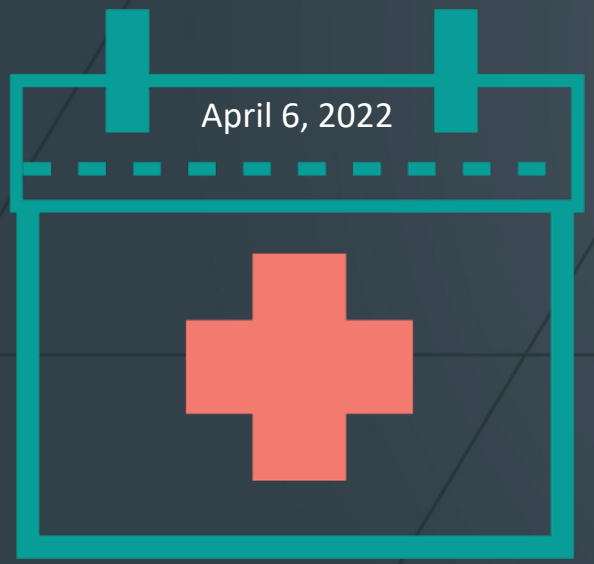
Resources for Communicating about COVID-19 Vaccines in WV



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PUBLIC INTEREST COMMUNICATION RESEARCH LAB

WVU Public Interest Communication Research Lab

- Public interest communication (PIC) merges theory and practice by examining the development, implementation, and evaluation of science-based strategic communication efforts to achieve and sustain publics' attitudinal and/or behavioral changes regarding a public interest issue.

- The WVU PIC Research Lab unites social and behavioral scientists to research:
  - Community Advocacy & Engagement
  - Crisis & Risk Communication
  - Media Sociology
  - Science Communication

Social science for positive social change

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The Center for Rural Health Development, Inc.

- The Center for Rural Health Development is a nonprofit organization with the mission of improving the health of West Virginians and strengthening West Virginia's health care delivery system, especially in rural communities.

- The Center serves as the lead agency for the WV Immunization Network, a statewide coalition focused on improving vaccination rates and protecting West Virginians from vaccine-preventable diseases.

Lead agency of the West Virginia Immunization Network

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WV Joint Interagency Task Force on COVID-19 (JIATF)

- Unified command system appointed by Governor Jim Justice
  - Collaboration with multiple local, state, and federal partners

- Analysis & Resources developed through the Joint Information Center (JIC), the strategic communication function of the JIATF

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About COVID-19 Vaccines

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COVID-19 Vaccine Basics

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Types of COVID-19 Vaccines Authorized/Approved in US

- **mRNA:** provides a small piece of material with instructions to make the protein for the virus

- **Viral Vector:** contains a modified version of a different virus and inside that is a piece of the material from the COVID-19 virus. This tells the cells how to make the protein for the virus

Source: Different COVID-19 vaccines. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html

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Vaccines Available in the US

TABLE 2: COVID-19 vaccination schedule for people who are not moderately or severely immunocompromised*					
Primary series vaccination	Age group	Number of shots in primary series	Number of booster shots	Interval between 1st and 2nd primary shots	Interval between primary series and booster shots
Pfizer-BioNTech	5–11 years	2	NA	3 weeks	NA
Pfizer-BioNTech	12 years and older	2	1†	3-8 weeks‡	At least 5 months†
Moderna	18 years and older	2	1†	4-8 weeks‡	At least 5 months†
J&J	18 years and older	1	1†	NA	At least 2 months†

Sourd; https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#table-03

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Vaccines Available in the US

Table 3: COVID-19 vaccination schedule for people who <u>are</u> moderately or severely immunocompromised						
Primary vaccination	Age group	Number of primary series shots	Number of booster shots	Interval between 1st and 2nd shot	Interval between 2nd and 3rd shot	Interval between 3rd and 4th shot
Pfizer-BioNTech	5–11 years	3	NA	3 weeks	At least 4 weeks	NA
Pfizer-BioNTech	12 years and older	3	1*	3 weeks	At least 4 weeks	At least 3 months*
Moderna	18 years and older	3	1*	4 weeks	At least 4 weeks	At least 3 months*
J&J	18 years and older	1 Janssen, followed by 1 mRNA	1*	4 weeks	At least 2 months	NA*

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#table-03

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Vaccines in US

- mRNA vaccines (Pfizer & Moderna) are preferred over viral vector vaccine (J&J)

- Additional doses and boosters are recommended for certain (most) populations
  - As of last week, those 50+ and some others get a 2nd booster shot

Source: Different COVID-19 vaccines. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html

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Thinking about Vaccine Confidence

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Vaccine Hesitancy

The SAGE Working Group on Vaccine Hesitancy:

- Delay in acceptance or refusal of vaccination despite availability of vaccination services
- Vaccine hesitancy is complex and context specific
- Varies across time, place, and vaccines
- Influenced by factors such as complacency, convenience, and confidence

The Strategic Advisory Group of Experts on Immunization (SAGE) is charged with advising WHO on overall global policies and strategies, ranging from vaccines and technology, research and development, to delivery of immunization and its linkages with other health interventions.

MacDonald NE; SAGE Working Group on Vaccine Hesitancy. Vaccine hesitancy: Definition, scope and determinants. Vaccine. 2015 Aug 14;33(34):4161-4. doi: 10.1016/j.vaccine.2015.04.036. Epub 2015 Apr 17. PMID: 25896383.

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Vaccine ~~Hesitancy~~ Confidence

Vaccine confidence

- The extent to which individuals are motivated or willing to get vaccinated
- Vaccine **confidence** is complex and context specific
- Varies across time, place and vaccines
- Influenced by factors such as perceived risk, access, safety, effectiveness, opinions of important others

MacDonald NE; SAGE Working Group on Vaccine Hesitancy. Vaccine hesitancy: Definition, scope and determinants. Vaccine. 2015 Aug 14;33(34):4161-4. doi: 10.1016/j.vaccine.2015.04.036. Epub 2015 Apr 17. PMID: 25896383.

Vaccine Acceptance Continuum

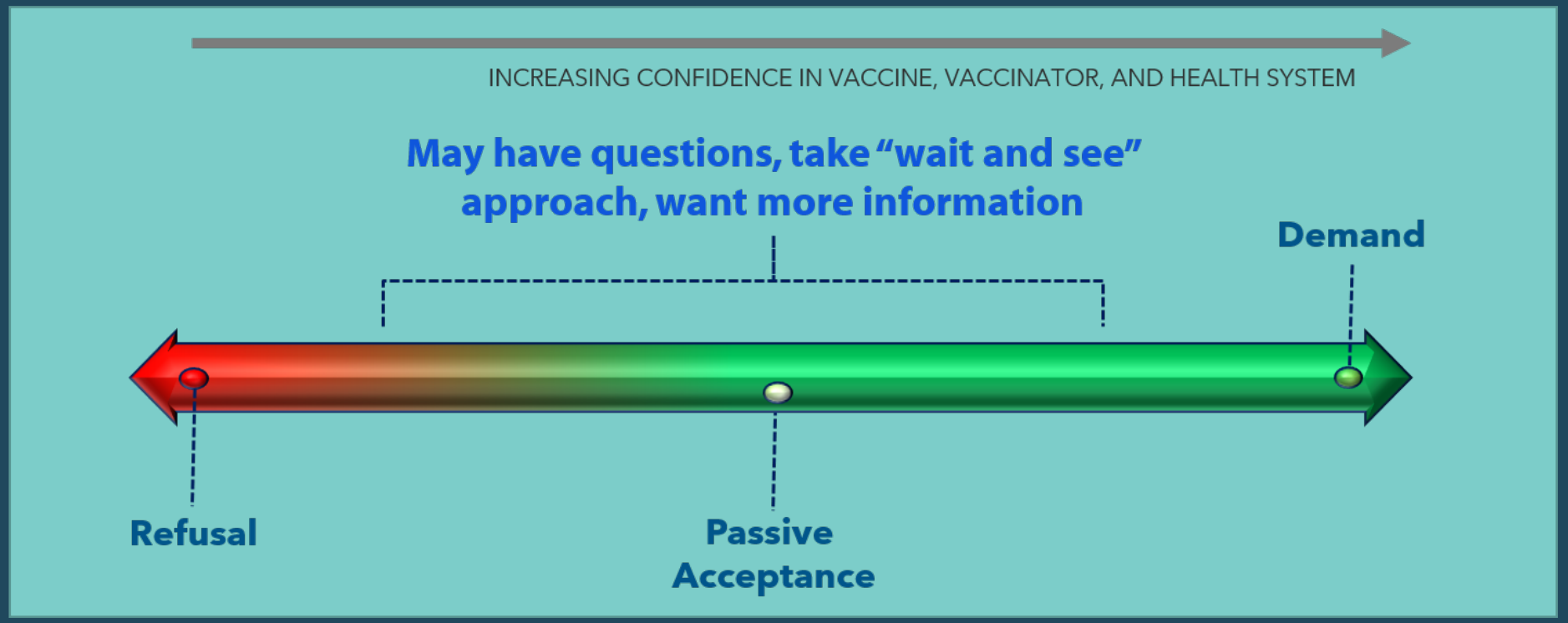

Image adapted from: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-10/COVID-Cohn-508.pdf

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Data-Driven Strategy & Resources

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Understanding Hearts & Minds: COVID-19 Vaccine Perceptions, Beliefs, Attitudes, and Behaviors in WV

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Our Approach in WV

To understand risk/health beliefs, perceptions, attitudes, behaviors

- Mixed-methods social science:
  - **Quantitative inquiry**
    - Statewide surveys, particular population surveys, message/appeal testing experiments
  - **Qualitative inquiry**
    - Focus groups, in-depth interviews, intercept interviews, direct observation, social sentiment analysis
- Continuous, adaptive data collection across all phases, based on behavior change theory and resources from CDC and others

Word Choice Example: We strive not to use the word “mass” to describe vaccination settings. Instead, we hold *community* vaccination clinics or events. This choice respects the negative cognitive associations of “mass” as a modifier in many other contexts.

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This gives us:

- Understanding of unique social/cultural beliefs and lived experiences to co-create messages that
    - resonate with audiences' self-interests
    - are delivered through the channels they prefer
    - are presented by messengers they find credible and trustworthy
    - advance health equity
- Culturally responsive language and verbal/visual inclusivity

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Data-Driven Messaging Considerations in WV

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Example: Insights from Winter 2022 WV Statewide Survey

Willingness to get COVID-19 vaccinated among unvaccinated WVs

Unwilling (Hoyer's "Hell No")	Long Game	Unsure / On the Fence *(moveable middle)*	Likely/ Open/ Planning *(persuadable publics)*
Approx. **42%**	Approx. **27%**	Approx. **17%**	Approx. **14%**

Of those in the statewide WV sample **who reported having 1 shot or fewer (*n* = 278)**, based on participants (*N* = 756) in Winter 2022 survey.

The better news: Intention to get a booster shot among participants with the primary series but not boosted

- **64%** above midpoint
- Including **24% extremely** willing
- = **large** moveable middle

WVU Public Interest Communication Research Laboratory (PIC Lab) – data under embargo prior to publication, please do not share

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Overall Messaging Considerations

- Enhance confidence in vaccine development process and **safety**
  - emphasize safety, efficacy/effectiveness
- Showcase motivating benefits
  - e.g., to protect self, family, those around you, and community
- Remove barriers or perceived barriers
  - e.g., cost, access
- Underscore hope, optimism, trust, and confidence
  - especially from relatable, local, trusted experts and opinion leaders
- Emphasize freedom and choice

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Messaging Do NOTs

- Myths: Don't repeat rumors, misinformation, or myths
  - Shift from the specifics to the underlying concern (e.g., ~~fertility/sterilization =~~ vaccine safety, ingredients)
- Negatives: No dwelling on the negative – Focus on the true/positive flipside (frame positively)
  - ~~Vaccines aren't harmful~~ = Vaccines are safe
- Fear/Shame: No fear, guilt, shame appeals
  - Not a hint of judgment (including nonverbals) – instead, empathy & space for questions
- No overt persuasion, or even the perception of it—just facts and genuine personal storytelling
- Visuals: No syringes (instead: vial, bandage, shield), always consider diversity & inclusivity
- Say this not that: shots not doses; residents not citizens; primary series & booster shots not 3rd/4th/5th shot; booster is another shot not an additional dose; up-to-date not fully vaccinated

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Evidence-Based Resources for COVID-19 Vaccination Communication

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COVID-19 SHOTS ARE FREE
AND THE BEST WAY TO PROTECT AGAINST COVID-19

How do I stay up-to-date on COVID-19 vaccination?

First, complete a **primary series**

The initial set of shots teach the body to recognize and fight the virus.

Next, get **boosted**

These shots help the body stay protected after immunity from the primary series starts to fade.

- First booster shot: ages 12+
- Second booster shot: ages 50+ and some others (talk with a healthcare provider)

How do I know when I'm due for a COVID-19 shot?

Use the free, online **WV COVID-19 Vaccination Due Date Calculator** at ***vaccinate.wv.gov.***

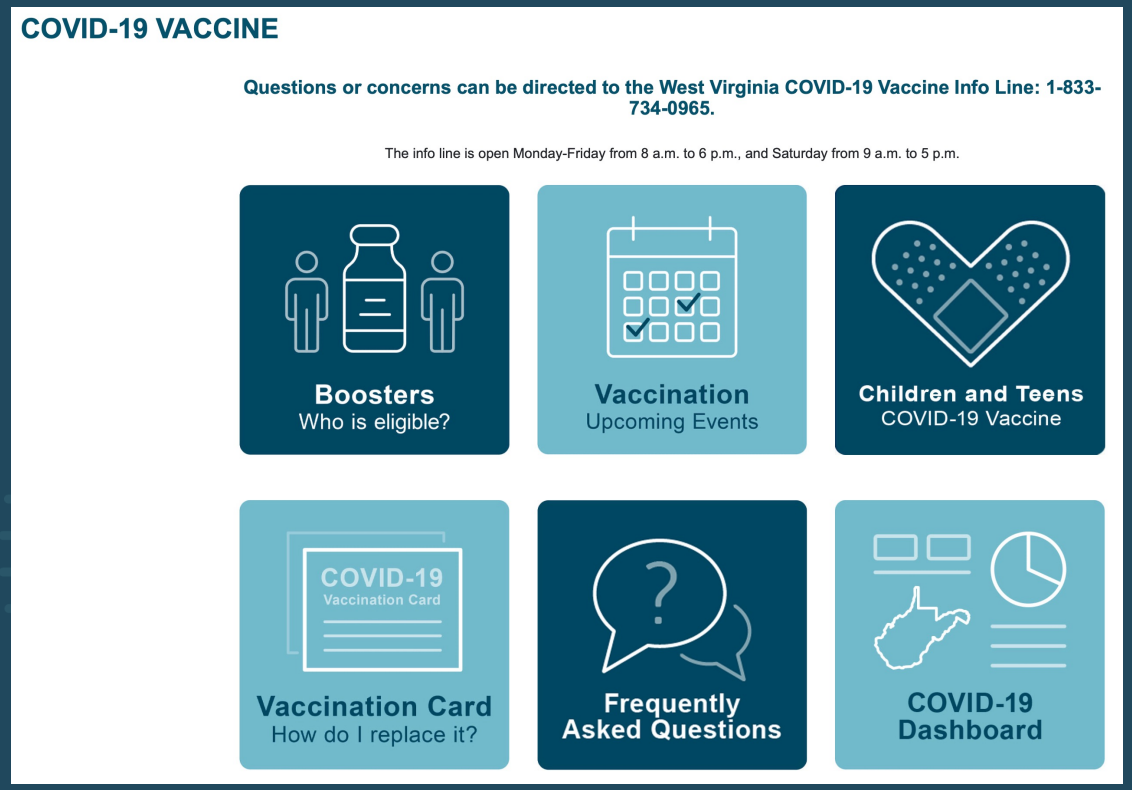
COVID-19 vaccines are readily available in WV. Visit **vaccinate.wv.gov** to find a location and to schedule an appointment, or call the **WV COVID-19 Vaccine Info Line** at 1-833-734-0965 (M-F 8am-6pm, Sat. 9am-5pm) for assistance.

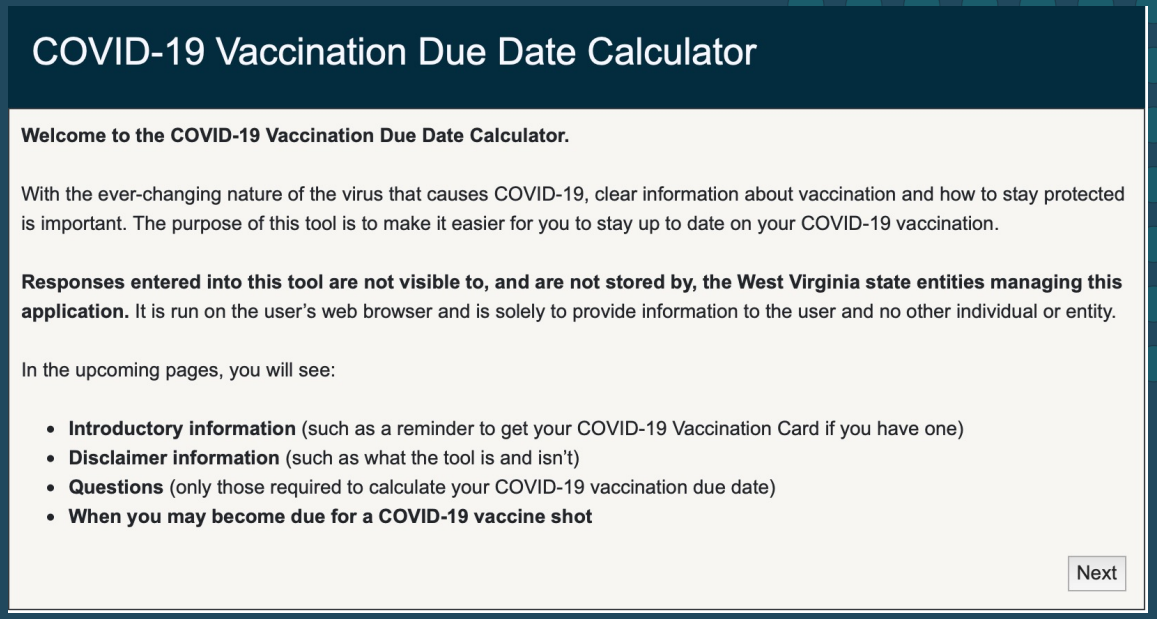
4/5/22

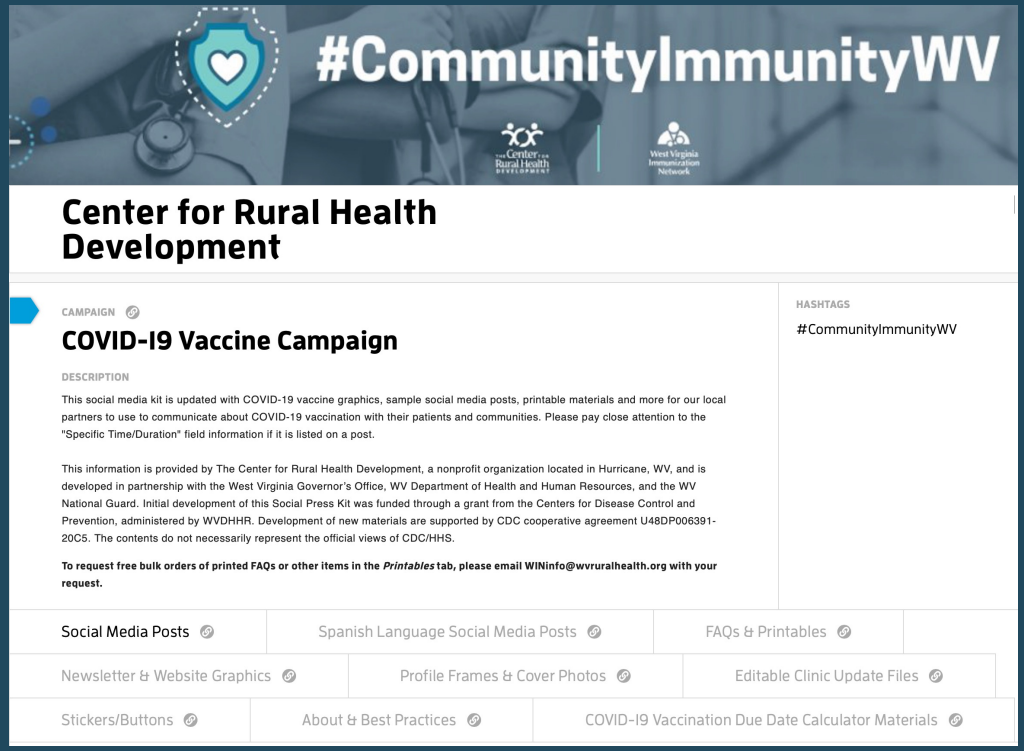
Resources

Vaccinate.wv.gov

- FAQs
- CVDD Calculator
- #CommunityImmunityWV Social Press Kit

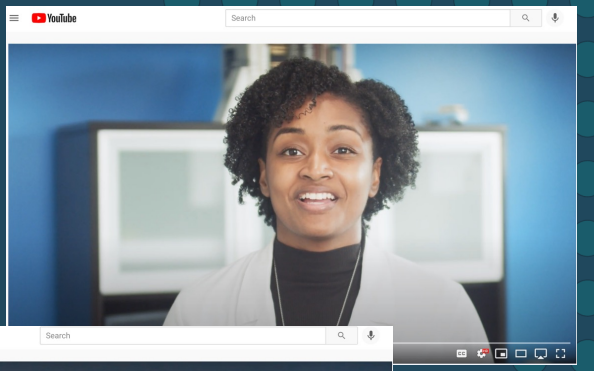


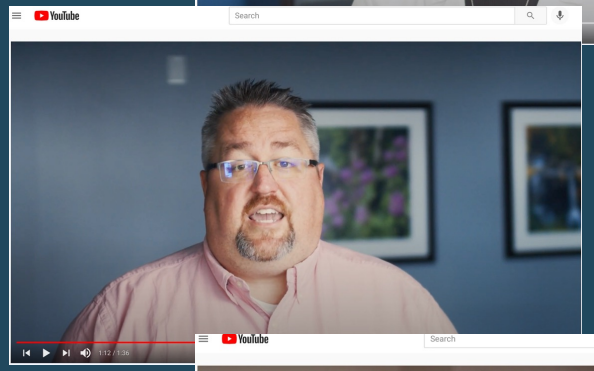


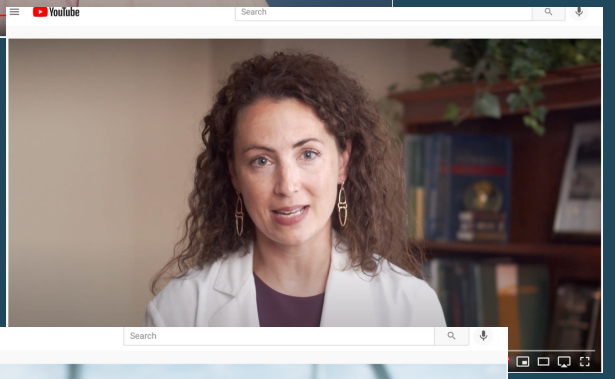


COVID-19 VACCINE QUESTIONS
Answered by WV Experts

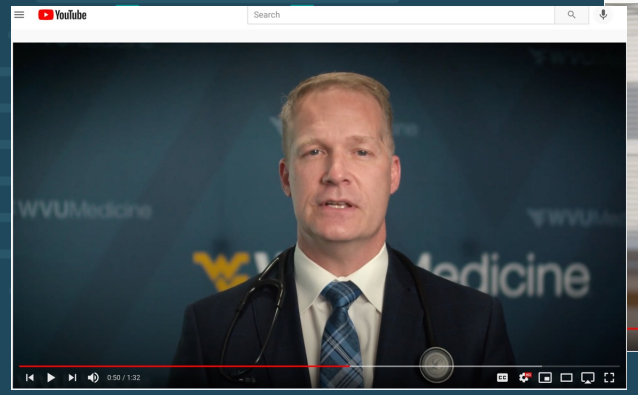
https://bit.ly/WVcovidVaxQAVids

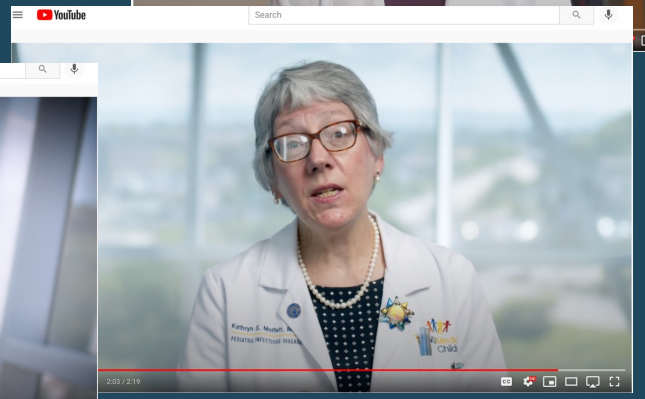






- ***Should individuals get the COVID-19 vaccine if they have already had COVID-19?*** (Dr. Anitra Ellis)
- ***Do the benefits of COVID-19 vaccination outweigh any risks of the vaccine?*** (Dr. Allison Lastinger)
- ***How do mRNA COVID-19 vaccines work?*** (Dr. Kara Willenburg)
- ***What are common short-term side effects after receiving COVID-19 vaccine?*** (Dr. Michael Robie)
- ***How did COVID-19 vaccines get developed so quickly?*** (Dr. Marina Galvez Peralta) also in Spanish
- ***Are the COVID-19 vaccines are safe?*** (Dr. David Hess)
- ***Should children and teens get vaccinated against COVID-19?*** (Dr. Gilbert Goliath) also in Spanish
- ***Can children and teens have side effects from COVID-19 vaccination?*** Dr. Kathryn Moffett
- ***What are COVID-19 variants? And do COVID-19 vaccines protect against them?*** (Dr. Rebecca Reece)
- ***Should people who are pregnant or breastfeeding get COVID-19 vaccines?*** (Dr. Joanna Bailey)
- ***Are COVID-19 vaccines safe for people who want to have a baby soon or in the future?*** (Dr. Jennie Yoost)





Upcoming Webinar (CME offered)

West Virginia COVID-19 Vaccine Update

April 19 @ 12:00 pm - 1:00 pm

Register here

During this webinar, the speakers will provide an update on the safety and effectiveness of the COVID-19 vaccines authorized or approved for use in the United States, vaccine characteristics and administration, contraindications, and other clinical considerations for both the pediatric and adult populations. Additional information on how to address common patient questions about the vaccine's safety and effectiveness will be discussed.

Speakers:

Krista D. Capehart, PharmD, MSPharm, BCACP, AE-C

Lisa M. Costello, MD, MPH, FAAP

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Other Resources

- United States Gov – “One Stop Shop” COVID-19 Information
- HHS – “We Can Do This” Toolkits & Resources
- Public Health Communication Collaborative – Messaging Resources
- CDC – Content Syndication of CDC COVID-19 Vaccination Information

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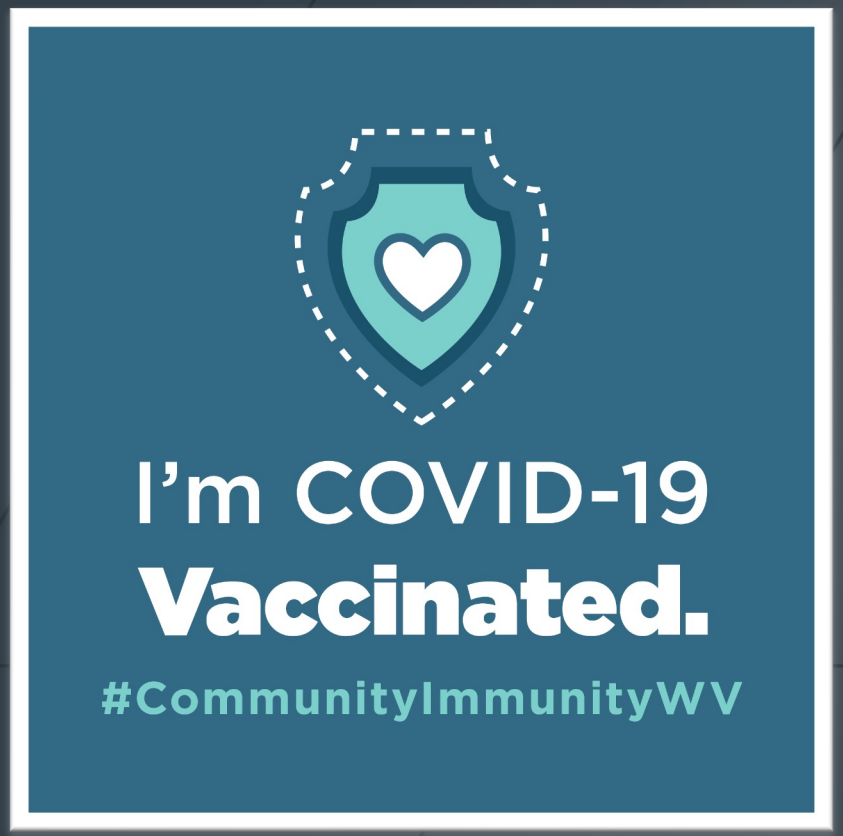
Questions?



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