

CommonSpirit
Population Health

COVID-19 Population Health

Vaccine Hesitancy Campaign Communications Guidance and Recommended Collateral



Overview

As the country's COVID-19 vaccination rates plateau, health care professionals are contending with several challenges. First, while we are seeing reduced rates of hesitancy to the vaccine, there are still about 28 million Americans who have said they probably or definitely will not get vaccinated, according to recent data. There are various reasons for this reluctance, and CommonSpirit Population Health is committed to providing culturally competent education for our internal staff and providers as well as the communities we serve to help reduce hesitancy.

In addition, there have been challenges in getting the vaccines to vulnerable populations and communities of color. Plus, there are roughly 30 million adults who are open to getting the vaccine but haven't been able to prioritize it. Population Health is working with community partners to help remove these barriers to access and ensure health equity.

How to Use This Document

This document summarizes Population Health's work and highlights how you can help with this important campaign.

A list of recommended, optional collateral pieces is also included. A COVID-19 vaccine communications campaign should be specific to your local market and branded in a way that reinforces consumer recognition and trust. You have the option of choosing the collateral that best aligns with your audience and local communications channels. Once selections are made, the Population Health marketing team can help you develop and brand each piece of collateral for your local network.

Population Health's Vaccine Communications

In the coming months, Population Health will release various sets of messaging about the campaign through different communications channels. For example:

- A new section in the Population Health Newsroom featuring thought leadership-driven blog posts about vaccine hesitancy in vulnerable communities
- A special edition of the Population Health newsletter focused exclusively on the details of the Vaccine Hesitancy campaign
- Short video clips featuring Dr. Alisahah Cole, System Vice President, Population Health Innovation and Policy, distributed across multiple channels
- Population Health leaders sharing their experiences and thoughts on business and consumer social media channels
- Population Health team members sharing their vaccine experiences on social media
- Population Health vaccine messaging distributed via the CommonSpirit Health Twitter and LinkedIn social media accounts
- Videos with clinicians debunking vaccine myths and sharing why they personally got the vaccine

Messaging Guidance

All messaging will be focused on providers, patients and communities using the following guidelines:

- Utilizing consistent themes to ensure trust
- Engaging community voices in crafting the message, utilizing their feedback and co-branding with trusted local partners
- Tailored to diverse populations, generations, geographies, languages (e.g., common vernacular), culture (e.g., preserving a tribe's language), data-driven, heart- and mind-focused
- Acknowledging and validating topics of vaccine hesitancy, structural racism and historical trauma
- Aligning with existing campaigns, public health departments, other health systems and national organizations following federal guidelines

See the Appendix to view the complete COVID-19 Vaccination Hesitancy in Vulnerable Populations Messaging Recommendations/Guidance Document from the Population Health Innovation and Policy Workgroup.

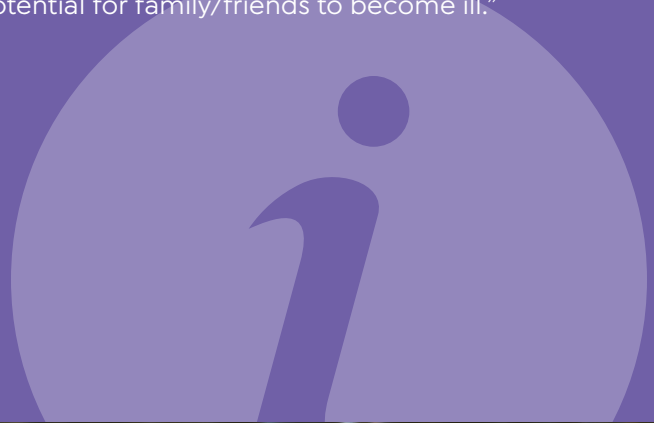
Background

De Beaumont Foundation conducted a nationwide poll to identify the most effective language to improve COVID-19 vaccine acceptance.

The groups least likely to say they were “absolutely certain” they would get the vaccine were Americans in rural/farm communities (26%), Republicans age 18-49 (27%), Black Americans 18-49 (28%) and women 18-49 (29%). This compares with 41% of all respondents who said they were “absolutely certain” they would get the vaccine.

Consider these audience-specific motivations:

- Americans in rural/farm communities are most worried about the safety of the vaccine.
- Black Americans under 50 prioritize the outcome of “returning to normal,” and Black Americans over 50 prioritize “saving lives.” (It’s worth noting that Black Americans have experienced racism in medicine for decades, but reaching herd immunity will rely on Black Americans getting the vaccine. [Learn more.](#))
- The top priority for young Republicans is a “return to normal.”
- For young women the greatest consequences of the pandemic are “damage from lockdown” and “potential for family/friends to become ill.”



KEY MESSAGES

Patient Audience

The vaccines are safe.

At CommonSpirit Health, safety is our priority, and we only administer vaccines that the FDA has recommended as safe and effective.

The FDA and CDC have studied the Johnson & Johnson vaccine and have determined that it is safe and effective and blood clots from the vaccine are extremely rare. Talk to your doctor if you are at risk for developing clots before vaccination.

The three approved vaccines in the U.S. are effective.

The three approved vaccines in the U.S. – Pfizer, Moderna and Johnson & Johnson – are effective at preventing disease and, perhaps more importantly, at reducing the likelihood of severe disease and preventing hospitalization and death. No vaccine is 100% effective, but these vaccines are incredibly effective.

People of color participated in vaccine clinical trials.

Vaccine trials were conducted with more 100,000 people, including more than 30% people of color. You can view a thorough breakdown of the percentages from the FDA in [CommonSpirit's COVID Vaccine FAQs](#).

People of color are more likely to be infected by COVID-19 than white Americans.

They are also more likely to be hospitalized and die as a result of serious infections. Hispanic/Latinx, African-American and Indigenous Americans all have a [COVID-19 death rate](#) of double or more than that of white Americans.

We understand you may have some hesitancy surrounding a COVID-19 vaccine.

We know that systemic racism causes inequities in health care, and historical trauma can impact your perspective of the health care system. While people of color have a long and understandable history of distrust in health care/vaccines, there is a significant risk from not getting the vaccine. Assuring equitable access to the vaccine will also begin to address health inequities and right the wrongs of systemic racism in health care.

The vaccines will help us safely reach herd immunity.

When the majority of the community becomes immune to COVID-19, it will become less likely to spread.

Get the COVID-19 vaccine to protect yourself and those you love.

You also will be protecting your community and cultural identity.

Preventing COVID-19 is the main goal of getting the vaccine.

The vaccines developed so far also reduce the likelihood of serious illness or hospitalization if the virus is contracted.

The vaccine is free.

Vaccines are just one tool in our toolkit to prevent the spread of COVID-19

It is important that we continue to follow CDC guidelines for the pandemic. Please remember to wash your hands regularly, always wear face coverings in public, and follow social distancing guidelines and government quarantine directives in your area.

KEY MESSAGES

Provider Audience

People of color are dying at a disproportionately higher rate from COVID-19.

African Americans are 1.9 times more likely to die; Indigenous people are 2.4 times more likely and Hispanic/Latinx people 2.3 times more likely.

White Americans are getting vaccinated at 1.7 times the rate of Americans of color.

63% White

9% Hispanic/Latinx

6% African American

5% Asian

2% American Indian or Alaska Native

14% multiple race/other

The three approved vaccines in the U.S. are effective.

Pfizer, Moderna and Johnson & Johnson – are effective at preventing disease and, perhaps more importantly, at reducing the likelihood of severe disease and preventing hospitalization and death. These vaccines are incredibly effective.

People of color may experience hesitancy with getting the vaccine based on a long history of distrust in health care/vaccines.

Decades of cruel and exploitative medical practices, such as the Tuskegee syphilis study, inflicted upon the African American community contribute to mistrust of the vaccine. For the Hispanic/Latinx community, a lack of information about the vaccine in an accessible or native language contributes to hesitancy.

Undocumented immigrants may fear discrimination or legal problems.

Despite often working in high-risk, front-line jobs, they may be hesitant to try to get the vaccine.

Recognize external barriers.

Many people are amenable to the vaccine, but their job, life or other circumstances have prevented them from getting the vaccine. As a trusted health care provider, you can help patients prioritize getting the vaccine and help remove barriers where possible.

Get the COVID-19 vaccine to protect yourself.

Also your patients, your colleagues and your family from infection.

Vaccine confidence starts with you!

Building defenses against COVID-19 is a team effort in our facility. Getting a COVID-19 vaccine adds one more layer of protection against infection for you, your co-workers, your patients and your families.

You can do several things to build vaccine confidence:

- Choose to get vaccinated yourself.
- Share your reasons for getting vaccinated and encourage others to get vaccinated.
- Learn how to have effective COVID-19 vaccine conversations with others to encourage them to get vaccinated.
- Learn how to begin to address health inequities and provide trauma-informed care to vulnerable populations.

Vaccine Distribution Outreach Risk Stratification System

Based on a review of pandemic data to date, the CDC has put forth recommendations on key considerations for identifying patients most vulnerable to COVID-19 infection, illness severity and death. Based on recent data, we now know that these patients are being missed by conventional outreach efforts and not receiving the COVID vaccine at equitable rates.

CommonSpirit Health has developed the following evidence-informed recommendations based on CDC guidelines and the CSH employee vaccination processes. (Note: Recognizing the complexity of state and local jurisdiction and the overall urgency of vaccine deployment across the enterprise, this recommendation is not meant to replace or hinder any existing efforts.)

Proposed Patient Risk Stratification and Binary Point Allotment System

Category	1 Point	2 Points
Age	18-64	≥ 65
Race/Ethnicity	White	BIPOC
Number of High-Risk Medical Condition Diagnoses*	1	≥ 2
SVI Score**	< 0.75	≥ 0.75

Used risk factors that have 2x or more risk for COVID hospitalization and/or death

*Refer to high-risk medical conditions

**Social vulnerability score optional

High-Risk Medical Conditions

Adults with these medical conditions are at increased risk (high) for severe COVID illness:

- Asthma
- Cancer
- Cerebrovascular disease
- Chronic kidney disease
- Cystic fibrosis
- Down syndrome
- Heart conditions
- HIV
- Hypertension
- Immune deficiencies
- Immunocompromised state
- Liver disease
- Neurologic conditions
- Obesity
- Overweight
- Pregnancy
- Pulmonary fibrosis
- Sickle cell
- Solid organ transplant COPD
- Thalassemia
- Tobacco use disorder
- Type 1 diabetes mellitus
- Type 2 diabetes
- Use of corticosteroids

Intentional Outreach Approach

Communications outreach efforts to patients about the COVID-19 vaccine should vary based on risk stratification.

High Risk

Not Using SVI: Score 5-6
Using SVI: Score 6-8

Call from nurse/care coordinator/community health worker to educate and inform about COVID vaccine and schedule appointment if possible.

Moderate Risk

Not Using SVI: Score 3-4
Using SVI: Score 5

Specific Information sent via mail/text to educate and inform about the COVID vaccine. Information to schedule included for the patient to reach out if appropriate (e.g., age ≥65).

Low Risk

Not Using SVI: Score 2
Using SVI: Score 4

General COVID vaccine information sent.

Collateral Menu

A list of collateral pieces to support local Vaccine Hesitancy awareness and campaigns is listed below, broken out by physician and patient/community. Please use this list as a guide to support communications within your local communities. The Population Health marketing team is available to create each piece of collateral and will brand for each local market as needed. Contact Jessica Dixon, System Director of Marketing & Communications, at Jessica.Dixon2@dignityhealth.org for branding assistance.

Recommended Collateral

Provider-Facing



Newsletter articles (1-2)



Flyers for gathering spaces



Social media posts



Screensavers/digital kiosks



Infographic/flyer



"I got vaccinated" sticker

Patient-Facing



E-blast template



Direct mail



Social media posts (3-5)
(including Spanish translations)



Newsletter articles (1-2)



Infographic/flyer
(including Spanish translation)



"I got vaccinated" sticker



Patient-Facing Blog Posts (2-3)

- Vaccine fact/myth
- X reasons to get vaccinated
- Vaccine efficacy explained
- Personal stories/testimonials about vaccine experience
- After the vaccine: What is it safe to do?
- How does herd immunity work?

National Resources

Some national organizations have various materials you may find useful.

[U.S. Centers for Disease Control and Prevention](#)

[Salud America](#)

[Doctors for America](#)

[National COVID Resiliency Network](#)

Share Your Feedback

Please share your feedback on this campaign.

- What roadblocks do you foresee that we might have missed?
- How can we help you provide patient education and support that will encourage vaccination?



For more information on Vaccine Hesitancy,
visit CommonSpiritPopHealth.org
or email PopulationHealth@DignityHealth.org

Appendix

COVID-19 Vaccination Hesitancy in Vulnerable Populations Messaging Recommendations/Guidance

Goal

Proactive and culturally competent education and awareness is needed for our CommonSpirit Health internal staff, providers, patients and communities we serve. What follows is a framework to support the larger, systemic CommonSpirit Health messaging and ensure alignment with what is occurring within the local markets.

Message

CSH will provide culturally competent, health-literate, impactful messaging, driven by evidence-based medicine and inclusive of the lived experience of communities in a multitude of channels to overcome historical distrust of the health care system, address barriers to obtaining the vaccination, and spread awareness in our communities.

The message(s) should be provider-, patient- and community-facing and:

- At the national, regional, and local level with consistent themes to ensure trust.
- Engage community voices in crafting the message, utilizing their feedback, co-branding with local institutions and disseminating the messages.
- Be tailored to diverse populations, geographies, languages (i.e. common vernacular), culture (i.e. preserving a tribe's language) data-driven, heart- and mind-focused.
- Acknowledge and validate the hesitancy, structural racism and historical trauma.
- Align with existing campaigns, public health departments, community and national organizations following federal guidelines (including other health systems when appropriate).

Messengers

It is crucial that we utilize various messengers to have the greatest impact and who can relate to their respective audience(s). Messengers we should consider:

- Peer-to-peer networks
- Community-based organizations, hospital partners and grantees of our funding programs
- Businesses
- Faith community
- Elected officials/civic leaders/local advocates
- Informal leaders in communities
- Sports figures (leverage sponsorships, affiliated universities, and other relationships)
- Entertainment figures (this could be helpful to reach our younger populations)
- Providers within the respective populations (physicians/APPs/nurses/social workers)
- Medical and research leaders
- A campaign where an “influencer is convinced” and is spreading education and awareness.

Deliverables for Dissemination

Emphasize the importance of material being culturally nuanced and translated into multiple languages. Include a diversity of faces/stories/geographies in video, print and call campaigns.

- Prepare various ways to share (i.e. church, different generations, informal channels/social media, urban vs. rural) and encourage patient/community participation/engagement
- Patient testimonials
- Provider/leadership/partner testimonials
- Utilize existing Physician Enterprise toolkit
- Engage community partners, tribal clinics, FQHCs, local market advocates/influencers
- Peer-to-peer campaign, (i.e. HumanKindness, focused on CSH employees showing that they are getting vaccinated, create hashtags (i.e., #IGotVaccinated))
- Dynamic messaging/toolkits that reflects changing and regional/state guidelines

Future State

CommonSpirit Health knows that the message is just the first step toward widespread vaccination deployment, and other factors need to be considered:

- How can we reach homeless and migrant populations?
- How can we help overcome barriers (SDoH, structural racism, etc.)?
- How can we help build a framework for equitable distribution of the vaccine?
- Can we partner with public venues for greater distribution?
- How can we help internally spread the message in service lines that have a high percentage of these populations?
- How can we support our markets in these efforts?
- Provider-facing learning modules and resources to equip providers with the resources and knowledge they need to build trust and address hesitancy in the communities they serve?
- What national efforts can CommonSpirit Health contribute to and join?
- How can CSH leverage its communication channels to provide real-time information on vaccine availability (since information is changing regularly)?