



NATIONAL ASSOCIATION OF
Community Health Centers®

“MESSAGING MATTERS”

Co-designed communication to address
vaccine hesitancy in community health
centers

NAIS Summit
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National Association of Community Health Centers
(NACHC)







THE NACHC MISSION

America’s Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



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Messaging Matters Project

- CDC funded project 2020-2021 to explore vaccine hesitancy in community health center populations
- In partnership with
 - Emory University COVIED*/H.E.L.P** team—conducted **co-design** sessions, facilitated development of counter-narratives, provided communication expertise
 - Johns Hopkins University—prepared a community strategy as well as developed an educational app

*SARS-CoV2 Vaccines Information Equity and Demand Creation Project (COVIED)



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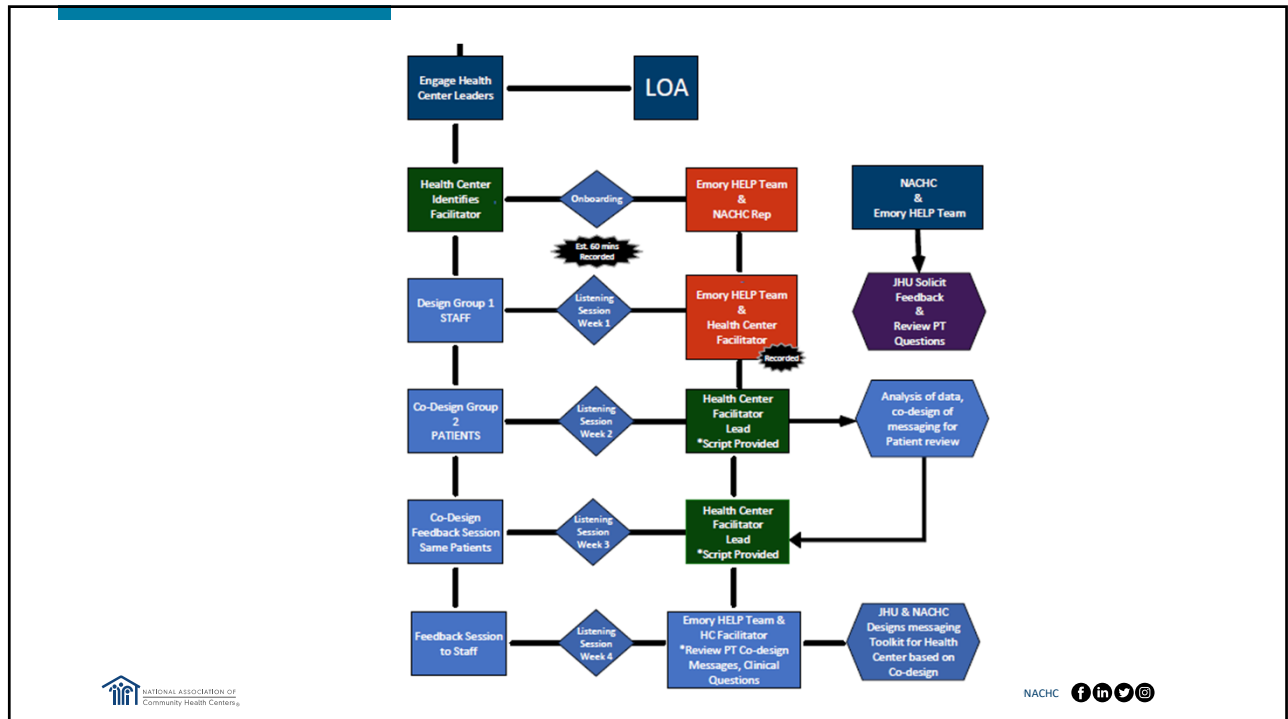
Co-design vs Focus Group

- Co-design focuses on the current/past experience of the individual **to inform** a process or product, **not a reaction** to the process or product
- Open-ended questions, more conversational



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Co-Design and Feedback Sessions



Co-Design Sessions, By-The-Numbers

Session Category	Minutes	Total Sessions	Participation
FO: Facilitator Orientation	600	n=10	Staff: 10
SDG: Staff Design Groups	1800	n=20	Total Number of Participating Staff: 40+
PDG: Patient Design Groups	1800	n=20	Total Number of Participating Patients: 50+
<i>Languages: English, Spanish, Somali</i>	Total hours >70	Total number of co-design group sessions = 38	>120



Sample Conversations

Warm-up

It has been over a year now since the pandemic began. Could you please introduce yourselves and share something that you've done to take care of yourselves during the pandemic?

Key questions

1. How did you feel about vaccines before COVID?

- Have you/your family been vaccinated for childhood illnesses?
- Do you know how vaccines work?
- Do you think your views about vaccines is similar or different from people in your community?
- Do you feel comfortable sharing your views about vaccines in your community?

2. What have you heard about the COVID vaccines?

- How do you feel about getting one of the COVID vaccines?
- Are other people in your community for or against the vaccines? Why?
- Have your views about the vaccines changed at all since they first came out?
- What changed your views?

3. Where do you get news and information usually?

- What sources of information do you trust the most? Why?
- What sources don't you trust? Why?
- What about information about COVID specifically?
- What kinds of messages about the COVID vaccines have you liked/disliked? Why?
- Did any of the messages change your views on COVID vaccines? Why?

4. What questions do you have about the COVID vaccines?

- What questions do you think members of your community have about the COVID vaccines?
- How could we address those questions?



Personas from the Field

- Facilitator for an African American group in Albany, Georgia
- Director of Nursing
- Wife of a pastor



“Sherry”

“I’m my community’s nurse; everyone’s nurse. People in my community listen closely to what I say”



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Personas from the Field

“Musa”

- Facilitator for a Somali group in Columbus, Ohio
- Somali-borne
- HIV Case Manager



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“I’m a part of the community I serve. I want to help them get the best information”



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Specific Counter-Narrative Targets for each narrative

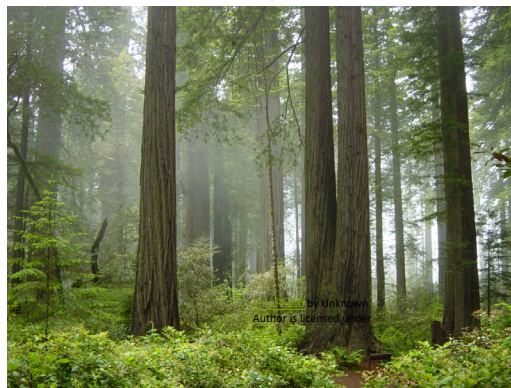
	<p>Narrative 1: The Big Push</p>	<ul style="list-style-type: none"> Ignoring other "more important" diseases, like cancer Rushing the production of new vaccines Ignoring safety
	<p>Narrative 2: It's Not Worth It</p>	<ul style="list-style-type: none"> Malicious effects (of the COVID-19 vaccines) Long-term side effects Short-term side effects Death
	<p>Narrative 3: It's about freedom</p>	<ul style="list-style-type: none"> Claims of vaccination as strictly personal choice
	<p>Narrative 4: COVID-19 Vaccines are unnecessary</p>	<ul style="list-style-type: none"> Alternative risk management strategies are adequate COVID-19 isn't real Seriousness of COVID-19 is exaggerated Perceived risk of COVID-19 is low Natural immunity "Natural" approaches are sufficient
	<p>Narrative 5: What's the point?</p>	<ul style="list-style-type: none"> Assumption that COVID-19 vaccines prevent you from getting infected Vaccines don't work
	<p>Narrative 6: Waiting for more information</p>	<ul style="list-style-type: none"> Limited understanding of COVID-19 and COVID-19 vaccines Have limited awareness of information outside their filter system ("filter bubble")

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Personas from the Field

“Chad”

- Patient participant in Northern California
- Small, rural area “off the grid”
- Vaccine Hesitant during co-design group
(It’s not worth the risk and it’s about freedom)



“I was against the vaccine; ended up getting it because my family member got really really sick and I remembered this group conversation”



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Lessons Learned → Ongoing Work

Lessons
Learned from
Staff and
Patients

- Staff Trauma and Loss
- Staff Moral Injury
- Patient Trauma and Loss
- Religion/Values
- SDOH

REFRAMING

- Availability of factual public health information varied across states
- Limited multilingual and multi-ethnic information further exacerbated by harmful Mis/disinformation
- Patients experienced decision making burden due to limited health literacy

NACHC COVID-19 Toolkit

Informative guides
Webinar, podcasts, blogs on
misinformation, vaccine
hesitancy, etc..

Health Centers working on
COVID and Adult
Immunization to increase
Vaccination access





www.nachc.org/coronavirus

(Includes JHU-developed app: www.letstalkcovidvaccines.com)



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THANK YOU

- Albany Area Health Center
- Eisner Health Center
- Esperanza Health
- Family Health Center of Georgia
- Hamilton Health Center
- Health Partners of Western Ohio
- Heart of Ohio
- Spectrum Health Services
- Urban Health Plan
- Community Health Worker Project at Family Care Health Centers



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