



WORSHIP ACTION COALITION

SETTING UP YOUR HOUSE OF WORSHIP AS AN IMMUNIZATION SITE



GHC3
GLOBAL HEALTH
Crisis Coordination Center



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STEP-BY-STEP GUIDE TO SET UP YOUR IMMUNIZATION SITE



INTRODUCTION

Houses of worship and faith-based organizations have often been a cornerstone in the fight against inequities as well as a trusted source of information and guidance during troubled times. The current health crisis is no exception. Faith-based groups are establishing vaccine sites at houses of worship across the country, particularly in communities disproportionately hard hit by COVID-19. This playbook is intended to support faith groups in their effort to establish these critical immunization sites. It is supplemented by additional guides on vaccine messaging and facilitating vaccine access. These materials are an initiative of the GHC3’s Worship Action Coalition as part of our commitment to help all faiths return safely to their places of worship and to collaborate with faith leaders to find real solutions to the inequities exacerbated by the pandemic.

The initial aim of the Worship Action Coalition was to create best practices for worshipping in-person safely. We are now focused on 1) the role of clergy as trusted sources of information on COVID vaccines, and 2) congregations at disproportionate risk for COVID-19 as locations where members and the surrounding community can get vaccinated, and 3) how both clergy and houses of worship can position themselves to be at the forefront of vaccine equity and participate effectively in addressing health disparities. Together, we’re learning about the challenges and working to find real solutions.

If you have questions, concerns, or are interested in partnering with the Worship Action Coalition, send an email to wac@GlobalHealthC3.org.

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PLANNING FOR AN ON-SITE IMMUNIZATION EVENT

STEP 1

IDENTIFY A VACCINE PROVIDER

The first step toward establishing your house of worship as an immunization site is to identify an on-site vaccine provider. You can begin to look for resources both inside and outside of your congregation.

Within your congregation:

- Identify relationships with local political leaders that may help facilitate discussions with the local and state health departments, which may be able to provide on-site vaccinations.
- Seek medical professional(s) who can lend their expertise and who may have existing relationships with local health clinics, pharmacies, or hospitals. They may have existing relationships with local health clinics, pharmacies, hospitals, health departments, which may be able to provide on-site vaccinations. They may be able to attend the vaccine event and serve as a trusted member of the community to answer questions/ provide support to those getting vaccinated.

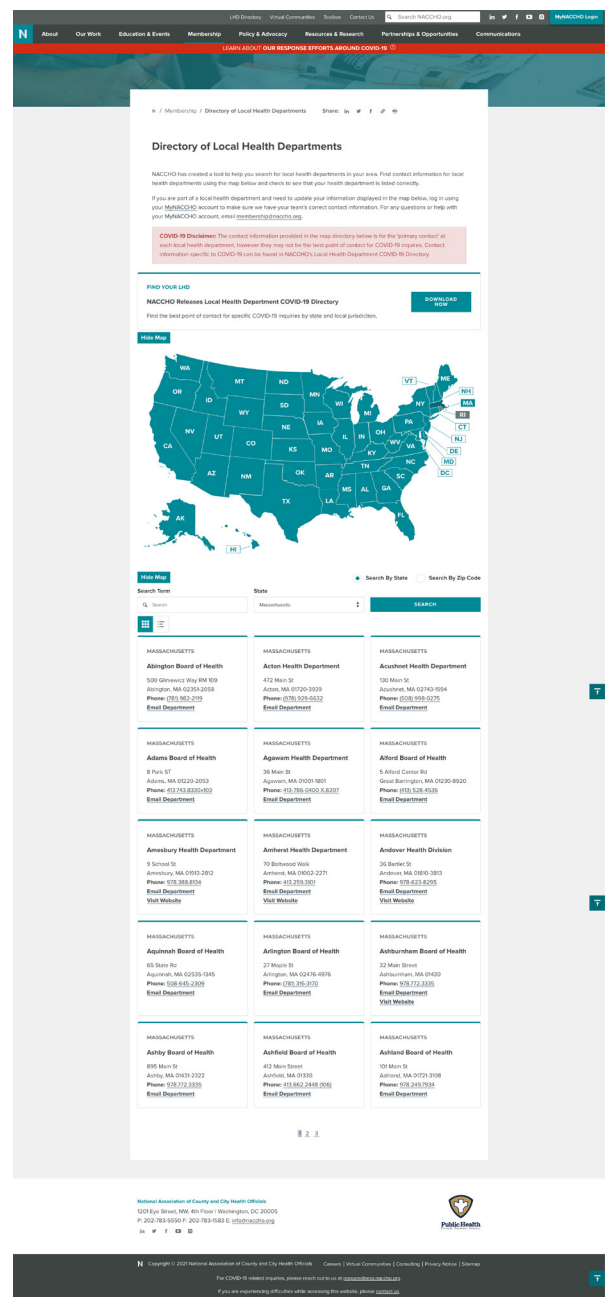
Outside of your congregation:

- Contact local community health centers, clinics, local departments of public health (DPH), and/or hospitals.
 - The **National Association of County Health Officials (NACCHO)** has created an online tool to help you search for local health departments in your area (see fig. 1).
 - See Appendix A for more information on contacting local health centers and DPHs.
- Consider retail pharmacies that are part of larger operations (e.g., grocery stores, Walmart, Target, Costco etc.), as well as big chain pharmacies (e.g., CVS, Walgreens, etc.) and local pharmacies. For example, Walmart is partnering with local organizations to get our communities vaccinated. **Sign up** to host an event with Walmart in MS, AL, GA, FL, TX, TN, LA.
- Text your zip code to 438829 (GETVAX) or 822862 (VACUNA) to find locations near you with vaccines that are in stock and immediately available.
- Call the National Covid-19 Vaccination Assistance Hotline: 1-800-232-0233 or visit Vaccines.gov or VaccinateTheStates.com. You can customize your search

based on zip code, radius of search, and type of vaccine available.

- Work with interfaith organizations within your community to share experiences and resources. Also consider partnering with nearby houses of worship to identify vaccine providers and perhaps co-host or co-promote events.

Figure 1



STEP 2

- On-Site Vaccination Clinic Toolkit HHS COVID-19 Public Education Campaign, which is a toolkit for partner organizations to communicate directly with general audiences (Appendix).

See our playbook “Facilitating Vaccine Access” for additional information about assessing vaccine availability in your community.

Vaccine choices:

Here are three vaccines currently approved for use in the United States. As of June 1, 2021, this is the eligibility for each vaccine and dosage requirements across all states and territories:

- Pfizer-BioNTech – 12 years and older; 2 doses separated by 21 days
- Moderna – 18 years and older; 2 doses separated by 28 days
- Johnson & Johnson – 18 years and older; 1 dose

Consider which vaccine(s) might be best for your site.

- If you are concerned about people returning for their second dose, Johnson & Johnson might be a good option; if you face strong opposition to the Johnson & Johnson vaccine, consider the other two vaccines.
- Consider age requirements; Pfizer-BioNTech is the only vaccine approved for individuals 12 years of age and older.

Note that you may experience vaccine hesitancy in your congregation pertaining to just one or two of the vaccines (e.g., hesitancy due to the previous pause on the Johnson & Johnson vaccine, or hesitancy about mRNA technology for Pfizer-BioNTech and Moderna). After you have chosen your vaccine(s), if you are still facing resistance and hesitancy, focus your messaging efforts on educating congregants about those vaccines and continue to provide information on other sites offering the other vaccines for those not willing to compromise on vaccine choice.

See our playbook “Developing Vaccine Messaging Programs” for more advice on messaging about the vaccines, your event, and combatting vaccine hesitancy.

DETERMINE EVENT SIZE AND DURATION

As you plan your event, it will be important to understand how many people you can safely host for indoor and/or outdoor vaccinations. You’ll need to consider parking spaces, traffic flow, waiting areas, social distancing guidelines, and environmental and weather conditions (for outdoor events).

Be sure to consider the fact that health professionals must observe each vaccinated individual for at least 15 minutes (30 minutes for people who have a history of significant allergic reactions) after the vaccine is administered.

For vaccines that require two doses (Pfizer-BioNTech and Moderna), you will need to plan for and schedule follow-up appointments for everyone.

- Those receiving the Pfizer-BioNTech COVID-19 Vaccine should get their second shot 3 weeks (or 21 days) after their first.
- Those receiving the Moderna COVID-19 Vaccine should get their second shot 4 weeks (or 28 days) after their first.

The second dose should not be administered early. There is currently limited information on the effectiveness of receiving a second shot earlier than recommended or later than six weeks after the first shot.

To vaccinate multiple groups, host the vaccine event on-site for the first dose and invite those people back for the second dose. You may choose to host additional on-site events for people to get their first dose during the second vaccine event. Determine how long and at what frequency you wish to offer vaccine to your congregation.

Demand may vary. Your turnout may be large at first and then wane over time. Additional messaging and outreach may be required as demand decreases. Or it is also possible your vaccination program may start with a small turnout at the first event and grow over time as confidence is built through messaging and community outreach.

Consult with your vaccine provider about your expected turnout and agree upon the supply of vaccine for the event. If you run out, have nearby vaccine site addresses, contact, hours of operation, and vaccine information

available. Consider having volunteers ready to transport individuals lacking access to transportation to these nearby sites. Have fliers ready with additional dates vaccines will be available at your house of worship.

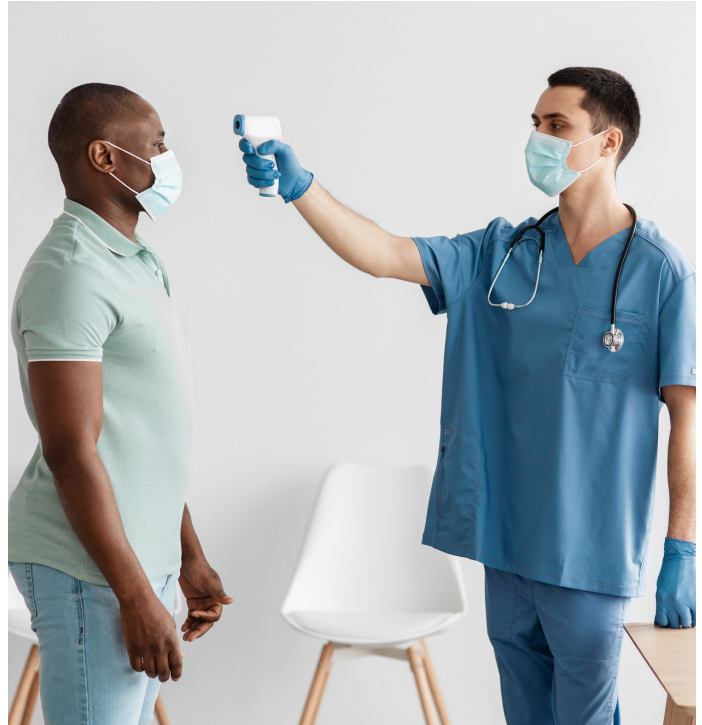
See our playbook “Facilitating Vaccine Access” for more advice.

STEP 3

SITE LOGISTICS

There are a multitude of important logistical requirements to consider for your immunization event. The following considerations, per [CDC.gov](https://www.cdc.gov), are critical to the safety and success of your event:

- Ability to accommodate weather
- Adequate heating and cooling
- Ample and accessible restrooms
- Accessible waiting areas with proper social distancing
- Post-vaccination area (15 minutes for each person vaccinated, 30 minutes if the person has a history of severe allergic reactions) until medical personnel on-site release those who show no unusual side effects and provide an “I was vaccinated” card
- Adequate entry and exit points, including the one-way clinic flow
- Capacity to adhere to infection prevention, equipment specifications, and public safety regulation requirements and protocols
- Compliance with Americans with Disabilities Act (ADA) standards, along with ease of accessibility by the elderly and those with disabilities and mobility issues
- Data collection and management strategy based on site capability including Internet access
- Power outlets and electrical capacity for clinic needs, including portable vaccine refrigerators and computers, if applicable
- Space for clinic functions such as screening, registration, vaccine storage and preparation, vaccination, socially distant waiting areas to monitor for adverse reactions after vaccination, and emergency care. (Speak with the vaccine provider to make sure that you have the health care personnel, equipment, and medications on site to be able to handle an anaphylactic or other severe allergic reaction.)



- Ample parking spaces to allow cars to move in and out easily, including an adequate number of handicapped parking spaces. Note that people may prefer to wait safely in their cars until they are ready for vaccination. (You may want to consider a drive-through vaccination option if logistically feasible.)
- Ensure signage and markings are easy to read and provided in multiple languages if needed
- Daily cleaning and disinfecting processes during and after the event

Transportation

Consider hiring vans or forming groups of carpool volunteers to make sure that everyone who wants to attend the event can make it. Be sure to consider transportation access for those with disabilities.

See our playbook “Facilitating Vaccine Access” for more advice.

Make your congregants aware that the rideshare services Uber and Lyft are offering free rides to vaccination sites beginning May 24 through July 4.

- **Lyft:** Riders will be able to get their ride code directly through the Lyft app or website. After providing a few



details, users will receive a code they can apply to rides requested in the Lyft app to and from a vaccination site near them. Ride codes will cover up to \$15 each for two rides, which we expect to cover most, if not all, of a rider's fares based on our vaccine access rides to date. Ride codes can be used for Lyft rideshare, bike or scooter rides during standard pharmacy operating hours (6:00 a.m. to 8:00 p.m.).

- **Uber:** To get your free ride to your vaccine site, open the Uber app and tap "Vaccine." Then tap "Get your free ride." Find your vaccination location, select your ride and go. Riders are eligible to receive \$25 off each ride, up to 4 rides per person to and from eligible vaccination sites between 6am and 8pm, daily. UberX and Uber WAV rides only. Each of 2 round trips must be 3 weeks apart.

Staffing

Volunteer or paid staff will be critical to perform necessary tasks throughout the event. You may need the following personnel:

- Administrator who conducts vaccinations and registration of people who meet states' criteria (this may be handled by the vaccine provider)
- Congregational volunteers who can help with the vaccination process before and after shots
- Office team to help with appointment reminder calls, maintain standby list, and call people on the standby list in the case that people miss appointments (this may be handled by the vaccine provider)
- Custodial staff to keep all surfaces sanitized
- Parking attendants and security to manage cars moving in an orderly manner in and out of the parking lot (this may be handled by the vaccine provider)

Consider staff support and compensation if applicable, as well as hours of operation that will allow you to staff at full capacity.

See our playbook "Facilitating Vaccine Access" for how an internal congregant committee can facilitate this activity.



STEP 4

MESSAGING

Getting the word out about your event is critical to its success. Here are some general messaging guidelines:

- Utilize your congregation to get the word out and advocate for your event.**
 - **Gather a group of volunteers** for a door-to-door campaign informing residents of your Vaccine Distribution Event, as well as providing information on other local vaccine sites and times.
 - **Provide information on the event** on your website and social media accounts and during congregant gatherings. If you plan to open your event to the general public, ask your congregants to tell their friends, family, and neighbors.
 - **Encourage congregants to be role models** and share their positive vaccination experiences. Ask members to share these stories during services and outside of services during conversations with their friends and family.

- Extend into the larger community to advertise your event.**
 - **Involve the media** to write stories or do radio/television reports on trusted voices and venues.
 - **Post flyers** with your house of worship's telephone number visibly on the street around the neighborhood to attract people without internet access. Allocate staff to answer the phone during business hours to inform about the Vaccine Distribution Event, as well as other vaccine sites in the area for people who cannot make the event.

- Maximize Turnout—combat vaccine hesitancy and disinformation in your congregation in the weeks leading up to the vaccination event. For example:**
 - **Host town halls** with local, trusted medical professionals to answer questions about the vaccines from your congregation.
 - **Share videos, quotes, and information from trusted sources** during your congregational gatherings. Open the floor for congregants to share their positive vaccine stories.
 - **Center your messages on wellness** and stress the importance of vaccination as a duty to loved ones and neighbors.
 - **Add your house of worship's contact information to vaccine messages and materials** from local health departments and nonprofits. Co-branding lets your congregation and extended community know that immunization programs are trusted channels of information.

See our playbook "Developing Vaccine Messaging Programs" for more advice on messaging about the vaccines, your event, and combatting vaccine hesitancy.

STATE AND LOCAL HEALTH DEPARTMENT GOVERNANCE CLASSIFICATION SYSTEM

Centralized/Largely Centralized – Local health units are primarily led by employees of the state and the state retains authority over most fiscal decisions.

CENTRALIZED STATES: AR, DE, DC, HI, MS, NM, RI, SC, VT
LARGELY CENTRALIZED STATES: AL, LA, NH, SD, VA

Shared – Local health units may be led by employees of the state or of local government. If they are led by state employees, then local government has authority to make fiscal decisions and/or issue public health orders.

SHARED STATES: FL, GA, KY
LARGELY SHARED STATES: MD

Mixed – Some local health units are led by employees of the state and some are led by employees of local government. No one arrangement predominates in the state.

MIXED STATES: AK, ME, OK, PA, TN, WY

Decentralized/Largely Decentralized – Local health units are primarily led by employees of local governments and the local governments retain authority over most fiscal decisions.

DECENTRALIZED STATES: AZ, CA, CO, CT, ID, IL, IN, IA, KS, MA, MI, MN, MO, MT, NE, NJ, NY, NC, ND, OH, OR, UT, WA, WV, WI
LARGELY DECENTRALIZED STATES: NV, TX

Action Steps based on Local Structure

Centralized – The state maintains authority and local units are typically run by state employees. Action Steps: Connect with your state immunization program

- <https://vaccineinformation.org/state-immunization-programs/>

Decentralized – The local government has authority over most decisions. Employees work for local government and not for the state. Action Steps: Reach out to your local health department.

- <https://www.naccho.org/membership/lhd-directory>

Shared or Mixed – Depending on where you live within a state, county, or city, the government is set up differently. It's not consistent across the state. Action Steps: Ask your state immunization program who is the best contact.

- <https://vaccineinformation.org/state-immunization-programs/>
- <https://cdn.ymaws.com/www.immunizationmanagers.org/resource/collection/C51290B5-3749-4FC1-8F88-330CF4266E05/AIMFaithLeadersHandout.pdf>

Global Health Crisis Coordination Center (GHC3) mobilizes corporations and NGOs to collaborate with Federal, State, Local, and Tribal leadership for real-time problem solving and coordination during health-related crises. Following 18 months of funded planning, GHC3 was officially launched by the Center of Global Health Innovation on March 13, 2020, at the request of the CDC Foundation to assist with the COVID-19 pandemic. The Worship Action Committee is a part of GHC3's Back 2 Worship initiative aimed at working with faith and religious leaders to create the best practices for worshipping safely. To that end, we have held several roundtables with prioritized input from leaders whose communities are at increased risk for severe COVID-19 outcomes.

The initial aim of the Worship Action Coalition was to work with a variety of clergy/religious leaders to create best practices for worshipping in-person safely. We are now focusing principally on 1) the role of clergy as trusted sources of information on COVID vaccines, and 2) houses of worship, especially for congregations at disproportionate risk for COVID-19, as locations where people (from congregation and the surrounding community) can get vaccinated, and 3) how both clergy and houses of worship can participate effectively in addressing health disparities. We strive to include religious leaders, especially those representing congregations at high risk, as well as national faith organizations that could be influential in addressing vaccine hesitancy. These playbooks have been created with the valuable input of our diverse coalition of faith leaders at our interfaith roundtable working groups.

