

CASE STUDY:

AUGUST 2023

Ten Lessons Learned During COVID-19 Vaccine Communications

Communications Best Practices for Public Health Campaigns

Integrating communications into the COVID-19 pandemic response created higher vaccination rates and better health outcomes. At a time when people are losing faith in public institutions, trust in the North Carolina Department of Health and Human Services is high. Most North Carolina adults completed their initial COVID-19 vaccination series, including 99% of those aged 65 and older. There is currently no gap in initial vaccination between Hispanic and non-Hispanic North Carolinians, and the gap between Black and White North Carolinians is 3%, with no gap in some age groups. Trust is a driver of positive public health behaviors—and North Carolina’s COVID-19 vaccine communication and operations campaign was deeply rooted in the goal of strengthening trust. Here are ten lessons learned by intentionally incorporating communications into every aspect of NCDHHS’s COVID-19 response.

1. **Communication is part of operations and should always have a seat at the table.**

Outcomes are stronger when communications is positioned early on to weigh in, ask questions, hear status and data updates in real time. Communications teams can flag possible public perceptions or misperceptions to consider during rollout or implementation. The integration of communications with operations is most effective when leadership champions it and provides the personnel and other resources needed to plan and execute effectively.

T E N L E S S O N S

1. **Communication is part of operations and should always have a seat at the table.**
2. **Internal AND external communication is critical for successful planning and implementation of all public health strategies.**
3. **Public trust can be earned, but it can also be lost.**
4. **Market research is not a luxury but rather, a necessity.**
5. **Engage trusted messengers.**
6. **Maintain those relationships!**
7. **Meet people where they are.**
8. **Ensure communication campaigns are inclusive and designed, with the input of community partners, to be culturally and linguistically appropriate.**
9. **Operationalize clear review and approval processes.**
10. **Broaden the definition of “paid media.”**



2. Internal AND external communication is critical for successful planning and implementation of all public health strategies.

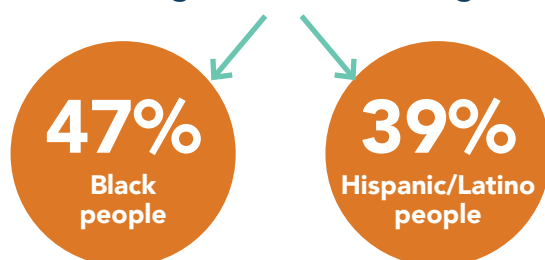
Think about distribution, rollout or “announcement” from day one—not once your program is ready to be announced. Well before you need outreach and engagement to begin, create a communications/ rollout plan to ensure that internal roles, responsibilities and key dates are clear and align with other plans in place—and have the benefit of others’ input about who should be notified externally.

3. Public trust can be earned, but it can also be lost.

Research indicates that trust in North Carolina’s health information and services increased during the pandemic by 35%, with higher increases among Black (47%) and Hispanic/Latino (39%) people. That was earned by continuing to engage key stakeholders, trusted messengers and community leaders early on to listen, devise an approach informed by trusted voices and shared with them again to gain buy in and support. Simplify what you say, do the outreach to understand communities’ perceptions, share content and keep people informed. In a crisis or rapidly changing situation, don’t let perfect be the enemy of good as long as your relationships can stay strong.

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4. Market research is not a luxury but rather, a necessity.

Effective communications is based on research, just like medical solutions. Public opinion and motivation research helps pinpoint key priorities; accurately identify key issues and opportunities; effective messaging; trusted messengers; and proper engagement methods that will lead to desired outcomes. Invest in it as part of your outreach strategy, share it broadly to help others and provide resources related to your research so that partners can more easily use and share it.

5. Engage trusted messengers.

The COVID-19 pandemic forced state agencies, community-based organizations, the business community, and countless others to form new relationships and strengthen those that were already in place. Continue to identify, listen to and build collaborative partnerships with those who are trusted in their communities. Provide opportunities for conversation, and respect people’s questions. Misinformation will always be a challenge. These trusted messengers are the best antidote.

6. Maintain those relationships!

Make sure your list has been updated, that you centralize it where you need to and that you have a process in place to maintain those relationships, even when you’re not actively using them for a public health issue, crisis, or request. Stay connected and routinely engage with those relationships not only to maintain them, but also strengthen them over time. The YMCA, education leaders, church groups, business professionals, and community groups can often host

events and give out educational materials to their communities—leverage those platforms and messengers.

7. Meet people where they are.

Apply what's learned early on through research to inform how best to engage with your targeted communities. Most people communicate at or below a 6th grade reading level so make sure, even if it is a complicated health issue, that you are being simple and clear. You can use imagery and graphics when possible. Captions are available in multiple languages for online events for people who have hearing problems. Translators are available to provide sign language and multiple language services depending on which community you are serving. Think through your engagement and how best to meet your audience before you begin the work.



8. Ensure communication campaigns are inclusive and designed, with the input of community partners, to be culturally and linguistically appropriate.

Commit to providing at least bilingual (English/Spanish) public facing information that is culturally appropriate and responsive. Invest in and work with

native speakers, not machine translation or mass services. Collaborate with community groups and stakeholders—before your content is finished, not just when you need them to share it so they feel like partners.

9. Operationalize clear review and approval processes.

Make sure you identify WHO is reviewing WHAT and by WHEN you need it (keeping in mind time needed for translation of resources). Streamline where possible and don't create a process that's inefficient—but identify the process from the outset to ensure audience needs and equity goals are met.

10. Broaden the definition of "paid media."

Make sure you think more holistically than just ads and impressions. Paid media can be printed materials you deliver directly to partners for distribution, it can be hiring canvassers to go door to door, it can be events, it can be swag directing people to your website, it can be making sure any station you're advertising with gives you media interviews to discuss your topic. During the COVID-19 pandemic, our ad campaigns were necessary, but not the most important—what made a difference was our direct outreach and providing materials and resources to the community organizations around the state talking to people about the importance of vaccination. Consider what your audiences need, where they are located and how can you apply dollars that were previously assumed to be just for an "ad campaign" to think more broadly about meeting those needs.



The Neimand Collaborative produced a series of case studies capturing best practices and lessons learned in outreach efforts to support COVID-19 vaccination. Case studies address telephone outreach, lessons learned during COVID-19 vaccine communications, data-focused decisions, Spanish-language outreach and community partnerships. All of the case studies can be found at www.neimandcollaborative.com.