



Vaccine Communication Toolkit for Community Health Workers Serving African American Communities

2021/11

Thank you for your leadership!

High uptake of the COVID-19 vaccine is among the most promising strategies to reduce the burden of disease and control the pandemic. However, misconceptions of the vaccine, mistrust in the health system, and lack of access to health services may impede confidence in the vaccine and ultimately uptake, particularly among underserved communities disproportionately affected by COVID-19. As community health workers, you play a critical role in mitigating the impact of disinformation and misinformation. Strong, robust social mobilization and community engagement for vaccine promotion will contribute to building public trust. Together, skilled individuals, motivated organizations, and modern tools can mitigate the risks of rumors and negative information about vaccines.

This toolkit is a compilation of highlights from the CDC messaging guidelines, the research we've already conducted in the community, and other resources to help you along the way. Please use this guide as a reference when needed and don't hesitate to contact us for additional support. Thank you so much for all that you do to keep our community healthy!

Content

Overview of communication Guidelines	2-4
Focus Group Results	5-6
Helpful Links	7
Contacts	8

Overview of Communication Guidelines

In this section, we will cover the main guidelines for communicating vaccine information to the community. This has been adapted from the presentation from the training workshop and is meant as a quick reference to have on hand. (Source: Ad Council and COVID Collaborative: COVID-19 Vaccine Education Initiative Messaging Recommendations)

Strategic Messaging Guidelines

Lead with empathy

Respect people's hesitancy and acknowledge that it's okay to have questions. Avoid condescension, lecturing, negativity and guilt-mongering.

Facts about safety are important

Don't just say "the science is solid." Explain why vaccines are safe, despite the fast timeline of development. Information needs to be clear, honest and presented in plain language.

Emotional triggers are important

Highlight how vaccinations are a pathway to helping us get back to the moments of human connection that we are all yearning for. In the same vein, highlight that vaccinations will protect the ones we love and those most vulnerable in our community.

- ✓ Your tone should be welcoming, personal, and authentic
- ✓ Provide a safe space that's focused on dialogue, not debate.
- ✓ Leverage emotional touchpoints to remind people about those moments of human connection once we get past COVID-19.

Acknowledge hesitancy + Questions are okay + Emotional moments = **Motivation to get informed**

Making Your Message Resonate

The following table outlines messaging approaches that will and will not likely resonate with your audience.

Doesn't Resonate



Negativity & Fear: People push back when reminded of how difficult a year it's been—it tends to put them in a pessimistic, hopeless or frustrated frame of mind. Fear tactics are likely to backfire because this does little to generate trust or answer people's questions about vaccines



Guilt: References to “many people already stepping up” can come off as pushy or accusatory. Those who are hesitant do not see themselves as “free riders” letting others take risks first; rather, they are worried about being “guinea pigs” for new COVID-19 vaccines.



Overpromising: Avoid claims that are unproven. Being overly rosy may cause concern. Be clear about the facts without any sugarcoating. Most people understand that mass vaccination is a long-term process. Avoid messages that inadvertently imply that vaccine availability will “flip the switch.”



“Back to Normal”: Some just want things to “get back to normal,” but for others, post-pandemic life will never be “the way it was.” It's more about getting back to life rather than back to normal. Messages that focus on economic recovery—rather than public health—do not perform well.



Does Resonate



Using a Positive Tone: Be inviting and respectful as opposed to demanding. Acknowledge that the “choice is yours to make,” which connects with the deeply rooted American value of liberty



Emphasizing Protection: Emphasize “protecting myself, loved ones and those in my community” (rather than “coming together as a nation”).



Validating Concerns & Answering Questions: Acknowledge people's hesitancy rather than challenge it. Provide scientifically-based, plain language answers.



Moments Missed: Reference things the people miss most. With many feeling COVID-19 fatigue, missed moments (especially human connections that we took for granted like visiting family and friends) serve as a powerful reminder of the ultimate end goal: vaccination as a pathway to the possibility of regaining these moments.



Language Considerations

- **Do not assume high levels of general health literacy and avoid scientific jargon.** Use plain language, so information is clear and easy-to understand. Graphics plus text works better than text alone.
- **Avoid language that makes it appear as if you're promoting or endorsing one manufacturer's drug.** Do not talk about "the vaccine" or refer to a specific drug; instead, use the term "vaccines" in plural or refer to "vaccinations" instead.
- **Present vaccines as one important option to fight the pandemic,** e.g., "vaccines are a key" not "the key." (For example: "Everyone should continue to take all recommended actions to help stop the pandemic.")
- **Direct people to have conversations with their healthcare provider or doctor,** (e.g., "talk to your doctor" or "start a conversation") instead of telling them to get vaccinated. Avoid giving medical advice.
- **Avoid any mention of efficacy rates**—this points to specific brand name drugs, which you should avoid promoting.
- **Do not include any drug-specific disclaimers on side effects** since that also points to specific drugs.
- **If you are communicating about side effects, be transparent and up front** about potential severe side effects in rare cases.
- **Avoid discussing total elimination or eradication of COVID-19,** as scientists are predicting that COVID-19 will become endemic (like the flu). Talk about ending the pandemic, not about ending COVID-19 for good.

LANGUAGE DO'S & DONT'S	
Do Say	Don't Say
Vaccination	Injection or shot
A safe and effective vaccine	A vaccine developed quickly
Authorized by FDA based on clinical testing	Approved by FDA, Operation Warp Speed; Emergency Use Authorization ¹
Get the latest information	There are things we still don't know
Keep your family safe; keep those most vulnerable safe	Keep your country safe
Public Health	Government
Health / medical experts and doctors	Scientists
People who have questions	People who are hesitant, skeptical, resistant, or "anti-vaxxers"

1. The perceived speed of vaccine development is a current barrier among many audiences

These recommendations are based partly on [research](#) conducted by the de Beaumont Foundation.

Focus Group Results

We conducted two focus groups with adults college-aged and older in South Carolina to gather information about the community we will be serving and how we can best reach them. The following charts are a synopsis of the results from those focus group discussions:

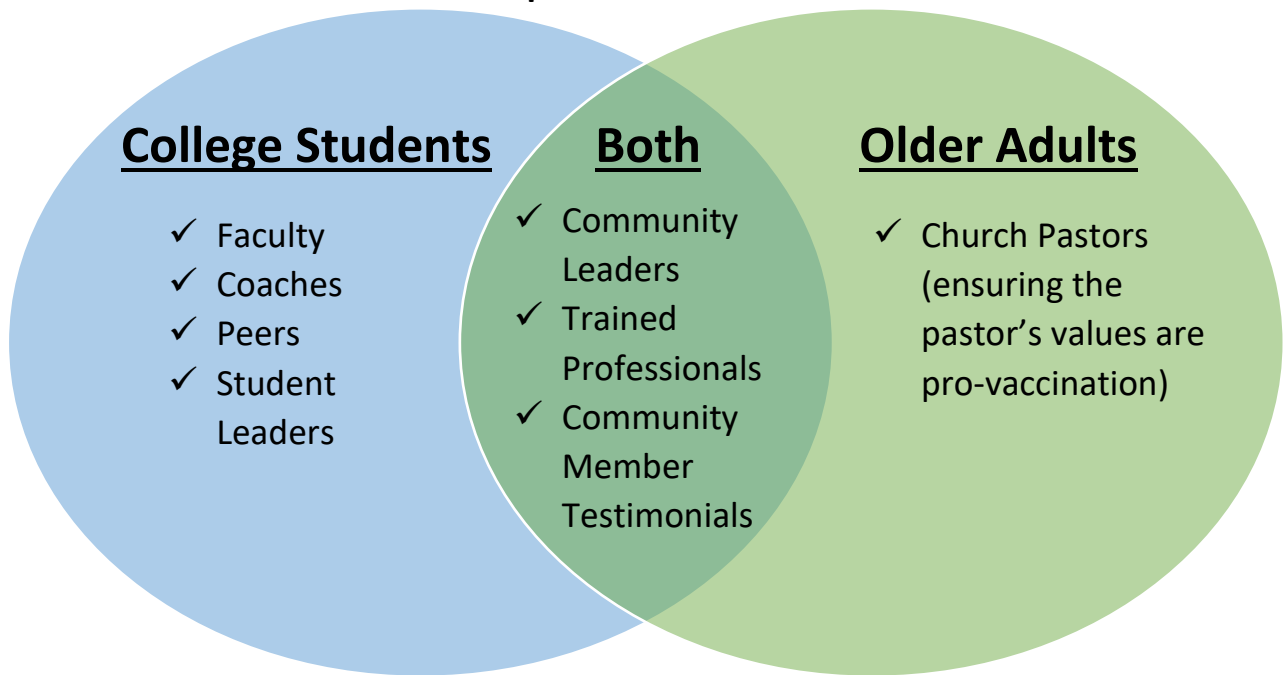
Reasons Stated for Vaccine Hesitancy

- ✓ Concerns about sponsorships, partnerships, incentives, and programs being forms of **coercion or bribery**
- ✓ A belief that vaccination **may be less effective** than not receiving the vaccine
- ✓ Concerns about **adverse effects** of the vaccine
- ✓ Trauma and mistrust from the **historical/systemic mistreatment of Black people** by the medical establishment
- ✓ Stigma of being “**guinea pigs**” (**Tuskegee**)
- ✓ **Contraindications** (fear that the vaccine will react negatively with their pre-existing allergies or health conditions)
- ✓ The vaccine was developed quickly and is **still very new**
- ✓ **Informational barriers**, especially on social media, including misinformation, misconception, inconsistent information (uncertainty of information), miseducation (limited comprehension), lack of transparency, and conspiracy theory surrounding COVID-19
- ✓ Concerns that **politics** are driving the process
- ✓ On social media, some people post **conspiracy theories** that vaccines cause cancer, or some believe that vaccinations are microchips injected into the body to track everything people do

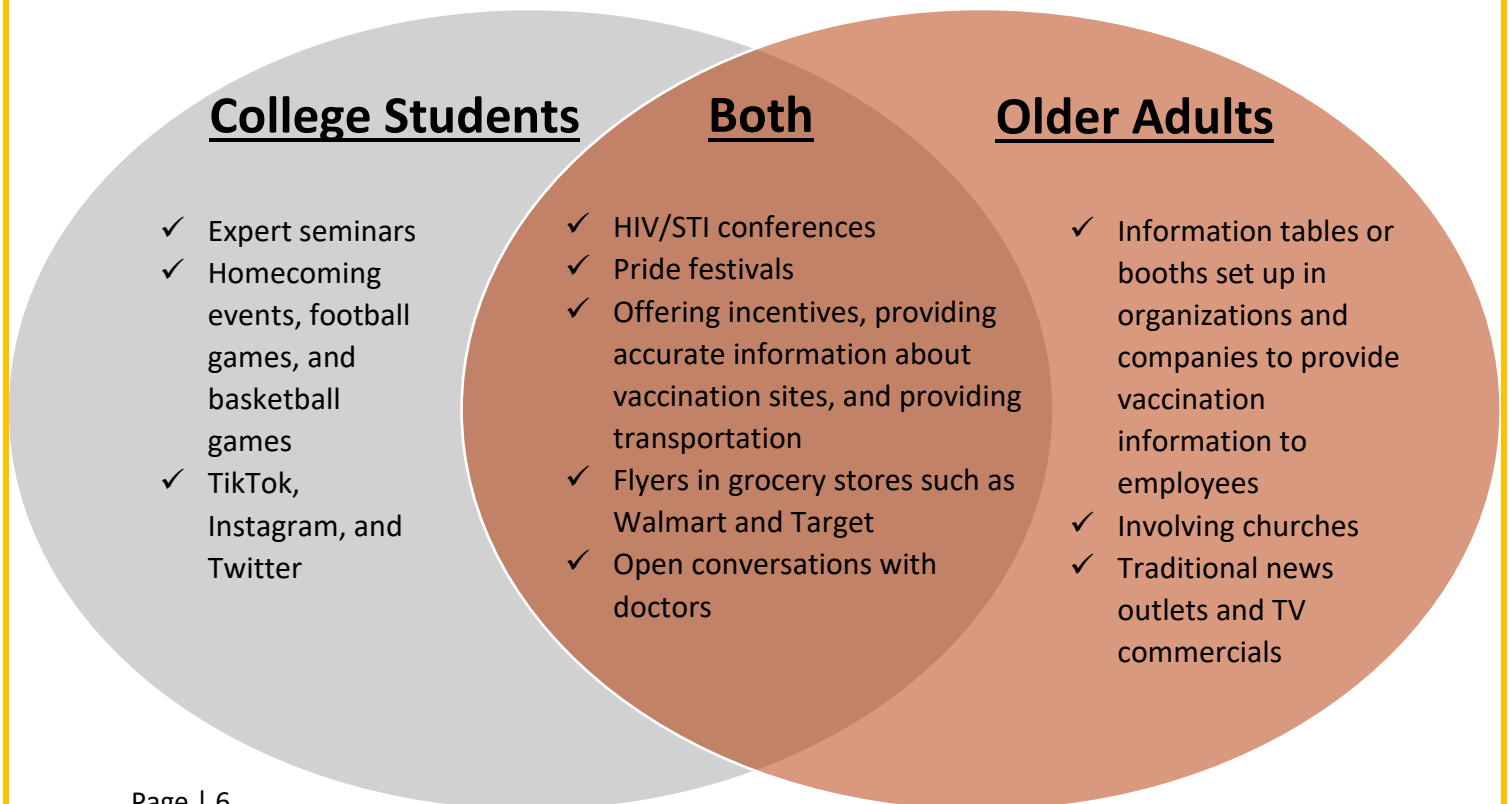
Reasons Stated for Getting the Vaccine

- ✓ Wanting to **live longer**
- ✓ For their **own safety**
- ✓ To prevent disease **severity**
- ✓ Family and friends getting vaccinated (**social norms**)
- ✓ Getting informed by **credible sources**

College Students' and Older Adults' Beliefs About the Best People to Speak about Vaccines



College Students' and Older Adults' Beliefs About the Best ways to Reach the Community



Helpful Links

The CDC health communication toolkit

- <https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html>

Campaign resources

- <https://wecandothis.hhs.gov/resources>
- <https://madetosave.org/>

A compelling video that can be shared with the community

- <https://vimeo.com/553448862>

Sample social media posts and an image related to vaccines

- <https://publichealthcollaborative.org/resources/graphics-children-and-covid-19-vaccination/>

Vaccinating children against COVID-19

- <https://nihcm.org/publications/vaccinating-children-against-covid19-in-the-us>

Helpful responses to certain fears or myths

- <https://utswmed.org/medblog/covid-vaccine-holdouts/>

We thank you for your participation and look forward to a successful promotion!



Contacts

For questions about the data collection tool or the content of this toolkit, please contact **Ms. Audrey Auen** at akkuhn@email.sc.edu.

For questions relating to your role in this program or SCCHWA-related topics, please contact **Mr. Rashad Paige** at rashad@scchwa.org.

For questions about the larger project, please contact **Dr. Shan Qiao**, Project Principal Investigator at shanjiao@mailbox.sc.edu

Acknowledgements

We would like to thank your local partners for making this program possible including **South Carolina Community Health Worker Association (SCCHWA)**, **South Carolina Department of Health and Environment Control (DHEC)** and **Palmetto Aids Life Support Services (PALSS)**.

UofSC: Dr. Shan Qiao, Dr. Sara Wilcox, Dr. Brooke McKeever, Dr. Banky Olatosi, Dr. Xiaoming Li, Ms. Audrey Auen

SCCHWA: Ms. Donna Mack, Ms. Lynda Guess, Mr. Rashad Paige

PALSS: Ms. Carmen Julious

DHEC: Dr. Ali Mansaray, Dr. Cheryl L. Scott



This toolkit was developed with funding from the Vaccine Confidence Network as part of a larger cooperative agreement (number U48DP006401) from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

©2021 University of South Carolina. All rights reserved.