helping teams understand subgroups and potential impacts. We'll show how organizations use data to identify who's "closest to the problem" later.

The second principle is **learning from the community**. We emphasize learning because it's an ongoing process that requires humility. Cultural humility plays a role here, acknowledging that we can always learn more about different cultures. Learning from the community means being open to new perspectives and ideas, even if they challenge conventional wisdom. Activities like community town halls allow direct input from residents, helping teams understand neighborhood perspectives and fostering ongoing community engagement. You'll see examples of "learning from community" throughout this toolkit.



### Cultural humility

Continuously evaluating oneself, addressing power imbalances, and forming respectful partnerships with communities, focusing on individuals' and populations' needs without being paternalistic. **For more information, watch the 2012 documentary:** ["Cultural Humility: People, Principles, and Practices" by Vivian Chavez and partners](https://youtu.be/SaSHLbS1V4w?si=bvVAeUG1K9m-O84k) (URL: <https://youtu.be/SaSHLbS1V4w?si=bvVAeUG1K9m-O84k>).

Lastly, we highlight **nurturing relationships** as the third principle. It means becoming part of the community fabric and recognizing our interconnectedness. Building trust and close relationships is key. This goes beyond surveys and focus groups to include activities like community conversations, shared meals, and participant observation—where we actively participate in community life. These activities mirror how we build relationships in our personal lives. We'll showcase examples of "nurturing relationships" throughout this toolkit too.

These principles—starting with those closest to the problem, learning from the community, and nurturing relationships—form a powerful framework for engaging communities. They help organizations gain deeper insights into community issues, build trust, and encourage community ownership in health initiatives. When we value community expertise and are adaptable, we can create more effective and sustainable health strategies that truly meet community needs. Following these principles, we can foster a collaborative and equitable approach to health promotion, ultimately leading to better health outcomes for all involved.



# **Understanding Context: Vaccine and Immunizations in Black and Latine Communities**



Nuestras Raices volunteers at a community COVID clinic at a youth soccer game.

In our work, we aim to identify all the factors that make a particular health issue look like it does today. This is crucial for all programs, but especially when the issue is controversial or stigmatized. For health practitioners, when we understand this background, it helps us grasp the causes of health inequities. When we acknowledge and address these factors in our relationships with community members, it builds trust, showing that we genuinely listen to their concerns about health strategies like getting vaccinated. This learning isn't a one-time thing; it's an ongoing process that shapes how we design and carry out culturally responsive health programs. In the NNICE initiative, for example, vaccine hesitancy was a significant and understandable concern that affected COVID-19 vaccine uptake in Black and Latine communities. We will show you what our partners learned and how they then used that information to develop vaccine promotion activities with community.

## Intro and Overview

The COVID-19 pandemic hit communities of color harder, with higher infection rates. As Ash et al. (2021) noted, these communities also faced more medical mistrust due to past mistreatment and ongoing experiences of discrimination and racism.<sup>5</sup> This mistrust worsened COVID-19 disparities, contributing to low vaccination rates among these groups.



## Challenges

There were numerous challenges in achieving vaccine equity in communities of color. Leal et al. (2023) studied the root causes of low vaccine acceptance in these communities, pinpointing issues like structural racism, distrust, media misinformation, adapting to community needs, evolving attitudes towards vaccination, and understanding alternative health beliefs (p.1). During the NNICE initiative, which focused on vaccine equity in Black and Latine communities, partners observed similar challenges. These issues likely extend to other communities of color, such as Indigenous and Asian communities.

Community-based organizations (CBOs), often non-health organizations, encountered specific hurdles in promoting vaccines. For instance, CBO staff noted challenges with seniors due to religious concerns that the vaccine was a compromise to their faith in God. There was also resistance to workplace and public setting mandates among Black and Latine residents. Latine residents also expressed fears of getting vaccines and then being exposed to U.S. Immigration and Customs Enforcement (I.C.E.). Some community members were hesitant to provide contact information, refused flyers, or didn't respond to CBO outreach efforts. Even when individuals signed up for vaccine clinics, they sometimes didn't show up or provided incorrect contact details, complicating follow-up efforts. Younger Black and Latine residents hesitated to get vaccines because they did not believe they were vulnerable to getting severely ill.

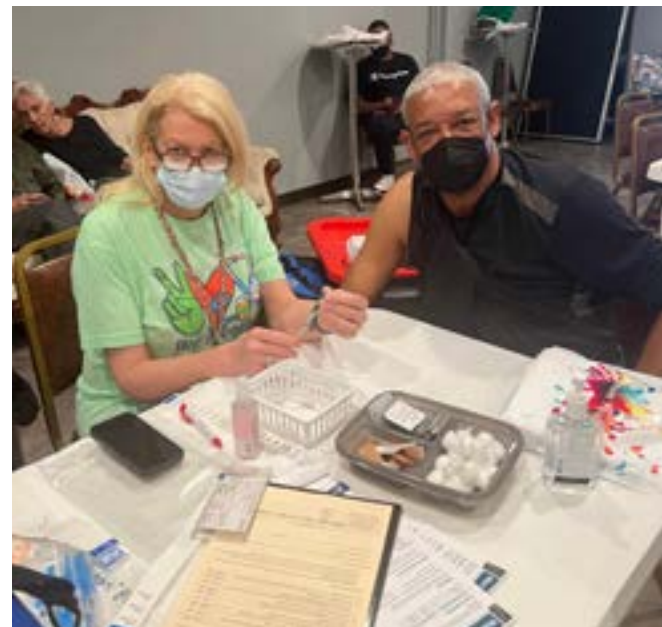
Finally, there was also a broader mistrust in science and vaccine efficacy, especially as information about COVID-19 and the vaccine changed day-to-day from their perspective. Confusion and discomfort in the community were also heightened by different vaccine variants, conflicting messages from local, state, or national leaders (such as changes in mask mandates), and related news coverage, impacting community engagement and vaccine acceptance.

Underneath these current-day concerns were fears related to the historical medical mistreatment of Black communities and general mistrust in the healthcare system.



## Factors Affecting Vaccine Hesitancy

- **Religious Concerns**
- **Resistance to Workplace and Public Setting Mandates**
- **Immigration Concerns**
- **Individuals' Beliefs about Their Vulnerability to COVID-19**
- **Mistrust in Science**
- **Concerns about Changing Information about COVID-19**
- **Historical Medical Mistreatment**
- **Mistrust in the Healthcare System**



Sisters From Another Mother Program.  
See case study on [page 27](#).



Media Genesis Solutions staff promote COVID-19 science clips at a health fair.

CBO staff also dealt with hurdles related to vaccine access and the resources they had to promote vaccines. Many of these challenges were not specific to COVID-19 outreach, but general challenges that come from working in vulnerable communities without many economic resources. Additional challenges community-based organization staff highlighted included staffing shortages, time constraints, inability to address behavioral health concerns related to vaccine acceptance, lack of funding, and logistical and accessibility issues.

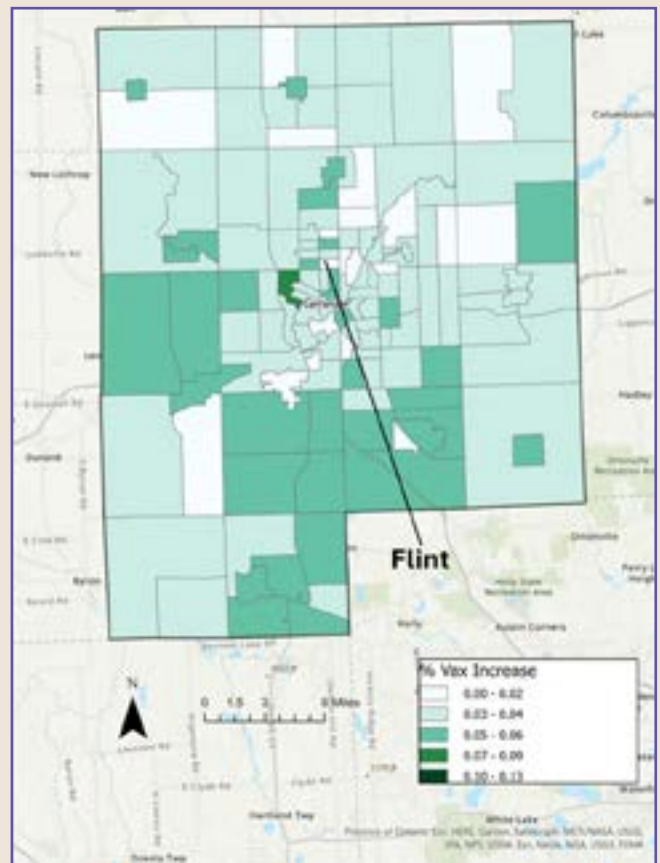
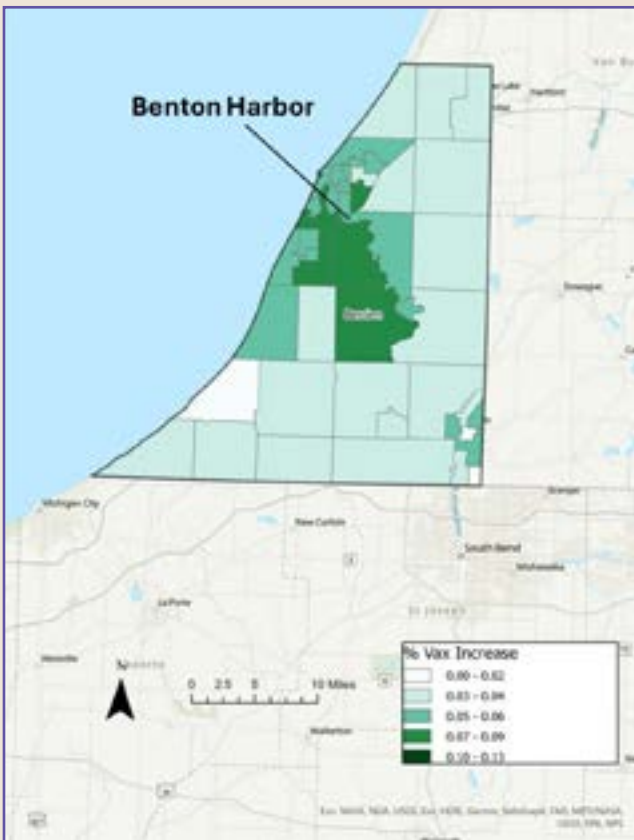
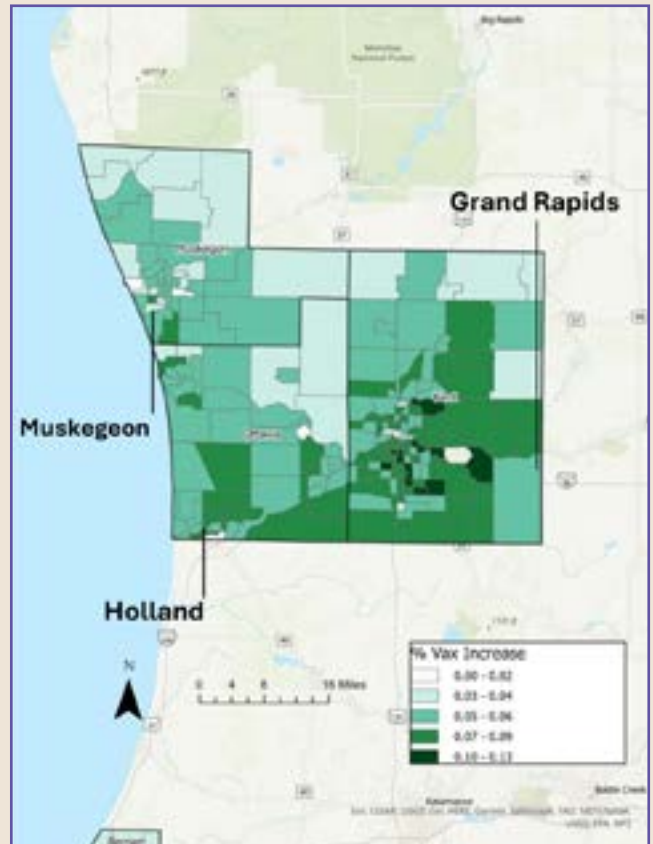
For example, CBOs often already had existing staff limitations before COVID-19. Their capacity was then more limited, which made it difficult to find resources to hold pop-up events in places where people were in community, like youth athletic events or community fairs. They also had to coordinate with different vaccine vendors, health departments, and pharmacies, which presented challenges related to logistics, timing, and vaccine availability.

Other challenges included scheduling appointments, ensuring vaccine supply matched demand, and managing communication with vaccine providers. Lack of transportation posed a barrier to accessing vaccination sites. Coordinating with healthcare providers and vaccination vans, as well as finding suitable and weather-friendly locations for events, also presented challenges.



# Vaccination Rates

The following three maps represent changes in COVID-19 vaccination rates within counties where NNICE project took place. Using the State of Michigan's Lighthouse data of vaccination percentages at the census tract level, we identified the % increase in vaccinations from Dec 2021–Aug 2022. While we cannot attribute increases in vaccine rates solely to NNICE projects, these maps allow us to better understand how vaccine uptake has expanded. Given the widespread implementation and geographic diversity of community-level projects, it is likely that the work of NNICE grantees made a meaningful contribution to increases in COVID-19 vaccine uptake.



## Opportunities

NNICE CBO partners were able to work with these challenges to make a powerful impact on vaccine equity in their communities. Based on what we learned, we share recommendations that complement the strategies outlined in the second part of this toolkit. Addressing vaccine hesitancy in these communities is crucial and begins with rebuilding trust, making structural changes to the healthcare system, recommitting to closing equity gaps, and addressing community needs and concerns (Faherty et al., 2022)<sup>6</sup>.

### Leal and colleagues<sup>7</sup> recommended the following:



Listen to community members' needs and concerns.



Acknowledge uncertainties on vaccines and institutional distrust.



Hear residents' healthcare priorities and interests to inform initiatives and practices built on locally gathered data.



Address misinformation through informed messaging and communication.



Take interventions and distribution to where residents live delivered by trusted community members.



Establish vaccine equity task forces.



Continue to invest in a culturally competent infrastructure for healthcare education and delivery.



While not covered extensively in this toolkit, it's essential to highlight the impact of strengthening partnerships. NNICE partners, for example, enhanced vaccine access and uptake through collaborative efforts with community members and health services. CBOs expanded their service portfolios to include health services and collaborated closely with health departments to improve vaccine accessibility and promote equity. Through these partnerships, they gained valuable insights into effective outreach strategies and refined their approaches based on practical experiences.

NNICE community-based organizations (CBOs) addressed challenges by focusing on rebuilding trust in communities with high vaccine hesitancy. This involved listening to community concerns, providing accurate vaccine information, and assessing community knowledge about vaccinations. Another effective approach was fostering trust within organizations by organizing events with trusted leaders and community champions to boost engagement and relationships. We'll explore these strategies further in Section 2.

## Application : Understanding Context

In this section, we start with a look at Health Behavior frameworks that form the basis for our strategies.



Media Genesis Solutions: Listen Science Series on Black scientists role in COVID-19 Vaccines.



Receiving COVID-19 Vaccine.



### Observation

What are some reasons why people in communities of color might not trust vaccines historically and today? How can we help rebuild that trust and make sure everyone gets vaccinated?



### Reflection

What parts of this section remind you of things you've seen in your own life or in the lives of people in your community, both now and in the past?



### Interpretation

What new perspectives does this give you? What are some of the historical and systemic factors that contribute to other health issues you or your organization deal with?



### Decision

How do you plan to consider these factors in your programs? Now that you have an idea of how this works, what are the first steps you can take to include this in your work? How do you think this will play out?





# **Culturally Responsive Health Promotion Strategies**

**We will then dive into the three strategies and the corresponding activities (called “promising practices” in NNICE) you’ll find:**

- 1 Engagement**  
Engaging the community with local immunization champions.
- 2 Education**  
Sharing information in the community using health campaigns specific to their communities and culture.
- 3 Communication**  
Spreading the word throughout the community about vaccines through social media campaigns.

**We will also highlight examples of the three principles of culturally responsive health promotion in action:**

- 1 Starting with those closest to the problem.**
- 2 Learning from community.**
- 3 Nurturing relationships.**



For more information about these principles, see the section “Key Principles of Culturally Responsive Health Promotion” on [page 11](#).

## Health Behavior Frameworks

In health promotion, using culturally responsive frameworks and health behavior theories is crucial. They help ensure that our strategies are effective and based on solid evidence. These theories give us insights into what influences people's health behaviors and attitudes. While some theories may work better for certain communities, our goal is to provide frameworks that can help everyone improve their health outcomes. For example, theories like the Theory of Planned Behavior, Health Belief Model, Social Cognitive Theory, and Diffusion of Innovations give us a deeper understanding of how behavior change happens. This helps us tailor our strategies to fit the needs and preferences of the people we're trying to reach. Using these theories also helps us design, implement, and evaluate health programs in a systematic way, making sure they're based on evidence and have a real impact. By using these proven methods, we can bring together research and best practices to create positive changes in communities.

### Behavioral Health Theories

#### **Theory: Theory of Planned Behavior (TPB)**

#### **Model: Triadic Model (Attitudes, Subjective Norms, Perceived Behavioral Control)**

**Overview:** TPB says that what people do is shaped by their attitudes towards the behavior, what they think others expect them to do, and how easy or hard they think it is to actually do it.

**Utility in Public Health:** TPB is widely used in public health to understand and predict health-related behaviors, including vaccination uptake, adherence to medical recommendations, and health promotion efforts.

**Link/Website:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449860/>

#### **Theory: Health Belief Model (HBM)**

#### **Model: Multidimensional Model (Perceived Susceptibility, Severity, Benefits, Barriers, Cues to Action)**

**Overview:** HBM suggests that how people act regarding their health depends on several factors: how likely they think they are to face a health problem, how serious they think the consequences are, the benefits they see in taking action, the obstacles they believe are in the way, and the triggers that push them to make a change.

**Utility in Public Health:** HBM is useful in public health for understanding how people see and react to health risks. It guides the creation of programs that encourage preventive actions like getting vaccinated, going for screenings, and managing diseases.

**Link/Website:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5132991/>



Teen Mental Health First-Aiders celebrating.

**Theory: Social Cognitive Theory (SCT)**

**Model: Triadic Reciprocal Causation Model (Personal Factors, Environment, Behavior)**

**Overview:** SCT focuses on how personal factors (like beliefs and attitudes), environmental influences (like social norms and support), and individual behavior all interact. It emphasizes the importance of learning by watching others, believing in one's own ability to succeed (self-efficacy), and expecting positive results from one's actions.

**Utility in Public Health:** SCT is valuable in public health because it helps design interventions that change behavior. It focuses on boosting people's confidence in their ability to succeed (self-efficacy), offering role models to learn from, and changing environmental factors to encourage healthy habits.

**Link/Website:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4239380/>

**Theory: Diffusion of Innovations (DOI)**

**Model: S-Curve Model (Innovation, Communication Channels, Social System, Time)**

**Overview:** DOI explains how new ideas, products, or behaviors spread in a community over time through communication and social networks. It categorizes people into groups like innovators, early adopters, early majority, late majority, and laggards, based on how quickly they embrace new things.

**Utility in Public Health:** DOI is relevant in public health for understanding how new health innovations, like vaccines or technologies, are adopted and spread within a community. It helps in creating strategies to speed up the acceptance and use of these innovations.

**Link/Website** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5607649/>



# **Community Engagement Through Community-level Immunization Champions**





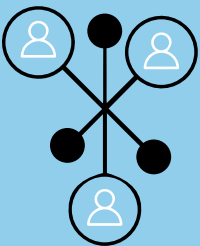
Sisters from Another Mother.



Zandra Charla.

## Introduction

The first strategy we share with you is engagement. We like this definition from the World Health Organization: “a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes”<sup>8</sup>. There are many ways to engage community in a health promotion program or initiative from the beginning to the end of a project. One recommendation we share is to engage community residents as early as possible. Another recommendation is to share decision-making power when making plans for how an engagement strategy will play out.



### On Using “Stakeholders”

We want to highlight that there has been conversation and action on the use of the word ‘stakeholders’ in public health (and other fields as well). The use of the word can be complicated due to its colonial origins, in that it has been used to note which parties in a relationship have “stake” or ownership of a particular thing, such as land. Some indigenous groups have discouraged use of this word for that reason. While we share this definition from WHO, we typically recommend that groups use alternative words or phrases like “partners”, “invested parties”, or “constituents”.

## Community-Level Immunization Champions

One way community-based organizations engaged communities during the COVID-19 pandemic was through Community-level Immunization Champions. **These champions are individuals within the community who bridge the gap between knowledge about vaccines and those who haven't been vaccinated.** They don't need a formal title but are trusted and supported by their community. They have built relationships before they started to champion the vaccine. Trust is crucial because we tend to trust people who look like us or who we feel represent us and our communities. Trust grows over time through being open, fair, and showing that they're on our side.<sup>9</sup>

To be effective, champions need to listen to people's concerns without judgment, know where to find reliable vaccine information and share their own experiences with vaccination. They often partner with medical professionals to add credibility, attend events, and spread information. Champions create a space for open dialogue, letting community members make their own decisions about vaccines and health behaviors, without being told what to do. This approach offers a trusted alternative to government messages, which haven't always been trusted by marginalized communities.

Champions also play a critical role in dispelling misinformation and building community trust. By sharing their personal vaccine stories, including any side effects they experienced, they help others understand what getting vaccinated is really like.

NNICE partners learned that building a strong relationship with the community was crucial for their champions to succeed. This was achieved by consistently showing up to different community events and fulfilling promises they made to follow up with services and information. The impact of showing up extends beyond the number of community members present; it fosters trust and demonstrates commitment. Respecting people's opinions and providing scientific understanding through testing helps establish credibility and trustworthiness. While misinformation may be present, CO staff were able to establish themselves as reputable sources for accurate health information.

Community-level champions follow key principles from the promoter model, supported by Building Healthy Communities<sup>10</sup> and several other organizations.

### **They embody the core characteristics and values of promoters (or, in our case, Community Level Champions) such as:**

- 1** They build equal relationships based on trust, understanding, and respect.
- 2** They're dedicated to sharing information and resources.
- 3** They approach the community with empathy, love, and compassion.

- 4 They're accessible and trusted members of their community.
- 5 They share similar life experiences with the community.
- 6 They have a strong desire to serve, tirelessly dedicating themselves to their community.
- 7 They speak the community's language and understand its cultural traditions.
- 8 They act as a bridge, connecting the community to resources and ensuring institutions meet community needs.
- 9 They're natural advocates committed to social justice.
- 10 They're effective role models for inspiring community change.

Community-level champions excel because they intimately understand community needs, challenges, and experiences. This deep insight enables them to customize engagement strategies effectively. Moreover, their ability to foster openness and understanding, leveraging the trust they've built, makes them invaluable assets in community health initiatives.



Nuestras Raíces hosting a vaccine clinic.





## Case Study: Addressing Vaccine Hesitancy through Community-Level Vaccine Champions

In the face of widespread vaccine hesitancy, especially in her Benton Harbor community, Diane Young from Sisters from Another Mother recognized the importance of addressing misinformation and building trust to encourage vaccination uptake. Diane stated: **“They know us, they trust us, they work with us. We work with the community in many other areas. So, we just wanted to do that because early on, there were so many hesitant people”**. Diane’s mission surrounding community was simple; **“We’re just gonna love on ‘em and we’re gonna continue to love on ‘em.”**

Standing firm in this prioritizes community needs and only engaged with the community in ways that they were comfortable with. This mission aligned with her non-profit’s mission to build community, help to provide more unity, and make their community a better place to live.

Sisters from Another Mother achieves this by collaborating with other non-profits, volunteering, and offering resources to address various community needs. This project was no different in developing partnerships. Sisters from Another Mother collaborated with Michigan WORKS! Disability Rights Michigan, and Berrien County Health Department providing education, resources, and community engagement initiatives. By leveraging existing relationships, they positioned themselves as trusted advocates for health and wellness. To engage with community members, they created culturally responsive and engaging events (providing food and a positive atmosphere) where they invited professionals to be in the space so that people could have their questions answered and learn for themselves beyond what they had heard online or from their peers. The communities they served had fears that the vaccines were going to hurt or kill them, and they were providing information from professionals to assuage those fears.



Sisters from Another Mother.

Her funding partner, Susie Matheney from Berrien Community Foundation, emphasized Diane’s key role in creating a trust-focused space, saying **“the description of what we were trying to do was, we were gonna approach this with care and love and you know, believe in what people were telling us and in what they were comfortable with. We’re gonna just keep approaching that way to build trust because the trust was the winner every time. Diane was very successful because they have trust, they have built trust with the community”**.



**How did Sisters From Another Mother “nurture relationship” throughout their programs?**

The hard work of Diane, Sisters from Another Mother and partners led to increased access to holistic programs for community members and increased vaccine uptake. Sisters from Another Mother’s proactive approach to addressing vaccine hesitancy serves as a model for community engagement and empowerment. By fostering trust, providing comprehensive support, and embracing cultural sensitivity, they have made significant strides in promoting health and well-being within Benton Harbor.

## Key Considerations

1

### Building Trust

When you engage consistently and communicate openly, trust grows in the community. Community-Level Immunization Champions play a crucial role in dispelling misinformation because people are more likely to trust someone they already know and feel comfortable with.

2

### Community Empowerment

Taking a holistic approach empowers community members to make informed decisions about their health. By addressing various needs and offering comprehensive support, it strengthens unity and solidarity within the community.

3

### Utilizing Existing Relationships

Leveraging established relationships and community networks enhances outreach efforts and builds trust more effectively.

4

### Tailored Approach

Every community is unique, so it's important to customize approaches that consider cultural, social, and economic factors.

5

### Holistic Support

Addressing vaccine hesitancy goes beyond just medical solutions. Providing comprehensive support and tackling underlying issues contribute to overall community well-being.

## Application: Engagement



### Observation

What caught your attention about champions and how they approach their activities?



### Reflection

What seems most critical to the work of being a champion?



### Interpretation

What would you need to consider if you include a champion in your or your organization's health promotion work?



### Decision

What ideas or actions has this section sparked for you? Now that you have a sense of how this all works, what are the first steps you think you could take to integrate this into your work? How do you see yourself putting these ideas into action?





# **Community Education Through Community-Specific Health Campaigns**



Nueva Vida staff working a community COVID clinic.

## Introduction

The next strategy we share in culturally responsive health promotion is education. In public health, education is “the process of teaching strategies and learning experiences that provide community members with opportunities to acquire the attitudes, knowledge, and skill necessary for making health-enhancing decisions”.<sup>11</sup> Health education can take place in different environments. For example, this definition we share above comes from the sub-field of school health, where those who provide health education do so in the classroom. Education can also happen through mass media outlets like newspapers and radio (another one of the NNICE Promising Practices!). Health education campaigns can also be developed using several techniques. Sometimes, they are developed using only the theories we shared at the beginning of this section. They may focus on place by speaking to people in a certain location, like a state or city. The people who are meant to receive the education may not take part in the planning or development of those health messages. In NNICE, the education campaigns were developed by community and for community.



For more information on health behavior theories, see the table on [pages 21-22](#).

## Community-Specific Health Campaigns

Community-specific health campaigns are all about educating communities in ways that resonate with their culture and identity. **Community-specific education campaigns focus on sharing health information, like adult vaccine information, using methods that are specific to each community or subgroup, like dropping off flyers or hosting webinars.** By understanding and respecting the norms and values of the focus audience, these campaigns can effectively boost vaccine confidence and similar public health messages among communities of color.

When planning these campaigns, it's crucial to think about how deeply to engage with the community. This means understanding what the community prefers and what they have access to. Direct engagement strategies, like hosting community forums or going door-to-door, allow for personal connections and build trust. On the other hand, passive strategies such as posters and social media can reach more people but might need extra effort to spark meaningful conversations.

In the NNICE initiative, community-based organization (CBO) staff listened to community members' concerns and knowledge about COVID-19 through a formative evaluation process. This helped them tailor their messages to resonate with the community and reach areas with lower vaccine rates effectively. By centering community voices and involving local leaders in campaign planning, they made sure the messages were authentic and relatable.

Language and how messages are framed also play a big role in shaping public health behaviors. For example, government vaccine confidence campaigns are designed to boost adults' confidence in vaccines. Using a mix of media, such as posters, videos, and digital content, ensures that the messages reach people with different preferences and learning styles. It's crucial that every medium used is culturally relevant, visually appealing, and accessible.

Choosing visuals that authentically represent the community is equally important. Visuals can strongly influence how messages are perceived. They should celebrate the diversity and strengths of the community without falling into stereotypes. Examples include photos or illustrations of people with a variety of skin tones or individuals in wheelchairs. This approach helps create positive representations that resonate with the community, contributing to improved health outcomes and equity.

NNICE CBOs found success by hosting events in trusted community spaces and tailoring their outreach to different sub-communities within specific ethnic and geographic contexts. They partnered with trusted messengers from churches and faith-based organizations and used Spanish-language media to engage the Latine community. Older adults typically avoided electronic promotions and instead hosted enjoyable events to encourage participation, such as health fairs and church fellowship events.



### Formative Evaluation

Did you know you can evaluate your program and use the results to make program changes while you are still implementing it? Formative evaluation is a process of learning about how a program is being implemented in real time and making changes that help you better achieve your desired outcomes.

For more information, check out Chapter 7 in the CDC's Principles of Community Engagement (2nd ed): "Program Evaluation and Evaluating Community Engagement". We also offer an example of easy tracking tool we designed for NNICE community partners to track their outcomes in real time ([see Appendix B](#)).

**Schillinger et al. (2020) also emphasize how different aspects of health communication can significantly affect their effectiveness. Using a culturally responsive framework ensures that these aspects, including:**

**1**

### **Framing and Content**

This is about how messages are presented, and the language used. It's important that messages are clear, grab people's attention, and keep them interested.

**2**

### **Sources and Messengers**

Whether it's official sources like health departments or unofficial ones like community leaders, who delivers the information matters. People trust sources they find credible.

**3**

### **Platform Characteristics**

Where messages are shared and who uses those platforms can affect how many people see and understand health messages.

**4**

### **Timing of Messages**

When messages are sent out can make a big difference. Timing them right is key to making sure they have the most impact.

**5**

### **Volume of Messages**

How often messages are posted and shared can affect how much people engage with and remember the information.

**6**

### **Role of Amplifiers and Detractors**

People or groups that spread messages (amplifiers) or challenge them (detractors) can influence public opinion. This includes social media bots.

**7**

### **Message Sponsorship Disclosure**

Being clear about who's behind the messages and any interests they have is crucial. It helps people trust the information.

**8**

### **Rules and Regulations**

How much control platforms or governments have over what information is shared can affect how easily people can find and use health information.

**Fournet et al. (2018) found four groups of people who either aren't protected enough or not protected at all from diseases that vaccines can prevent. These groups are important to consider when planning community goals and strategies to build confidence in vaccines:**

**1**

#### **The Hesitant**

These are folks who worry about vaccine safety and are unsure about why, when, and if they should get vaccinated. They might benefit from learning more about how safe and effective vaccines are to ease their concerns.

**2**

#### **The Unconcerned**

People in this group don't see vaccination as a big deal and might not think they need it. They could use some education to understand why vaccines are important and the risks of not getting vaccinated.

**3**

#### **The Poorly Reached**

These individuals face challenges getting access to vaccines due to issues like money problems, being excluded socially, or logistical issues like getting transportation to vaccine distribution events. It's crucial to make vaccines more accessible by addressing these barriers and making it easier for them to get vaccinated.

**4**

#### **The Active Resisters**

This group holds strong beliefs—whether personal, cultural, or religious—that make them against getting vaccinated. To change their minds, it's essential to respect their beliefs while giving them accurate information and addressing any fears or misunderstandings they have about vaccines.

The NNICE CBO staff encountered and collaborated with community members falling into various categories identified by Fournet et al. (2018). Building trust, respecting community expertise, and maintaining a nonjudgmental approach were crucial elements of their outreach efforts. They successfully increased vaccine uptake by actively listening to concerns, combating hesitancy with targeted information, and encouraging vaccination consideration.

For individuals categorized as Hesitant, the staff recognized the importance of acknowledging and addressing historical injustices in healthcare. This approach was essential for establishing trust and forming meaningful connections with hesitant community members.

In dealing with Active Resisters, outreach strategies included providing educational materials that directly addressed concerns expressed during informal community discussions. They also organized culturally relevant events where community members could engage with healthcare professionals and participate in discussions about COVID-19 and broader health topics.

Throughout their efforts, NNICE CBO staff prioritized listening to community members without judgment and strived to provide comprehensive information to promote overall health and well-being. These strategies were instrumental in fostering community trust and encouraging vaccine acceptance among diverse population groups.





## Case Study: Community Specific Health Campaigns

Christen Miller, founder of Future Endeavors Life Program (FELP), wanted to educate her community about the COVID-19 vaccine in the face of misinformation. To create an inclusive space, she focused on an education-forward approach, stating, “[we are focused] more on educating rather than pushing the vaccine on someone; taking the time to educate and allowing them to feel comfortable with going to get the vaccine and also making that choice for themselves.” This outlook prepared them for a community-centered approach to vaccine education and uptake.

One of the key groups within the community that they focused on was youth. FELP has a youth development program focused on working with at-risk ages 10 to 17. According to Christen, this program “not only [included] relaying that information to them so that they relay it to their peers, but to also involved them in what we were doing and allow them to be a part of something and actually learn something and take it back to not only their communities.” Youth members were able to converse beyond COVID-19 on other aspects of health, allowing youth to become vulnerable about their thoughts and concerns about health and wellness. The focus is on giving youth agency to learn and share with their peers, families, and community members. Additionally, FELP partnered with organizations to help educate as the vaccine for youth came out. Christen shared that “we knew we had to put on a youth type of event; what could we give for them to come out? So, we partnered with somebody that was already doing a back-to-school program. We set up a table with information on it had COVID tests and just information about the children receiving the vaccines and that vaccines were available before they went to school ... [we were] finding out what events were going on and if we can just come and set up a table as a vendor and being able to just be present among our population that we’re serving”. The team often had partners administering vaccines at events in case individuals decided that they would like to have the vaccine at that moment.



Future Endeavors Life Program.



**How did FELP “start with those closest to the problem” to develop vaccine promotion education campaigns?**

Throughout the process, FELP’s approach was centered on education and respect for individual decision-making. Working with the youth got over 10 years, they understand the power of choice and our goal for FELP is not to make decisions for our youth but to help them make the right decisions for themselves by providing the proper resources. They recognize the importance of “continuing to meet people where they are. Especially in the communities that we serve, where we meet people exactly where they are. Understanding, allowing them to have their own voice for one. Not taking their voice away on what they should do and what they shouldn’t do and everything. Because I mean, the world is already like that now but allowing them to have a safe space to discuss” Christen shared. This approach created a safe and open environment for communities to feel comfortable, learn, and develop their own ideas about the vaccine based on reliable information.



Future Endeavors Life Program.

## Key Considerations

1

### Integration with Broader Health Initiatives

Connect health education efforts with larger public health plans and policies. This helps create a unified approach to tackle community health issues effectively.

2

### Resource Allocation

Make sure there are enough resources like money, staff, and materials to support strong health education strategies. Plan for scalability based on how many people the campaign reaches and how successful it is.

3

### Evaluation and Feedback

Regularly check how well health education campaigns are working by getting feedback from the community and others involved. Use this information to adjust and improve strategies to keep them useful and on point.

4

### Cultural Competence and Humility

Ensure all health education respects and fits with the culture, economics, and languages of the community. This means not just translating materials but also making sure they reflect the beliefs and values of different cultural groups.

5

### Community Engagement

Involve a wide range of people right from the start, such as community leaders, doctors, and local residents. Their ideas will help create more effective education plans and build trust.

6

### **Training for Educators**

Train everyone involved in health education on how to communicate well. This includes learning about cultural differences and how to respect them, as well as understanding what each community needs.

7

### **Leveraging Technology**

Use new technology like social media and apps to reach more people and keep them interested in health education. These tools can provide personalized and timely health information to the community.

8

### **Accessibility**

Make sure health education materials can be used by everyone, including those with disabilities. This might mean making materials in formats that are easy to use for people with visual, hearing, or thinking differences.

9

### **Legal and Ethical Considerations**

Always think about the rules and what's right when planning health education. This includes keeping people's private information safe, getting permission to use data, and avoiding any kind of unfair treatment.

10

### **Sustainability**

Design health education plans that can keep going for a long time. This way, the work can have a lasting impact on health and help people stay healthy over time.

## **Application: Engagement**



### **Observation**

What do you find most interesting about community-specific health education campaigns?



### **Reflection**

What do you think is most important for making a health education campaign really tailored to the community?



### **Interpretation**

Based on the previous question, what options are open to you or your organization?



### **Decision**

What ideas or actions does this section spark for you? Now that you've got a sense of how this works, what are the first steps you can take to bring this into your work? How do you think you could make it happen?



# **Communication Through Social Media Diffusion**





Senior Infographic.



Flint Courier News.

## Introduction







The last strategy we share is communication. We offer a definition of communication from Healthy People 2030: the exchange of information and message that affect health and well being<sup>12</sup>. The goal of any health communication efforts are to help people easily understand health information so that they can make decisions about their health and healthcare. Health communication strategies can use different tools to share this information. Some NNICE partners, for example, used gas station videos to share information about vaccines and where people in the community could obtain them.

## Social Media Diffusion

One of the common tools used by NNICE partners to spread health related information and share event invitations was social media. **We define a social media diffusion campaign as one that shares information on social media, including messaging, on platforms such as Facebook, YouTube, WhatsApp, Instagram, TikTok, Snapchat, Reddit, Pinterest, Twitter, LinkedIn, to reach vast audiences.** In today's digital world, social media is crucial for spreading health info. About 8 in 10 Americans use at least one platform, showing its power to reach diverse groups fast.<sup>13</sup> Public health groups are catching on, using it to share tips, key info, and connect with tough-to-reach communities. For example, one NNICE partner, Black Public Media, supported NNICE grantees, as well as other content creators, in producing social media-friendly campaigns. One effort, Covid Conversations, spoke with 170 Baltimore area residents and distributed Covid-19 information and testing kits. They used the footage to create four episodes that reached 296,000 on Facebook and Instagram (26k) as well as TikTok (270k). They also drew 9,700 to the Covid Conversations website.



This example shows how social media can be a powerful communication tool for health messages. But to really make it impactful, you need to know how social media works.

	Who is your audience?	How can you reach them?	What are your goals?
<b>Choosing The Right Social Media Platform</b>			
<b>Demographics</b>	 2.7 Billion Users Ages 25-34	 353 Million Users Ages 30-49 68% Male	 442 Million Users Ages 30-49 78% Female
<b>Purpose</b>	Building Relationships	News & Articles: Conversation	Scrapbooking
<b>Best For</b>	Building Brand Loyalty	Public Relations	Lead Generation: Clothing, Art & Food Businesses
<b>Downside</b>	Limited Reach	280 Characters Or Less	Images & Video Only; Narrow Demographic
	 2.3 Billion Users All Ages	 740 Million Users Ages 46-55	 1.2 Billion Users Ages 25-34
	How To, Lifestyle, Educational	News & Articles: Networking	Building Relationships: Conversation
	Brand Awareness: Lead Generation	Business Development: Brand Awareness	Lead Generation: Retail, Food, Entertainment, Beauty Industry
	Resource Intensive	Limited Interactions	Images & Video Only
			Building Relationships: Conversation
			Building Brand Loyalty & Community
			Videos Only; Very Specific Demographic

Original Image Source: Choosing the Right Social Media Channels for Your Business, by Erastus Hamunjela.  
<https://www.linkedin.com/pulse/choosing-right-social-media-channels-your-business-hamunjela/>

**Here are some tips for using social media effectively, as well as lessons learned by NNICE grantees in using social media campaigns and engaging PSAs (public service announcements) to share information effectively and resonate with the community<sup>14</sup>:**

1

**Define and identify your audience.**

Take time to decide what groups you want to reach. One idea is to build an “audience profile” for your campaign. For NNICE campaigns, CBOs knew they wanted to reach groups of unvaccinated Black and/or Latine residents.

2

**Define your goals.**

Decide what you want groups to learn or take away from the social media posts. It is helpful to keep messages short and to the point. NNICE grantees wanted to communicate the safety of COVID-19 vaccines as well as where people could receive vaccines.

3

**Find your audience**

There are many things to consider here. Timing is key – post when most people are online to boost your message. Keep your posts consistent to avoid confusion. It is also important to select the right social media platform. The graphic above illustrates some of the considerations for popular social media platforms. NNICE grantees learned that Facebook and Instagram were useful platforms for their audiences. They also learned that it helped to utilize social media champions in their organizations (people who were better at using the technology) and leverage existing social networks to amplify message reach.



Ottawa County Health Department created a series of COVID 19 PSAs for mass education.

When it comes to politicized health messages, it is important that social media content does not shame those who do not agree with the health messaging. Instead, it is more effective to design messages that are more inclusive of diverse community attitudes. During NNICE social media campaigns, CBOs’ posts were the target of “anti-vax” messaging in comment threads. However, they learned to not be combative. Instead, they were consistent in clarifying inaccurate information and encouraging residents to stay healthy no matter what choices they made about getting vaccinated. By doing this, they were able to maintain trust from the community, resulting in people getting vaccinated who were initially hesitant. By using personalized content, teaming up strategically, and staying connected, health workers and educators were able to use social media to shape how people see vaccines. Social media is a cost-effective and powerful tool in public health for promoting education and advocacy. By incorporating these platforms into their communication strategies, public health educators can greatly enhance the reach and impact of their health promotion efforts.



Covid Conversations (2023)  
[\(373\) Covid Conversations - Youtube](#)



Well - Sundance Film Festival Finalist



## Black Public Media (BPM)

Black Public Media (BPM) “**supports the development of visionary content creators and distributes stories about the global Black experience to inspire a more equitable and inclusive future**”. Their partnership has been critical in the creation of culturally responsive messaging about COVID vaccines in the NNICE. BPM’s signature events were its Black Media Story Summits, day-long conferences to promote culturally responsive health messaging and highlight emerging media creators producing content related to COVID and other adult vaccines.

These virtual Story Summits were conduits for BPM’s grant program for media creators. Several projects emerged from the Baltimore summit. One effort, Covid Conversations, reached 270,000 on Tiktok and won an Anthem Award, a national award for mission-driven social impact work. Another project, Well, an illustrated narrative about one Black family’s experience with COVID, was a finalist for the Sundance Film Festival.

### Black Public Media:

<https://blackpublicmedia.org/>



## Case Study: Social Media Campaigns

The Flint Courier News has been around for 40 years as a trusted news source in the community for 40 years, providing both online and printed publication. Their NNICE representative, Tanya Terry emphasizes the importance of maintaining a presence in traditional print media, recognizing its significance in reaching local churches, which are predominately African American, and high-traffic public places frequented by the community. Additionally, the Flint Courier News embraces new engagement with the diverse population of Flint.

Tanya and her team turn to social media platforms like Facebook, Instagram, and YouTube to amplify their newspaper-based mass public health education. By curating content from credible sources and sharing emotional testimonials, they combat misinformation and build trust in vaccines. Personal stories resonate deeply with their audience, humanizing the issue and encouraging dialogue. To lend additional credibility to their stories and videos, they made sure that the media was reflective of the communities that they wanted to reach.



Flint Courier News.

On the topic of reader education, Tanya stated, **“We never tried to tell people they have to get the vaccine. We just use the message framing to increase attention to the content, highlighting the cost of failing to get the vaccine versus the benefits of getting the vaccination”**. To accompany the approach, they summarized reports on social media so readers could have a quick read while supplying the full report links to provide full information if they were interested.



**How did the Flint Courier News help their readership “learn from community”?**

To accompany personal stories, they included information from trusted doctors in the community and beyond. With the articles that they wrote, they would also provide flyers from other organizations and ones they designed themselves. To capture and sustain readers’ attention, Tanya mentioned that **“every week [they] would have one to two articles pertaining to the vaccine so people could get the messages up front and center but weren’t oversaturated because there was a nice mix of other information. I think that that helped a lot.”**

Flint Courier News was able to accomplish widespread reach on a limited budget by partnering with the NNICE network and additional partners to receive some of their data and flyers. Additionally, instead of producing YouTube content, which can be expensive and time-consuming, they used videos that were from trusted and reliable sources that share in their mission. Ultimately, the Flint Courier news was able to make a large impact and continue sharing about vaccines, both COVID-19 and beyond, to combat misinformation and increase vaccine uptake in their community.

## Key Considerations

1

### **Leverage Engaging Visual Content**

Social media relies heavily on visuals. Using captivating graphics and multimedia is crucial to grab and keep the audience's interest. For example, sharing COVID-19 infographics on social media helped address misinformation about the disease and vaccines.<sup>15</sup>

2

### **Identify and Understand Your Audience**

When crafting public health messages, it's essential to know your audience well. For example, if your campaign aims to COVID-19 vaccines to older Latine residents, the tone, style, and visuals should appeal to their interests and values. Understanding their preferences, needs, and concerns is critical for creating effective online health campaigns. You can learn more about these by engaging people in conversation through focus groups, informal interviews or even surveys if time is limited.

3

### **Adapt Messages to Suit Each Platform**

Social media platforms vary widely in their content formats and user behaviors, so it's crucial to tailor messages accordingly. This customization not only makes content more shareable but also enhances engagement. For instance, the Centers for Disease Control and Prevention found that Twitter was helpful in sparking and understanding public discussion about COVID-19 at the beginning of the pandemic. Other platforms, like TikTok and Facebook, might be better used for lengthier health education messages.<sup>16</sup>

4

### **Collaborate with Experts and Organizations**

Partnering with experts and organizations can greatly amplify the reach and impact of health messages. By collaborating and cross-posting content with entities like schools, hospitals, or nonprofits, public health professionals can effectively engage diverse audiences, including vulnerable or rural communities. This collaborative approach not only expands the reach of health information but also promotes health equity by ensuring that important messages are accessible to all.

5

### **Consistently Post Content**

Consistently posting on social media not only keeps your audience engaged but also builds trust within your community. Regular interactions help your content gain visibility through social media algorithms, ensuring a steady flow of accurate and practical health information to the public.



## Application: Engagement



### Observation

What did you notice about social media campaigns in this context?



### Reflection

What elements of a social media campaign seemed most exciting to you?



### Interpretation

What do you need to consider in designing a social media campaign?



### Decision

What ideas or actions does this section spark for you? Now that you've got a sense of how this works, what are the first steps you can take to bring this into your work? How do you think you could make it happen?

## Conclusion

The NNICE toolkit provides a thorough and culturally sensitive approach to improving health equity in Black and Latine communities. The strategies were developed in partnership with Black and Latine communities but can also be adapted for use in work with other racial/ethnic communities. It's based on solid health behavior theories and focuses on empowering communities and respecting their cultural backgrounds, which is key for effective public health efforts. The toolkit starts by highlighting three key principles: working closely with those most affected, learning directly from the community, and building strong relationships. Following these principles helps teams create health programs that truly meet community needs, especially when health topics are politically charged, like COVID-19 vaccination.

In the next part, we zoomed in on three strategies to promote health that fit with different cultures: engagement, education, and communication. These methods show how to get people involved and talking about health issues. These plans can work with other ideas from the earlier principles. Each step needs a deep connection to the community and a promise to help their wellness for the long term.

We then illustrated three activities used to implement these strategies regarding the NNICE COVID-19 vaccine promotion initiative: 1) community champions, 2) community-specific education campaigns, and 3) social media diffusion campaigns. We also provided health ideas and frameworks that back up these actions. We want you to use the plans, ideas, ways of thinking, and things to do in this book for all health ideas. Whether you work with a group or do work on your own, we have tools to help you. These can be questions to think about, examples of other things people have done, ways to get more help, and ways to check how well things are going. As you start your health ideas, use what we offer here. We hope you can call or email us at MPHl with any questions or if you need help. We are happy to help you!



# Appendix

## Appendix A: CRREEE Tenets

At MPHI's Center for Culturally Responsive Engagement (CCRE), we "lead with race" in our evaluation and other strategic activities. We consider the impact of racism in driving the issues that are the focus for the programs and policies we evaluate; for example, we consider how racism has impacted COVID vaccine access and uptake.

We account for and seek the collaboration of communities invested in programs and evaluation when we design and implement data collection tools; for example, we spoke with several community partners while designing and revising data collection processes. When considering implications for the results of our analysis, we consider how the programs and policies we evaluate can mitigate structural racism in our society. These considerations are in addition to the standards that drive any high-quality evaluation: utility, feasibility, propriety (ethical practice), and accuracy.



There are 11 tenets (or principles) associated with CRREEE practice. They are:

- |          |                            |           |                                  |
|----------|----------------------------|-----------|----------------------------------|
| <b>1</b> | Community Engagement       | <b>7</b>  | Training in Use of Instruments   |
| <b>2</b> | Shared Background          | <b>8</b>  | Interviewer(s) Knowledge         |
| <b>3</b> | Personal Awareness         | <b>9</b>  | Diversity of Governing Body      |
| <b>4</b> | Priority Population Input  | <b>10</b> | Organizational Equity            |
| <b>5</b> | Instrument Development     | <b>11</b> | Integration of Community Context |
| <b>6</b> | Data Collectors Identified |           |                                  |

For a more detailed explanation of these tenets, see CCRE's [Considerations for Conducting Evaluation Using a Culturally Responsive and Racially Equitable Lens](https://mph.org/wp-content/uploads/2022/05/Considerations-for-Conducting-Evaluation-Using-a-Culturally-Responsive-and-Racial-Equity-Lens.pdf) (URL: <https://mph.org/wp-content/uploads/2022/05/Considerations-for-Conducting-Evaluation-Using-a-Culturally-Responsive-and-Racial-Equity-Lens.pdf>).



Community Engagement.



## Appendix B: Excel Tracking Tool

As part of the NNICE evaluation, our team heard from CBO staff that many did not have access to software that facilitated their use of their data. In response, we developed and revised this tracking tool with our NNICE partners. Similar tracking tools can be used by any CBO staff who want to quickly reference how many people they are reaching with their activities and identify trends over time.

Short Name	Promising Practice
Vaccine Site	Community-Based Vaccine Distribution Sites
Community Champion	Community-Level Immunization Champion
Community Campaign	Community-Specific or Subgroup-Specific Public Health/ Education Campaigns
EHR Reminders	Electronic Health Record Vaccine Reminders
Mass Campaign	Mass Public Health/Education Campaigns
Medical Champion	Medical-system (Local) Immunization Champion
Navigator	Patient Vaccine Navigator
Social Media	Social Media Diffusion of Knowledge

Instructions.

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
Number of people NEWLY assigned to champion													0
Number of people ending relationship with champion													0
Number of vaccines administered (1)													0
Number of NEW champions													0
(Insert Other Category as Needed)													0
<b>ADDITIONAL INSTRUCTIONS:</b>													
(1) Include vaccines administered to people with champions only if they were currently assigned to a champion.													

Community Champion.

[Insert Other Category as Needed]												
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
1												
2												
3												
4												
5												
6												
7												
8												
9												
10	<b>ADDITIONAL INSTRUCTIONS</b>											
11	(1) Include only new campaigns. Do not include activities that were part of preexisting campaigns.											
12	(2) Include only vaccines administered at sites that are not accounted for under a promising practice vaccine site.											
13	(3) Include any door drops as part of any campaign, including older ones.											
14	(4) Include any webinars that are part of any campaign, including older ones.											
15	(5) Include any "other" activities that are part of any campaign, including older ones.											
16												
17												
18												

Community Campaign.

[Insert Other Category as Needed]												
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
1												
2												
3												
4												
5												
6												
7												
8	<b>ADDITIONAL INSTRUCTIONS</b>											
9	(1) Only count people who were not associated with another promising practice's vaccine's count. Note: this number may not be obtainable.											
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												

Social Media.



Zandra Charla.

## Appendix C: Methodology

### Survey

Between December 2021 and February 2023, there were 60 survey responses collected from community partners. Survey responses were collected and then analyzed using NVivo, a coding and analyses software, for further observations. After collecting survey responses through Qualtrics, the next phase of the analysis included coding the datasets, or in this case, outcome survey data. Utilizing color-coding schematics through NVivo allowed our team to easily identify trends and the frequency of key themes. Our key strategy included using an inductive reasoning approach, making conclusions based on trends and conclusive evidence in the data. Through this process, conclusions were made based on the trends and frequency of qualitative data coded to key themes.

### Interviews

From September 2022 to February 2023, MPHI reached out to implementation partners and community partners under each implementation partner to develop a complete overview of NNICE related work. Over this period, we completed 22 interviews in total. There were 17 community partners interviews and 5 implementation partners (out of six).

The purpose of the interviews was to develop a further understanding of the community partners experience on the ground, including barriers and bright spots that could be shared back with their peers and for the development of a tool kit. **Interviews were broken down into three sections exploring (1) their successes, barriers, & knowledge gained, (2) Relationships with granting partner and collaboration, and (3) data, resources, and lessons learned.** Interviews were analyzed using Dedoose, coding software to code and review trends in the data.

## Appendix D: All Key Considerations

### Engagement

1

#### **Building Trust**

When you engage consistently and communicate openly, trust grows in the community. Community-Level Immunization Champions play a crucial role in dispelling misinformation because people are more likely to trust someone they already know and feel comfortable with.

2

#### **Community Empowerment**

Taking a holistic approach empowers community members to make informed decisions about their health. By addressing various needs and offering comprehensive support, it strengthens unity and solidarity within the community.

3

#### **Utilizing Existing Relationships**

Leveraging established relationships and community networks enhances outreach efforts and builds trust more effectively.

4

#### **Tailored Approach**

Every community is unique, so it's important to customize approaches that consider cultural, social, and economic factors.

5

#### **Holistic Support**

Addressing vaccine hesitancy goes beyond just medical solutions. Providing comprehensive support and tackling underlying issues contribute to overall community well-being.

### Education

1

#### **Integration with Broader Health Initiatives**

Connect health education efforts with larger public health plans and policies. This helps create a unified approach to tackle community health issues effectively.



## Education continued

2

### **Resource Allocation**

Make sure there are enough resources like money, staff, and materials to support strong health education strategies. Plan for scalability based on how many people the campaign reaches and how successful it is.

3

### **Evaluation and Feedback**

Regularly check how well health education campaigns are working by getting feedback from the community and others involved. Use this information to adjust and improve strategies to keep them useful and on point.

4

### **Cultural Competence and Humility**

Ensure all health education respects and fits with the culture, economics, and languages of the community. This means not just translating materials but also making sure they reflect the beliefs and values of different cultural groups.

5

### **Community Engagement**

Involve a wide range of people right from the start, such as community leaders, doctors, and local residents. Their ideas will help create more effective education plans and build trust.

6

### **Training for Educators**

Train everyone involved in health education on how to communicate well. This includes learning about cultural differences and how to respect them, as well as understanding what each community needs.

7

### **Leveraging Technology**

Use new technology like social media and apps to reach more people and keep them interested in health education. These tools can provide personalized and timely health information to the community.

8

### **Accessibility**

Make sure health education materials can be used by everyone, including those with disabilities. This might mean making materials in formats that are easy to use for people with visual, hearing, or thinking differences.

## Education continued

9

### Legal and Ethical Considerations

Always think about the rules and what's right when planning health education. This includes keeping people's private information safe, getting permission to use data, and avoiding any kind of unfair treatment.

10

### Sustainability

Design health education plans that can keep going for a long time. This way, the work can have a lasting impact on health and help people stay healthy over time.

## Communication

1

### Leverage Engaging Visual Content

Social media relies heavily on visuals. Using captivating graphics and multimedia is crucial to grab and keep the audience's interest. For example, sharing COVID-19 infographics on social media helped address misinformation about the disease and vaccines.<sup>17</sup>

2

### Identify and Understand Your Audience

When crafting public health messages, it's essential to know your audience well. For example, if your campaign aims to COVID-19 vaccines to older Latine residents, the tone, style, and visuals should appeal to their interests and values. Understanding their preferences, needs, and concerns is critical for creating effective online health campaigns. You can learn more about these by engaging people in conversation through focus groups, informal interviews or even surveys if time is limited.

3

### Adapt Messages to Suit Each Platform

Social media platforms vary widely in their content formats and user behaviors, so it's crucial to tailor messages accordingly. This customization not only makes content more shareable but also enhances engagement. For instance, the Centers for Disease Control and Prevention found that Twitter was helpful in sparking and understanding public discussion about COVID-19 at the beginning of the pandemic. Other platforms, like TikTok and Facebook, might be better used for lengthier health education messages.<sup>18</sup>

## Communication continued

4

### **Collaborate with Experts and Organizations**

Partnering with experts and organizations can greatly amplify the reach and impact of health messages. By collaborating and cross-posting content with entities like schools, hospitals, or nonprofits, public health professionals can effectively engage diverse audiences, including vulnerable or rural communities. This collaborative approach not only expands the reach of health information but also promotes health equity by ensuring that important messages are accessible to all.

5

### **Consistently Post Content**

Consistently posting on social media not only keeps your audience engaged but also builds trust within your community. Regular interactions help your content gain visibility through social media algorithms, ensuring a steady flow of accurate and practical health information to the public.



Media Genesis Solutions doing COVID outreach.

## Endnotes

- 1 Partnering for Vaccine Equity. Centers for Disease Control and Prevention, Apr. 2024, [www.cdc.gov/vaccines/health-equity/index.html](http://www.cdc.gov/vaccines/health-equity/index.html).
- 2 Principles of community engagement, 2nd ed. Clinical and Translational Science Awards Consortium.
- 3 Michener L, Aguilar-Gaxiola S, Alberti PM, Castaneda MJ, Castrucci BC, Harrison LM, et al. Engaging With Communities — Lessons (Re)Learned From COVID-19. *Prev Chronic Dis* 2020; 17:200250. DOI: <http://dx.doi.org/10.5888/pcd17.200250>.
- 4 Frierson, H. T., Hood, S., and Hughes, G. B. “Strategies That Address Culturally Responsive Evaluation.” In J. Frechtling (ed.), *The 2002 User-Friendly Handbook for Project Evaluation* (pp. 63–73). Arlington, VA: National Science Foundation, 2002.
- 5 Ash, M. J., Berkley, Patton, J., Christensen, K., Haardörfer, R., Livingston, M. D., Miller, T., & Woods Jaeger, B. (2021). Predictors of medical mistrust among urban youth of color during the COVID-19 pandemic. *Translational Behavioral Medicine* (Internet), 11 (8), 1626–1634. <https://doi.org/10.1093/tbm/ibab061>.
- 6 Faherty, L. J., Schulson, L., Gandhi, P., Howell, K., Wolfe, R., & Ringel, J. S. (2022). Promising practices for ensuring equity in COVID-19 vaccination: The Devil’s in the details. *Public Health Reports*, 137 (4), 630–636. <https://doi.org/10.1177/00333549221086579>.
- 7 Leal, I., Njoh, J., Chen, T. A., Foreman-Hays, F., Reed, B., Haley, S. A., Chávez, K., Reitzel, L. R., & Obasi, E. M. (2023). Exploring COVID-19 Vaccine Attitudes among Racially and Ethnically Minoritized Communities: Community Partners’ and Residents’ Perspectives. *International Journal of Environmental Research and Public Health*, 20 (4), 3372. <https://doi.org/10.3390/ijerph20043372>.
- 8 Community engagement: a health promotion guide for universal health coverage in the hands of the people. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO
- 9 Kaufman, J., Overmars, I., Leask, J., Seale, H., Chisholm, M., Hart, J., Jenkins, K., & Danchin, M. (2022). Vaccine Champions Training Program: Empowering Community Leaders to Advocate for COVID-19 Vaccines. *Vaccines*, 10(11), 1893. <https://doi.org/10.3390/vaccines10111893>.
- 10 The Promotor Model A Model for Building Healthy Communities A Framing Paper—Google Search. (n.d.). Retrieved June 18, 2024, from [https://www.google.com/search?q=The+Promotor+Model+A+Model+for+Building+Healthy+Communities+A+Framing+Paper&rlz=1C1GCEA\\_enUS1001US1001&oq=The+Promotor+Model+A+Model+for+Building+Healthy+Communities+A+Framing+Paper&gs\\_lcrp=EgZjaHJvbWUyBg-gAEEUYOdIBBzg2NmowajeoAgCwAgA&sourceid=chrome&ie=UTF-8](https://www.google.com/search?q=The+Promotor+Model+A+Model+for+Building+Healthy+Communities+A+Framing+Paper&rlz=1C1GCEA_enUS1001US1001&oq=The+Promotor+Model+A+Model+for+Building+Healthy+Communities+A+Framing+Paper&gs_lcrp=EgZjaHJvbWUyBg-gAEEUYOdIBBzg2NmowajeoAgCwAgA&sourceid=chrome&ie=UTF-8).
- 11 Adapted from the Society for Public Health Education’s Focus Area on School Health definition of health education.
- 12 Health Communication - Healthy People 2030 | [health.gov](http://health.gov).



- 13** Pew Research Center, January, 2024, “Americans’ Social Media Use”.  
<https://www.pewresearch.org/internet/2024/01/31/americans-social-media-use/>.
- 14** Erastus Hamunja. (Dec 21, 2021) “Choosing the right social media channels for your business”  
<https://www.linkedin.com/pulse/choosing-right-social-media-channels-your-business-hamunjela/>.
- 15** Vraga, E. K., & Bode, L. (2021). Addressing COVID-19 Misinformation on Social Media Preemptively and Responsively. *Emerging Infectious Diseases*, 27(2), 396-403. <https://doi.org/10.3201/eid2702.203139>.
- 16** Lyu J, Luli G. Understanding the Public Discussion About the Centers for Disease Control and Prevention During the COVID-19 Pandemic Using Twitter Data: Text Mining Analysis Study *J Med Internet Res* 2021;23(2):e25108 <https://www.jmir.org/2021/2/e25108> DOI: 10.2196/25108.
- 17** Vraga, E. K., & Bode, L. (2021). Addressing COVID-19 Misinformation on Social Media Preemptively and Responsively. *Emerging Infectious Diseases*, 27(2), 396-403. <https://doi.org/10.3201/eid2702.203139>.
- 18** Lyu J, Luli G. Understanding the Public Discussion About the Centers for Disease Control and Prevention During the COVID-19 Pandemic Using Twitter Data: Text Mining Analysis Study *J Med Internet Res* 2021;23(2):e25108 <https://www.jmir.org/2021/2/e25108> DOI: 10.2196/25108.