

20231 Partnering with Faith-Based Organizations to Improve Public Health and Vaccination Equity

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5 Abstract

6 The COVID-19 pandemic underscored the vital role that vaccination plays in preventing the spread of infectious diseases and supporting social and economic security. At the same time, years of

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- 34 APHA Policy Statement 7805: Immunization against Childhood Diseases
- 35 APHA Policy Statement 7906: Adoption of a Standard Immunization Record Format
- 36 APHA Policy Statement 8302: An Indemnity System for Vaccine-Related Reactions
- 37 APHA Policy Statement 8706: Universal Childhood Immunization
- 38 APHA Policy Statement 8906: Recommendations for Adult Immunization
- 39 APHA Policy Statement 9103: Preventing and Controlling Measle Outbreaks through Improved
- 40 Service Delivery
- 41 APHA Policy Statement 9102: Childhood Immunizations: Easy Access versus Requirement for
- 42 Essential Services
- 43 Problem Statement
- 44 The COVID-19 pandemic has resulted in 340 million infections and more than 5 million deaths and has
- 45 impacted both adults and children around the globe. Unfortunately, a silent crisis emerged because of a
- 46 convergence of factors related to the pandemic—namely a concerning decline in routine vaccinations
- 47 across the life course, upending years of progress made in achieving and maintaining high vaccination

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68 imperative for tailored interventions and educational initiatives aimed at mitigating vaccine hesitancy and  
69 advancing equity in immunization.[5–8]

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71 As such, the COVID-19 pandemic has compelled us as a public health community to generate creative yet  
72 sustainable solutions to strengthen and build more resilient vaccination programs to not only address this  
73 growing concern but ultimately achieve and maintain national and global vaccination targets. For  
74 example, from a local perspective, there are solutions that are deeply embedded in faith-based  
75 organizations (FBOs), including congregations and national denominations. FBOs differ from other  
76 charitable nongovernmental organizations (NGOs) or community-based organizations in their support of







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203 Below is an overview of literature and strategies being leveraged to support COVID-19 vaccination that can and should be maximized and sustained to support routine vaccination. E

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236 Engaging FBOs and leveraging faith-based engagement has also proven to be a successful strategy in  
237 improving community education and building awareness of the value of vaccines and vaccination uptake  
238 from the individual to the community and societal levels.[4] For example, a 2007 study examined the  
239 effectiveness of an FBO adult vaccination program in minority communities. In the study, 15 churches  
240 were randomized to intervention with on-site adult vaccinations or to comparison with no vaccinations.  
241 Eligible participants were previously unvaccinated and 65 years or older and had a clinical indication for  
242 vaccination. Baseline and follow-up surveys were conducted to assess vaccination status. The study  
243 showed higher vaccination rates when on-site vaccinations were offered in FBOs than when education-  
244 only vaccination promotion programs took place.[29]

245  
246 Similarly, a 2021 study examined beliefs and perceptions around HPV vaccination with leaders and  
247 members of an African Methodist Episcopal church in metropolitan Atlanta, Georgia, from April to July  
248 2018. This study uncovered deeply rooted mistrust in the health care system as well as a low perceived  
249 risk of HPV due to the expectation of abstinence among adolescents. Furthermore, the study discussed  
250 that because church leaders hold the trust of their congregation, implementation of a church-based  
251 intervention utilizing the social and behavior change communication conceptual framework strategies had  
252 considerable potential to transform perceptions of the HPV vaccine and increase vaccine uptake.[30]

253  
254 Documented promising practices involving FBOs and faith-based engagement to promote COVID-19  
255 vaccine uptake that can be leveraged to support routine vaccination efforts: The COVID-19 pandemic  
256 accelerated the inclusion and further illustrated the vital role of faith and community organizations in  
257 helping to champion COVID-19 vaccination efforts.

258  
259 For example, during the COVID-19 pandemic, a synagogue in North Carolina proactively reached out to  
260 local provider and county health authorities to explore the possibility of using its building and  
261 congregational resources to operate a neighborhood-based vaccination site.[31] Similarly, a large health  
262 system in Miami, Jackson Memorial Health System, partnered with a number of churches, synagogues,  
263 and mosques in Miami-Dade County to vaccinate individuals 65 years and older. This partnership enabled  
264 addressing the unmet need of reaching underserved populations and doubled the local vaccination rate  
among Black older adults within just a week.



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270 in navigating what can be a complex process to secure vaccination appointments and services. For  
271 example, one town in Greenburgh, New York, developed a COVID volunteer program where the  
272 volunteer “angels” were trained to reach out to seniors and help them through the vaccination process.[33]  
Another study in the United States

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304 medicine have been met with success and have even been recognized by the current president of Israel,  
305 Isaac Herzog. Furthermore, JIVI is working globally; for example, in sub-Saharan Africa, the initiative is  
306 supporting public health and religious collaborations at the city level to increase vaccination uptake.[38]  
307  
308 Advocacy to improve COVID-19 vaccine uptake has been at the highest levels of religious leadership  
309 globally: Pope Francis stated that getting vaccinated against the coronavirus was a “moral obligation” and  
310 denounced how people had been swayed by “baseless information” to refuse one of the most effective  
311 measures to save lives.[39] The Chief Rabbis of Israel advocated repeatedly for vaccine uptake and also

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338 opposed to deriving from the peer-reviewed literature. One-off opposition has been quoted to suggest that  
339 religious leaders could be disruptive to COVID-19 vaccination efforts; some faith leaders have opposed  
340 COVID-19 vaccination, arguing that there is no need to prevent what God will fix.[46,47] One study from  
341 the Netherlands did reveal that use of FBOs to promote vaccination efforts in that country might not be  
342 the most effective strategy for two reasons: Protestant religious leaders are not willing to promote  
343 vaccination, and overall there is a low level of religiosity in the general population.[48] In addition, in a  
recent poll

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372 based organizations as convenient and trusted vaccination sites and messengers as a strategy to support routine vaccination recovery.

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