

Building Trust

Equipping CHWs and Outreach Teams for Fall Vaccines

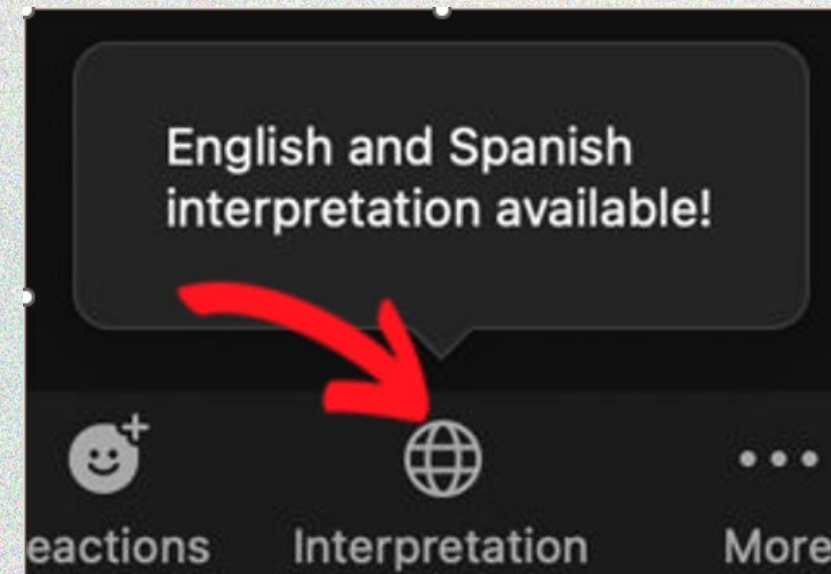
Thursday, October 16, 2025

Presented by Alma Galván, MHC and Dr. José Rodríguez

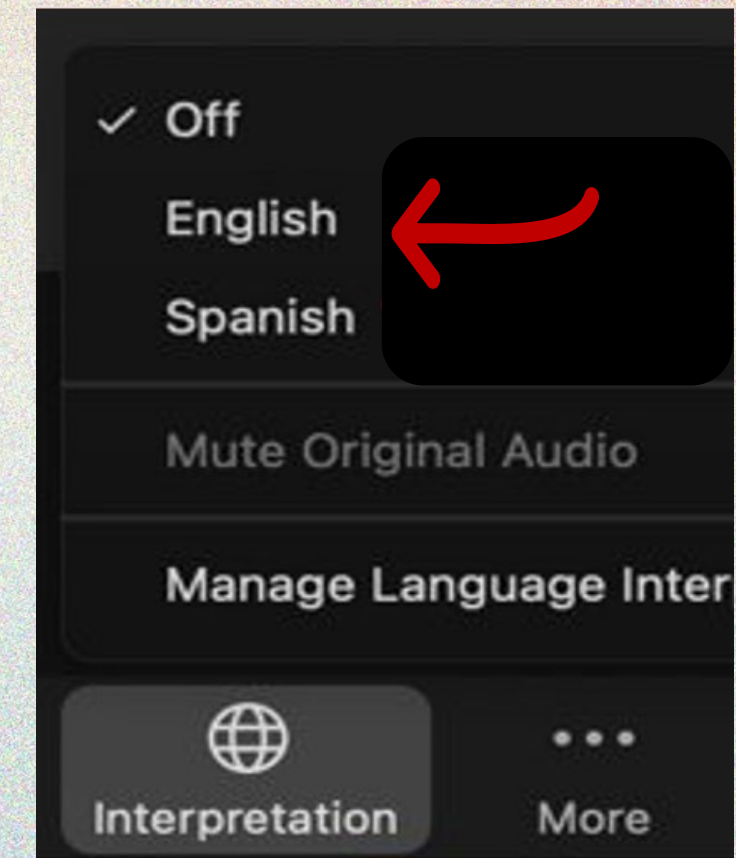
10 am PT/ 11 am MT/ 12 pm CT/ 1 pm ET / 1pm AT



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Globe icon



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Presenters



José Rodríguez, MD

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Director of Community Training and
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Learning Objectives

At the conclusion of this presentation, participants will be able to...

- Summarize key fall vaccine recommendations for influenza, RSV, and COVID19 relevant to community outreach.
- Identify reliable resources and referral pathways to help community members access vaccines and overcome barriers.
- Demonstrate communication strategies that emphasize vaccine confidence and uptake in community and workplace settings
- Explain how misleading information and rumors spread within migrant, farmworker, and underserved populations.

Key Vaccine Updates



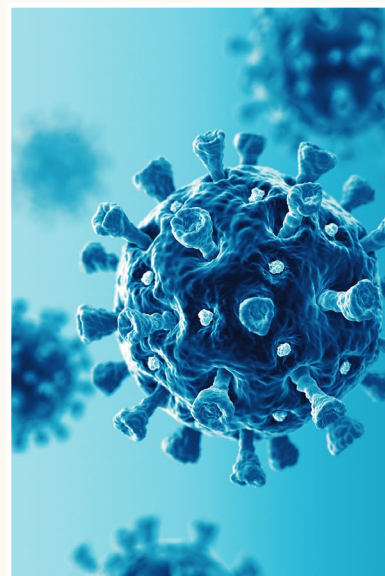
Influenza (Flu)

- Recommended for everyone 6 months and older.
When: September–October



Respiratory Syncytial Virus (RSV)

- Recommended for all adults 75+ years or older or 50 -74 years old with increased risk
- During pregnancy (32 –36 weeks) to protect infants
- Monoclonal antibody prophylaxis available for infants under 8 months (*not a vaccine*)



COVID-19

- Adults 65+ years old - recommended after consultation with clinician
- 6 months - 64 years old: may receive vaccine based on discussion of risks and benefits with clinician

SEASON OF CONFUSION

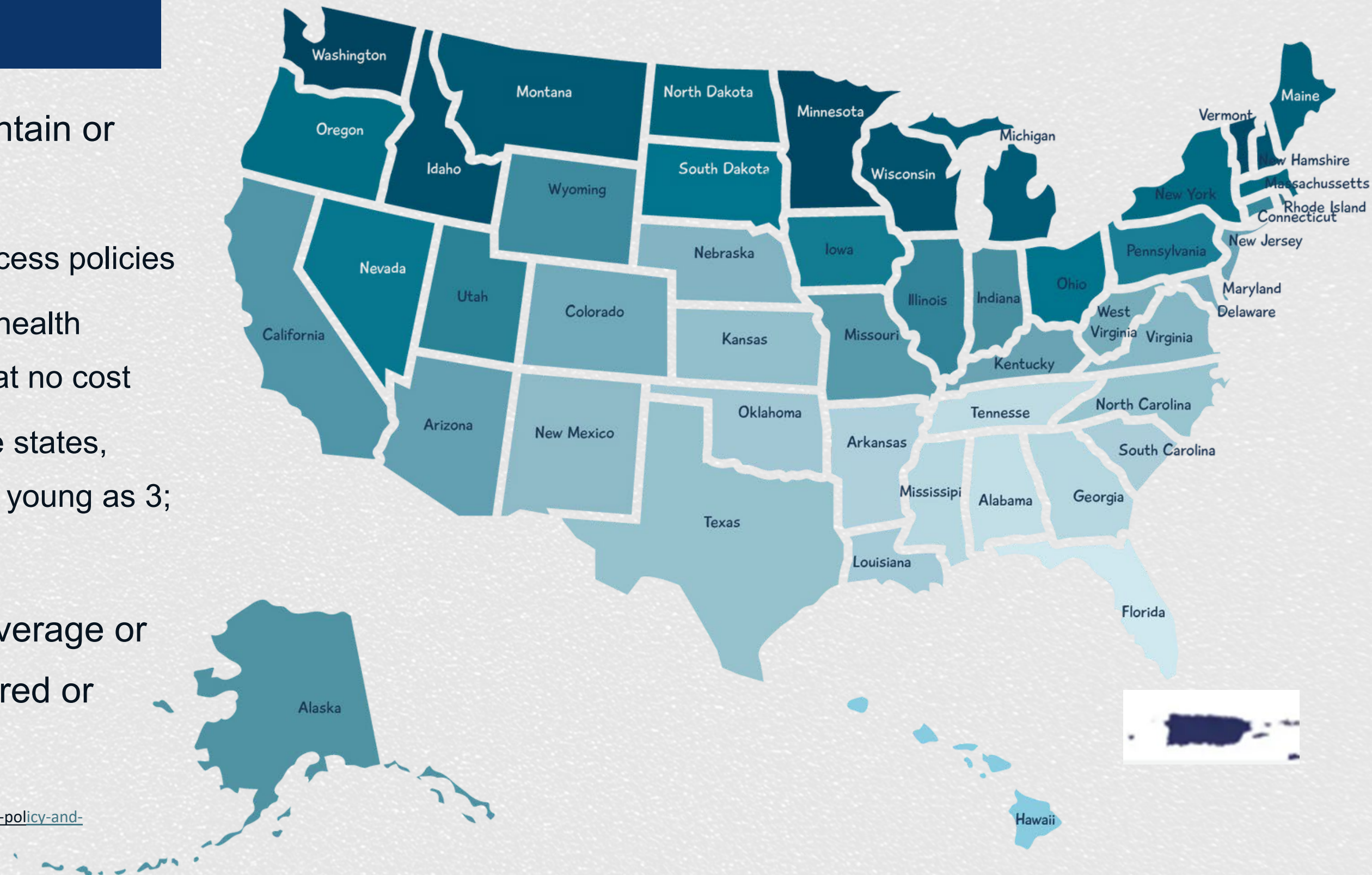
- FDA vs. medical societies
 - AAP: all kids under 2 should get it
 - ACOG: recommend for all pregnant women
 - ACP & IDSA: recommend for many adults
- The new shared-decision framework was designed to encourage provider-patient conversations, but it has also introduced confusion:
 - Who qualifies as a “provider”? Do pharmacists qualify?
- Mixed messaging: Providers vs. FDA label
- Result: Families, already marginalized communities, providers, and pharmacists caught in the middle



State Variations

- Many states have taken steps to maintain or expand access:
 - 26 states have announced broader access policies
 - 13 states now require state-regulated health insurers to cover COVID-19 vaccines at no cost
 - Pharmacist authority varies — in some states, pharmacists can vaccinate children as young as 3; in others, access is more limited.
- Other states have not yet clarified coverage or access, creating uncertainty for uninsured or underinsured populations.

Latest state-by-state info- https://www.kff.org/covid-19/tracking-state-actions-on-vaccine-policy-and-access/?utm_source=chatgpt.com



Who makes the recommendations?

Food and Drug Administration



- Research-
 - ¿Does the vaccine work?
 - Is it effective?
- Prescribing information (Label)
- Approve vaccine



INFECTIOUS DISEASE
SOCIETY OF AMERICA

Advisory Committee on Immunization Practices



- Committee of Experts on Medicine, Science, and Immunization
- Review Research
- Recommends how vaccine should be used



AMERICAN ACADEMY OF
PEDIATRICS

Centers for Disease Control and Prevention



- Reviews the recommendation from ACIP
- Sets schedule for when vaccines should be given (factors: age, time of year, health conditions)

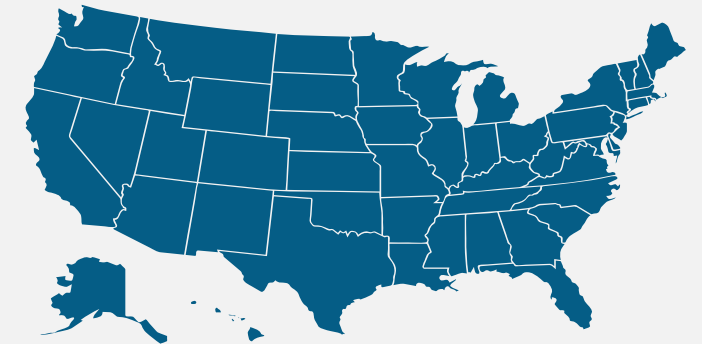


AMERICAN COLLEGE OF
PHYSICIANS



AMERICAN COLLEGE OF
OBSTETRICIANS AND
GYNECOLOGISTS

STATES



- Can implement vaccine policy
 - When can you find the vaccine in your area?
 - Where will you find the vaccine?
- Insurance coverage

STATE AND LOCAL HEALTH DEPARTMENTS AND CENTERS PHARMACIES



May vary, depending on:

- Timing
- Delivery
- Access
- Cost
- Coverage



**What are the barriers and structures
that need to be considered?**

BARRIERS AND STRUCTURES

- Insurance coverage: uncertain for some groups
- 90% of COVID vaccines are administered in pharmacies → major disruption
- Without insurance, the COVID vaccine can cost between \$225 and \$250
- Cost: Usually out-of-pocket for uninsured patients
- Logistics: Clinic hours and general availability of doses, including for eligible individuals.
- Transportation



BARRIERS AND STRUCTURES

- Government shutdown, limited support from government agencies during this time
- Politicization of vaccines
- Lack of up-to-date and accurate communication → leads to increased confusion and health inequality.
- Health literacy
 - Person
 - Of the institution
- Understanding how to navigate health system
- Fear by vulnerable community to access health systems



Migration policy, labor and health

Target of

- Hostile behavior
- Stigmatization

Personal

- Fear
- Psychological stress
- Isolation

Community

- Avoid community participation
- Reduced interaction with health institutions
- Avoid participation in public programs

Economy

- Food insecurity
- Negative economy

Current state of vaccination

Confusing Messages

Messaging has been inconsistent and unclear from federal agencies. Misinformation and disinformation are still on the rise.

Low Motivation

Less than 25% of eligible adults received last year's booster – possible vaccine fatigue

Vaccine is still effective

COVID-19 vaccines remain safe and effective against death and hospitalization



A photograph of two women standing outdoors in front of a fence made of vertical wooden slats. The woman on the left is wearing a white face mask, a dark blue polo shirt, and a light-colored vest. She is looking towards the woman on the right. The woman on the right is wearing a purple face mask, a red tank top, and sunglasses on her head. She is holding a small clear plastic cup and a piece of paper. The background shows a fence with red and blue pointed tops and some buildings in the distance.

Promising Practices

Building Community Trust

- Listen first.
- Acknowledge concerns before sharing information
- Ask if you can share information with them.
- Use relatable examples and resources for the individual
- Use culturally appropriate examples and resources
- Emphasize protection, family, and peace of mind or the importance for the individual, not for yourself
- Be transparent: “Guidance has changed — let’s go over what is true”
- Empower decision making, not pressure

Promising Practices

A photograph of two women standing outdoors in front of a wooden fence with red and teal vertical slats. The woman on the left is wearing a white face mask, a dark blue polo shirt, and a tan utility vest. The woman on the right is wearing a purple face mask, a red tank top, and blue jeans. She is holding a clear plastic cup and a piece of paper. They appear to be in a conversation.

Reconstructing Lost Community Trust

- Recognize that trust has been lost
- Reaffirm that vaccines continue to be effective and safe in general
- Reaffirm that the vaccines against COVID-19 continue to be safe and effective against death and hospitalization
- Take your time and have patience
- Learn about popular education and health education

Trust grows from empathy and transparency. When people feel heard, they're more likely to consider your message.

Understanding Misinformation



What is it?

- False, outdated, or incorrect information that is **shared without intent to mislead**

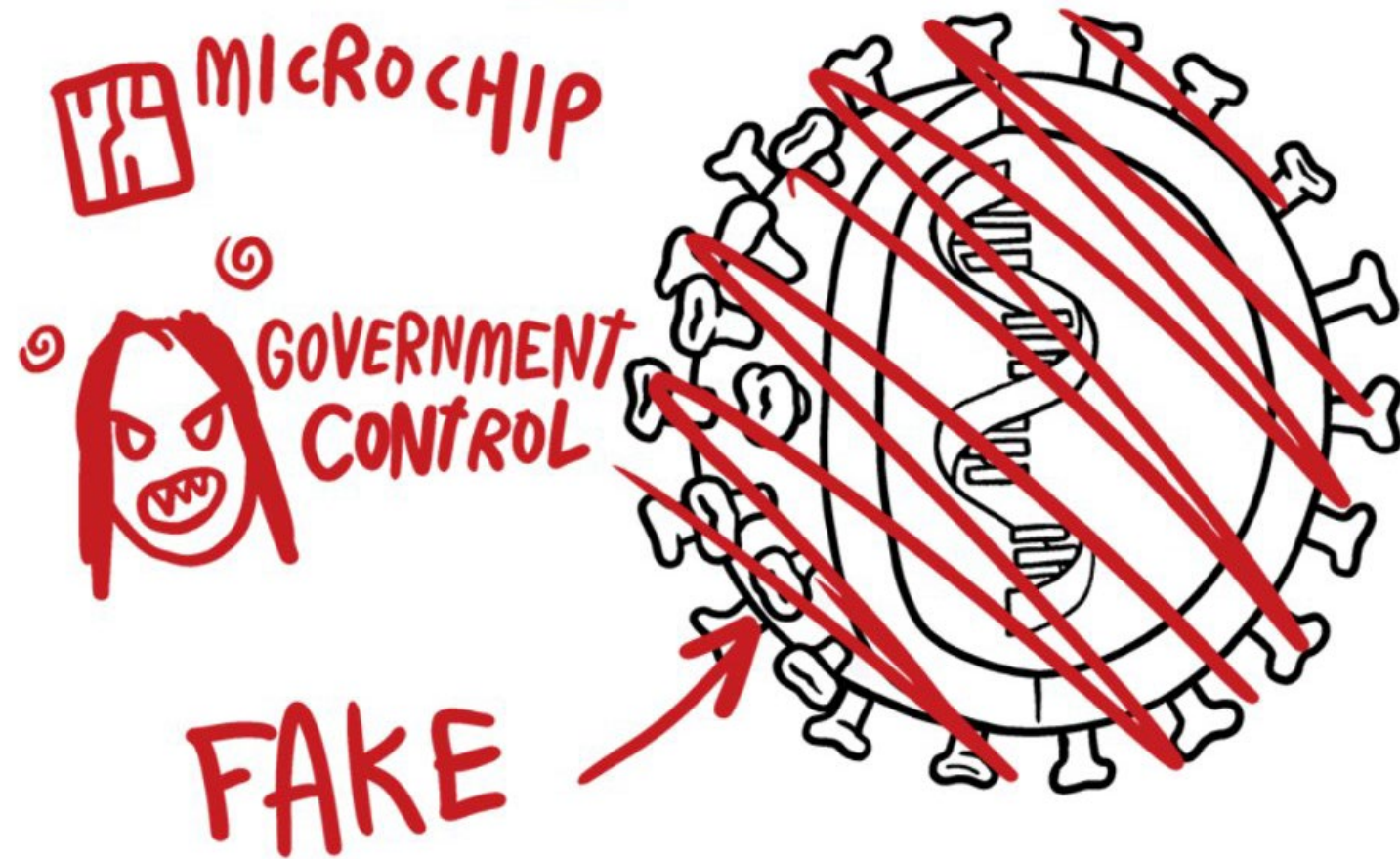
How it spreads:

- Social media (WhatsApp, Facebook, TikTok)
 - Advancing AI videos and images
- Word-of-mouth at school, work, churches, and other community spaces

Why it spreads:

- Fear, confusion, or distrust of systems (medical, scientific, government-based)
- More trust in personal networks or peers than systems
- Limited access to clear and updated information
- Emotional response moves faster

Understanding Disinformation



What is it?

- False information that is **deliberately created and shared to mislead or manipulate**

How it spreads:

- Coordinated Campaigns (example: websites or influencers sharing incorrect information for financial gain)
- Algorithms on social media platforms promoting content to trigger strong emotions
- “Echo chambers” - people see and share only information that confirms what they already believe

Why it spreads:

- To lessen trust in public institutions or science
- For profit — clicks and shares generate revenue or attention
- To divide communities and weaken social connections

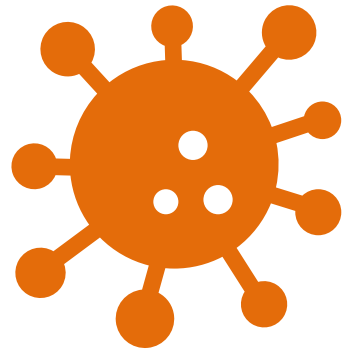
We tend to be more susceptible by:

- ❑ **Perception that the source is credible** - If it is sent to me by my friend or family it is true.
- ❑ **Illusory truth effect** - If everyone says it, then it's true (influencer, social media) Ahem: the false claim that "COVID-19 is no worse than the flu" has been repeated many times in the media.
- ❑ **We learn by repetition.** Level of repetition of things - The more things are repeated, the easier it is to process, remember and accept them as truth. Remember the multiplication tables.
- ❑ **Characteristics of people:**
 - Age- older more susceptible
 - Educational level
 - Political affiliation
 - Economic status
 - Level of information on the topic



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What if information were like a virus?



Infection:

Accepting the information
as true

Immunization/vaccine:

Prior information to
generate strong antibodies to
misinformation



HOW TO PROTECT YOURSELF

Correction or
verification
of facts

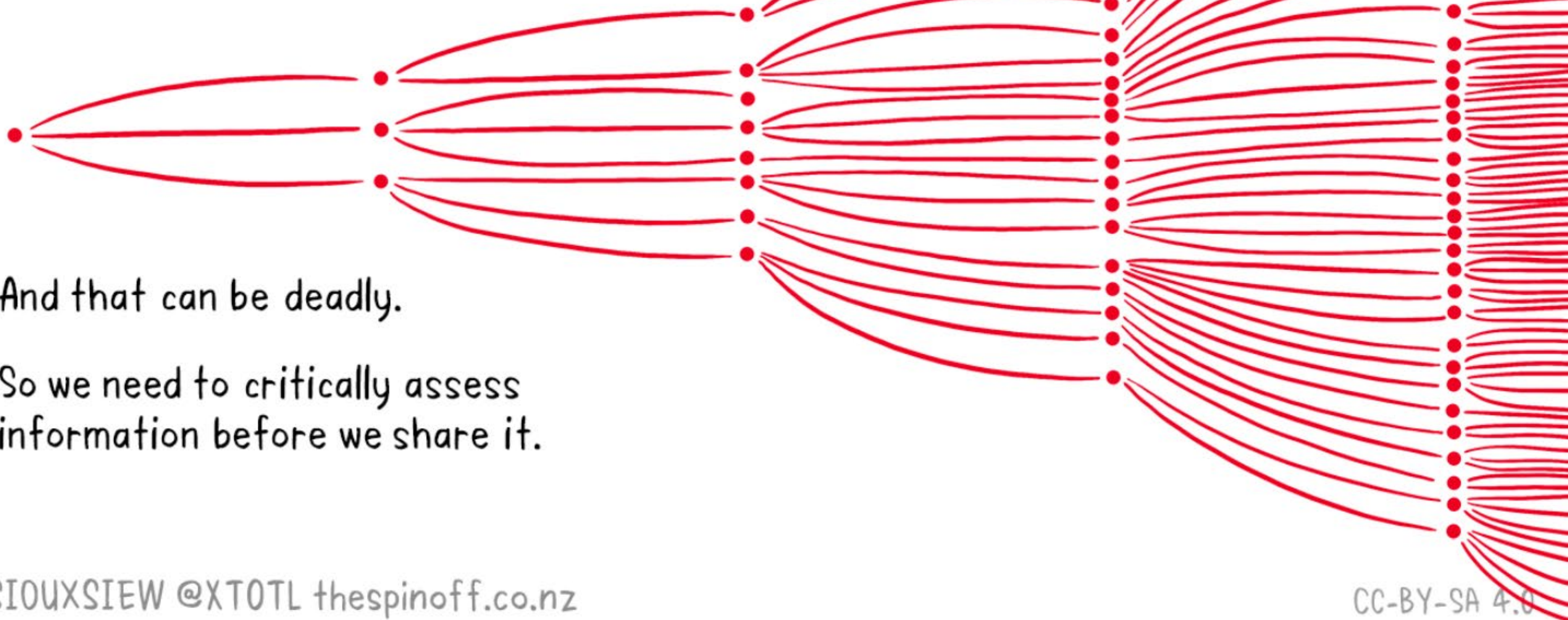
Preparing for
disinformation

Building
psychological
resistance

Critical
Thinking

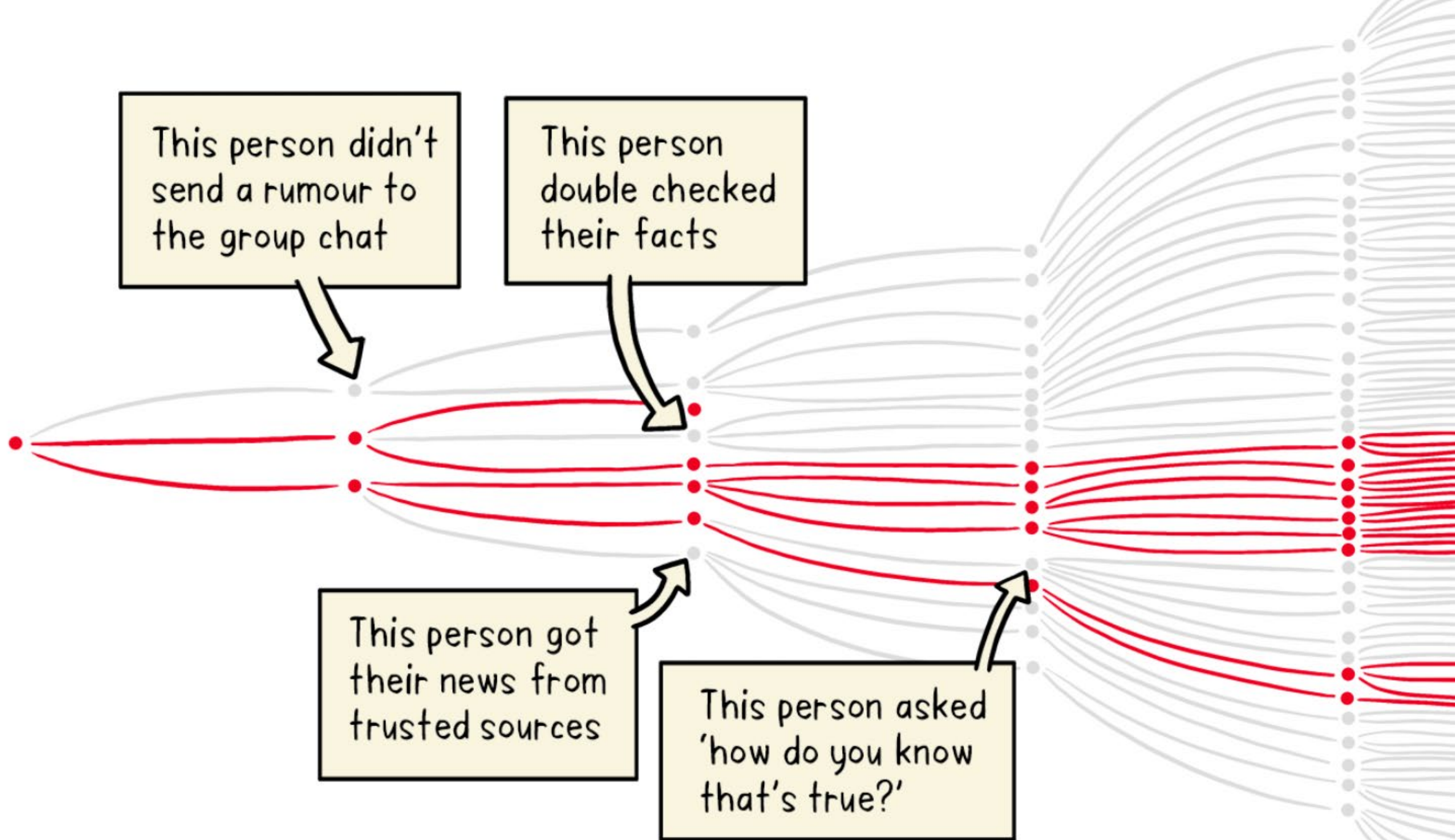
Information spreads like a virus.

So does misinformation and disinformation. When it's exciting, it can spread even faster.



And that can be deadly.

So we need to critically assess information before we share it.





Resources

Adults Get Vaccinated Too: Comic Book

An educational comic book to introduce farm workers to the importance of vaccination.

- ✓ FREE - Print and download
- ✓ Available in English and Spanish
- ✓ Culturally appropriate

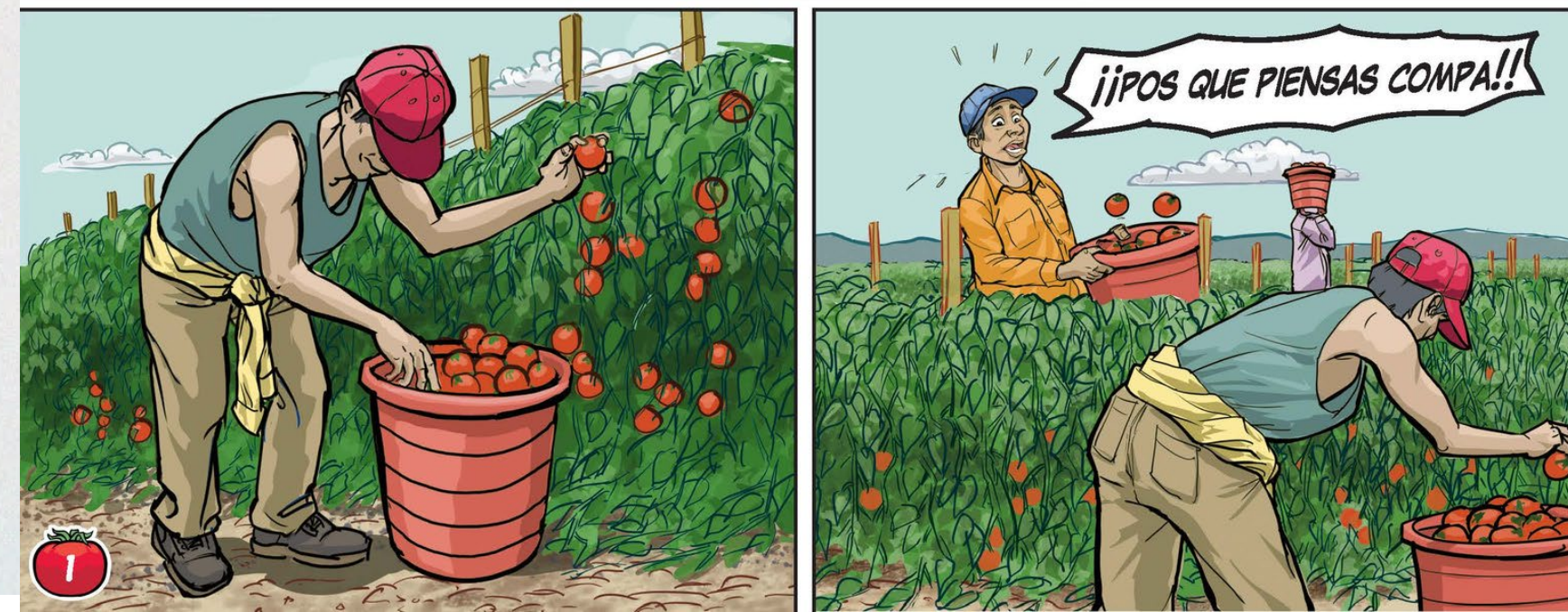
Link:

<https://www.migrantclinician.org/resource/adults-get-vaccinated-too-comic.html?language=en>





Connect with their experiences



and what they value...



VACUNAS PARA ADULTOS

VACUNA: HB o HepB

ENFERMEDAD: HEPATITIS B

SÍNTOMAS:

ASCOS Y NO HAY GANAS DE COMER

OJOS Y PIEL AMARILLOS

ORINA NARANJA O CAFÉ

CALENTURA Y MUCHA DEBILIDAD

¿CUÁNDO SE PONE?

ADULTOS **3 dosis**

esperar 2-4 meses

esperar 4-6 meses

¿DÓNDE?

BRAZO

DEJA PLATICARTE...

Simple and clear

ENFERMEDAD: MENINGITIS

VACUNA: MENINGOCÓCICA

SÍNTOMAS:

CALENTURA DOLOR DE CABEZA FUERTE

DOLOR DE OJOS CON LUCES BRILLANTES

ASCOS, VÓMITO MUY FUERTE

SUEÑO, CONFUSIÓN

CUELLO TIESO

¿CUÁNDO SE PONE?

1 dosis

en jóvenes que comparten dormitorio

¿DÓNDE?

BRAZO

5



Practical
solutions






Simple and clear

VACUNA: COVID-19

ENFERMEDAD: COVID-19

SÍNTOMAS:













¡PREGUNTE AL DOCTOR!
ALGUNOS ESTADOS TIENEN RECOMENDACIONES DIFERENTES

 Todos los niños de 6 a 23 meses	1 dosis
 Niños de 2 a 17 años con factores de riesgo o si los padres desean vacunarlos	
HABLE CON SU PROVEEDOR DE SALUD SI TIENE PREGUNTAS	
 Embarazo En cualquier momento durante el embarazo	1 dosis
 Adultos 18-50	1 dosis
 Adultos 50+	1 dosis

LA MAYORÍA DE LAS PERSONAS QUE VAN AL HOSPITAL O MUEREN DE COVID NO SE VACUNARON.

¡PROTÉJASE CON LA VACUNA, PARA QUE NO TENGA QUE IR AL HOSPITAL O MORIR!

SÍNTOMAS:

 FIEBRE	 DOLOR DE CABEZA	 DIFICULTAD PARA RESPIRAR (SENTIR QUE LE FALTA EL AIRE)
 ESCALOFRIOS	 TOS	 NAUSEAS O VÓMITOS
 DIARREA	 DOLOR DE GARGANTA	 FATIGA
 DOLORS MUSCULARES	 PERDIDA RECIENTE DEL GUSTO O DEL OLOR	 CONGESTION O NASOS

VACCINE: COVID-19

DISEASE: COVID-19

SYMPTOMS:

THE COVID-19 VACCINE IS AVAILABLE

ASK YOUR HEALTHCARE PROVIDER! SOME STATES HAVE DIFFERENT RECOMMENDATIONS

 All children 6-23 months	1 dose
 Children 2-17 years old with risk factors or if parents desire vaccination	
TALK TO YOUR HEALTHCARE PROVIDER IF YOU HAVE QUESTIONS	
 Pregnancy At any point in pregnancy	1 dose
 Adults 18-50	1 dose
 Adults 50+	1 dose

MOST PEOPLE WHO GO TO THE HOSPITAL OR DIE FROM COVID DID NOT HAVE THE VACCINE.

PROTECT YOURSELF WITH THE VACCINE, SO YOU DON'T NEED TO GO TO THE HOSPITAL OR DIE!

SYMPTOMS:

 FEVER	 HEADACHES	 DIFFICULTY BREATHING (SHORTNESS OF BREATH)
 CHILLS	 COUGHING	 NAUSEA, VOMITING
 DIARRHEA	 SORE THROAT	 FATIGUE
 MUSCLE PAIN AND BODY ACHES	 RECENT LOSS OF SMELL OR TASTE	 STUFFY OR RUNNY NOSE

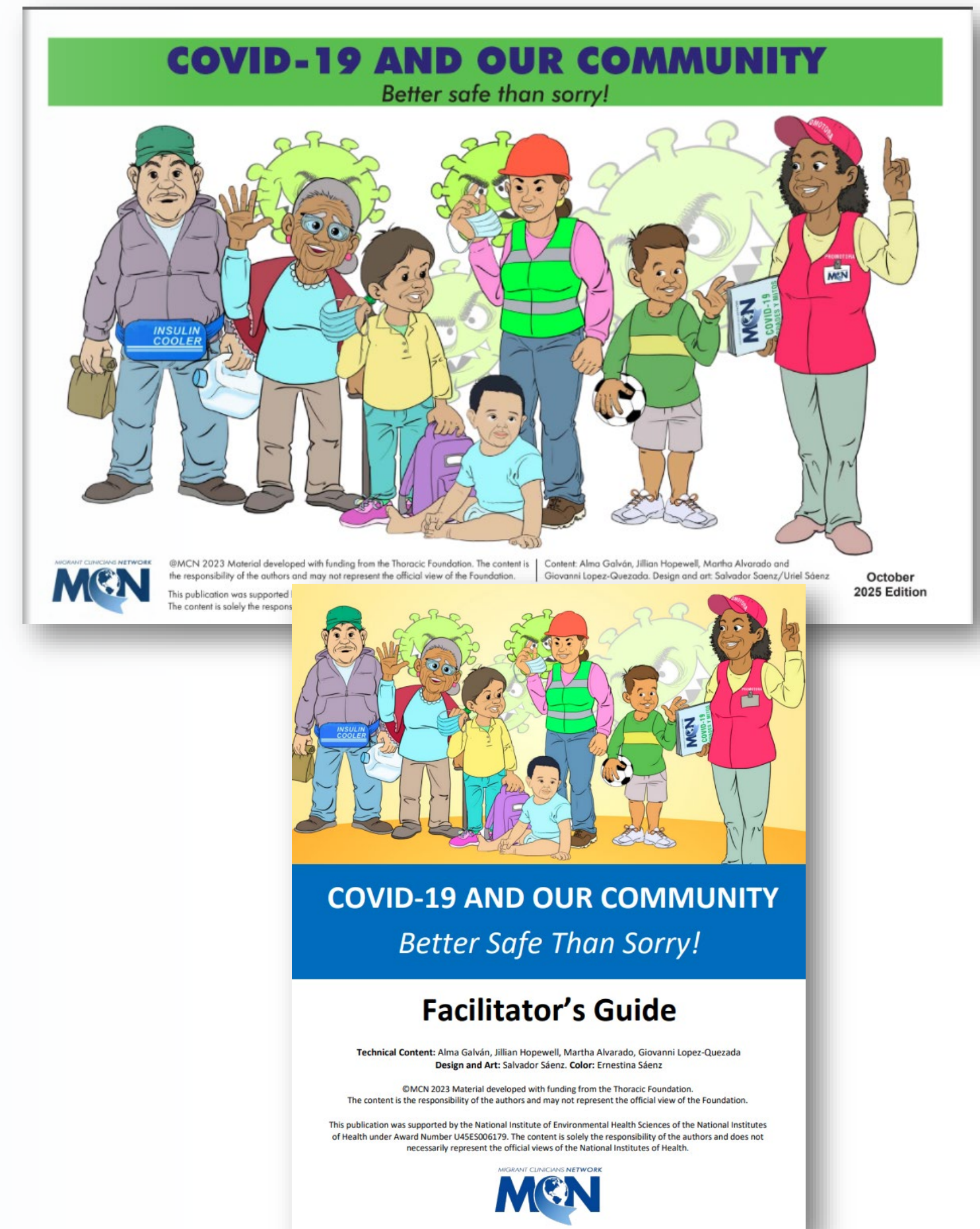
COVID-19 and Our Community | Flipchart and Facilitator Guide

Facilitator's Guide for CHWs - Educates on basic concepts of prevention and vaccination against COVID-19

- ✓ FREE to download and print
- ✓ Available in English and Spanish
- ✓ Culturally appropriate

Link:

<https://www.migrantclinician.org/resource/covid-19-and-our-community-flipchart.html>



BY OCTOBER 2025,
THE U.S. CENTERS FOR
DISEASE CONTROL
RECOMMENDS:



All children 6-23 months

1 dose



Children 2-17 years old with risk factors
or if parents desire vaccination.

1 dose

TALK TO YOUR HEALTHCARE PROVIDER IF YOU HAVE QUESTIONS



Pregnancy
At any point in pregnancy

1 dose



Adults 18 - 50 years

1 dose



Adults 50+ years

1 dose

Most people who go to the hospital or die
from COVID did not have the vaccine.

PROTECT YOURSELF WITH THE VACCINE,
SO YOU WON'T NEED TO GO TO THE HOSPITAL OR DIE!



Who Can Get the COVID-19 Vaccine

By October 2025, the U.S. Centers for Disease Control recommends:



All children 6-23 months

1 dose



Children 2-17 years old with risk factors
or if parents desire vaccination.

1 dose

TALK TO YOUR HEALTHCARE PROVIDER IF YOU HAVE QUESTIONS



Pregnancy
At any point in pregnancy

1 dose



Adults 18 - 50 years

1 dose



Adults 50+ years

1 dose

**Most people who go to the hospital or die
from COVID did not have the vaccine.**

**PROTECT YOURSELF WITH THE VACCINE,
SO YOU WON'T NEED TO GO TO THE HOSPITAL OR DIE!**

See CDC recommendations for up-to-date guidance:

<https://www.cdc.gov/covid/vaccines/stay-up-to-date.html>



For more information and resources,
visit www.migrantclinician.org

Last revised:
10/15/25

Who Can Get the COVID -19 Vaccine | Handout

Updated COVID-19 handout according to
October 2025 CDC recommendation

- ✓ FREE to download and print
- ✓ Available in English and Spanish
- ✓ Culturally appropriate

Link:

<https://www.migrantclinician.org/resource/who-can-get-covid-19-vaccine.html>

Designing Community - based Communication Campaigns | Manual

It provides clear guidance for creating informative, culturally relevant, and community -driven campaigns.

- ✓ FREE – available to print and download
- ✓ Available in English and Spanish
- ✓ Culturally appropriate

Link:

<https://www.migrantclinician.org/resource/designing-community-based-communication-campaigns-manual.html?language=en>





“Vaccination is...” a Communication campaign

MCN has developed fully editable materials to promote COVID-19 vaccination in any community.

Print | Social media | Graphics | Videos | Customizable templates

Fully editable materials and templates

- All materials can be edited in PowerPoint/Google Slides
- Graphics templates to accompany posts and frames for social media profile photos.
- Video templates in Canva allow communities to include their own voices in community vaccination initiatives.

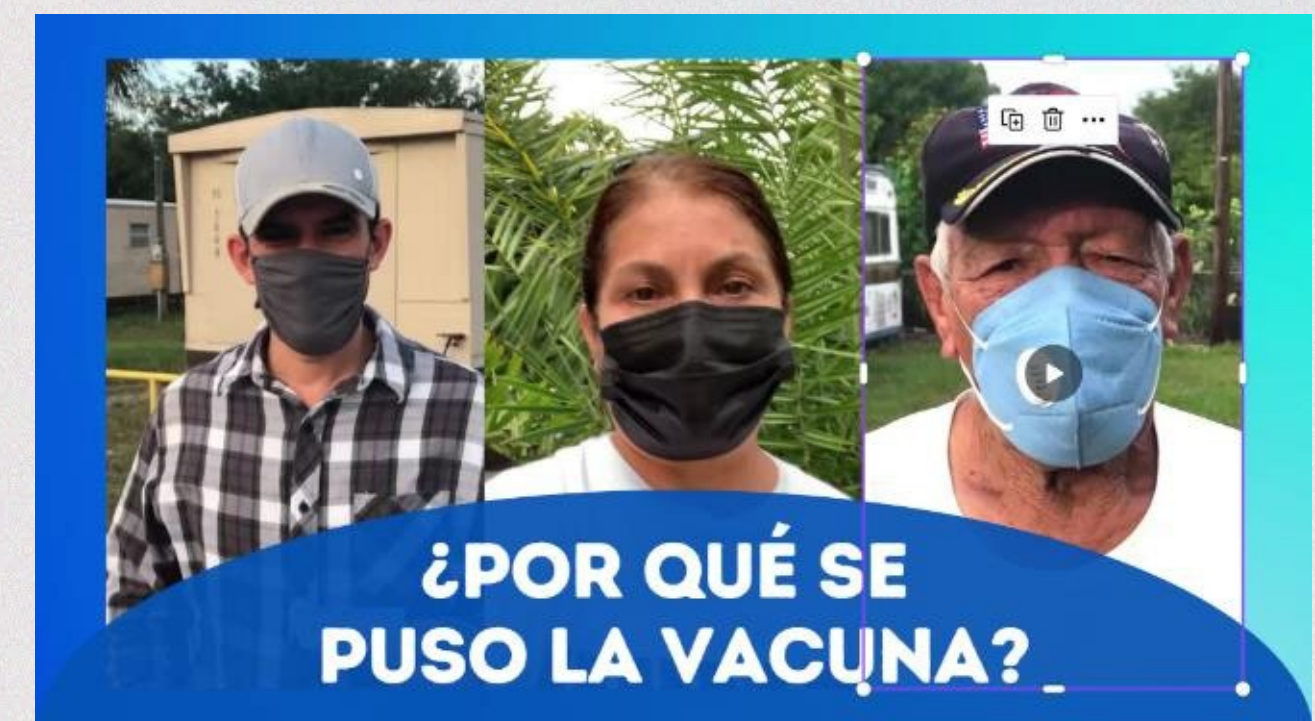
Community Photo Poster Templates



Illustrations to use in your materials



How to Videos for Creating Social Media



Videos on how to edit resources



Cómo editar la plantilla de recursos "Qué esperar al recibir la vacuna contra COVID-19"



Cómo editar la plantilla del folleto de la Campaña de Vacunación



Cómo editar la plantilla del póster de la Campaña de Vacunación contra COVID-19





 Vacúnate
contra
COVID-19

VACUNACIÓN ES ESPERANZA


Inscríbete aquí
1-800-000-0000 + website link




 Vacúnate
contra
COVID-19

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 Vacúnate
contra
COVID-19

VACUNACIÓN ES PROTECCIÓN

Inscríbete aquí
1-800-000-0000 + website link

Coming Soon!



**Fall Vaccines
for Marginalized
Communities**

Building Clarity, Guidance, & Trust

Wednesday, October 22, 2025
10 am PT/ 11 am MT/ 12 pm CT/ 1 pm ET & AT



Register Here:

https://us02web.zoom.us/webinar/register/WN_zYhmu7OUS6S_H3HzVqfo_Q#/registration

- English only Webinar

Coming Soon!



**Vacunas de otoño
para comunidades
marginadas**

Generando claridad, orientación y confianza

Miércoles, 15 de octubre del 2025
10 am PT/ 11 am MT/ 12 pm CT/ 1 pm ET y AT

Stay tuned for this webinar recording! It will soon be available!
<https://www.migrantclinician.org/education-and-training?language=en>
Spanish with English interpretation

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Questions and Evaluation

