Immunize Weekly Summary: November 5, 2026

- What CBOs Need: Community-Based Organization NAIIS Working Group Update and Resource Exploration
- Announcements

Families Fighting Flu National Influenza Vaccination Weeks Campaign – Eric Stein, Marketing, Communications, and Program Specialist

Eric Stein provided an update on the National Influenza Vaccination Weeks campaign.

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National Influenza Vaccination Week has been extended into a multi-week campaign called NIVWs. It will run from November 30th through December 12th. The theme is 10 Flu Fighters of NIVWs, which shows that normal, everyday people can act as effective flu advocates and do not need to be doctors, healthcare providers, or scientists.

The organization is releasing several events, programs, and toolkits:

- **Webinars**
  - **Partner Webinar:** A follow-up webinar for partners on November 17th to share resources.
  - **Ask a Doctor/Influenza Q&A Webinar:** A public polling link is circulating on social media to collect questions about the flu and the vaccine. A health professional will answer collected questions in a video for a general audience.
  - **Comic Book Webinar:** This webinar will feature a representative from the Stan Lee Foundation and comic book creators to promote the second edition of the Caden Blaze comic book, which is currently shipping.
- **Customizable Toolkit:** A new toolkit with specific resources is being made so partners can add their own logos and messages on available resources.
- **Nominations:** A form link allows people to nominate themselves or others to be featured as a Flu Fighter by sharing their bio and advocacy work.

NAIIS CBO Needs Assessment: Community-Based Organizations Equity Vaccines Working Group Needs

Assessment – Amy Parker Fiebelkorn, MSN, MPH, DrPH student (Emory)

Amy Parker Fiebelkorn provided information the working group's survey results.

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The NAIIS 2026 CBO needs assessment evaluated the interests, capacity, and priorities of 61 community-based organizations, local community health centers, state or local health departments, community pharmacies, and national or local advocacy groups related to their immunization programming. This was a convenience sample, so the results reflect only the respondents and may not be generalizable to all CBOs. Questions about stopping immunization activities were left out because no one reported stopping.

Overall, misinformation about vaccines was the top reason identified as to why people in the CBOs' populations/communities were not getting vaccinated. Training in media/social media strategies was the top request for support that CBOs said would help them initiate or expand immunization-related outreach.

The data showed the following details about the organizations (percentages rounded):

- **Logistics and Focus:** Respondents represented city or county (30%), state (26%), national (26%), and regional (18%) levels. They included faith-based groups (31%), civic or advocacy groups (20%), public health (8%), and others like national non-profits, a fire department, and a coalition. About half worked on health issues, including vaccines, alongside social issues like food insecurity or voting rights, 41% focused only on health issues, and 8.5% focused only on vaccines.
- **Activities and Partners:** Responding organizations engage in vaccine education (89%), hosting clinics (77%), media/social media promotion (66%), needs assessments (59%), and policymaker outreach (43%). Main partners include state or local health departments (79%), community health centers (71%), pharmacies or advocacy groups (57%), healthcare systems (55%), vaccine manufacturers (25%), and the CDC (21%).
- **Barriers and Training Needs:** Misinformation was the top barrier to vaccination at 89%, followed by mistrust in public health agencies (77%) and mistrust in healthcare providers (73%). Cost (45%) and access (41%) were reported to be much lower barriers. To expand outreach, 62% of organizations requested training on media and social media strategies, 55% requested materials on vaccine confidence and misinformation, and 53% requested development of vaccine educational materials. No respondents reported a lack of interest in expanding their immunization work.

NMQF & CSHQ: DRIVE Program and Infant RSV Prevention Resources – Laura Lee Hall, PhD, President

Emeritus, Center for Sustainable Health Care Quality and Equity

Laura Lee Hall, PhD, provided information about work that the National Minority Quality Forum and its Center for Sustainable Healthcare Quality and Equity have been doing with clinics, health systems, and faith-based organizations.

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The National Minority Quality Forum and its Center for Sustainable Healthcare Quality and Equity work with clinics, health systems, and community champions like the Faith Health Alliance, which includes about 30 churches across the country. The organization has released new tools and resources regarding RSV prevention for babies under its DRIVE program. These materials focus on clinical quality improvement and health equity.

The DRIVE module includes the following materials:

- **Presentation Slides:** Decks covering RSV basics, vaccines, disparities, and trusted resources for clinic or community presentations.
- **QI Tools:** Resources to implement a quality improvement program in healthcare settings.
- **Resource Directories:** Consolidated links from HealthyChildren.org, AAFP, Immunize.org, Vaccinate Your Family, Voices for Vaccines, and Families Fighting Flu, including for specific groups, such as pregnant people, parents, caregivers, and healthcare teams.

A similar collection of resources related to flu will be released in a month, and a COVID-19 educational program for community leaders is coming soon.

Vaccinate Your Family: Centering Our Core Values of Community & Partnership – Sydney Perlotto, MPH, Strategic Partnerships Lead

Sydney Perlotto. MPH, provided information about Vaccinate Your Family.

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Vaccinate Your Family focuses on empathy and evidence across three areas: addressing unmet needs in the United States, reducing chronic burdens of vaccine-preventable diseases, and changing future public health and immunization systems. Community-based organizations are essential bridges to meet people where they are and make sure that systems are accountable and transparent and operating optimally.

The organization works through four key methods:

- **Connecting people through intentional community:** Programs include SQuaring Up Against Disease (SQUAD™) for communities with lived experience, and the Vaccination Collaborative for professional practice and brainstorming.
- **Empowering people through practical training and resources:** The organization provides online e-learning courses for trusted community messengers, including state-by-state continuing education credits for community health workers and nurses. It also provides space for peer-to-peer knowledge sharing online and off. The website combines real stories with plain language information.
- **Engaging people through timely & tailored opportunities:** A recent summit in Washington, D.C. brought together advocates, professionals, and storytellers to share lessons learned.
- **Investing in people's innovative ideas & personal growth:** The SQUAD Community Activation Awards program has committed over $150,000 in grants to community-based organizations to fund their ideas. Newly created partnerships are dedicated to community-based engagement for individuals and organizations.

Voices for Vaccines: Outreach with CBOs – Karen Ernst, Program Director

Karen Ernst provided an update about the work Voices for Vaccines and the Vaccine Action Alliance have done over the last two years.

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Voices for Vaccines created the Vaccine Action Alliance (VAA) over the last two years to bring together cultural, language-based, faith, and family organizations, community health providers and public health agencies, and groups like the YMCA to collaborate on vaccine messaging. The group holds monthly meetings to share advocacy communication strategies.

The organization offers several tools, grants, and training programs, in part based on the number one concern about healthcare, the cost:

- **Media Kits:** Plug-and-play communication resources, including newsletter blurbs, social media graphics, and captions. There are 37 different versions created to be tailored for specific groups like young parents, older adults, or Latina communities. Colors and logos can be customized.
- **Website Resources:** A page that compares the cost of disease versus the cost of vaccines, provides extra information, and links to a portal to find free or low-cost vaccines.
- **Funding:** Partners receive $1,000 to $3,000 per year to participate in monthly meetings, represent their communities in messaging strategies and share metrics.

- **Vax Advocate Training:** A five-hour live training curriculum split across five meetings. People who complete it become Super Vax Advocates and receive promotional items.
- **Free Online Courses:** Two free asynchronous courses are available on their website. The Vaccine Quest covers vaccine basics and how to evaluate science. Becoming Trusted Messengers teaches people how to talk to vaccine-hesitant individuals using motivational interviewing.

Organizations can join this work via voicesforvaccines.org/VAA or email jreggie@voicesforvaccines.org.

Q&A

Q: What other ways are there for the Summit to help get the word out about these existing resources and the people who can help with challenges with vaccine messaging at the community level?

Laura Lee Hall, PhD (NMQF): We work with 35+ churches, and if they were engaged in a way that acknowledged their leadership. commended their leadership… these folks are really doing it, and it's not their thing: they're not about vaccines. So, I think some special outreach to the churches, acknowledging the importance of what they're doing, hearing from them. We're also recruiting a network of Hispanic churches. And I think we know from the election results yesterday that that's even more important than we thought, maybe. Some kind of acknowledgment or outreach: The ones who are champions, they appreciate that very much.
Carolyn Bridges (Immunize.org/NAIIS): Don't be afraid of a no, I think is the other message I'm hearing from you.
Laura Lee Hall, PhD (NMQF): Forty-some percent saying cost and transportation are barriers is not a small number. Some of these places are rural and inner city. So, transportation is not a minor thing. And if you're not in a state with Medicaid expansion, it's an issue.
Sydney Perlotto (Vaccinate Your Family): I am a social behavioral scientist at heart so always thinking about how can we make things easily accessible, how can we make them user-centered, how can we work together as a community to just really make it easy to find the information people need in a timely and topical way. I know the CBO Working Group has a lot of ideas around that and has been pulling together resource sheets and that sort of thing; I think we can continue doing that. Also love what Karen was sharing around bringing folks together to share different ideas. I am always trying to have an open-door policy. I'll chat with anyone about anything if it's somewhat related to immunization, so I think there's a lot we can do as a community of professionals who are gathering to work together and really open up the space to make other folks more comfortable and coming and sharing their own ideas. And then lastly, the Community Activation Awards that VYF does: This year, we had an unprecedented number of applications, and the ideas were quite far-ranging. I think they align with a lot of what was seen in the survey, whether it was affordable housing groups applying because they wanted to integrate vaccination into their service delivery; refugee

welcome groups, also wanting to do social media campaigns for folks in the languages that resonated with them; community pharmacies or a local health department that had their mobile vaccination school clinics cut. I think there are just so many things that we can do as a group to come together and build shared solutions that align with people's everyday ways of working.

Karen Ernst (Voices for Vaccines): I think that the real issue is that we've got sort of two things going on. One is that there's scarcity. There's a scarcity of time and money for folks to participate in this vaccine work. The other thing is that there are so many things grabbing our attention right now. Any way that we can be a little bit flashy together and really get their attention for a little bit of time, and any way that we can help them do things without too much effort or expense put into it is helpful. A lot of these spread by word of mouth. We no longer have the power of the federal government helping us do this work. NMQF is just a powerhouse in this area. There are so many corners of this country that we're just not reaching, and just finding new ways to reach people is really the way that we need to do it. If you can connect them to any one of our organizations, because we need all of us to do this in our own way, because there's not enough of us in any one of our organizations. If anybody listening to my voice can just connect us to someone who hasn't been connecting before, I think that would be incredibly helpful.

Laura Lee Hall (NMQF): I wonder if we couldn't put together a geo map to facilitate connection. I'm beyond the age of traveling to community sites, but if you go to a community site, you gain more than they do. But if we had a geo map of all the community sites who are interested and maybe an indication of what they're interested in and who they are, maybe that would assist us with connecting them to their state immunization organization and to our national group. I love maps: They help you look at where we are and where we're not.

Eric Stein (Families Fighting Flu): What Laura Lee said about highlighting the people who are doing good work, and encouraging them to keep going and saying, "We see what you're doing," recognizing it, I think has been really effective for us in making sure that, when things seem hopeless — and a lot of people are working hard to make sure that they're doing a lot of community work — and saying, "Hey, we see you, and you're doing great work, keep at it," I know is really encouraging. Voices for Vaccines does a lot of this, but encouraging the people who do want to help and don't know how to and teaching them how to be advocates and saying, "Hey, it's not too hard. It can start as simply as telling your family at dinner around Thanksgiving, 'Hey, did you get vaccinated? You should if you haven't.'" And then it can grow into a couple more things and teaching about advocacy can be a lot of different levels. It doesn't have to be at the state level, it can be to your friends and family. I think is really important for just encouraging that word of mouth in everyday life of getting vaccinated and saying, "Hey, this is important, and we need to do this as a community."

Q: [For Karen Ernst (Voices for Vaccines)]: How do you pay your organization? What does that look like to let organizations know that these small grants are available to help?

Karen Ernst (Voices for Vaccines): We don't have tons of money, so we're only able to get a small amount, but we still want it to be enough that having a staff member who can be at our meetings is possible. It's mostly that we're paying them for their time to do this and

paying for just having a staff member who can post something online, or put it in the newsletter blurb, or just track it. It's important, and part of that is that we heard after PAVE (Partners for Vaccine Equity) sort of sunset-ed, and all the COVID money went away, and we were all left poor and sad, one of the things that happened was that we did outreach to community-based organizations, and they'd say, "We can't anymore, we don't have the money to do it." And so we were like, *Well, there we go: That's what we're going to do*. That's sort of where that came from, and if you want to know the mechanics behind it, I guess that's a different question, but it's just making sure that we see you, this isn't your first priority, you need help as much as the rest of us do, we're partners together, we will give you the money you need to have the staff members here.

Sydney Perlotto (Vaccinate Your Family): I love that model. I think it's great. From our side, the Community Activation Awards, we do an open application process, so anyone with an idea that they want funded or need financial support behind can apply. And we have a selection committee that reviews those applications and follows a specific evaluative framework. It was very hard this year for our selection committee — the NMQF was on it, Hep B Foundation, and ColoVAX mobile immunization clinics, folks who are regularly interfacing and working with communities. Then we select organizations to fund; they are free to do with that funding as they see fit, for the idea that they have proposed. We collect data along the way to see how we can help. *Are you encountering unexpected roadblocks? Are there connections we can make with other organizations or folks to support your idea going further?* And then the idea is to keep engaging even after the award period. Building those relationships and sparking those ideas — whether it's the right connection, the right resource, a cash amount that helps get something started — is really important.

Laura Lee Hall, PhD (NMQF): Wouldn't it be nice in the coming year to have a faith-based church promotion of vaccine prevention or vaccine preventable disease: something that really was geared to the churches. I mean, we have our churches. I know other organizations have their churches, too, but to kind of deputize them and acknowledge them as a force, as a trusted voice in their communities. Government and church, all that stuff, but… might be nice.

Q: Is there any type of train-the-trainer resources to support local health departments helping to do some of that training in person? [CDC's talks that have been done all over were always very popular with local nurses who are doing immunization in the community.]

Karen Ernst (Voices for Vaccines): We've done some implementation science studies on some of our motivational interviewing work on a train-the-trainer model. We did some work on this globally, in Nairobi and Indonesia. It doesn't work as well as when we just go in and do the training. So, I hear this, and I feel it, and we're still working on a robust train-the-trainer model that would be foolproof. Just last week, I went to a local health department near me and did a two-and-a-half-hour training. So, I'm capable of doing that. If you live someplace interesting enough, I'll travel and do it for you. But, right now, our train-the-trainer stuff really isn't panning out great. And just to be very honest with you, I don't want to pass on something and then have it be not great. But it's part of the reason that we did our Vaccine Action Alliance, and we do have local health departments who join our Vaccine Action Alliance, because they already work with CBOs, so we get them the stuff, and they're

like, “Here, put this in your newsletter,” and then that just happens. So, that's sort of the model that we're using right now, but more to come.
Sydney Perlotto (Vaccinate Your Family): We don't have a train-the-trainer program currently set up, but I just got back two weeks ago from our in-person individual squad advocacy summit in DC, and this year we were able to bring 30 folks, all different communities, all different states across the United States. People had a range of experiences: We had folks who had been doing immunization-based advocacy work for many years, to those who were completely new, and it was really wonderful to see them interact and share strategies and stories with one another, and kind of build up the confidence as well as the skills. I totally agree that in-person is really valuable, it's also hard, so I think continuing to think about how we can do both in a way that is using resources responsibly.
Laura Lee Hall, PhD (NMQF): The health departments at the city and state level…it's not like they're overflowing with funds. But maybe a model of how the connection between a church leader or some other community-based organization and a health department can survive the ups and downs of policy funding, etcetera. Take your health department chair to coffee, build the relationships. Even if there's not money or staff time, I think building the relationship, making sure the health department has the community representatives on their advisory groups. In a lean time, that could pay off in what may be better in the future.

Q: A lot of the resources that can be shared in communities with upcoming cuts to the insurance coverage [believe referring mostly to Medicaid], can you speak to financial resources available in hard-hit communities to support immunizations?

Sydney Perlotto (Vaccinate Your Family): Families USA does wonderful work in the healthcare insurance coverage space, and we've been working with them, as well as a few other organizations, on an advocacy toolkit specifically around vaccines. So really making sure that, on a structural level, policies are supporting people to get vaccinated to get access to the care that they need. That would be a great starting point, as well as the tool that Karen has posted in the chat on where to actually go to find those resources, those vaccines.
Karen Ernst (Voices for Vaccines): The link goes to HHS. They still have a robust site on how to find free and low-cost vaccines. I attended an amazing dinner for the one-year anniversary of this incredible clinic in South Minneapolis known as the Inspire Change Clinic. And they are doing so much in the health equity space. South Minneapolis is not an easy place to start this, but it certainly is easier than somewhere rural. We might need to start thinking about how to build these systems ourselves to get vaccines to people and work at getting the funding from foundations and grantmakers to get vaccines into mobile clinics that can go to the people where they are. If you want to read something really inspiring, there's a great New England Journal of Medicine article about that Inspire Change clinic from September.

Announcements

- If you’re interested in joining the supporting the NAIIS Sustaining Community-Based Organizations workgroup, email info@izsummitpartners.org.