



NATIONAL ASSOCIATION OF
Community Health Centers®

Counter-narratives as a Strategy for Promoting COVID- 19 Vaccination

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America's Voice for Community Health Care

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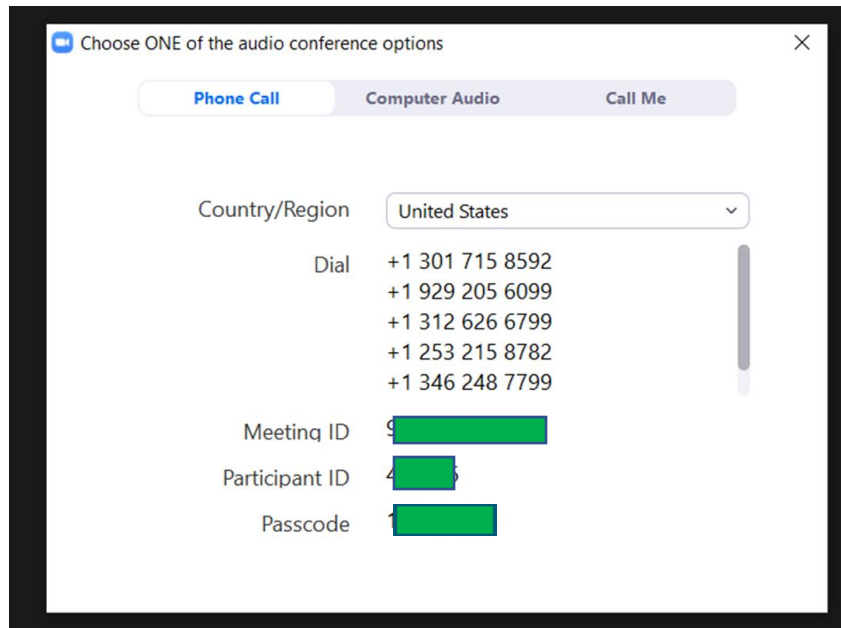
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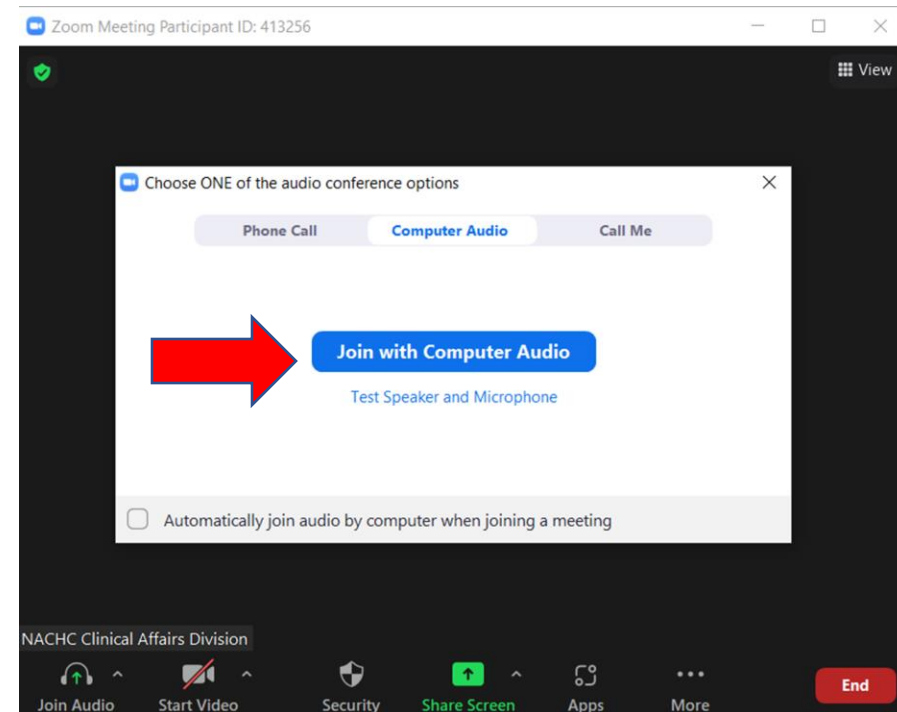
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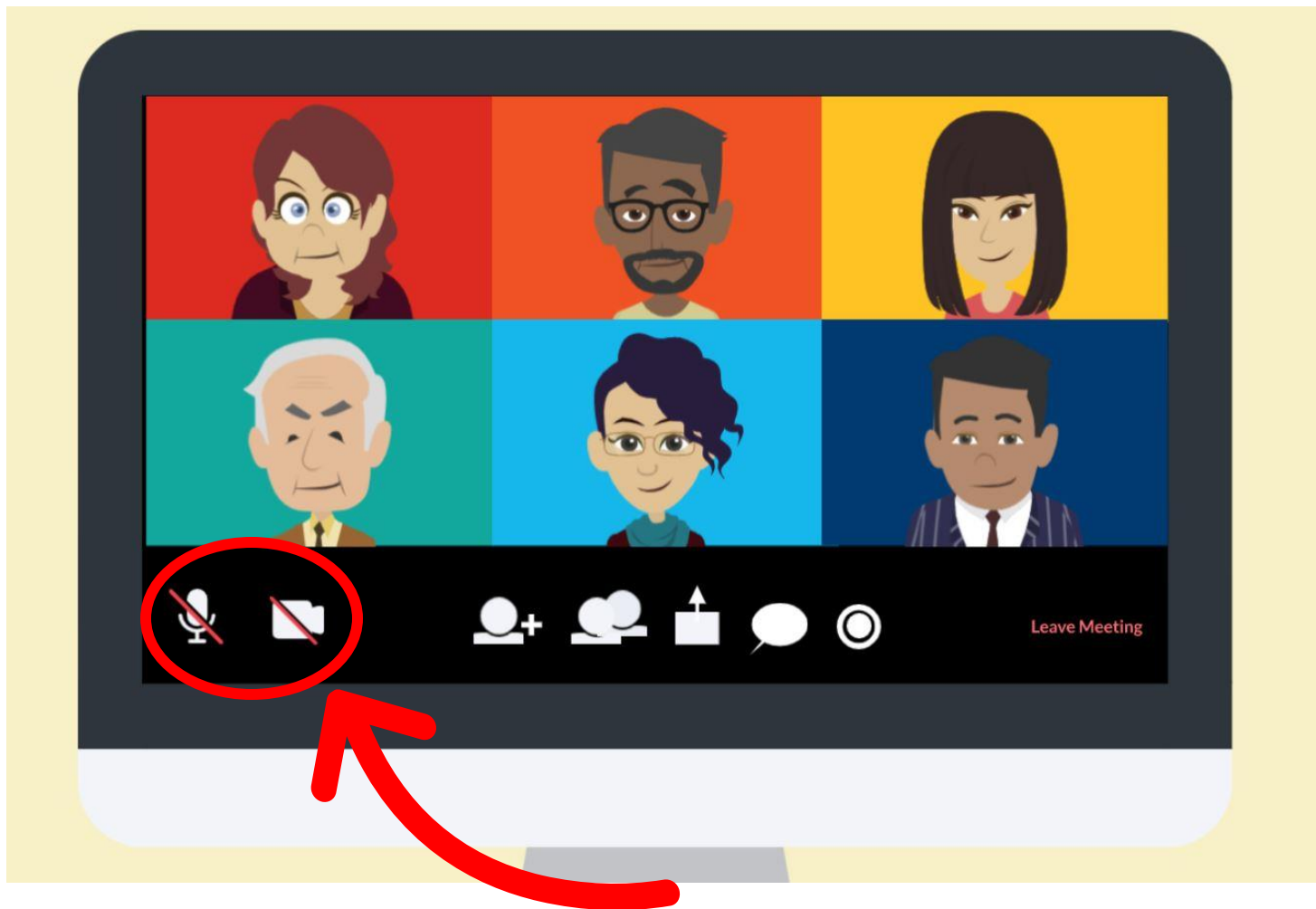


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MUTE / VIDEO



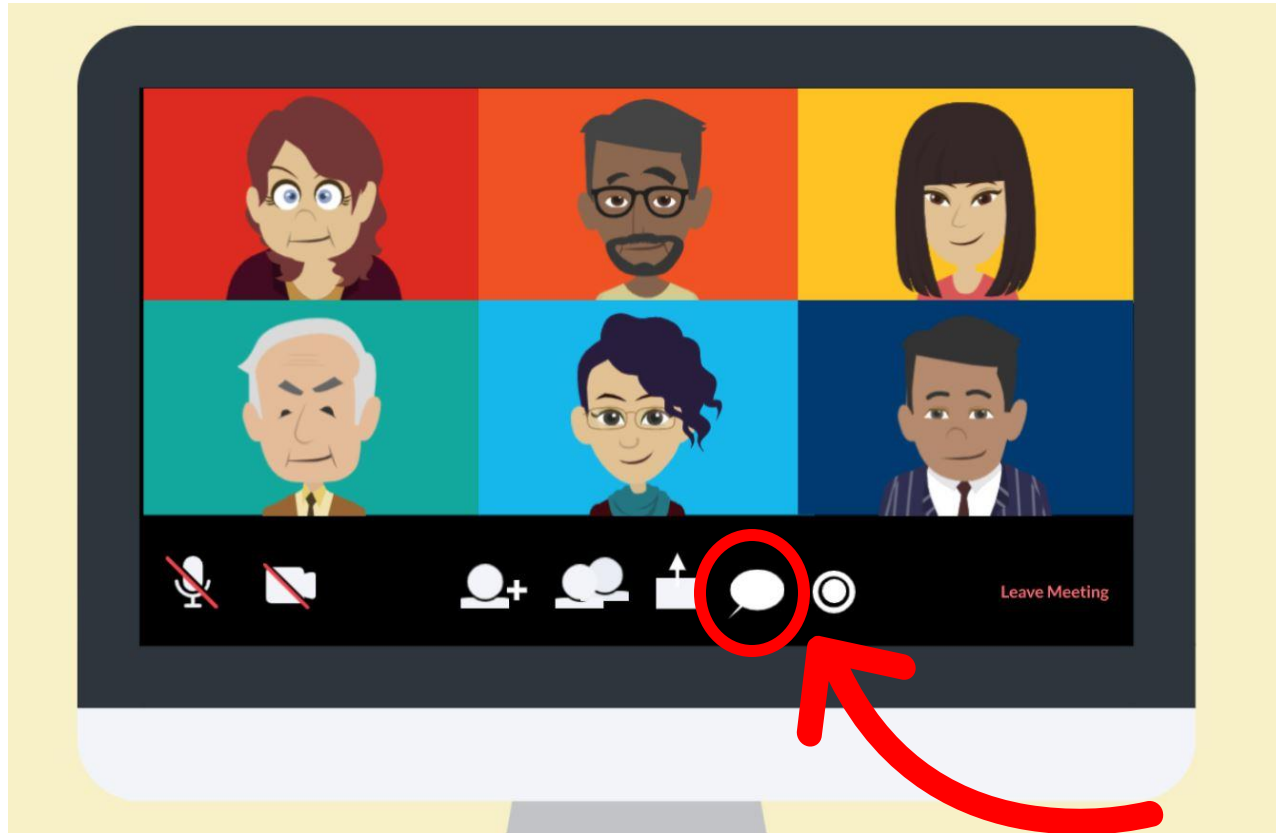
1. Mute

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2. Start Video

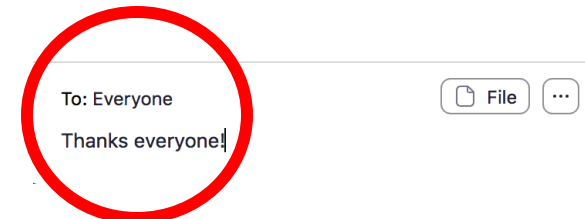
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CHAT BOX



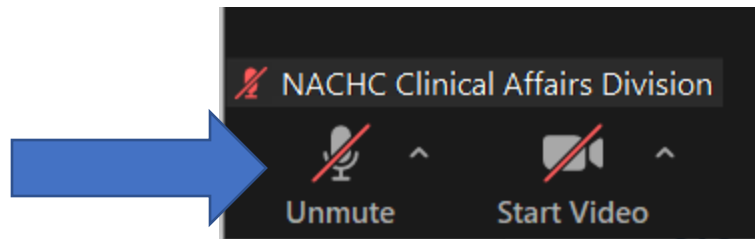
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BIG THANK YOU

Without the participation of our health centers, this would not be possible

Special thanks to my colleague Sarah Price at NACHC and the Communications team

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

HHS Covid-19 Public Education Campaign

Top 30 geographies of the Movable Middle

Source: <https://wecandothis.hhs.gov/>

Communication products and initiatives are designed to help those in "the movable middle"—people who want to protect their health but have questions about vaccines—become more willing to consider vaccination. The "We Can Do This" campaign aims to connect with Americans from a wide range of backgrounds. While the Campaign aims to build confidence in vaccines, it also reinforces basic messages about prevention and treatment of COVID and flu.

Movable Middle: Top 30 Geographies (as of 6/6/22)

Movable Middle geographies are prioritized based on the estimated percentage of their adult population who are in the “undecided” range (those who say they are “unsure”, “probably will”, or “probably won’t” get the COVID-19 vaccine).

Geographies with Highest Percentage of Adults who are Movable Middle

Priority Rank	Name	Total Population	Estimated % adults in Movable Middle	Priority Rank	Name	Total Population	Estimated % adults in Movable Middle
1	Dothan AL	258,858	14.5%	16	Joplin MO	399,587	12.5%
2	Monroe LA	472,785	14.4%	17	Sherman TX	343,930	12.4%
3	Albany GA	412,742	13.8%	18	Jackson MS	914,402	12.3%
4	Amarillo TX	549,792	13.6%	19	Panama City FL	391,408	12.2%
5	Abilene TX	313,070	13.5%	20	Odessa TX	536,263	12.1%
6	Bluefield WV	325,684	13.4%	21	Tyler TX	756,988	12.1%
7	Jonesboro AR	216,700	13.1%	22	Clarksburg WV	270,551	12.1%
8	Casper WY	147,492	12.9%	23	Bowling Green KY	223,605	11.9%
9	Hattiesburg MS	298,466	12.8%	24	Columbus MS	493,207	11.9%
10	Alexandria LA	245,783	12.8%	25	Lake Charles LA	269,480	11.9%
11	Greenwood MS	181,782	12.7%	26	Meridian MS	180,318	11.8%
12	Montgomery AL	628,137	12.6%	27	Macon GA	669,076	11.8%
13	Shreveport LA	1,010,123	12.6%	28	Parkersburg WV	153,734	11.8%
14	San Angelo TX	152,827	12.6%	29	Great Falls MT	168,660	11.8%
15	Tri-Cities TN-VA	789,940	12.6%	30	Beaumont TX	466,693	11.8%

Showing data at the Designated Market Area-level (DMA), aggregated from county-level data. Showing combination of the most recent small-geography estimates from three sources: Civis Analytics' multiclass vaccine status/hesitancy DMA-level model (as of 05/31/22); IHME/COVID Collaborative's vaccine hesitancy model (as of 02/24/22), aggregated from the county-level to DMA-level; Team FMG's DMA-level estimates for vaccine confidence, using Monthly Outcomes Survey Wave 16 data (collected in April 2022). Small-area estimates for Movable Middle were not available for Puerto Rico or Unmeasured Alaska.

Parents: Top 30 Geographies (as of 6/6/22)

Parents geographies are prioritized based on having the lowest children's vaccination rate among geographies with a medium level of parental hesitancy to get children vaccinated (between the 25th and 75th percentiles).

Geographies with Lowest Child Vaccination Rates, Among Those with Parental Hesitancy (25th-75th percentile)

Priority Rank	Name	Total Population	Estimated Parental Hesitancy	Estimated % of Children 0-17 Vaccinated	Priority Rank	Name	Total Population	Estimated Parental Hesitancy	Estimated % of Children 0-17 Vaccinated
1	Amarillo TX	549,792	55.9%	15.1%	16	Medford OR	439,948	55.6%	22.2%
2	Lubbock TX	465,301	53.0%	17.7%	17	Baton Rouge LA	925,548	55.5%	22.3%
3	San Angelo TX	152,827	55.9%	18.1%	18	Wichita KS	1,216,606	56.5%	22.6%
4	Victoria TX	91,970	54.1%	18.2%	19	Toledo OH	1,058,905	54.2%	22.7%
5	South Bend IN	899,267	56.5%	19.0%	20	Greenville SC	2,282,786	55.5%	23.3%
6	Youngstown OH	649,491	54.0%	19.1%	21	Utica NY	353,531	51.5%	23.7%
7	Chico CA	519,230	51.9%	19.9%	22	Columbia MO	493,994	56.6%	23.8%
8	Grand Junction CO	191,266	54.5%	20.0%	23	Nashville TN	2,858,600	56.3%	24.1%
9	Mobile AL	1,455,275	56.8%	20.3%	24	Billings MT	286,781	55.6%	24.2%
10	Johnstown PA	748,410	55.6%	20.5%	25	Memphis TN	1,795,763	54.0%	24.3%
11	Dayton OH	1,204,558	56.4%	20.6%	26	Fairbanks AK	108,761	52.2%	24.8%
12	Myrtle Beach SC	784,997	53.8%	20.8%	27	Greenville NC	814,629	55.0%	25.1%
13	Biloxi MS	363,015	55.9%	21.1%	28	Columbus GA	589,579	54.0%	25.1%
14	Cheyenne WY	152,226	54.6%	21.4%	29	Jackson MS	914,402	55.7%	25.2%
15	Greenwood MS	181,782	52.9%	22.1%	30	Ft. Myers FL	1,349,444	50.2%	25.6%

Showing data at the Designated Market Area-level (DMA), aggregated from county-level data. Within geographies with parental hesitancy for having one's child vaccinated between the 25th and 75th percentiles based on the latest Civis Analytics DMA-level estimates; top geographies are prioritized based on having the lowest estimated proportion of their under-18 population vaccinated (1+ dose), using the latest CDC county- and state-level data (as of 06/02/22). Vaccination data has been aggregated up from county-level data all DMAs except San Juan PR, San Diego CA, Yuma AZ, and those with >33% pop. in GA/HI/MI/NE/VA/WV, where we have distributed out vaccinations from the state level to DMA. Sources: Civis Analytics' parental hesitancy DMA-level model (dated 05/31/22); CDC COVID Vaccinations Data Tracker (data as of 06/02/22). Population sizes from U.S. Census Bureau ACS 2018 5-year estimates. Table DP-05.

Boosters: Top 30 Geographies (as of 6/6/22)

Booster geographies are prioritized based on the estimated population proportion that is more than 5 months from receiving their final vaccine dose but have not yet received a booster shot.

Geographies with Highest “Due for Booster” Gaps

Priority Rank	Name	Total Population	Estimated % of Total Pop. that was Fully Vaccinated 5 Months Ago but has No Booster
1	Laredo TX	286,422	52.6%
2	Miami FL	4,700,992	46.9%
3	El Paso TX	1,059,331	42.0%
4	Harlingen TX	1,356,787	40.7%
5	San Antonio TX	2,754,914	38.0%
6	Orlando FL	4,131,212	36.9%
7	New York NY	21,295,747	36.5%
8	Houston TX	7,139,237	35.8%
9	Austin TX	2,208,407	35.2%
10	Tallahassee FL	749,679	35.2%
11	Ft. Myers FL	1,349,444	35.1%
12	Philadelphia PA	8,107,192	34.8%
13	West Palm Beach FL	2,101,005	34.6%
14	Tampa FL	4,757,131	33.9%
15	Tucson AZ	1,192,585	33.2%

Priority Rank	Name	Total Population	Estimated % of Total Pop. that was Fully Vaccinated 5 Months Ago but has No Booster
16	Dallas TX	7,858,418	33.1%
17	Waco TX	1,048,208	32.9%
18	Las Vegas NV	2,190,453	32.6%
19	Jacksonville FL	1,882,470	32.5%
20	Rapid City SD	263,489	32.2%
21	Washington DC	6,916,714	32.1%
22	Gainesville FL	337,161	31.7%
23	Charleston SC	890,214	31.7%
24	Biloxi MS	363,015	31.6%
25	Wichita Falls TX	423,536	31.5%
26	Mobile AL	1,455,275	31.4%
27	Oklahoma City OK	1,922,134	31.2%
28	Hartford CT	2,637,156	31.1%
29	Augusta GA	716,299	31.0%
30	Savannah GA	952,575	31.0%

Showing data at the Designated Market Area-level (DMA), aggregated from county-level data. Due to reporting gaps/inconsistencies in some states and counties, some DMAs were aggregated up from the county-level data and in others we imputed down from state data. NC and VA are not included in the calculations, and DMAs with more than 50% of its population in NC or VA are excluded from the ranking. In San Juan PR, San Diego CA, Yuma AZ, and DMAs with >33% of their population in GA/HI/MI/NE/VA/WV, we have distributed out vaccinations from the state level to DMA. For all other DMAs, we have aggregated up from the CDC county-level dataset. Sources: CDC COVID Vaccinations Data Tracker (as of 06/02/22 and 01/04/21). Population sizes from U.S. Census Bureau American Community Survey 2018 5-year estimates. Table DP-05.



Counter-narratives as a strategy for promoting COVID-19 vaccination with patients: Lessons from the COVIED* project

Jim Lavery

Human Engagement Learning Platform (HELP)

Emory University

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

Three Key Questions for the CoVID project

1. What reasons do people offer for not getting vaccinated for COVID-19?
2. Are any of these reasons changeable?
3. If so, how can we develop and deliver effective public health messaging and communications to the right targets?

HELP's Contribution to CoVID



Generated an evidence-base to support communications teams and healthcare practitioners to address COVID-19 vaccine hesitancy

1. Described prominent narratives that shape people's reasoning about COVID-19 vaccine avoidance
2. Developed criteria for identifying counter-narratives to challenge the influence of these narratives
3. Identified specific counter-narrative criteria and "targets" to guide communications

Sample



Sample

1. 52 Focus groups
2. 6 Individual interviews
3. More than 300 individual participants
4. 90% African American*
5. 85% Women*
6. 85% between 45-65 years*
7. Approx 95% were unvaccinated



**Approximate due to incomplete reporting by participants*

What we learned



Prominent themes



Prominent underlying themes in the data

1. Histories of discrimination and marginalization
2. Suspicion of the political, social and economic motivations of authorities, e.g., “government”
3. “Information mayhem”
4. Avoidance tropes—false, but high acceptability as reasons for not getting vaccinated
5. Clear common “narratives” shaping participants’ rationales for avoiding COVID-19 vaccines*

*Initial aim was to identify “personas” to guide communication with patients/clients

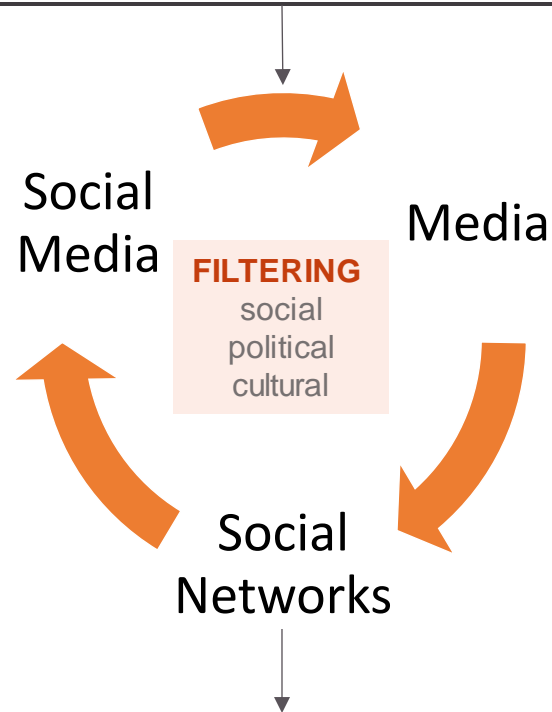
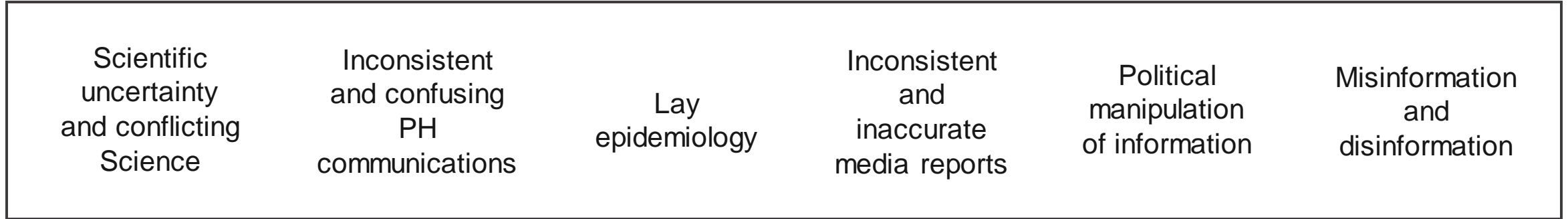
Histories of discrimination and marginalization

- Intergenerational experiences of discrimination and disregard
- Extreme history of marginalization in healthcare—“Medical Apartheid”
- “Landmark” reference events in research and experimentation—e.g., “Tuskegee”
- The “throughline of injustice”

Suspicion of the political, social and economic motivations of authorities

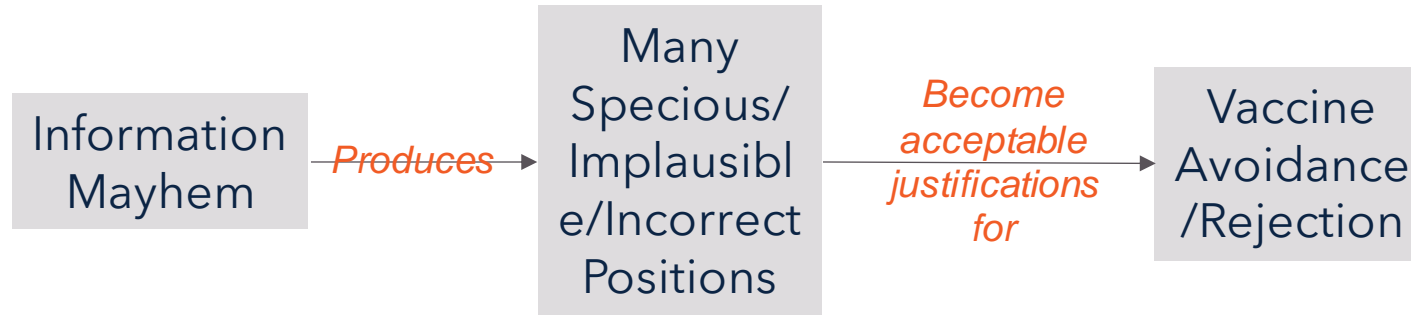
- Histories of discrimination and marginalization in “the system” create:
 - Suspicion
 - Resentment
 - Grievance
 - Defiance
 - Antipathy
- These attitudes significantly undermine the willingness to believe, and/or place trust in, authorities, especially “the government”
- Create oppositional conditions—“us vs. them”—which makes it even more difficult for many people to place trust in anyone—e.g., “I don’t trust anyone”

Information Mayhem



CONFUSION—DISSONANCE—OPPOSITION

AVOIDANCE/REJECTION TROPES



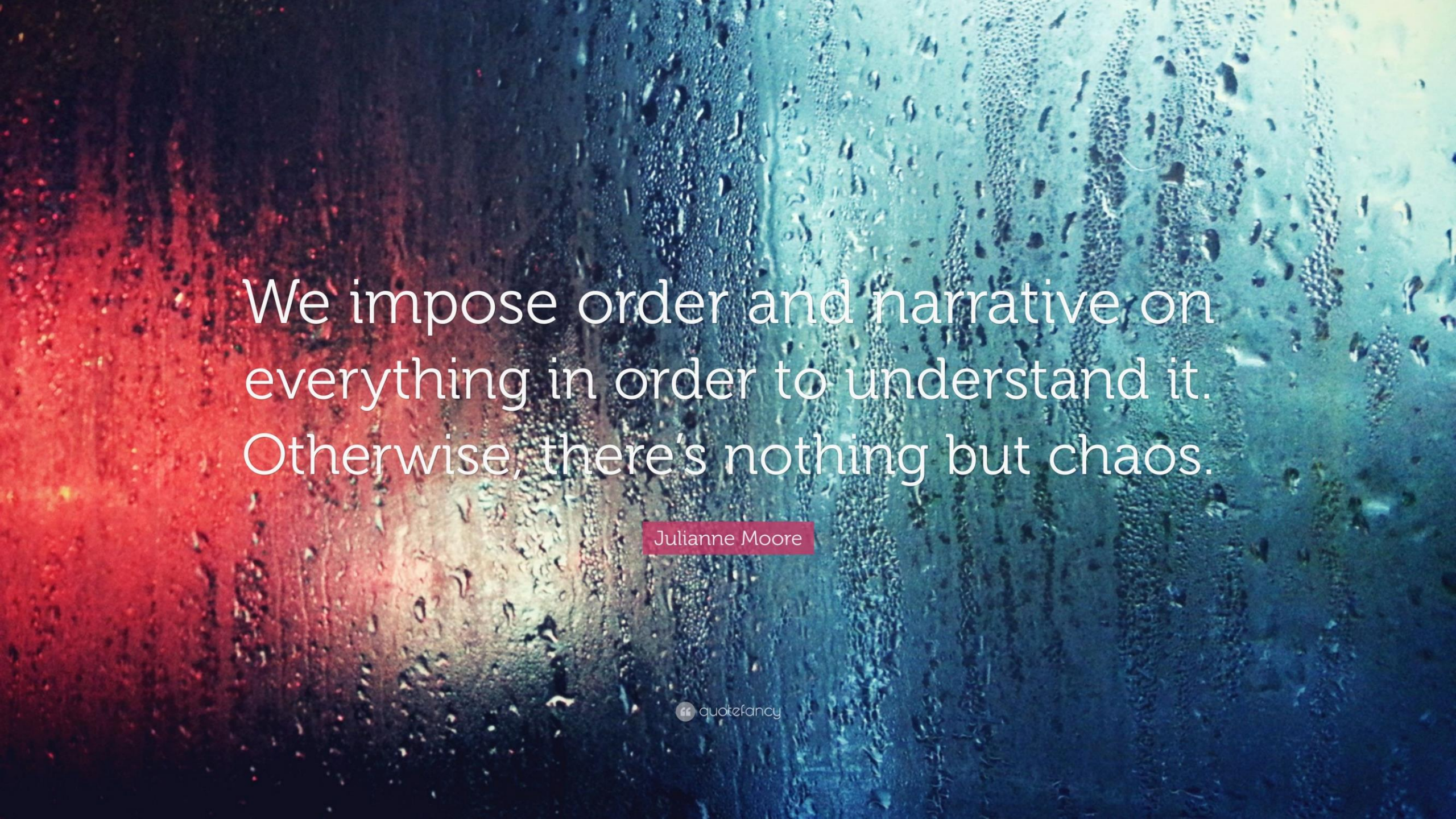
- e.g.
- "The COVID-19 vaccines were developed too fast"
 - "The government is using COVID-19 vaccines to control the population"
 - "So many people are dying from the COVID-19 vaccines"
 - "The vaccines make you infertile"
 - "We're living in a communist state"

Avoidance Narratives



What is a narrative?





We impose order and narrative on everything in order to understand it. Otherwise, there's nothing but chaos.

Julianne Moore

What is a narrative?

- A set of events (and related elements—e.g., rationales, motivations, goals, etc.) linked in some kind of temporal and logical sequence (story)
- Recounted by a narrator for a specific purpose (e.g., to make sense of complex things, to explain or justify, for accountability, entertainment, to manage social status, etc.)
- Narratives about “real” events are vulnerable to the “narrative fallacy”, i.e., embellishments, simplifications, accommodations, and other distortions, made to fit a narrative to a specific structure and/or social purpose (e.g., to signal allegiance to a specific social group) which can alter the reliability or validity of the narrative
 - E.g., COVID-19 vaccine side effects are worse than COVID-19 itself
 - Government and vaccine companies don't care about safety, they just want to make a lot of money

The HELP COVID-19 vaccine avoidance narratives



The “Big Push”

Government and industry manufactured a false crisis and developed vaccines recklessly

Waiting for More Information
There’s not enough information yet to make a decision



It’s Not Worth the Risk
The risks of vaccination outweigh the risks of COVID-19

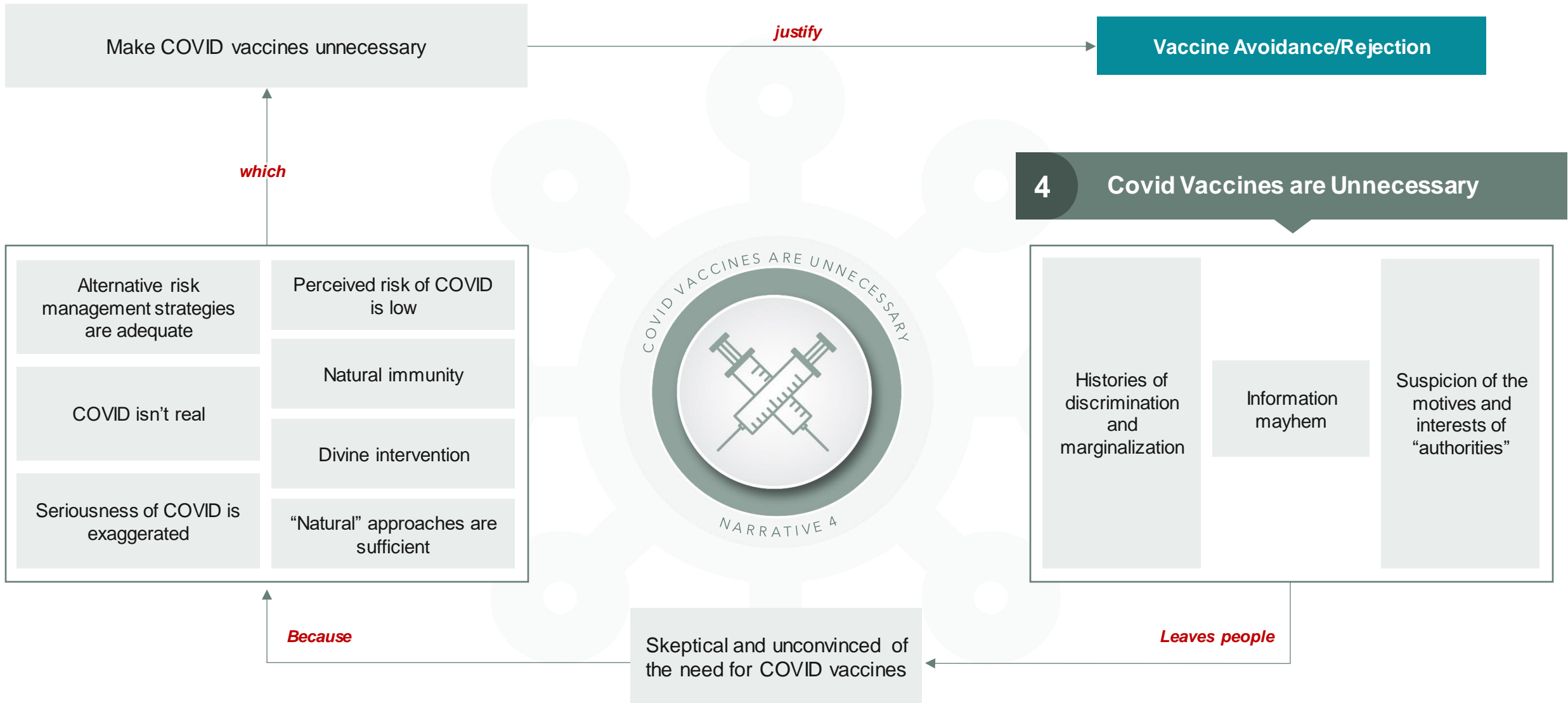
What’s the point?
Vaccines don’t prevent people from catching COVID-19

It’s About Freedom
Vaccination is a personal choice and vaccine advocacy is coercive

COVID Vaccines are Unnecessary
There are other ways of managing COVID-19 risks

NARRATIVE FOUR

COVID Vaccines are Unnecessary



Narratives provide insights about potential Counter-Narratives



Counter-narrative target criteria

What is a counter-narrative?



What is a counter-narrative?

A narrative that explicitly aims to displace or undermine the social currency of another narrative (i.e., of a COVID-19 vaccine avoidance narrative) by:

- filling logical gaps in that narrative
- “correcting” distortions in the framing, arguments, evidence and specific inferences reflected in the narrative

Counter-narrative target criteria

Who can you move?



Target Attitudes

Suspicion,
resentment,
grievance,
antipathy

“RESISTANT - DEFIANT”

Suspicion,
resentment,
grievance,
antipathy

Confusion,
lack of awareness,
lack of
understanding, fear,
anxiety

“RESISTANT - DEFIANT”

Suspicion,
resentment,
grievance,
antipathy

"UNCERTAIN"

Confusion,
lack of awareness,
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*POTENTIALLY
MOVEABLE*

"RESISTANT - DEFIANT"

Suspicion,
resentment,
grievance,
antipathy



*POTENTIALLY
MOVEABLE*

Counter-narrative target criteria

What makes counter-narratives effective?



Caulfield Criteria

Amenable to fact-based communications

Clear, straight-forward and shareable formats

Can be delivered by trustworthy and independent sources

Communication reflects scientific consensus

Delivery is "nice" (respectful) and authentic

Narrative form(s)

Emphasizes gaps in logic

Communication leads with correct information

Communication can be framed for the general public

Does Debunking Work? Correcting COVID-19 Misinformation on Social Media

Timothy Caulfield [In Press]

Effective Counter-Narratives (Caulfield T. Does de-bunking work? Correcting COVID-19 misinformation on social media)

Caulfield Criteria	Relevance/Likelihood of impact on RESISTANT/DEFIANT attitudes
Amenable to fact-based communications	X
Clear, straight-forward and shareable formats	?
Can be delivered by trustworthy and independent sources	?
Communication reflects scientific consensus	X
Delivery is "nice" (respectful) and authentic	?
Narrative form(s)	X
Emphasizes gaps in logic	X
Communication leads with correct information	X
Communication can be framed for the general public	?

Does Debunking Work? Correcting COVID-19 Misinformation on Social Media

Timothy Caulfield [In Press]

"UNCERTAIN"

Confusion,
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*POTENTIALLY
MOVEABLE*

"RESISTANT - DEFIANT"

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~~*POTENTIALLY
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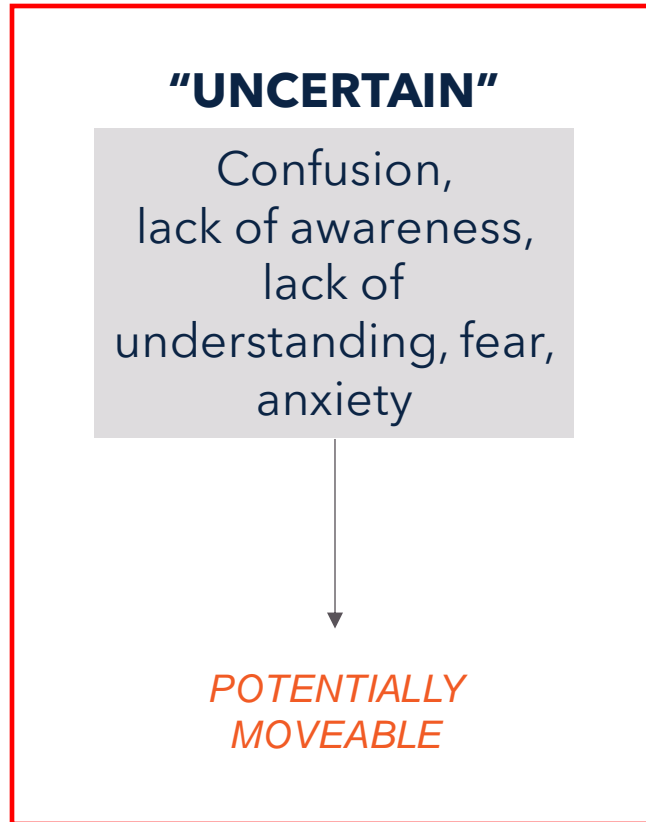
Effective Counter-Narratives (Caulfield T. Does de-bunking work? Correcting COVID-19 misinformation on social media)

Caulfield Criteria	Relevance/Likelihood of impact on RESISTANT/DEFIANT attitudes	Relevance/Likelihood of impact on UNCERTAIN attitudes
Amenable to fact-based communications	X	✓
Clear, straight-forward and shareable formats	?	✓
Can be delivered by trustworthy and independent sources	?	✓
Communication reflects scientific consensus	X	✓
Delivery is “nice” (respectful) and authentic	?	✓
Narrative form(s)	X	✓
Emphasizes gaps in logic	X	✓
Communication leads with correct information	X	✓
Communication can be framed for the general public	?	✓

Does Debunking Work? Correcting COVID-19 Misinformation on Social Media

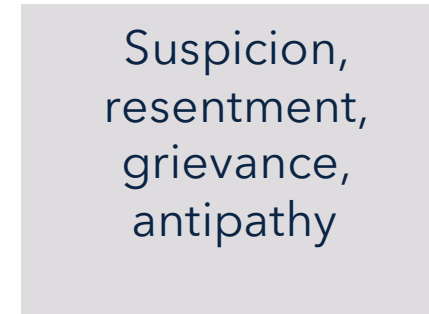
Timothy Caulfield [In Press]

Target Attitudes



Focus counter-narratives on "uncertain" attitudes

"RESISTANT - DEFIANT"



Effective Counter-Narratives (Caulfield T. Does de-bunking work? Correcting COVID-19 misinformation on social media)

Primarily about **HOW** information is delivered
(i.e., for Communicators)

Caulfield Criteria	Relevance/Likelihood of impact on RESISTANT/DEFIANT attitudes	Relevance/Likelihood of impact on UNCERTAINTY attitudes
Amenable to fact-based communications	X	✓
Clear, straight-forward and shareable formats	?	✓
Can be delivered by trustworthy and independent sources	?	✓
Communication reflects scientific consensus	X	✓
Delivery is "nice" (respectful) and authentic	?	✓
Narrative form(s)	X	✓
Emphasizes gaps in logic	X	✓
Communication leads with correct information	X	✓
Communication can be framed for the general public	?	✓

Does Debunking Work? Correcting COVID-19 Misinformation on Social Media

Timothy Caulfield [In Press]

Effective Counter-Narratives (Caulfield T. Does de-bunking work? Correcting COVID-19 misinformation on social media)

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Caulfield Criteria	Relevance/Likelihood of impact on RESISTANT/DEFIANT attitudes	Relevance/Likelihood of impact on UNCERTAINTY attitudes
Amenable to fact-based communications	X	✓
Clear, straight-forward and shareable formats	?	✓
Can be delivered by trustworthy and independent sources	?	✓
Communication reflects scientific consensus	X	✓
Delivery is "nice" (respectful) and authentic	?	✓
Narrative form(s)	X	✓
Emphasizes gaps in logic	X	✓
Communication leads with correct information	X	✓
Communication can be framed for the general public	?	✓

Primarily about **CONTENT**
(i.e., which elements of the HELP narratives to focus on)

Does Debunking Work? Correcting COVID-19 Misinformation on Social Media

Timothy Caulfield [In Press]

TARGETS

"UNCERTAIN"

Confusion,
lack of awareness,
lack of
understanding, fear,
anxiety



**POTENTIALLY
MOVEABLE**

DELIVERY

Caulfield Criteria	Relevance/Likelihood of impact on UNCERTAINTY attitudes
Clear, straight-forward and shareable formats	✓
Can be delivered by trustworthy and independent sources	✓
Delivery is "nice" (respectful) and authentic	✓
Narrative form(s)	✓
Communication leads with correct information	✓
Communication can be framed for the general public	✓

CONTENT

Caulfield Criteria	Relevance/Likelihood of impact on UNCERTAINTY
Amenable to fact-based communications	✓
Communication can reflect scientific consensus	✓
Communication can emphasize gaps in logic	✓

Specific Counter-Narrative Targets

What parts of the avoidance narratives should you focus on?



What parts of the narratives should you focus on?

Types of narratives (and narrative elements) to target for counter-narratives:

1. Fallacious (or “false”) narratives or narrative elements

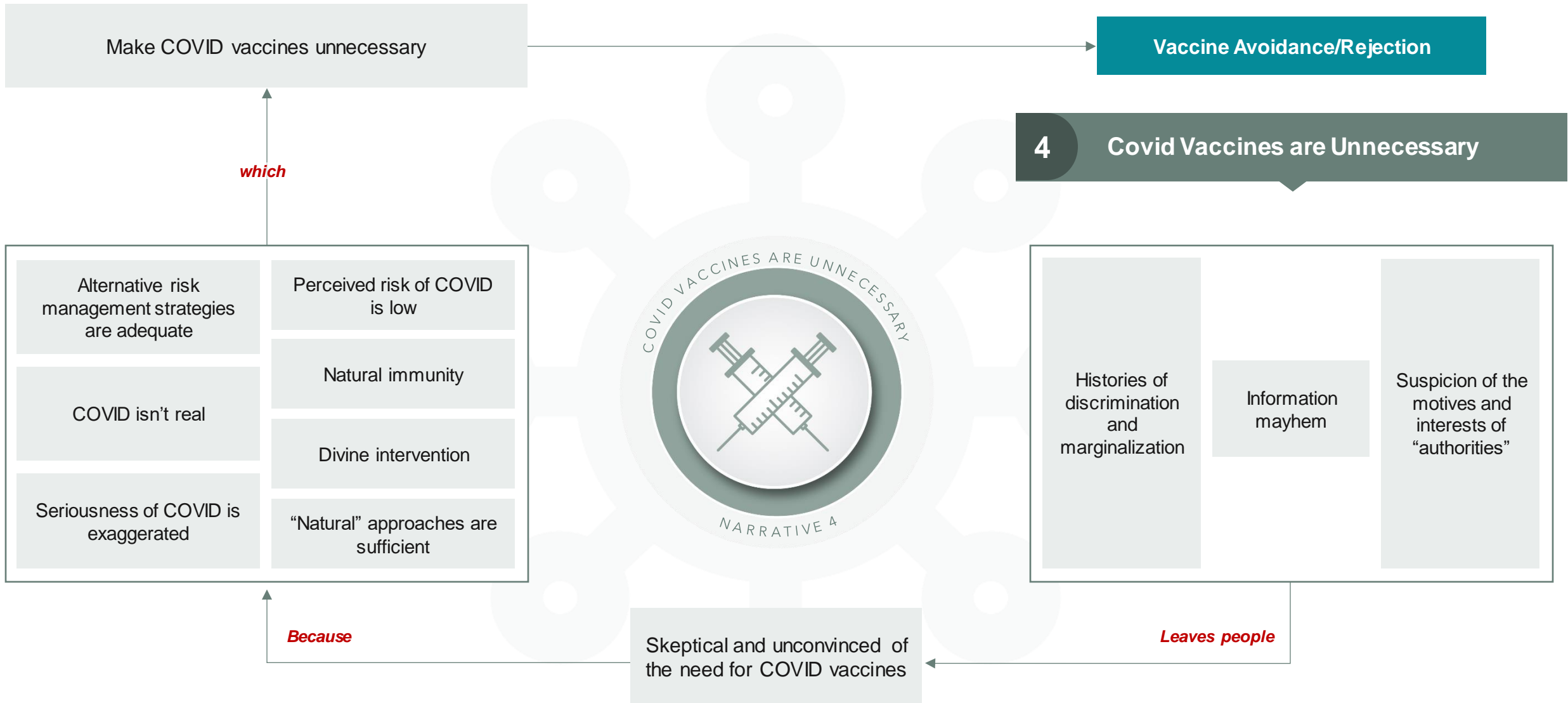
Primarily focused on instances of “narrative fallacy” in a target narrative, i.e., embellishments, simplifications, and other distortions that make the narrative false, or invalid or unreliable

2. Incomplete, inaccurate or imprecise narratives or narrative elements

Primarily focused on gaps in logic, unfair inferences, factual errors or important misinterpretations

What parts of the narratives should you focus on?

- **What is the “Achilles’ Heel” of the narrative?, i.e., the element that supports the overall logic of the narrative AND may be most “vulnerable” to intervention/correction**
 - e.g., observations from lay epidemiology
- **Does a clear “corrective” argument and/or evidence exist?**
- **Is there a clear and compelling counter-narrative structure/logic, e.g., relevant analogies, case examples, stories, testimonials, etc.**



Make COVID vaccines unnecessary

Vaccine Avoidance/Rejection

which

4 Covid Vaccines are Unnecessary

Alternative risk management strategies are adequate

Perceived risk of COVID is low

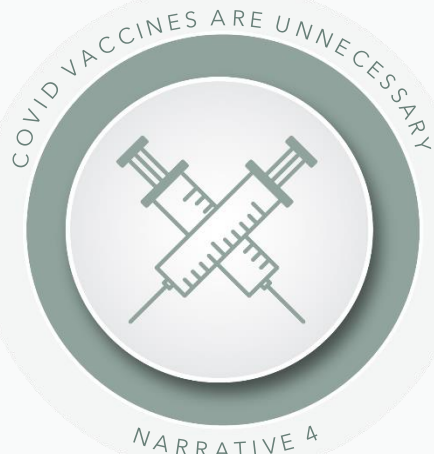
Natural immunity

COVID isn't real

Divine intervention

Seriousness of COVID is exaggerated

"Natural" approaches are sufficient



Histories of discrimination and marginalization

Information mayhem

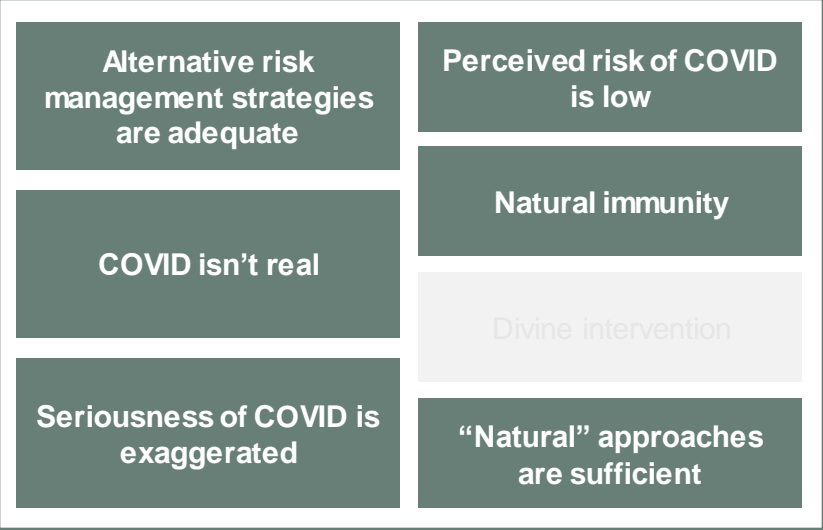
Suspicion of the motives and interests of "authorities"

Because

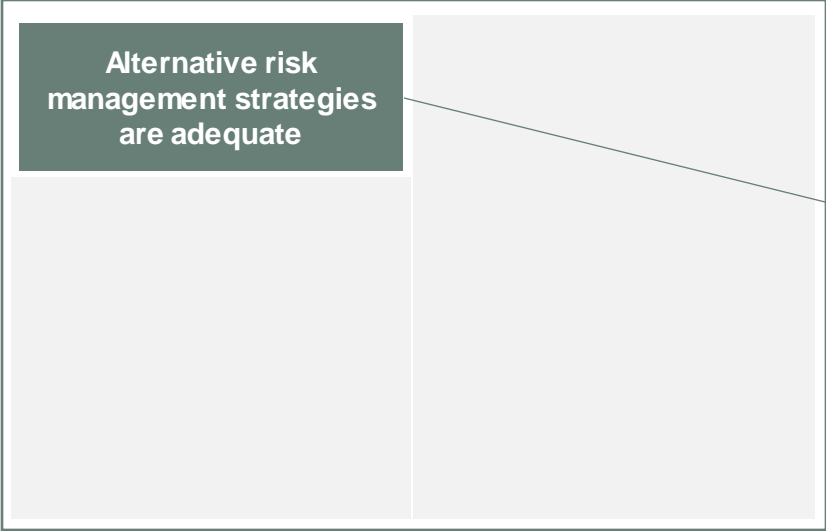
Skeptical and unconvinced of the need for COVID vaccines

Leaves people

Specific Counter-Narrative Targets (i.e., that satisfy our counter-narrative criteria)

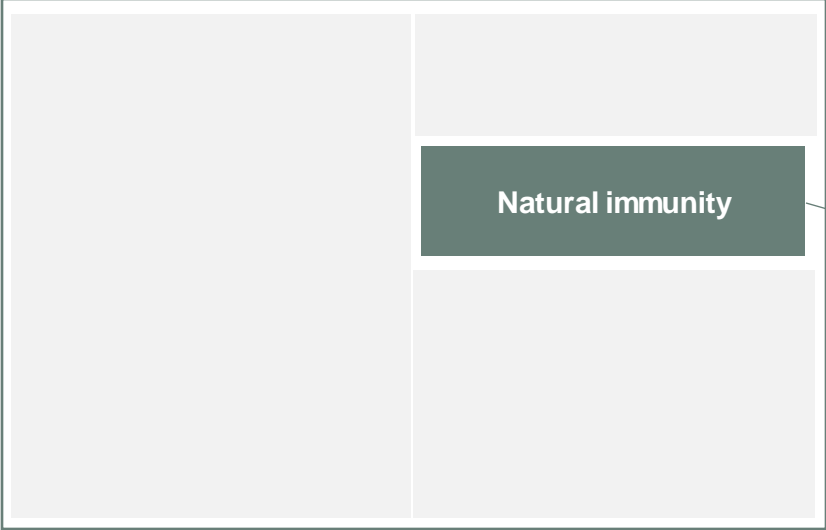


Specific Counter-Narrative Targets (i.e., that satisfy our counter-narrative criteria)



“I use precaution and I did everything that they said to do and, you know, by the grace of the Most High, I haven't caught it. So it's like, if I continue to do what I'm doing, wearing the mask, making sure my employees wear the mask...It's like, why am I, why do I have to take the vaccine if I'm safe now?”







Specific Counter-Narrative Targets (i.e., that satisfy our counter-narrative criteria)



"I ended up being home in the bed, sick with fever, chills, and all of the symptoms. And so, of course, I made that correlation that yeah, that's probably COVID. And that was even more justification for me that I didn't need the vaccine."

"...I got sick already. My body should already have those antibodies and I should have a stronger immune system because I had it already. Because, typically, that's how your body works."

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”)

Counter-Narrative Strategies

How can you use counter-narratives with patients?



Counter- narrative Concept Sheet

Specific aims of the CN

- What effect does the CN aim to produce

Strategy

- How is the CN expected to work?

Vehicle

- What is the medium/mode of delivery?

Model

- Have existing models inspired the CN

Set-up

- How is the CN introduced?

Reveal

- What is the “point” of the CN and how is it delivered?

Counter-Narrative Example:

The “government” is your neighbour

Re. Narrative:

The “Big Push”; It’s about freedom

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
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- Suspicion of government
- Defiance of government
- Opposition to government-mandated vaccination

The government is your neighbour

Type of narrative

- *Type 1*: Fallacious (false) narratives or narrative elements

Specific aims of the counter-narrative

- Challenge the idea that government is “other” and hostile—humanize government

Strategy

- Visual narrative
- Paradox

Concept

- **Vehicle:** TV commercial/YouTube/Image campaign
- **Model:** P&G's "Widen the Screen" initiative ("stereotype-busting")
- **Set-up:** Show iconic "American" scenes and activities (leverage stereotype images)
- **Reveal:** Identify individuals as "government" workers ("stereotype-busting")





Designer,
Montana
State
Department
of Education





Accountant,
Internal
Revenue
Service



Translator,
Department
of
Defense



**The government is your
neighbour**

Final thoughts



Final thoughts

1. Attitudes and behaviours towards COVID-19 vaccines/vaccination are shaped by prominent “avoidance narratives”
2. But the influence of these narratives on patient decision-making has not been adequately recognized or appreciated in public health communications
3. Effective counter-narratives are possible for some target groups and some avoidance narratives and narrative elements
4. Developing counter-narratives is a creative and collective process.
5. For NACHC Centers, discussing and sharing ideas about possible counter-narratives and how they might apply to specific patients or patient groups can help provide ideas, concepts and language to use in communications with individual patients.



HUMAN ENGAGEMENT LEARNING PLATFORM

H·E·L·P

FOR GLOBAL HEALTH

jlavery@emory.edu

Find COVID vaccines and boosters near you:

For more information about the COVID-19 vaccines, scan this QR code.



Ask a doctor



Visit the website [vaccines.gov](https://www.vaccines.gov)



Call 1-800-232-0233



Text your ZIP code to 438829



Stay informed of community events hosted by schools, clinics, churches, and other community organizations



COVID-19 Public Education Campaign

An initiative to increase confidence in COVID-19 vaccines and reinforce basic prevention measures

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COVID-19 VACCINE BOOSTERS

CDC recommends that children ages 5-11 should receive a booster.

Read the [media statement](#).

[See Resources](#)

Children Ages 5+

Resources to encourage parents to vaccinate their children ages 5 and older.

[View Resources](#)

Addressing Vaccine Misconceptions

Tools to help you respond to common misconceptions about COVID-19 and the vaccines.

[See Resources](#)

CDC Guidance and Recommendations

The latest authoritative information from CDC to guide your outreach efforts.

[Get the Latest](#)



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Audience

- General Market (310)
- Parents (153)
- Young Adults & Students (79)
- Latino – Hispanic (54)
- Health Care Professionals (50)
- Black – African American (47)
- American Indians – Alaska Natives (31)
- Rural Communities (26)
- Public Transport Workers (22)
- Older Adults (21)
- Community Health Workers (14)
- Teachers/School Administrators (14)
- Asian American – Pacific Islander (13)
- Agricultural Workers (12)
- Community-Based Organizations (12)
- Faith Based Communities – Religious Organizations (9)
- People With Disabilities (5)
- LGBTQ+ (4)

Click on Shareable Resources

Language

- English (420)
- Spanish (205)
- Korean (17)
- Simplified Chinese (17)
- Traditional Chinese (17)
- Vietnamese (17)
- Tagalog (16)
- Arabic (14)
- Haitian Creole (14)
- Russian (14)
- Hindi (2)
- Mandarin (1)

Topic

- Boosters (173)
- Vaccine Safety (69)
- COVID-19 Vaccine Information (66)
- Vaccine Benefits (63)
- Preventive Measures (48)
- Pregnancy, Breastfeeding, and Fertility (24)
- Building Vaccine Confidence (15)
- Hosting a Vaccination Clinic (14)
- COVID-19 Variants (8)
- Vaccine Misinformation (7)
- Building Campaign Confidence (1)

Featured Topics & Resources

Here are the topics you need to know about – and the materials to have – to help you build vaccine confidence and increase COVID-19 vaccination uptake in your communities.

Jump to Resource Type ▾

Boosters

COVID-19 vaccines continue to be highly effective at preventing severe illness, hospitalization, and death due to COVID-19. A booster shot is an extra dose that helps keep up protection. Get further information about [booster eligibility information from CDC](#).

RESOURCES
to Learn
More about
COVID-19 Vaccine
Boosters



[Resources About COVID-19 Vaccine Boosters](#)

Outreach resources explaining eligibility for COVID-19 vaccine boosters.

Children Ages 5+

CDC has updated its eligibility guidelines on COVID-19 vaccines to include children ages 5+. [See the media release](#).

RESOURCES
About
COVID-19
Vaccinations for
Children Ages 5+



[Resources About COVID-19 Vaccinations for Children Ages 5+](#)

A selection of outreach resources related to COVID-19 vaccinations for children ages 5+.

COVID-19 Variants

Vaccinations are vitally important given the recent spread of more contagious and dangerous variants. Find CDC information on variants [here](#).

RESOURCES
to Learn
More about
COVID-19 Variants



[Understanding COVID-19 Variants](#)

A selection of resources to help you understand COVID-19 variants.

How to Address COVID-19 Vaccine Misconceptions

During the COVID-19 pandemic, many people have been exposed to information that is false, inaccurate, or misleading. Misconceptions about the COVID-19 vaccines have caused confusion and led people to decline vaccines, reject public health measures such as masking and physical distancing, and use unproven treatments.

A community toolkit for addressing health misinformation

As vaccinations are approved for children across the country, U.S. Surgeon General Dr. Vivek Murthy released a new community toolkit for addressing health misinformation.

The Toolkit resources can help you understand, identify, and stop misinformation, and help others do the same.



Toolkit for addressing health misinformation

[Read the media release](#) | [Download the toolkit](#)

Confronting health misinformation

U.S. Surgeon General Dr. Vivek Murthy's advisory, *Confronting Health Misinformation*, focuses on the urgent threat of health misinformation about COVID-19 vaccines.

The Advisory can provide valuable background to use in your vaccination outreach.



U.S. Surgeon General's advisory

[Read a summary of the advisory](#) | [Download the advisory \(PDF\)](#)



www.nachc.org/coronavirus