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Beyond the Pandemic:

Leveraging Community Catalyst's VEAP Model to Strengthen
Community-Based Organization Engagement in Public Health

Acknowledgements

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Introduction

The COVID-19 pandemic exposed and exacerbated longstanding inequities in health care accessibility and health outcomes among systemically underserved and excluded populations—including Black, Hispanic, Native American, Asian, and Pacific Islander communities—evidenced by the disproportionate rates of COVID-19 infection, hospitalization, and death within these groups. Structural barriers such as systemic racism, health care mistrust, language differences, and limited access to culturally appropriate care, have contributed to lower vaccination rates and poorer health outcomes. Additionally, these communities often face obstacles including financial constraints, lack of transportation, inflexible work schedules, and childcare needs, all of which hinder their ability to access preventive services like vaccinations. These disparities reflect decades of structural barriers and the exclusion of community voices from public health policy and decision-making.

Traditional public health approaches have consistently failed to reach and serve underserved and underrepresented communities effectively. The 2022 National Health Interview Survey indicates that white adults are more likely to receive their recommended vaccines than Black and Hispanic adults, highlighting persistent vaccination disparities that extend beyond COVID-19 (Centers for Disease Control and Prevention, 2023). Adult immunization rates remain critically low, with only about one in four adults are up-to-date on their recommended vaccines, and disparities of approximately 13% between white adults and Black or Hispanic adults across multiple vaccines.

Community-based organizations (CBOs) have emerged as vital components of the public health workforce, serving as bridges between formal health systems and the communities they serve. These organizations possess unique attributes such as local credibility and community trust, and deep understanding of the social determinants affecting their populations—that make them effective public health agents. Research demonstrates that CBOs work holistically with clients, taking a relational rather than transactional approach to service delivery, and participate in long-standing networks with other community agencies. However, CBOs often lack funding, resources, training, and technical support to maximize their public health impact. This resource gap limits their capacity to effectively respond to urgent and emergent public health needs and address ongoing inequities and disparities in their communities.

Project Overview

In 2020, the CDC launched its Partnering for Vaccine Equity (P4VE) program to increase equity in adult immunizations. This program made funds and technical assistance available to national, state, local, and community-based organizations implementing activities focused on vaccine awareness, access, availability, and confidence. In 2021, vaccinations for COVID-19 were made available to address the public health emergency to prevent more people from suffering from disability and death due to infection. Despite increased vaccine availability, persistent disparities in vaccination rates among racial and ethnic minority groups, low-income adults, uninsured individuals, and rural communities underscored inequities in vaccine distribution. These disparities continued to highlight inequities in vaccination distribution among adults and the need for vaccination awareness from trusted partners. The Vaccine Equity and Access Program (VEAP), launched by Community Catalyst through CDC's P4VE cooperative agreement, served as a critical initiative to address disparities in vaccination rates during the COVID-19 pandemic.

VEAP worked to address health disparities and advance health equity by increasing vaccination coverage for adults in racial and/or ethnic populations experiencing disparities across the United States. Through VEAP, Community Catalyst partnered with CBOs to develop and implement effective health communication and community engagement strategies designed to increase vaccine confidence and acceptance in racial and ethnic communities who were at an increased risk of getting sick and dying from these illnesses.

These partnerships supported the development of multidisciplinary and multi-level programs using a health equity lens that recognized the role of psychosocial and cultural factors, structural racism, distrust, and marginalization of communities, to:

- Equip and train a range of trusted community voices supporting vaccine education and delivery.
- Develop campaigns and materials to promote vaccinations to increase the availability of community or population-specific messages.
- Develop and maintain partnerships with other health providers, state and local health departments, CBOs, and other various partners using a multi-sectoral lens.
- Increase the number and diversity of vaccination opportunities in communities experiencing disparities.

- Increase the number and range of partnerships or collaborative activities between providers and community organizations.
- Increase the number and range of health care professionals recommending needed vaccines to adult clients.
- Host or support events to educate and promote vaccination.

Through the project, Community Catalyst provided capacity building assistance to 125 CBOs— across 42 states, the District of Columbia, and Puerto Rico—to increase vaccine coverage for adults in racial and ethnic populations experiencing disparities in the United States. After 3 years of the project, recognizing the long-term need for strong community health infrastructure, there was a strong focus on sustainability and equipping CBOs with tools and resources needed to continue being trusted sources and public health agents post pandemic - demonstrating the power of community-led initiatives in addressing complex health challenges.

Community-Centered Capacity Building

Community Catalyst's approach to capacity building assistance (CBA) leverages a dynamic, collaborative process distinct from traditional "top-down" approaches. Through a unique peer-to-peer model specifically designed to advance VEAP efforts, communities were empowered to cultivate their strengths and proactively identify, address, and sustain solutions to their unique challenges. This model was designed to equip community-based organizations with the skills and knowledge necessary to serve as effective public health agents, not only for vaccination but across a larger range of health topics. In addition to peer-to-peer support, internal staff and consultants provided subject matter expertise on technical, programmatic, and public health topics.

Capacity Building Activities and Technical Assistance Support

VEAP aimed to advance knowledge and skill of CBOS staff to bolster sustainability efforts, with the goal of extending impact beyond the COVID-19 public health emergency. To achieve this, CBA and technical assistance (TA) activities were designed to focus on equipping CBOs with the knowledge and skills for leadership development and long-term organizational sustainability to address urgent and emergent community public health needs. CBA activities and TA support included a range of topics, as shown in figure 1.

Program Planning & Implementation	Assisted CBOs in strategically planning their work, from needs identification and defining purpose to target audience and impact measurement, thereby enabling effective strategy implementation.
Strategic Communications	Supported the development of tailored messaging, outreach campaigns, and community engagement strategies.
Evaluation	Support to enable organizations to measure impact and engage in continuous quality improvement.
Sustainability Planning	Assisted CBOs in developing strategies for maintaining public health programs beyond initial funding cycles.
Partnership Development & Coalition Building	Provided support for creating strategic alliances and fostering collaborations across organizations and sectors, amplifying their community and state-level impact.
Webinars & Workshops	Delivered foundational and advanced public health knowledge through webinars and workshops, covering topics like vaccine education, health communication, and community engagement.
Specialized Training Programs	We offered in-depth training on various topics, including Community Health Worker/Promotores training (in English and Spanish), Motivational Interviewing, Power Building and Organizing, Policy and Advocacy, Program Evaluation, and Storytelling

Figure 1: Capacity Building Activities and Technical Assistance Support

Community Catalyst served as the primary CBA provider, enabling CBO success through strategic planning support, resource development, and network facilitation. This approach recognized that effective public health work requires not just programmatic skills but also organizational infrastructure capable of sustaining impact over time. This CBA model emphasized the development of local leadership and decision-making power within CBOs, ensuring that communities could maintain momentum and continue their public health work beyond the initial funding period.

VEAP's TA and CBA approach was designed for scalability and adaptability to enable broad and sustained impact.

Capacity Building, Technical Assistance, and Training

- **Direct Technical Assistance and Specialized Training:** Over four years, VEAP staff and consultants provided 17 webinars, workshops and trainings, and 625 instances of direct technical assistance to CBO partners. Ten training topics were covered, with four specific programs (CHW/Promotores training, Motivational Interviewing,

Storytelling, Power Building & Advocacy) focused on enhancing CBOs' capacity in health education and promotion.

- **Train-the-Trainer Approaches:** VEAP developed train-the-trainer models to amplify community impact. By equipping influential community members and CBO staff with advanced skills, the program enabled these individuals to train others within their organizations and networks, exponentially increasing reach and sustainability.
- **Digital Resource Hubs and Toolkits:** VEAP created comprehensive digital resource hubs which included training curricula, messaging guides, and evaluation tools. These resources allowed CBOs to access and adapt materials for their specific needs, supporting replication and long-term use.
- **Multi-State and National Collaborations:** Through communities of practice, VEAP facilitated ongoing knowledge sharing and collaboration among CBOs across geographic boundaries. These networks enabled CBOs to learn from and collaborate with each other, share best practices, and coordinate responses to public health challenges.
- **Expanding Beyond Vaccination:** As the project progressed, VEAP identified the need to equip CBOs with the skills and tools to address broader health disparities and social drivers of health. The training framework was intentionally designed to build fundamental capabilities—such as policy advocacy, community organizing, and health education—that were applicable across multiple public health topics, ensuring CBOs could sustain and expand their work beyond the pandemic.

Key Outcomes of Scaled Capacity Building, Technical Assistance, and Training

- **Skills Development:** CBOs enhanced their ability to communicate complex health information in accessible, culturally relevant ways, increasing community engagement and trust.
- **Knowledge Gains:** Pre- and post-evaluations demonstrated significant increases in foundational and skills-based knowledge, including confidence in community engagement, campaign development, and policy advocacy.
- **Expanded Public Health Workforce:** VEAP effectively expanded the public health workforce at the local level through the training of 131,000 trusted messengers, many of whom were community members without formal public health training.
- **Sustained Advocacy and Programming:** CBOs continue to engage in public health work beyond the emergent pandemic response. They continue to address chronic disease, mental health, maternal and child health, and social determinants of health through strategic communications and community engagement.

VEAP has demonstrated itself as a proven and adaptable model for equipping CBOs to serve as effective public health agents across diverse communities. The program's flexibility in scaling its support—through direct training, digital resource hubs, and train-the-trainer approaches—ensures that CBOs can continue to respond to evolving community needs, sustain their public health impact, and serve as long term trusted leaders in health promotion and equity.

CBOs are vital to the public health system because they possess cultural competence, local trust, and community credibility that formal public health entities often lack. Research using the Trust and Influence Loop model demonstrates that CBOs have unique access to community members, because they are embedded in communities and typically have a history of service. CBOs have built trust through empathy, listening to community members' points of view, creating safe spaces for engagement, and consistently delivering on their missions with integrity and competence (Shen, et.al, 2023). This trust proved particularly crucial for vaccine decision-making, where trust in both vaccines and the health system is essential—especially for minoritized racial and ethnic populations who have experienced historical injustices by medical professionals and government. CBOs serve as critical links between communities and public health programs, delivering culturally salient messages through appropriate, well-placed mediums that resonate with their communities.

Impact and Outcomes

VEAP demonstrated that public health interventions promoting vaccine education in minoritized racial and ethnic communities are most effective when they are community-focused, culturally tailored, and are rooted in addressing the social determinants of health. This approach was crucial to tackle mis and disinformation and historical systemic abuse and neglect fostered deep-seated distrust in traditional medical institutions, federal agencies, and pharmaceutical companies. Through VEAP, communities were more receptive to vaccine information coming from trusted sources within their own community.

VEAP used effective strategies to combat vaccine hesitancy by leveraging existing community infrastructure as trusted messengers. Partnerships with CBOs such as places of worship, food banks, corner stores, and community centers were vital. Further, their efforts in recruiting and training trusted community leaders such as faith leaders, educators, and community health workers with accurate information allowed them to address concerns directly within their communities.

Overall, VEAP supported 125 community-based organizations, with 87% serving people of color, reached over 163 million people with critical health information, trained over 131,000 influential messengers, and facilitated the administration of more than 232,000 vaccines. The remarkable results of these CBOs and their effectiveness as public health agents are shown in figure 2.

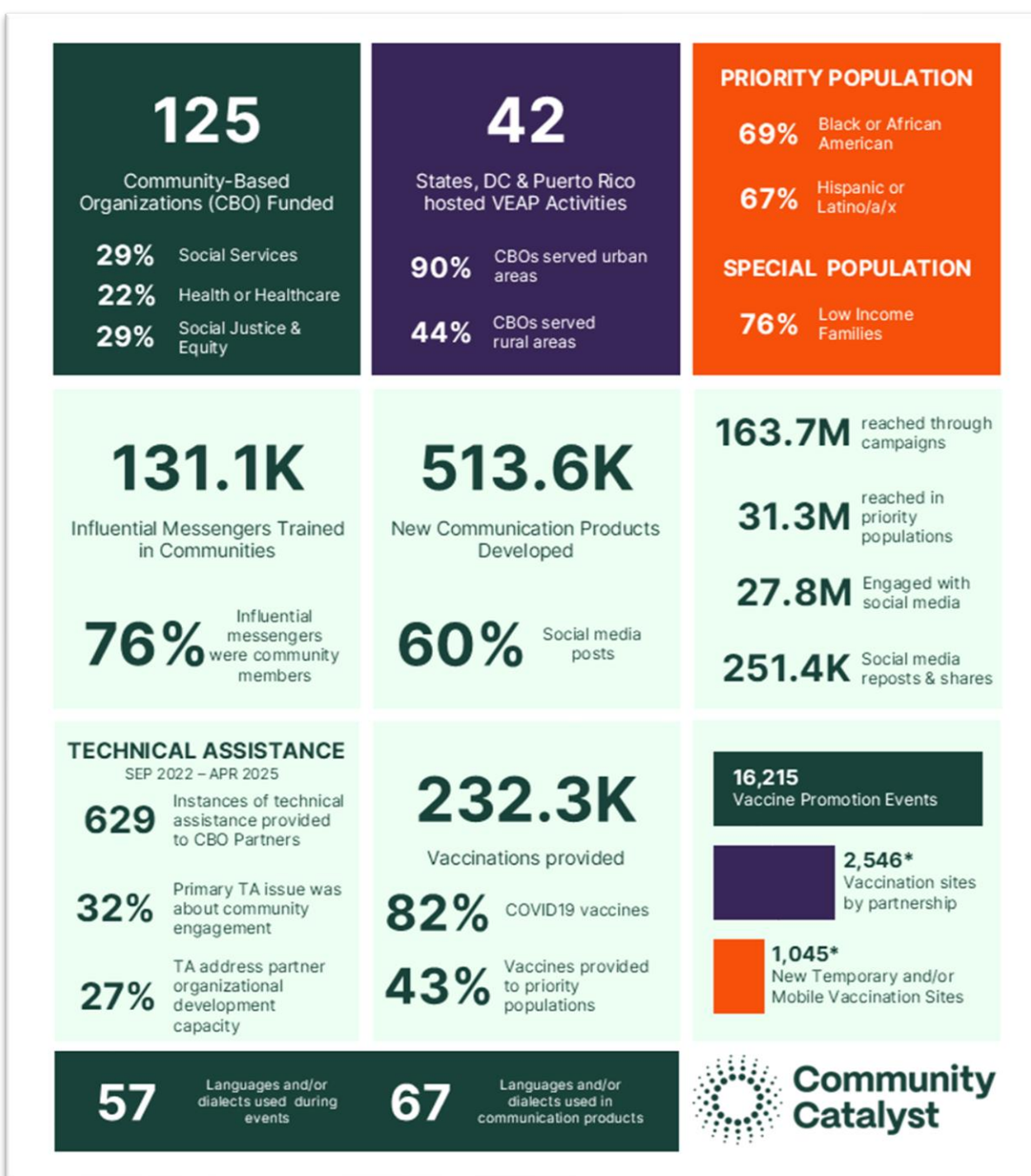


Figure 2: Vaccine Equity and Access Program 4-Year Outcomes

Economic Impact of VEAP

The outcomes of VEAP represent the real lives protected, and communities strengthened, through CBO-led public health efforts. Moreover, the project made an impact on the healthcare system, including healthcare costs for both individuals, communities, and the health system.

Through CBO efforts, 190,804 individuals were received a COVID-19 vaccination. Studies have shown that the vast majority of severe COVID-19 cases requiring hospitalization in 2021 were among unvaccinated individuals, leading to substantial and avoidable costs. For example, an analysis by the Kaiser Family Foundation (2022) found that over 690,000 COVID-19 hospitalizations from June to November 2021 could have been prevented by vaccination, and these preventable cases cost the U.S. healthcare system about \$13.8 billion in that six-month period (Amin & Cox, 2021; Farrenkof, 2022). This aligns with CDC data indicating that during the Delta wave in mid-2021, approximately 98.6% of those hospitalized with COVID-19 were unvaccinated. In short, unvaccinated patients dominated hospital admissions and drove billions in medical spending that might have been averted through vaccination (Farrenkof, 2022).

A 2023 study at a large U.S. medical center found that COVID-19 vaccination significantly reduced both the severity and cost of hospital care. Vaccinated patients had shorter hospital stays, were over 70% less likely to need ICU care, and had lower daily treatment costs compared to unvaccinated patients. After adjusting for age and health conditions, hospitalization costs were 26% lower for vaccinated individuals. Unvaccinated patients incurred nearly double the daily cost due to more intensive treatments. The study highlights the economic benefit of vaccination alongside its health advantages (Somani et al., 2023).

Considering the average cost of a non-ICU hospital stay ranges from \$10,000 to \$13,000 (Amin & Cox, 2021), VEAP potentially saved the healthcare system an estimated \$1.9 to \$2.48 billion. The potential cost extends significantly to ICU length of stay, shown in figure 3, further highlighting VEAP's substantial impact.

- For stays of 1-5 days (averaging \$68,261), VEAP's contribution amounted to the potential savings of \$13 billion.
- For stays of 6-10 days (averaging \$155,619), the potential savings reached \$29 billion.
- For stays of 11-15 days (averaging \$324,285), VEAP's influence could have saved a remarkable \$61 billion.

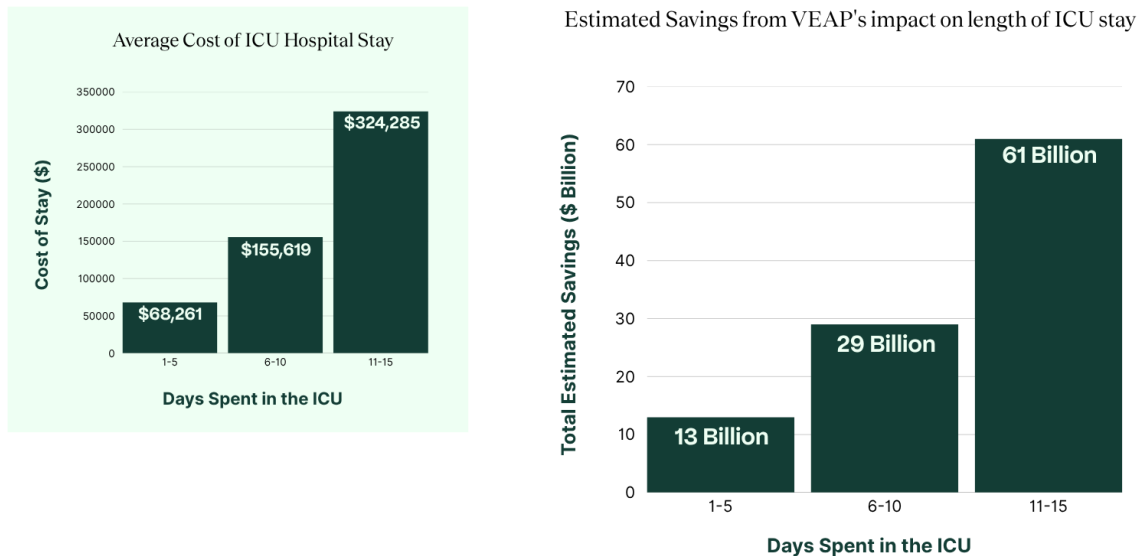


Figure 3: Potential Healthcare System Cost Savings

Beyond direct medical expenses, unvaccinated COVID-19 cases have imposed substantial indirect economic costs, particularly through lost productivity and long-term disability. Severe illness and post-acute sequelae of COVID-19 (commonly known as Long COVID) has diminished many individuals' ability to remain employed, resulting to increased disability claims, and has contributed to persistent workforce shortages. In 2022, lost earnings tied to Long COVID were estimated at \$211 billion, increasing to \$218 billion in 2023 (Van Beusekom, 2025). Although these estimates are not disaggregated by vaccination status, research indicates they were largely driven by severe cases—disproportionately occurring among unvaccinated individuals (Edwards & Hamilton, 2023). By reducing the risk of both acute illness and prolonged disability, vaccination offers significant economic value beyond hospital cost savings.

Partnership and Coalition Building

VEAP generated meaningful outcomes that demonstrate the transformative power of community-led public health work. Partnerships were essential for maximizing impact and achieving shared objectives. By combining diverse resources, expertise, and perspectives, collaborations generate outcomes far exceeding individual CBO efforts. CBO partnerships fueled innovation, broadened reach, and built stronger communities. Partner organizations reported strengthened relationships with state and local health departments, enhanced organizational capacity, and increased community trust.

Partnerships were essential as CBOS were not funded to put vaccines in arms, but rather to educate and engage communities with health promotion and education activities.

Through partnerships, CBOs hosted or supported 16,215 vaccination events and established 2,546 new vaccination sites at existing partner locations, alongside 1,045 temporary or mobile vaccination sites. Crucially, CBOs prioritized accessibility and cultural relevance. They provided translation services and tailored communication materials to meet community needs, utilizing 57 languages or dialects during events and 67 in communication products. This commitment ensured information resonated within diverse communities, significantly bolstering vaccination efforts.

CBOs fostered vital peer-to-peer support and collaboration through virtual and in-person affinity groups. These groups were organized around specific demographics and focus areas, including regional location, immigrant and migrant communities, faith-based communities, rural communities, LGBTQ+ communities, family-focused initiatives, and age-specific needs. Beyond these groups, CBOs also participated in in-person VEAP convenings. The 2021 annual conference, for example, united over 95 partners from all 50 states and Puerto Rico, creating unprecedented opportunities for shared learning and collaboration.

The Power of Culturally Competent Resources

In November 2021, Community Catalyst's partnered with JPA Health to conduct communications support needs assessment (80 of 90 CBOs responded, yielding a response rate of 88.9%) and in-depth interviews. The survey assessed the CBO's strengths and weaknesses in their communications capacity, communication assets needed, and language translations needed to serve their communities. In addition, 16-20 in-depth interviews were conducted with a subset of the CBOs to dive deeper into messaging and communications strategy needs, based on the opportunities and challenges of specific communities.

Based on the results, a communications toolkit was developed containing messaging and templated materials. Using a Behavioral Change Model four messaging frameworks to address barriers to vaccination uptake, namely vaccination hesitancy. The four message frameworks included the following:

- **A Shot Towards Restoring Connections** (Cautious Acceptors): informative messages to combat physical access barriers such as language, transportation, and immigration status.
- **A Shot Towards a Healthier Future** (Hesitant): educational messages to combat singular concerns such as a general lack of understanding about the vaccine.
- **A Shot Towards Creating New Memories** (Late/Selective – Faith and Culture): persuasive messages to combat faith- and culture-based vaccination hesitancy.

- **A Shot Towards Surviving and Thriving** (Late/Selective – Misinformation): persuasive messages to combat misinformation and disinformation about COVID-19 and influenza vaccinations.

The theme, was focused on a unified visual concept called “A Shot Towards.” This platform creatively conveys that the CBOs are helping their community members beat the systemic factors working against them to get vaccinated and providing them resources to help them on their journey to live their best lives. CBOs utilized the toolkit to develop campaigns for not only COVID-19, but to address vaccination across the life span, as they broaden their vaccination effort over the course of the project.

Scalability and Broader Application

Integrating the Social Determinants of Health

VEAP demonstrated how culturally specific, community-rooted approaches can effectively reach populations that traditional public health systems often struggle to serve. While over 51% of VEAP partners were not healthcare organizations, but because they were trusted community messengers and could quickly mobilized to provide vaccination information during the height of the COVID-19 pandemic. CBOs recognized that integrating social determinants of health, alongside specific health interventions, was crucial for engaging community members, even with their established trust. CBOs leveraged their existing programs in areas like food security, housing assistance, and economic support to create comprehensive approaches to community health. This holistic approach proved more effective than single-issue interventions, building lasting pathways for ongoing community health improvement.

Adaptability Across Health Topics

VEAP's community-centered capacity building model demonstrates remarkable adaptability across different public health topics and contexts. The framework developed for vaccine equity can be readily applied to a variety of topics including, but not limited to, chronic disease prevention, maternal and child health, mental health services, Long COVID support, and future public health emergencies. This adaptability makes continued investment in the model particularly valuable, as it creates infrastructure that can respond to both predictable and unexpected health challenges.

Research indicates that the community-first approach pioneered by VEAP, is essential when it comes to addressing complex health issues that require sustained community engagement and trust-building. This community-centered capacity building model puts emphasis on building local capacity through training, technical assistance, and capacity building rather than simply delivering services creates lasting change that extends beyond individual funding cycles.

Replicable Resources and Toolkits

VEAP created a robust suite of comprehensive digital resources and toolkits designed for broad reach and easy replication across diverse communities. These dynamic, adaptable resources include not only vital public health vaccine educational content but also incorporate evidence-based messaging strategies, crucial evaluation tools to measure impact, and detailed training curricula. Beyond content, VEAP's offerings extend to practical facilitation and partnership development guides. These guides are crafted to be flexible, allowing for adaptation to specific community contexts while rigorously maintaining fidelity to core public health principles. For instance, VEAP developed specialized tools and resources to train CBOs on how to effectively facilitate large community listening sessions and town halls. This crucial training empowered CBOs with the ability to utilize data collection and analysis frameworks, significantly enhancing their capacity to understand and address the nuanced needs of their communities. This foresight ensures that public health efforts are not just delivered but are truly responsive and impactful at the local level.

Multi-State and National Collaborations

VEAP established communities of practice that enabled ongoing knowledge sharing and collaboration among CBOs across geographic boundaries. These networks created opportunities for peer learning, resource sharing, and coordinated responses to public health challenges that span across state lines. This scaling strategy maximizes the reach of limited resources while ensuring that capacity-building efforts are culturally appropriate and contextually relevant.

Call to Action

A significant impediment for CBOs lies in the precarious nature of their funding, particularly for initiatives addressing public health crises. These organizations often receive project-specific funding during periods of acute need, but once the immediate crisis subsides and funding dissipates, they are left without the sustainable resources necessary to maintain operations until the next public health emergency arises. This cyclical funding model critically undermines their long-term viability and effectiveness. This issue is mirrored by national organizations, such as Community Catalyst, which provide crucial CBA and TA to CBOs. These support organizations, while vital during crises, also struggle to secure sustained funding, preventing them from offering continuous and predictable support to keep CBOs operational and resilient.

Sustainable funding is therefore essential to deliver the foundational training, TA, and CBA that empower CBOs to serve as effective, proactive public health agents. Without this sustained investment, several critical outcomes are at severe risk.

1. The invaluable trust and momentum meticulously built within communities through programs like VEAP and similar initiatives will inevitably erode. Rebuilding this community trust, once lost, can take years, setting back public health efforts significantly.
2. CBOs will be severely constrained in their capacity to respond effectively to both urgent and emergent health needs, leaving already vulnerable communities exposed during future public health crises.
3. This erosion of CBO capacity will contribute to a weakened overall public health infrastructure, perpetuating existing health disparities and severely limiting our collective ability to achieve health equity.

The absence of sustained funding means the risk of losing a proven, scalable model that has demonstrated its effectiveness in reaching underserved populations. This loss would deprive national public health strategies and policy development of a valuable, evidence-based framework that could inform improvements at local, statewide, and national levels. Therefore, ensuring sustainable funding for CBOs and their support networks is not merely an operational concern, but a strategic imperative for resilient and equitable public health.

Recommendations

To achieve significant and lasting improvements in public health, sustained investment in community-based initiatives is recommended. This commitment will yield multiple high-value outcomes:

- **Promote more equitable health outcomes:** By continuously building the capacity of CBOs, we can ensure that health services and information reach all populations, leading to fairer health outcomes.
- **Enhance community resilience:** Strengthening local organizations directly improves a community's ability to withstand and recover from public health challenges.
- **Drive systems-level changes:** Sustained investment allows for addressing the fundamental causes of health disparities, moving beyond treating symptoms to creating lasting solutions.
- **Develop scalable models for national transformation:** By supporting proven approaches, like the CBO model pioneered by VEAP, we can create blueprints that inform and guide public health strategies nationwide.

Research consistently shows that investing in community-based health approaches generates substantial returns by:

- **Reducing overall healthcare costs:** Proactive, community-led interventions can prevent more expensive emergency and long-term care.
- **Improving population health outcomes:** Engaged communities lead to healthier individuals and a healthier society as a whole.
- **Strengthening social cohesion:** Collaborative community efforts foster stronger social bonds and a more supportive environment.

The CBO model, as pioneered by VEAP, offers a particularly cost-effective way to achieve these widespread benefits at scale.

Conclusion

Amplifying community voices requires sustained investment in the infrastructure that supports them—specifically, Community Catalyst and its CBO partners. VEAP's success demonstrates that when communities are equipped with appropriate training, technical assistance, and capacity-building support, they can serve as powerful agents of public health transformation.

Opportunities exist to sustain and scale this model for long-term public health transformation, but only with continued funding and commitment. The infrastructure developed through VEAP represents a public health asset that can generate ongoing returns through improved health outcomes, reduced disparities, and enhanced community resilience.

With sustained investment, VEAP's work can serve as a national model for how to center community voices in transforming public health systems. This transformation is not merely aspirational; it is an urgent necessity for creating a public health system capable of serving all communities equitably and effectively. The success of VEAP demonstrates that another approach is possible—one that recognizes communities as experts in their own health needs and provides them with the resources necessary to create lasting change. Sustaining this approach requires sustained funding for the organizations and infrastructure that make it possible.

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