VACCINATE YOUR FAMILY | DIA DE LA MUJER

Supporting Community-based Organizations

TO REIGNITE A CULTURE OF IMMUNIZATION

SEPTEMBER 2022 VYF | DML CBOs REPORT

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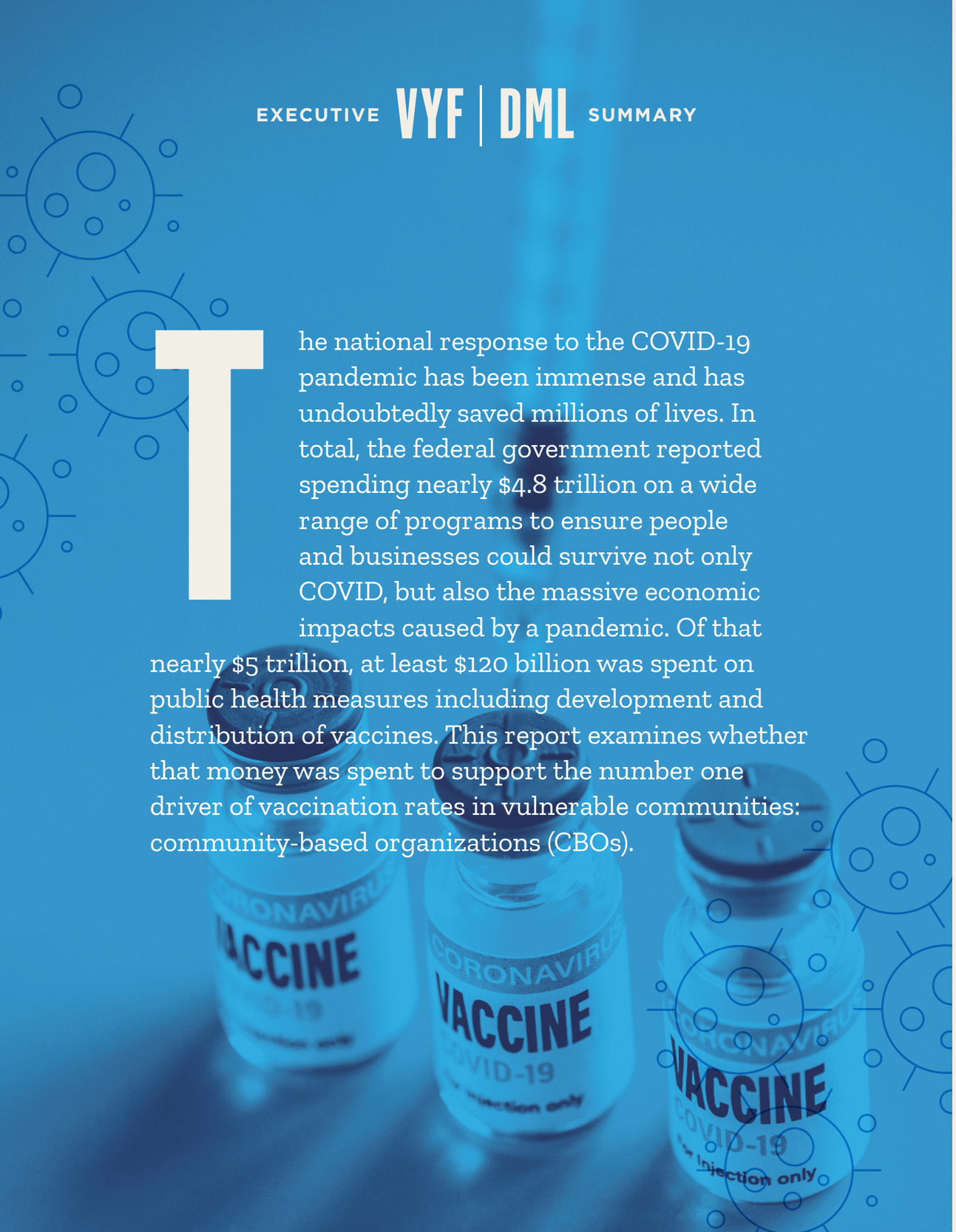
EXECUTIVE VYF | DML SUMMARY

The national response to the COVID-19 pandemic has been immense and has undoubtedly saved millions of lives. In total, the federal government reported spending nearly $4.8 trillion on a wide range of programs to ensure people and businesses could survive not only COVID, but also the massive economic impacts caused by a pandemic. Of that nearly $5 trillion, at least $120 billion was spent on public health measures including development and distribution of vaccines. This report examines whether that money was spent to support the number one driver of vaccination rates in vulnerable communities: community-based organizations (CBOs).



The Problem: *Vaccine Hesitancy and a Weakened Infrastructure*

It became clear early in the pandemic that the only way to save lives would be through a large-scale vaccination campaign surpassing any to-date, including that against polio in the 1950s. The key challenge to that goal was not in fact developing the vaccine. mRNA COVID-19 vaccines were quickly developed using technology that has been evolving since the 1980s. They also were not the first coronavirus vaccines ever made. Scientists have been working on vaccines for the COVID-19 virus' cousins, SARS and MERS, for nearly two decades. These two viruses gave scientists a head start on understanding how to combat COVID-19. mRNA technology also allows us to manufacture vaccines more quickly. No steps were skipped, it was simply a new technology that moved more quickly, like moving from dial-up internet to fiber optic cable.

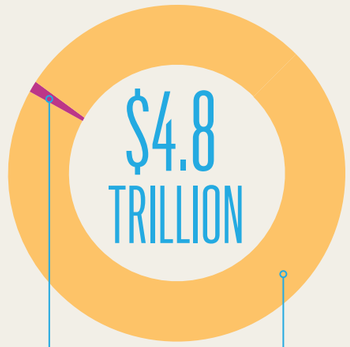
The real hurdle was delivering those vaccines where they were needed and convincing people vaccines have the power to save their lives. As lockdowns across the country lifted, people's desire for a vaccination dropped as they believed we might be able to return to our lives without a vaccine that was developed, according to the federal government, at "warp speed."[i]

The Solution: *Equipping CBOs to Help*

Since the 1990s, research has shown that involving CBOs in public health campaigns from their development to their launches and evaluations can dramatically increase the effectiveness of the campaigns.[ii] The Department of Health and Human Services (HHS) therefore launched a nationwide effort called "We Can Do This" with dozens of partners including faith, business, union, rural, sports, Black, Indigenous, Hispanic, Latino, and LGBTQ+ organizations and leaders.[iii]

It is not yet clear how much money was spent on the "We Can Do This" campaign, but nearly $1 billion was authorized under Section 2302 of the American Rescue Plan Act, and at least some of that funding went to the Office

The federal government spent nearly $5 trillion on programs to help people and business survive COVID.



$120 BILLION
for public health measures

$500 MILLION
reserved for community efforts

1%

was identified by Congress specifically for community-based vaccination efforts.

of the Assistant Secretary for Public Affairs for this effort. Furthermore, it is not known whether any of the funding for "We Can Do This" went directly to CBOs working to educate people on, and connecting them with, vaccinations.

What can be evaluated is the nearly $500 million identified by Congress specifically for community efforts. In the Appendices, we have included comprehensive lists of the organizations who received those funds. It is not the intention of this report to judge the impact of any one of those organizations or their programs. Instead, we will examine whether the way government agencies developed their grantmaking protocols supported CBOs efforts to take an active role in their communities in building both confidence in and infrastructure for COVID-19 vaccinations.

We will judge those grants based on:

Response Time: Did the government's Requests for Proposals (RFPs) allow organizations sufficient time to submit a response, given the often complex and time-consuming process required to fulfill the requirements for federal grant opportunities?

Project Length: Was the proposed project length sufficient for CBOs and other grantees to build capacity and infrastructure within their communities?

Conditions: Did the conditions of who could apply for the grant preclude local CBOs from applying in favor of larger organizations and institutions less familiar with the community but more equipped to complete and qualify for federal grant applications?

* THOUGH GRASSROOTS ORGANIZATIONS WERE INVALUABLE IN CLOSING VACCINE GAPS IN COMMUNITIES OF COLOR, BARRIERS TO COMPENSATION MAY THREATEN PARTICIPATION IN FUTURE PROGRAMMING AND POSE RISKS FOR PUBLIC HEALTH INITIATIVES.

As this report reveals, the federal government was working hard to manage one of the worst pandemics in our country's history but, in their haste, often sacrificed the potential to make a lasting impact on how communities work together to improve public health. All of us—government, private funders, and nonprofit organizations—can make changes to better support CBOs as we all work toward our ultimate goal of saving lives.

SECTION 01 CBOs REPORT

Introduction
TO THE REPORT FINDINGS

It is impossible to grasp the breadth of COVID-19's impacts in the United States. No aspect of life in America has been left untouched by the infectious disease since the World Health Organization declared COVID-19 a pandemic in March 2020. With nearly 80 million infections, over one million deaths as of Spring 2022, and countless COVID long-haulers, the scale of the pandemic's impact in the United States is incomprehensible.[iv]

The health inequities laid bare in the wake of COVID have never been clearer. From the start of the pandemic, people who are Black, Indigenous, Latino, Hispanic, and Asian and Pacific Islander have disproportionately shouldered the burden of COVID infections and deaths.[v] Reasons for this disparity include occupational hazards in essential workplaces, longstanding inequities in healthcare access, and poor infrastructure stemming from years of strategic disinvestment in marginalized communities.[vi] With rates of hospitalization and death twice or even three times as high as those for white Americans, communities of color have faced significantly higher societal costs from the ongoing pandemic.[vii]

Despite widespread awareness of increased COVID risks for people of color, these communities have routinely been deprioritized in COVID mitigation efforts[viii] When large-scale COVID-19 vaccine rollouts began in January 2021, vaccinations were primarily administered in white, affluent areas across the country.[ix] Even targeted interventions, such as vaccine clinics in underserved communities, resulted in resources being diverted from the high-risk populations for which they had been allotted.[x,xi] Incentives such as subsidized transportation to vaccination sites and paid leave for vaccine appointments proved to be insufficient. As a result, many people from marginalized communities could not benefit from timely vaccination.[xii,xiii]

* WITH RATES OF HOSPITALIZATION AND DEATH TWICE OR EVEN THREE TIMES AS HIGH AS THOSE FOR WHITE AMERICANS, COMMUNITIES OF COLOR HAVE FACED SIGNIFICANTLY HIGHER SOCIETAL COSTS FROM THE ONGOING PANDEMIC.

Additionally, the discontinuation of COVID mitigation strategies, such as universal masking and vaccine requirements across the U.S., has left high-risk communities particularly vulnerable to new variants and surges.[xiv]

1%

of funding from 25 different community organizations in majority-Black communities actually supported those specific communities

In addition to a variety of vaccine access hurdles faced by communities of color is a pervasive level of vaccine hesitancy, for reasons ranging from justifiable medical mistrust stemming from historical and contemporary medical racism to concerns about the speed of vaccine development.[xv,xvi] Anti-vaccine activists have attempted to seize upon this distrust to spread disinformation to marginalized communities, exploiting legitimate concerns of medical racism to promote anti-science agendas.[xvii]

Considering these challenges, public health outreach to communities of color has been crucial to overcoming access barriers and building vaccine confidence. Community-based organizations (CBOs), especially those with community health workers and Promotores, have been instrumental in this effort; as longstanding "foot soldiers" of their communities, they leveraged their positions as trusted messengers to help people gain vaccine access and provide credible information on vaccines.[xviii,xix] And the efforts paid off—by September 2021, the racial vaccine gap had closed for Black and Latino Americans.[xx] As of March 2022, more than 75% of the eligible U.S. population had received at least one dose of the COVID vaccine.[xxi] The success of COVID-19 vaccination efforts, particularly among people of color, would not have been possible without the tireless efforts of CBOs.

In the early stages of the COVID-19 vaccine rollout, the federal government recognized the power that CBOs had in turning the tide of the pandemic. Since the 1990s, research has shown that involving CBOs in public health campaigns from their development to their launches and evaluations can dramatically increase the effectiveness of the campaigns.[xxii] The Department of Health and Human Services (HHS) launched a nationwide effort called "We Can Do This" with dozens of partners including faith, business, union, rural, sports, Black, Indigenous, Hispanic, Latino, and LGBTQ+ organizations and leaders.xxiii Meanwhile, Congress did its part by passing millions of dollars in COVID relief, which included funding for CBOs.

Vaccinate Your Family recognizes and appreciates the quick federal response to the largest health crisis in the past century. What the pandemic truly revealed, however, was those quick fixes, while necessary, will not solve long-standing problems that leave people vulnerable to future outbreaks of infectious diseases. Rather than simply engaging with CBOs in the short term, the only path forward is longstanding, authentic partnerships that will create both trust and infrastructure for health in every community.

This report examines whether federal funding was truly positioned to support CBOs and how moving forward our nation can better support the critical work conducted by these organizations.

Together, we can save lives.

SECTION 02 CBOs REPORT

CBOs are the Key to Increasing Vaccine Confidence

IF YOUR ENGAGEMENT IS AUTHENTIC

In 2021 the Society for Women's Health Research and several CBO experts, including Vaccinate Your Family, collaborated on a report laying out a roadmap to authentic community engagement. The report heavily emphasized the need to work with community members, leaders, and organizations to understand the community's existing network and needs before planning a program to increase vaccine confidence or immunization rates. Too often, national or even state-level organizations swoop into neighborhoods to implement "solutions" before consulting with the very people impacted by these programs.

While many groups use the term "community engagement," few are aware of what constitutes an effective community engagement plan, which requires an in-depth listening of their needs. Others who are existing members of the community, such as larger hospital or medical systems and universities, may understand the issues within their neighborhoods but are not trusted for reasons ranging from historic and systemic racism to recent acquisitions by or mergers with outside entities.

CBOs have also been disappointed by local funders. In a recent report by the National Committee for Responsive Philanthropy, researchers found that only 1 percent of funding from 25 different community organizations in majority-Black communities supported those specific communities[xxv]. Between 2016 and 2020, if these foundations had designated funds on a per capita basis, over $2 billion more would have reached Black communities[xxvi].

Federal funding of CBOs is therefore critical as government grants represent the majority of CBO funding. Unfortunately, many of these grants are often inconsistent and create metrics difficult for CBOs to compete for the funds. The larger issue with federal funding aimed at community partnerships is that they often privilege larger academic institutions and primarily those that have limited reach into underserved communities, regardless of whether those institutions are physically located in the same cities of the intended populations those grants aim to serve. Those institutions rely on the work of partners. Yet, universities or academic institutions, receiving the funds to execute such initiatives, then place extreme barriers for sub-funding to community partners.

Despite their budgetary constraints, CBOs proved to be particularly invaluable at the onset of the COVID-19 pandemic, rapidly mobilizing to provide vital resources that sustained communities, ranging from support with rent and utilities to access to health care. After COVID-19 vaccines became available to the public, CBOs led efforts to provide fact-based information on vaccines and worked to increase vaccine access in their communities.

FEDERAL FUNDING OF CBOs IS CRITICAL AS GOVERNMENT GRANTS REPRESENT THE MAJORITY OF CBO FUNDING. MANY OF THESE GRANTS ARE OFTEN INCONSISTENT AND CREATE METRICS DIFFICULT FOR CBOs TO COMPETE.

PARTNER EXPERIENCE

Good Health WINs

The National Council of Negro Women (NCNW) is an "organization of organizations" (comprised of 330 campus and community-based sections and 32 national women's organizations) that enlightens, inspires and connects more than 2,000,000 women and men.

Its mission is to lead, advocate for, and empower women of African descent, their families and communities. NCNW was founded in 1935 by Dr. Mary McLeod Bethune, an influential educator and activist, and for more than fifty years, the iconic Dr. Dorothy Height was president of NCNW. Today, NCNW's programs are grounded on a foundation of critical concerns known as "Four for the Future." NCNW promotes education with a special focus on science, technology, engineering and math; encourages entrepreneurship, financial literacy and economic stability; educates women about good health and HIV/AIDS; promotes civic engagement and advocates for sound public policy and social justice.

In March 2021, NCNW and Vaccinate Your Family launched Good Health WINs (Women's Immunization Networks) with financial support zzfrom the CDC. In year one, NCNW's COVID response included 11 states, 5 national affiliate organizations, and the National Pan-Hellenic Council with a combined total reach of 4.5 million. Their outreach efforts have directly vaccinated over 12,000 people in their communities. They have also hosted nearly 1,500 educational events, reaching more than 750,000 people with science-based information about the importance of both COVID-19 and flu vaccines.

The Good Health WINs program gathers leaders and community members from across the country. They are not just known, but highly respected and trusted in their communities. NCNW and Vaccinate Your Family partner with these trusted leaders who understand their communities' unique needs and how best to adjust communications and learning opportunities to meet people where they are while providing information about vaccines.

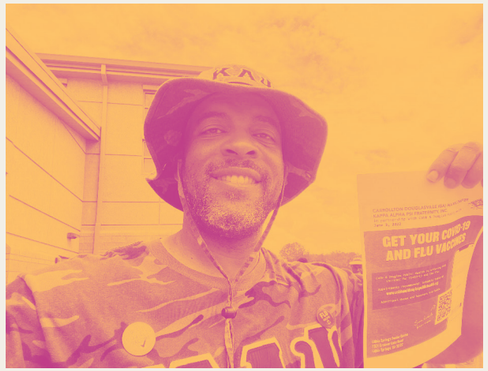
Since the onset of the pandemic, the Good Health WINs network has been able to provide better access to vaccine information from trusted sources via bi-monthly Community of Practice meetings, monthly COVID Conversations, national townhalls, and community-level programs and events. Between April 2021 and March 2022, the COVID-19 vaccination disparity between White and Black Americans fell from 14 percent to just 5 percent[xxviii] due in large part to programs such as Good Health WINs.

12,000

people vaccinated in their communities thanks to Good Health WINs

750,000

people received science-based information about the importance of both COVID-19 and flu vaccines



"WE ARE HELPING COMMUNITIES FIND THE INFORMATION THEY NEED TO MAKE THE RIGHT DECISION FOR THEMSELVES AND THEIR FAMILIES. WITH CAREFUL ATTENTION TO EACH COMMUNITY'S UNIQUE NEEDS, WE CAN BUILD A LASTING APPRECIATION FOR GOOD HEALTH.

– Dr. Johnnetta Betsch Cole, former President, NCNW

SECTION 03 CBOs REPORT

Uncovering the Impact

OF FEDERAL VACCINE CONFIDENCE FUNDING

Vaccinate Your Family worked with Avalere Health to conduct an analysis of the federal vaccine confidence funding distributed to organizations and institutions under Sections 2302 and 2501 under the *American Rescue Plan Act*.

Avalere also examined grants under other COVID-19 relief awards, including the CARES Act and the Coronavirus Response and Relief Supplemental Appropriations. The analysis utilized HHS' Tracking Accountability in Government Grants System (TAGGS) website, Grants.gov, USASpending, SAM.gov and GovTribe for information on any grants authorized.

Avalere's analysis identified the primary vehicles through which funds were allocated to CBOs. For this report, and this report's specific concentration on CBOs, vaccine confidence, and infrastructure, we will focus on the following funding vehicles:

TABLE 1: Vehicles through which funds are allocated to CBOs

VEHICLE	ISSUING AGENCY	TOTAL AMOUNT	DATE OF AWARD ANNOUNCEMENTS	NUMBER OF AWARDS*
Community-Based Workforce for COVID-19 Vaccine Outreach (HRSA-21-136)	HRSA	$125 million	Jun-21	14 organizations
Local Community-Based Workforce to Increase COVID-19 Vaccine Access (HRSA-21-140)	HRSA	$121 million	Jul-21	127 organizations
Community-based Workforce to Build COVID-19 Vaccine Confidence (HRSA-22-120)	HRSA	$66.5 million	Feb-22	8 organizations
Partnering with National Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities (CDC-RFA-IP21-2106)	CDC	$59.6 million	Feb-21	8 organizations, each of whom provided 15 – 20 subgrants
Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities (CDC-RFA-IP21-2108)	CDC	$104.6 million	Apr-21	4 organizations, each of whom will provide subgrants

We will judge each of these funding vehicles on the following three criteria:

RESPONSE TIME: Did the government's Requests for Proposals (RFPs) allow organizations enough time to submit a response? Federal grants are complex, requiring not just staff time in writing a response, but also extensive administration time to enroll in government systems that allow an organization to apply. All organizations applying for a federal grant must have an active SAM (System of Award Management) registration to apply. Organizations must also have a DUNS (Dun and Bradstreet Data Universal Numbering System) number. Receiving a DUNS number and enrolling in SAM can take up to one month.

PROJECT LENGTH: Was the proposed project length sufficient for CBOs and other grantees to build either infrastructure or trust within their communities? The deep trust between CBOs and their communities only opens a dialogue. It takes many conversations, often over months, to increase a person's confidence in vaccines. Many of those working at CBOs also need time to become comfortable with vaccines themselves before they are comfortable advocating for vaccination.

CONDITIONS: Did the conditions of who could apply for the grant exclude local CBOs? Alternately, did the conditions favor larger organizations and institutions less familiar with the community but more able to respond to a federal grant? It is important that the writers of grants understand the role of CBOs within their communities to ensure bias toward larger organizations does not creep into the opportunity or rubric grading responses.

HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA) FUNDING

HRSA issued three relevant funding opportunities, all focused on a slightly different goal. In the summer of 2021, they issued the first two requests, beginning with Community-Based Workforce for COVID-19 Vaccine Outreach (HRSA-21-136).

Community-Based Workforce for COVID-19 Vaccine Outreach[xxix]

This grant was an opportunity for organizations to build rapport with communities by training new, trusted voices to have vaccine conversations. HRSA intended to fund 10 organizations at up to $12.5 million, but ultimately issued more awards because no one applied for the full amount.

RESPONSE TIME: HRSA issued the Community-Based Workforce for COVID-19 Vaccine Outreach on May 4, 2021, and requested proposals be submitted just 14 days later. Fortunately, they did allow organizations without an active SAM (System of Award Management) registration to apply. If selected, however, organizations had 30 days from the date of the award to obtain a DUNS (Dun and Bradstreet Data Universal Numbering System) number and enroll in SAM.gov. Receiving a DUNS and enrolling on SAM.gov, two steps mandatory to receiving government funding, can take up to one month.

PROJECT LENGTH: Unfortunately, the funding had to be spent within six months. That means the applicants most likely had existing programs and partnerships in place that were working on COVID-19 vaccine outreach. Any other applicants working within communities on other topics would not have the time to properly train new or existing outreach workers. By not allowing enough time to train and deploy new voices, HRSA was limiting the applicants' abilities to reach a broader base of underserved communities. The short timeframe also meant that any trust built within a community could be abruptly lost when workers left quickly after arrival because funds to pay them ran out.

Grantees had as little as

6 MONTHS

to complete their programs

CONDITIONS: While the applicants needed to demonstrate their ability to implement "public health programs across broad geographic areas," they also had to demonstrate impact at the county level. Each applicant was told they: *"...Should be able to clearly describe the partnerships they have formed at both the regional and local level to directly assist individuals in getting the COVID-19 vaccine. These partnerships should include organizations such as community-based organizations and other health and social service organizations that can directly hire community outreach workers from the vulnerable and medically underserved communities they will serve and can reach out to these communities across the country; specifically the areas or populations with low vaccination rates to date."*

The immense amount of money that had to be spent over just six months made it difficult for any but the largest of organizations to apply for funding. Any relationships these larger institutes had in place with CBOs would likely have pre-dated the COVID-19 pandemic and therefore limited their ability to reach communities in a meaningful way.

Local Community-Based Workforce to Increase COVID-19 Vaccine Access

A month later, HRSA released a second award opportunity focused specifically on increasing access. The approximately $121 million awarded under this program was divided as follows:

TABLE 2: Increasing Access

TYPE OF ORGANIZATION	NUMBER OF AWARDS	TOTAL AMOUNT OF AWARDS
Community Health Centers	33	$31,987,305
Community-based Organizations	36	$33,471,092
International Nonprofits	2	$2,000,000
Medical Systems	9	$8,998,350
National Nonprofits	14	$13,792,362
Private Organizations	1	$1,000,000
State Nonprofits	18	$16,797,599
State or Local Governments	3	$2,999,999
Tribal Organizations	5	$4,468,743
Universities	7	$6,740,554

Because this was a workforce grant focused largely on increasing vaccine access, more government and medical applicants than CBOs is typical. Most awards were $1 million.

RESPONSE TIME: Applicants had only three weeks to apply. The opportunity was released on May 20, 2021, and responses were due back on June 9. Once again, HRSA granted flexibility on SAM.gov registration.

PROJECT LENGTH: According to the application, "The purpose of the program is to establish, expand, and sustain a public health workforce to prevent, prepare for, and respond to COVID-19." However, the program period is just one year with no indication of planned renewals, making it difficult to build a sustainable workforce.

CONDITIONS: Some of the language in the application misunderstands the role of trusted messengers. For example, it states, "this funding will directly support a community outreach workforce to serve as trusted messengers to build vaccine confidence and address any barriers to vaccination for vulnerable individuals and communities." A new outreach workforce will take time to build trust within communities. In contrast, providing funding for existing organizations, trusted voices already present in the community will be able to maximize their messaging.

Community-based Workforce to Build COVID-19 Vaccine Confidence (HRSA-22-120)[xxxi]

This opportunity opened on November 10, 2021 with applications due one month later on December 10. This time, organizations could not apply unless they had SAM.gov and Grants.gov access.

RESPONSE TIME: This opportunity opened on November 10, 2021 with applications due one month later on December 10. This time, organizations could not apply unless they had SAM.gov and Grants.gov access.

PROJECT LENGTH: The project period for these awards was again too short at only nine months.

CONDITIONS: According to the application, "the program will aim to build vaccine confidence in order to get people vaccinated in a quick and efficient manner." By the end of 2021, the public health community understood that those who remained unvaccinated against COVID-19 were unlikely to change their minds easily. In fact, HRSA identified within the application 29 priority states that had the lowest COVID-19 vaccination rates but the highest rates of people who were defined as "unvaccinated but willing." Research has found that moving these individuals to vaccination will likely require one-on-one conversations and a gradual development of trust.

The award opportunity acknowledged this fact by noting that applicants must be able "to engage with multiple organizations and should have existing relationships or the capacity to quickly form new relationships with regional and/or local community organizations." But it also stated HRSA was looking for "applicants with strong community ties that have operated in the proposed service area(s) or state(s) for a minimum of 6 months in the last 2 years." An organization working within a community for just six months—and possibly not six consecutive months—does not allow for enough time to build trust.

Organizations only had to work in a community for

6 MONTHS

over the past 2 years to qualify.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) FUNDING

The Centers for Disease Control and Prevention (CDC) took a markedly different approach to funding COVID-19 vaccine confidence programs than HRSA. While they only funded two grant programs, they focused heavily on larger organizations with the ability to subgrant to local organizations.

Partnering with National Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities[xxxii]

CDC's first grant opportunity was issued before any COVID-19 vaccines were authorized. It therefore asked applicants to develop a program to strengthen both current flu and future COVID vaccination-related activities.

RESPONSE TIME: The response time for this proposal is unclear, as it is not known when it was issued. Rather than an open call for funding, this grant opportunity was made available to only a limited number of groups.

PROJECT LENGTH: Unlike the HRSA grants, which had program periods of six months to one year, CDC offered grants to awardees for up to five years.

CONDITIONS: This grant opportunity offered organizations two options: awardees could strengthen their own capacity in these areas, OR they could strengthen their own work while also sub granting funds to 15–20 local chapters. If organizations chose to issue subgrants, they would receive more money, but would be required to send 70 percent of their funds to these local partners. Each awardee would also have to create a "community of practice"—a way for subgrantees to share information and learn from one another throughout the grant period.

CDC also offered clear goals for the programs via a logic model, outlining both short- and long-term outcomes that could be further customized by applicants. These grant requirements ensured that sufficient funds could make it down to the local level, and that the programs would be supported long enough for groups to build genuine trust within communities.

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities[xxxiii]

As an expansion of the CDC's efforts to reach CBOs, a second grant was issued after COVID-19 vaccines were authorized. Applicants were asked to address both COVID and flu activities.

RESPONSE TIME: The response time for this proposal is also unclear, as it is not known when it was issued. Rather than an open call for funding, this grant opportunity was made available to only a limited number of groups.

PROJECT LENGTH: As with its earlier grant, CDC is making these grants available for five years, assuming Congress continues to provide funding.

CONDITIONS: All applicants needed to identify 50–100 CBOs to partner with. One or two of the awardees would also be selected to help coordinate activities and resources across CDC's broader commitment to reduce racial and ethnic disparities in adult immunizations.

According to the application, each CBO that receives a subgrant was expected to:

- Equip influential messengers by providing trainings and materials;
- Increase vaccination opportunities and enhance provider partnerships;
- Establish partnerships with state and local health departments.

These requirements would build both infrastructure in the form of more vaccination opportunities, as well as greater trust both in the CBOs' knowledge of vaccines and the state and local health departments with which the CBOs must coordinate.

NATIONAL INSTITUTES OF HEALTH (NIH) FUNDING

The National Institutes of Health offered a series of grants to establish the Community Engagement Alliance (CEAL) Against COVID-19 Disparities in September 2020 to promote COVID-19 awareness and encourage clinical trial participation among marginalized groups.[xxxiv]

The initiative paired researchers with CBOs to leverage relationships that would allow researchers to reach communities hard hit by the pandemic with scientific information:

"Building on the strength of local organizations, as well as our long-standing community-engaged research efforts, will help us communicate effectively to address disparities and support the proven resilience within communities,' said NIMHD Director Eliseo J. Pérez-Stable, M.D. 'This work will help ensure people get accurate and trustworthy information about the virus, how to reduce its spread, and how to protect themselves and their families." [xxxv]

By March 2020, the CEAL program had received $48 million in federal funding for vaccine outreach efforts.[xxxvi] NIH used these funds to provide grants to university research programs in 11 states, which were then used to recruit CBOs for subgrants. Many universities in the CEAL program provided subgrant funding through a reimbursement model—grassroots organizations were required to pay for outreach expenses upfront with the understanding that they would be repaid once work was completed. This structure majorly disadvantaged smaller CBOs as they faced months-long delays for reimbursement.[xxxvii] Additionally, cumbersome reporting requirements from universities created issues for CBOs with few employees that did not have the staffing found at larger institutions with more resources.[xxxviii]

Unfair reimbursement models and bureaucratic reporting mechanisms within the CEAL program left many CBOs disillusioned with federal grant programs. Though grassroots organizations were invaluable in closing vaccine gaps in communities of color, barriers to compensation may threaten participation in future programming and pose risks for public health initiatives among marginalized communities.

$48 MILLION

in federal grants was awarded to the CEAL program for vaccine outreach efforts.

CONCLUSION: FEDERAL FUNDING FOR CBOs WAS INSUFFICIENT

Based on our analysis of these grant programs, it is clear that HRSA and NIH did little to find and support CBOs through one of the greatest crises of our time. Funds were spent quickly to vaccinate as many people as possible against COVID-19 with little regard to building infrastructure for long-lasting vaccine access and confidence. CDC's grant programs are better positioned to make a lasting difference, but their reliance on continued funds from Congress, which is balancing multiple priorities, places those gains at risk.

PARTNER EXPERIENCE

Mistrust in the System

In early 2020, Venus Ginés saw the approaching pandemic and knew she had to do something. As the President and Founder of the community-based organization **Día de la Mujer Latina (DML)**, she trains Promotores and community health workers (P/CHWs).

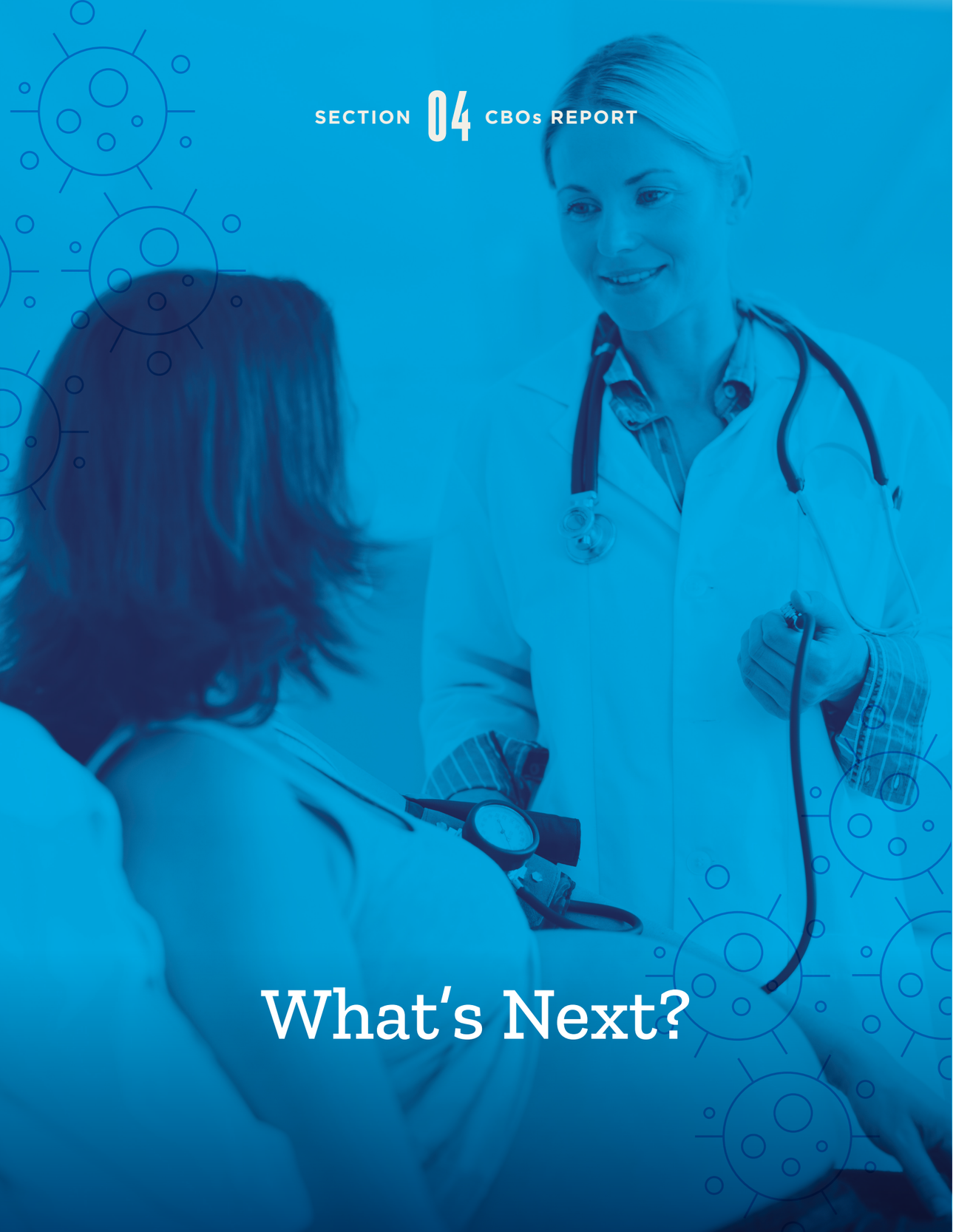
P/CHWs are uniquely positioned to motivate vulnerable populations to early detection screening with DML's signature health fiestas, inform them about local resources, navigate them through the complex healthcare and social services system, and finally, educate them about health and wellness in a culturally and linguistically appropriate manner, with the focus on addressing the social determinants of health. With her vast experience with H1N1 and Zika outbreaks, Ms. Ginés was committed to empowering the P/CHWs with the information they needed to dispel myths and rumors about COVID-19.

By late February of 2020, Ms. Ginés had already launched a training program aimed at preparing frontline pandemic response P/CHWs, one of the first initiatives of its kind in the U.S. She also rapidly implemented a bilingual telehealth navigation contact center where P/CHWs fielded questions about mental health care, COVID testing and treatment, clinical trials, and vaccines. Through her leadership in 2020-2021, DML launched a whole series of trainings aimed at expanding the role of P/CHWs as contact tracers, behavioral health navigators, telehealth navigators, and clinical trial navigators—empowering P/CHWs to serve as a much-needed bridge between marginalized communities and health services, public health, and research. On top of it all, DML hosted health fiestas, bringing preventive care like vaccines to predominantly Latino and Hispanic communities.

Like a lot of CBOs, DML needed additional financial support to make these pandemic-related activities happen. But funding models relying on reimbursement meant that DML often had to front thousands of dollars to implement the funded initiatives. This strained the organization's resources, and delays in reimbursement made it difficult to cover expenditures in timely manner, such as paying P/CHWs staffing the activities. As a result, Ms. Ginés said that DML had to cancel events and activities—efforts that would have helped more people get vaccinated—because the organization could no longer afford the financial stress. But, because of her commitment to the community, DML continued with the Telehealth Community Navigation Contact Center, a $64,000 burden that should have been paid by NIH.

"We lost trust in the system," Ms. Ginés told CNN in an article about her experience. "They lost my trust. And in our community, it's all about trust." To her, there was no accountability of the funds dispersed to these larger institutions.

> DML HAD TO CANCEL EVENTS AND ACTIVITIES—EFFORTS THAT WOULD HAVE HELPED MORE PEOPLE GET VACCINATED—BECAUSE THE ORGANIZATION COULD NO LONGER AFFORD THE FINANCIAL STRESS.
>
> *– Venus Ginés, DML*



SECTION 04 CBOs REPORT

What's Next?

Community-based organizations (CBOs) are the best positioned to reignite a culture of immunization across the country. To succeed, however, they need support at every level. Vaccinate Your Family and Día de la Mujer Latina have compiled suggestions for both federal and private donors as well as partners to better support CBOs in their work. These recommendations are based on our own observations as well as on feedback from CBOs that have been both included and excluded from federal grants.

FEDERAL FUNDING MUST BE TRANSPARENT AND RECALIBRATED

The Government Accounting Office (GAO) is overseeing federal public health emergency appropriations, which may have influenced several improvements, including tracking awards by legislation in TAGGS and USASpending.gov. This is an important step forward in ensuring funds are transparent and should continue.

Some subgrants, however, were not publicly reported. In order to increase transparency and determine the effectiveness of these awards, these subgrants should be tracked in the same way as the main grant. This is critical to understanding whether CBOs received monies intended for them.

Federal legislation regarding funds for vaccine infrastructure and confidence could, and should, include language mandating that funds meant for local CBOs be given to those organizations.

It should also include language requiring grant program periods to be at least two years in order to allow for a proper building of infrastructure and trust.

Federal award decision processes should also be re-examined. For example, scoring rubrics may ignore the length of time an organization has been involved with or operating in an area as an indication of their standing in the community. They may also unfairly weigh whether an organization has done large-scale programs in the past, as opposed to examining whether relevant experience could be scaled to current needs. The individuals asked to score the proposals should also include members of CBOs who can identify nuances others unfamiliar with community work may miss.

By increasing transparency around funding and decision processes, we can begin to identify other ways in which federal funding can be more effective at a local level.

FEDERAL LEGISLATION REGARDING FUNDS FOR VACCINE INFRASTRUCTURE AND CONFIDENCE COULD, AND SHOULD, INCLUDE LANGUAGE MANDATING THAT FUNDS MEANT FOR LOCAL CBOs BE GIVEN TO THOSE ORGANIZATIONS.

PRIVATE DONORS CAN FILL GAPS THE GOVERNMENT CANNOT

Private donors, including individuals, foundations, and other non-governmental institutions such as universities and hospital systems, often have more flexibility in their funding than the federal government. These funders should review the Society for Women's Health Research's Roadmap to Engage Women and their Communities.[xxxix] While focused on women, it lays out the broader, critical listening work that must be done in a community before developing a program or issuing a grant. Monies can be used more effectively and efficiently when a funder understands where and with whom to place grants. It will also help funders understand what else beyond funding may be needed, such as subject matter expertise or grant writing support. Some of the above groups also receive funding from the federal government or from larger institutions or foundations. Before engaging in community-level work directly, these organizations should also conduct listening sessions to determine what work is already being done and whether they are missing key partners at the table who could increase the effectiveness of their programs. If they do engage partners, valuing those partners' time by offering financial resources including subgrants, personnel, and materials is key. Larger organizations should also examine how they can better support CBO subgrantees with reporting requirements.

Likewise, subgrant processes should be made clear, and should include payment terms. Too often, sub-grantor organizations take multiple months after the completion of work to reimburse sub-grantee organizations for their work. This is not a practical model for many CBOs, which often have limited resources. Sub-grantor organizations should instead consider regular payments or expedite the payment after work is completed.

By adjusting reporting and funding guidelines, larger institutions could go a long way in supporting lasting infrastructure while also building their own reputations within communities.

VALUING THOSE PARTNER'S TIME

by offering financial resources including subgrants, personnel, and materials is key.

* DO POLICYMAKING BODIES REPRESENT THE AUDIENCES AND POPULATIONS THEIR POLICIES WILL ULTIMATELY AFFECT? HOW CAN WE BRING EVEN MORE CBOs TO THE TABLE, INSTEAD OF JUST CHECKING BOXES?

PUBLIC HEALTH PARTNERS MUST INCORPORATE CBOs INTO THEIR WORK

To truly reignite the culture of immunization, the public health community must aim for equity, not equality. There are many spaces where public health should not just bring another chair to the table but give up their seats and look to CBOs for instruction and next steps.

CBOs benefit from more than just funding; they need true partnership. Many public health organizations have access to expertise, policy-making bodies, and national partners that CBOs do not, yet it is those very same CBO partners who can impart the knowledge that will lead to meaningful change.

All public health partners should look at their spheres of influence and determine whether there are CBOs missing. Do policymaking bodies represent the audiences and populations their policies will ultimately affect? How can we bring even more CBOs to the table, instead of just checking boxes?

We CAN protect everyone across the U.S. from vaccine-preventable disease, but it will require CBOs to take the leading role in sharing science-based information and personal stories, as well as directing the placement of public health resources.

ALL PUBLIC HEALTH PARTNERS

should look at their spheres of influence and determine whether there are CBOs missing.

SECTION 05 CBOs REPORT

Appendix

Community-Based Workforce for COVID-19 Vaccine Outreach

Issuing Agency: HRSA
Statutory Authority Law: American Rescue Plan Act, 2021, Sec. 2501

LEGAL ENTITY NAME	CITY	STATE	AWARD AMOUNT
Alianza Nacional de Campesinas, Inc.	Oxnard	CA	$8,105,547.00
AltaMed Health Services Corporation	Commerce	CA	$11,169,570.00
Association of Asian/Pacific Community Health Organizations	Berkeley	CA	$9,516,475.00
County of Los Angeles	Los Angeles	CA	$11,169,572.00
Delta Health Alliance, Inc.	Stoneville	MS	$9,436,363.00
National Minority Health Association	Owings Mills	MD	$11,162,086.00
Partners In Health, A Nonprofit Corporation	Boston	MA	$11,169,572.00
Public Health Institute	Oakland	CA	$11,160,894.00
Saint Louis University	Saint Louis	MO	$4,310,823.00
Temple University	Philadelphia	PA	$5,552,859.00
The National Alliance for Hispanic Health	Washington, DC	DC	$11,168,770.00
United Way of New York City	New York	NY	$9,908,797.00
University of Kentucky Research Foundation	Lexington	KY	$3,380,780.00
University of Maryland Baltimore	Baltimore	MD	$7,787,892.00
Community Health Center Association of Mississippi	Jackson	MS	$10,947,000.00
Hispanic Access Foundation	DC	DC	$1,886,019.00
Memorial Hospital of South Bend, Inc.	South Bend	IN	$3,787,528.00
National Urban League, Inc.	New York	NY	$11,125,000.00
Outreach Global Group Corporation	DC	DC	$11,125,000.00
Public Health Management Corporation	Philadelphia	PA	$11,124,062.00
Sostento, Inc.	Montclair	NJ	$7,898,304.00
Treasure Coast Health Council, Inc.	Palm Beach Gardens	FL	$9,368,031.00
University of Texas Health Science Center at Houston	Houston	TX	$10,345,056.00

Local Community-Based Workforce to Increase COVID-19 Vaccine Access

Issuing Agency: HRSA
Statutory Authority Law: American Rescue Plan Act, 2021, Sec. 2501

LEGAL ENTITY NAME	CITY	STATE	AWARD AMOUNT
Abounding Prosperity, Inc.	Dallas	TX	$1,000,000.00
Adelante Healthcare, Inc.	Phoenix	AZ	$824,771.00
African Services Committee, Inc.	New York	NY	$682,931.00
Ahtna T'aene Nene'	Copper Center	AK	$758,646.00
AJFC Community Action Agency, Inc.	Natchez	MS	$1,000,000.00
Alaska Primary Care Association, Inc.	Anchorage	AK	$986,125.00
Alianza Americas	Oak Park	IL	$1,000,000.00
AltaMed Health Services Corporation	Commerce	CA	$999,999.00
American Samoa Community Cancer Coalition	Pago Pago	AS	$735,273.00
ASI, Inc.	Chicago	IL	$1,000,000.00
Asian Pacific Community In Action	Phoenix	AZ	$1,000,000.00
Austin Voices for Education and Youth, Inc.	Austin	TX	$1,000,000.00
Bexar County Hospital District	San Antonio	TX	$999,971.00
Big Sandy Health Care, Inc.	Prestonburg	KY	$1,000,000.00
Boat People S.O.S., Inc.	Falls Church	VA	$1,000,000.00
Borrego Community Health Foundation	Borrego Springs	CO	$1,000,000.00
Boston Medical Center Corporation	Boston	MA	$999,102.00
Brotherhood, Inc.	New Orleans	LA	$984,775.00
California Rural Indian Health Board, Inc.	Roseville	CA	$1,000,000.00
Cambodian Association Of America	Long Beach	CA	$1,000,000.00
C-Asist	Dearborn	MI	$681,006.00
Catholic Charities Of The Roman Catholic Diocese Of Syracuse	Syracuse	NY	$734,203.00
Catholic Health System, Inc.	Buffalo	NY	$881,340.00
Center For Pan Asian Community Services, Inc.	Atlanta	GA	$900,000.00
Choice Regional Health Network	Olympia	WA	$973,914.00
Clover Educational Consulting Group, Inc.	Mineola	TX	$506,116.00
Community Health Awareness Group	Detroit	MI	$1,000,000.00
Community Health Center Association Of Connecticut, Inc.	Chesire	CT	$1,000,000.00
Core Community Organized Relief Effort	Los Angeles	CA	$999,998.00
County of Gunnison	Gunnison	CO	$999,999.00
Cumberland Healthnet	Fayetteville	NC	$999,635.00
De Novo Health Care, Inc.	East Rancho Dominguez	CA	$978,493.00
Delta Health Alliance, Inc.	Stoneville	MS	$990,517.00
Diversity Council	Rochester	MN	$1,000,000.00
Eagle, Market Streets Development Corporation	Asheville	NC	$1,000,000.00
El Sol Neighborhood Educational Center	San Bernardino	CA	$1,000,000.00
Family Health Centers	Okanogan	WA	$997,605.00
Finger Lakes Performing Provider System, Inc.	Rochester	NY	$1,000,000.00
For Our Future Action Fund	Washington, DC	DC	$993,125.00
Fresno Building Healthy Communities	Fresno	CA	$1,000,000.00
Fresno Center	Fresno	CA	$1,000,000.00
Front Range Area Health Education Center	Denver	CO	$1,000,000.00
George Washington University	Washington	DC	$1,000,000.00
Green Foundation	Santa Ana	CA	$999,923.00
Guiding Right, Inc.	Oklahoma City	OK	$1,000,000.00
Haitian Americans United For Progress, Inc.	Hollis	NY	$780,906.00
Hawaii State Rural Health Association	Hilo	HI	$1,000,000.00
Healthie Georgia Corporation	Clayton	GA	$1,000,000.00
Heart City Health Center, Inc.	Elkhart	IN	$530,101.00
Heart To Heart International, Inc.	Lenexa	KS	$1,000,000.00
Heartland Alliance Health	Chicago	IL	$835,000.00
Housing Works Health Services III, Inc.	Brooklyn	NY	$1,000,000.00
Hunger Free America, Inc.	New York	NY	$1,000,000.00
ICNA Relief USA Programs	New Hyde Park	NY	$997,241.00
Indianhead Community Action Agency, Inc.	Ladysmith	WI	$1,000,000.00
Initium Health	Denver	CO	$1,000,000.00
Institute for Public Health Innovation	Washington	DC	$1,000,000.00
Jericho Road Ministries, Inc.	Buffalo	NY	$658,677.00
Lakewood Resource And Referral Center, Inc.	Lakewood	NJ	$1,000,000.00
Latino Alzheimers And Memory Disorders Alliance	Cicero	IL	$902,724.00
Lawrence, City Of	Lawrence	MA	$1,000,000.00
Los Angeles County - University Of Southern California Medical Center Foundation, Inc.	Los Angeles	CA	$1,000,000.00

Local Community-Based Workforce to Increase COVID-19 Vaccine Access

Issuing Agency: HRSA
Statutory Authority Law: American Rescue Plan Act, 2021, Sec. 2501

LEGAL ENTITY NAME	CITY	STATE	AWARD AMOUNT
Madison County Hospital Health Systems, Inc.	Madison	FL	$1,000,000.00
MaineHealth	Portland	ME	$1,000,000.00
Managed Access To Child Health, Inc.	Jacksonville	FL	$1,000,000.00
Memorial Hospital Of South Bend, Inc.	South Bend	IN	$999,576.00
Mental Health Services Of Southern Oklahoma	Ardmore	OK	$998,987.00
Methodist Le Bonheur Community Outreach	Memphis	TN	$1,000,000.00
Michigan Voices	Detroit	MI	$999,998.00
Mission Economic Development Agency	San Francisco	CA	$1,000,000.00
Missouri Bootheel Regional Consortium, Inc.	Sikeston	MO	$1,000,000.00
Monongalia County	Morgantown	WV	$1,000,000.00
Mountain Comprehensive Care Center, Inc.	Prestonsburg	KY	$1,000,000.00
Mountain Park Health Center	Phoenix	AZ	$999,998.00
My Brother's Keeper	Ridgeland	MS	$999,961.00
NAESM, Inc.	Atlanta	GA	$1,000,000.00
National Black Leadership Commission On AIDS, Inc.	New York	NY	$943,837.00
National Community Health Partners	Casa Grande	AZ	$999,809.00
Neighborhood Medical Center, Inc.	Tallahassee	FL	$1,000,000.00
New York Harm Reduction Educators, Inc.	New York	NY	$1,000,000.00
Northridge Hospital Foundation	Northridge	CA	$1,000,000.00
Northwest Regional Primary Care Association	Seattle	WA	$1,000,000.00
Oglala Sioux Tribe Of Pine Ridge Indian Reservation	Pine Ridge	SD	$1,000,000.00
OhioHealth Research Institute	Columbus	OH	$1,000,000.00
Omni Family Health	Bakersfield	CA	$1,000,000.00
Papa Ola Lokahi, Inc.	Honolulu	HI	$1,000,000.00
Parents Anonymous, Inc.	Claremont	CA	$1,000,000.00
Partnership For Maternal And Child Health of Northern New Jersey, Inc.	Newark	NJ	$1,000,000.00
Partnership Of African American Churches	Charleston	WV	$1,000,000.00
Pickens County Community Action Committee, and Community Develop Ment Corporation, Inc.	Carrollton	AL	$1,000,000.00
Planned Parenthood Of Wisconsin, Inc.	Milwaukee	WI	$228,554.00
Pride Center Of Maryland, Inc.	Baltimore	MD	$989,937.00
Prime Healthcare Foundation - Southern Regional, LLC	Riverdale	GA	$994,198.00
Project Hope-The People-To-People Health Foundation, Inc.	Bethesda	MD	$1,000,000.00
Public Health Institute	Oakland	CA	$899,313.00
Reach Out West End	Upland	CA	$1,000,000.00
Realistic Education In Action Coalition To Foster Health	Los Angeles	CA	$1,000,000.00
Research And Education Institute For Texas Health Resources	Arlington	TX	$999,128.00
Rural Health Project, Inc.	Enid	OK	$1,000,000.00
Safe Passages	Oakland	CA	$1,000,000.00
Saint Anthony Hospital	Chicago	IL	$1,000,000.00
Saint Louis University	Saint Louis	MO	$804,073.00
Salud Para La Gente	Watsonville	CA	$996,813.00
San Carlos Apache Tribal Council	San Carlos	AZ	$710,097.00
San Diego State University Foundation	San Diego	CA	$1,000,000.00
San Juan Basin Public Health	Durango	CO	$911,847.00
Shared Harvest Foundation	Los Angeles	CA	$1,000,000.00
Sickle Cell Disease Foundation	Ontario	CA	$1,000,000.00
Sinai Health System	Chicago	IL	$999,675.00
Somali Family Service Of San Diego	San Diego	CA	$999,445.00
Southeast Arizona Area Health Education Center	Nogales	AZ	$1,000,000.00
Southside Coalition Of Community health center	Los Angeles	CA	$1,000,000.00
Southwest Washington Regional Health Alliance	Vancouver	WA	$1,000,000.00
St. John's Well Child And Family Center, Inc.	Los Angeles	CA	$1,000,000.00
Total Lifestyle Change, Inc.	Atlanta	GA	$988,154.00
Trustees Of The University Of Pennsylvania	Philadelphia	PA	$994,909.00
United Way Of New York City	New York	NY	$1,000,000.00
United Women's East African Support Team	San Diego	CA	$1,000,000.00
University Of Alabama	Tuscaloosa	AL	$1,000,000.00
University Of New Mexico	Albuquerque	NM	$942,470.00
Vision Y Compromiso	Los Angeles	CA	$1,000,000.00
Voces Latinas Corporation	Jackson Heights	NY	$1,000,000.00
Wabanaki Health And Wellness, NPC	Bangor	ME	$1,000,000.00
Wayne Metropolitan Community Action Agency	Detroit	MI	$1,000,000.00
White Memorial Medical Center	Los Angeles	CA	$1,000,000.00
Women Organized To Respond To Life-Threatening Diseases	Oakland	CA	$543,109.00
Young Womens Christian Association Of San Antonio Texas	San Antonio	TX	$1,000,000.00

Community-Based Workforce to Build COVID-19 Vaccine Confidence

Issuing Agency: HRSA
Statutory Authority Law: American Rescue Plan Act, 2021, Sec. 2302

LEGAL ENTITY NAME	CITY	STATE	AWARD AMOUNT
Association Of Asian/Pacific Community Health Organizations	Berkeley	CA	$9,892,984.00
Center For Global Health Innovation Inc.	Atlanta	GA	$9,850,664.00
EYES NJ A NJ NONPROFIT CORPORATION	Piscataway	NJ	$6,339,919.00
Medi Inc., The	Charleston	SC	$2,201,842.00
MOREHOUSE SCHOOL OF MEDICINE, INC., THE	Atlanta	GA	$9,673,543.00
Project Hope-The People-To-People Health Foundation, Inc.	Millwood	VA	$8,755,265.00
Public Health Institute	Oakland	CA	$9,892,984.00
University of Arkansas System	Little Rock	AR	$9,892,799.00

Partnering with National Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

Issuing Agency: CDC
Statutory Authority Law: Coronavirus Response and Relief Supplemental Appropriations Act, 2021

LEGAL ENTITY NAME	AWARD AMOUNT
Asian and Pacific Islander American Health Forum	$5,264,157
The Institute of Church Administration and Management	$10,719,048
National Alliance for Hispanic Health	$3,792,308
The National Council of Negro Women	$10,166,710
National Minority Quality Forum	$2,400,527
National Urban League	$12,642,071
Northwest Portland Area Indian Health Board	$2,469,997
Unidos	$12,139,961

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations

Issuing Agency: CDC
Statutory Authority Law: Coronavirus Response and Relief Supplemental Appropriations Act, 2021

LEGAL ENTITY NAME	AWARD AMOUNT
Urban Institute	$12,040,090
Community Catalyst	$26,899,619
Rockefeller Foundation	$20,000,000
CDC Foundation	$45,667,492

SECTION 06 CBOs REPORT

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ABOUT DÍA DE LA MUJER LATINA

The mission of Día de la Mujer Latina is to promote healthy behaviors within the underserved Latino community by providing a culturally and linguistically proficient education, facilitating early detection screening, culturally preventative care interventions; promoting wellness with resource information, Promotores/Community Health Workers training and Patient Navigation for follow-up services.

Since 1997, Día de la Mujer Latina (DML) has earned national recognition as a Latino community-based organization (CBO), founded by a Latina breast cancer survivor, dedicated to eliminating health disparities within the Latino community in 39 states and Puerto Rico and the Dominican Republic.

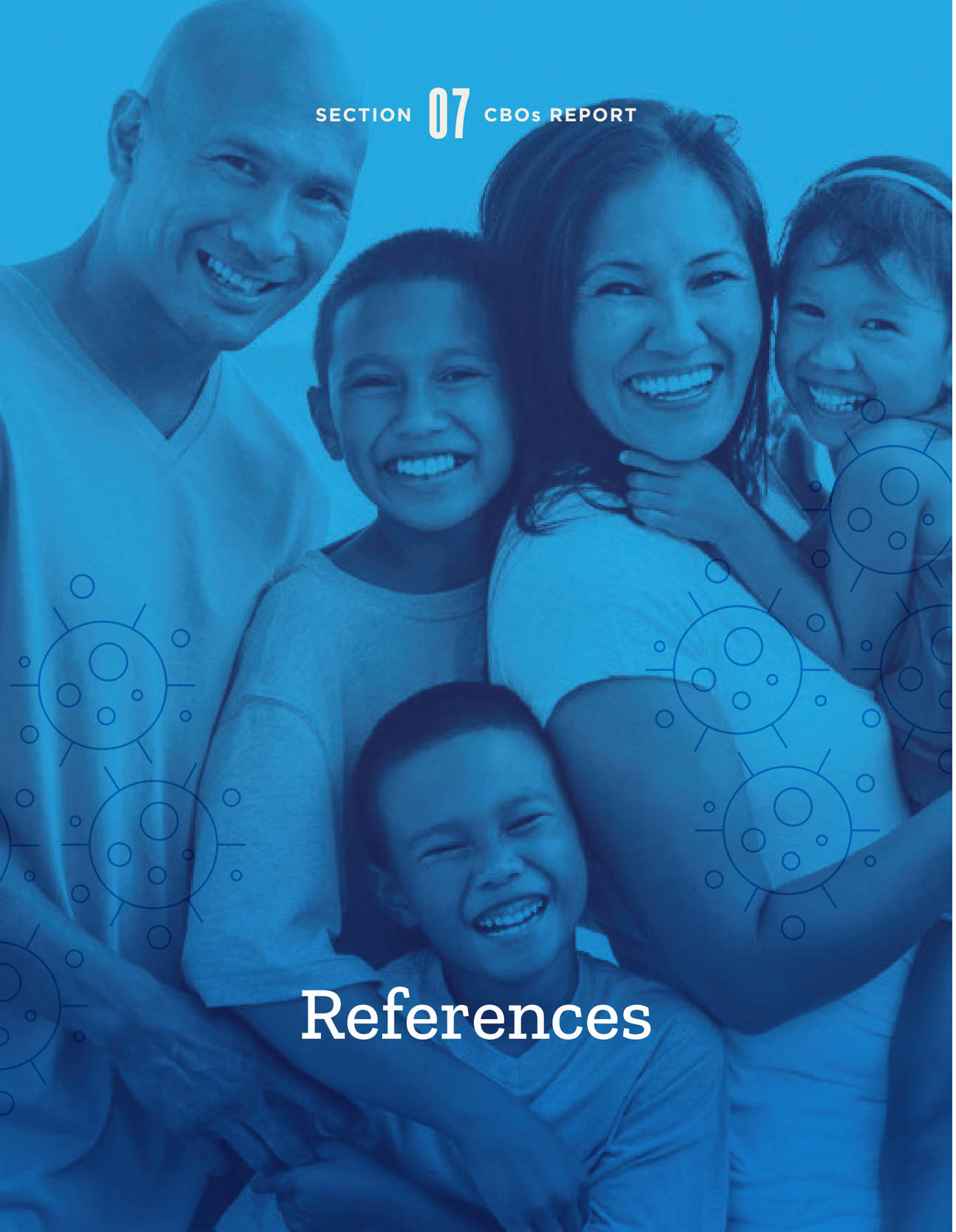
Its focus on providing culturally proficient health education and facilitating early detection screening is a result of its successful signature bilingual training modules for P/CHWs.

In 2009, DML became the first Latino CBO approved as a Texas State Health Sponsored Certification Training Program for Promotores/Community Health Workers (P/CHWs) and Instructors, conducting 160-hour training on 8 Core Competencies (Communication, Interpersonal Skills, Coordination of Services, Community Capacity Building, Advocacy, Teaching, Organization and Knowledge-based.) The Knowledge-based skills include diabetes, hypertension, breast, cervical, and lung cancer, STDs (HPV & HIV), maternal health, cardiovascular disease, mental health, and viruses in many US cities. This bilingual comprehensive curriculum includes training modules in areas such as community engagement, patient advocacy, principles of health promotion, chronic disease management, financial navigation, and health behavior change specifically in mental health.

ABOUT VACCINATE YOUR FAMILY

Vaccinate Your Family (VYF) is a national nonprofit organization founded in 1991 by Former First Lady Rosalynn Carter and Former First Lady of Arkansas Betty Bumpers. Our mission is to protect people of all ages from vaccine-preventable diseases by raising awareness of the critical need for timely immunizations, increasing the public's understanding of the benefits of vaccines, increasing confidence in the safety of vaccines, ensuring that all families have access to lifesaving vaccines, and advocating for policies that support timely vaccination.

Learn more at:
www.vaccinateyourfamily.org



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