

COVID-19



Black and Hispanic Messaging V4, March 22, 2021

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State Deaths By Race

March 16, 2021	Deceased	Alive	Grand Total	Cases per 100,000
RACE				
AI/AN*	41	2,776	2,817	5,779.9
Asian	59	4,887	4,946	2,730.9
Black	46	3,841	3,887	4,814.7
Multiracial	47	2,553	2,600	1,293.6
Pacific Is.*	21	1,407	1,428	8,596.2
White	1,575	76,866	78,441	2,193.3
Other	186	37,149	37,335	
Refused/Unknown	371	28,225	28,596	

AI/AN = American Indian or Alaska Native; Pacific Is. = Native Hawaiian or Other Pacific Islander

Shows case rates per 100,000 people and the total number of COVID cases in Oregon by race and ethnicity.

[Source](#)

State Deaths By Ethnicity

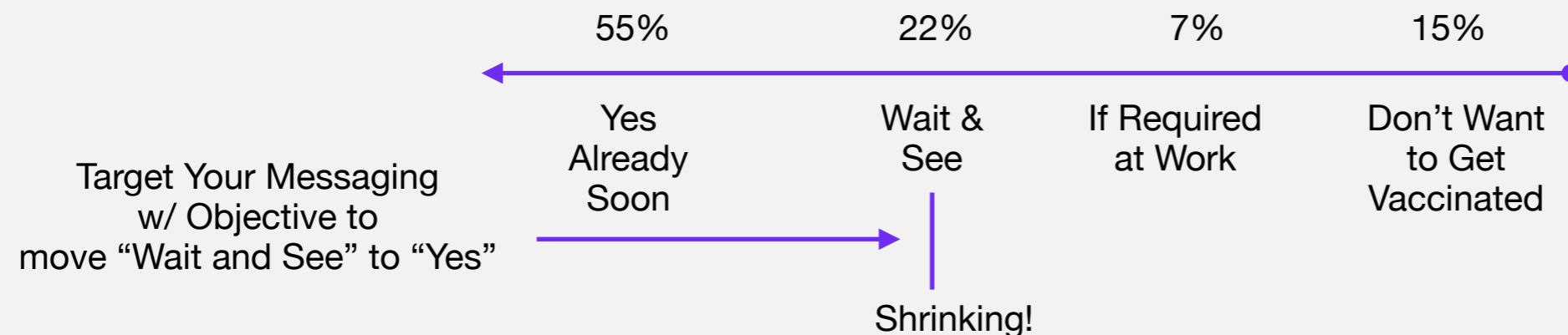
March 16, 2021

ETHNICITY	Deceased	Alive	Grand Total	Cases per 100,000
Hispanic	213	41,348	41,561	7,643.0
Not Hispanic	1,510	79,010	80,520	2,180.6
Refused/Unknown	623	37,346	37,969	

Source

Messaging

The Acceptance Cycle

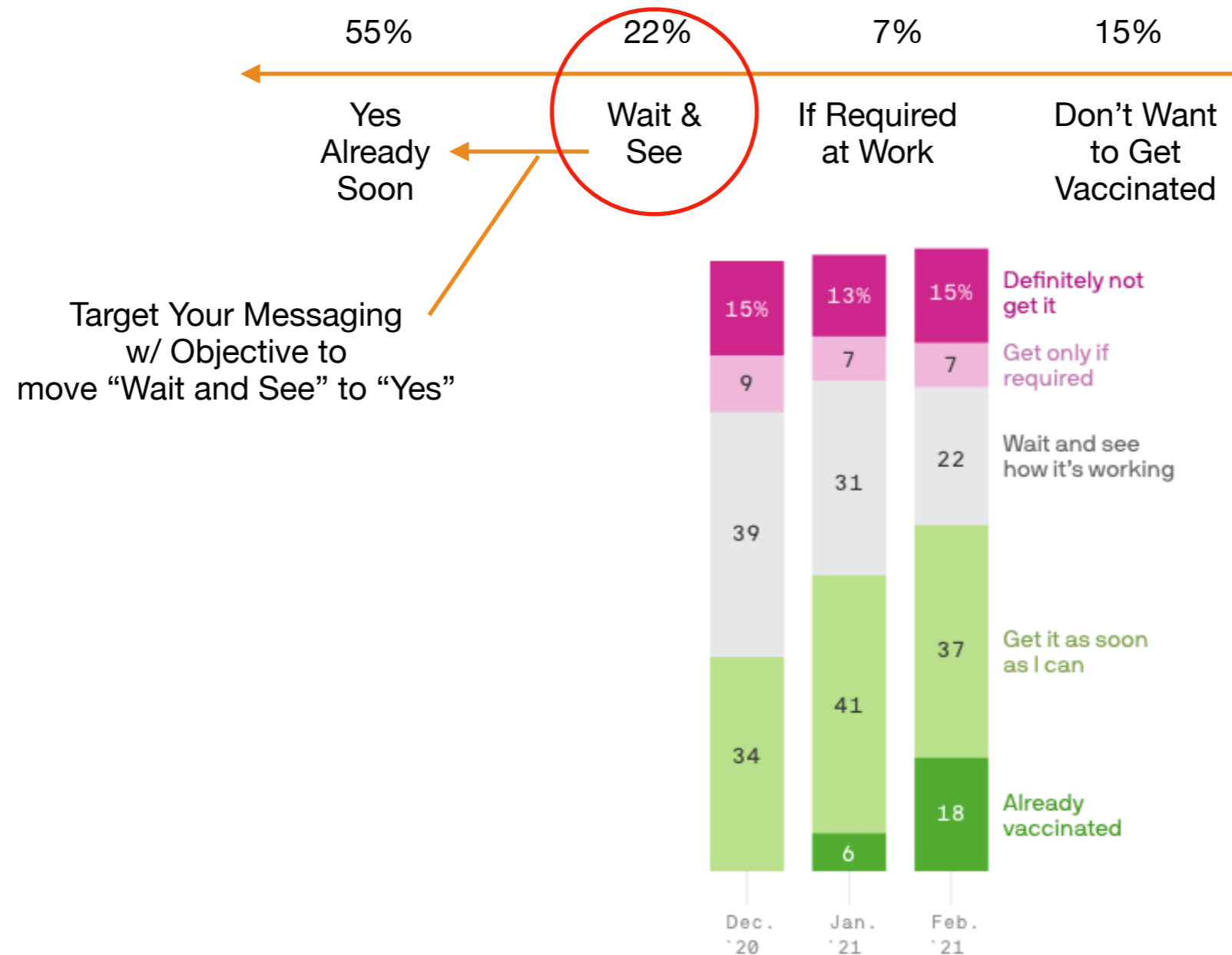


- While the ranks of the resisters have not moved, the number of people taking a "wait and see" approach has been shrinking, as more of those onetime skeptics see that the vaccines are safe. It's fallen from 39% in December to 22% in February.
- **This persuadable group includes 34% of Black adults, 33% of young adults and 26% of Latinos.**

Drew Altman, Kaiser Family Foundation

Messaging

Primary Objective



The bottom line: Efforts to build public confidence in the vaccines can garner early and large returns by emphasizing the "wait and see" population, while hopefully chipping away more slowly at the people who are already dug in.

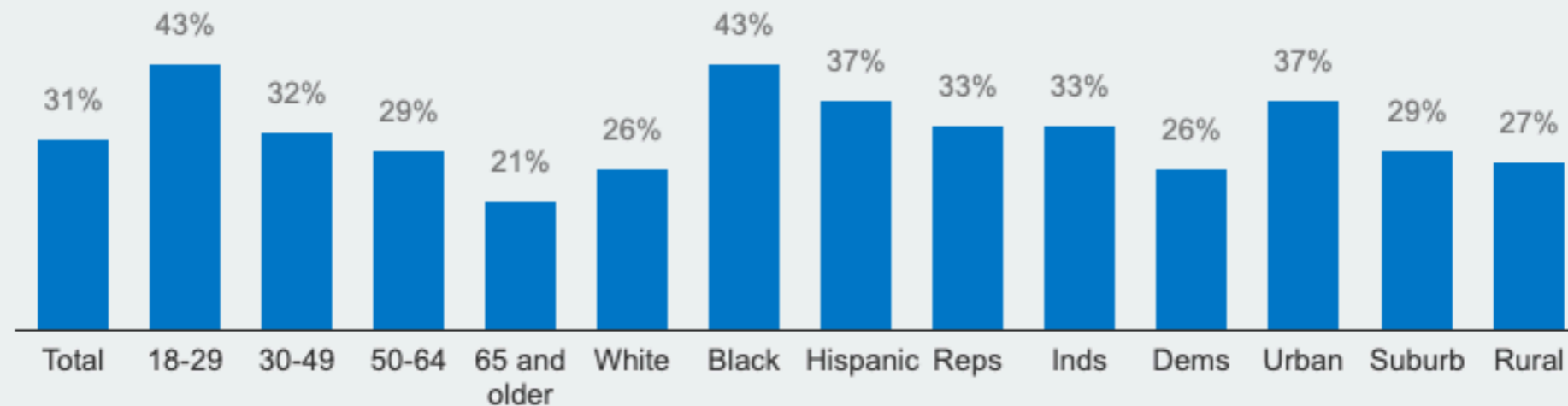
Messaging

The Who of Wait and See

Does The Public Want To Get A COVID-19 Vaccine? When?

Click on the buttons below to see the share of each demographic group by vaccine hesitancy:

Already got/ASAP **Wait and see** Only if required Definitely not



Compared to other groups, a larger share of Black women (41%) and Black men (45%) say they want to “wait and see” how the vaccine is working for others before getting vaccinated themselves.

[KFF COVID-19 Vaccine Monitor](#)

Messaging

Messaging developed to address the hesitancy of Black and Hispanic folks, will benefit everyone and as such is not “special” but necessary and fundamental. It is or should be the starting point.

The bottom line: Efforts to build public confidence in the vaccines can garner early and large returns by emphasizing the "wait and see" population, while hopefully chipping away more slowly at the people who are already dug in.

Identify and address the barriers.

Messaging

Barriers

One Size Doesn't Fit All

The one-size-fits-most approaches that many states have adopted for vaccine distribution don't fit the most vulnerable at all.

Online is Barrier

Online registration is a barrier for many people of color who are eager to get vaccinated. While 8 in 10 White people own a computer, fewer than 60 percent of Black people and Latinos do, and many vaccine websites aren't optimized for mobile Web browsers.

Lack of Personal Transportation

Lack of personal transportation and inflexible schedules* can also create barriers, particularly for low-income and front-line workers.

Inflexible Schedules

[Source](#)

Languages



*Giving employees time off to get vaccinated is recommended to increase vaccination rates especially among essential workers.

These are also reasons why multiple cities report seeing White residents booking vaccine appointments at clinics located in communities of color.

Messaging

Address Concerns

Identify and address concerns



[Complete list here.](#)

[36 percent of essential workers](#) in the U.S. are Black or Hispanic.

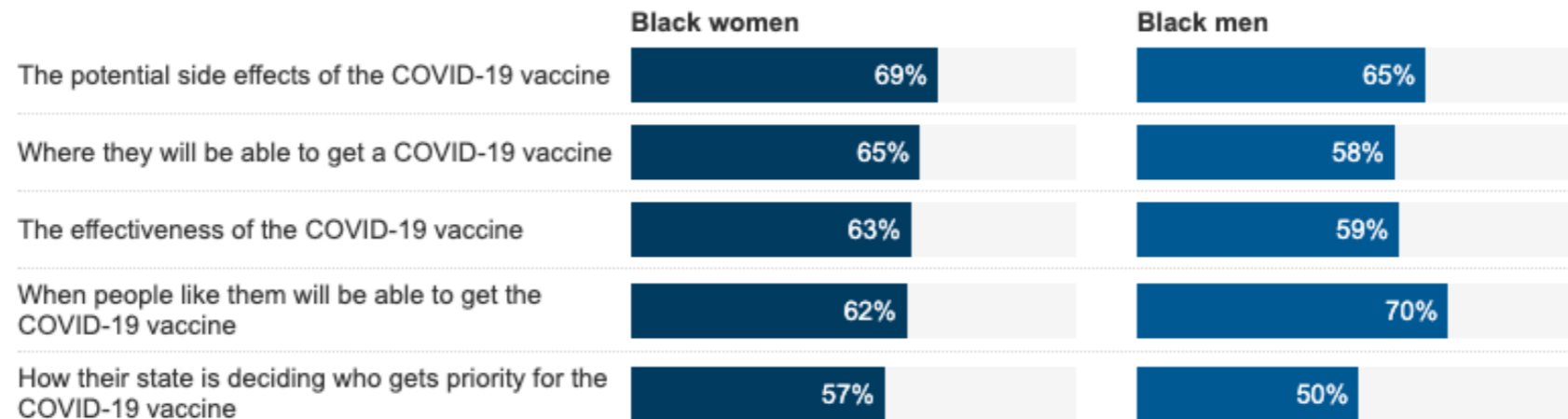
Messaging

More Information Required

Figure 4

Majorities Of Black Women And Men Say They Do Not Have Enough Information About Various Aspects Of The COVID-19 Vaccine

Percent who say they **do not have enough information** about each of the following:



NOTE: Among those who have not been vaccinated against COVID-19. See topline for full question wording.

SOURCE: [KFF COVID-19 Monitor \(Jan. 11-18, 2021\)](#) • [Download PNG](#)

[KFF COVID-19
Vaccine Monitor](#)

Messaging

Black women Build Trust

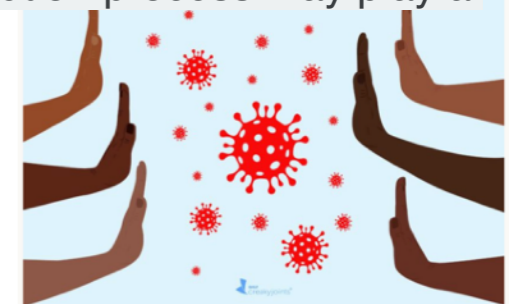
Seeing Others Vaccinated May Be The Best Cure For Vaccine Hesitancy

Patterns with Black and Hispanic people receiving smaller shares of vaccinations compared to their share of COVID-19 cases and share among the total population. These disparities likely reflect a variety of factors, including availability of information about how and when to get the vaccines as well as the ability to navigate sign-up processes and access vaccine clinics.

Because women often play the role of health care decision-makers for their families, it may be particularly important to reach Black women with messages that emphasize the safety of the vaccine and address concerns about side effects.

These messages could also convey accurate information about how the vaccine works to combat the misperception that it is possible to get COVID-19 from the vaccine. In addition,

building trust by addressing historic mistreatment and inequities in the vaccine distribution process may play a part in helping alleviate vaccine hesitancy among Black women and men. Source



Messaging Misinformation

Black and Hispanic communities are confronting vaccine conspiracy theories, rumors and misleading news reports on social media.

The misinformation includes false claims that vaccines can alter DNA or don't work, and efforts by states to reach out to Black and Hispanic residents have become the basis for new false narratives.

Researchers who study disinformation followed mentions of Tuskegee on social media over the last year. The final week of November, when the pharmaceutical companies Moderna and Pfizer announced promising results in their final studies on the safety of their Covid-19 vaccines, mentions of Tuskegee climbed to 7,000 a week.

[Source](#)

Messaging Resources

After Vaccination

Employers and vaccine hesitancy

How America's Vaccine System Makes People With Health Problems Fight for a Place in Line

Black and Hispanic Communities Grapple With Vaccine Misinformation

The Fight Against Vaccine Misinformation

Channels

It is not just an issue of messaging, but channel strategy, the available ways to get vaccinated.

Multiple channels are made available to provide convenience and safety. The “best” channel is one that addresses:

Seeing Others Vaccinated May Be The Best Cure For Vaccine Hesitancy.

Make getting vaccinated easy.

Distribution



PDF ([here](#)) details underlying health conditions, industries of frontline workers being targeted to include Grocery stores and retail (any) stores, including food markets, pharmacies, convenience stores, retail clothing and specialty stores.

Phase 1B Started on January 25, 2021

Groups 1–5

- Childcare providers, early learning and K–12 educators and staff
- People 65 and older

Group 6

Eligible no later than March 29, 2021

- Adults 45–64 with one or more underlying health conditions with increased risk*
- Migrant and seasonal farm workers
- Seafood and agricultural workers
- Food processing workers
- People living in low-income senior housing, senior congregate and independent living
- Individuals experiencing homelessness (sheltered and unsheltered)
- People currently displaced by wildfires
- Wildland firefighters
- Pregnant people 16 and older

Group 7

Eligible no later than April 19, 2021

- Frontline workers as defined by CDC**
- Multigenerational household members
- Adults 16–44 with one or more underlying health conditions with increased risk*

Educators:

152,000 approximately

People over 65:

765,000 approximately

Phase 2

Eligible no later than May 1, 2021

- All people who are 16 and older

Oregon
Health
Authority

OHA 3527A (03/18/2021)

Channels

Preferred locations

As all the potential channels gain traction, in addition to mass vaccination centers and the on-site vaccination at Long Term Care Facilities, influence local authorities to address the PREFERENCES of those not yet vaccinated. When asked to pick their most preferred place, 38% chose their doctor's office, followed by a local pharmacy (15%), hospital (9%), or their workplace (8%).



- Three-quarters of adults who are open to getting vaccinated say they would be very likely to get it at their doctor's office, if available.
- Most also say they'd be very likely to get it at a local pharmacy (61%)
- or a hospital (55%), and about half say so about a community health clinic (49%)
- or their workplace (48%).
- When asked to pick their most preferred place, 38% chose their doctor's office, followed by a local pharmacy (15%), hospital (9%), or their workplace (8%).

[Source](#)

Channels

Mass Vaccination Centers

This mass vaccination channel and using the Web to schedule people works for a large number of people, but not necessarily those who are hesitant and for good reasons.



Patterns emerge with Black and Hispanic people receiving smaller shares of vaccinations compared to their share of COVID-19 cases and share among the total population. These disparities likely reflect a variety of factors, including **availability of information about how and when to get the vaccines** as well as the **ability to navigate sign-up processes** and **access vaccine clinics**.

Channel Options

Invitation Only*

Health Care Providers	Medical Centers	Front Line staff Members
Value-Added Retailers (Federal)	Pharmacies CVS/Walgreens	Long-term Care Facilities
Direct*	Mass Centers* Walk-in Drive-thru	Eligibility
Retail* (Federal)	Pharmacies* (In-store)	Eligibility

*KFF COVID-19 Vaccine Monitor Probes Americans' Experiences Trying to Sign Up for a Vaccine and to Find Relevant Information

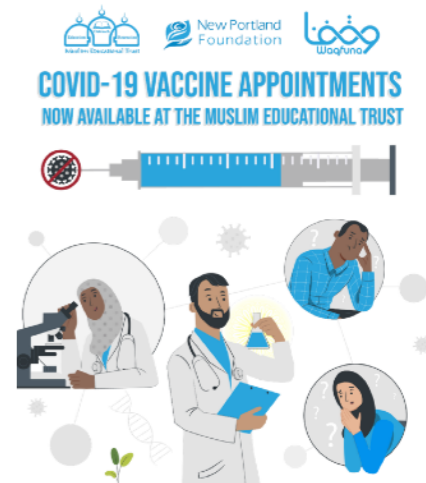
Most Seniors Have Been Able to Get or Schedule a Time to Get a Vaccine, But 1 in 6 Tried and Failed

Many Relied on Another Person's Help to Try to Get a Vaccine Appointment.

More Channel Options **OUTREACH**

Targeted, Measurable, Preferable

Health Care Providers	Community Health Centers	Members
	Mobile Clinics Local Non-Profits Faith-based Organizations	Neighborhoods
		Seasonal Workers
		Unsheltered
		Wildland Firefighters
Value-Added Retailers (Federal)	Pharmacies CVS/Walgreens (On site vaccinations)	Low Income Senior Housing, Senior Congregate and independent living
		Workplaces (seafood agricultural)
		Shelters
Retail* (Federal)	Pharmacies* (In-store)	Eligibility



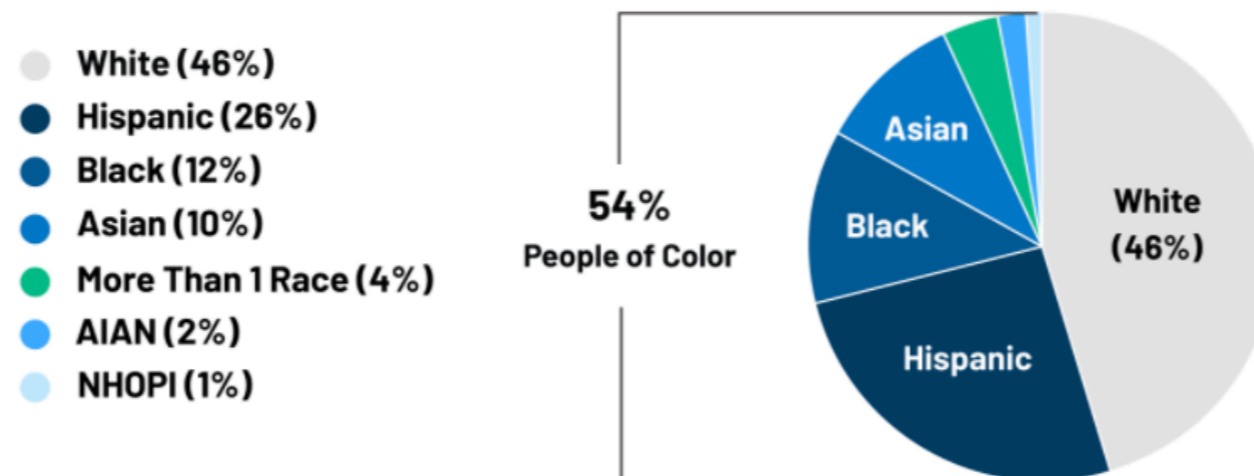
It is not clear which channels will be used with the eligible people as of March 29th. The above is an opinion of how outreach can be best achieved by channel.

Community Health Centers OUTREACH

Targeted, Measurable, Preferable

Majority of People Who Received First COVID-19 Vaccine Dose From Community Health Centers Were People of Color

Share of Health Center Patients Receiving the 1st Dose of the COVID-19 Vaccine



NOTE: Based on known race/ethnicity. AIAN = American Indian/Alaska Native; NHOPI = Native Hawaiian/Other Pacific Islander. White and Black race categories include only non-Hispanic individuals; Asian, AIAN, NHOPI, and more than 1 race category include both Hispanic and non-Hispanic individuals. Figure is based on cumulative data starting with the week ending January 8, 2021, excluding data for the week ending January 22, 2021, which is not available. Latest data are for the week ending February 26, 2021. SOURCE: Health Center COVID-19 Survey, HRSA.

KFF

Community-based and measurable channels coupled with messaging that addresses barriers, concerns, languages, and history of Blacks and Hispanics towards healthcare will benefit all of us.

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