

Build Trust. Answer Questions. Inspire Hope.

A Heartwired messaging guide for people working to advance equitable COVID-19 vaccine uptake

Published: June 2021



The Colorado Health Foundation™



wonder
strategies for good

About

Even as vaccines become more widely available, restrictions lift and policymakers declare independence from COVID-19, the virus remains a significant public health risk for communities in the United States and beyond.

A large proportion of people living in the U.S. have hesitancy about the vaccine. This is particularly true in communities of color, where both historic and contemporary experiences of discrimination and experimentation by the government and medical community spark distrust of vaccines today. Widespread and equitable uptake of the vaccine by both adults and children is important to ensure that lives are saved and the pandemic ends.

The Colorado Health Foundation (CHF) engaged Wonder: Strategies for Good and Goodwin Simon Strategic Research to conduct public

opinion research and develop messaging strategies for the vaccine-hesitant in Colorado, focusing on people of color. The research included landscape analysis; 19 online focus groups with 93 Black, Native American, Asian Pacific Islander, white and Hispanic Colorado residents; and an online dial test survey of 1,506 Colorado adults to understand the mindset of the vaccine-hesitant and to test messaging to build confidence in the vaccines. We have developed groundbreaking findings in this work that are applicable for those working to ensure equitable vaccine uptake in Colorado and beyond. This messaging guide summarizes these recommendations.

Contact

The Colorado Health Foundation | jwoodrum@coloradohealth.org

Wonder: Strategies for Good | curiosity@wonderforgood.com

Goodwin Simon Strategic Research | info@goodwinsimon.com

About

What is a messaging guide?

A messaging guide is a tool to improve communication around emotionally-complex issues. A messaging guide is not a script or a replacement for real and genuine conversations, but rather a collection of evidence-based best practices and tips for improving the effectiveness of these conversations.

Why is it important to speak to people who are hesitant about the vaccine?

Vaccines preventing severe illness from COVID-19 are increasingly available in the U.S. However, the people and communities that have been most affected by the pandemic in terms of cases and deaths – Black, Hispanic and Native American – are also less likely proportionally to have received a COVID-19 vaccine. This public health and equity challenge is one that can only be overcome by reaching hesitant people with trusted messages and information.

Who should use this guide?

You should use this guide if you are working to communicate with vaccine-hesitant individuals and groups in the U.S. about the importance of the COVID-19 vaccines and you are seeking evidence-based ways to improve the effectiveness of your outreach. Communications professionals will find value in this guide, as will public health practitioners, organizers and community leaders. This guide can be used for individual conversations, grassroots outreach and for media content creation.

Throughout this guide we refer to content we tested within our research. This content is also available at:
<https://coloradohealth.org>

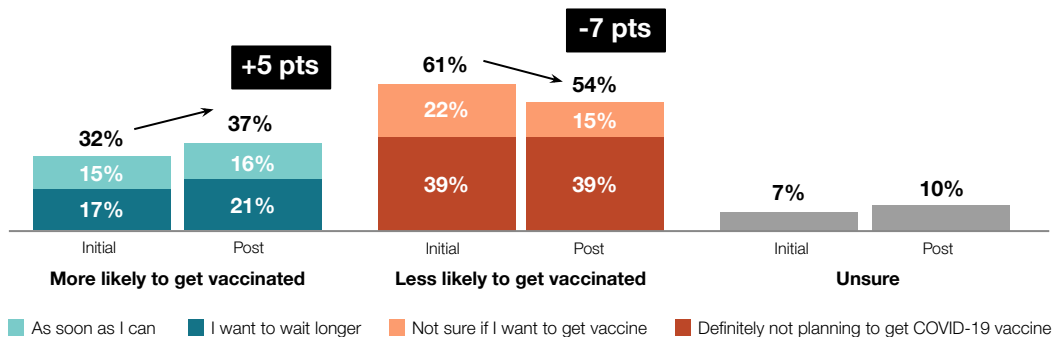
Do these recommendations work?

Our polling among unvaccinated adults in Colorado shows that messengers who **build trust, answer questions and inspire hope** can influence vaccine uptake.

Our test messages and narrative messenger videos moved people, even when presented alongside anti-vaccine messaging, suggesting that the recommendations in the guide will work in the real world.

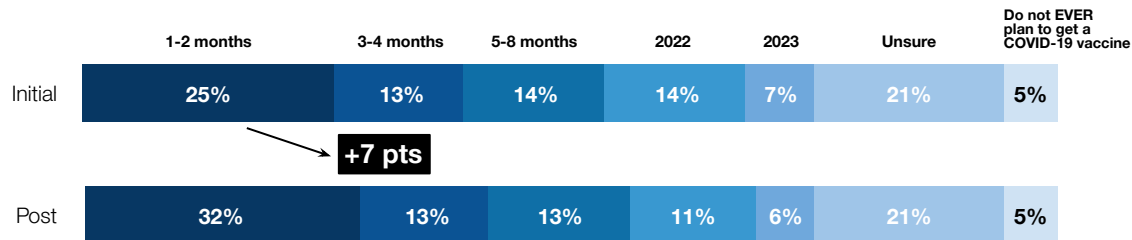
Plans to receive COVID-19 vaccine: Initial response & Post-messaging response

Which of the following following best describes your plans regarding getting a COVID-19 vaccine?



Likely timeline for vaccination: Initial response & post-messaging response

When do you think you are most likely to get a COVID-19 vaccine, if ever?



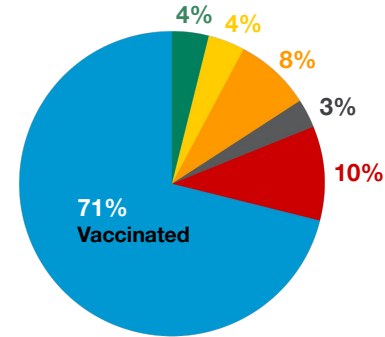
Who do these recommendations work for?

The focus of our research has been in Colorado, which reflects broader vaccine uptake trends in the U.S. Now that the state of Colorado has vaccinated about seven in 10 adults, the remaining population is starting to become more challenging. Making significant progress with these remaining adults is hard work. They have a wide range of questions, concerns and fears that are not readily addressed or calmed with a single message or piece of information.

The survey data show that about 10% are what we call “Hard Nos,” those who consistently say they have no plans to get vaccinated – now or in the future. Another two in 10 are fruitful targets, and many of them may decide to get vaccinated with effective messaging and direct outreach.

To achieve community protection, the research suggests that the best strategy is to focus on those who are hesitant, skeptical or unsure rather than focusing energy on those who are Hard Nos. The messaging recommendations here are geared towards reaching the two in 10 Colorado adults who are unvaccinated but more open to it than the Hard Nos.

All survey respondents

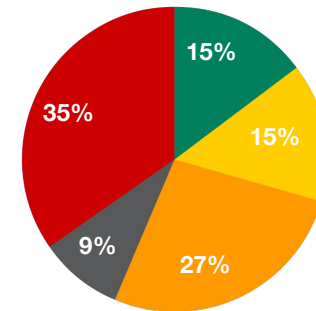


Legend: ■ Likely/soon ■ Probably/wait ■ Less Likely ■ Unsure ■ Hard no

19%

of all survey respondents may decide to get vaccinated with effective messaging and outreach

Unvaccinated audiences



Legend: ■ Likely/soon ■ Probably/wait ■ Less Likely ■ Unsure ■ Hard no

65%

of unvaccinated survey respondents may decide to get vaccinated with effective messaging and outreach

Table of Contents

Guide at a glance	7
Human beings are <i>Heartwired</i>	11
The mindset of the vaccine hesitant	13
Messaging recommendations	19
Build trust	20
Answer questions	33
Inspire hope	39
Different identities, different needs	42
Research methodology	58



GUIDE AT A GLANCE:

Mindset overview

There is a spectrum of vaccine mindsets.

For many, the decision to get vaccinated is not a simple yes or no, instead it encompasses multiple emotionally-complex factors.

Advocates can focus on moving people along the spectrum: from a state of refusal and even sabotage; to resistance, skepticism and hesitance; to acceptance and even ambassadorship.

Our research suggests that the best focus of energy may be on those who are hesitant and skeptical rather than engaging with those who are refusers.

Most people have plenty of information, and yet they still have questions.

People are coming into their conversations about COVID-19 vaccines with a high level of information. Many people have done their own research and drawn conclusions from this research.

Yet, they still have many questions. Frequently, these questions emerge from their own unique circumstances.

GUIDE AT A GLANCE:

Mindset overview

People mix information, personal experiences and emotion to weigh risks and benefits.

People are coming to conclusions about whether or not to get vaccinated in personal ways. They frequently talk through risk/benefit calculations for vaccine decisions, weighing concerns they have about the vaccines against the risk of getting seriously sick from COVID-19.

Information and misinformation about vaccines plays a role in these decisions, as do personal experiences and emotions, with vaccines frequently triggering anxiety.

People are drained, distrustful and “over” COVID-19.

People are emotionally drained by COVID-19. People across the hesitancy spectrum say they are “over it,” and these audiences are tired of feeling perpetually anxious and afraid.

Across race, gender, age and ideology, there is a deep fear of being tricked, manipulated or having information hidden.

GUIDE AT A GLANCE:

Messaging recommendations

A three-step approach to conversations with vaccine-hesitant individuals.

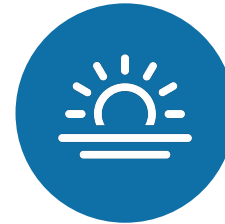
People's beliefs, values, emotions, identities and lived experiences shape their decisions around vaccination. While each conversation, like each individual, will be slightly different, in our research, we found that a three-step approach to conversations with vaccine-hesitant individuals can help move people along their journeys. This approach is to first **build trust**, then **answer questions** and **inspire hope**.



**-1-
Build trust**



**-2-
Answer questions**



**-3-
Inspire hope**

GUIDE AT A GLANCE:

Messaging recommendations



-1- Build trust

Familiarity and relatability help to calm fear and anxiety experienced by vaccine-hesitant individuals. Messengers can build trust by:

- Taking a friendly, nonjudgmental tone
- Presenting the motivations for their work to support communities of color
- Sharing their own initial hesitancy about the vaccines and what information helped them overcome that hesitancy
- Acknowledging that it is understandable to have questions and concerns about the vaccine



-2- Answer questions

Vaccine-hesitant people respond positively to people who are able to answer their questions – and who do so with respect, transparency, integrity and honesty.

People react most positively to details and information that help calm their concerns.

However, at times, too many details or too much information can confuse individuals, distracting them and creating additional emotional hurdles. It is important to answer the question at hand in a straightforward manner.



-3- Inspire hope

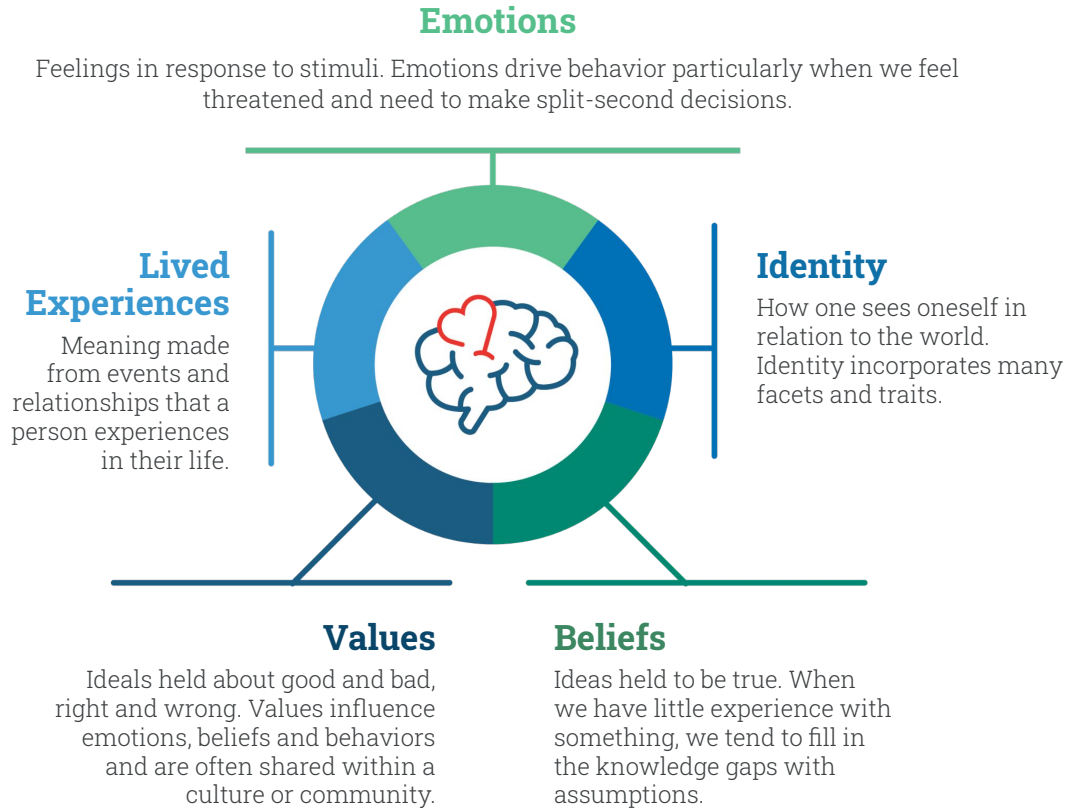
Messages that help people draw the connection between getting vaccinated and being able to experience the things in life that we love – hugging, sharing a meal, seeing grandma – have been well received.

When people talk about their own reasons for getting vaccinated, they emphasize similar themes – safety, seeing family, protecting community and returning to how life was before the pandemic.

Human beings are *Heartwired*

When it comes to making emotionally complex decisions, people are [Heartwired](#). Five Heartwired factors – emotions, identity, values, beliefs and lived experiences – combine and also collide to shape how people think and behave.

When there is alignment between all five Heartwired factors, decisions are straightforward. When there are conflicts, decisions can be more difficult.



How the Heartwired factors impact vaccine decisions

Emotions

People are experiencing a range of negative emotions around COVID-19 and vaccines, including fear, anxiety, distrust and concern. Overcoming emotional hurdles is critical to reaching the vaccine hesitant.

Lived Experiences

People's experiences with COVID-19 impact their decisions around vaccination. If a person knows someone who became seriously ill or died from the virus they are more likely to accept vaccines. People of color frequently cite lived experience around discrimination and mistreatment by the medical community as reasons to distrust vaccines.

Identity

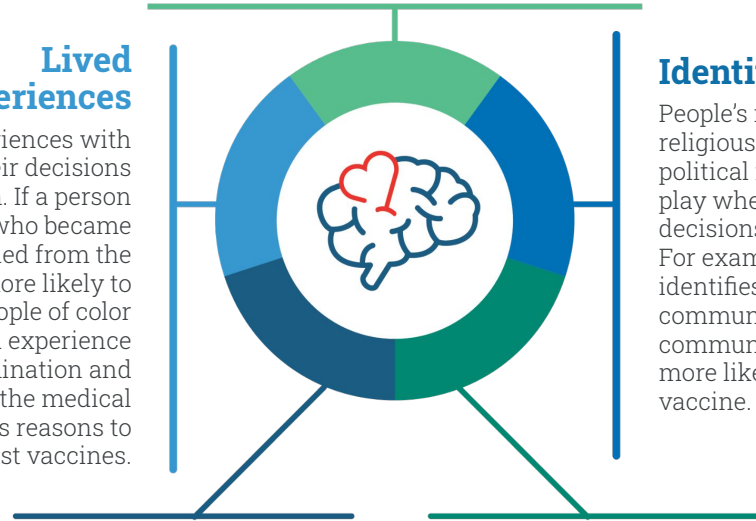
People's racial, ethnic, religious, community and political identities are at play when they make decisions about vaccines. For example, someone who identifies as being community-oriented or a community leader may be more likely to take the vaccine.

Values

People's values, such as health, family, security, liberty and compassion, are highly relevant for vaccine decisions. For example, individual choice and liberty are frequent themes raised by those considering vaccination.

Beliefs

People's beliefs about government, the medical system, the scientific community, pharmaceutical companies and vaccine development are highly relevant to their decision to get vaccinated.



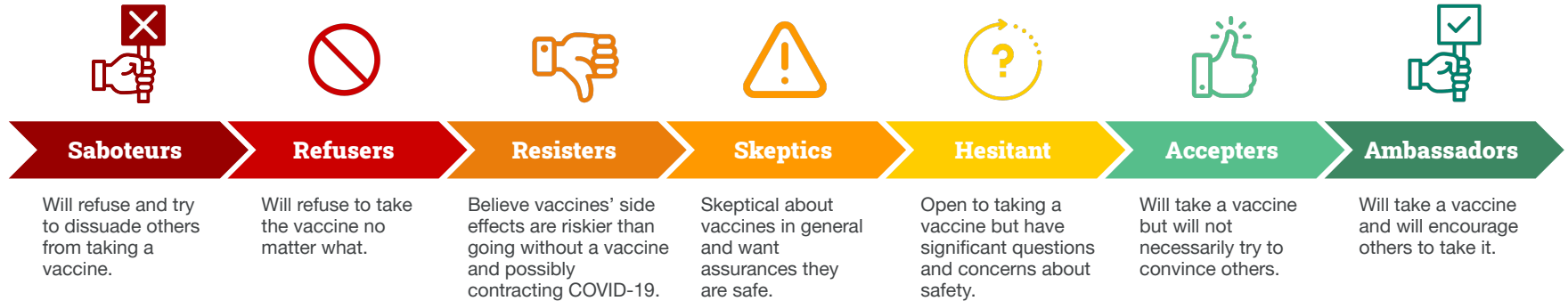
The mindset of the vaccine hesitant

Summary insights

The reasons people are hesitant about or resist vaccines are complex. People's reasoning is often driven by negative emotions around this topic due to mistrust of both the government and medical system as well as frustration and anxiety around economic loss and restrictions associated with virus containment strategies. Fear, anxiety and exhaustion rule. Pro-vaccine messengers face the task of calming these negative emotions.



The spectrum of vaccine mindsets



For many, deciding whether or not to get vaccinated is not a yes or no question. There is a spectrum of vaccine mindsets, and there are complex reasons and emotions behind why people fall into different categories. While it may be tempting to oversimplify reasons behind vaccine hesitancy or make assumptions about where people fall on this spectrum based on their demographic group or political ideology, keep in mind that each person's decision whether or not to get vaccinated is as complicated as that individual.

It can also be challenging – perhaps unlikely in the short term – to move someone who is currently a Refuser or a Saboteur to an Acceptor. While incremental gains can be made with Refusers and Saboteurs, to achieve community protection, the research suggests that the best strategy is to focus on moving those who are Hesitant or Skeptics to the right, rather than focusing energy on the Saboteurs or Refusers.

Most people have plenty of information, and yet they still have questions.

By the numbers

Generally, do you feel that you can find reliable and accurate information about COVID-19 vaccines?

59%

Yes

8%

No

27%

I can find information, but it is hard to know whether it is reliable and accurate or not

5%

Unsure

Everyone in our focus groups reports some level of existing knowledge of COVID-19 and vaccines. Many vaccine-hesitant people have followed the vaccine development and distribution process through news and social media. Many have proactively researched vaccines, and most have also had conversations with family, community members or health care providers. Still, audiences across the vaccine hesitancy spectrum have questions, many of which are unique to their individual circumstances or conditions. In addition, many people report that they can find information about COVID-19 vaccines, but it is hard to know whether it is reliable and accurate or not. Spanish-speakers, who report they cannot find very much information about the vaccines in Spanish, have an added challenge.

In their own words

“What is in the vaccine? How are all of the vaccines different from each other? Give us the actual science of how it works even if we don't understand it. At least it is more information for us to digest and to try to break down.”

– **Hispanic woman**

“Just really it all comes down to don't want to be the guinea pig, and there are so many unanswered [questions] like how long it is going to last? Will we need others? Are they going to come up with more? Are they going to combine them all into multiple? There are too many unanswered questions for me to feel safe.”

– **Native American man**

People mix information, personal experiences and emotion to weigh risks and benefits.

By the numbers

38%

of unvaccinated survey respondents believe the risks of getting a COVID-19 vaccine are higher than getting seriously sick from the COVID-19 virus.

People frequently talk through risk/benefit calculations for vaccine decisions, weighing concerns they have about the vaccines against the risk of getting seriously sick from COVID-19. Many hesitant people say they are "willing to take their chances" or state they "have been OK so far" and dismiss the virus's seriousness. Many hesitant people believe that the fact that they are healthy or take care of their bodies means they will be able to "fight it off." Some people believe alternative medicines such as supplements, herbal or traditional remedies are effective ways to prevent COVID-19.

These beliefs are then weighed against perceived vaccine dangers. COVID-19 vaccines trigger peoples' anxiety about injecting foreign substances into their bodies. Based on their understanding of how vaccines generally work, most assume the vaccines include the virus. Some hesitant people say they do not want to be a guinea pig and will wait to see how others fare. People often report concern about long-term and presently unknowable side effects of COVID-19 vaccines.

In their own words

"I have a pre-existing condition. I am on multiple medications. I am willing to take my chance of battling it [COVID-19] instead of injecting something that hasn't been tested and tried." – **Native American man**

"Yeah I mean with all the new strains and variants, it just feels that a vaccine is really not going to make a difference. Maybe at some point, right? So then why would you even bother to put this vaccine. Sometimes vaccines hurt your body, so I don't know if I want to go for that risk if it is not going to be working." – **Hispanic woman**

"It is not going to do me any good. I honestly don't feel it will do me any good. I have a good immune system. I take care of myself. I am healthy, so I shouldn't even have to worry about it. To me it is like a cold." – **Hispanic woman**

People are drained, distrustful and “over” COVID-19.

By the numbers

55%

of respondents who say they will definitely not get a COVID-19 vaccine also say no one they personally know has gotten seriously ill or died from the COVID-19 virus.

People are emotionally drained by COVID-19. People say they are “over it” and are tired of feeling perpetually anxious and afraid.

Vaccine-hesitant people frequently explain feelings of exhaustion and anxiousness by lifting up hardships unrelated to the COVID-19 illness itself, such as mask mandates, lockdown restrictions, school closures and financial struggle or job loss. Hesitant people, who are more likely to lack direct experience with serious COVID-19 cases, are also more likely to dismiss the dangers of COVID-19 and see the policies and regulations in response to the virus as overblown.

In their own words

“I am over it [COVID-19]. I am so over it. I am on the fence about it, if it is real, if it is not.”
– **Black woman**

“I specifically don't wear a mask outside because I always maintain 6 ft. I am actually kind of a little bit frustrated by people that do [wear masks outside] because I feel they are spreading fear, and they are actually doing something way beyond what is being asked of them. I don't get it. It frustrates me to no end.”
– **White man**

“This social distancing is like changing that whole dynamic for children as well and kind of separating everyone, making everyone scared. That is a psychological thing like manipulation for sure. I don't really trust the government, honestly.”
– **White woman**

People are drained, distrustful and “over” COVID-19.

By the numbers

59%

of respondents who are unvaccinated say they've heard that media reports about sickness or death from COVID-19 are overblown.

54%

of respondents who are unvaccinated say they've heard that COVID-19 has been overblown by hospitals, drug companies and others who are trying to use the pandemic to turn a profit.

Across race, gender, age and ideology, there is a deep fear of being tricked or manipulated or having information hidden. While people acknowledge that misinformation is rampant, they themselves frequently cite varying conspiracy theories tied to themes of government, corporate or medical system attempts for control or to gain profit.

This distrust is extended to pro-vaccine messengers, who are sometimes ascribed with questionable motives. Overly positive vaccine messaging raises suspicions, with many people saying that they think health care providers are trying to “sell” the vaccine to them. Some of this distrust, particularly among Black and Native American people, stems from historical mistreatment on the part of the government and medical system.

In their own words

“Because where you are going to get the vaccine is essentially from a doctor or from a pharmacy or someone who is in that space. These are company people... And I don't think that they are being dishonest. I just think... they are here to push their narrative. They are here to push whoever is paying them, right – Moderna and Johnson and Johnson.”

– **Black man**

“It's a lot of gray area. The truth about vaccines and the FDA is growing that they have been deceiving us and everything [is] just about power and money.”

– **Native American man**

“The last time we trusted someone, we were infested with smallpox.”

– **Native American man**

Messaging recommendations

We recommend a three-part messaging formula for overcoming vaccine hesitancy:



**-1-
Build trust**



**-2-
Answer
questions**



**-3-
Inspire
hope**

It is essential that messengers build trust before moving on to the second and third steps.





-1- Build trust

Summary insights

As we learned in the mindset section, hesitant audiences are experiencing many negative emotions. The pandemic has put them in a fight-or-flight mode, which is short-circuiting their ability to “hear” or trust the facts and information being presented about the COVID-19 vaccines.

Familiarity helps to calm this fight-or-flight mode. Trusted messengers play a key role here. Whether community or faith leaders, medical professionals or even family, hearing from competent and warm messengers who reflect the audience’s own identity is key to helping people to get control of these negative emotions. There are different ways for these messengers to build trust, including:

- Taking a friendly and nonjudgmental tone
- Sharing the values and motivations that are central to their work to support communities of color
- Naming impacts of COVID-19 on people of color and empathizing with instances of historic and present day discrimination against people of color by the health care system and government
- Sharing their own initial hesitancy or questions about the vaccines and what information helped them overcome that hesitancy or answer those questions
- Acknowledging that it is understandable and natural to have questions and concerns about the vaccine

However it is achieved, building trust is the foundation for moving forward with constructive conversations with those who are vaccine hesitant and must be addressed before messengers attempt to share information or urge vaccine uptake.

Upstairs brain, downstairs brain

Daniel J. Siegel, MD and Tina Payne Bryson, PhD share the following description of the complex human brain in their book, *The Whole-Brain Child*.

Imagine your brain is a house, with both a downstairs and an upstairs. The downstairs brain includes the brain stem and the limbic region, which are located in the lower parts of the brain, from the top of your neck to about the bridge of your nose. Scientists talk about these lower areas being more primitive because they are responsible for basic functions (like breathing and blinking), for innate reactions and impulses (like fight or flight), and for strong emotions (like anger and fear).

Your upstairs brain is completely different. It's made up of the cerebral cortex and its various parts – particularly the ones directly behind your forehead, including what's called the middle prefrontal cortex. Unlike your more basic downstairs brain, the upstairs brain is more evolved and can give you a fuller perspective on your world. You might imagine it as a light-filled second-story study or library full of windows and skylights that allow you to see things more clearly.

To apply this concept to communications, when our downstairs brain is calm, our upstairs brain has the capacity to pause, be reflective, make rational decisions and aspire to be our better selves. But when the downstairs brain is triggered, it produces emotional noise that makes it difficult for the upstairs brain to listen to and hear thoughtful reasons to be supportive of an issue.

That's why **“build trust”** should be the first strategic step with every piece of communication. Our job as communicators is to help audiences to manage and calm their anxiety, discomfort and other negative emotions.

As neuroscientist Gregory Berns says, “Familiarity calms the amygdala.” With familiarity, trust and emphasis on shared values and hope, we can help audiences to manage all the negative emotions they are feeling – like fear and discomfort – to tap into different perspectives, decisions and, ultimately, behaviors.



Identifying trusted messengers

People, in general, are most interested in hearing information about vaccines from already trusted sources. This can include their own doctors and medical professionals, community leaders or even family and friends.

While people are not interested in getting into a debate with family and friends over their decision on whether or not to get vaccinated, family and friends can still play a role in answering questions and inspiring hope.





Identifying trusted messengers

When it comes to messengers that people don't already know, different people have different needs. Whenever possible, it is important that messengers reflect an audience's own identities in terms of race, ethnicity, gender, geography, socio-economic status and lived experience.

Skeptical and hesitant people also want to hear from community leaders, especially those who have a demonstrated commitment to working on behalf of the community and who are connected to a trusted community institution, like a house of worship, a civil rights organization, a grassroots organization or a nonprofit.

New messengers who have the best chance of building trust include:

1. **Community leaders** like nonprofit and civil rights leaders, business owners, community elders and promotoras.
2. **Doctors and nurses** who are relatable and respectful; diverse in terms of their race, ethnicity, gender and geography; and whose motivations are focused on caring for people and community rather than making money or writing prescriptions.
3. **Faith leaders** who are able to answer moral questions about the vaccines for religious audiences; however, faith leaders should not be the messenger for secular audiences.



Striking the right tone

Our research showed that tone matters enormously for building trust.

People need to feel safe and respected to overcome emotional hurdles to vaccination. Whether you are a medical professional, community leader or even a family member of a vaccine-hesitant individual, you can work to build this safety and respect by:

- ✔ Taking a friendly and nonjudgmental tone.
- ✔ Being respectful; acknowledging that it is natural to have questions; and taking care not to dismiss concerns – no matter what they are.
- ✔ Presenting your motivations for speaking out up front – sharing your commitment to communities of color and why you got into health care or community work in the first place.
- ✔ Sharing why you personally got vaccinated, not why you think others should get vaccinated. You can share your own experience with the vaccine – any hesitation that you had and what information you gained that helped you overcome it, any side effects you had and what you are happy to be able to do now that you have the vaccine. Focusing most on your own situation can help to remove the feeling of being judged or being told what to do on the part of the listener.

Journey stories

A powerful way of opening audiences up to a change of heart is through journey stories. These stories describe people who have moved from hesitant to accepting, including what information they gained or experiences they had that changed their feelings about the COVID-19 vaccines.

Why is this? The narrative form of communication opens up the empathetic part of our brains, where we are more likely to process information from the point of view of the protagonist. We like hearing stories, and we are engaged by stories. Even more importantly, when we listen to or read stories with a protagonist with whom we identify, our emotions become synchronized with the emotions of that protagonist. This is why stories and narrative-based communication are better suited for persuading audiences on difficult issues than sharing facts alone.

In their own words

“I think just [Dr. Andrews’s] example, you know, about her dad being kind of stuck in his way and not really willing to change. That kind of hit close to home just because I know I am. I know, at first, I was really skeptical about this vaccine, but with that example, I have to realize sometimes what I don’t know, what I know I do not know won’t always hurt me. I can try and have my guard up, but there’s some things like this, of this nature. It’s one of those things where you can’t really be stuck in your way because that’s kind of harmful thinking, and thinking that there’s gonna be repercussions sometimes there isn’t always that... So, yeah, I thought that was powerful.”

– **Black man**

What is a Heartwired story?

Our research tested narrative videos from real people including business owners, community leaders, faith leaders, doctors and nurses in the Colorado area.

These videos were recorded over Zoom. The low production quality of the videos bolstered the effectiveness of the messengers. It made them more authentic and trustworthy than if they were featured in a slick, highly-produced video, which may have raised suspicions or questions about who produced the videos and the motivations of the messengers.

Throughout this guide we feature the Heartwired stories that resonated the most strongly with unvaccinated people.



Ryan Cobbins
Small Business Owner
Coffee at the Point



Ximena Rebolledo León
Registered Nurse
Telluride Medical Center



Dr. Cleveland Piggott
MD, MPH, University of
Colorado Department of
Family Medicine



Olga González
Executive Director
Cultivando



Ryan Cobbins
Small Business Owner
Coffee at the Point

The video on the right-hand side is from Ryan Cobbins, a small business owner, who builds trust, answers questions and inspires hope by sharing his authentic journey of vaccine acceptance.



Video not working? Watch it here: <https://youtu.be/roBzrcK56Uc>

NARRATIVE VIDEO PARTIAL TRANSCRIPT:

I live in Five Points with my wife and three little girls. I am the owner of Coffee at the Point.

I first remember hearing about COVID, reading the news that indoor dining was closing for restaurants. And I just remember sitting and thinking, I have no idea how we're going to make it the next day. And I don't think what they realize is that, you know, we still had payroll. I wanted to make sure that we kept our staff getting checks any way that I could.

And then we start wearing masks. You know, a smile means a ton, as a Black male in the U.S. I wear a smile to defeat the stereotype that I may be an aggressive, overly brute Black male. Covering it up with a mask, I'm like trying to squint my eyes as much as I can just to make sure folks know that I am smiling. So it's been tough. I have been called the N word this year in the last three months, probably from five or six different people.

Ryan had some initial concerns about getting the vaccine.

I have conflicting views. Number one, I hate needles. I just, I hate needles.

But you know, you are here one day and you're gone the next. Do whatever you can to stay here for however long that you possibly can.

Ryan felt more reassured about getting vaccinated after learning that over 12,000 Black people had volunteered to be in the vaccine trials to make sure they were safe and effective. Since then, millions of Black people have gotten vaccinated.

I want my kids to be able to hug their friends. I want to make sure that my 70-year-old mom and dad are alive to where not only am I walking my daughters down the aisle but Grandma, Pops, Nana, they're all sitting in the front row as well.

WHY IT WORKS:

Ryan starts by sharing how the pandemic has impacted him as a business owner and as a Black man. He builds trust by showing his care for his staff as well as sharing his own experiences with racism during the pandemic. This leverages the Heartwired factors of identity and lived experience. It taps into values of financial security and equality as well as beliefs that the pandemic restrictions have been difficult on businesses – all of which help people to relate to Ryan as a messenger.



Ryan Cobbins
Small Business Owner
Coffee at the Point

He shares his initial hesitancy about the vaccine and the details that led him to overcome this hesitance. This leverages the Heartwired factor of **emotions** by naming fears and overcoming them.

Ryan inspires hope by activating his own reasons and aspirations, including to return to family activities. This taps into the Heartwired factors of **emotions** and **values**.



Build trust

Do journey stories work?

By the numbers

51%

After viewing Ryan's Heartwired story featured on the previous pages, 51% of Black respondents who are unvaccinated report being somewhat (30%) or much more (21%) comfortable with getting vaccinated.

Reactions to Ryan's Heartwired story from Black people who are unvaccinated

"The video showed that, yes, he was scared and hates needles, but he wants to be able to protect his family."

"I absolutely felt every part of that video. During the pandemic, racism has been at its all time high. And being a Black woman in America, we are easily stereotyped. I am very cheerful and outgoing, and the fact nobody can see my smile because its hidden by a mask is a problem for me."

"First, I'm African American and live in Colorado, so it was great to see some positiveness, and, honestly, I didn't think a lot of African Americans were getting the shot, so it was good to see that we are."

"As me being a Black woman and understanding our race, it's just very compelling to hear and know the struggles that young Black men go through and our businesses and our lives and dying everyday and worrying about our kids as they go out the door they can never come back. He's right, live each day to the fullest."

"I too have experienced some sort of racism due to not being able to have my face fully exposed. It makes a difference in my image as a Black woman and people's ability to recognize my positive attitude. I also am very family oriented and very much a people person, so I'm looking forward to everyone being able to live happy and healthy lives and being amongst one another again!"



Acknowledging concerns without reinforcing fear

Messengers must walk a tricky tightrope to acknowledge concerns without reinforcing fear. In other words, affirming the emotional state must come first, and reasoning comes next. The good news is that there are clear ways to address and calm concerns about vaccines.

What works

- ✔ Recognizing people's individual concerns, validating that it is okay to have questions and affirming that people should get answers to their questions.
- ✔ Naming impacts of COVID-19 on people of color and empathizing with instances of historic and present day discrimination against people of color by the health care system and government.
- ✔ Talking about your own hesitance or questions about the vaccine and describing the process that ultimately led you to decide to get vaccinated.
- ✔ When answering questions, particularly if you are not a medical professional, considering yourself a conduit to external sources of information. People in our studies reported comfort in knowing that there were trusted sources of information such as www.vaccines.gov, www.DeTiDepende.org (for information in Spanish), the Mayo Clinic and Johns Hopkins University that they could use to do their own research.

What doesn't work

- ✘ Fear-mongering about COVID-19. This includes sharing vivid or detailed stories of people getting seriously sick or dying or getting others sick.
- ✘ Dismissing concerns, fears or questions – even if they are based on misinformation.
- ✘ Pushing the vaccines – avoid using “should” statements.



Acknowledging concerns without reinforcing fear

In their own words



On what works

“Just to acknowledge, you know, what has been done to people of color is major.” – **Black woman**

“I thought her message was genuine about how she felt about people making their decisions, and she was respecting other people’s decisions. I think she came off genuine; she was hopeful about people getting over this COVID.”

– **Hispanic man**

“What I liked was that he said we should ask the necessary questions to make the correct decision for the family.”

– **Hispanic man**

“I just like that she shared her positive experience with her skepticism, but then she took one for the team, but still understands that it is a decision for everybody. It is amazing that she came from a point of understanding to say I understand why I made my decision, but I can’t make your decision for you.” – **Hispanic woman**



On what doesn’t work

“I just think that her story about the vomiting and the effects the virus has on people... induces a lot of fear, and I feel that was pretty much what the main motivation of the video was, convincing you to get the vaccine out of fear. It just feels uncomfortable. I don’t like making important health decisions based on that kind of fear. I think her emotions kind of made her rational response a little bit compromised and I felt that.” – **Hispanic woman**

“The people who aren’t willing to get the vaccine are going to get turned off the instant that you start doing that fear-mongering part at the beginning, because instantly I sighed and rolled my eyes and then just ignored the rest of the video because like I said... I’m worn out, tired of hearing of all the negative stuff.” – **White man**

“It is information I think is what the people need and not scare tactics, not, ‘oh, the big bad wolf is hiding in your closet.’ We need information is what people need.” – **Hispanic man**

“All it did for me was make me feel anxious, I think, and just like fear, which I am kind of sick of dealing with COVID. As I have said, I have already made up my mind about getting the vaccine. Stop showing me these sob stories and telling me to get me the vaccine. I don’t know. I am just sick of hearing all these really sad, scary stories.” – **Black woman**



Ximena Rebolledo León
Registered Nurse
Telluride Medical Center

People find Ximena Rebolledo León, a Registered Nurse at Telluride Medical Center, to be a very “warm” and “honest” messenger – core elements to building trust.

This is partly due to the positive associations that people have with nurses and partly due to Ximena’s personal warmth, which is important for video messengers.



Video not working? Watch it here: <https://youtu.be/9--lOKee04>

NARRATIVE VIDEO PARTIAL TRANSCRIPT (TRANSLATED IN PARTS):

When I came to this country, we were not documented.

I know firsthand what it's like to try to avoid going to the doctor. I remember having a cough and my mom would put me in pajamas every day so that I would sweat it out. My mom had a thousand methods that she tried.

I, as a mom, even though I am nurse, always try to give the body the ability to fight things in a natural way.

When the vaccine came out, I immediately thought, "No thanks, I'll wait." I immediately felt suspicious.

And now there are millions, and millions, and millions of people who have received the vaccines all across the world.

I felt like, "okay, okay, we know how this vaccine is behaving, what it is doing."

Once my family gets vaccinated, I am looking forward to reuniting with the rest of my family. Somewhere where we can just get away from this current reality, and just relax a little bit. That's what I am really looking forward to.

WHY IT WORKS:

● Nurse Ximena starts by sharing her own motivations for working in her community. This leverages the Heartwired factor of **identity**, helping people relate.

● She empathizes with the listener by sharing that she doesn't always turn first to the health system, and that she had her own skepticism about the vaccine. This taps the Heartwired factors around **beliefs** and **lived experiences** to create further relatability and trust.

● Ximena shares the details that led her to decide to get vaccinated and how she felt about that information. This leverages the Heartwired factor of **beliefs** in a positive manner.

● She inspires hope by talking about how it will be to reconnect with her family once they are vaccinated too. The emphasis on hope and family taps the Heartwired factors of **emotions** and **values** in a positive way.



Ximena Rebolledo León
Registered Nurse
Telluride Medical Center



-2-

Answer questions

Summary insights

People are coming into conversations about vaccines with a high level of information, experiences and beliefs. That does not mean that they always have the correct information. They also have legitimate questions that they want answered.

Vaccine-hesitant people respond positively to people who are able to answer their questions – and who do so with transparency, integrity and honesty. They want to exercise personal agency in their decision on whether to get vaccinated or not. Getting their questions answered is key to this.

Importantly, people react most positively to details and information that help calm their concerns. However, details and information that further confuse the issue can be distracting and create additional emotional hurdles. It is important to gauge your audience's need for details and also to recognize when speaking with a possible Refuser so that you are able to de-escalate the conversation and focus energy elsewhere.



Details that calm concerns

People respond the most positively when their questions are answered in a way that meets their emotional needs. This means providing information and details that are reassuring, calm anxiety and counter fear-based narratives. Here are some details that test well with unvaccinated people.

- The COVID-19 vaccines are completely free for every person in Colorado and the United States.
- People are not required to show any form of identification, proof of citizenship or a driver's license to receive a COVID-19 vaccine.
- You can go to www.vaccines.gov to learn detailed information about each COVID-19 vaccine, including how they work, how they were tested, the ingredients in each vaccine and expected side effects. For COVID-19 vaccine information in Spanish, you can go to www.DeTiDepende.org.

● **These details help push back against the narrative that vaccine distribution is driven by government, corporate or medical system attempts to gain profit.**

● **Learning that immigration documentation is not required for the vaccine has a large, positive impact for Hispanic communities in particular and is a detail that should be shared proactively.**

● **People report that they are reassured that there are trusted places to find further detailed information.**



Details that calm concerns

- More than 150 million people in the U.S. have received at least one dose of these COVID-19 vaccines, with very few people reporting severe side effects.
- Our own doctors are getting the COVID-19 vaccine. Over 90% of doctors have gotten a COVID-19 vaccine.
- Medical experts have used the COVID-19 vaccines' mRNA technology for over a decade to fight cancer and viruses like SARS. These successes enabled medical researchers and scientists to develop these COVID-19 vaccines more quickly than earlier vaccines.
- All three COVID-19 vaccines nearly eliminate the risk of severe illness, hospitalization and death from the virus.
- All three COVID-19 vaccines work by giving your immune system instructions on how to recognize the virus and how to fight it.
- None of the COVID-19 vaccines change your genetic code or DNA.

These details help push back against the narrative that vaccine development was limited, rushed or can't be trusted.

These details help push back against the fear that someone can contract the COVID-19 virus by getting a vaccine, or that the vaccine causes more potential harm than the virus.



Dr. Cleveland Piggott
MD, MPH, University of
Colorado, Department of
Family Medicine



Ximena Rebolledo León
Registered Nurse
Telluride Medical Center

Health care workers are important messengers, given the high number of questions people have about the vaccine. However, building trust is still critical for this group. Doctors and nurses should proactively share their motivations up front to help dispel negative associations people may have with the medical system.

In this video, a doctor and nurse take turns answering patient questions. Hearing from multiple messengers who exhibit a combination of competence, warmth and respect can be a powerful way to move people along their journeys of vaccine acceptance.



Video not working? Watch it here: <https://www.youtube.com/watch?v=spLv6rEaOUg>

FAQ VIDEO PARTIAL TRANSCRIPT

So how do vaccines work? The way that they all work is by giving your body a message so that when it sees these infections in real life, it's ready. And so I almost think of it as the vaccines are giving your body instructions so that if it sees this harmful agent, they know exactly what the agent looks like. And so it then produces these antibodies or what you can think of as like specialized forces. So maybe like Seal Team Six or something like that. So that when it actually has this harmful force come by such as COVID, it then is ready and doesn't have to get an army together. They already have specialized forces to fight it so that you don't actually get as sick as you would, or potentially even die from getting infected.

Are there side effects? These vaccines are giving a heads up to your immune system that, "Hey, if you see this in real life, I want these special forces to be ready in the antibodies." And so some people are experiencing side effects from the vaccine related to the antibodies developing.

When I got my second shot, I did feel a little bit down and got a little feverish. But it was reassuring to me that I knew that my body was doing what it was supposed to be doing. Whether you experience side effects or not, the vaccine is still working, and I tell people that it is about a day and a half of potential symptoms.

WHY IT WORKS

Dr. Piggott uses simple, positive language to describe how the vaccines work. He compares them to "specialized forces," a concept people may already be comfortable with. This activates Heartwired factors of **beliefs** and **emotions**.



Dr. Cleveland Piggott
MD, MPH, University of
Colorado Department of
Family Medicine

He acknowledges the question and answers with integrity. The video doesn't downplay side effects but prepares people for what to expect and why.

Dr. Piggott shares his personal experience with the vaccine and how he felt reassured. His answers activate Heartwired factors of **beliefs**, **lived experiences** and **emotions**.

In their own words

"It is really good information really. I had not heard the part about how the vaccine works and what the vaccine is essentially going to be doing in your body. That I wasn't very clear on. So to talk to a doctor because I haven't done that and I would feel a lot safer and I think I am going to do it even though to have a little bit more trust with someone who is more in a capacity in this field or has more access to the knowledge. Also I am going to go to vaccines.gov." – **Hispanic woman**

"It was informative. I put mRNA because I believe that's what is in the vaccine that makes it work as opposed to being like the idea that they're injecting you with the virus itself, on the genetic level. So it just reminded me of that. And that it's, with the side effects, and the overall feeling is that it's similar to the flu shot." – **Black woman**

"We won't know until we do it, but I think all the propaganda and all the information that is being disseminated now is pretty positive and based on fact. They show you exactly where they are getting their information from. They show you exactly who is providing what and where it is being distributed and where it is made. I think that is pretty reliable information."

– **Native American woman**

"I am seeing that there were a lot of tests done. We are not talking of a few, but there were a high number for the vaccine before it got approved. For me at least I think it makes me feel safer." – **Hispanic man**

"I didn't know that they weren't going to ask you for your ID because a number of clinics and hospitals send you an email when you can arrive to take the vaccine. I didn't know that, but I also didn't know the ingredients of the vaccine... that gives me more confidence and more trust in the vaccine."

– **Hispanic man**

"What I did love is the information that explains what kind of identification [is needed to get the vaccine]. I didn't know that they don't question someone who might not have documents or might not have the documents at that moment for any reason. I think that is excellent, especially in this country that many medical things are sort of capitalist. You have to have insurance so you can get this, so I think it is excellent that Colorado is opening the doors to people who don't have this type of status."

– **Hispanic man**



Is there such a thing as too much information?

As we have already noted, it is important to answer questions with both details and honesty. Our research also found that some information can serve to **distract from the point or even introduce new negative feelings**, rather than serve to calm fears. This includes:

- Facts about side effects impacting those with specific health concerns, for example, those with asthma or heart conditions.
- Information about vaccine ingredients – some people report reassurance from knowing what’s in the vaccines, but for others these details raise additional distractions and concerns. An appropriate answer to this question is that “Each COVID-19 vaccine contains a key ingredient that prepares your immune system to fight the virus, along with a few other basic ingredients such as potassium chloride, fats and sucrose.”
- Details about safety and efficacy for pregnant and breastfeeding women.
- Information about the use of fetal tissue in the development of the vaccines.



Messengers should avoid proactively providing this information unless asked.

In their own words

“Johnson and Johnson used fetuses to test the vaccine? I don't understand what a fetus has to do with it. If I am infected with a virus and I have the vaccine and it worked, I would think it is more responsible. But I don't understand why a fetus.”

– **Hispanic woman**

“I don't understand why they try it with people who don't exist against a live person who is infected. The thing about the fetus is like, ‘What is this?’”

– **Hispanic woman**



How to answer tough questions?

Messengers may get asked tough questions.

If you are a medical professional, do your best to answer questions with integrity and honesty.

If you are not a medical professional, you can address questions in the following way:

- ✔ **Acknowledge the question.** Phrases like “that’s a good question” and “I’ve heard that question before” help to do this.
- ✔ **Note that you are not a medical professional** or scientific expert and aren’t in a position to provide scientific or medical information.
- ✔ **Tell your own story** about what helped you to feel that the vaccines are safe and effective. For example, share that when you were thinking about whether or not to get vaccinated, you were reassured by learning that your own doctor had already received the vaccine.
- ✔ **Encourage people to do their own research**, and provide a place to find more information, such as a trusted information source like www.vaccines.gov and www.DeTiDepende.org (for Spanish speakers), [Mayo Clinic](http://MayoClinic) or [Johns Hopkins](http://JohnsHopkins).



De-escalating unproductive conversations

Our research shows that some audiences in the Saboteur or Refuser categories are unlikely to be moveable.

Here, the best option may be to work to de-escalate a conversation so that advocates can focus energy on those audiences who may be more receptive to moving along the spectrum of hesitancy.

De-escalating conversations with Saboteurs or Refusers can be done by acknowledging that they may have questions and concerns that they should be able to get addressed or answered, then, avoiding further engagement.

The following phrases may be effective:

- ✔ *“It’s up to you”*
- ✔ *“It’s your decision”*
- ✔ *“You can get the information that you need to make an informed decision”*

We specifically recommend that messengers do not say “it’s your personal choice” or “it’s your personal decision.” While it is important to acknowledge that one has agency and autonomy to make one’s own decisions, we do not want to implicitly move conversations into the personal realm when, in fact, we also want our audiences to be thinking about other people in their family, communities and workplaces.



-3-

Inspire hope

Summary insights

In our qualitative research, we learned how starved audiences are for hope. People want to get back to the lives they had before the pandemic. Messages that help people to draw the connection between getting vaccinated and being able to experience the things in life that we love – hugging, sharing a meal, seeing grandma – have been well received.

When people talk about their own reasons for getting vaccinated, they emphasize similar themes – safety, seeing family, protecting community and returning to their lives and traditions before the pandemic.

When working to inspire hope, take care to avoid language that feels like you're selling the vaccine; our research shows that it is more powerful for people to share their own personal reasons for getting vaccinated than it is for people to share why they think others should get vaccinated.



Reasons for getting the vaccine

Just as reasons for vaccine hesitancy can be complex and multi-faceted, so too can people's motivations for getting vaccinated.

Personal safety, returning to cherished activities, keeping loved ones safe and doing our part for the community are all frequently elevated as important factors for the decision to get vaccinated. Often, people cite multiple reasons motivating their decisions.



We must also acknowledge that in our testing, no single message worked across audience groups. Instead, there were a number of messages that helped move the conversation forward.

In their own words

“I want to be safe. I want my family to be safe, and I pretty much trust science because you can see it... Science is real as far as I'm concerned, so I am glad we have gotten a vaccine available to us.”

– Native American woman

“I am going to do it for my community, and if that means that less people around me will get sick, I hope that it will. That is the first [reason] and the second one is selfish. I want to travel, and Europe says that we can go there if we are vaccinated, so fly me on a plane.”

– Hispanic woman



Inspire hope

Getting back to our lives and traditions

By the numbers

55%

of unvaccinated respondents who are potentially reachable agree or strongly agree with the statement: With these COVID-19 vaccines, we can look forward to the day where we can get together, celebrate holidays and birthdays, and hug family and friends again.

An end to lockdowns and allowing people to get back to their lives and traditions are important motivators for many who plan to get vaccinated. However, this motivator must be treated with care. Some vaccine-hesitant people express frustration or distrust when messengers paint an overly sunny picture of the future with vaccines or overemphasize “returning to normal.” Many are unconvinced that we can ever return to normal life after the pandemic.

It is important to ground hope within one’s own motivations and personal narrative, as opposed to making demands or declarative statements. For example, the message, “I am excited to see my family again,” is more effective than the message, “Get vaccinated to see your family again.”

In their own words

“I see the vaccine as a step to a path to getting to the other side of this crisis, and so I am willing to do my part.” – **Hispanic man**

“I want to get my shot. My wife has got hers. We want to go back and enjoy life a bit more. It would just be great not to have that concern.... I want to get back. I miss being around people. I miss going – we usually go to hot springs or out to a restaurant, and as little interaction as I have, I still covet what I used to have. I miss that. I miss the camaraderie.”

– **Native American man**

“Whatever helps us get back to normal I will do whatever.” – **Black woman**

“It is my feeling that the pandemic, that this is never going to end unless basically everyone has either had the disease or had the shot. So I think that to move the country forward, the shot is the ‘cure’ for the pandemic even though it is not a cure for COVID.” – **Native American man**



Inspire hope

Protecting our community and the economy

By the numbers

53%

of unvaccinated respondents who are potentially reachable agree or strongly agree with the statement: **With many small businesses closing due to COVID-19, people have lost jobs and struggled to pay rent and put food on the table. If enough people get a COVID-19 vaccine, we can bring jobs and businesses back.**

Protecting community is another often cited reason for people to get vaccinated. People sometimes talk about their specific community, such as their workplace, or about the importance of “doing their part” or doing what’s right by society. Hispanic and Native American focus group participants were most likely to cite protecting their community as an important motivation.

It’s important to note, however, that references to herd or community immunity in the abstract appear to be less helpful, although the audience and messenger matters. Rather, when messengers inspire hope by talking about protecting the economy or protecting specific communities (e.g., their workplaces, churches or small businesses and customers), they elicit more positive reactions.

In their own words

“I will probably get it because as a teacher, I want to have the vaccine for my students, for the other teachers in the building... I will probably do it for other people.”

– **Hispanic woman**

“[I] probably will [take the vaccine] just because I know social norms I suppose. I feel like it is kind of I have had my other vaccines when I was a child, so I should continue probably getting my vaccines just for everybody’s safety. For me, it kind of means being socially acceptable.”

– **Hispanic man**

“If I did take the vaccine, I want to make sure that it is going to be helpful to not only myself but as well as the people I work with and my community. That is ultimately what the deciding factor will be.”

– **Native American man**



Inspire hope

Protecting myself and my health

By the numbers

52%

of unvaccinated respondents who are potentially reachable agree or strongly agree with the statement: **Protecting my own health is important to me. I try to eat well and exercise, and getting a COVID-19 vaccine is one more way for me to protect my health.**

People who have had closer experiences with COVID-19 – either getting seriously ill themselves or having a loved one get seriously ill – are more likely to elevate protecting their own health as a reason for getting vaccinated.

This reason for getting vaccinated is sometimes connected with the possibility of enjoying greater personal freedom once vaccinated.

In their own words

“About three months ago I got the virus. I was sick for about a good three weeks, and I lost 75 percent of my taste [and] about 75 percent of my smell, hopefully temporarily. I would probably take the vaccine so that I don't catch it again. It is a serious virus. People are still dying from this horrible disease. If they say there is a vaccine... if there is a chance, I am going to take that chance because this virus is serious. I would rather at least have a chance at a choice than to have no chance and no choice.”

– **Black man**

“It helps your body learn how to fight it if you get it so that your symptoms aren't as difficult... the difference between this and every other [virus] that we have to date is that it shuts down everything, right?... I can't even go see my parents. I can't go see my grandkids. I can't even go into my own job that I have been to for 22 years. I have gone every single day and now I can't even go to work.”

– **Hispanic woman**



Inspire hope

Protecting my family

By the numbers

55%

of unvaccinated respondents who are potentially reachable agree or strongly agree with the statement: Getting a COVID-19 vaccine can help protect my family – and myself.

Protecting family, and those particularly at risk such as older family members, is one of the top motivations people cite for getting vaccinated.

This motivation is also often connected with the sense that once vaccinated, one is able to exercise the freedom to safely engage in family activities again. People speak about how difficult it has been to be separated from their family during lockdown and the relief and joy that will come from being together again.

In their own words

“... I have an uncle who is 90 years old and I love him. He is my favorite uncle. I can't see him. It is too dangerous for me to go over there, so once he gets it and I get it, I can start visiting again.”

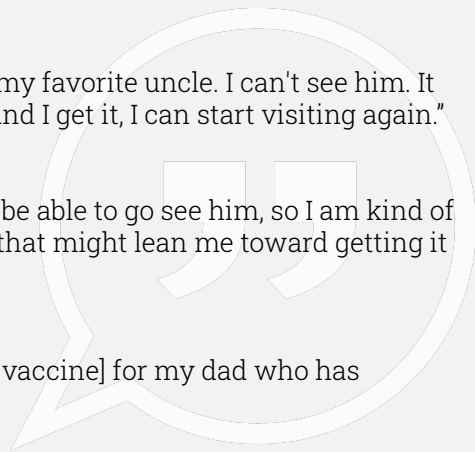
– **Hispanic man**

“My dad is a senior and he is a cancer patient and I want to be able to go see him, so I am kind of like, all right, if that is going to be the weighing factor then that might lean me toward getting it so I can spend time with him.”

– **White man**

“... It is not just for yourself, it is for the others. [I will get the vaccine] for my dad who has diabetes, to be able to hug him without having any fear.”

– **Hispanic woman**





Olga González
Executive Director
Cultivando

People react positively to Olga González, Executive Director of Cultivando, finding her "relatable," "real" and "concerned about helping the community." Her role as a nonprofit leader helps to counter the idea that she has a profit motive associated with advocating for the vaccine. We highlight additional aspects of her Heartwired story that were especially effective on the next page.



Video not working? Watch it here: <https://youtu.be/x7leXQeozl>

NARRATIVE VIDEO PARTIAL TRANSCRIPT

Growing up, my parents didn't speak English, and so I became the interpreter for my family. So at a very young age, I also learned to advocate for my family.

I am the executive director of a nonprofit in Commerce City called Cultivando. I was really drawn to their mission to serve the Latino community. We focus on encouraging folks to be active, to eat healthy, to support our mental health and our wellness, our bien estar.

Olga has seen first hand how COVID-19 has hurt Latino communities. Still, she felt conflicted about getting vaccinated. When I first heard that a vaccine was available, I was extremely, extremely skeptical.

It helped Olga to hear doctors answering questions about the vaccine. Latino doctors were speaking to our community in Spanish about what the vaccine was, what it wasn't. I think I felt empowered by learning more, by being able to ask questions. I didn't feel anyone was pressuring me to get a vaccine.

It was just, "This is the factual information. If you have questions, we will answer them." I think in time, we were realizing that millions of people had already been vaccinated. So I felt like they had a large enough sample worldwide to determine if this vaccine was going to be harmful or not. It just helped to ease my fear.

And I thought about, I have to protect myself. I have children to raise. I have a community that I love that depends on me showing up.

Olga feels hope for the future. So for friends or family members who say they're so over this pandemic, I hear you. I am too. I'm tired of having to wear the mask. I'm tired of keeping six feet away from folks. And for Latinos, we miss our quinceaneras, our weddings, our baptisms.

We look forward to a day where we can get together and hug one another again.

WHY IT WORKS

Olga begins to build trust by creating a shared sense of **identity** and **lived experiences** — as someone who has to play a role within her family as a cultural translator. Being a nonprofit leader helps to counter the idea that she has a profit motive associated with advocating for the vaccine. This leverages the Heartwired factor of **beliefs** in a positive manner.

Olga shares her initial skepticism about the vaccine and what information helped her overcome this skepticism, including how she felt about the information. This helps calm negative **emotions** and leverages **beliefs** in a positive manner.

She inspires hope by focusing on her own reasons for getting vaccinated (not why others should), including her desire to protect herself and her family as well as her desire to return to pre-pandemic activities important to her. This leverages the Heartwired factors of **emotions** and **values**, as well as **identity**.



Olga González
Executive Director
Cultivando



How far to push?

By the numbers

69%

of unvaccinated respondents agree or strongly agree with the statement: I oppose employers requiring a COVID-19 vaccine for employees because that would violate people's rights.

67%

of unvaccinated respondents agree or strongly agree with the statement: I oppose schools requiring a COVID-19 vaccine for students because that would violate people's rights.

When working to inspire hope, take care to avoid language that feels like you're pushing the vaccine.

Individual liberty – peoples' right to choose for themselves – is extremely important to many of those who are vaccine hesitant. Messages or statements that even hint at infringing on that decision perform poorly and may even move people in the opposite direction we want them to go.

Instead, our research shows that it is more powerful for people to share their own personal reasons for getting vaccinated than it is for people to share why they think others should get vaccinated. For example, saying "I got the vaccine to protect my family and community" is more effective than "you should get the vaccine to protect your family and community."

Different identities, different needs

In the previous sections, we outlined approaches for moving people along the spectrum of vaccine hesitancy. These approaches tested well across communities and groups.

We also tested how various messengers and messages might be received within communities that share characteristics such as race, ethnicity, gender, geography, identity, lived experience, faith and values. We learned that it is incredibly important to be nuanced in your approach to dealing with individuals and with communities – some approaches or messengers that tested well with one group were rejected by another. Building trust, answering questions with integrity and honesty and inspiring hope are the main pillars of an effective approach across groups. However, within each pillar, specificity to your audience’s individual needs and lived experiences is critical. This section outlines the major differences in how messages and messengers tested with those of different racial identities.



Hispanic audiences

By the numbers

44%

of Hispanic respondents who are unvaccinated and potentially reachable say the following statement makes them feel more comfortable about getting vaccinated: “People are not required to show any form of identification, proof of citizenship, or a driver’s license to receive a COVID-19 vaccine. You may be asked for these types of documents, but you cannot be turned away if you say you don’t have them.”

Many Hispanic people seem to be more motivated than a general audience by doing their part for their community.

Learning that immigration documentation is not required for the vaccine has a large, positive impact for Hispanic communities. This information, as well as the detail that vaccines are free, should be shared proactively with Hispanic audiences, who are less likely to ask this question but appreciate knowing the answer.

Messengers that test well with Hispanic people are community leaders and promotoras. These individuals, as well as nurses and medical professionals, should be prepared, whenever possible, to demonstrate shared values and lived experiences with the community, for example, by sharing their experience growing up in a Spanish-speaking home or barriers they have faced as Hispanic people or as immigrants.

In their own words

“I did like the way that some of the ladies expressed that they were doing it for others and maybe I shouldn’t be so self-focused and just worry about how it affects me. Maybe I should think outside of the box. Maybe I should do it community wise.” – **Hispanic woman**

“It made me feel more trustful and to think about all the steps in the [clinical trial] test, the constant verifications and all the people that were involved in the process before they released the vaccine to the public.” – **Hispanic man**

“When I heard her [video messenger] talking about all of us getting the vaccine, that was something that made me feel more being part of that group, part of everybody that would get the vaccine... wanting to do my part to help others.” – **Hispanic man**

Spanish-speaking audiences

By the numbers

To the best of your knowledge, are you currently eligible to get a COVID-19 vaccine?

(Asked of all unvaccinated survey respondents)

YES

78%

ENGLISH

60%

SPANISH

Hispanic audiences whose preferred language is Spanish have several important differences from Hispanic audiences whose preferred language is English when it comes to how they make decisions about vaccines.

One important difference is that Spanish speakers report more logistical barriers to getting vaccinated than those whose preferred language is English. Lack of paid time off, difficulties getting transportation and lack of access to knowledge of vaccination sites and eligibility are frequently mentioned as barriers to vaccination.

Spanish speakers also report that little vaccine information is available in Spanish. They appreciate hearing detailed information about the vaccines in Spanish, or even hearing that detailed information is available in Spanish at www.DeTiDepende.org.

In terms of messengers, Catholic priests are more effective for Spanish-speaking audiences than they are for general audiences. Messages that resonate more strongly with Spanish-speaking audiences include the detail that over 150 million people have been vaccinated in the United States and the hopeful message that travel will become more possible as vaccines are available.

In their own words

"I haven't seen information in Spanish, only in English." – **Hispanic woman**

"He said we have to take care of ourselves so we can take care of others. When you look at it from that perspective, the vaccine is good." – **Hispanic woman**

Black audiences

By the numbers

52%

of Black respondents who are unvaccinated agree with the statement: “There’s so much racism and discrimination in the health care system, I don’t trust that the COVID-19 vaccines are safe for people like me.”

Black audiences are even more attuned than other groups to messengers’ credibility and trustworthiness. Black audiences prefer messengers who have had similar lived experiences, including experiences with racism. They prefer messengers who look like them as well as messengers who they perceive as having lives and experiences similar to their own. Generally, they are less compelled by messengers they perceive to be elite as they express a feeling that Black people who are elite may have been insulated from the kinds of race-related challenges they themselves have experienced.

For these reasons, Black community leaders and health professionals can be effective messengers. They should understand that Black audiences have extensive, evidence-based distrust of being targeted or, to use people’s own words, “pandered to,” and they react negatively to hard-sell language. Acknowledging both historical injustices and present-day systemic racism perpetuated by the government and the medical system can be helpful in overcoming this distrust.

In their own words

“We don’t get the treatment that the other people get. The vaccine is not available. Where I live in Littleton, all of my Caucasian friends over 70 have had their second shot. They are done, but my friends in Montbello and Aurora, elderly people, they are still waiting and so it is not being given proportionately and so that is why a lot of us are hesitant about it, period, because...the playground is not fair. It has never been fair and it is still not fair.” – **Black woman**

“I wasn’t expecting to see a Brown and a Black man, you know, giving me this instruction. I was not expecting that at all, so it was enlightening, but then I was kinda like, “Okay, what are they trying?” So, it made me a little resistant.” – **Black woman**

Native American audiences

By the numbers

Results among people who identify as Native Americans (vaccinated and unvaccinated)

Generally, do you feel that you can find reliable and accurate information about COVID-19 vaccines?

46%

Yes

10%

No

38%

I can find information, but it is hard to know whether it is reliable and accurate or not

7%

Unsure

Compared with a general audience, Native American people say that messages that emphasize community-centered altruism resonate more strongly with them. These include messages like “helping our community” or “doing our part.”

The messengers who tested the best with Native American audiences were elders within the community. Additionally, we found that naming historical injustices, even if not specifically related to Native Americans, was effective in helping to build trust.

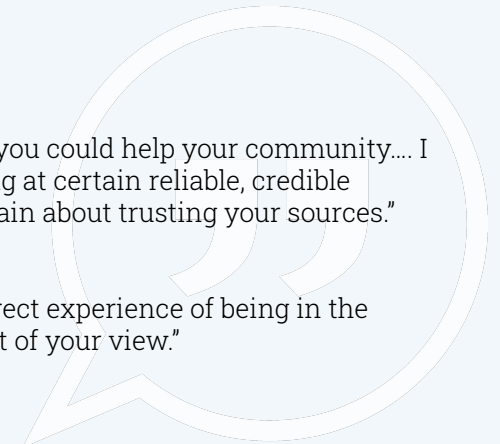
In their own words

The video... makes you stop and think about how you could help your community... I think that is really what it came down to is looking at certain reliable, credible sources that make you more comfortable... it is again about trusting your sources.”

– **Native American man**

“I think experience counts and if it is your own direct experience of being in the indigenous population then I think that forms part of your view.”

– **Native American woman**



White audiences

By the numbers

64%

of white respondents who are unvaccinated agree with the statement: “Not enough attention has been given to the economic hardships like job losses and small businesses closing that have happened during the COVID-19 pandemic.”

While this theme came up across groups, white audiences are the most likely group to believe that COVID-19 is not a serious disease or that they are not individually threatened by it. White audiences frequently report more concern about stay-at-home restrictions than the disease. They, like other groups, also report anger and distrust towards government and the health care system.

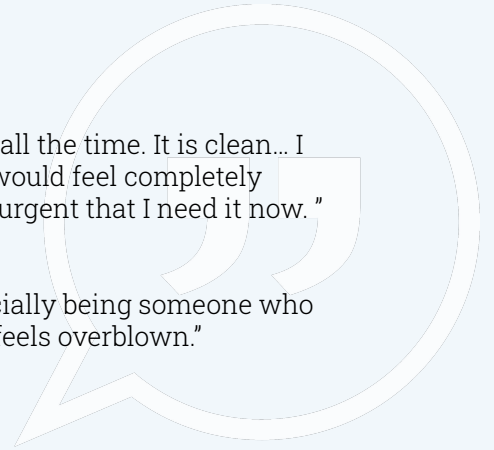
In their own words

“I am totally healthy. I live in a small town. We are outdoors all the time. It is clean... I am not particularly scared. If I lived in Manhattan maybe I would feel completely different, but my lifestyle... I like to wait. I don't feel like it is urgent that I need it now.”

– **White woman**

“I'm worn out, tired of hearing of all the negative stuff, especially being someone who had it. I didn't go to the hospital and it wasn't that bad, so it feels overblown.”

– **White man**



Religious and secular audiences

By the numbers

70%

of respondents who are unvaccinated and who report attending religious services at least once a week agree with the statement: “I trust that God is looking after me. Whether I get sick from COVID-19 or not is up to Him, so I will not get a COVID-19 vaccine.”

Vaccine-hesitant individuals who identify as practicing Christians – particularly Hispanic Catholic and Black Christian people – are more likely to indicate that their faith and trust in God means that they trust God to protect them from the virus.

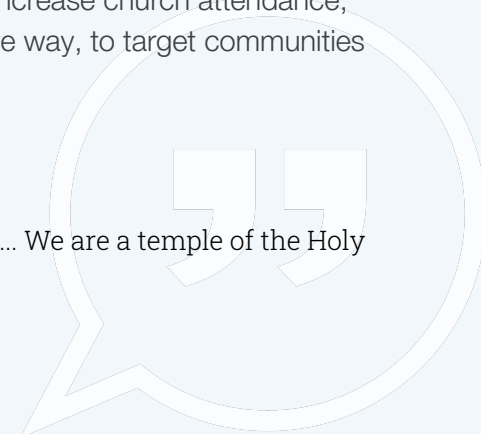
Messengers who are faith leaders are powerful for these audiences when they can authentically connect their identities as Christians with moral and community-centered reasons for vaccination.

However, religious messengers should not be used with those who do not identify as religious. Secular people report feeling distrustful of religious leaders who they say are trying to “sell” the vaccine to them in order to increase church attendance, or who the government may be using, in a manipulative way, to target communities of color.

In their own words

“*[What made you feel more reassured about the video?]*... We are a temple of the Holy Spirit. We need to take care of ourselves and others.”

– **Hispanic woman**



Research methodology

A close-up photograph of a person's hands typing on a silver laptop keyboard. The person is wearing a brown, textured knit sweater and a white smartwatch with a black band. A gold ring is visible on the ring finger of the left hand. In the background, there is a spiral-bound notebook with a pen resting on it, and a window with blinds. The image is overlaid with a large, semi-transparent green and blue geometric shape on the left side.

Research methodology

Four phases of research contributed to the recommendations included in this guide.

Phase 1 Landscape included: a review of public health and medical journal literature with a focus on vaccination and COVID-19; an analysis of five public health website pages (three in English, two in Spanish) on COVID-19 and vaccination information; a media audit analyzing 400+ print articles on vaccination and COVID-19 across Colorado; and social listening research analyzing commentary from civically-engaged people in Colorado in response to newspaper articles and social media on vaccination and COVID-19.

Phase 2 Mindset consisted of a four-day online discussion board focus group among 29 Colorado residents, conducted in English between December 8-16, 2020. Participants included Black, Native American, Asian Pacific Islander, white and Hispanic residents.

Phase 3 Persuasion consisted of 18, two-hour online focus groups among 93 Colorado residents, conducted between February 23, 2021 and April 6, 2021. Separate groups were conducted among Black women, Black men, Hispanic women, Hispanic men, Native American women, Native American men, white women and white men. Eight groups were conducted in English and six were conducted in Spanish, and facilitators shared racial or ethnic identities with participants.

All focus groups included a mix of participants based on their self-reported willingness to take a COVID-19 vaccine, ranging from acceptance to refusal, and a mix of political ideologies, party identification and geographic areas from across Colorado.

Phase 4 Poll consisted of an online poll of 1,506 Colorado adults ages 18 and older that was conducted between May 18, 2021 and June 1, 2021. Sample sizes in the poll were:

- n 1015 Vaccinated adults
- n 491 Unvaccinated adults
- n 593 White adults
- n 517 Hispanic adults (n195 in Spanish)
- n 197 Black adults
- n 114 Asian/Pacific Islander adults
- n 61 Native American adults
- n 24 Mixed race/Other adults

Data were weighted based on the Census to be representative of Coloradan adults. This resulted in a weighted sample of n 873. Results for subgroups by race or ethnicity are unweighted. The overall margin of error for n 873 is +/- 3.3 percentage points; higher for subgroups.

Throughout the research process, the team conducted literature and research reviews, incorporating best practices and evidence from ongoing research into our own work.

The research and strategy team



The Colorado
Health Foundation™

wonder
strategies for good



The Colorado Health Foundation is bringing health in reach for all Coloradans by engaging closely with communities across the state through investing, policy advocacy, learning and capacity building. Jace Woodrum, Austin Montoya, Kyle Rojas Legleiter and Bobby Clark contributed thought leadership and review to this guide.

Wonder: Strategies for Good is a network of experts in messaging, storytelling, psychology and public opinion research. Elysha Dávila, Suzie Flores, Ian Grady, Robert Pérez and Jason Riggs contributed thought leadership, writing and review to this guide.

Goodwin Simon Strategic Research is an independent opinion research firm with decades of experience in polling, social and political marketing, policy analysis, program evaluation and communications strategy for clients in the public and private sectors. Amy Simon, John Whaley and Yule Kim contributed thought leadership, research and review to this guide.

The project partners would also like to thank the following individuals, without whose contributions this guide would not be possible:

Eric Antebi
Isabel Balboa
Allison Bay
Jennifer Brower
Dr. Tillman Farley
Dr. Brandi Freeman
Dr. Cerise Hunt
Ryan Cobbins
Se-ah-dom Edmo
Elizabeth Garcia Hernandez
Olga Gonzalez
Abigail Kesner
Michaela Leslie-Rule
Mina Liebert
Betsy López-Wagner
Adrienne Maddux
Peter Manetta
Crystal Mariscal
John Marshall
Kevin Mullin
Jennifer Myung
Kelly Osmundson
Dr. Cleveland Piggott
Ximena Rebolledo León
Tara Robinson
Amanda Roth
Meg Satrom
Joanne Schwartz
Sol Tafoya
Alvina Vasquez
Stephanie Wasserman
Lorena Zimmer