State Strategies to Build Vaccine Confidence

3:30-4:30 PM ET
May 13, 2021

This webinar is sponsored by AM TRACE with content development at the sole discretion of NASHP.
Webinar Agenda

- Introduction
- Speaker Presentations
  - Mr. Richard Quartarone, Communication Co-Deputy, CDC
  - Dr. Douglas Raymond Lyon, Senior Health Advisor, Oregon Health Authority
  - Mr. Jens Dakin, Manager Director, Information Operations/Strategic Communications, AM TRACE
- Q&A
Engaging Communities to Increase Confidence in COVID-19 Vaccines: CDC’s Vaccine Confidence Strategy

May 13, 2021

Richard Quartarone
Deputy Director for Communication
Vaccine Task Force
CDC COVID-19 Response
Defining Vaccine Confidence

- Vaccine confidence is the **trust** that patients, parents, or providers have in:
  - recommended *vaccines*,
  - *providers* who administer vaccines, and
  - *processes and policies* that lead to vaccine development, licensure, manufacturing, and recommendations for use.
Increasing Public Confidence in COVID-19 Vaccines

Have you personally received at least one dose of the COVID-19 vaccine, or not? When an FDA authorized vaccine for COVID-19 is available to you for free, do you think you will…?

- Already gotten
- As soon as possible
- Wait and see
- Only if required
- Definitely not

<table>
<thead>
<tr>
<th>Month</th>
<th>Already gotten</th>
<th>As soon as possible</th>
<th>Wait and see</th>
<th>Only if required</th>
<th>Definitely not</th>
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<td>Mar 2021</td>
<td>32%</td>
<td>30%</td>
<td>17%</td>
<td>7%</td>
<td>13%</td>
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<td>Feb 2021</td>
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<td>37%</td>
<td>22%</td>
<td>7%</td>
<td>15%</td>
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<td>41%</td>
<td>31%</td>
<td>7%</td>
<td>13%</td>
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<tr>
<td>Dec 2020</td>
<td>34%</td>
<td>39%</td>
<td>9%</td>
<td>15%</td>
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NOTE: December 2020 survey did not have an option for respondents to indicate they had already been vaccinated. See topline for full question wording.
Willingness to Accept a Vaccine Falls on a Continuum

INCREASING CONFIDENCE IN VACCINE, VACCINATOR, AND HEALTH SYSTEM

May have questions, take “wait and see” approach, want more information

Refusal

Passive Acceptance

Demand
What Are the Social and Behavioral Factors That Drive COVID-19 Vaccine Uptake?

**What people think and feel**
- Confidence in vaccine benefits
- Confidence in vaccine safety
- Perceived risk – self
- *Perceived risk – others
- Seeing negative information

**Social processes**
- Influential others support vaccination
- *Vaccination norms
- *Workplace norms
- Trust in vaccination providers
- *Self-confidence in answering questions

**Motivation**
- Intention to get a COVID-19 vaccine
- *Willingness to recommend a COVID-19 vaccine

**Practical issues**
- Know where vaccine is available
- Previous uptake of adult vaccination
- Ease of access
- Preferred site
- *Availability of on-site vaccination

**Vaccination**
- Receives recommended vaccines

*Math construct is exclusive to health worker survey

High uptake of COVID-19 vaccines requires adequate supply meeting sufficient demand, mediated by access, equity, and vaccine confidence.

Source: CDC COVID-19 Vaccine Task Force Vaccine Confidence Team
# CDC’s Strategy to Reinforce Confidence in COVID-19 Vaccines

## Build Trust

**Objective:** Share clear, complete, and accurate messages about COVID-19 vaccines and take visible actions to build trust in the vaccine, the vaccinator, and the system in coordination with federal, state, and local agencies and partners.

- Communicate transparently about the process for authorizing, approving, making recommendations for, monitoring the safety of, distributing, and administering COVID-19 vaccines, including data handling.
- Provide regular updates on benefits, safety, side effects, and effectiveness; clearly communicate what is not known.
- Proactively address and mitigate the spread and harm of misinformation via social media platforms, partners, and trusted messengers.

## Empower Healthcare Personnel

**Objective:** Promote confidence among healthcare personnel* in their decision to get vaccinated and to recommend vaccination to their patients.

- Engage national professional associations, health systems, and healthcare personnel often and early to ensure a clear understanding of the vaccine development and approval process, new vaccine technologies, and the benefits of vaccination.
- Ensure healthcare systems and medical practices are equipped to create a culture that builds confidence in COVID-19 vaccination.
- Strengthen the capacity of healthcare professionals to have empathetic vaccine conversations, address myths and common questions, provide tailored vaccine information to patients, and use motivational interviewing techniques when needed.

## Engage Communities & Individuals

**Objective:** Engage communities in a sustainable, equitable, and inclusive way—using two-way communication to listen, build trust, and increase collaboration.

- Empower vaccine recipients to share their personal stories and reasons for vaccination within their circles of influence.
- Work with health departments and national partners to engage communities around vaccine confidence and service delivery strategies, including adaptation of vaccination sites to meet community needs.
- Collaborate with trusted messengers—such as faith-based and community leaders—to tailor and share culturally relevant messages and materials with diverse communities.

*Personnel = All staff working in healthcare settings, including physicians, PAs/NPs, nurses, allied health professionals, pharmacists, support staff, and community health workers*
Building trust and vaccine confidence among people disproportionately affected by COVID-19 is critical to high vaccine uptake.

You can address information gaps and build vaccine confidence through clear, consistent communication.
Building Trust is a Process, Not an End State

- It is our job to let communities know that it is okay and valid to have questions, especially for those that have been hurt by societal systems.
It Will Take More than One Conversation to Change Minds

- Vaccine hesitancy, especially when rooted in lack of trust rather than lack of information, is best addressed through trusted messengers in trusted spaces.
Trusted Messengers

- Effectively deliver messages and strategies.
- Validate the credibility of information.
- Address mis- and disinformation.
- Help create a feedback loop for addressing questions and concerns.
- Bridge the gap between healthcare providers and patients.
Be Prepared to Address Equity and Access Barriers that Are Identified

- Encourage two-way dialogue and allow space for people to ask questions and be heard.
How the Vaccine Confidence Team Is Supporting States and Jurisdictions

Direct Support
- Strike Teams
- Deployments
- Partnerships
- Confidence Consults
- Staff Support

Guidance
- Vaccine Confidence Bootcamps
- Vaccine Communication Toolkits
- Rapid Community Assessment Guide

Behavioral Insights
- Behavioral Profiles*
- State of Vaccine Confidence Report
- Qual/Quant Data Collection Tools

*coming soon!
Confidence Consults Launched

- Phone and virtual 1:1 support for state and territorial immunization programs
- Provide technical assistance to build vaccine confidence and promote COVID-19 vaccine acceptance with:

  - Diagnostics
  - Guidance
  - Tools
  - Experts

Want a Consult? Coordinate with your state or jurisdiction health department and ask them to email a request to confidenceconsults@cdc.gov
Overview of Rapid Community Assessment Guide (RCA)

Objectives
- **Identify populations** at risk for low COVID-19 vaccine uptake.
- **Assess barriers** to COVID-19 vaccine uptake.
- **Identify community leaders**, trusted messengers, and important message channels.
- **Document lessons learned** to inform subsequent phases.
- **Identify, implement, and evaluate strategies** to increase COVID-19 vaccine confidence and uptake.

RCA Process:
1. Identify objectives and communities of focus.
2. Plan for the assessment.
3. Collect and analyze data.
4. Report findings and plan for action.
5. Evaluate your efforts.

RCA Tools:
- Vaccine rollout learning template
- Key informant interview
- Listening session
- Observations
- Traditional and social media monitoring

Vaccine Confidence COVID-19
Oregon 2021
May 13, 2021

‘True wealth is not measured in money or status or power. It is measured in the legacy we leave behind for those we love and those we inspire…’

Cesar Chavez
Oregon Health Authority –  
State Perspective

Oregon -- COVID and Vaccination

Challenge to reach Hispanic/LatinX population

Coordinated State Response

Thinking out of the Box – lessons from HIV
## Oregon COVID-19

### Daily Statewide Numbers On May 11, 2021

<table>
<thead>
<tr>
<th>New Cases</th>
<th>7 Day Daily Average of Cases</th>
<th>COVID-19 Patients Hospitalized†</th>
</tr>
</thead>
<tbody>
<tr>
<td>660</td>
<td>694</td>
<td>345</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tests Reported</th>
<th>ELR Test Positivity</th>
<th>New Deaths</th>
</tr>
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<tbody>
<tr>
<td>12,721</td>
<td>6.9%</td>
<td>16</td>
</tr>
</tbody>
</table>

*Arrows indicate an increase or decrease from the previous day. †Hospitalization data from Oregon’s Hospital Capacity Web System (HOSCAP).

### Daily Cases and 7 Day Moving Average over the Previous Six Weeks

![Graph showing daily cases and 7 day moving average over the previous six weeks.](graph.jpg)
Oregon Vaccination Coverage
May 11, 2021

Percent of people living in Oregon who received COVID-19 vaccine*

Vaccination rates over time

46.5% are vaccinated, 12.1% are in progress while 34.4% have completed the series.
Oregon Vaccination Coverage
May 11, 2021

25.5% of people in Malheur County are vaccinated. 3.5% are in progress while 21.9% have completed the series.
Vaccinations by Race and Ethnicity
(May 11, 2021)

Accessed 05.03.2021
Hispanic/LatinX -- diverse group

**First Generation MSFW** – born outside US, many without documentation, lower level formal education, Spanish speaking

**Second Generation** -- born US, arrived while school age, higher level formal education; bilingual, family stationary, settled job

**Third/fourth generation** -- born US, family connected stable community – school, church, community organizations; verbal fluency Spanish, primary oral & written language English

**Long established in US** -- some families bilingual

Oregon Health Authority
OHA Outreach -- Hispanic/LatinX

Comprehensive strategy/plan based on ‘active dialogue with community’

State wide communication strategy

Work closely with CBOs/LPHD

Connect through health community they know and trust – Migrant and Community Health Centers (FQHCs)

Radio talk show – weekly program with script
The Question ....

Vaccine “hesitancy” and trust?

...or should we be talking about trustworthiness and access?

How to remove barriers?

From ambivalence... to readiness... to vaccination completion

Hassle factors/access

- Locations
- Wait times, opening hours
- Digital access/navigability
- Paperwork
- Transportation

Social risk factors (language, culture, geography, financial constraints, lack of paid time off, documentation status, disabilities, etc)

Readiness/trust

- Sense of safety and understanding
- Perceived individual threat of COVID-19 virus and/or experience of illness in family/community
- Religious and/or moral concerns
- Misinformation/lack of info
- Fear or anxiety
- Distrust and skepticism

Are my family/friends/neighbors getting vaccinated?

*Robust community engagement is key to improving vaccine confidence and uptake across all communities and populations*
HIV/AIDS 2000

Pandemic:
- 36 million with HIV/AIDS
- 5.3 million new infections/yr
- 21.8 millions deaths since beginning epidemic

Primary Sexually Transmitted -- even discussion filled with taboos

Subsaharan Africa -- 8.8% adults +: prenatal clinics some ~ 30%

Medication regimes complicated and expensive
‘We all need to begin thinking out of the box’

Peter Piot (Head UNAIDS 95-08)

‘Never let a good crisis go to waste’

Winston Churchill
We are only limited by our imagination, our ability to organize ourselves and our ability to get along with each other ...

PEPFAR Country Director

Budget: 12 million USD/y x 5 yrs
HIV Africa and Caribbean

Behavior Change through example -- to give folks a story they can understand, characters that they can connect with … (communication through own culture/stories)

……Radio Novela/Soap ……

Merundoi Incorporated is a non-governmental organization (NGO) specializing in Behavior Change Communication through public education using the radio serial drama "Merundoi“

Merundoi.org.gy
Merundoi

Radio Serial Drama -- Radio Novela/Soap Opera

Two unique 15 minute episodes/week; repeat back to back on Sunday

Work public health themes/messages into stories …. characters learning from experience and each other

Produced for Guyana and English Speaking Caribbean

High quality production in thick Caribbean/Guyanese dialect -- public and private radio and schools

Oregon Health Authority
Merundoi: 2008 to 2021

International Partners
- The Delegation of the European Union
- Global Fund
- PAHO/WHO
- National Democratic Institute (USA)
- UNFPA
- Inter-American Development Bank
- ILO

Corporate Sponsors
- Republic Bank Guyana Limited
- Edward Beharry and Company Ltd
- Spads Incorporated
- Guyana Lottery Company

Media Partners
- NCN (Radio & Television)
- 93.1 FM
- GNNL
- Radio Pawiwomak (Rupununi Radio)
- 104.3 Power FM (Linden Radio)
- 88.5 Rock FM (Berbice)

Other Partners
- Ministry of Social Protection
- Ministry of Indigenous Peoples’ Affairs
- Ministry of Public Health
- Ministry of Education
- Guyana Bible Society

Oregon Health Authority
'The greater message -- we learn something from this ....'

Understand or capacity, our role, our responsibility

Understand better those we are here to serve

Earn/engender the trust of the public

Put tools/structures in place with long lasting benefits

Sort govern/organize ourselves: Fed – State – County – Municipality
NASHP Webinar

State Strategies to Build Vaccine Confidence

Mr. Jens Dakin
Managing Director Strategic Engagement, AM LLC
J.Dakin@amllc.co
State Strategies to Build Vaccine Confidence

- Who are AM/AM TRACE?
- Target Audience Analysis
- Behavioral Approach to Engagement
- Campaign Planning Ideas
AM & AM TRACE

• Who are we?
  • AM & AM TRACE (same company)
  • Based in Virginia, nationwide presence

• What do we do?
  • Research
  • Strategic Communications
  • Healthcare Solutions
  • COVID-19 Solutions

• Where do we work?
  • Texas
  • Alaska
  • California
  • New York
  • Vermont
  • Internationally
AM & AM TRACE

• Who are we?
  • AM & AM TRACE (same company)
  • Based in Virginia, nationwide presence

• What do we do?
  • Research
  • Strategic Communications
  • Healthcare Solutions
  • COVID-19 Solutions

• Where do we work in the US?
  • Texas
  • Alaska
  • California
  • New York
  • Vermont
Context

- Vaccine hesitancy/lack of confidence in the vaccines is an issue that transcends gender, race, religion, political beliefs, socio-economic status and education levels

- Affects **rural** and **urban** communities

- For some, it is an **ideological** issue influenced by political beliefs. For others it could be **fear** of side effects

- Identifying drivers of vaccine hesitancy and the barriers to vaccine acceptance enables development of effective campaigns and tactics

- Research indicates increased vaccine confidence levels
Target Audience Analysis

- There is a spectrum of attitudes and behaviors towards getting a COVID-19 vaccine
- The amount, quality and availability of information is not an issue
- Behavioral Goals:
  - Increase CONFIDENCE
  - Decrease COMPLACENCY
  - Increase CONVENIENCE

The Challenge:
- Getting the 1st dose
- Turning 1st doses into 2nd doses (where applicable)
- Getting future booster doses...this winter/annual requirement
Target Audience Analysis

- There is a spectrum of attitudes and behaviors towards getting a COVID-19 Vaccine
- The amount, quality and availability of information is not an issue
Target Audience Analysis

- Mass marketing is having little to no impact on the ‘holdouts’
- Little or no **TRUST & CONFIDENCE** in the authorities and its message/messengers
- **FEAR** and **CONCERN** over vaccine near and long-term side effects
- Access to credible information **might** be an issue for some TAs (info environment & media habits)

Need to better understand this group’s influences.
Vaccinating as much as we can will help get us near to or over the threshold of herd immunity
**Campaign Planning Framework**

- AM follows a seven-step process.
- Behavioral science approach
- Applicable across various healthcare scenarios

1. Determine Desired Behavior or Effects
2. Understand the Target Audience
3. Identify & understand behaviors available to Target Audience
4. Identify drivers & triggers to achieve desired behavior
5. Develop, design & test engagement strategy
6. Implement behavior change campaign
7. Monitor and evaluate campaign for impact and effects

Example of a qualitative research questionnaire that asks questions to identify TA’s drivers of hesitancy, barriers to acceptance and messaging opportunities.
Campaign Planning Tool

- Informed by the TAAF process
- Produced for each TA
- Objective contains three key elements:
  - Desired Behavior
  - Location
  - Target Audience
- Aligns with planning process
- Provides an overview of the main elements of the campaign plan
- Can be used as a top-level briefing tool or playbook
- Contains planning elements that will be used to populate the full campaign plan

**Primary Target Audience:** XXXX
Secondary TA: XXXX
Secondary TA: XXXX
Secondary TA: XXXX

**Communications Goals**

<table>
<thead>
<tr>
<th>Communication Goals</th>
<th>Communication Objectives</th>
<th>Behavioral Factors Addressed</th>
<th>Indicators [EXAMPLES]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build awareness of the vaccination program within the TARGET AUDIENCE in LOCATION</td>
<td>By [TACT], generate a [X]% increase in inquiries about the vaccination program on the [EXAMPLE] website.</td>
<td>Awareness, Endorsement, Advisory</td>
<td>Increased requests for vaccinations. Increased inquiries about vaccination locations. Increase in the number of vaccinations administered.</td>
</tr>
<tr>
<td>Increase participation in the vaccination program among members of the TARGET AUDIENCE in LOCATION</td>
<td>By [TACT], increase vaccination participation by the TARGET AUDIENCE in LOCATION by [X]%</td>
<td>Awareness, Acceptance, Advocacy</td>
<td>Increase in the number of vaccinations administered.</td>
</tr>
</tbody>
</table>

**Identifying & Addressing Local & Cultural Concerns [From Research]**
- Vaccine efficacy: ally concerns, address validity of research.
- Vaccine side effects: ally fears, acknowledge concerns.
- Undocumented migrants: ally concerns over data collection.

**Identifying & Mitigating Misinformation [From Research]**
- Build database and catalogue issues, sources and impact.
- Avoid debunking addressing vaccine myths and reinforce positive messages.
**Campaign Planning Tool**

- Informed by the TAAF process
- Produced for each TA
- Objective contains three key elements:
  - Desired Behavior
  - Location
  - Target Audience
- Aligns with planning process
- Provides an overview of the main elements of the campaign plan
- Can be used as a top-level briefing tool or playbook
- Contains planning elements that will be used to populate the full campaign plan

**Top Line Behavioral Goals:**
- Decrease complacency towards COVID risk mitigation and vaccine & vaccinations.
- Increase confidence in COVID vaccines, vaccination process & medical authorities.
- Increase the convenience of receiving vaccines in [LOCATION].

**Techniques & Tactics To Consider:**
- Social norms/proof: peer to peer acknowledgment; emphasizing widespread support for vaccinations; focus on supportive elements and not naysayers; highlight the popularity of the vaccine; social validation
- “I’ve been vaccinated” stickers; highlight civic duty; encourage social media posting by vaccine recipients; seeing widespread uptake and adoption of the vaccine may allay fears over the vaccine...
- Behavioral nudges: make the vaccine convenient to receive; respect decision autonomy; send messages & reminders to people for first & second doses...

**Channels (Including non-English):**
- Broadcast & Print Content
- Community Touchpoints
- Earned Media: Op-Eds/Blogs/News
- Social Media Posts
- Websites SEO
- Paid Media: Ad Buying

**Products/Content:**
- Local Print, TV & Radio
- Community Engagement Teams
- Social & Digital Media
- Interpersonal Communication
- Online Blogs (local, specialty)
- Local Government-Owned Platforms

**Example Topline Messages**
- Focus on positives that lead TA to act
- Side effects: “shows that the vaccine is working”
- Record keeping: “we will only keep the information that’s absolutely necessary”
- Health insurance: “it isn’t required for the vaccine”
- Vaccinations: “this is how to get a vaccine” “[XX] people in your street have had it”

**Draft Timeline/Product Synchronization Matrix**

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<tr>
<th>Activity</th>
<th>D=16</th>
<th>D=20</th>
<th>D=25</th>
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<tr>
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**Notes:**

- Healthcare Professionals
- University Sports Teams
- Musicians, Local Personalities
- Religious Leaders
- Community Figures
- Local Media/News Outlets
Things to Consider

- The most effective approach is determined by identifying and understanding the TA and the environment in which they exist. There are multiple TAs within a particular demographic. Each demands their own attention and solutions.
- Identify and understand influencer and gatekeepers (e.g. parents).
- Mass marketing won’t affect the holdouts.
- **LOCALIZED** campaigns with **PERSONALIZED** messaging will have better chances of success. Micro-targeting and tailored approaches.
- Consider a more creative approach – more subtlety? more nuance? more aggressive messaging?
- Develop behavioral nudges e.g. incentives that are attractive to a TA.
- Social norms approach for young adults and adolescents.
- Longer term campaigns to mitigate complacency/fatigue in key TAs
- Prepare for what’s coming – booster shots, new waves, variants.....
Share of people who received at least one dose of COVID-19 vaccine

Share of the total population that received at least one vaccine dose. This may not equal the share that are fully vaccinated if the vaccine requires two doses.

Source: Official data collated by Our World in Data

Oregon Health Authority
Resources

NASHP COVID-19 State Action Center:
https://www.nashp.org/policy/population-health/covid-19/
Thank you for joining!
Please complete the evaluation.